Community Health Needs Assessment 2021

Sarah Bush Lincoln

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Contents

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document Sarah Bush Lincoln Health Center's (SBL or Health Center) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Health Center may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ A comprehensive evaluation of the implementation strategy for fiscal years ending June 30, 2020, through June 30, 2022, which was adopted by the Health Center board of directors in 2019.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- ✓ Interviews with key stakeholders who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2021. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Health Center and to document compliance with new federal laws outlined above.

The Hospital engaged **FORVIS, LLP** (FORVIS) to conduct a formal community health needs assessment. FORVIS is one of the largest CPA and advisory firms in the United States, with approximately 5,400 professionals and clients in all 50 states. FORVIS serves more than 4,000 healthcare providers across the country. The community health needs assessment was conducted in the fiscal year ending June 30, 2022.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Health Center's community health needs assessment:

- ✓ An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Health Center's current strategies and programs.
- ✓ The "community" served by the Health Center was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Health Center.
- ✓ Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- ✓ Community input was provided through key informant interviews. Results and findings are described in the Key Informant section of this report.
- ✓ Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes and 5) how important the issue is to the community.
- ✓ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Health Center has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the Health Center

Sarah Bush Lincoln Health Center (SBL) is one of four corporations organized under the not-for-profit parent corporation of Sarah Bush Lincoln Health System (SBLHS.) The other corporations are Sarah Bush Lincoln Health Foundation (SBLHF) — serves as the fundraising arm of the organization to generate philanthropic support for programs and services; and Sarah Bush Lincoln Captive Insurance, Ltd. — a wholly owned subsidiary providing primary general and professional liability coverage to SBLHS; and SBL Accountable Care Organization.

SBL was first incorporated in 1970 and is tax-exempt under 501(c)(3). SBL opened its doors in 1977 to provide exceptional health care close to home for residents of east central Illinois and is governed by a community-based Board of Directors. The main campus is centrally located between Charleston and Mattoon, in east-central Illinois. The primary service area is Coles County with secondary service areas including an additional nine-county region. Home health and hospice services cover an expanded region of 10 additional counties. SBL operates provider clinics in Altamont, Arcola, Arthur, Casey, Charleston, Effingham, Greenville, Martinsville, Mattoon, Neoga, Newton, Shelbyville, St. Elmo, Sullivan, Toledo, Tuscola and Vandalia. Other facilities include offices for home health, hospice, laboratory, durable medical equipment services and Healthy Communities programs, including SBL Dental Services.

Accredited by The Joint Commission, the nation's oldest and largest standards-setting and accrediting body in healthcare, The Health Center operates a 145-bed acute care facility and provides 24-hour health services to patients of all ages (newborn/neonate, pediatric, adolescent, adult and geriatric). A total of 510 providers representing 35 specialties comprise the active and consulting medical staff. Employing about 2,760 area residents, the Health Center promotes a culture of excellence and safety through continuing personal and professional growth.

Mission Statement

Sarah Bush Lincoln will provide exceptional care for all and create healthy communities.

Vision Statement

Sarah Bush Lincoln will be the leading community health system in the nation.

Our Values

As members of the Sarah Bush Lincoln Health System, we commit to the following values:

Integrity
To be honest, trustworthy and consistent in our words.

Respect
To recognize the intrinsic value and dignity of all individuals.

Compassion
To respond to the feelings and needs of each person with kindness, concern and empathy.

Excellence
To hold ourselves to the highest standards in all we do.

Leadership
To envision possibilities, seek opportunities, advocate and act to meet community needs.

Stewardship
To hold ourselves accountable for the responsible use of resources.

Innovation
To think and act in new ways to achieve greatness.

Partnership
To learn from and work with our community through collaboration and cooperation.

Significant Community Benefit Programs

Dental Services and Mobile Dental Clinic: Sarah Bush Lincoln Dental Services (SBL Dental) is a collaborative community effort that provides dental care at no cost to families who qualify.

The staff consists of one full-time employed dentist, dental hygienists, dental assistants and staff and volunteer dentists. The program serves a seven-county service area including Coles, Cumberland, Douglas, Effingham, Jasper, Moultrie and Shelby Counties.

Each year, the program reaches nearly 3,000 children in SBL's service area for oral health education, diagnostic and preventive dental care and surgical and restorative dental care.

In an effort to remove transportation barriers, the SBL Dental team visits schools where cleanings and screenings are performed. The child is dismissed from class to receive the services. If further oral care is needed, it is delivered in SBL's mobile clinic at the school. In addition, a fixed site was established where kids can come and get a healthy smile.

Community Online Research Directory (CORD): CORD is a comprehensive database stocked with current information about agencies and programs offering services focusing on physical, mental, emotional and social needs, www.sarahbush.org/cord/.

Healthy Kids Education: The Health Center's Healthy Kids Education is all about bringing awareness to families about childhood obesity and promoting healthy lifestyle choices. The following programs are offered by the Health Center:

- 5-2-1-0 Curriculum
- KickStart
- Project Fit America
- KidsFest
- Fit-Girls
- Fast Reads
- Teen Cooking Classes
- Illinois Youth Survey (IYS) Results
- Parent & Child Cooking Classes
- Races for All Paces

For more information on the programs above, please visit: https://www.sarahbush.org/healthycommunities/.

Center for Healthy Living: The Health Center opened the Center for Healthy Living in 2015 to achieve the following goals:

- Enhance quality of life
- Manage chronic conditions
- Prevent avoidable hospitalizations
- Delay onset or reoccurrence of symptoms
- Support and help achieve individual goals
- Behavior modification
- Achieve a consistent fitness program
- Transition to a long-term community-based exercise program, including a YMCA membership at the Center for Healthy Living

Regular exercise is fundamental in chronic illness management, weight loss and overall health maintenance. It boosts immune systems, relieves stress, helps regulate blood pressure, cholesterol and blood sugar, increases lung capacity and metabolism and a whole host of other benefits.

Through the 120-day Healthy Living Medical Exercise program, participants receive a custom-designed exercise and lifestyle program to help them achieve their goals and manage chronic illness.

The exercise program is tailored to their limitations and goals, with options and tools to make meaningful, positive changes. The overreaching goal is to instill lifelong healthy behaviors that foster independence and encourage participants to transition to a long-term community-based exercise program.

Peace Meal Senior Nutrition Program: The mission of Peace Meal is to provide quality meals for healthier lives. We help seniors improve their nutrition, sustain their independence and enhance the quality of their life by providing meals, fellowship and connections to other needed services. Through the provision of a balanced meal, nutrition education, daily contact with staff, and referrals to other services, Peace Meal eases the impact of malnutrition and food insecurity among the aged population and provides a more stable nutritional foundation for the health and independence of clients.

Peace Meal provides nutrition services throughout Clark, Coles, Cumberland, Douglas, Edgar, Moultrie and Shelby Counties. An average of 700 meals per day are served, providing meals to almost 2000 different clients each year. SBL provides approximately 170,000 meals to residents in its service area each year.

Behavioral Health Services: SBL is one of few hospitals in east central and southern Illinois that provides inpatient adult acute mental health services with approximately 900 admissions per year.

SBL also provides outpatient psychiatric evaluation and follow-up services to children, adolescents and adults struggling with mental illness and behavioral disturbances. Additional services offered include counseling and psychoeducational support for individuals seen in both outpatient and employee assistance programs. Workshops, trainings and crisis debriefings are provided through SBL's employee assistance program in workplace settings such as schools, healthcare, first responder or industrial sites.

The staff consists of psychiatrists, psychiatric nurse practitioners, licensed social workers and counselors, along with support from clinical and office staff. Outpatient behavioral health serves the entire Sarah Bush Lincoln service area, including Coles, Clark, Cumberland, Douglas, Edgar, Effingham, Fayette, Jasper, Moultrie, and Shelby counties. SBL provides inpatient and outpatient psychiatric services to the east central Illinois as part of our mission to provide exceptional care to all and create healthy communities.

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending June 30, 2020 – June 30, 2022 focused on five strategies to address identified health needs. Action plans for each of the strategies are summarized below. Based on the Health Center's previous CHNA conducted in 2018, the Health Center has either met their goals or is still in the process of meeting their goals for each strategy listed.

Maximize Access to Care: Increase Access to Health Care Services by Enhancing Recruitment and Retention Efforts.

Goal Met: Yes

Sarah Bush Lincoln continued to increase access to health care services through our recruitment and retention initiatives as well as by increasing access points to receive care. Sarah Bush Lincoln partnered with Fayette County Hospital in Vandalia, Illinois as well as several physician practices to further improve access to care in our southern service area. In addition, between FY20-FY22, SBL successfully recruited 64 providers to join our employed medical staff. These included the following specialties: cardiology, dentistry, emergency medicine, endocrinology, family medicine, gastroenterology, general surgery, hand surgery, hospitalist, infectious disease, internal medicine, obstetrics/gynecology, orthopedic surgery, pain management, pathology, pediatrics, pediatric hospitalist, psychiatry and pulmonology/critical care.

Increase Points of Access to Primary Care Services

Goal Met: Yes

Sarah Bush Lincoln continued to increase points of access to primary care services between FY20-FY22. With its partnership with Fayette County Hospital, SBL extended its geographic service area in the southern region to include Fayette county. While the COVID-19 pandemic had a significant impact on visit volumes in FY20 and FY21, overall ambulatory and walk-in clinic visit volumes have both increased significantly since FY19. In addition, SBL continues to increase utilization of technology to provide access to care for patients, primarily in the hospital setting, for services such as advanced intensive care and nephrology care.

Address Mental and Behavioral Health Needs in Our Community

Goal Met: Ongoing

SBL has continued to provide both inpatient and outpatient mental and behavioral health services. Each year, approximately 900 inpatient cases and 13,000 outpatient visits are provided at SBL; however, the need is always greater than our capacity to serve. In an effort to bridge this gap, a new integrated behavioral health program has been developed to offer psychiatric expertise, guidance and support to

primary care providers who are also monitoring psychotropic medications for patients who are relatively stable and who experience less severe symptoms. This program is currently being piloted with plans to expand to many of our primary care clinics within our SBL system.

Address obesity prevalence and poor nutrition and physical inactivity social determinants of health through promotion of Healthy Communities and Wellness programs

Goal Met: Yes

The SBL Healthy Kids program visits schools and classrooms throughout its service area each year to promote healthy choices in regard to food, nutrition and exercise. Each summer, the Healthy Kids program offers cooking and fitness classes. While the COVID-19 pandemic forced SBL to cancel its annual Races for All Paces family physical activity event in FY20 and FY21, the event held in May 2022 saw a record number of participants.

SBL's Center for Healthy Living provides exercise and lifestyle programming to over 800 members each year. SBL's Peace Meal Senior Nutrition Program provides over 170,000 meals to residents in seven counties of its geographic service area.

Build on established oral health programs to address the need for pediatric, adolescent and adult dental care in our service area

Goal Met: Yes

SBL provides both preventive and restorative care via its mobile dental services to children in over 60 schools throughout 9 counties of its geographic service area. In the summer, mobile dental clinics are held in communities to finish treatment plans begun during the school year. The mobile dental clinics assist in removing transportation barriers experienced by patients and families. In 2017, SBL added a fixed site to offer comprehensive care throughout the year. We are currently adding an additional operatory to help address the backlog of patients that resulted with the COVID-19 pandemic.

Through staffing that includes one employed full-time dentist and several volunteer dentists, SBL provides dental care and education to youth with every visit. SBL has provided emergency dental care to assist adults with dental clearance needs for surgery or cancer treatments that have no dental insurance or are on Medicaid that are referred by an SBL provider. SBL applies for grants to be able to provide the service.

Summary of Findings – 2021 Tax Year CHNA

The following health needs were identified based on information gathered and analyzed through the 2021 CHNA conducted by Sarah Bush Lincoln. The needs are presented in priority order.

Priority	Health Need	Plans to Address
1	Lack of Mental Health Providers/Services	Addressed in SBL Plans
	Substance Abuse	Addressed in SBL Plans
3	Obesity	Addressed in SBL Plans
4	Poor Nutrition/Limited Access to Healthy Food Options	Addressed in SBL Plans
	Lack of Dentists/Adult Services	Addressed in SBL Plans
	Healthy Behaviors/Lifestyle Choices	Addressed in SBL Plans

Priority	Health Need	Plans to Address
	Cost of Healthcare Prescriptions	Addressed by Other Organizations
8	Lack of Access to Services	Addressed in SBL Plans
	Transportation	Addressed by Other Organizations
	Physical Inactivity	Addressed in SBL Plans
	Heart Disease	Addressed in SBL Plans
	Children in Poverty/Homelessness	Addressed by Other Organizations
13	Lack of Health Knowledge/Education	Addressed in SBL Plans
	Cancer	Addressed in SBL Plans
15	Uninsured/Limited Insurance	Addressed in SBL Plans
	Adult Smoking/Tobacco Use	Addressed in SBL Plans
17	Lack of Primary Care Physicians/Hours	Addressed in SBL Plans
18	Lung Disease	Addressed in SBL Plans
	Stroke	Addressed in SBL Plans
20	Access to Exercise Opportunities	Addressed in SBL Plans
21	Teen Birth Rate	Addressed by Other Organizations
	Sexually Transmitted Infections	Addressed by Other Organizations
23	Children in Single-Parent Households	Addressed by Other Organizations
	Need for Pre-Natal Care	Addressed in SBL Plans
	Preventable Hospital Stays	Addressed in SBL Plans
26	Violent Crime Rate	Addressed by Other Organizations
	Excessive Drinking/Alcohol-Impaired Drinking Deaths	Addressed by Other Organizations

Areas not addressed by SBL plans are either addressed by other organizations, have resource constraints or are lower priority based on information collected.

Community Served by the Health Center

The Health Center is located in the city of Mattoon, Illinois in Coles County. Mattoon is approximately 30 minutes north of Effingham, Illinois and an hour south of Champaign, Illinois.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of health care providers, the Health Center is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from July 1, 2020, through June 30, 2021, management has identified the CHNA community to include Coles, Douglas, Clark, Moultrie and Cumberland Counties as each county represents greater than 4.3 percent of the total discharges and in aggregate the five counties represent 81.5 percent of the total discharges. These counties are listed in *Exhibit 1* (Community) with corresponding demographic information in the following exhibits.

Secondary data for certain counties included in the secondary service area has not been included in the CHNA report as discharges for each individual county is less than 4.3 percent of total discharges. The socioeconomic characteristics, physical environment, clinical care, health status and health outcomes for these counties are similar to those indicated in the data for the five counties identified as the CHNA community. Primary data was obtained for these counties through key stakeholders from county health departments.

