2018
COMMUNITY HEALTH NEEDS ASSESSMENT

A collaborative approach to impacting population health in Richland County and surrounding areas

Carle Richland Memorial Hospital

2018 Community Health Needs Assessment

TABLE OF CONTENTS

I. Introduction
- – Background
- – Executive Summary
- – Hospital Service Area Demographics

II. Establishing the CHNA Infrastructure and Partnerships

III. Data Collection and Analysis
- – Description of Process and Methods Used
- – Description of Data Sources
- – Secondary Data
  - Social Determinants of Health
  - Additional Relevant Data
- – Primary Data

IV. Identification and Prioritization of Needs
- – Description of the Community Needs Identified

V. Resources Available to Meet Priority Health Needs

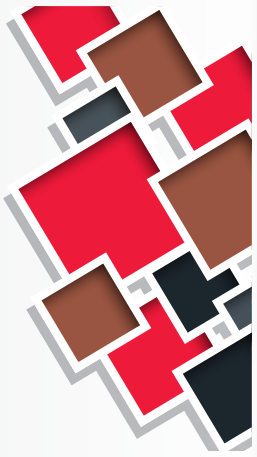
VI. Implementation Strategy
- – Planning Process
- – Implementation Strategy

VII. Documenting and Communicating Results

VIII. References

1. INTRODUCTION

2018 Community Health Needs Assessment



CRMH 2018 Community Health Needs Assessment

Insight into Richland Memorial's community and population

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs.

This assessment process results in a CHNA report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 56 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Olney and the surrounding area.

Introduction / Background

Richland Hospital completed two Community Health Needs Assessments prior to 2018.

The first CHNA was conducted in 2013 and identified three significant needs:

- Mental health and related services
- Access to health services – health providers, health department
- Chronic disease

The second CHNA was conducted in 2016 and identified:

- Behavioral health
- Increasing access to healthcare services
- Chronic disease

Behavioral Health has been considered a major need in the hospital's service area. Until 2017, Richland Hospital had an inpatient psychiatric unit, but due to lack of a psychiatrist, it had to be closed. Since then, the hospital has been working on finding outpatient psychiatric providers. In 2018, the hospital, now Carle Richland Memorial Hospital, hired a Psychiatric Nurse Practitioner (PNP). The hospital is currently recruiting more PNPs and has additional jobs posted for two social worker positions. The hospital is hoping to fill these positions and have an outpatient psychiatric clinic up and running in 2019.

To address the need for improved access to healthcare services, the hospital opened the Newton Clinic in Jasper County in 2013. When it opened, it employed a Family Nurse Practitioner (FNP), a Nurse Practitioner (NP), a Women's Health NP, and over the last few years, has added a Pediatric NP, general surgery consults, and orthopedic consults. The hospital also recently added a Family Practice/Obstetrics physician and an Internal Medicine physician to the clinic.

Background

In 2015, the hospital purchased the West Salem Rural Health Clinic in Edwards County. The clinic was already established in the area with a Family Practice Physician and a FNP, and the hospital added another FNP. As of September 2018, the clinic is back to one physician and one FNP.

The hospital opened a primary care clinic on Main Street in Olney in 2017. It has been successful utilizing one family medicine/OB physician and one FNP. Both providers are natives of the community. This location is also where a convenient care clinic opened at the beginning of September, providing walk-in only care to patients seven days a week. This will be a significant asset to the community, and will provide a long-sought solution to an identified need of past (and the current) CHNAs.

The Family Practice Clinic in Olney, located inside the Weber Medical Clinic, was added in 2014 and features a full-time Internal Medicine Physician, an FP physician who has hours one day per week, an FNP, and a Certified Pediatric Nurse Practitioner.

To address Chronic Disease Management, the hospital has added a Transition Care Nurse. She meets with patients who have chronic diseases such as COPD, congestive heart failure, diabetes, and pneumonia, and talks with them about what

Addressing the needs identified in recent CHNAs

they need to know and do once they return home. She also follows up with them after they return home. The hospital also started a Better Breathers Club, which is hosted monthly by the respiratory therapy department. Those with COPD are encouraged to attend and learn ways they can best manage their disease, including "harmonica therapy."

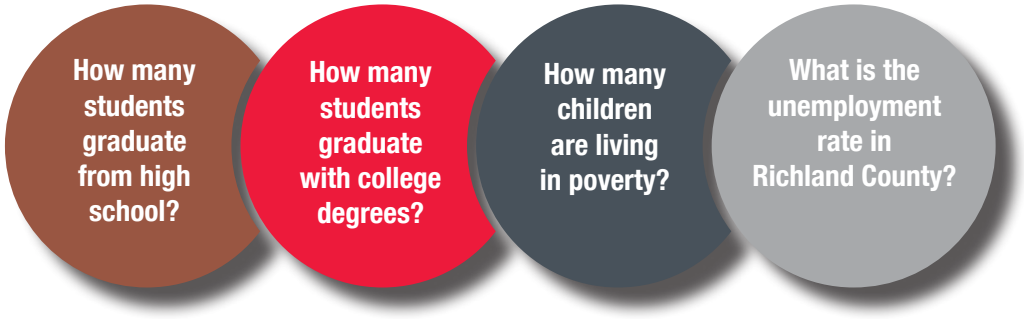
The hospital added a cardiology clinic in 2017. The clinic is currently without a physician until a new cardiologist arrives in October of 2018.

In January of 2018, doctors for the emergency room transitioned to a group provided by Carle Health System. The transition appears to have improved services, according to patients and staff. Integration with the Carle Health System in April 2017 has led to many partnerships and easier transition of care for patients who have health issues that require further evaluation. This integration has also helped resolve many identified local health needs in significant ways. It is anticipated that the new Carle relationship will continue to improve local health circumstances for all patients, especially those who may have been underserved in the past.

EXECUTIVE SUMMARY

The 2018 Carle Richland Memorial Hospital Community Health Needs Assessment was conducted in June, July, and August of 2018. The Implementation Strategy was also developed in August 2018. The CHNA is influenced by circumstances and conditions that existed prior to the integration with the Carle Foundation Hospital. The CHNA is also influenced by the large rural service area of Carle Richland Memorial Hospital. In addition, it is noted that local health conditions are possibly impacted by the fact that Richland County and Edwards County are the only counties in Illinois that have no local health department.

The health profile of the Carle Richland Hospital service area is influenced by the following indicators of social determinants of health:



Executive Summary

The needs identified and prioritized throughout the 2018 CHNA carried forward variants of previous CHNAs and added others.

The identified and prioritized needs selected include:

1) **Access to mental health services**, including:
   a. Access to inpatient mental health care, especially for patients that rely on Illinois Medicaid
   b. Access to all levels of mental health services for youth, especially youth on medical cards
   c. Better public information about available mental health services and resources, especially for college age young adults
   d. Local access to a psychiatrist
   e. Access to outpatient mental health services, including counselors
2) **Access to dental care for youth and adults** that are uninsured, underinsured, or reliant on Medicaid or medical card
3) **Improved access to prevention, treatment, and recovery resources** for substance abuse for youth and adults.
4) **Access to case managers** to help patients with transition of care, transportation, and other issues
5) **Transportation**, including;
   a. Addressing transportation needs of patients that arrive at the hospital via ambulance or another means that is not available to return them home
   b. Better information about how to obtain transportation to and from healthcare
6) **After hour and weekend access to care**

The Implementation Plan developed by the senior staff at Carle Richland Memorial Hospital is specific and thorough. The plan, set out in the report, includes these highlights:

- Partnering with Carle Foundation Hospital to provide mental healthcare at the Pavilion Behavioral Health System, begin telepsychiatry services, and to improve mental health services for youth
- Encouraging a dental care partnership among outside local providers
- Continuing to support local substance abuse prevention coalitions and other community-based efforts to address substance misuse and disorders, recovery, and rehabilitation
- Working with community groups to sponsor substance abuse awareness events
- Continuing to utilize the Carle Addiction Recovery Center
- Exploring additional case manager services
- Partnering with public transportation to improve access information
- Creating evening and weekend clinic services

Service Area Demographics

For the purpose of this CHNA, Carle Richland Memorial Hospital defined its primary service area and populations as the general population within the geographic area in and surrounding the City of Olney, defined in detail below. The hospital's patient population includes all who receive care, without regard to insurance coverage or eligibility for assistance.

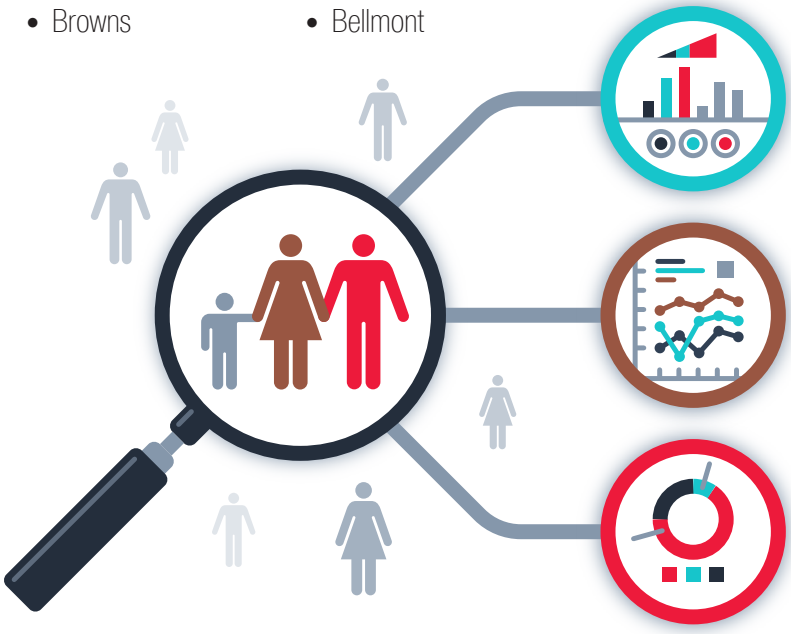
Carle Richland Memorial Hospital's service area is comprised of approximately 3,178 square miles, with a population of approximately 107,185 and a population density of 34 people per square mile. The service area consists of the following rural communities:

Cities

- Olney
- Flora
- Robinson
- Albion
- Newton
- Bridgeport
- St. Francisville
- Sumner
- Mount Carmel
- Fairfield

Villages and Unincorporated Communities

- Ingraham
- Clay City
- Louisville
- Sailor Springs
- Xenia
- Annapolis
- Flat Rock
- Hutsonville
- Oblong
- Palestine
- Stoy
- West York
- West Salem
- Bone Gap
- Browns
- Ellery
- Hildalgo
- St. Marie
- West Liberty
- Wheeler
- Willow Hill
- Yale
- Lawrenceville
- Calhoun
- Claremont
- Dundas
- Parkersburg
- Noble
- Allendale
- Bellmont
- Keensburg
- Lancaster
- Mount Erie
- Barnhill
- Cisne
- Jeffersonville
- Golden Gate
- Johnsonville
- Keenes
- Rinard
- Sims
- Wayne City



Service Area Demographics

Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the Carle Richland Memorial Hospital service region fell from 111,250 people to 109,382 people between the years 2000 and 2010, a 1.68% decrease.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	111,250	109,382	-1,868	-1.68%
Clay County	17,008	16,335	-673	-3.96%
Crawford County	20,452	19,817	-745	-5.12%
Edwards County	6,971	6.721	-250	-3.59%
Jasper County	10,117	9,698	-419	4.14%
Lawrence County	15,452	16,833	1,381	8.94%
Richland County	16,149	16,233	84	0.52%
Wabash County	12,937	11,947	-990	-7.65%
Wayne County	17,151	16,760	-391	-2.28%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	116,237	114,344	-1,893	-1.14%

Data Source: Community Commons

The Hispanic population decreased in Clay County by 808 (5.58%), decreased in Crawford County by 646 (3.21%), decreased in Edwards County by 277 (3.99%), decreased in Jasper County by 450 (4.47%), increased in Lawrence County by 965 (6.3%), increased in Richland County by 3 (0.02%), decreased in Wabash County by 1,053 (8.2%), and decreased in Wayne County by 464 (2.72%).

