



2021 JOINT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

Harrisburg Medical Center

Herrin Hospital

**Memorial Hospital of
Carbondale**

St. Joseph Memorial Hospital



Report for tax year 2021 ending 3/31/2022

Table of Contents

Executive Summary	7
Introduction	9
A Tradition of Caring	9
Harrisburg Medical Center	9
Herrin Hospital	10
Memorial Hospital of Carbondale	10
St. Joseph Memorial Hospital	11
SIH Medical Group	12
A Rich History of Partnering to Improve Health	12
Coalition Building	12
The Communities We Serve	14
Snapshot of the HMC/SIH Service Area	14
Impacts of the Actions Taken Since the Last Community Health Needs Assessment	15
Efforts to Address Health Equity, Reduce Health Disparities, and to Improve Community Health	19
Achieving Equity by Addressing Health Disparities	20
Communicate Needs and Advocate for Health Enhancing Policies, Systems, and Environments	20
Direct Action of the SIH System	20
Collaborative Approach in the CHNA Development	25
How to Use this Report	26
Process and Methods Used to Conduct the CHNA	26

Step 1: Define the Community Served and How the Community Was Determined: HMC/SIH Hospital’s Primary Service Area.....	27
Step 2: Collect and Analyze Existing Data.....	28
Step 3: Collect Additional Data.....	30
Step 3a: Collect Additional Data Through Community Survey.....	30
Step 3b: Collect Additional Data Through a Survey of Healthcare Providers and Leaders	33
Step 3c: Collect Additional Data Through an Analysis of Existing Community Plans/Goals	34
Step 4: Synthesize Data and Create a Community Health Needs Assessment Profile/Data Report	35
Step 5: Establish a CHNA Advisory Team to Identify Key Issues, Provide Input and Prioritize Needs and Vote on the CHNA’s Priority Health Issues.....	35
Step 6: Determine and Prioritize Final Health Priorities	39
Step 7. Create Implementation Plan Teams and Develop the HMC/SIH Implementation Plan.....	39
Priority Health Issue Chosen.....	40
ISSUE 1: Social Determinants of Health (Poverty, Hunger/Food Access, Housing, Access to Care).....	40
ISSUE 2: Behavioral Health (Mental Health and Substance Misuse).....	42
ISSUE 3: Chronic Disease Prevention, Management and Treatment (focusing on cardiovascular disease, stroke, and diabetes).....	45
Step 8: Adoption of the CHNA and Implementation Plan.....	47
Step 9: Document and Communicate Results of the Community Health Needs Assessment.....	47
Step 10: HMC/SIH Staff and Community Partners Implement the Plan.....	48
Community Health Needs Assessment	49

APPENDIX 1 – CHNA Advisory and Implementation Teams	50
APPENDIX 2 – Current Resources/Collaborative Efforts Available to Address These Issues	60
APPENDIX 3 – Data Profile	73
Primary Service Area for the HMC/SIH Hospitals	73
Demographics of the Community Served	74
Healthy People 2030 Leading Health Indicators	119
Access to Health Services	141
Clinical Preventive Services	166
Physical Environment	182
Injury and Violence	186
Maternal, Infant and Child Health.....	193
Mental Health	196
Nutrition, Physical Activity, and Obesity	203
Oral Health	223
Reproductive and Sexual Health	226
Social Determinants of Health.....	236
Substance Use.....	261
Tobacco.....	265
APPENDIX 4 – County Health Rankings	269
APPENDIX 5 – 2021 County Health Rankings Comparison	271
APPENDIX 6 – SparkMap Data	280
APPENDIX 7 – Illinois Youth Survey 2018.....	354

APPENDIX 8 – Analysis of Existing Community Health Plans	380
APPENDIX 9 – List of Indicators	383
APPENDIX 10 – Community Input Survey	388
APPENDIX 11 – Healthcare Provider/Key Leader Survey	392
APPENDIX 12 – Results of Community Input Survey	395
APPENDIX 13 – Results of Healthcare Providers and Key Leaders Survey	406
APPENDIX 14 – SIH Community Health Needs Assessment Implementation Plan 2021	407

To Our Communities:

I am proud to present the 2021 SIH Community Health Needs Assessment (CHNA), the culmination of research and collaboration involving nearly 800 individuals across Southern Illinois. This included rigorous collection of public health and demographic data and comprehensive surveying among community members, partner organizations and healthcare providers as we sought to better understand the various needs of our regional community. Meanwhile, the CHNA Advisory Teams - diverse groups of community stakeholders - provided keen insight on a variety of health improvement initiatives.