Exhibit 1a
Summary of Inpatient Discharges by Zip Code
7/1/2020 - 6/30/2021

Zip Code	City	Discharges	Percent Discharges
Coles County:			
61938	Mattoon	3,684	29.1%
61920	Charleston	2,868	22.6%
62440	Lerna	160	1.3%
61912	Ashmore	142	1.1%
61931	Humboldt	137	1.1%
61943	Oakland	115	0.9%
62469	Trilla	57	0.4%
	Total Coles	7,163	56.5%
Cumberland County:			
62447	Neoga	338	2.7%
62468	Toledo	330	2.6%
62428	Greenup	328	2.6%
62436	Jewett	39	0.3%
	Total Cumberland	1,035	8.2%
Douglas County:			
61910	Arcola	376	3.0%
61911	Arthur	199	1.6%
61953	Tusola	167	1.3%
61930	Hindsboro	46	0.4%
61913	Atwood	38	0.3%
61942	Newman	35	0.3%
61956	Villa Grove	27	0.2%
61919	Camargo	22	0.2%
	Total Douglas	910	7.2%
Clark County:			
62420	Casey	417	3.3%
62442	Martinsville	96	0.8%
62474	Westfield	84	0.7%
62441	Marshall	73	0.6%
62477	West Union	7	0.1%
62423	Dennison	2	0.0%
	Total Clark	679	5.4%
Moultrie County:			
61951	Sullivan	352	2.8%
61928	Gays	92	0.7%
61937	Lovington	61	0.5%
61914	Bethany	43	0.3%
	Total Moultrie	548	4.3%

Exhibit 1b
Summary of Outpatient Discharges by Zip Code
7/1/2020 - 6/30/2021

Zip Code	City	Discharges	Percent Discharges
Coles County:			
61938	Mattoon	127,020	20.0%
61920	Charleston	110,645	17.4%
62440	Lerna	7,420	1.2%
61912	Ashmore	6,413	1.0%
91943	Oakland	5,343	0.8%
61931	Humboldt	5,314	0.8%
62469	Trilla	2,038	0.3%
	Total Coles	264,193	41.6%
Cumberland County:			
62428	Greenup	14,828	2.3%
62447	Neoga	14,661	2.3%
62468	Toledo	13,445	2.1%
62436	Jewett	2,280	0.4%
	Total Cumberland	45,214	7.1%
Douglas County:			
61910	Arcola	14,414	2.3%
61953	Tusola	8,907	1.4%
61911	Arthur	8,094	1.3%
61956	Villa Grove	2,129	0.3%
61930	Hindsboro	1,882	0.3%
61913	Atwood	1,681	0.3%
61942	Newman	1,472	0.2%
61941	Murdock	87	0.0%
	Total Douglas	38,666	6.1%
Clark County:			
62420	Casey	19,484	3.1%
62442	Martinsville	7,934	1.3%
62441	Marshall	6,981	1.1%
62474	Westfield	3,656	0.6%
62423	Dennison	232	0.0%
	Total Clark	38,287	6.0%
Moultrie County:			
61951	Sullivan	19,823	3.1%
61928	Gays	3,539	0.6%
61937	Lovington	2,272	0.4%
61914	Bethany	1,759	0.3%
61925	Dalton City	118	0.0%
	Total Moultrie	27,511	4.3%

Community Details

Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between the male and female population, age distribution, race/ethnicity and the Hispanic population.

Exhibit 2
Demographic Snapshot

DEMOGRAPHIC CHARACTERISTICS

	Total Population		Coles	Cumberland	Douglas	Clark	Moultrie
Coles County	51,353	Total Male Population	24,877	5,476	9,721	7,756	7,199
Cumberland County	10,836	Total Female Population	26,476	5,360	9,902	7,960	7,442
Douglas County	19,623						
Clark County	15,716						
Moultrie County	14,641	Illinois	12,770,631				
Total Service Area	112,169	United States	324,697,795				

POPULATION DISTRIBUTION

Age Group	Coles	Cumberland	Douglas	Clark	Moultrie	Percent of Total Community	Illinois	Percent of Total IL	United States	Percent of Total US
0 - 4	2,378	684	1,329	903	958	5.57%	767,193	6.01%	19,767,670	6.09%
5 - 17	6,877	1,797	3,584	2,720	2,718	15.78%	2,124,333	16.63%	53,661,722	16.53%
18 - 24	9,137	740	1,597	1,152	1,071	12.21%	1,192,806	9.34%	30,646,327	9.44%
25 - 34	6,833	1,258	2,447	1,755	1,684	12.46%	1,770,290	13.86%	45,030,415	13.87%
35 - 44	5,439	1,278	2,349	1,772	1,718	11.19%	1,644,531	12.88%	40,978,831	12.62%
45 - 54	5,583	1,378	2,203	2,106	1,785	11.64%	1,672,220	13.09%	42,072,620	12.96%
55 - 64	6,611	1,607	2,669	2,267	1,941	13.46%	1,656,724	12.97%	41,756,414	12.86%
65+	8,495	2,094	3,445	3,041	2,766	17.69%	1,942,534	15.21%	50,783,796	15.64%
Total	51,353	10,836	19,623	15,716	14,641	100.00%	12,770,631	100.00%	324,697,795	100.00%

RACE DISTRIBUTION

Race	Coles	Cumberland	Douglas	Clark	Moultrie	Percent of Total Community
White Non-Hispanic	47,722	10,544	18,792	15,220	14,310	95.02%
Black Non-Hispanic	2,019	8	135	107	112	2.12%
Asian	625	46	131	98	23	0.82%
Native American or Alaska Native	111	4	130	10	58	0.28%
Native Hawaiian or Pacific Islander	20	6	14	0	0	0.04%
All Others	104	53	176	92	40	0.41%
Multiple Races	752	175	245	189	98	1.30%
Total	51,353	10,836	19,623	15,716	14,641	100.00%

HISPANIC POPULATION

	Coles	Cumberland	Douglas	Clark	Moultrie	Percent of Total Community	Illinois	Percent of Total IL	United States	Percent of Total US
Hispanic	1,300	116	1,425	248	212	2.94%	2,186,387	17.12%	58,479,370	18.01%
Non-Hispanic	50,053	10,720	18,198	15,468	14,429	97.06%	10,584,244	82.88%	266,218,425	81.99%
Total	51,353	10,836	19,623	15,716	14,641	100.00%	12,770,631	100.00%	324,697,795	100.00%

Source: Community Commons (ACS 2015-2019 data sets)

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the community by race illustrates different categories of race, such as white, black, Asian, other and multiple races. White (including Hispanic and non-Hispanic) makes up 95 percent of the community.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand how access to care can be limited.

Exhibit 3
Rural/Urban Population

County	Percent Urban	Percent Rural
Coles	75.71%	24.29%
Cumberland	-	100%
Douglas	38.36%	61.64%
Clark	40.46%	59.54%
Moultrie	30.76%	69.24%
Total Community	51.37%	48.63%
ILLINOIS	88.49%	11.51%
UNITED STATES	80.89%	19.11%

Source: Community Commons (2010)

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, poverty, uninsured population and educational attainment for the CHNA community. These standard measures will be used to compare the socioeconomic status of the community to the state of Illinois and the United States.

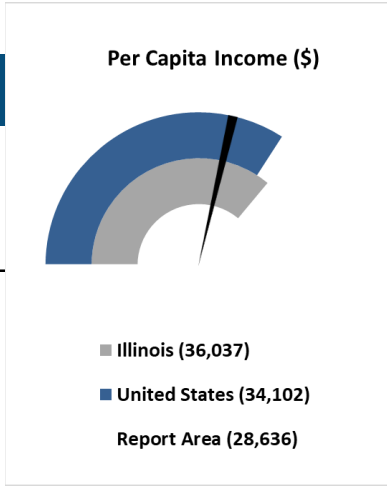
Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. None of the counties within the community have a per capita income that is above the state of Illinois.

Exhibit 4
Per Capita Income

County	Total Population	Total Income ($)	Per Capita Income ($)
Coles	51,353	$ 1,442,177,100	**$ 28,083**
Cumberland	10,836	$ 301,370,300	**27,811**
Douglas	19,623	$ 552,173,500	**28,139**
Clark	15,716	$ 483,988,000	**30,795**
Moultrie	14,641	$ 432,464,700	**29,537**
Total Community	112,169	3,212,173,600	**$ 28,636**
ILLINOIS	12,770,631	$ 460,223,394,200	**$ 36,037**
UNITED STATES	324,697,795	$ 11,073,131,694,900	**$ 34,102**

Source: Community Commons (2015 - 2019)



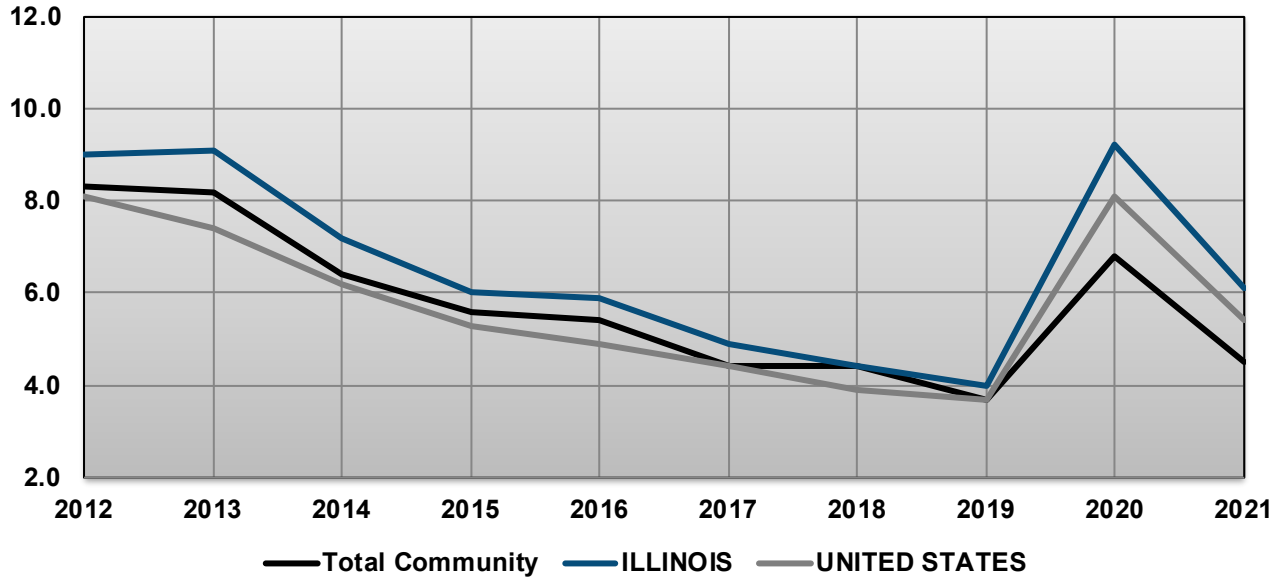
Unemployment Rate

Exhibit 5 and 5a present the average annual unemployment rate from 2012 – 2021 for the area defined as the community, as well as the trend for Illinois and the United States. On average, the unemployment rate for the community is slightly lower than the United States and lower than the state of Illinois.

Exhibit 5
Average Annual Unemployment Rate (%)

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Coles	8.8	8.8	6.8	6.1	5.9	4.7	4.7	3.8	7.6	5.1
Cumberland	7.8	7.8	6.0	5.3	5.2	4.0	4.0	3.3	5.8	4.2
Douglas	7.2	6.9	5.9	4.9	4.7	4.1	4.0	3.4	5.8	3.7
Clark	9.7	9.3	7.2	6.2	5.8	5.0	5.3	4.5	8.0	5.0
Moultrie	7.1	7.1	5.5	4.4	4.6	3.9	3.8	3.2	5.2	3.5
Total Community	8.3	8.2	6.4	5.6	5.4	4.4	4.4	3.7	6.8	4.5
ILLINOIS	9.0	9.1	7.2	6.0	5.9	4.9	4.4	4.0	9.2	6.1
UNITED STATES	8.1	7.4	6.2	5.3	4.9	4.4	3.9	3.7	8.1	5.4

Exhibit 5a
Average Annual Unemployment Rate 2012 - 2021



Data Source: U.S. Department of Labor, Bureau of Labor Statistics. 2018 – June. Source geography: County

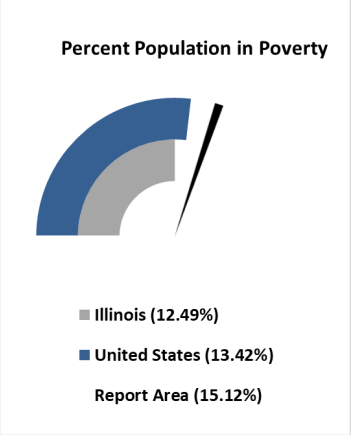
Poverty

Exhibit 6 presents the percentage of total population below 100 percent Federal Poverty Level (FPL). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. Coles County poverty rate is almost double the state of Illinois.

Exhibit 6
Population in Poverty

	Total Population	Population in Poverty	Percent Population in Poverty
Coles County, IL	47,788	9,932	**20.78%**
Cumberland County, IL	10,685	1,483	**13.88%**
Douglas County, IL	19,296	2,089	**10.83%**
Clark County, IL	15,447	1,718	**11.12%**
Moultrie County, IL	14,363	1,040	**7.24%**
Total Community	107,579	16,262	**15.12%**
ILLINOIS	12,474,842	1,557,873	12.49%
UNITED STATES	316,715,051	42,510,843	13.42%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract.
**Note: Populations may not match between data charts due to differing data sources.*



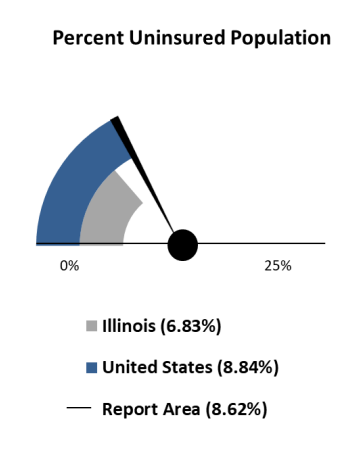
Uninsured

Exhibit 7 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Nearly 9,600 persons are uninsured in the CHNA community.

Exhibit 7
Uninsured Population

	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Coles County, IL	50,657	3,107	**6.13%**
Cumberland County, IL	10,711	568	**5.30%**
Douglas County, IL	19,464	2,852	**14.65%**
Clark County, IL	15,505	722	**4.66%**
Moultrie County, IL	14,359	2,296	**15.99%**
Total Community	110,696	9,545	**8.62%**
ILLINOIS	12,591,483	859,612	6.83%
UNITED STATES	319,706,872	28,248,613	8.84%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
**Note: Populations may not match between data charts due to differing data sources.*



Medicaid

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This 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. *Exhibit 8* shows all counties within the CHNA community to rank unfavorably compared to the state of Illinois.

Exhibit 8
Percent of Insured Population Receiving Medicaid

	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Coles County, IL	50,657	47,550	9,571	**20.13%**
Cumberland County, IL	10,711	10,143	2,382	**23.48%**
Douglas County, IL	19,464	16,612	3,789	**22.81%**
Clark County, IL	15,505	14,783	3,598	**24.34%**
Moultrie County, IL	14,359	12,063	3,097	**25.67%**
Total Community	110,696	101,151	22,437	**22.18%**
ILLINOIS	12,591,483	11,731,871	2,078,514	17.72%
UNITED STATES	319,706,872	291,458,259	57,235,207	19.64%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
**Note: Populations may not match between data charts due to differing data sources.*

Education

Exhibit 9 presents the population with a Bachelor's level degree or higher in each county versus Illinois and the United States.

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community obtaining a Bachelor's degree or higher is below the state percentage.

Exhibit 9
Educational Attainment of Population Age 25 and Older

	Total Population Age 25	Population Age 25 with Bachelor's Degree or Higher	Percent Population Age 25 with Bachelor's Degree of Higher
Coles County, IL	32,961	8,555	**25.95%**
Cumberland County, IL	7,615	1,175	**15.43%**
Douglas County, IL	13,113	2,473	**18.86%**
Clark County, IL	10,941	2,172	**19.85%**
Moultrie County, IL	9,894	1,845	**18.65%**
Total Community	74,524	16,220	**21.76%**
ILLINOIS	8,686,299	3,010,025	34.65%
UNITED STATES	220,622,076	70,920,162	32.15%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Physical Environment of the Community

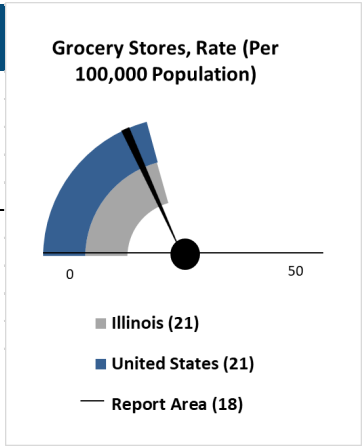
A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

Grocery Store Access

Exhibit 10 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, such as fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail 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.

Exhibit 10
Grocery Store Access

	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Coles County, IL	53,873	7	**12.99**
Cumberland County, IL	11,048	2	**18.10**
Douglas County, IL	19,980	6	**30.03**
Clark County, IL	16,335	3	**18.37**
Moultrie County, IL	14,846	3	**20.21**
Total Community	116,082	21	**18.09**
ILLINOIS	12,830,632	2,647	20.63
UNITED STATES	308,745,538	64,132	20.77



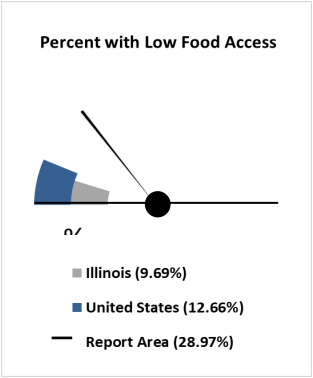
Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: ZCTA

Food Access/Food Deserts

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in *Exhibit 11* below is relevant because it highlights populations and geographies facing food insecurity.