In Clay County, additional population changes were as follows: White -5.9%, Black 193.75%, American Indian/Alaska Native -3.03%, Asian -17.11%, Native Hawaiian/ Pacific Islander -100%.

Service Area Demographics

In Crawford County, additional population changes were as follows: White -3.96%, Black 0.076%, American Indian/Alaska Native -14.29%, Asian 45.07%, Native Hawaiian/Pacific Islander 300%.In Edwards County, additional population changes were as follows: White -4.47%, Black 200%, American Indian/Alaska Native 50%, Asian -21.43%, Native Hawaiian/Pacific Islander -100%.

In Jasper County, additional population changes were as follows: White -2.93%, Black 1,262.71%, American Indian/Alaska Native 80.95%, Asian 111.11%, Native Hawaiian/Pacific Islander data not available.

In Richland County, additional population changes were as follows: White -0.36%, Black 65.96%, American Indian/Alaska Native 25%, Asian 29.35%, Native Hawaiian/Pacific Islander -85.71%.

In Wabash County, additional population changes were as follows: White -8.56%, Black 50.98%, American Indian/Alaska Native -4.55%, Asian 20.69%, Native Hawaiian/Alaska Native -16.67%.

In Wayne County, additional population changes were as follows: White -2.97%, Black 61.54%, American Indian/Alaska Native 2.94%, Asian 22.41%, Native Hawaiian/Alaska Native 0%.

Service Area Demographics

Population by Age Groups

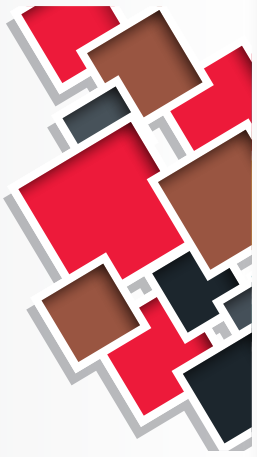
Population by gender in the service area is 51% male and 49% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	107,185	6,612	16,723	8,452	13,095
Clay County	13,466	788	2,233	1,079	1,434
Crawford County	19,441	984	2,802	1,698	2,497
Edwards County	6,612	399	1,117	493	673
Jasper County	9,952	561	1,656	679	1,046
Lawrence County	16,582	859	2,297	1,345	2,842
Richland County	16,072	1,049	2,606	1,249	1,767
Wabash County	11,587	707	1,825	1,021	1,307
Wayne County	16,517	1,022	2,711	1,215	1,797
Illinois	12,851,684	790,205	2,200,424	1,242,711	1,780,279

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	12,543	14,818	15,152	20,240
Clay County	1,489	1,851	2,051	2,541
Crawford County	2,473	2,703	2,723	3,561
Edwards County	788	895	964	1,283
Jasper County	1,046	1,457	1,407	1,717
Lawrence County	1,996	2,386	2,083	2,774
Richland County	1,809	2,180	2,228	3,184
Wabash County	1,266	1,531	1,737	2,193
Wayne County	1,958	2,209	2,318	3,287
Illinois	1,672,366	1,768.455	1,613,087	1,784,097

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2018 Community Health Needs Assessment



Establishing the CHNA Infrastructure and Partnerships

Carle Richland Memorial Hospital led the planning, implementation, and completion of the Community Health Needs Assessment through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, and former educator and community development specialist, met with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

Internal

Carle Richland Memorial Hospital undertook a three-month planning and implementation effort to develop the CHNA, and to identify and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was overseen at the operational level by the Manager of Organizational and Community Development, reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate three focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Carle Richland Memorial Hospital.
- The Manager of Organizational and Community Development worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

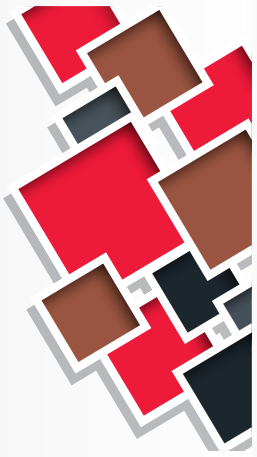
External

Carle Richland Memorial Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These external components steps:

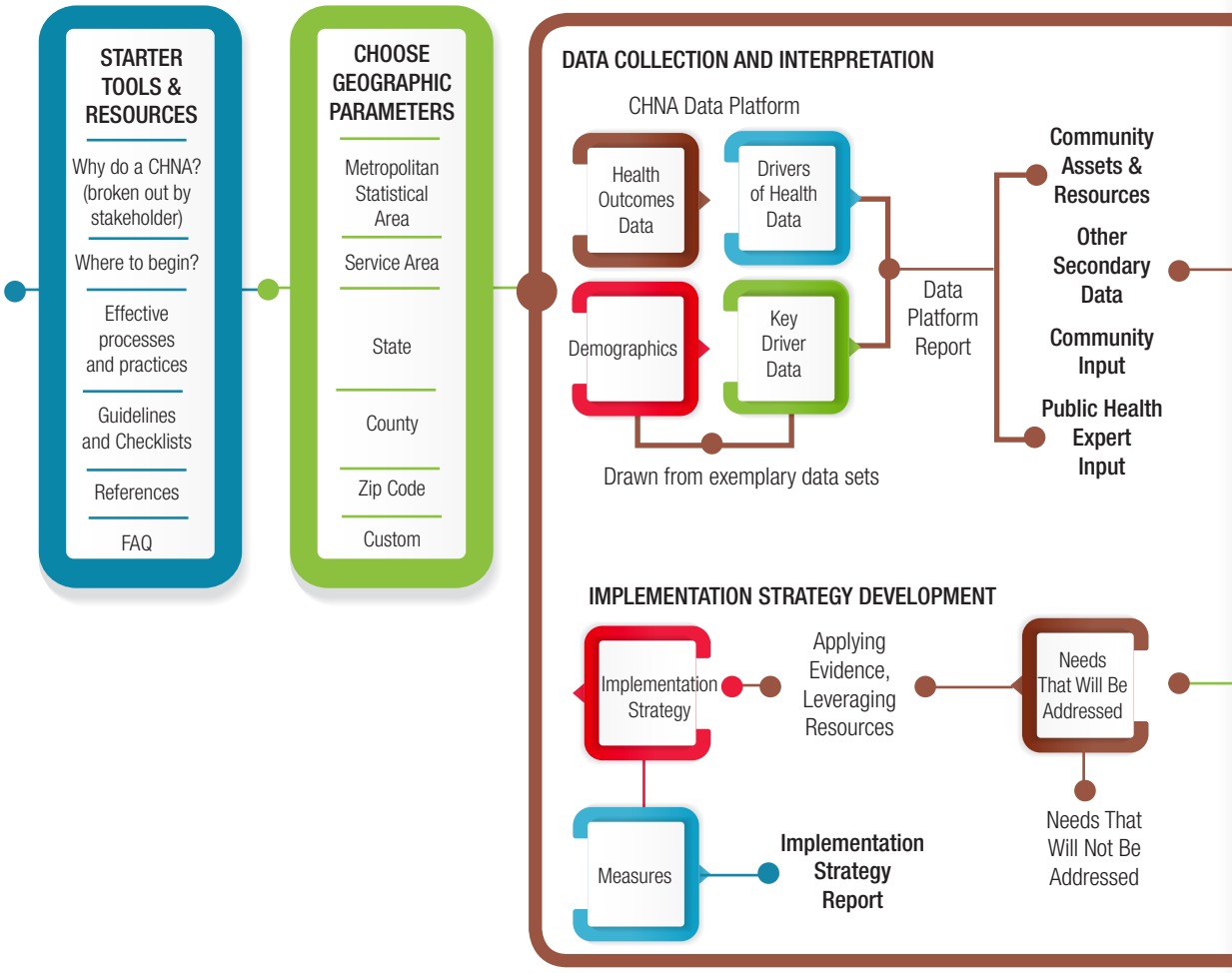
- The Manager of Organizational and Community Development secured the participation of a diverse group representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of county health departments serving the area served by the hospital.

III. DATA COLLECTION AND ANALYSIS

2018 Community Health Needs Assessment



Description of Process and Methods Used

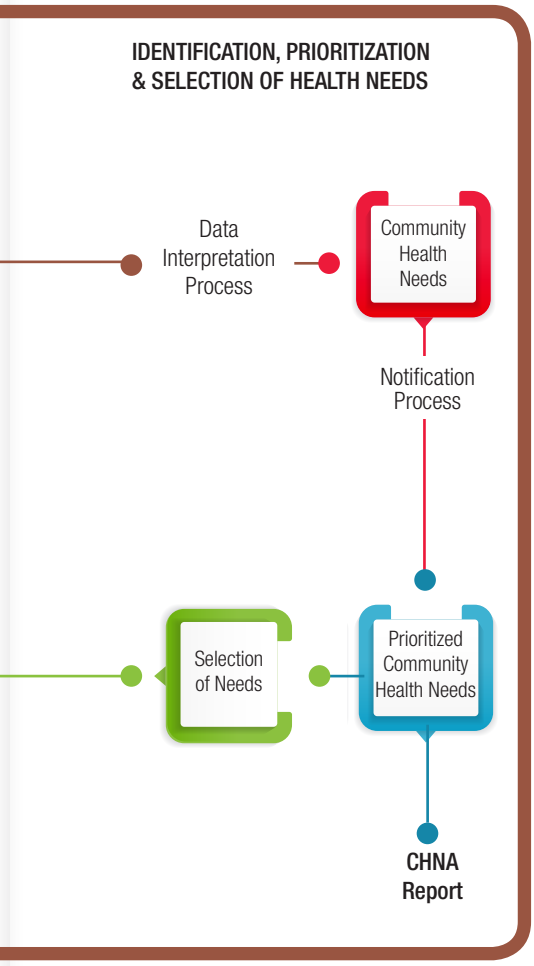


Description of Data Sources

Quantitative Process

Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
U.S. Census	National census data is collected by the U.S. Census Bureau every 10 years

Description of Data Sources



Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process.

Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
County Health Rankings	Each year the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Description of Process and Methods Used

Description of Data Sources

Community Commons	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
Illinois Department of Employment Security	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
National Cancer Institute	The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.
Illinois Department of Public Health	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
HRSA	The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.

Description of Process and Methods Used

Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
ESRI	ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined, level.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs and performance of local schools.
USDA	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
Illinois Youth Survey	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

Secondary Data

Social Determinants of Health

Education – High School Graduation Rate

Within the CRMH service area, 83.5% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	1,065	889	83.5%
Clay County	148	113	76.4%
Crawford County	226	190	84.1%
Edwards County	73	61	83.6%
Jasper County	106	97	91.5%
Lawrence County	175	139	79.4%
Richland County	186	162	87.1%
Wabash County	133	102	76.7%
Wayne County	63	47	74.6%
Illinois	91,892	75,974	82.7%

Data Source: Community Commons

Education – No High School Diploma

Within the CRMH service area, there are 10,057 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 13.26% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Service Area Estimates	75,848	10,057	13.26%
Clay County	9,366	1,079	11.52%
Crawford County	13,957	1,529	10.96%
Edwards County	4,603	508	11.04%
Jasper County	6,696	660	9.86%
Lawrence County	12,081	2,651	21.94%
Richland County	11,168	1,421	12.72%
Wabash County	8,034	852	10.60%
Wayne County	11,569	1,480	12.79%
Illinois	8,618,284	1,008,608	11.70%

Data Source: Community Commons

Secondary Data

Social Determinants of Health

Education – Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in Grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
Service Area Estimates	1,155.61	30.21%	69.79%
Clay County	170	30.08%	67.33%
Crawford County	193	32.37%	67.63%
Edwards County	74	18.95%	81.05%
Jasper County	103	23.52%	76.48%
Lawrence County	161	33.34%	66.66%
Richland County	194	36.99%	63.01%
Wabash County	137	20.60%	79.40%
Wayne County	187	35.89%	64.11%
Illinois	144,944	39.33%	60.67%

Data Source: Community Commons

Education – Bachelor's Degree or Higher

Of the population aged 25 and older, 15.65% or 11,871 adult students have obtained a Bachelor's level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor's Degree or Higher	Population Age 25+ With Bachelor's Degree or Higher
Service Area Estimates	75,848	11,871	15.65%
Clay County	9,366	1,386	14.80%
Crawford County	13,957	2,398	17.18%
Edwards County	4,603	553	12.01%
Jasper County	6,696	1,223	18.26%
Lawrence County	12,081	1,226	10.15%
Richland County	11,168	2,299	20.59%
Wabash County	8,034	1,380	17.18%
Wayne County	11,569	1,617	13.98%
Illinois	8,618,284	2,834,869	32.89%

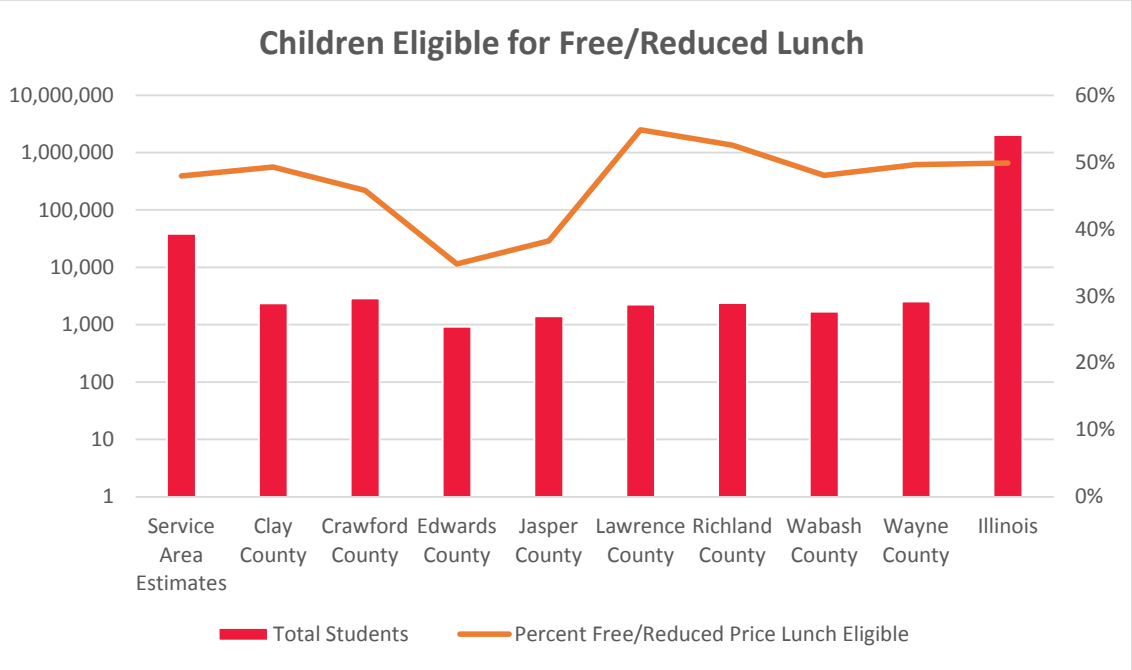
Data Source: Community Commons

Secondary Data

Economic Stability

Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 18,361 public school students (47.94%) are eligible for free/reduced price lunches out of 38,296 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.88%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.



Data Source: Community Commons

Specific numbers for the above graph are shown on the next page.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	38,296	18,361	47.94%
Clay County	2,354	1,160	49.28%
Crawford County	2,873	1,315	45.77%
Edwards County	917	319	34.79%
Jasper County	1,396	534	38.25%
Lawrence County	2,253	1,235	54.82%
Richland County	2,372	1,246	52.53%
Wabash County	1,690	812	48.05%
Wayne County	2,539	1,260	49.63%
Illinois	2,018,739	1,006,936	49.88%

Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits between the months of July 2014 and July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	107,084	14,713	13.7%
Clay County	13,428	1,954	14.6%
Crawford County	19,414	2,629	13.5%
Edwards County	6,534	778	11.9%
Jasper County	9,607	993	10.3%
Lawrence County	16,491	2,237	13.6%
Richland County	16,029	2,673	16.7%
Wabash County	11,542	1,630	14.1%
Wayne County	16,423	2,115	12.9%
Illinois	12,859,995	1,935,887	15.1%

Secondary Data

Economic Stability

Poverty – Children Below 100% FPL

Poverty is considered a key driver of health status. In the CRMH service area, 18.72% or 4,173 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	100,019	22,295	4,173	18.72%
Clay County	13,172	2,895	555	19.17%
Crawford County	17,883	3,732	593	15.89%
Edwards County	6,496	1,432	260	18.16%
Jasper County	9,407	2,085	167	8.01%
Lawrence County	12,073	3,137	738	23.53%
Richland County	15,763	3,554	678	19.08%
Wabash County	11,473	2,496	363	14.54%
Wayne County	16,391	3,650	943	25.84%
Illinois	12,548,538	2,947,192	576,159	19.55%

Insurance – Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	100,571	7,827	7.78%
Clay County	13,298	1,060	7.97%
Crawford County	17,909	1,568	8.76%
Edwards County	6,580	475	7.22%
Jasper County	9,532	639	6.70%
Lawrence County	12,092	1,050	8.68%
Richland County	15,864	1,069	6.74%
Wabash County	11,509	875	7.60%
Wayne County	16,471	1,345	8.17%
Illinois	12,671,738	1,233,486	9.73%

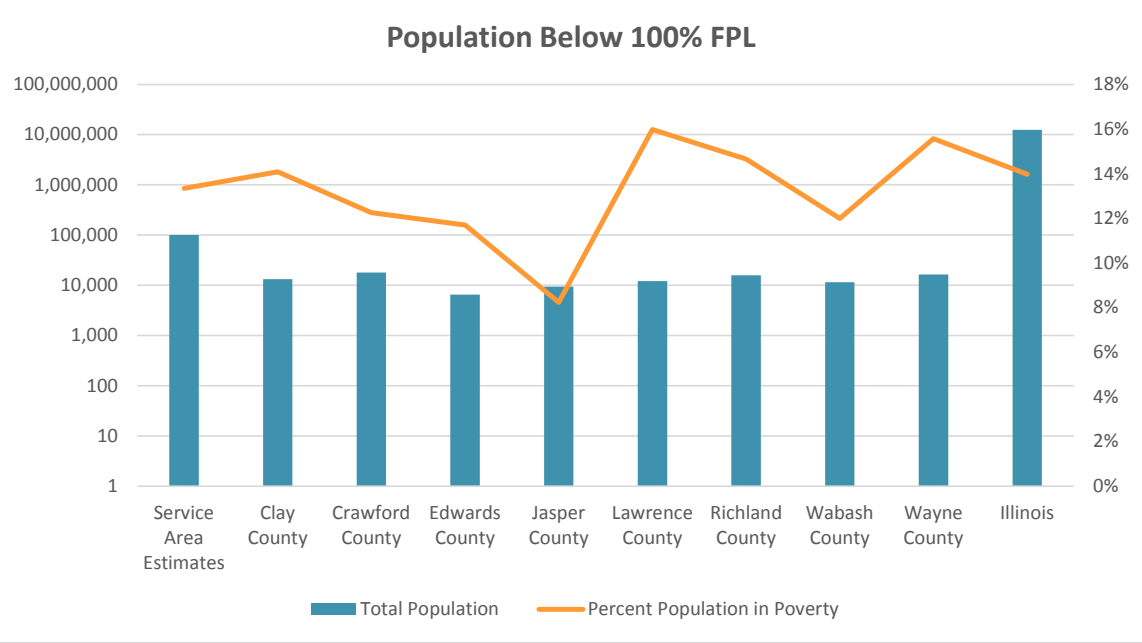
Data Source: Community Commons

Secondary Data

Economic Stability

Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the CRMH service area, 13.34% or 13,346 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	100,019	13,346	13.34%
Clay County	13,172	1,854	14.08%
Crawford County	17,883	2,192	12.26%
Edwards County	6,496	760	11.70%
Jasper County	9,407	775	8.24%
Lawrence County	12,073	1,929	15.98%
Richland County	15,763	2,311	14.66%
Wabash County	11,473	1,376	11.99%
Wayne County	16,391	2,552	15.57%
Illinois	12,548,538	1,753,731	13.98%