Thanks to this robust process, we have better insight into the challenges facing patients, individuals, and families across our 11 Southern Illinois counties. The SIH CHNA will inform the ways in which we continue to build on our mission to improve the health and well-being of all people in the communities we serve.

In the following pages, you'll discover strategies to address crucial community needs. Some will improve processes specific to patient care while others reach beyond our hospitals' walls via outreach, education, and collaboration. Together, we look forward to creating a healthy Southern Illinois made stronger through these acts of care to transform lives.

Sincerely,

A handwritten signature in black ink that reads "Rex Budde".

Rex Budde
SIH President and CEO

SIH Commitment to Care

The commitments below are the behaviors expected from all SIH employees, as part of their overall work performance, in order to deliver excellence. These behaviors align with the SIH mission, vision and values that are the foundation of our organization, guiding us to create a culture unified by our Commitment to Care.

01. Commitment to Deliver Positive Patient and Colleague Experiences

We are committed to providing the highest quality of service and utmost care because everyone deserves to be treated with respect and compassion.

- I will be considerate and listen carefully to everyone.
- I will use common courtesy and act with compassion to acknowledge the discomfort (anxiety, fear, stress, uncertainty, pain) of others.
- I will withhold judgment and display sensitivity and respect for others' cultures or traditions, including race, nationality, appearance, beliefs, gender, age, disability, sexual orientation, religion, education or socioeconomic status.

02. Commitment to Support a Collaborative, Inclusive Community

We believe that leadership is within each of us and that each person may work in a different way; therefore, open and honest communication with each other is critical to our success. We value the dignity and unique strengths of each person.

- I will respect everyone regardless of job title, expertise, level of education or certification and/or any other differences that may exist between us.
- I will accept responsibility for establishing and maintaining healthy interpersonal relationships with everyone. I will talk to a co-worker promptly if I am having an issue with them and work toward a respectful resolution.

03. Commitment to Build Trust

It is our responsibility to earn the trust of our patients, guests, co-workers, and community.

- I will speak positively and use discretion when discussing my work in public.
- I will keep my commitments and be honest in all interactions.
- I will practice integrity and maintain confidentiality as outlined by our policy and procedures.

04. Commitment to Embrace my Personal Responsibility

We recognize a sense of ownership toward our job and accept responsibility for our work performance. Our culture recognizes success through collaboration and individual accountability.

- I will speak up as appropriate when I see room for improvement in our processes, behaviors or approach without placing blame or fearing retribution and seek to offer possible solutions to problems.
- I will take the time to keep up with communications from SIH and apply this information to my work.
- I will do my part to ensure a safe environment free of physical and emotional harm.
- I will adhere to organizational and departmental policies.
- I will strive to do every job right the first time.
- I will work with my team to ensure that our priorities and tasks are aligned with the organization's goals and that these jobs are completed in a timely manner.

SIH is a mission-driven organization which strives to create a strong culture of compassionate care, safety and quality that embodies our core values:

Mission

We are dedicated to improving the health and well-being of all of the people in the communities we serve.

Vision

Creating a healthy Southern Illinois made stronger by acts of caring that transform lives

Values

Respect
Integrity
Compassion
Collaboration

Stewardship
Quality
Accountability

EXECUTIVE SUMMARY

Dedicated to Improving the Health and Well-Being of All of the People in the Communities We Serve