Exhibit 11
Population with Low Food Access

	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Coles County, IL	53,873	25,792	**47.88%**
Cumberland County, IL	11,048	-	**0.00%**
Douglas County, IL	19,980	3,498	**17.51%**
Clark County, IL	16,335	4,337	**26.55%**
Moultrie County, IL	14,846	-	**0.00%**
Total Community	116,082	33,627	**28.97%**
ILLINOIS	12,830,632	1,242,939	9.69%
UNITED STATES	308,745,538	39,074,974	12.66%



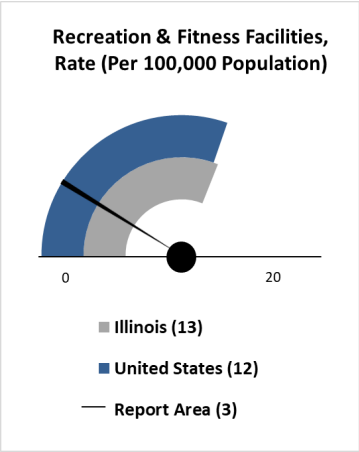
Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. Source geography: Tract

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. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 12* shows that Coles County is the only county that has any fitness establishments available to the residents.

Exhibit 12
Recreation and Fitness Facility Access

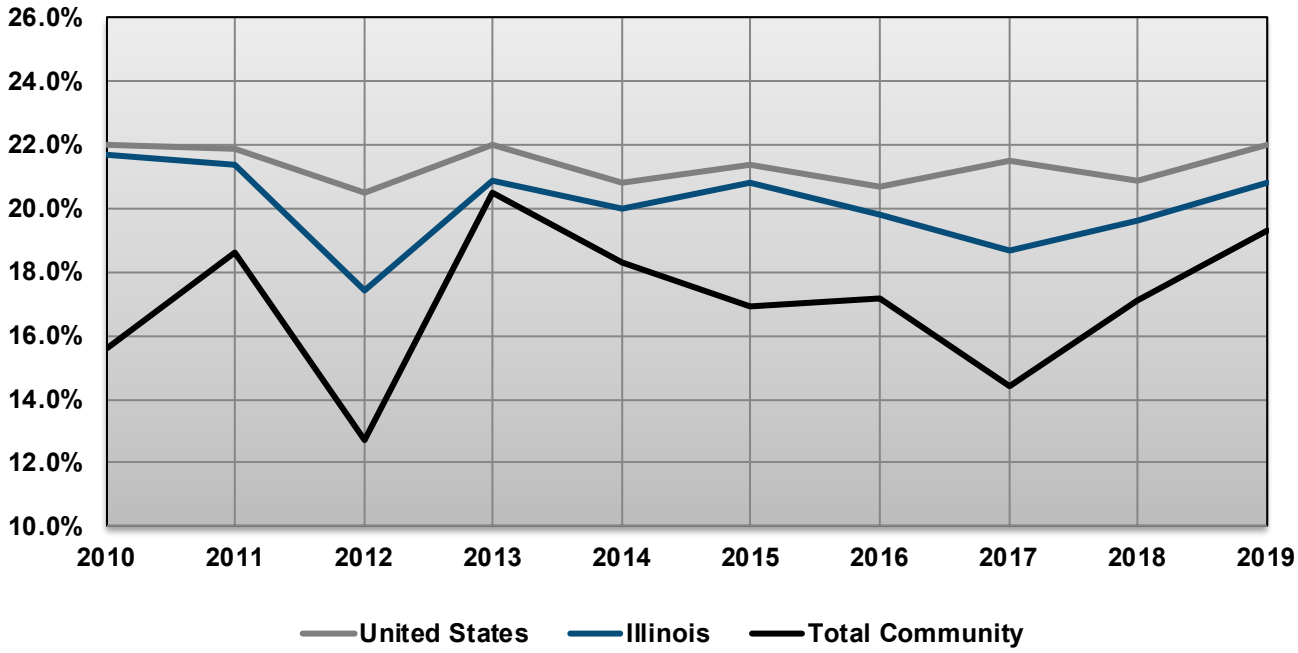
	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Coles County, IL	53,873	4	**7.42**
Cumberland County, IL	11,048	-	-
Douglas County, IL	19,980	-	-
Clark County, IL	16,335	-	-
Moultrie County, IL	14,846	-	-
Total Community	116,082	4	**3.45**
ILLINOIS	12,830,632	1,608	**12.53**
UNITED STATES	308,745,538	37,758	**12.23**



Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: ZCTA.
Note: The Neal Center YMCA opened in Cumberland County in 2019.

The trend graph below (*Exhibit 12a)* shows the percentage of adults who are physically inactive by year for the community and compared to Illinois and the United States. Since 2010, the CHNA community has had a lower percentage of adults who are physically inactive compared to both the state of Illinois and the United States. Although the trend saw a decrease in 2017, the percentage of adults physically inactive within the community has slightly increased between 2010 and 2019.

Exhibit 12a
Percent Adults Physically Inactive by Year, 2010 - 2019



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Source geography: County

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

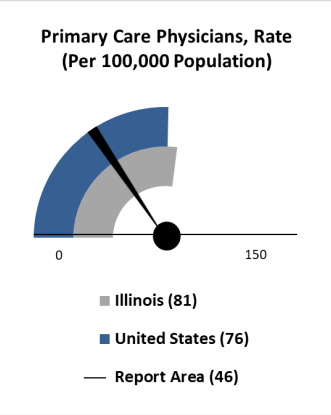
Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 13 shows the number of primary care physicians per 100,000-population. Doctors classified as "primary care physicians" by the American Medical Association 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 sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Exhibit 13
Access to Primary Care

	Total Population, 2018	Primary Care Physicians, 2018	Primary Care Physicians, Rate per 100,000 Population
Coles County, IL	50,885	35	**68.78**
Cumberland County, IL	11,048	2	**18.10**
Douglas County, IL	19,479	5	**25.67**
Clark County, IL	15,596	6	**38.47**
Moultrie County, IL	14,717	5	**33.97**
Total Community	111,725	53	**47.44**
ILLINOIS	12,770,631	10,299	**80.65**
UNITED STATES	324,697,795	245,983	**75.76**



Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2018. Source geography: County

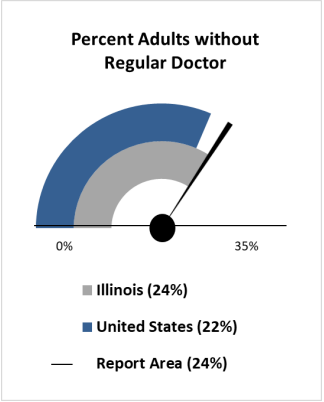
Lack of a Consistent Source of Primary Care

Exhibit 14 reports the percentage of adults aged 18 and older who self-report that they have not visited a primary care physician in the past year. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 14
Lack of a Consistent Source of Primary Care

	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Coles County, IL	44,618	10,485	**23.50%**
Cumberland County, IL	8,567	2,090	**24.40%**
Douglas County, IL	15,067	3,465	**23.00%**
Clark County, IL	12,712	3,038	**23.90%**
Moultrie County, IL	11,170	2,804	**25.10%**
Total Community	92,134	21,883	**23.75%**
ILLINOIS	9,879,105	2,321,590	**23.50%**
UNITED STATES	251,268,403	56,284,122	**22.40%**

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2019. Source geography: County



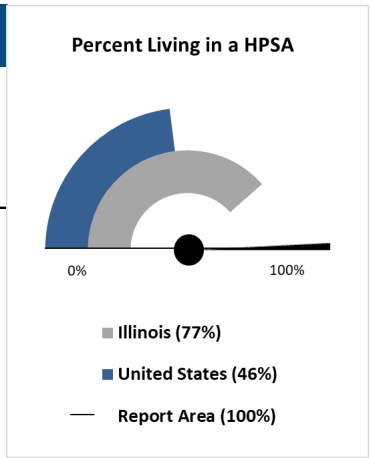
Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 15* shows, 100 percent of the residents from all counties within the CHNA community are living in a health professional shortage area.

Exhibit 15
Population Living in a Health Professional Shortage Area (HPSA)

	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Coles County, IL	53,873	53,873	**100.00%**
Cumberland County, IL	11,048	11,048	**100.00%**
Douglas County, IL	19,980	19,980	**100.00%**
Clark County, IL	16,335	16,335	**100.00%**
Moultrie County, IL	14,846	14,846	**100.00%**
Total Community	116,082	116,082	**100.00%**
ILLINOIS	12,770,631	9,818,575	**76.88%**
UNITED STATES	324,697,795	148,184,108	**45.64%**

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. 2019. Source geography: HPSA

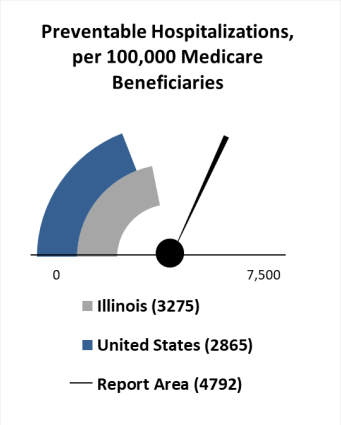


Preventable Hospitalizations

Exhibit 16 reports the preventable hospitalization rate among Medicare beneficiaries per 100,000 beneficiaries. Preventable Hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. This indicator is relevant because analysis of preventable hospitalizations allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 16
Preventable Hospital Events

	Medicare Benficiaries	Preventable Hospitalizations, Rate per 100,000
Coles County, IL	9,571	**6,188**
Cumberland County, IL	2,382	**3,058**
Douglas County, IL	3,789	**3,993**
Clark County, IL	3,598	**3,745**
Moultrie County, IL	3,097	**4,004**
Total Community	22,437	**4,792**
ILLINOIS	2,078,514	**3,275**
UNITED STATES	57,235,207	**2,865**



Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2020.
Source geography: County

Health Status of the Community

This section of the assessment reviews the health status of Coles, Cumberland, Douglas, Moultrie and Clark County residents. As in the previous section, comparisons are provided with the state of Illinois and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Health Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	*Primary Disease Factor*
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. Such information

provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death and Health Outcomes

Exhibit 17 reflects the leading causes of death for the community and compares the rates to the state of Illinois and the United States.

Exhibit 17
Selected Causes of Resident Deaths: Age-Adjusted Death Rate (Per 100,000 Pop.)

	Coles	Cumberland	Douglas	Clark	Moultrie	Illinois	United States
Cancer	148.6	155.5	170.6	166.0	169.2	155.4	149.4
Coronary Heart disease	86.1	76.6	50.2	109.0	86.5	82.1	91.5
Lung disease	49.7	44.5	48.0	51.0	54.8	36.1	39.1
Stroke	39.7	47.4	30.5	49.7	35.7	39.1	37.6
Unintentional injury	44.4	42.0	52.4	55.2	59.7	45.6	50.4

Source: Community Commons 2016-2020; Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2016-2020. Source geography: County

The table above shows leading causes of death within each county as compared to the state of Illinois, and the United States. The rates shown in green font represent the counties and corresponding leading causes of death that are less than the United States. The rates shown in green highlight represent the counties and corresponding leading causes of death that are less than the state of Illinois. All of the other rates are higher than the United States and/or the State of Illinois rates. As the table indicates, a significant portion leading causes of death are greater than both United States and the state of Illinois.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the CHNA utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- ✓ Health outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- ✓ Health factors – rankings are based on weighted scores of four types of factors:
  - Health behaviors (nine measures)
  - Clinical care (seven measures)
  - Social and economic (nine measures)
  - Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As seen in *Exhibits 18,* the relative health status of each county within the community will be compared to the state of Illinois as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior CHNA and the change in measures is indicated. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

Exhibit 18.1
County Health Rankings – Health Outcomes

		Coles County 2018	Coles County 2021	Illinois 2021	Top U.S. Performers 2021
Mortality	*	**48**	**30**		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		7,200	7,200	7,100	5,600
Morbidity	*	**92**	**66**		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		18%	19%	17%	15%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.5	4.2	3.6	3.4
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		4.0	5.0	4.2	4.0
Low birth weight – Percent of live births with low birth weight (<2500 grams)		7.0%	7.0%	8.0%	6.0%

* Rank out of 102 Illinois counties
Note: N/A indicates unreliable or missing data
Source: Countyhealthrankings.org

Exhibit 18.2
County Health Rankings – Health Outcomes

		Cumberland County 2018	Cumberland County 2021	Illinois 2021	Top U.S. Performers 2021
Mortality	*	**17**	**9**		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		5,700	5,900	7,100	5,600
Morbidity	*	**71**	**68**		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		15%	18%	17%	15%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.9	4.2	3.6	3.4
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.7	5.0	4.2	4.0
Low birth weight – Percent of live births with low birth weight (<2500 grams)		8.0%	8.0%	8.0%	6.0%

* Rank out of 102 Illinois counties
Note: N/A indicates unreliable or missing data
Source: Countyhealthrankings.org

Exhibit 18.3
County Health Rankings – Health Outcomes

		Douglas County 2018	Douglas County 2021	Illinois 2021	Top U.S. Performers 2021
Mortality	*	**25**	**34**		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		6,300	6,600	7,100	5,600
Morbidity	*	**42**	**49**		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		15%	20%	17%	15%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.9	4.2	3.6	3.4
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.6	4.9	4.2	4.0
Low birth weight – Percent of live births with low birth weight (<2500 grams)		7.0%	6.0%	8.0%	6.0%

* Rank out of 102 Illinois counties
Note: N/A indicates unreliable or missing data
Source: Countyhealthrankings.org

Exhibit 18.4
County Health Rankings – Health Outcomes

		Clark County 2018	Clark County 2021	Illinois 2021	Top U.S. Performers 2021
Mortality	*	**82**	**43**		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		8,300	8,500	7,100	5,600
Morbidity	*	**66**	**59**		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		16%	18%	17%	15%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		4.0	4.0	3.6	3.4
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.8	4.9	4.2	4.0
Low birth weight – Percent of live births with low birth weight (<2500 grams)		8.0%	6.0%	8.0%	6.0%

* Rank out of 102 Illinois counties
Note: N/A indicates unreliable or missing data
Source: Countyhealthrankings.org

Exhibit 18.5
County Health Rankings – Health Outcomes

		Moultrie County 2018	Moultrie County 2021	Illinois 2021	Top U.S. Performers 2021
Mortality	*	**35**	**8**		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)		7,200	6,400	7,100	5,600
Morbidity	*	**36**	**36**		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)		15%	18%	17%	15%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)		3.9	4.0	3.6	3.4
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		3.7	4.9	4.2	4.0
Low birth weight – Percent of live births with low birth weight (<2500 grams)		7.0%	7.0%	8.0%	6.0%

* Rank out of 102 Illinois counties
Note: N/A indicates unreliable or missing data
Source: Countyhealthrankings.org

The above tables show Douglas County was the only county in the community to have its overall mortality decline since the last assessment as well as its morbidity. The remaining four counties saw improvement or no decline in their overall mortality and morbidity.

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the major improvements from prior year to current year and challenges faced by each county in the Health Center's community. The improvements/challenges shown below in *Exhibits 19* were determined using a process of comparing the rankings of each county's health outcomes in the current year to the rankings in the prior year. If the current year rankings showed an improvement or decline of 3 percent or three points, they were included in the charts below. Please refer to Appendix D for the full list of health factor findings and comparisons between prior year information reported and current year information.