Unemployment Rate

Total unemployment in the CRMH service area for the month of March 2018 was 3,515 or 7.1% of the civilian non-institutionalized population age 16 and older (seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	49,663	46,148	3,515	7.1%
Clay County	6,788	6,450	338	5.0%
Crawford County	8,865	8,418	447	5.0%
Edwards County	2,797	2,682	115	4.1%
Jasper County	4,537	4,326	211	4.7%
Lawrence County	6,085	5,757	328	5.4%
Richland County	7,688	7,366	322	4.2%
Wabash County	5,590	5,368	222	4.0%
Wayne County	6,822	6,459	363	5.3%
Illinois	6,496,831	6,210,832	285,999	4.4%

Data Source: Community Commons

Secondary Data

Neighborhood and Physical Environment

Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Service Area	Total Population	Violent Crimes	Violent Crime (Rate per 100,000 Population)
Service Area Estimates	93,021	186	201
Clay County	13,657	5	39
Crawford County	13,576	45	334
Edwards County	5,790	13	226
Jasper County	9,619	12	125
Lawrence County	14,053	16	112
Richland County	11,456	37	320
Wabash County	11,696	22	191
Wayne County	15,557	40	255
Illinois	12,519,201	49,706	397

Data Source: Community Commons

Built Environment – Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	109.382	7	6.40
Clay County	13,815	1	7.24
Crawford County	19,817	0	0
Edwards County	6,721	0	0
Jasper County	9,698	1	10.31
Lawrence County	16,833	1	5.94
Richland County	16,233	2	12.32
Wabash County	11,947	2	16.74
Wayne County	16,760	1	5.97
Illinois	12,830,632	1,402	10.93

Data Source: Community Commons

Secondary Data

Food Environment

Food Environment – Grocery Stores

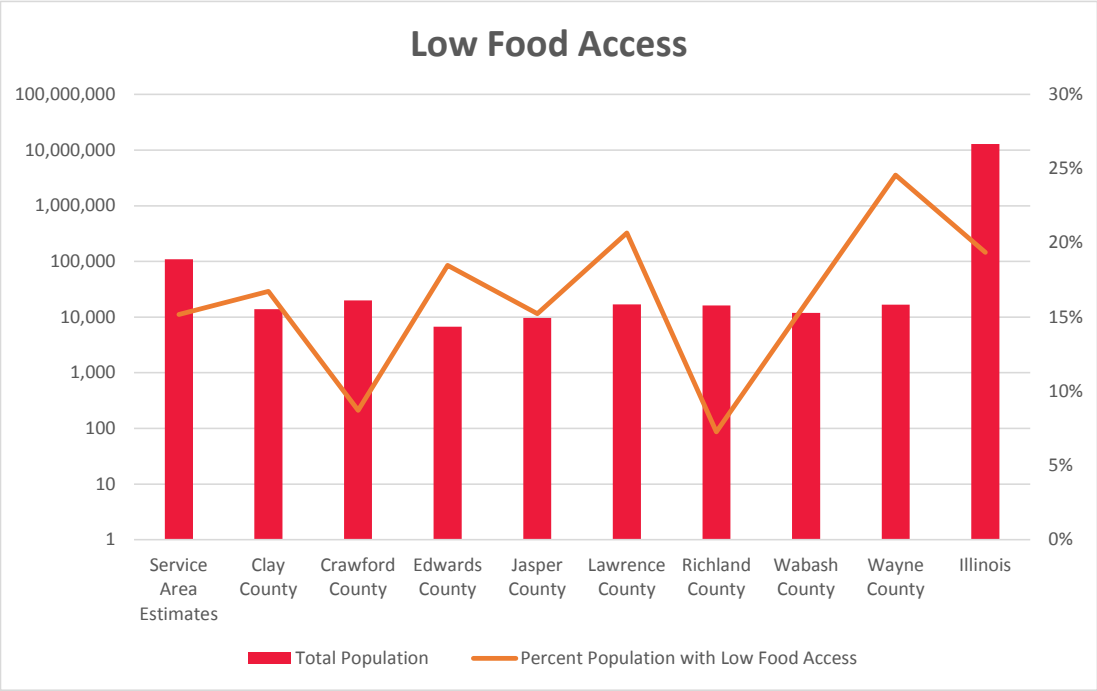
This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retaining a general line of food, such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also sell food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	109,382	18	16.90
Clay County	13,815	2	14.48
Crawford County	19,817	5	25.23
Edwards County	6,721	2	29.76
Jasper County	9,698	1	10.31
Lawrence County	16,833	0	0
Richland County	16,233	4	24.64
Wabash County	11,947	2	16.74
Wayne County	16,760	3	17.90
Illinois	12,830,632	2,770	21.59

Data Source: Community Commons

Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	109,382	16,597	15.17%
Clay County	13,815	2,311	16.73%
Crawford County	19,817	1,729	8.72%
Edwards County	6,721	1,243	18.49%
Jasper County	9,698	1,477	15.23%
Lawrence County	16,833	3,480	20.67%
Richland County	16,233	1,179	7.26%
Wabash County	11,947	1,907	15.96%
Wayne County	16,760	4,118	24.57%
Illinois	12,830,632	2,483,877	19.36%

Secondary Data

Access to Care

Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists – qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Service Area	Total Population 2015	Dentists 2015	Dentists (Rate Per 100,000 Population
Service Area Estimates	107,083	31	29
Clay County	13,428	9	67
Crawford County	19,414	7	36
Edwards County	6,534	1	15
Jasper County	9,607	1	10
Lawrence County	16,491	2	12
Richland County	16,029	4	25
Wabash County	11,542	4	35
Wayne County	16,429	4	24
Illinois	12,859,995	4	24

Data Source: Community Commons

Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental healthcare.

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per X Persons)	Mental Healthcare Provider Rate (Per 100,000 Population)
Service Area Estimates	No Data	No Data	No Data	No Data
Clay County	13,521	13	1,040	96
Crawford County	19,393	40	485	206
Edwards County	6,617	4	1,654	60
Jasper County	9,623	28	344	291
Lawrence County	16,519	31	533	188
Richland County	16,061	42	382	262
Wabash County	11,549	33	350	286
Wayne County	16,543	10	1,654	60
Illinois	12,860,917	23,090	555	180

Data Source: Community Commons

Secondary Data

Access to Care

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians, Rate Per 100,000 Population
Service Area Estimates	107,422	33	32
Clay County	13,520	2	15
Crawford County	19,393	9	46
Edwards County	6,617	0	0
Jasper County	9,623	1	10
Lawrence County	16,519	4	24
Richland County	16,061	6	37
Wabash County	11,549	5	43
Wayne County	16,543	7	42
Illinois	12,880,580	12,477	97

Data Source: Community Commons

Federally Qualified Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide healthcare to vulnerable populations. They receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Service Area	Total Population	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers Per 100,000 Population
Service Area Estimates	109,382	5	5
Clay County	13,815	1	7
Crawford County	19,817	0	0
Edwards County	6,721	1	15
Jasper County	9,698	0	0
Lawrence County	16,833	0	0
Richland County	16,233	1	6
Wabash County	11,947	0	0
Wayne County	16,760	2	12
Illinois	12,830,632	364	3

Data Source: Community Commons

Secondary Data

Access to Care

Health Professional Shortage Areas

This indicator reports the number and location of healthcare facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental, or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Service Area	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Service Area Estimates	3	2	1	6
Clay County	0	0	0	0
Crawford County	0	0	0	0
Edwards County	0	0	0	0
Jasper County	0	0	0	0
Lawrence County	1	2	1	4
Richland County	0	0	0	0
Wabash County	1	0	0	1
Wayne County	1	0	0	1
Illinois	110	90	82	282

Data Source: Community Commons

Medical Conditions and Circumstances

The *County Health Rankings* rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *County Health Rankings* help counties understand what influences how healthy residents are and how long they will live. The *County Health Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births.

Secondary Data

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Richland County is ranked 56th out of the 102 Illinois counties in the *Rankings* released in April 2018. Jasper County is ranked 29th. Edwards County is ranked 72nd. Clay County is ranked 60th. Lawrence County is ranked 74th. Wabash County is ranked 59th. Wayne County is ranked 91st. Crawford County is ranked 69th.

Health Ranking Observation (By County)	Adults Reporting Poor or Fair Health	Adults Reporting No Leisure Time/Physical Activity	Adult Obesity	Children Under 18 Living in Poverty	Alcohol Impaired Driving Deaths	Teen Births Per 1,000	Uninsured	Unemployment
Richland	16%	24%	30%	20%	25%	44	6%	6.0%
Jasper	13%	25%	29%	15%	47%	26	7%	6.3%
Edwards	14%	25%	29%	16%	14%	43	6%	5.8%
Clay	16%	28%	29%	21%	40%	44	6%	6.8%
Lawrence	18%	22%	28%	25%	53%	44	6%	7.5%
Wabash	15%	26%	32%	19%	25%	39	6%	6.4%
Wayne	15%	27%	30%	22%	33%	40	6%	8.6%
Crawford	15%	23%	30%	20%	8%	36	5%	6.2%
Illinois	17%	22%	28%	18%	33%	26	8%	5.9%

Secondary Data

Behavioral Risk Factor Surveillance System

Richland County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	11.4%	13.6%	9.8%
Asthma	9.1%	6.9%	11.4%	11.3%
Diabetes	10.2%	11.6%	12.7%	8.7%
Obesity	29.5%	26.8%	29.9%	31.3%
Smoking	16.7%	15.7%	22.2%	20.2%

Jasper County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	24.8%	20.5%	19.8%
Asthma	9.1%	7.3%	9.3%	8.7%
Diabetes	10.2%	9.9%	10.3%	7.9%
Obesity	29.5%	32.4%	26.8%	22.4%
Smoking	16.7%	13.9%	16.3%	20.9%

Edwards County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	12.6%	11.0%	11.8%
Asthma	9.1%	6.3%	13.9%	10.3%
Diabetes	10.2%	9.0%	12.0%	9.9%
Obesity	29.5%	33.8%	29.7%	27.7%
Smoking	16.7%	14.6%	19.4%	28.9%

Clay County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	19.6%	12.9%	16.4%
Asthma	9.1%	5.2%	14.0%	12.8%
Diabetes	10.2%	10.7%	12.3%	13.2%
Obesity	29.5%	30.0%	32.2%	27.9%
Smoking	16.7%	24.3%	22.9%	28.2%