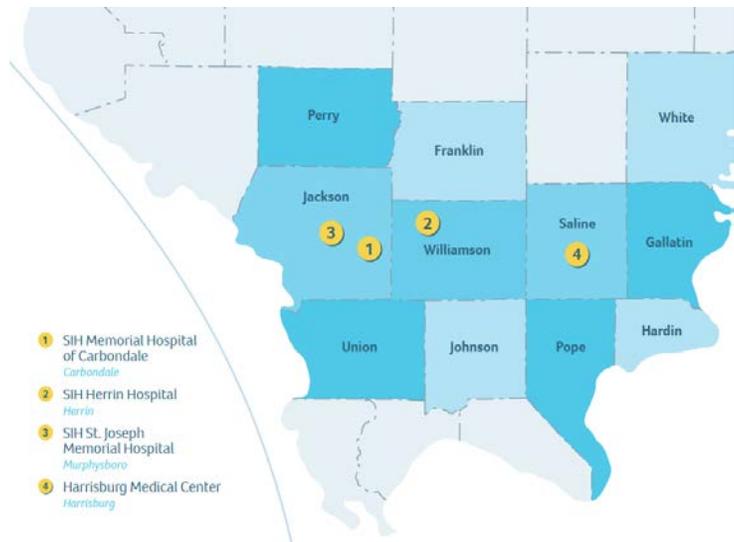
The Community Health Needs Assessment (CHNA), required after the passage of the Affordable Care Act, was first conducted in 2012. Since the 1990's the Community Benefits Department has been collaborating with community partners and the local health departments to complete county-wide community health needs assessments and to assist in the work to address varying health issues. As a result of these long-standing partnerships and community assessments, progress has been made in improving access to care for vulnerable populations through initiatives focused on mental and dental health, transportation and more. Partners have also created policy, system and environmental changes in the community, workplaces, and schools to prevent cardiovascular disease. Cancer prevention initiatives and efforts to address the social determinants of health have also been successfully implemented.

The CHNA was conducted as part of the Community Benefits planning process.

The goal was to identify the most important health issues in the hospital service areas and particularly for the vulnerable and under-represented populations, to ensure that programs and services closely match the priorities and needs of the community, and to strategically address those needs to improve the health of the communities served by SIH facilities. In addition, the Patient Protection and Affordable Care Act of 2010 added section 501(r)(3) to the Internal Revenue Code, which requires section 501(c)(3) hospitals to perform a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy to address the community health needs identified through the assessment, in order to maintain tax exempt status.

The CHNA and development of its implementation plan is a way for SIH and our community partners to work collaboratively to improve the health and well-being of all the people in the communities we serve. SIH collaborated with individuals from the eleven counties (Franklin, Jackson, Johnson, Perry, Saline, Union, Williamson, White, Gallatin, Pope, and Hardin) to conduct the assessment. Approximately 781 people across the eleven counties provided input into this process through the following methods:

1. **Community Member/Community Partner Survey** – 637 survey respondents.
2. **Physician/Healthcare Provider/Leader Survey** – 17 people participated, including various physicians and key leaders within the SIH healthcare system.



3. **SIH CHNA Advisory Team** – The 53-member team reviewed the data, provided input and shared their perceptions of overall impact, magnitude of the problem, severity, and ability and interest of the community to address the issues, and voted on the top priority health issues.
4. **SIH CHNA Implementation Planning Teams** – Three teams were formed with a total of 74 individuals participating in planning meetings by topic area to review data, select goals and objectives and intervention strategies (multiple individuals participated in more than one planning team).

Public health data from sources such as U.S. Census, Illinois Department of Public Health, Centers for Disease Control and Prevention, and many others were reviewed. An analysis of Existing Community Plans, i.e., Quality Health Partners Measures/Goals, Community Health Improvement Plans developed by local health departments, and the Healthy Southern Illinois Delta Network (HSIDN) was created and reviewed by the Advisory Team to assist in selection of priority issues.

The leading causes of death in the service area are diseases of the heart and malignant neoplasms. The entire SIH service area has high incidence rates of overweight/obesity, diabetes, cardiovascular disease, and cancer. Improvements are needed in many areas. Unemployment, poverty, food insecurity, access to care, lack of preventative screenings and lack of transportation serve as barriers to health and healthcare. Behavioral health (mental health and substance misuse) continues to be a major concern with lack of access to care and long wait lists being an issue. Lack of healthy eating and physical activity, and high rates of overweight/obesity and tobacco use impact the prevention and management of chronic disease in southern Illinois. Tobacco use is higher than state and national comparisons.

Based on the data collected and reviewed as well as input from the community, healthcare providers, and the Advisory Team through a facilitated discussion and prioritization process, an overall plan was developed with three areas of emphasis.

The priority health issues that the four hospitals will address from 2022 - 2025 are: Social Determinants of Health (access to care, hunger/food access, housing, and poverty), Behavioral Health (mental health and substance misuse), and Chronic Disease Prevention and Management.