Exhibit 19.1
Coles County, IL

Improvements	Challenges
Teen Birth Rate - per 1,000 female population, ages 15-19 decreased from 18 to 15	Adult Obesity - percentage of adults that have a BMI equal to or over 30 increased from 29% to 36%
Dentists - ratio of population to dentists decreased from 2,090:1 to 1,870:1.	Alcohol-Impaired Driving Deaths - percentage of driving deaths with alcohol involvement increased from 24% to 27%
Mental Health Providers - ratio of population to mental health providers decreased from 550:1 to 370:1.	Sexually Transmitted Infections - chlamydia rate per 100K population continue to increased from 701.4 to 705
Children in single parent households - percent of children that live in household headed by single parent decreased from 36% to 26%	Violent Crime Rate - rate per 100,000 population increased from 228 to 278

Exhibit 19.2
Cumberland County, IL

Improvements	Challenges
Alcohol-Impaired Driving Deaths - percentage of driving deaths with alcohol involvement decreased from 29% to 23%	Adult Obesity - percentage of adults that have a BMI equal to or over 30 increased from 29% to 36%
Teen Birth Rate - per 1,000 female population, ages 15-19 decreased from 23 to 17	Sexually Transmitted Infections - chlamydia rate per 100K population increased from 212.3 to 287.9
Children in single parent households - percent of children that live in household headed by single parent decreased from 27% to 8%	Adult smoking - percent of adults smoking at least 100 cigarettes increased from 17% to 21%
Violent Crime Rate - rate per 100,000 population decreased from 191 to 115	Mental Health Providers - ratio of population to mental health providers increased from 2,170:1 to 2,660:1.

Exhibit 19.3
Douglas County, IL

Improvements	Challenges
Alcohol-Impaired Driving Deaths - percentage of driving deaths with alcohol involvement decreased from 35% to 29%	Adult Obesity - percentage of adults that have a BMI equal to or over 30 increased from 29% to 36%
Teen Birth Rate - per 1,000 female population, ages 15-19 decreased from 22 to 18	Adult smoking - percent of adults smoking at least 100 cigarettes increased from 16% to 21%
Mental Health Providers - ratio of population to mental health providers decreased from 19,630:1 to 6,500:1.	Sexually Transmitted Infections - chlamydia rate per 100K population increased from 170.9 to 308.2
Children in single parent households - percent of children that live in household headed by single parent decreased from 25% to 12%	Physical Inactivity - percent of adults age 20 and over reporting no leisure time physical activity increased from 25% to 30%

Exhibit 19.4
Clark County, IL

Improvements	Challenges
Teen Birth Rate - per 1,000 female population, ages 15-19 decreased from 32 to 25	Adult Obesity - percentage of adults that have a BMI equal to or over 30 increased from 33% to 36%
Violent crime rate - violent crime rate per 100,000 population decreased from 269 to 189	Access to Exercise Opportunities - percentage of population with adequate access to locations for physical activity decreased from 62% to 50%
Children in single parent households - percent of children that live in household headed by single parent decreased from 33% to 19%	Sexually Transmitted Infections - chlamydia rate per 100K population increased from 166.9 to 285
	Alcohol-Impaired Driving Deaths - percentage of driving deaths with alcohol involvement increased from 5% to 30%

Exhibit 19.5
Moultrie County, IL

Improvements	Challenges
Teen Birth Rate - per 1,000 female population, ages 15-19 decreased from 23 to 16	Adult Obesity - percentage of adults that have a BMI equal to or over 30 increased from 26% to 35%
Alcohol-Impaired Driving Deaths - percentage of driving deaths with alcohol involvement decreased from 29% to 11%	Access to Exercise Opportunities - percentage of population with adequate access to locations for physical activity decreased from 69% to 59%
Mental Health Providers - ratio of population to mental health providers decreased from 2,470:1 to 530:1.	Sexually Transmitted Infections - chlamydia rate per 100K population increased from 188.7 to 275.8
	Adult smoking - percent of adults smoking at least 100 cigarettes increased from 16% to 20%

As can be seen from the summarized tables above, there are numerous areas of the community that have room for improvement when compared to the state statistics; however, there are also significant improvements made within each county from the prior year CHNA report.

The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for each county and the community as a whole are compared to the state of Illinois and also the United States.

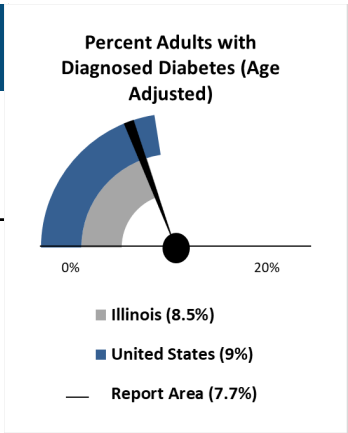
Diabetes (Adult)

Exhibit 20 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 20
Population with Diagnosed Diabetes

	Total Population Age 20	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
Coles County, IL	39,184	3,409	8.7	**7.9%**
Cumberland County, IL	8,138	765	9.4	**7.5%**
Douglas County, IL	14,272	1,313	9.2	**7.7%**
Clark County, IL	11,670	1,097	9.4	**7.5%**
Moultrie County, IL	10,484	954	9.1	**7.4%**
Total Community	83,748	7,538	9.0	**7.7%**
ILLINOIS	9,545,729	913,727	9.6	**8.5%**
UNITED STATES	239,919,249	24,189,620	10.1	**9.0%**

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019.



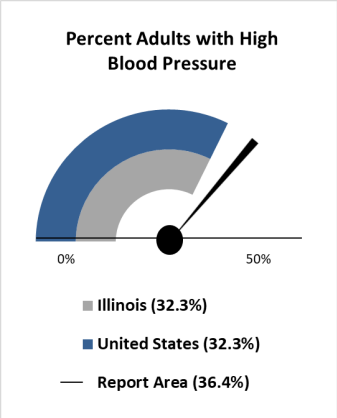
High Blood Pressure (Adult)

Per *Exhibit 21* below, 36.4 percent of adults aged 20 and older have ever been told by a doctor that they have high blood pressure or hypertension. The community percentage of high blood pressure among adults is higher than the percentage of Illinois and the United States.

Exhibit 21
Population with High Blood Pressure

	Total Population (Age 20)	Total Adults With High Blood Pressure	Percent Adults With High Blood Pressure
Coles County, IL	39,184	14,655	**37.4%**
Cumberland County, IL	8,138	3,003	**36.9%**
Douglas County, IL	14,272	5,409	**37.9%**
Clark County, IL	11,670	3,816	**32.7%**
Moultrie County	10,484	3,606	**34.4%**
Total Community	83,748	30,489	**36.4%**
ILLINOIS	9,545,729	3,078,498	32.3%
UNITED STATES	239,919,249	77,493,917	32.3%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health Human Services, Health Indicators Warehouse. 2019. Source geography: County



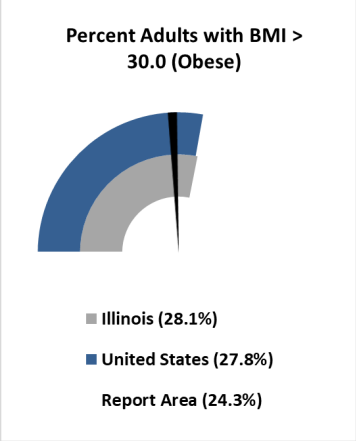
Obesity

Of adults aged 20 and older, 24 percent self-report that they have a body mass index (BMI) greater than 30.0 (obese) in the community per *Exhibit 22*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Exhibit 22
Population with Obesity

	Total Population (Age 20+)	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
Coles County, IL	39,213	10,117	**25.8%**
Cumberland County, IL	8,169	1,936	**23.7%**
Douglas County, IL	14,227	3,315	**23.3%**
Clark County, IL	11,678	2,651	**22.7%**
Moultrie County, IL	10,500	2,310	**22.0%**
Total Community	83,787	20,329	**24.3%**
ILLINOIS	9,523,557	2,673,824	28.1%
UNITED STATES	243,082,729	67,624,774	27.8%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2019. Source geography: County

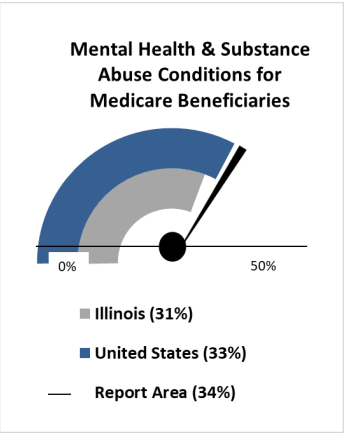


Poor Mental Health & Substance Abuse Conditions

This indicator is relevant because it indicates lack of access to appropriate mental health providers or substance abuse programs. *Exhibit 24* shows the community as a whole has more mental health and substance abuse conditions higher than the state and the United States.

Percentage of Medicare Beneficiaries with Poor Mental Health or Substance Abuse Conditions	
Coles County, IL	**37.0%**
Cumberland County, IL	**34.0%**
Douglas County, IL	**34.0%**
Clark County, IL	**31.0%**
Moultrie County, IL	**34.0%**
Community	**34.0%**
ILLINOIS	31.0%
UNITED STATES	33.0%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2019

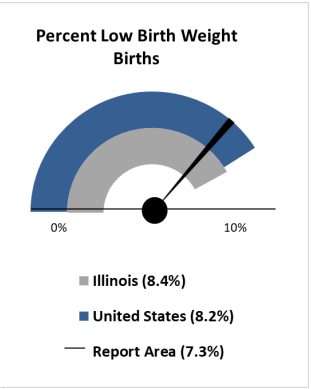


Low Birth Weight

Exhibit 24 reports the percentage of total births that are low birth weight (under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 24
Population with Low Birth Weight

	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Coles County, IL	3,510	267	**7.6%**
Cumberland County, IL	897	72	**8.0%**
Douglas County, IL	1,819	117	**6.4%**
Clark County, IL	1,266	100	**7.9%**
Moultrie County, IL	1,314	89	**6.8%**
Total Community	8,806	645	**7.3%**
Illinois	2,123,542	177,366	8.4%
United States	54,416,819	4,440,508	8.2%



Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2013 - 2019. Source geography: County.

Community Input – Key Stakeholder Interviews

Interviewing key stakeholders (community members who represent the broad interest of the community, persons representing vulnerable populations or persons with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Interviews were performed with 10 key stakeholders in fiscal year June 30, 2022. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

All interviews were conducted by FORVIS personnel. Participants provided comments on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

Feedback was also solicited regarding certain action plans related to SBL's implementation strategy for July 1, 2020 through June 30, 2022.

Interview data was initially recorded in narrative form asking participants a series of 13 questions. Please refer to *Appendix E* for a copy of the interview instrument. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community (see *Appendix E* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ Sarah Bush Lincoln Health Center
- ✓ Social service agencies
- ✓ Local school systems and universities
- ✓ Public health agencies
- ✓ Other medical providers
- ✓ Community centers

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into five major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in their respective county. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Approximately 50 percent (5 out of 10) of the key stakeholders rated the health and quality of life in their county as "average" or "fair." Two of the respondents rated the health and quality of life as "below average." The remaining three stakeholders rated the health and quality of life as "good" or "above average" in the community. The key stakeholders indicated that certain populations with lower social economic status continued to struggle with having access to health care services, especially mental health and dental services. In addition, these populations struggled understanding and making healthy choices related to nutrition, physical activity and exercise and how this affects prevention of future health issues. Furthermore, many of the respondents indicated that that they had seen worsening substance abuse and mental health issues within their community.

When asked whether the health and quality of life had improved, declined or stayed the same, approximately 70 percent (7 of the 10) of the stakeholders expressed that the health and quality of life of the community had declined or declined slightly in the past three years. Two of the key stakeholders thought the health and quality of life had stayed "about the same" in the past three years. The remaining respondent believed that health and quality of life had improved over the last three years.

When asked why they thought the health and quality of life had "declined" or "declined slightly", the key stakeholders indicated that the individuals and health organizations were primarily focusing on the COVID pandemic in the past several years. As a result, individuals and the organizations were not as focused on mental health and substance issues as well as not as focused on more preventative care and the overall health (including social and mental health) of the individual. Changing the mindset of focusing on preventative care and the overall health of the community should help avoid chronic illnesses that have a detrimental impact to an individual's quality of life. In addition, many of the stakeholders indicated that some in the community are struggling with increasing costs for medical services and drugs, mental health services and trouble navigating the Medicare, Medicaid and insurance marketplace to obtain affordable care. Several of the respondents indicated the increased struggle with these costs were being caused by the worsening of the area economy as well as recent increased inflation.

Many of the key stakeholders felt that the opening of walk-in clinics by SBL as well as the expanded hours at the clinics has helped with access to physician services within the community in the past three years. However, individuals who are limited by public transportation options are still struggling to access health care services both locally as well as non-local services. In addition, the health resources of the

community have been expanded by SBL with the opening of the regional cancer center and heart center and has played a role in improving access for these services in the community. With the COVID pandemic, the resources used to increase awareness of healthy lifestyles with proper nutrition and physical activity to improve the community quality of life and health have been less accessible to the community as a whole which has had a detrimental effect on individuals' overall health.

Increasing substance abuse as well as mental health issues due to the stress and environment created by the COVID pandemic was mentioned in many of the comments of the respondents as a worsening issue in the community. The lack of mental health services and the overwhelmed existing mental health providers also attributed to negatively impacting the health and quality of life in the community. Many key stakeholders stated there was a significant shortage of mental health providers in the community. While there are a few mental health resources in the community available, many of the individuals who need services lack education regarding behavioral health and resist treatment due to the stigma attached to mental health conditions.

"Substance abuse, especially in the area of meth use, has shown a significant increase. Most individuals who have significant mental illness also have substance abuse disorders."

"Chronic disease management has not been followed as well in the past due to the COVID pandemic. In addition, primary physician care visits have also been impacted and have seen a significant decline in individuals keeping those appointments."

"The health of the community has declined overall due to the COVID pandemic and the limitations that has resulted. The pandemic and these limitations have increased mental health issues and substance abuse issues."

"Even though access to health care has improved in the past several years, the poverty rates and crime rates has declined and worsened the overall health of the community."

"As a small-town rural community, having issues with poverty can have a huge impact on those individuals living in poverty. Impacts from COVID pandemic and inflation has made the poverty level at an all-time in the County."

2. Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. FORVIS also asked the key stakeholders to provide their opinions as to why they thought these populations were underserved or in need. FORVIS asked each key stakeholder to consider the specific populations they serve or those with which they usually work.

Respondents indicated four main areas of need: low income, elderly, those with substance abuse concerns and minority and immigrant populations.

Almost all key stakeholders indicated that individuals in poverty or the working poor were very likely to be impacted by the COVID pandemic and are most likely to be underserved due to lack of access to services. These individuals are more likely to use the emergency room as primary care versus having access to primary care physicians and preventive health care services. In addition, high health care and drug costs can cause individuals to avoid seeking treatment for their illness until their situation worsens. Working poor individuals often cannot afford quality healthcare coverage and may not qualify for

Medicaid assistance and other low-income programs that address improving access to health care as they do not meet the low-income thresholds for these programs. As mentioned above, transportation is still a barrier for persons with few financial resources, but they have also seen the public transportation options decline under the COVID pandemic.

The elderly population of the community are underserved for a variety of reasons including isolation during the COVID pandemic, fixed incomes and limited transportation options. Consequently, a portion of the elderly population did show a decline in their overall health due to less physical activity and decreased opportunities for social interactions. Home health options for these individuals can be limited due to the cost of such care and limited coverage for these services by insurance, Medicare and Medicaid.

Individuals who are struggling with substance abuse are typically struggling with reliable housing, are focused on food, safety and shelter and are not focused on seeking consistent treatment and primary health care. Many of these individuals lack the ability to take care of themselves.

Immigrant and minority populations within the community can have a lack of trust for medical services and physicians in the community. Participation in this community by the health care community and physicians and bringing preventive and needed health services to these communities could possibly overcome these trust issues. In addition, the immigrant population in the community continues to struggle with language and cultural barriers that limits the population's access for preventative health care services.

"Yes, lower social economic groups still continue to struggle with lower health and quality of life. This is mainly because these individuals are focused on the immediate needs of life, like food and shelter, and not focused on preventive care, nutrition, mental health needs."

"Senior citizens have been limited with their activities and not meeting in person due to the COVID pandemic, which is greatly impacting the health of this group."

"Generally, when immigrants move to the U.S., their diets deteriorate. Individuals and health organizations need to focus on healthy diet, exercise programs, other active lifestyle improvements."

"Most individuals who are have significant mental illness are also struggling with substance abuse disorders."

3. Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. Responses from the key informants include a significant shortage of and long wait times for mental health resources including treatment options for individuals with substance abuse. Low income, uninsured and underinsured are populations in the community that are unable to afford primary and preventative health care services and maintenance drugs. Key stakeholders also noted that transportation was a barrier to access to health care for the elderly population and those who have limited transportation options; this challenge has increased as the public transportation options have declined during the COVID pandemic. Cost and the availability of dental providers, especially individuals on Medicaid, is a barrier for dental services in the community. Lack of affordable options for healthy food and for increasing physical activity levels are limited for low income, uninsured and underinsured individuals in the current economic environment and increasing inflation rates.

"Inflation is increasing costs of food, medication and other necessities, and these needs outweigh the resources that the community has available."

"The stigma of mental health illness, the lack of providers and the waiting list for those who do need and want mental health services are barriers. There's more demand for these services than there is a supply"

"Rural transportation is a struggle within the County and getting people to needed health care resources. More public transportation resources are needed in the community."

"I still feel the cost of medications is one of the biggest issues facing the health of the community."

4. Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The issues identified most frequently were:

- Mental health and substance abuse conditions
- Access to health services, including mental health services
- Lack of adult dental services, especially for individuals on Medicaid
- Obesity (including lack of affordable health foods and physical inactivity)
- Poverty

Several respondents noted that heart disease, cancer and diabetes are health conditions that impact the communities.

The key stakeholders were also asked what opportunities they see for community groups to partner together to address health needs in the community. Responses included:

- Collaboration within the immigrant community is needed to avoid the spread of health misinformation. Many in these community would rather believe a peer versus health care provider regarding health education and services.
- I would like to see collaboration with food pantries, grocery store, food providers for education on healthy food options and lifestyles.
- Schools, churches and other religious organizations in the community can be involved more in addressing the health needs and wellness issues of the community.
- County health departments and SBL can work together more on addressing those community health needs, including regular communication and providing a satellite location for the health center to provide preventative and educational services.
- More collaboration between primary physicians and mental health providers would be beneficial. Not all episodes of mental health need to be referred to a mental health provider and can be treated by the primary care physician.

- In the post COVID pandemic environment, a more collaborative approach to addressing the health care needs in the community is needed including screenings, nutrition education, and preventive care.

Feedback on Sarah Bush Lincoln's implementation strategy for July 1, 2020 through June 30, 2022.

In an effort to evaluate the effectiveness of SBL's current implementation strategy, several questions were asked related to specific priorities and action plans included in the implementation strategy for July 1, 2020 through June 30, 2022, regarding the identified needs in the prior CHNA.

Access to Care: Key stakeholders were asked whether or not access to health services has improved in the last three years. The majority of respondents (6 of 10) responded that they felt access had improved over the past three years. The most common response for the reason of this improvement was the expansion of the walk-in clinics and their hours in the different areas of the community that were underserved and the addition of the cancer center and heart center by SBL. However, a number of the key stakeholders felt that the mental health providers and resources, including treatment for substance abuse, had not seen improvement. In addition, they felt that the needs of the community in mental health and substance abuse have increased significantly in the past three years. Lastly, some felt transportation is still a barrier for some of the population to seek health care services, and the public transportation options decreased during the COVID pandemic.

Healthy Behaviors/Lifestyle Choices: In the post COVID pandemic environment, many of the respondents indicated that efforts need to be renewed by SBL and other community organizations on educational events and health fairs on the importance of healthy behaviors and lifestyle choices as a means to avoid potential chronic illness including diabetes, cancer and heart disease. These respondents also felt that these efforts were put on hold or over-shadowed by the health care efforts in the COVID pandemic. In addition, with the worsening economic environment and increasing inflation, affordability of healthy food options and the resulting poor nutrition is still an issue for individuals who have a low social economic status.

Dental Needs: The majority of the respondents felt that dental services for adults is still a significant need in the community, especially for those individuals who are on Medicaid and do not receive any dental benefits. Also most felt there are currently too few affordable dental providers and resources for adults and children. An expansion of SBL's mobile dental clinic services including more consistent visits and expansion of hours could help meet this community need.

Key Findings

A summary of themes and key findings provided by the key informants follows:

- During the COVID pandemic, mental health needs, including substance abuse, have seen a significant increase. In addition, there is a lack of mental and behavioral health services and access for these existing providers in the community, including treatment options for substance abuse.

- The focus on education on healthy behaviors, lifestyle choices and other pertinent health issues has decreased over the past several years with the health care focus on the COVID pandemic. SBL and other community organizations should consider renewing their efforts in these efforts. Low income, elderly and immigrant and minority target populations have issues accessing this

education due to transportation, language and cultural issues. Several of the key stakeholders indicated that programs being brought to the community members in need instead of people coming to the health center (including through technology options) could improve education efforts.

- Accessible healthy food options that are affordable and physical activity and exercise remain an issue for many in the community and may have worsened due to the current economic environment and increasing inflation.
- Obesity and related chronic illnesses are still seen as major critical health issues in the community due to the overall negative impact they have on an individual's health.
- Approximately 60 percent of the respondents (6 of 10) stated that substance abuse and mental health were critical health issues within the community.
- Expansion of the walk-in clinics and their hours has increased access to primary physician services in the past three years. In addition, the community has seen increased access with the SBL cancer and heart care centers. However, difficulty in navigating the health care system, increasing health care and drug costs and limited transportation options are still barriers in the community in accessing these services.
- Increased access to adult dental services is needed in the community, especially those individuals who are on Medicaid and do not have supplemental dental insurance.
- A more collaborative approach with SBL, county health departments and other community organizations and stakeholders on the assessing and addressing the health needs of the community can help reach more people in the community than organizations working alone. Regular communication, meetings and partnerships are needed to keep track of progress on these issues.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see Appendices), the Health Center's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes that have the highest need in the community are 61910 (Arcola), 61953 (Tuscola), 61920 (Charleston), 61931 (Humboldt), 61938 (Mattoon) and 61943 (Oakland).

Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews and the community health survey, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

- Uninsured/Working Poor Population
  - Transportation
  - High cost of health care prevents needs from being met
  - Healthy lifestyle and health and nutrition education and choices
  - Access to affordable healthy food
  - Lack of mental health services, including treatment for substance abuse
  - Lack of adult dental services
- Elderly
  - Transportation
  - Lack of health knowledge and health care system in regarding how to access services
  - Cost of prescriptions
  - Lack of mental health services
  - Lack of adult dental services
- Immigrant Population
  - Language and Cultural barriers
  - Transportation
  - Lack of health knowledge and health care system in regarding how to access services
  - Healthy lifestyle and health and nutrition education and choices
  - Lack of mental health serves and stigma of seeking these services

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Health Center; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Health Center completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Health Center's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Health Center CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the SBL's CHNA community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25 percent of the community = 5; >15 percent and <25 percent = 4; >10 percent and <15 percent = 3; >5 percent and <10 percent=2 and <5 percent = 1.

2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.

3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.

4) **How important the problem is to the community.** Needs identified through community interviews and/or focus groups were rated for this factor.

5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, primary causes for inpatient hospitalization, health outcomes and factors and primary data) identified the need.

Each need was ranked based on the five prioritization metrics. As a result, the following summary list of needs was identified:

Exhibit 25
Sarah Bush Lincoln Health Center
Prioritization of Health Needs

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	Total Score *
Lack of Mental Health Providers/Services	5	4	4	4	4	**21**
Substance Abuse	5	4	4	4	4	**21**
Obesity	4	5	4	4	3	**20**
Poor Nutrition/Limited Access to Healthy Food Options	4	4	4	4	3	**19**
Lack of Dentists/Adult Services	4	3	4	4	4	**19**
Healthy Behaviors/Lifestyle Choices	4	4	4	4	3	**19**
Cost of Healthcare/Prescriptions	4	3	5	4	3	**19**
Lack of Access to Services	4	3	4	4	2	**17**
Transportation	3	3	5	4	2	**17**
Physical Inactivity	4	3	4	4	2	**17**
Heart Disease	4	5	2	3	3	**17**
Children in Poverty/Homelessness	3	3	5	3	3	**17**
Lack of Health Knowledge/Education	3	3	4	3	2	**15**
Cancer	4	5	2	2	2	**15**
Uninsured/Limited Insurance	4	1	4	3	2	**14**
Adult Smoking/Tobacco Use	3	5	2	2	2	**14**
Lack of Primary Care Physicians/Hours	3	2	3	3	2	**13**
Lung Disease	3	3	2	2	1	**11**
Stroke	3	3	2	2	1	**11**
Access to Exercise Opportunities	3	2	3	1	1	**10**
Teen Birth Rate	3	1	2	2	1	**9**
Sexually Transmitted Infections	3	1	2	2	1	**9**
Children in Single-Parent Households	2	2	1	2	1	**8**
Need for Pre-Natal Care	2	2	2	1	1	**8**
Preventable Hospital Stays	2	2	2	1	1	**8**
Violent Crime Rate	2	1	2	1	1	**7**
Excessive Drinking/Alcohol-Impaired Drinking Deaths	2	1	2	1	1	**7**

*Highest potential score = 25

Management's Prioritization Process

For the health needs prioritization process, the Health Center engaged a hospital leadership team to review the most significant health needs reported the prior CHNA, as well as in *Exhibit 25*, using the following criteria:

- ✓ Current area of hospital focus
- ✓ Established relationships with community partners to address the health need
- ✓ Organizational capacity and existing infrastructure to address the health need

Based on the criteria outlined above, the leadership team utilized a priority matrix to determine areas of focus. As a result of the priority setting process, the identified priority areas that will be addressed through the Health Center's Implementation Strategy for fiscal years 2022 – 2024 will be:

- Lack of Mental Health Providers/Services
- Substance Abuse
- Obesity
- Poor Nutrition/Limited Access to Healthy Food Options
- Lack of Dentists/Adult Services
- Healthy Behaviors/Lifestyle Choices
- Lack of Access to Services
- Physical Inactivity
- Heart Disease

The Health Center's next steps include developing an implementation strategy to address these priority areas.

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals

The Health Center has 145 acute beds and is the only hospital facility located within the CHNA community. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

Exhibit 26 summarizes hospitals available to the residents of the five counties in which the community resides. The facilities in the table below are not located in the five-county CHNA community; however, they represent hospital facilities that are within 30 miles of Mattoon, Illinois.

Exhibit 26
Summary of Area Hospitals and Health Centers

Facility	Address	County
HSHS Good Shepherd Hospital	200 South Cedar Street Shelbyville, IL 62565	Shelby
St. Anthony's Memorial Hospital	503 North Maple Street Effingham, IL 62401	Effingham

Source: US Hospital Finder

Other Health Care Facilities

Short-term acute care hospital services are not the only health services available to members of the Health Center's community. *Exhibit 27* provides a listing of community health centers and rural health clinics within the Health Center's community.

Exhibit 27
Summary of Rural Health Centers & FQHC's

Facility	Facility Type	Address	County
Atwood Rural Health Clinic	Rural Health Clinic	108 South Main Street, Atwood, IL 61913	Douglas
Carle Clinic Tuscola	Rural Health Clinic	301 East Southline Road, Tuscola, IL 61953	Douglas
Springfield Clinic	Rural Health Clinic	223 East Sixth Street, Neoga, IL 62447	Cumberland
Neoga Clinic	Rural Health Clinic	650 Oak Avenue, Neoga, IL 62447	Cumberland
Mattoon Medical Center	Federally Qualified Health Center	700 Broadway Avenue East, Mantoon, IL 61938	Coles
Cumberland County Health Care Center	Federally Qualified Health Center	302 North Mill Street, Greenup IL 62428	Cumberland
Charleston Medical Center	Federally Qualified Health Center	415 18th Street, Charleston, IL 61920	Coles

Source: CMS.gov, Heath Resources & Services Administration (HRSA)

Physicians

The Health Center regularly monitors physician supply and demand. The key informant interviews indicated the need for specialists in the following areas:

- Psychiatrists
- Pediatricians
- Neonatal

Health Departments

Each county within the Health Center's CHNA community has a county health department: Coles County Health Department, Cumberland County Health Department, Clark County Health Department, Moultrie County Health Department, and Douglas County Health Department.

The above mentioned health departments offer a large array of services to patients, including assessments and screenings, as well as education in order to help them take a proactive approach toward monitoring and developing their health status. Some of these services include well child exams, family planning (birth control), prenatal care (not offered in all counties), Women, Infants & Children food program (WIC), bloodwork, emergency preparedness, HIV and STD screenings, diabetes screening and counseling, immunizations, environmental health information and dental clinic (Douglas County only) as well as much more.

These services are provided by trained medical providers such as physicians, ARNPs, RNs, LPNs, registered dieticians, certified nutritionists, etc. These providers adhere to the guidelines set forth by the Department of Public Health's Public Health Practice Reference, ensuring care is provided at the highest possible professional standard.

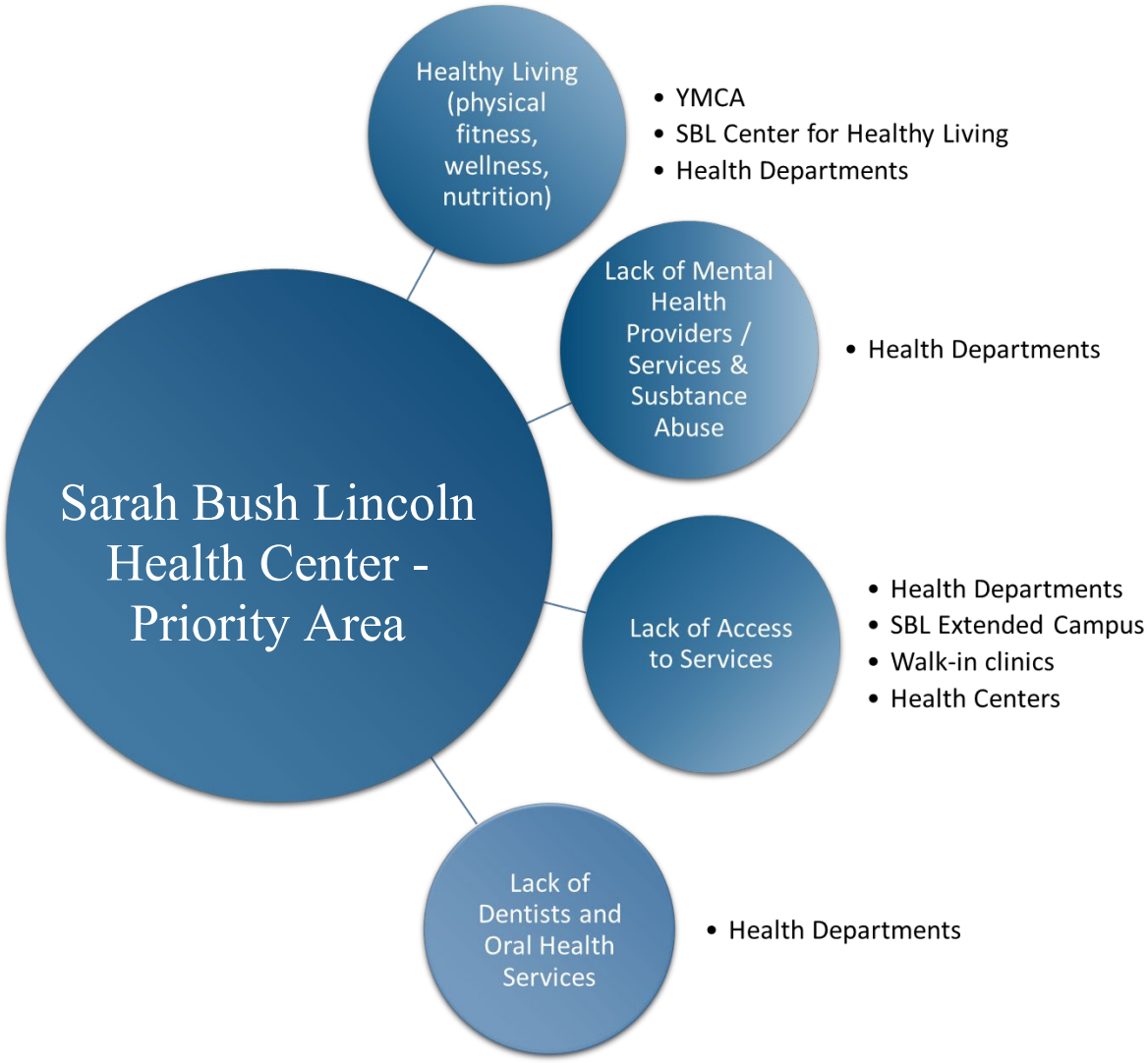
Many of the services are covered by Medicare, Medicaid and other insurances. In the case individuals are uninsured or their insurance doesn't pay for the service, the majority of the services are offered on a sliding fee scale basis.