Lawrence County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	11.8%	14.8%	13.7%
Asthma	9.1%	8.2%	11.7%	12.6%
Diabetes	10.2%	13.9%	13.2%	12.4%
Obesity	29.5%	30.1%	26.3%	28.4%
Smoking	16.7%	22.9%	20.0	25.7%

Wabash County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	11.3%	15.8%	11.2%
Asthma	9.1%	13.2%	9.6%	16.7%
Diabetes	10.2%	12.0%	7.5%	9.4%
Obesity	29.5%	31.3%	24.5%	27.2%
Smoking	16.7%	23.4%	21.1%	25.7%

Wayne County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	7.5%	11.0%	13.4%
Asthma	9.1%	9.6%	15.2%	13.3%
Diabetes	10.2%	11.8%	12.2%	10.7%
Obesity	29.5%	28.7%	29.4%	23.6%
Smoking	16.7%	10.6%	20.7%	22.3%

Crawford County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	38.6%	17.3%	15.5%
Asthma	9.1%	7.9%	12.0%	12.4%
Diabetes	10.2%	9.6%	9.8%	10.7%
Obesity	29.5%	32.4%	33.3%	27.4%
Smoking	16.7%	23.8%	25.1%	24.2%

Secondary Data

Health Indicators

Teen Births

This indicator reports the rate of total births to women ages of 15-19 per 1,000 female population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support needs. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clay County	448	22	48.6
Crawford County	601	24	39.6
Edwards County	216	9	41.3
Jasper County	317	9	29.6
Lawrence County	439	17	39.8
Richland County	512	21	41.5
Wabash County	390	17	43.4
Wayne County	489	22	44.8
Illinois	448,356	15,692	35.0

Data Source: Community Commons

Low Birth Weight Rate

This indicator reports the percentage of total births that are low birth weight (under 2500 grams = less than 5.15 pounds). This indicator is relevant because low birth weight infants are at a higher risk for health problems. This indicator can also highlight the existence of health disparities.

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clay County	1,190	83	7.0%
Crawford County	1,337	127	9.5%
Edwards County	504	42	8.4%
Jasper County	805	77	9.6%
Lawrence County	1,127	91	8.1%
Richland County	1,302	108	8.3%
Wabash County	1,036	87	8.4%
Wayne County	1,386	108	7.8%
Illinois	1,241,656	105,139	8.4%

Data Source: Community Commons

Secondary Data

Health Indicators

30-Day Hospital Readmissions

This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization discharge.

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions Among Medicare Beneficiaries (per 1,000)
Service Area Estimates	No Data	No Data
Clay County	343	19.2
Crawford County	370	12.5
Edwards County	241	16.3
Jasper County	334	16.0
Lawrence County	353	18.0
Richland County	342	15.1
Wabash County	No Data	No Data
Wayne County	No Data	No Data
Illinois	33,364	14.1

Data Source: Community Commons

Diabetes Management - Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a healthcare professional in the past year. In the service area, 1,814 Medicare enrollees with diabetes have had an annual exam out of 2,188 Medicare enrollees in the service area with diabetes, or 82.9%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Service Area	Total Medicare Enrollees	Medicare Enrollees With Diabetes	Medicare Enrollees With Diabetes With Annual Exam	Percent Medicare Enrollees With Diabetes With Annual Exam
Service Area Estimates	17,120	2,188	1,814	82.9%
Clay County	2,407	286	245	85.7%
Crawford County	3,114	408	330	80.9%
Edwards County	1,010	138	114	83.3%
Jasper County	1,359	186	166	89.8%
Lawrence County	2,318	293	186	63.5%
Richland County	2,636	329	274	83.3%
Wabash County	1,852	237	210	88.6%
Wayne County	2,720	350	321	91.7%
Illinois	1,229,443	149,658	128,554	85.9%

Data Source: Community Commons

Secondary Data

Health Indicators

Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Service Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries With Depression	Percent With Depression
Service Area Estimates	20,683	3,056	14.8%
Clay County	2,760	509	18.4%
Crawford County	3,642	495	13.6%
Edwards County	1,279	115	9.0%
Jasper County	1,652	272	16.5%
Lawrence County	2.846	454	16.0%
Richland County	3,358	493	14.7%
Wabash County	2,207	316	14.3%
Wayne County	3,299	450	13.6%
Illinois	1,451,929	219,143	15.1%

Data Source: Community Commons

Preventable Hospital Events

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	17,644	1,431	81.1
Clay County	2,482	263	106.3
Crawford County	3,193	204	64.1
Edwards County	1,041	63	61.5
Jasper County	1,399	118	84.9
Lawrence County	2,379	234	98.4
Richland County	2,733	204	75.0
Wabash County	1,925	150	78.3
Wayne County	2,797	213	76.4
Illinois	1,330,462	74,243	55.8

Data Source: Community Commons

Secondary Data

Cancer Incidence

Breast Cancer

This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is the leading cause of death and it is important to identify cancers separately to better target interventions.

Service Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Service Area Estimates	73,879	86	116.4
Clay County	1,045	14	133.9
Crawford County	1,236	15	121.3
Edwards County	483	6	124.0
Jasper County	673	8	118.7
Lawrence County	930	9	96.7
Richland County	1,167	14	119.9
Wabash County	882	9	102.0
Wayne County	1,143	13	113.7
Illinois	755,277	9,947	131.7

Data Source: Community Commons

Prostate Cancer

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Service Area	Estimated Total Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population
Service Area Estimates	71.873	85	118.3
Clay County	889	11	123.6
Crawford County	1,251	14	111.9
Edwards County	473	5	105.7
Jasper County	635	10	157.4
Lawrence County	1,010	12	118.7
Richland County	1,108	12	108.3
Wabash County	838	8	95.4
Wayne County	1,144	15	131.1
Illinois	684,247	7,862	114.9

Data Source: Community Commons

Secondary Data

Mortality Tables

Richland County Mortality, 2015

This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is the leading cause of death and it is important to identify cancers separately to better target interventions.

Cause of Mortality	Total Deaths
Diseases of the Heart	52
Malignant Neoplasms	43
Cerebrovascular Diseases	14
Accidents	12
Chronic Lower Respiratory Diseases	12
Influenza and Pneumonia	10
Septicemia	7
Nephritis, Nephrotic Syndrome, and Nephrosis	6
Parkinson's Disease	3
Pneumonitis (due to solids and liquids)	3
Chronic Liver Disease and Cirrhosis	3
Diabetes Mellitus	3
Essential Hypertension and Hypertensive Renal Disease	2
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of uncertain unknown behavior	2
Alzheimer's Disease	2
Aortic Aneurysm and Dissection	1
Certain conditions originating in the perinatal period	1
Cholelithiasis and other disorders of the gallbladder	1
Intentional Self-Harm (suicide)	1
Pregnancy, Childbirth, and the Puerperium	1

Data Source: Community Commons

Jasper County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	33
Malignant Neoplasms	24
Accidents	8
Cerebrovascular Diseases	5
Chronic Lower Respiratory Diseases	5
Alzheimer's Disease	4
Influenza and Pneumonia	3
Intentional Self-Harm (suicide)	1
Congenital malformations, deformations, and chromosomal abnormalities	1
Aortic Aneurysm and Dissection	1
Assault (homicide)	1
Parkinson's Disease	1
Peptic Ulcer	1
Pneumonitis (due to solids and liquids)	1
Septicemia	1

Data Source: Community Commons

Secondary Data

Mortality Tables

Edwards County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	17
Malignant Neoplasms	15
Cerebrovascular Diseases	7
Chronic Lower Respiratory Diseases	5
Diabetes Mellitus	2
Essential Hypertension and Hypertensive Renal Disease	2
Influenza and Pneumonia	2
Nephritis, Nephrotic Syndrome, and Nephrosis	2
Pneumonitis (due to solids and liquids)	2
Septicemia	2
Certain conditions originating in the perinatal period	1
Chronic Liver Disease and Cirrhosis	1
Accidents	1
Atherosclerosis	1

Data Source: Community Commons

Clay County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	43
Malignant Neoplasms	38
Nephritis, Nephrotic Syndrome, and Nephrosis	25
Chronic Lower Respiratory Diseases	19
Influenza and Pneumonia	8
Accidents	7
Cerebrovascular Diseases	7
Septicemia	5
Diabetes Mellitus	4
Pneumonitis (due to solids and liquids)	3
Parkinson's Disease	2
Alzheimer's Disease	2
Chronic Liver Disease and Cirrhosis	1
Congenital Malformations, Deformations, and Chromosomal Abnormalities	1
Essential Hypertension and Hypertensive Renal Disease	1
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	1
Peptic Ulcer	1
Intentional Self-Harm (suicide)	1
Nutritional Deficiencies	1
Viral Hepatitis	1

Data Source: Community Commons

Secondary Data

Mortality Tables

Lawrence County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	61
Malignant Neoplasms	44
Alzheimer's Disease	16
Chronic Lower Respiratory Diseases	10
Accidents	8
Cerebrovascular Diseases	7
Diabetes Mellitus	6
Influenza and Pneumonia	4
Essential Hypertension and Hypertensive Renal Disease	3
Parkinson's Disease	3
Pneumonitis (due to solids and liquids)	2
Septicemia	2
Intentional Self-Harm (suicide)	2
Atherosclerosis	2
Nephritis, Nephrotic Syndrome, and Nephrosis	2
Anemias	1
Aortic Aneurysm and Dissection	1
Chronic Liver Disease and Cirrhosis	1
Congenital Malformations, Deformations, and Chromosomal Abnormalities	1
Hernia	1
Viral Hepatitis	1

Data Source: Community Commons

Wabash County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	32
Malignant Neoplasms	26
Essential Hypertension and Hypertensive Renal Disease	9
Chronic Lower Respiratory Diseases	7
Accidents	6
Cerebrovascular Diseases	5
Chronic Liver Disease and Cirrhosis	4
Parkinson's Disease	4
Diabetes Mellitus	3
Alzheimer's Disease	2
Influenza and Pneumonia	2
Nephritis, Nephrotic Syndrome, and Nephrosis	1
Septicemia	1
Viral Hepatitis	1
Certain conditions originating in the perinatal period	1
Congenital Malformations, Deformations, and Chromosomal Abnormalities	1