Three implementation teams were formed by experts in these priority areas. The three implementation teams discussed current efforts and gaps; reviewed Healthy People 2030 objectives; researched proven intervention strategies; and then provided guidance in the development of goals, objectives, and implementation strategies to SIH Community Benefits Department staff. The SIH Community Benefits Department provides support to the system's four hospitals and serve the 11-county service area. The SIH Community Benefits Department will spearhead the plan and collaborate with community partners, the Healthy Southern Illinois Delta Network, Healthy Communities Coalition members, various community partners and hospital and clinic staff to implement the strategies and monitor progress.

Introduction

The Patient Protection and Affordable Care Act of 2010 added section 501(r)(3) to the Internal Revenue Code, which requires section 501(c)(3) hospitals to perform a Community Health Needs Assessment (CHNA) and develop an Implementation Strategy every three years in order to maintain tax exempt status.

In 2021, staff and leadership across the four-hospital SIH health system, along with a diverse group of community partners, conducted a joint Community Health Needs Assessment (CHNA) designed to spotlight health and quality of life issues in our community. A joint CHNA was conducted because all four hospitals within the SIH health system define their community to be the same surrounding eleven-county area. This systematic process helped identify priority health issues where improvements were needed.

Purpose of the 2021 Community Health Needs Assessment (CHNA)

This is the fourth CHNA conducted by each of the hospitals. The goals were to:

- Identify and prioritize health issues in the SIH/HMC service area, particularly for vulnerable and under-represented populations
- Ensure that programs and services closely match the priorities and needs of the community
- Strategically address those needs to improve the health of the communities served by SIH/HMC facilities

A Tradition of Caring

Southern Illinois Healthcare (SIH) has a long legacy of caring for our community. SIH is an integrated health system with a commitment to the community that is demonstrated through caring for all regardless of ability to pay. SIH encompasses a four-hospital, 375+ bed system with over forty facilities and more than 600 medical staff physicians. SIH's four hospitals are: SIH Harrisburg Medical Center (HMC) in Harrisburg, SIH Memorial Hospital of Carbondale (MHC), SIH Herrin Hospital (HH) in Herrin, and SIH St. Joseph Memorial Hospital (SJMHC) in Murphysboro. SIH's four hospitals are located within 58 miles of one another in adjacent counties located on or near the Route 13 corridor in southern Illinois, with three of the hospitals within 19 miles of one another. The hospitals work together closely as one system with each facility specializing in certain areas. All hospitals are licensed by the Illinois Department of Public Health and accredited by The Joint Commission.

Harrisburg Medical Center

Harrisburg Medical Center officially joined the SIH family in August of 2021 after nearly ten years of collaborating with SIH on various clinical and operational services. Harrisburg is home to the only inpatient behavioral health program in the southernmost 16 counties in Illinois. While HMC is the easternmost hospital in the SIH health system, because of its specialized behavioral health expertise it serves the entire system. Other features include:

- 77 beds
- 12,000+ ED encounters annually
- 24-hour Hospitalist program
- Inpatient adult psychiatric unit
- Inpatient gero-psychiatric unit
- Outpatient behavioral health program
- Prairie STAT Heart activated hospital for rapid transfer of STEMI patients
- Comprehensive outpatient rehabilitation center
- Ambulatory infusion center
- Surgical services including general, ENT, GI, gynecologic, ophthalmologic, orthopedic, podiatry, and thoracic
- Newly expanded and modernized emergency department, surgical center, and outpatient services

Herrin Hospital

Herrin Hospital lies approximately ten miles to the east of Carbondale. Herrin Hospital's reputation for high quality care and attention to detail is proof that a rural facility can have significant achievements in quality. It serves as the system's center for Rehabilitation Services, Bone and Joint Institute and Bariatric Surgery. Other features include:

- 114 beds
- 30,000+ ED encounters annually
- 24-hour Hospitalist program
- Accredited Chest Pain Center with Prairie Cardiovascular Consultants
- Newly expanded and modernized surgical center
- Acute Rehabilitation that partners with Shirley Ryan Ability Lab (previously known as Rehabilitation Institute of Chicago)
- Primary Stroke Center
- General ICU
- Accredited bariatric surgery program
- Surgical services including general, bariatric, urologic, GI, plastic, oral, orthopedic, spine, gynecologic, ENT, podiatric, colorectal, and vascular
- Wound Care Center with hyperbaric therapy