Every health department in Illinois must complete an IPLAN, which stands for the Illinois Project for Local Assessment of Needs. The IPLAN is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. The essential elements of IPLAN are an organizational capacity assessment, a community health needs assessment and a community health plan, focusing on a minimum of three priority health problems.

The Coles County Health Department IPLAN for 2021 – 2025 states that the strategic health issues selected to focus on are access to care, mental health (including substance abuse) and cancer.

Other Resources

SBL has identified other resources in the community available to address the prioritized area selected by the Health Center.



APPENDICES

APPENDIX A

ANALYSIS OF DATA

Sarah Bush Lincoln Health Center
Analysis of CHNA Data

Analysis of Health Status-Leading Causes of Death

	U.S. Crude Rates	(A) 10% of U.S. Crude Rate	County Rate	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Coles County:					
Cancer	183.5	18.4	190.9	7.4	
Heart Disease	112.5	11.3	114.0	1.5	
Lung Disease	48.0	4.8	65.2	17.2	Health Need
Stroke	45.7	4.6	54.3	8.6	Health Need
Unintentional Injury	53.4	5.3	46.5	-6.9	
Cumberland County:					
Cancer	185.3	18.5	222.3	37.0	Health Need
Heart Disease	112.5	11.3	165.4	52.9	Health Need
Lung Disease	48.0	4.8	68.5	20.5	Health Need
Stroke	45.7	4.6	70.4	24.7	Health Need
Unintentional Injury	53.4	5.3	46.3	-7.1	
Douglas County:					
Cancer	185.3	18.5	229.0	43.7	Health Need
Heart Disease	112.5	11.3	70.5	-42.0	
Lung Disease	48.0	4.8	68.5	20.5	Health Need
Stroke	45.7	4.6	46.0	0.3	
Unintentional Injury	53.4	5.3	61.3	7.9	Health Need
Clark County:					
Cancer	185.3	18.5	250.0	64.7	Health Need
Heart Disease	112.5	11.3	165.4	52.9	Health Need
Lung Disease	48.0	4.8	79.5	31.5	Health Need
Stroke	45.7	4.6	82.0	36.3	Health Need
Unintentional Injury	53.4	5.3	62.8	9.4	Health Need
Moultrie County:					
Cancer	185.3	18.5	242.2	56.9	Health Need
Heart Disease	112.5	11.3	132.7	20.2	Health Need
Lung Disease	48.0	4.8	83.5	35.5	Health Need
Stroke	45.7	4.6	52.0	6.3	Health Need
Unintentional Injury	53.4	5.3	67.0	13.6	Health Need *

**The crude rate is shown per 100,000 residents. Please refer to Exhibit 18 for more information.

Analysis of Health Outcomes and Factors

	National Benchmark	(A) 30% of National Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Coles County:					
Adult Smoking	15.0%	4.5%	21.0%	6.0%	Health Need
Adult Obesity	30.0%	9.0%	36.0%	6.0%	
Food Environment Index	8.8	3	7.0	2	
Physical Inactivity	23.0%	6.9%	27.0%	4.0%	
Access to Exercise Opportunities	86.0%	25.8%	64.0%	22.0%	
Excessive Drinking	15.0%	4.5%	22.0%	7.0%	Health Need
Alcohol-Impaired Driving Deaths	10.0%	3.0%	27.0%	17%	Health Need
Sexually Transmitted Infections	161	48	705	544	Health Need
Teen Birth Rate	11	3	15	4	Health Need
Uninsured	6.0%	1.8%	7.0%	1.0%	
Primary Care Physicians	1010	303	1230	220	
Dentists	1210	363	1870	660	Health Need
Mental Health Providers	250	75	370	120	Health Need
Preventable Hospital Stays	2233	670	7184	4951	Health Need
Mammography Screening	52.0%	15.6%	46.0%	6.0%	
Flu vaccinations	55.0%	16.5%	47.0%	8.0%	
Violent Crime Rate	63	19	278	215	Health Need
Children in Poverty	9.0%	2.7%	18.0%	9.0%	Health Need
Children in Single-Parent Households	14.0%	4.2%	26.0%	12.0%	Health Need
Cumberland County:					
Adult Smoking	15.0%	4.5%	21.0%	6.0%	Health Need
Adult Obesity	30.0%	9.0%	35.0%	5.0%	
Food Environment Index	8.8	3	8.6	0	
Physical Inactivity	23.0%	6.9%	28.0%	5.0%	
Access to Exercise Opportunities	86.0%	25.8%	1.0%	85.0%	Health Need
Excessive Drinking	15.0%	4.5%	23.0%	-8.0%	
Alcohol-Impaired Driving Deaths	10.0%	3.0%	23.0%	13%	Health Need
Sexually Transmitted Infections	161	48	288	127	Health Need
Teen Birth Rate	11	3	17	6	Health Need
Uninsured	6.0%	1.8%	7.0%	1.0%	
Primary Care Physicians	1010	303	N/A		
Dentists	1210	363	10650	9440	Health Need
Mental Health Providers	250	75	2660	2410	Health Need
Preventable Hospital Stays	2233	670	5782	3549	Health Need
Mammography Screening	52.0%	15.6%	44.0%	8.0%	
Flu vaccinations	55.0%	16.5%	43.0%	12.0%	
Violent Crime Rate	63	19	115	52	Health Need
Children in Poverty	9.0%	2.7%	11.0%	2.0%	
Children in Single-Parent Households	14.0%	4.2%	8.0%	-6.0%	

Analysis of Health Outcomes and Factors

	National Benchmark	(A) 30% of National Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Douglas County:					
Adult Smoking	15.0%	4.5%	21.0%	6.0%	Health Need
Adult Obesity	30.0%	9.0%	36.0%	6.0%	
Food Environment Index	8.8	3	8.6	0	
Physical Inactivity	23.0%	6.9%	30.0%	7.0%	Health Need
Access to Exercise Opportunities	86.0%	25.8%	71.0%	15.0%	
Excessive Drinking	15.0%	4.5%	22.0%		
Alcohol-Impaired Driving Deaths	10.0%	3.0%	29.0%	19%	Health Need
Sexually Transmitted Infections	161	48	308	147	Health Need
Teen Birth Rate	11	3	18	7	Health Need
Uninsured	6.0%	1.8%	11.0%	5.0%	Health Need
Primary Care Physicians	1010	303	3240	2230	Health Need
Dentists	1210	363	1630	420	Health Need
Mental Health Providers	250	75	6500	6250	Health Need
Preventable Hospital Stays	2233	670	5650	3417	Health Need
Mammography Screening	52.0%	15.6%	46.0%	6.0%	
Flu vaccinations	55.0%	16.5%	46.0%	9.0%	
Violent Crime Rate	63	19	223	160	Health Need
Children in Poverty	9.0%	2.7%	12.0%	3.0%	Health Need
Children in Single-Parent Households	14.0%	4.2%	12.0%	-2.0%	
Clark County:					
Adult Smoking	15.0%	4.5%	20.0%	5.0%	Health Need
Adult Obesity	30.0%	9.0%	36.0%	6.0%	
Food Environment Index	8.8	3	7.7	1	
Physical Inactivity	23.0%	6.9%	27.0%	4.0%	
Access to Exercise Opportunities	86.0%	25.8%	50.0%	36.0%	Health Need
Excessive Drinking	15.0%	4.5%	23.0%	-8.0%	
Alcohol-Impaired Driving Deaths	10.0%	3.0%	30.0%	20%	Health Need
Sexually Transmitted Infections	161	48	285	124	Health Need
Teen Birth Rate	11	3	25	14	Health Need
Uninsured	6.0%	1.8%	6.0%	0.0%	
Primary Care Physicians	1010	303	2570	1560	Health Need
Dentists	1210	363	7630	6420	Health Need
Mental Health Providers	250	75	3820	3570	Health Need
Preventable Hospital Stays	2233	670	4459	2226	Health Need
Mammography Screening	52.0%	15.6%	34.0%	18.0%	Health Need
Flu vaccinations	55.0%	16.5%	44.0%	11.0%	
Violent Crime Rate	63	19	189	126	Health Need
Children in Poverty	9.0%	2.7%	15.0%	6.0%	Health Need
Children in Single-Parent Households	14.0%	4.2%	19.0%	5.0%	Health Need

Analysis of Health Outcomes and Factors

	National Benchmark	(A) 30% of National Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Moultrie County:					
Adult Smoking	15.0%	4.5%	20.0%	5.0%	Health Need
Adult Obesity	30.0%	9.0%	35.0%	5.0%	
Food Environment Index	8.8	3	9.1	0	
Physical Inactivity	23.0%	6.9%	27.0%	4.0%	
Access to Exercise Opportunities	86.0%	25.8%	59.0%	27.0%	Health Need
Excessive Drinking	15.0%	4.5%	24.0%		
Alcohol-Impaired Driving Deaths	10.0%	3.0%	11.0%	1%	
Sexually Transmitted Infections	161	48	276	115	Health Need
Teen Birth Rate	11	3	16	5	Health Need
Uninsured	6.0%	1.8%	9.0%	3.0%	Health Need
Primary Care Physicians	1010	303	2900	1890	Health Need
Dentists	1210	363	7170	5960	Health Need
Mental Health Providers	250	75	530	280	Health Need
Preventable Hospital Stays	2233	670	5840	3607	Health Need
Mammography Screening	52.0%	15.6%	45.0%	7.0%	
Flu vaccinations	55.0%	16.5%	50.0%	5.0%	
Violent Crime Rate	63	19	N/A		
Children in Poverty	9.0%	2.7%	12.0%	3.0%	Health Need
Children in Single-Parent Households	14.0%	4.2%	18.0%	4.0%	

APPENDIX B

SOURCES

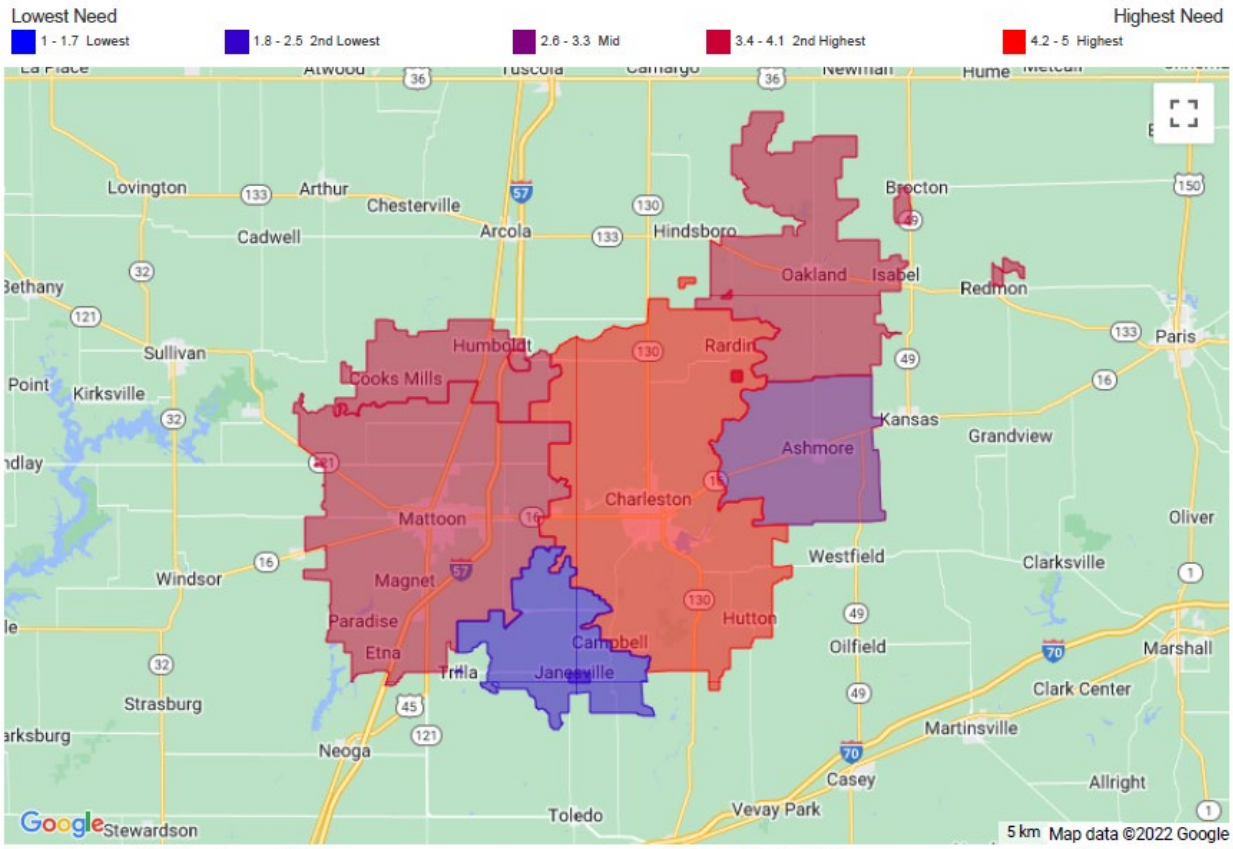
DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	FY 2021
Community Details: Population & Demographics	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2015-2019
Community Details: Urban/Rural Population	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2010
Socioeconomic Characteristics: Income	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2015 - 2019
Socioeconomic Characteristics: Unemployment	Community Commons via US Department of Labor, Bureau of Labor Statistics http://www.communitycommons.org/	2022
Socioeconomic Characteristics: Poverty	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2015 - 2019
Socioeconomic Characteristics: Uninsured	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2015 - 2019
Socioeconomic Characteristics: Medicaid	Community Commons via U.S. Census Bureau, American Community Survey http://www.communitycommons.org/	2015 - 2019
Socioeconomic Characteristics: Education	U.S. Census Bureau, American Community Survey http://factfinder.census.gov	2015 - 2019
Physical Environment - Grocery Store Access	Community Commons via US Cenus Bureau, County Business Patterns http://www.communitycommons.org/	2019
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2019
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Cenus Bureau, County Business Patterns http://www.communitycommons.org/	2019
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease control and Prevention http://www.communitycommons.org/	2019
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2018
Clinical Care - Population Living in a Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2019
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2018
Leading Causes of Death	Community Commons via CDC national Bital Statistics System http://www.communitycommons.org/	2016 - 2020
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ & Community Commons http://www.communitycommons.org/	2018 & 2021
Health Care Resources: Hospitals	US Hospital Finder http://www.ushospitalfinder.com/	2021
Health Care Resources: Community Health Centers	Community Commons, CMS.gov, HRSA	2021
Zip Codes with Highest CNI	Dignity Health Community Needs Index http://cni.chw-interactive.org/	2021