Data Source: Community Commons

Secondary Data

Mortality Tables

Crawford County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	73
Malignant Neoplasms	47
Cerebrovascular Diseases	23
Chronic Lower Respiratory Diseases	13
Alzheimer's Disease	9
Influenza and Pneumonia	8
Accidents	7
Nephritis, Nephrotic Syndrome, and Nephrosis	6
Septicemia	4
Diabetes Mellitus	3
Pnemonitis (due to solids and liquids)	3
Chronic Liver Disease and Cirrhosis	3
Parkinson's Disease	2
Intentional Self-Harm (suicide)	2
Essential Hypertension and Hypertensive Renal Disease	1
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	1
Complications of Medical and Surgical Care	1
Assault (homicide)	1
Certain Conditions Originating in the Perinatal Period	1

Data Source: Community Commons

Wayne County Mortality, 2015

Cause of Mortality	Total Deaths
Malignant Neoplasms	52
Diseases of the Heart	48
Chronic Lower Respiratory Diseases	19
Cerebrovascular Diseases	8
Influenza and Pneumonia	6
Diabetes Mellitus	5
Nephritis, Nephrotic Syndrome, and Nephrosis	4
Accidents	4
Alzheimer's Disease	4
Intentional Self-Harm (suicide)	3
Pneumonitis (due to solids and liquids)	2
Septicemia	2
Anemias	2
Assault (homicide)	1
Certain Conditions Originating in the Perinatal Period	1
Chronic Liver Disease and Cirrhosis	1
Parkinson's Disease	1
Essential Hypertension and Hypertensive Renal Disease	1

Data Source: Community Commons

Secondary Data

Mortality Tables

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clay County	865	4	4.7
Crawford County	1,005	13	13.0
Edwards County	355	5	14.5
Jasper County	580	5	8.7
Lawrence County	830	11	13.3
Richland County	985	3	3.3
Wabash County	775	5	6.8
Wayne County	1,015	8	7.8
Illinois	879,035	6,065	6.9

Data Source: Community Commons

Mortality – Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clay County	13,516	35	258.9	179.7
Crawford County	19,444	51	261.3	183.4
Edwards County	6,606	15	233.1	155.0
Jasper County	9,594	25	256.4	177.2
Lawrence County	16,510	40	239.9	184.2
Richland County	16,076	43	267.5	174.9
Wabash County	11,595	31	270.8	183.4
Wayne County	16,510	45	275.0	182.3
Illinois	2,146,397	1,098	51.2	104.2

Data Source: Community Commons

Secondary Data

Mortality Tables

Mortality – Coronary Heart Disease

This indicator reports the rate of death due to coronary heart disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clay County	13,516	18	131.7	87.8
Crawford County	19,444	33	170.8	117.1
Edwards County	6,606	13	202.8	135.4
Jasper County	9,594	18	183.4	117.4
Lawrence County	16,510	29	173.2	129.0
Richland County	16,076	28	174.2	106.1
Wabash County	11,595	18	151.8	95.4
Wayne County	16,510	30	179.3	115.1
Illinois	2,146,397	501	23.3	54.4

Data Source: Community Commons

Mortality – Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clay County	13,516	12	91.7	60.0
Crawford County	19,444	14	69.9	47.6
Edwards County	6,606	4	63.6	41.1
Jasper County	9,594	9	89.6	57.7
Lawrence County	16,510	13	77.5	57.6
Richland County	16,076	14	884.6	52.3
Wabash County	11,595	10	88	58.6
Wayne County	16,510	18	107.8	69.6
Illinois	2,146,397	95	4.4	11.7

Data Source: Community Commons

Secondary Data

Mortality Tables

Mortality – Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian motor vehicle crash deaths are preventable and they are a cause of premature death.

Service Area	Total Population 2010	Total Pedestrian Deaths 2011-2015	Average Annual Deaths (Rate Per 100,000 Population)
Service Area Estimates	No Data	4	No Data
Clay County	13,815	0	0
Crawford County	19,817	1	1.2
Edwards County	6,721	0	0
Jasper County	9,698	0	0
Lawrence County	16,833	3	5.9
Richland County	16,233	0	0
Wabash County	11,947	0	0
Wayne County	16,760	0	0
Illinois	12,830,632	827	2.1

Data Source: Community Commons

Mortality – Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clay County	13,516	8	59.2	38.4
Crawford County	19,444	17	89.5	59.1
Edwards County	6,606	6	93.8	63.6
Jasper County	9,594	6	58.4	36.1
Lawrence County	16,510	10	58.1	41.7
Richland County	16,076	9	53.5	31.4
Wabash County	11,595	6	50.0	32.5
Wayne County	16,510	13	80.0	52.0
Illinois	2,146,397	5,497	42.8	37.7

Data Source: Community Commons

Secondary Data

Mortality Tables

Mortality – Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clay County	13,516	7	51.8	45.4
Crawford County	19,444	12	62.7	53.9
Edwards County	6,606	5	72.7	62.5
Jasper County	9,594	6	62.5	54.8
Lawrence County	16,510	9	55.7	50.5
Richland County	16,076	11	69.7	52.0
Wabash County	11,595	7	56.9	46.5
Wayne County	16,510	7	44.8	41.3
Illinois	15,006,298	5,178	34.5	33.7

Data Source: Community Commons

Qualitative Data

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,2 and the subsequent final rules reported at 79 FR 78953, the qualitative/primary data received and reviewed included primary input from (1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community and, (2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations. The organizations and persons that participated are detailed in the appendix.

No written comments were received concerning the hospital facility's most recently conducted CHNA nor on the most recently adopted implementation strategy. A method for retaining written public comments and responses exists, but none were received.

Data was also gathered representing the broad interests of the community. The hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to health care due to geographic, language, financial or other barriers.

Members of the CHNA Steering Committee, those who both participated in focus groups and the needs identification and prioritization process, were chosen based on their unique expertise and experience, informed perspectives and involvement with the community.

Primary Data

Qualitative Data

Focus Group – Medical Professionals and Partners

The first focus group, consisting primarily of medical professionals and partners met on the morning of June 28, 2018. The group was first asked to identify positive developments in local health conditions or the delivery of health care or health related services since the time of the first Community Health Needs Assessment. The group identified:

- The integration that created Carle Richland Memorial Hospital
- Improved cooperation between Carle Richland Memorial Hospital and local clergy
- New diabetes programs
- West Salem Clinic
- New Emergency Department physicians
- New psychiatric nurse practitioner
- New family medicine physicians
- New internal medicine physician
- New substance use prevention coalition
- Increased collaboration between Carle Richland Memorial Hospital and Olney Community College
- Jasper County clinic
- Carle Richland Memorial Hospital sex-education programs in schools
- Better access to helicopters

The group was then asked to identify needs that exist in the community in the areas of health (including disease and conditions that impact health), healthcare, and the delivery of health-related services. The items identified included:

- There is no local health department in Richland or Edwards counties
- Access to affordable medications
- Education about general health issues
- Local access to specialists including cardiologist, pulmonologist, dermatologist, oncologist, and pediatric
- Address issues of seizures at Olney Community College
- Mental health services for low income, underinsured, and uninsured youth and adults including psychiatrists, social workers, and counselors
- Local opportunities for health profession education
- Non-emergency medical transportation
- Post-care patient education

- Surgeons who will handle foreign body removal
- Diabetes-related education about insurance, Medicaid, and Medicare coverage, and local health services
- In-house chaplain at Carle Richland Memorial Hospital
- Outreach and education for persons re-entering the area from the Department of Corrections
- Recovery services for persons with substance use disorders
- Case managers and health navigators for both post release and persons needing services in the community
- Psychiatric evaluation for the Emergency Department
- Telehealth
- Sexual assault education for youth and adults and sexual assault nurses
- Local access to inpatient psychiatric care

Focus Group – Community Members

The second focus group, consisting primarily of community members representing or providing services to persons who are most at risk of being underserved, including law enforcement, also met on the morning of June 28, 2018. The group was first asked to identify positive developments in local health conditions or the delivery of health care or health related services since the time of the first Community Health Needs Assessment. The group identified:

- The Embarrass River Basin Agency provides gas cards for use for out-of-town medical appointments
- Increased access to walk-in services
- New nurse practitioner
- Increased availability of rent assistance
- Nurse navigator for breast care patients
- Increased community education on healthy lifestyles, nutrition, budgeting and suicide prevention
- The Psychiatric Unit while it operated
- There is more access to local services
- The integration with Carle has increased available local services, especially after-hour services
- Choices for lab services are available
- Proximity of West Salem Clinic to a pharmacy for behavioral health services
- Addition of a mid-level provider for behavioral health services

Primary Data

Qualitative Data

The group was then asked to identify needs that exist in the community in the areas of health (including disease and conditions that impact health), healthcare and the delivery of health-related services. The items identified included:

- Improved continuity of care and follow-up, especially for youth
- Local access to mental health providers, including psychiatrists and counselors
- Local detoxification and rehabilitation for persons with substance use disorders
- Local psychiatric beds
- Local sober home
- Suicide prevention education
- Psychiatric services specifically for the homeless and persons involved with domestic violence
- Continuity of care for chronic illness, especially cancer
- Local health departments in Richland and Edwards counties
- Improved communication between law enforcement and Carle Richland Memorial Hospital on mental health issues
- Local oncology services
- Improved substance use prevention
- Affordable dental care for youth and adults
- Access to dental care for low income and medical card patients
- Local access to specialists including neurologist and endocrinologist
- Better information about available local health services
- Better information about available local social services and resources
- Advanced Life Support Ambulance service in Edwards County
- Vision care for low income, underinsured and uninsured youth and adults

Focus Group – Public Health Agencies and School Officials

The third focus group, consisting of medical professionals and partners, public health agencies, a school official, others serving persons most at risk for being underserved and community leaders met at noon on June 28, 2018. The group was first asked to identify positive developments in local health conditions or the delivery of healthcare or health related services since the time of the first Community Health Needs Assessment. The group identified:

- Addition of mid-levels has improved access to care
- Stopping Woman Abuse Now has expanded adult protective services
- Public transportation has improved

- The integration creating Carle Richland Memorial Hospital
- Two new psychiatric mid-level providers are expected to begin serving the area very soon
- Mobile dentistry
- Increased controls on vaccines
- New pediatrician and family practice physicians in Wabash County
- There are three nurse practitioners in Jasper County
- Carle Richland Memorial Hospital provides trainers to local school athletic programs
- Better access to both healthcare and insurance

The group was then asked to identify needs that exist in the community in the areas of health (including disease and conditions that impact health), healthcare, and the delivery of health-related services. The items identified included:

- Local access to psychiatric beds
- Better cooperation between Carle Richland Memorial Hospital and local schools to identify future healthcare professionals and promote their continued interest
- Local access to mental health providers, including psychiatrists, nurse practitioners, licensed social workers and clinics
- Dental services for adults and youth that are uninsured, underinsured or on Medicaid
- Improved non-emergency transportation to Carle Richland Memorial Hospital
- Improved urgent transfer services from Carle Richland Memorial Hospital
- Improved non-emergency transportation from Carle Richland Memorial Hospital
- Secure transport for mental health services
- Address opioid and other prescription drug use among youth including local pharm parties and Skittle parties
- Mental health services for uninsured and underinsured in Crawford County
- Educate parents about seeking health care for youth
- Dentistry
- Substance abuse
- Adult day care
- Education and services for younger ages for mental health
- Improved local access to urgent care/convenient care
- Wellness education for youth and adults
- Local access to specialists including cardiologist, endocrinologist, and pulmonologist

IV. IDENTIFICATION & PRIORITIZATION OF NEEDS

2018 Community Health Needs Assessment

Identification and Prioritization of Needs

Description of the Community Health Needs Identified

The steering group, comprised of representatives from all three focus groups – including two local health departments and other organizations assisting persons likely to be unserved, underserved or otherwise experiencing unmet needs – met on July 26, 2018 to identify and prioritize significant health needs.