Memorial Hospital of Carbondale

Memorial Hospital of Carbondale is the system's flagship hospital. As the only designated Trauma Center in the southern half of Illinois, Memorial Hospital of Carbondale serves as the area's regional referral center. Memorial paves the way to bring big city medicine home. Memorial specializes in tertiary services such as oncology, neurosciences, and cardiovascular, provides a full breadth of surgical services, and is the only provider of obstetric services in the market. Our physicians bring expertise and new procedures, and successfully tailor them to the particular needs of a rural setting. Other features include:

- 162 beds
- Level II Trauma Center
- 36,000+ ED encounters annually
- 24-hour Hospitalist program
- Accredited Chest Pain Center
- Hub for the Prairie STAT Heart/STEMI program
- Primary Stroke Center
- 2,200+ births annually
- Level II+ NICU
- Newly expanded and modernized surgical center with new daVinci Xi
- Hybrid operating suite
- General and Cardiac ICU
- Comprehensive neuroscience program with neurosurgery, neurology, neurocritical care, interventional pain, and physiatry
- Comprehensive cardiac program with cardiovascular surgery, thoracic surgery, vascular surgery, interventional cardiology, diagnostic cardiology, and electrophysiology
- Partnership with Prairie Cardiovascular
- Family Medicine residency program, as well as General Surgery and Emergency Medicine residency rotations through SIU School of Medicine
- Accredited by the Commission on Cancer for comprehensive cancer treatment

St. Joseph Memorial Hospital

St. Joseph Memorial Hospital has been a fixture in the Murphysboro community for over half a century. It is a full-service, critical access hospital. Purchased from the Sisters of the ASC Health System in 1995, St. Joseph is the only Catholic facility within the SIH family. The staff takes pride in the hospital's spiritual roots, which is evident in their daily approach to patient care. St. Joseph is an integral part of the SIH system, having evolved over time to become a regional provider of specialized outpatient services.

- 25-bed critical access hospital serving the community as an inpatient facility for primary care
- 8,000+ ED encounters annually
- Regional Sleep Disorders Center accredited by the American Academy of Sleep Medicine
- Home to a coordinated infusion therapy program
- Comprehensive Wound Care Center with hyperbaric therapy
- Home to an outpatient geriatric counseling program
- Prairie STAT Heart activated hospital for rapid transfer of STEMI patients
- Outpatient geriatric psych program
- Certified cardio-pulmonary outpatient rehabilitation
- Area leader for outpatient endoscopic procedures
- Swing-bed service

SIH Medical Group

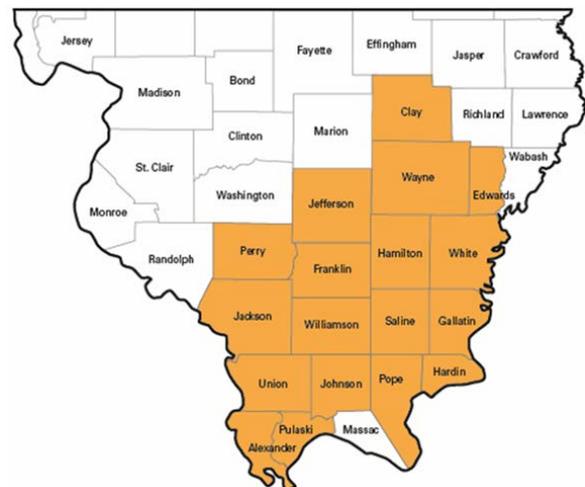
Southern Illinois Healthcare Medical Group (SIH MG) is the physician practice division of the system. Incorporated in 2006, the SIH MG creates employment opportunities for physicians and mid-level providers in order to support the mission of SIH in the region. In the short time since then, SIH-MG has grown from an initial 5 physicians to over 300 community and hospital-based physicians and advanced practice providers representing more than 40 specialties. With over 30 clinic locations, the SIH MG employs over 700 individuals.

A Rich History of Partnering to Improve Health

Since 1995, the SIH Community Benefits Department, has partnered with many in the eleven-county service area to make improvements in health. SIH staff have partnered with local health departments in conducting IPLAN (Illinois Project for the Local Assessment of Needs) and developing their five-year community health improvement plans. Staff have also worked together regionally on the implementation of school health initiatives which currently impact over 20,000 students in the lower 16 counties of Illinois through the Illinois CATCH on to Health Consortium (IHC), developed and sustained a health ministry program and assisted in the formation and on-going work of Healthy Communities Coalitions (since 2003) and the Healthy Southern Illinois Delta Network (since 2008). Community Benefits has also worked with Land of Lincoln Legal Assistance Foundation since 2002 to establish the Medical Legal Partnership of Southern Illinois to provide free legal services to patients.