APPENDIX C

DIGNITY HEALTH COMMUNITY NEED INDEX

(CNI) REPORT

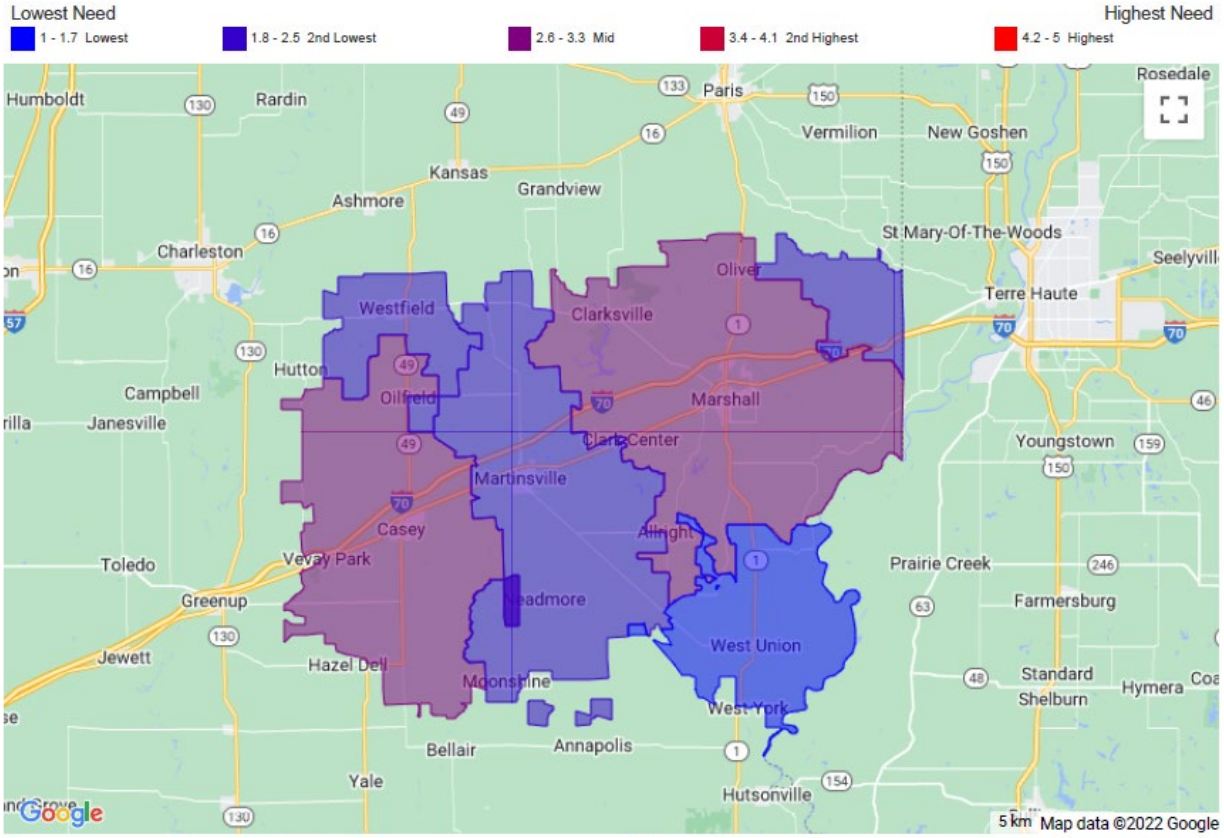
Map of Community Needs Index Scores for CHNA Community Based on Dignity Health's Community Need Index (CNI)



Mean(zipcode): 3.3 / Mean(person): 3.8 CNI Score Median: 3.5 CNI Score Mode: 3.6

Zip Code	CNI Score	Population	City	County	State
61912	2.8	1202	Ashmore	Coles	Illinois
61920	4.2	23694	Charleston	Coles	Illinois
61931	3.6	1118	Humboldt	Coles	Illinois
61938	3.6	20953	Mattoon	Coles	Illinois
61943	3.4	1490	Oakland	Coles	Illinois
62440	2.2	1201	Lerna	Coles	Illinois

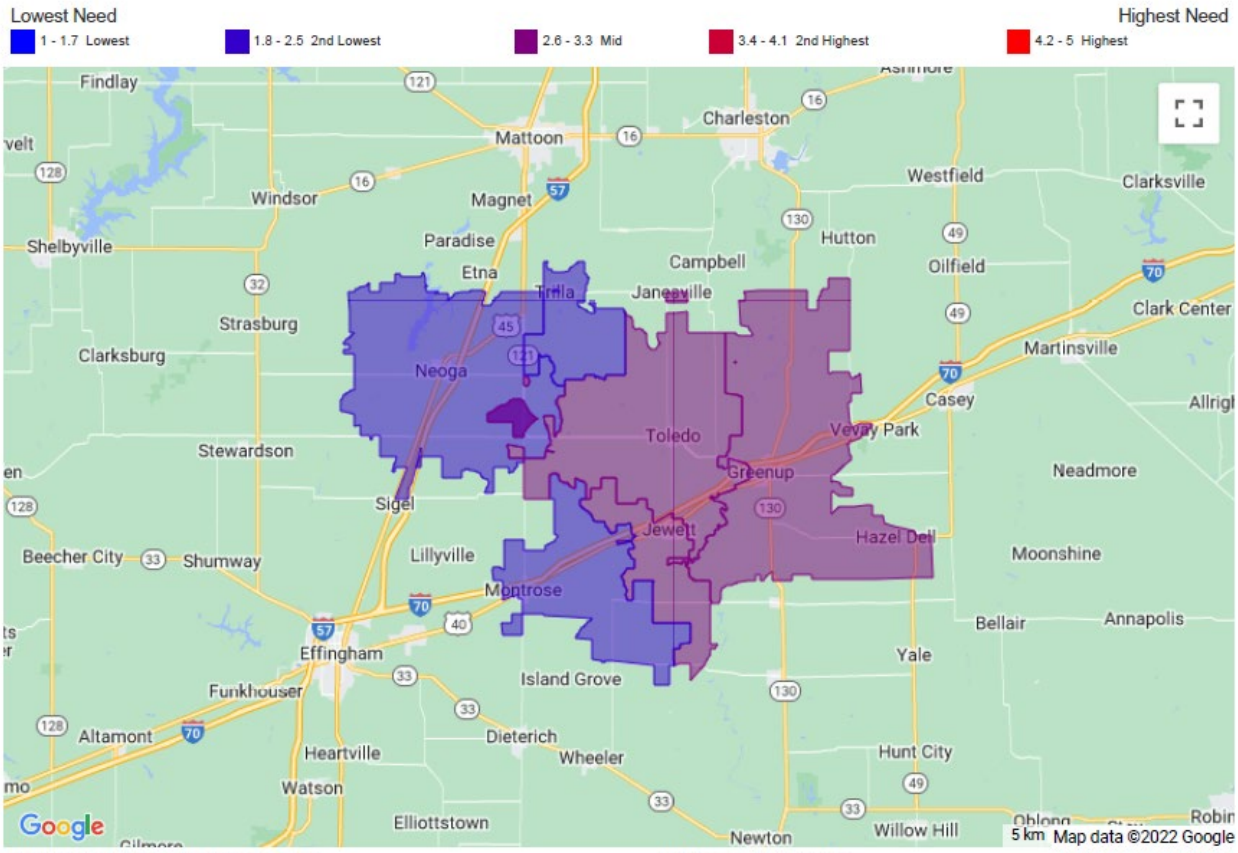
Source: http://cni.chw-interactive.org



Mean(zipcode): 2.3 / Mean(person): 2.6 CNI Score Median: 2.3 CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
62420	2.8	4266	Casey	Clark	Illinois
62423	1.8	726	Dennison	Clark	Illinois
62441	2.8	7002	Marshall	Clark	Illinois
62442	2.4	2258	Martinsville	Clark	Illinois
62474	2.2	826	Westfield	Clark	Illinois
62477	1.6	837	West Union	Clark	Illinois

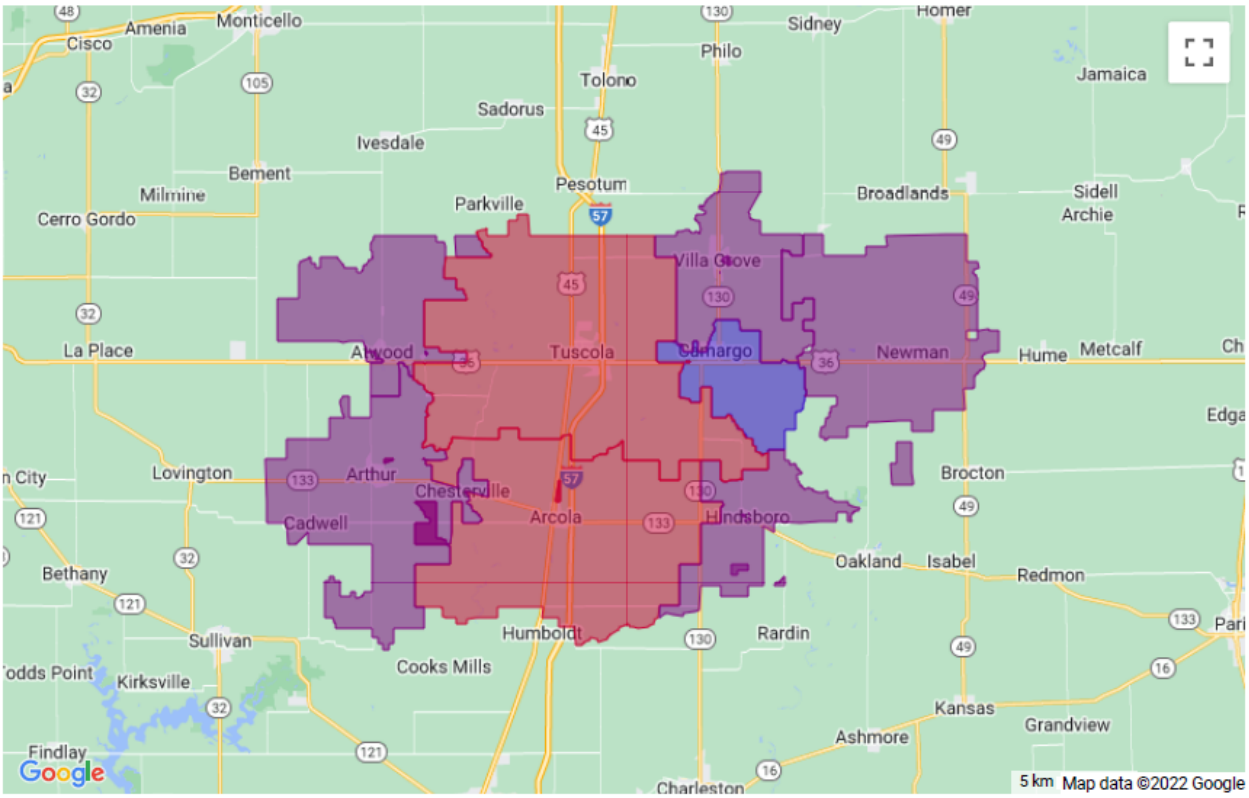
Source: http://cni.chw-interactive.org



Mean(zipcode): 2.5 / Mean(person): 2.6 CNI Score Median: 2.6 CNI Score Mode: 2.8

Zip Code	CNI Score	Population	City	County	State
62428	3.2	2931	Greenup	Cumberland	Illinois
62436	2.8	555	Jewett	Cumberland	Illinois
62445	1.8	990	Montrose	Cumberland	Illinois
62447	2	3391	Neoga	Cumberland	Illinois
62468	2.8	2630	Toledo	Cumberland	Illinois
62469	2.4	461	Trilla	Cumberland	Illinois

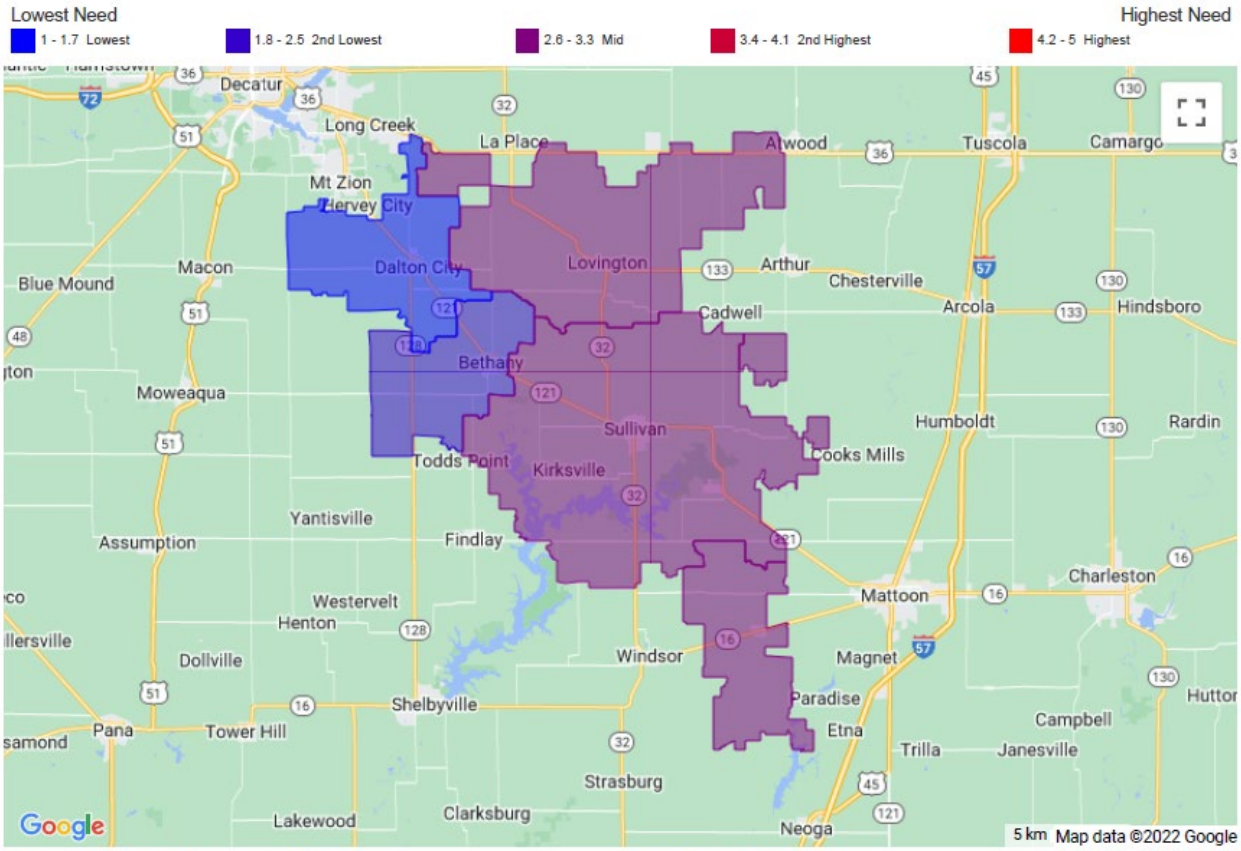
Source: http://cni.chw-interactive.org



Mean(zipcode): 2.9 / Mean(person): 3.1 | CNI Score Median: 2.8 | CNI Score Mode: 2.6,2.8

Zip Code	CNI Score	Population	City	County	State
61910	3.6	4539	Arcola	Douglas	Illinois
61911	2.8	4493	Arthur	Douglas	Illinois
61913	3.2	1674	Atwood	Douglas	Illinois
61919	2.4	766	Camargo	Douglas	Illinois
61930	2.6	462	Hindsboro	Douglas	Illinois
61942	2.8	1090	Newman	Douglas	Illinois
61953	3.4	6125	Tuscola	Douglas	Illinois
61956	2.6	2830	Villa Grove	Douglas	Illinois

Source: http://cni.chw-interactive.org



Mean(zipcode): 2.3 / Mean(person): 2.5 CNI Score Median: 2.6 CNI Score Mode: 2.6

Zip Code	CNI Score	Population	City	County	State
61914	2.2	1821	Bethany	Moultrie	Illinois
61925	1.6	917	Dalton City	Moultrie	Illinois
61928	2.6	702	Gays	Moultrie	Illinois
61937	2.6	1888	Lovington	Moultrie	Illinois
61951	2.6	8014	Sullivan	Moultrie	Illinois