The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Carle Richland Memorial Hospital service area.

1. The group identified and prioritized access to mental health services as the first significant issue facing the Carle Richland Memorial Hospital Service area. They specified five mental health access needs, including:

    a. Access to inpatient mental healthcare, especially for patients that rely on Illinois Medicaid
    b. Access to all levels of mental health services for youth, especially youth on medical cards
    c. Better public information about available mental health services and resources, especially for college age young adults
    d. Local access to a psychiatrist
    e. Access to outpatient mental health services, including counselors

2. The group next prioritized access to dental care for youth and adults that are uninsured, underinsured, or reliant on Medicaid or medical card

Identification and Prioritization of Needs

Description of Community Needs Identified

3. The group then identified improved access to prevention, treatment, and recovery resources for substance abuse for youth and adults

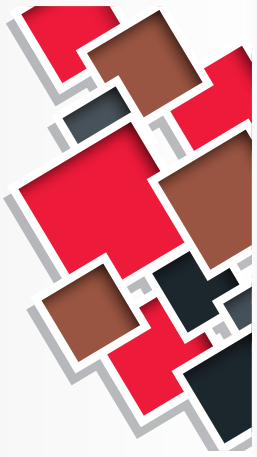
4. The fourth prioritized need was access to case managers to help patients with transition of care, transportation, and other issues.

5. The group next identified two needs related to transportation, including:
   a. Addressing transportation needs of patients that arrive at the hospital via ambulance or another means that is not available to return them home
   b. Better information about how to obtain transportation to and from healthcare

6. The final identified and prioritized need was after-hour and weekend access to care

V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

2018 Community Health Needs Assessment



Resources Available to Meet Priority Health Needs

Carle Richland Memorial Hospital Resources

Ambulance Services

Audiology Services

- Comprehensive adult and pediatric hearing evaluations
- Hearing aid demonstration and counseling
- Evaluation and fitting of hearing aids
- Auditory processing evaluations
- Assistive listening devices
- Customer hearing protection
- Musician ear monitors and plus
- Swim molds
- Public awareness and education

Diagnostic Imaging Services

- Bone Densitometry
- CT Scan
- Mammography
- MRI
- Nuclear medicine
- PET Scan
- Ultrasound
- X-Ray

Electrocardiogram (EKG) services

Emergency Department

Epidural Steroid Injections

G.I. (Endoscopy)

- Colonoscopy
- EGD (esophagogastroduodenoscopy)
- Flexible sigmoidoscopy

Home Health

Hospice

Intensive Care Unit

- 8-bed unit which provides care to patients who are seriously ill or who are in need of special observation because of a serious medical condition or illness

Laboratory

Medical/Surgical Unit

Nutrition/Dietary Counseling

Resources Available to Meet Priority Health Needs

Obstetrics and Gynecology Services

- Family maternity services unit
- Six birthing suites with a labor-delivery-recovery-postpartum (LDRP) concept
- Intermediate (Level II) Nursery
  – *For infants who require more intense observation or additional support*
- Car seat safety instruction
- Prepared childbirth classes
- Breastfeeding education
- Gynecological suites
- Gynecological procedures
  – *Total abdominal hysterectomy*
  – *Laparoscopic Supracervical Hysterectomy (LASH)*
  – *Laparoscopic assisted vaginal hysterectomy*
  – *Cesarean section*
  – *Hysteroscopies and ablations*
  – *Diagnostic laparoscopy*
  – *Urologist-assisted bladder procedures*

Oncology (Cancer) Services

- Diagnostic testing, including advanced imaging studies (CT, MRI, digital mammography, ultrasound, and nuclear medicine)
- Surgical oncology services
- Biopsies/clinical pathology services
- Laboratory testing services
- Limited chemotherapy services
- PET scan
- IV blood transfusion/platelets
- Lymphedema management therapy
- Breast Health Navigator to assist women who are newly diagnosed with breast cancer

Orthopedics and Sports Medicine

- General orthopedics
- Arthroscopic knee and ankle procedures
- Foot procedures
- Shoulder procedures
- Patient-Specific Instrumentation (PSI) for customized knee replacement
- Joint replacement
- Sports medicine
- Trauma and fractures
- Work-related Injuries
- Athletic training

Resources Available to Meet Priority Health Needs

Carle Richland Memorial Hospital Resources

Patient and Family Education

- Diabetic support group (monthly)
- HealthFest (yearly)
- Better Breathers Club (monthly)

Pharmacy

Pulmonary Function Studies

Rehabilitation

- Cardiac Rehabilitation
- Physical Therapy
- Pulmonary Rehabilitation
- Occupational Therapy
- Speech Therapy

Respiratory Therapy

Sleep Studies

Surgery

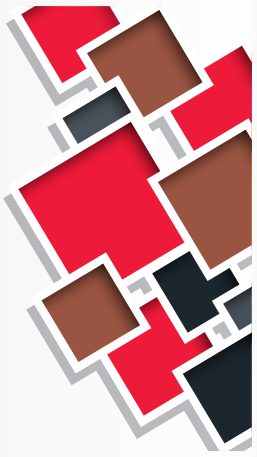
- General
- Oncology (cancer)
- Obstetrical and gynecological
- Ophthalmology (eye)
- Orthopedic
- Otolaryngology (ear, nose, and throat/maxillofacial)
- Urological
- Podiatric (foot)
- Bronchoscopes

The Katharine and Minnie Weber Long Term Care Unit

- Extended care and skilled care
- Activity program
- Beauty/barber shop
- Laundry services
- Nursing services
- Pastoral care
- Rehabilitation services
- Support services including dietary, cardiac, diagnostic imaging, laboratory, and pharmacy

VI. IMPLEMENTATION STRATEGY

2018 Community Health Needs Assessment



Implementation Strategy

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Carle Richland Memorial Hospital on August 13, 2018. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

The group then considered each of the prioritized needs. Actions the hospital intends to take for each of the six categories were identified, along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators with which the hospital plans to cooperate to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Implementation Strategy

The following process by which needs will be addressed was developed:

1. *The group identified and prioritized access to mental health services as the first significant issue facing the Carle Richland Memorial Hospital service area. They specified five mental health access needs, including:*
   a. Access to inpatient mental health care, especially for patients that rely on Illinois Medicaid
   b. Access to all levels of mental health services for youth, especially youth on medical cards
   c. Better public information about available mental health services and resources, especially for college age young adults
   d. Local access to a psychiatrist
   e. Access to outpatient mental health services, including counselors

Actions the hospital intends to take to address the health need:

- Carle Richland Memorial Hospital will partner with Carle Foundation Hospital to provide mental healthcare at the Pavilion Behavioral Health System
- Carle Richland Memorial Hospital will partner with Riverside Mental Health Services to provide mental healthcare
- Carle Richland Memorial Hospital will hire a nurse practitioner to address mental health issues with adolescents through adults
- Carle Richland Memorial Hospital will work with Carle Psychiatric Services to provide services for youth
- Carle Richland Memorial Hospital will begin telepsychiatry services in partnership with Carle Foundation Hospital
- Carle Richland Memorial Hospital will continue efforts to recruit an outpatient psychiatrist
- Carle Richland Memorial Hospital will explore hiring licensed clinical social workers for outreach and counseling
- Carle Richland Memorial Hospital will partner with the Rural Alliance and University of Illinois to utilize graduate LCSW students to improve local access to care
- Carle Richland Memorial Hospital will promote new programs and resources through its website and printed materials

Anticipated impacts of these actions:

When fully implemented, it is anticipated that these actions will result in the following actions.

- Improved access to inpatient mental healthcare, especially for patients that rely on Illinois Medicaid measured by patients served
- Improved access to all levels of mental health services for youth, especially youth on medical cards measured by patients served
- Better public information about available mental health services and resources, especially for college age young adults measured by materials created and distributed
- Local access to a psychiatrist measured by patients seen
- Improved access to outpatient mental health services, including counselors, measured by patients served

Programs/resources the hospital plans to commit to address the need:

- Administration
- Practice Manager
- Public Information

Implementation Strategy

Planning Process

Planned collaboration between the hospital and other organizations:

- Carle Behavioral Health
- Riverside Mental Health Services
- University of Illinois
- Rural Alliance

Implementation Strategy

2. *The group next prioritized access to dental care for youth and adults that are uninsured, underinsured, or reliant on Medicaid or medical card.*

Actions the hospital intends to take to address the health need:

- Carle Richland Memorial Hospital recognizes the importance of access to dental care and the impact of dental care on wellness but observes that dental care is not a function for which the hospital is well-suited. Carle Richland Memorial Hospital recognizes that the Federally Qualified Health Center may be better positioned to address this issue and the hospital will promote partnerships between dentists and the FQHC as reasonably possible.

Anticipated impacts of these actions:

- While this issue is beyond the scope of the Carle Richland Memorial Hospital's scope of services and capabilities, it is believed that a solution can be found relying on external partners and if that happens, the results will be evident in patients served.

Programs/resources the hospital plans to commit to address the need:

- Administration

Planned collaboration between the hospital and other organizations:

- Federally Qualified Health Center
- Dentists
- Others that may be interested in this effort

Implementation Strategy

3. *The group then identified improved access to substance abuse prevention, treatment, and recovery resources for youth and adults.*

Actions the hospital intends to take to address the health need:

- Carle Richland Hospital will continue to support local substance abuse prevention coalitions and other community-based efforts to address substance misuse and disorders, recovery, and rehabilitation
- Carle Richland Hospital will work with community groups and sponsor substance awareness events
- Carle Richland Hospital will continue to utilize the Carle Addiction Recovery Center (CARC)

Anticipated impacts of these actions:

- Improved access to prevention, treatment, and recovery resources for substance abuse for youth and adults measured by numbers of patients served

Programs/resources the hospital plans to commit to address the need:

- Administration
- Public Information
- Pharmacy

Implementation Strategy

Planning Process

Planned collaboration between the hospital and other organizations:

- Local substance abuse coalitions
- Other community groups
- CARC

Implementation Strategy

4. *The fourth prioritized need was access to case managers to help patients with transition of care, transportation, and other issues.*

Actions the hospital intends to take to address the health need:

- Carle Richland Hospital will explore adding care managers for the Emergency Department and clinics

Anticipated impacts of these actions:

- Accomplishing this action step would increase access to case managers to help patients with transition of care, transportation, and other issues

Programs/resources the hospital plans to commit to address the need:

- Administration
- Emergency Department
- Clinics

Planned collaboration between the hospital and other organizations:

- Carle Foundation Hospital

Implementation Strategy

5. *The group next identified two needs related to transportation, including:*
   a. Addressing transportation needs of patients that arrive at the hospital via ambulance or another means that is not available to return them home
   b. Better information about how to obtain transportation to and from healthcare

Actions the hospital intends to take to address the health need:

- Carle Richland Hospital will explore Safe Harbor access for transportation for persons in need
- Provide transportation information, including schedules and ways to request services at Carle Richland Hospital and its clinics

Anticipated impacts of these actions:

- If Safe Harbor access can be approved and implemented, the result should improve access to transportation for persons in need measured by persons served
- Providing additional information about accessing public transportation should improve the numbers of persons utilizing the services for medical appointments and needs. This impact would be measured by increased numbers of persons served.

Programs/resources the hospital plans to commit to address the need:

- Administration
- Public Information

Implementation Strategy

Planning Process

Planned collaboration between the hospital and other organizations:

- RIDES Mass Transit
- Churches
- Other interested persons or organizations

Implementation Strategy

6. *The final identified and prioritized need was after-hour and weekend access to care.*

Actions the hospital intends to take to address the health need:

- Carle Richland Hospital will address this need by establishing walk-in clinic hours of 10 a.m. to 8 p.m., 7 days a week, in Olney

Anticipated impacts of these actions:

- The proposed new clinic hours will create a resource for after-hour and weekend access to care. This action step will be measured by number of patients served.

Programs/resources the hospital plans to commit to address the need:

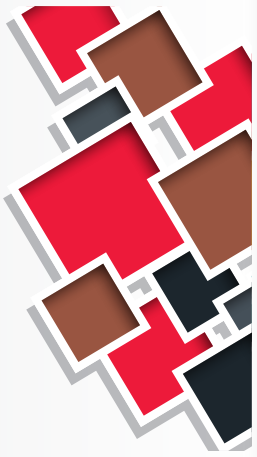
- Administration
- Physician practices
- Public Information

Planned collaboration between the hospital and other organizations:

- No external partners are envisioned

VII. DOCUMENTING AND COMMUNICATING RESULTS

2018 Community Health Needs Assessment



Documenting and Communicating Results

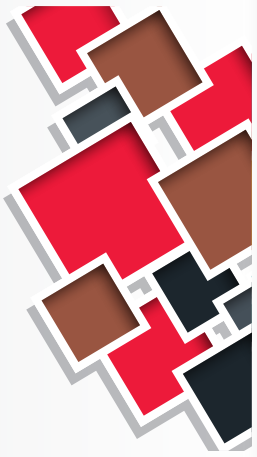
Approval

This CHNA Report will be available to the community on the hospital's public website: http://www.richlandmemorial.com. A hard copy may be viewed at the hospital by inquiring at the information desk at the main entrance.

This Community Health Needs Assessment and Implementation Plan of Carle Richland Memorial Hospital was approved by the Carle Richland Memorial Hospital Board of Trustees on the ---- day of, -----.

VIII. REFERENCES

2018 Community Health Needs Assessment



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- *Community Commons, 2018 Community Commons*
- Illinois Department of Employment Security, 2018
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2018
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2018
- ESRI, 2018
- Illinois State Board of Education, *Illinois Report Card, 2016 - 2017*
- *Atlas of Rural and Small Town America, USDA, 2018*
- *Behavioral Risk Factor Surveillance Survey – Illinois - Counties – 2018*
- *Illinois Youth Survey, 2018*
- *Courtesy: Community Commons, <www.communitycommons.org>, July 18, 2018*

(Support documentation on file and available upon request)

Appendix

Focus and Steering Group Participants

The following persons contributed to the needs assessment process through their participation in the three focus groups.

Daun Parker	Transition Specialist, CRMH
Susan Dufrenne	Breast Health Navigator, CRMH
Lindsay Williams	Discharge Planner, CRMH
Melissa Kuenstler, APN	Family Nurse Practitioner, CRMH
Valerie Anderson, DNP	Family Nurse Practitioner, CRMH
Jeff Johnson	Ambulance Service Manager, CRMH

References

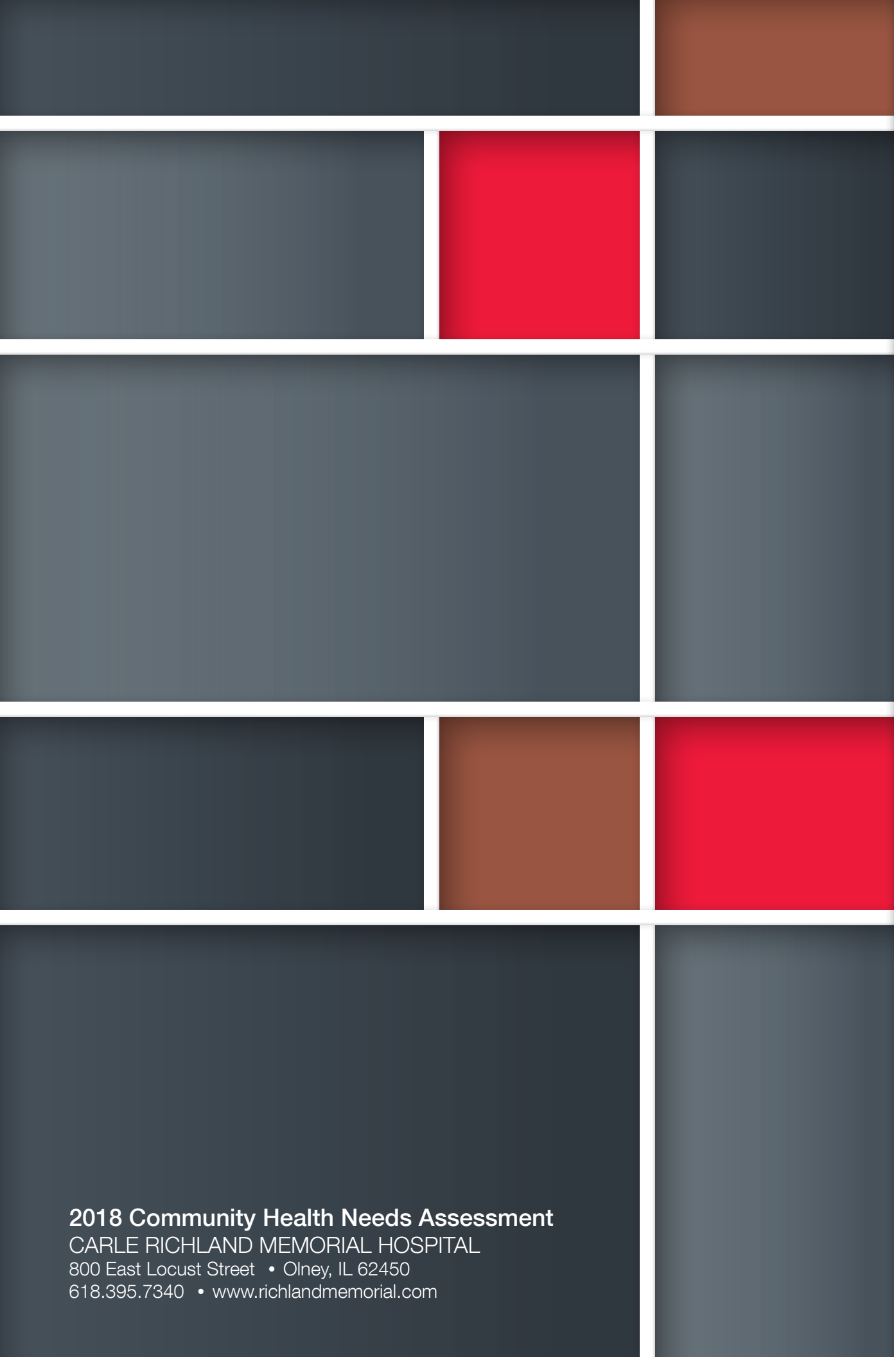
Napoleon Knight, MD	Emergency Medical Director, Carle
Felicia Nohren	Richland County Sheriff Department
Sara Buehnerkemper	Richland County Addictions Prevention Coalition
Andi Pampe	Assistant Dean of Instruction, Olney Central College
Sherry Slankard	Social Services, Richland County School District
Tim Loomis	Richland County Ministerial Association
Sylvia Lancaster	Embarrass River Basin Agency
Pat Staley	Embarrass River Basin Agency
Linda Bookwalter	Stopping Women Abuse NOW (SWAN)
Lisa Totten	Department of Human Services
Deanna Mitchell	Richland County Housing Authority
Deborah Lamb	Richland County TB & Health Office
LeeAnn Hyder	Crawford County Health Department
Brent Todd	Dean of Instruction, Lincoln Trail College
Kendra Grounds	Wabash County Health Department
Melissa Semple	Jasper County School District
Andrew Johnson	Superintendent, Jasper County School District
Jeannie Johnson	Jasper County Health Department
Willard Anderson	The Master's Hands
Amy Marley	Lawrence County Health Department
Kaycee Miller	Rides Mass Transit District
Dana Hagerstrom	Community Benefits Specialist, Carle Health System
Jennifer Hendricks-Kaufmann	Public Relations Director, Carle Health System
Tara Lemke	Community Development, CRMH
Eric Toliver	Community Development, CRMH

References

Members of the CHNA Steering Committee, most of whom both participated in focus groups and the needs identification and prioritization process, were chosen based on their unique expertise and experience, informed perspectives and involvement with the community. The CHNA Steering Committee members included:

Deborah Riddle	Jasper County Health Department
Holly O'Brien	Home Health/Hospice of SE IL
Sara Buehnerkemper	Richland County Addiction Prevention Coalition
Deb Lamb	Richland County Health Office
Andi Pampe	Assistant Dean of Instruction, Olney Central College
Sherry Slankard	Social Services, Richland County School District
Dana Hagerstrom	Community Benefits Specialist, Carle Health System

Notes



2018 Community Health Needs Assessment

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