Source: http://cni.chw-interactive.org

APPENDIX D

COUNTY HEALTH RANKINGS

County Health Rankings – Health Factors

		Coles County 2018	Coles County 2021	Illinois 2021	Top Performers 2021**
Health Behaviors	*	**90**	**62**		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		19.0%	21.0%	15.0%	15.0%
Adult obesity – Percent of adults that report a BMI >= 30		29.0%	36.0%	32.0%	30.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		7.3	7.0	8.6	8.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		24.0%	27.0%	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		79.0%	64.0%	87.0%	86.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		21.0%	22.0%	23.0%	15.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		24.0%	27.0%	29.0%	10.0%
Sexually transmitted infections – Chlamydia rate per 100K population		701.4	705.2	639.3	161.1
Teen birth rate – Per 1,000 female population, ages 15-19		18.0	15.0	18.0	11.0
Clinical Care	*	**49**	**82**		
Uninsured adults – Percent of population under age 65 without health insurance		6.0%	7.0%	9.0%	6%
Primary care physicians – Ratio of population to primary care physicians		1,310:1	1,230:1	1,230:1	1,010:1
Dentists – Ratio of population to dentists		2,090:1	1,870:1	1,220:1	1,210:1
Mental health providers – Ratio of population to mental health providers		550:1	370:1	370:1	250:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		N/A	7,184	4,447	2,233
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		63.0%	46.0%	44.0%	52.0%
Flu vaccinations – Percent of fee for service (FFS) Medicare enrollees that had an annual flu vaccination		N/A	47.0%	49.0%	55.0%
Social and Economic Factors	*	**46**	**44**		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		91.0%	91.0%	90.0%	94%
Some college – Percent of adults aged 25-44 years with some post-secondary education		66.0%	67.0%	71.0%	74.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		5.9%	7.4%	9.5%	4.0%
Children in poverty – Percent of children under age 18 in poverty		21.0%	18.0%	14.0%	9.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		5.2	5.1	5.0	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		36.0%	26.0%	25.0%	14%
Social associations – Number of membership associations per 10,000 population		13.7	15.0	9.9	28.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		228.0	278.0	403.0	63.0
Injury deaths – Number of deaths due to injury per 100,000 population		53	59.0	70.0	61.0
Physical Environment	*	**20**	**21**		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		10.4	9.4	9.4	5.9
Drinking water safety – Percentage of population exposed to water exceeding a violation limit during the past year		N/A	N/A	N/A	N/A
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities		16.0%	15.0%	17.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		77.0%	75.0%	72.0%	72%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		18%	19.0%	42.0%	16%

* Rank out of 102 Illinois counties
** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data
Source: Countyhealthrankings.org

County Health Rankings – Health Factors

		Cumberland County 2018	Cumberland County 2021	Illinois 2021	Top Performers 2021**
Health Behaviors	*	**56**	**47**		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		17.0%	21.0%	15.0%	15.0%
Adult obesity – Percent of adults that report a BMI >= 30		29.0%	35.0%	32.0%	30.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		N/A	8.6	8.6	8.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		24.0%	28.0%	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		2.0%	1.0%	87.0%	86.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		20.0%	23.0%	23.0%	15.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		29.0%	23.0%	29.0%	10.0%
Sexually transmitted infections – Chlamydia rate per 100K population		212.3	287.9	639.3	161.1
Teen birth rate – Per 1,000 female population, ages 15-19		23.0	17.0	18.0	11.0
Clinical Care	*	**65**	**79**		
Uninsured adults – Percent of population under age 65 without health insurance		6.0%	7.0%	9.0%	6%
Primary care physicians – Ratio of population to primary care physicians		N/A	N/A	1,230:1	1,010:1
Dentists – Ratio of population to dentists		10,860:1	10,650:1	1,220:1	1,210:1
Mental health providers – Ratio of population to mental health providers		2,170:1	2,660:1	370:1	250:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		N/A	5,782.0	4,447.0	2,233
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		62.0%	44.0%	44.0%	52%
Flu vaccinations – Percent of fee for service (FFS) Medicare enrollees that had an annual flu vaccination		N/A	43.0%	49.0%	55.0%
Social and Economic Factors	*	**18**	**15**		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		96.0%	92.0%	90.0%	94%
Some college – Percent of adults age 25-44 years with some post-secondary education		56.0%	62.0%	71.0%	74.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		5.2%	5.7%	9.5%	4.0%
Children in poverty – Percent of children under age 18 in poverty		17.0%	11.0%	14.0%	9.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		4.2	4.1	5.0	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		27.0%	8.0%	25.0%	14%
Social associations – Number of membership associations per 10,000 population		11.9	10.2	9.9	28.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		191.0	115.0	403.0	63.0
Injury deaths – Number of deaths due to injury per 100,000 population		51.0	56.0	70.0	61.0
Physical Environment	*	**36**	**35**		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		10.4	9.4	9.4	5.9
Drinking water safety – Percentage of population exposed to water exceeding a violation limit during the past year		N/A	N/A	N/A	N/A
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities		10%	8%	17.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		84.0%	84.0%	72.0%	72%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		33.0%	30.0%	42.0%	16%

* Rank out of 102 Illinois counties

** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data

Source: *Countyhealthrankings.org*

County Health Rankings – Health Factors

		Douglas County 2018	Douglas County 2021	Illinois 2021	Top Performers 2021**
Health Behaviors	*	**36**	**27**		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		16.0%	21.0%	15.0%	15.0%
Adult obesity – Percent of adults that report a BMI >= 30		29.0%	36.0%	32.0%	30.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		8.8	8.6	8.6	8.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		25.0%	30.0%	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		72.0%	71.0%	87.0%	86.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		21.0%	22.0%	23.0%	15.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		35.0%	29.0%	29.0%	10.0%
Sexually transmitted infections – Chlamydia rate per 100K population		170.9	308.2	639.3	161.1
Teen birth rate – Per 1,000 female population, ages 15-19		22.0	18.0	18.0	11.0
Clinical Care	*	**94**	**101**		
Uninsured adults – Percent of population under age 65 without health insurance		9.0%	11.0%	9.0%	6%
Primary care physicians – Ratio of population to primary care physicians		3,960:1	3,240:1	1,230:1	1,010:1
Dentists – Ratio of population to dentists		1,780:1	1,630:1	1,220:1	1,210:1
Mental health providers – Ratio of population to mental health providers		19,630:1	6,500:1	370:1	250:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		N/A	5,650.0	4,447.0	2,233
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		64.0%	46.0%	44.0%	52%
Flu vaccinations – Percent of fee for service (FFS) Medicare enrollees that had an annual flu vaccination		N/A	46.0%	49.0%	55.0%
Social and Economic Factors	*	**13**	**41**		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		94.0%	83.0%	90.0%	94%
Some college – Percent of adults age 25-44 years with some post-secondary education		53.0%	56.0%	71.0%	74.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		4.7%	5.6%	9.5%	4.0%
Children in poverty – Percent of children under age 18 in poverty		14.0%	12.0%	14.0%	9.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		4.0	4.3	5.0	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		25.0%	12.0%	25.0%	14%
Social associations – Number of membership associations per 10,000 population		17.7	14.4	9.9	28.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		251.0	223.0	403.0	63.0
Injury deaths – Number of deaths due to injury per 100,000 population		63.0	75.0	70.0	61.0
Physical Environment	*	**17**	**8**		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		10.5	9.3	9.4	5.9
Drinking water safety – Percentage of population exposed to water exceeding a violation limit during the past year		N/A	N/A	N/A	N/A
Severe housing problems – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities		13.0%	12.0%	17.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		76.0%	75.0%	72.0%	72%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		36.0%	35.0%	42.0%	16%

* Rank out of 102 Illinois counties
** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data
Source: *Countyhealthrankings.org*

County Health Rankings – Health Factors

		Clark County 2018	Clark County 2021	Illinois 2021	Top Performers 2021**
Health Behaviors	*	**66**	**77**		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		17.0%	20.0%	15.0%	15.0%
Adult obesity – Percent of adults that report a BMI >= 30		33.0%	36.0%	32.0%	30.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		8.3	7.7	8.6	8.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		27.0%	27.0%	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		62.0%	50.0%	87.0%	86.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		20.0%	23.0%	23.0%	15.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		5.0%	30.0%	29.0%	10.0%
Sexually transmitted infections – Chlamydia rate per 100K population		166.9	285.0	639.3	161.1
Teen birth rate – Per 1,000 female population, ages 15-19		32.0	25.0	18.0	11.0
Clinical Care	*	**54**	**94**		
Uninsured adults – Percent of population under age 65 without health insurance		5.0%	6.0%	9.0%	6%
Primary care physicians – Ratio of population to primary care physicians		2,660:1	2,570:1	1,230:1	1,010:1
Dentists – Ratio of population to dentists		7,970:1	7,630:1	1,220:1	1,210:1
Mental health providers – Ratio of population to mental health providers		3,980:1	3,820:1	370:1	250:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		N/A	4,459.0	4,447.0	2,233
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		56.0%	34.0%	44.0%	52%
Flu vaccinations – Percent of fee for service (FFS) Medicare enrollees that had an annual flu vaccination		N/A	44.0%	49.0%	55.0%
Social and Economic Factors	*	**44**	**31**		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		85.0%	93.0%	90.0%	94%
Some college – Percent of adults age 25-44 years with some post-secondary education		62.0%	68.0%	71.0%	74.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		5.9%	7.9%	9.5%	4.0%
Children in poverty – Percent of children under age 18 in poverty		18.0%	15.0%	14.0%	9.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		3.9	3.9	5.0	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		33.0%	19.0%	25.0%	14%
Social associations – Number of membership associations per 10,000 population		23.8	16.8	9.9	28.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		269.0	189.0	403.0	63.0
Injury deaths – Number of deaths due to injury per 100,000 population		83.0	91.0	70.0	61.0
Physical Environment	*	**12**	**55**		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		10.5	9.2	9.4	5.9
Drinking water safety – Percentage of population exposed to water exceeding a violation limit during the past year		N/A	N/A	N/A	N/A
Severe housing problems – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities		9.0%	7.0%	17.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		81.0%	80.0%	72.0%	72%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes		28.0%	36.0%	42.0%	16%

* Rank out of 102 Illinois counties
** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data
Source: *Countyhealthrankings.org*

County Health Rankings – Health Factors

		Moultrie County 2018	Moultrie County 2021	Illinois 2021	Top Performers 2021**
Health Behaviors	*	**10**	**22**		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke		16.0%	20.0%	15.0%	15.0%
Adult obesity – Percent of adults that report a BMI >= 30		26.0%	35.0%	32.0%	30.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)		8.8	9.1	8.6	8.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity		23.0%	27.0%	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity		69.0%	59.0%	87.0%	86.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days		20.0%	24.0%	23.0%	15.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement		29.0%	11.0%	29.0%	10.0%
Sexually transmitted infections – Chlamydia rate per 100K population		188.7	275.8	639.3	161.1
Teen birth rate – Per 1,000 female population, ages 15-19		23.0	16.0	18.0	11.0
Clinical Care	*	**89**	**98**		
Uninsured adults – Percent of population under age 65 without health insurance		7.0%	9.0%	9.0%	6%
Primary care physicians – Ratio of population to primary care physicians		3,730:1	2,900:1	1,230:1	1,010:1
Dentists – Ratio of population to dentists		7,410:1	7,170:1	1,220:1	1,210:1
Mental health providers – Ratio of population to mental health providers		2,470:1	530:1	370:1	250:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees		N/A	5,840.0	4,447.0	2,233
Mammography screening – Percent of female Medicare enrollees that receive mammography screening		60.0%	45.0%	44.0%	52%
Flu vaccinations – Percent of fee for service (FFS) Medicare enrollees that had an annual flu vaccination		N/A	50.0%	49.0%	55.0%
Social and Economic Factors	*	**9**	**22**		
High school graduation – Percent of ninth grade cohort that graduates in 4 years		93.0%	86.0%	90.0%	94%
Some college – Percent of adults age 25-44 years with some post-secondary education		59.0%	59.0%	71.0%	74.0%
Unemployment – Percent of population age 16+ unemployed but seeking work		4.6%	5.0%	9.5%	4.0%
Children in poverty – Percent of children under age 18 in poverty		14.0%	12.0%	14.0%	9.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile		3.7	3.7	5.0	3.7
Children in single-parent households – Percent of children that live in household headed by single parent		19.0%	18.0%	25.0%	14%
Social associations – Number of membership associations per 10,000 population		18.1	14.5	9.9	28.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)		92.0	N/A	403.0	63.0
Injury deaths – Number of deaths due to injury per 100,000 population		81.0	81.0	70.0	61.0
Physical Environment	*	**11**	**10**		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter		10.3	9.6	9.4	5.9
Drinking water safety – Percentage of population exposed to water exceeding a violation limit during the past year		N/A	N/A	N/A	N/A
Severe housing problems – Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities		11.0%	11.0%	17.0%	9%
Driving alone to work – Percentage of the workforce that drives alone to work		79.0%	77.0%	72.0%	72%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30		32.0%	34.0%	42.0%	16%

* Rank out of 102 Illinois counties
** 90th percentile, i.e., only 10% are better

Note: N/A indicates unreliable or missing data
Source: *Countyhealthrankings.org*

APPENDIX E

KEY STAKEHOLDER INTERVIEW PROTOCOL

& ACKNOWLEDGEMENTS

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)
COMMUNITY INTERVIEW QUESTIONS
JUNE 30, 2022

The Community Health Needs Assessment (CHNA) was added under the Affordable Care Act (ACA) and is an IRS requirement for hospitals to explicitly and publicly demonstrate community benefit by conducting a community health needs assessment, as well as, adopting an implementation strategy to meet the identified needs.

While this is an IRS requirement the hospital administration is first and foremost committed to identifying and addressing the top healthcare needs in Coles County and surrounding communities. Sarah Bush Lincoln has retained FORVIS, an external audit and consulting firm, to assist in conducting a Community Health Needs Assessment.

The first phase of a Community Health Needs Assessment includes interviewing key informants in the healthcare community who represent the broad interest of the community, populations of need, or persons with specialized knowledge in public health. You have been identified as on such person and we again greatly appreciate you taking time to help identify and address the top healthcare needs of the community.

From the June 30, 2019 CHNA, the following were identified as the most significant health needs:

1. Poor Nutrition/Limited Access to Healthy Food Options
2. Lack of Mental Health Providers/Services
3. Substance Abuse
4. Obesity
5. Lack of Access to Services
6. Lack of Dentists/Adult Services
7. Healthy Behaviors/Lifestyle Choices
8. Transportation
9. Physical Inactivity
10. Heart Disease
11. Cost of Health Care/Prescriptions
12. Lack of Primary Care Physicians/Hours
13. Uninsured/Limited Insurance
14. Lack of Health Knowledge/Education
15. Adult Smoking/Tobacco Use
16. Children in Poverty/Homelessness
17. Cancer
18. Lung Disease
19. Access to Exercise Opportunities
20. Stroke
21. Children in Single-Parent Households
22. Teen Birth Rate
23. Need for Pre-Natal Care
24. Preventable Hospital Stays
25. Sexually Transmitted Infections
26. Violet Crime Rate

27.Excessive Drinking/Alcohol-Impaired Drinking Deaths

Please keep in mind the broad definition of "health" adopted by the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept **confidential**.

Name:
Organization/Title:
# of years living in the community:
# of years in current position:
Were you involved in the June 30, 2019 CHNA process:

1) Update on prior CHNA:
    a. Do these remain an issue?
    b. Have you seen changes directly related to these identified need?
    c. Is there anything that is not on the list that should be?

2) In general, how would you rate health and quality of life in the community?

3) How do you feel health in the community has changed in past three years (improved, declined, same)?

4) Why do you think it has (based on the answer from the previous question: improved, declined, or stayed the same)?

5) Most critical areas of health in area?
    a. What barriers exist?

b. What can be done to address issues?

6) Are there groups in the community with lower health or quality of life? Who are these groups?

7) Do you think access to Health Services has improved over the last 3 years? Why or why not? What needs to be done to improve access to health services in the community?

8) Are there people or groups of people who have a more difficult time obtaining necessary/preventive medical services? If so, who are these persons or groups? Why do you think they have a more difficult time? What can be done to improve the situation?

9) Do you think there are health resources missing in the community? If so, can you please provide some examples?

10) What community initiatives are you aware of that are focused on addressing health and quality of life in our community?

11) What opportunities do you see for community groups to partner together to address health needs in our service area?

12) What are your thoughts or perception of how the Hospital is doing servicing the health and quality of life needs?

13) Anything else you would like to add for the Community Health Needs Assessment?

Key Stakeholders

Thank you to the following individuals who participated in our key informant interview process:

Lynette Ashmore, Executive Director, LifeLinks

Lucas Catt, MD, Physician, Sarah Bush Lincoln

Eric Davidson, EIU Health Counseling Services

Sheri Drotor, Administrator, Cumberland County Health Department

Tim Flavin, Director, Mi Raza Community Center

Katie Hecksel, MD, Child Psychiatrist, Sarah Bush Lincoln

Kris Maleski, Community Services Director, Mattoon Community School District

Eddie McFarland, Administrator, Clark County Health Department

Amanda Minor, Administrator, Douglas County Health Department

Gloria Spear, Administrator, Coles County Health Department