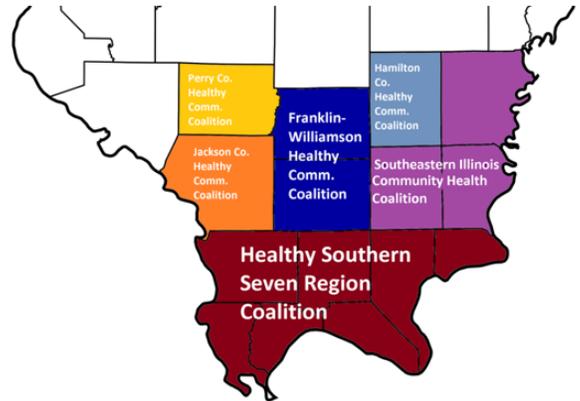
Coalition Building

The SIH system of care and our four SIH hospitals service a primary area of eleven counties. SIH also operates the *Quality Health Partners of Southern Illinois (QHP)*, a clinically integrated physician hospital organization. A clinically integrated PHO is one that uses systems and processes to improve quality and reduce cost through evidence-based medicine, performance measurement, information sharing, and alignment of incentives. QHP is comprised of more than 475 providers in 18 counties, including primary care, specialty care and midlevel providers. It includes five FQHCs (Shawnee Health Service, Christopher Rural Health, Community Health and Emergency Services, SIU Family Practice, and Anna Rural Health) New Horizons, Prairie Cardiovascular, SIH Medical Group, SI

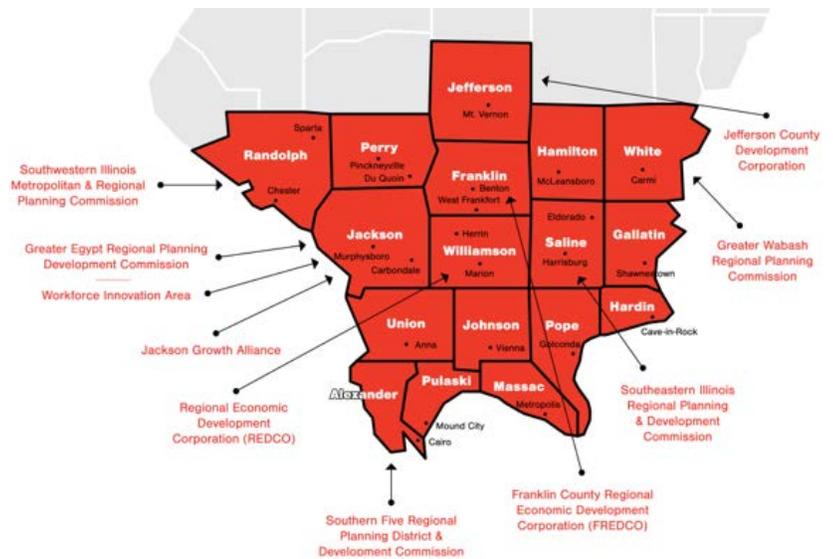


Obstetrician-Gynecologist (OB-GYN), Heartland Women’s, SIU Healthcare and multiple other independent practices.

SIH is also a founding member of the *Healthy Southern Illinois Delta Network*. The Healthy Southern Illinois Delta Network (HSIDN) is a grassroots effort established to build consensus around meeting the health needs of residents in southernmost Illinois. The network brings together local health departments, area health centers, hospitals and others interested in improving the health of their communities. Members work together to support healthy communities in the lower fifteen counties in Illinois. HSIDN steering committee members include Southern Illinois Healthcare, the SIUC Center for Rural Health and Social Service Development and the area’s six health departments covering a fifteen-county region. Regional efforts are coordinated by the steering committee and implemented at the local level through healthy community coalitions. Coalition members and action teams engage their own communities to conduct activities and advance the overall mission of the HSIDN. The Network has grown into a strong collaborative effort of community organizations successfully leveraging resources to improve health in the Illinois Delta region. The success of the network is a direct result of the regional planning approach supported by active engagement of those representatives interested in improving the health of their communities.



SIH most recently founded a collaborative initiative among regional business, community, and civic leaders focused on economic development in the seventeen southern counties of Illinois, called SI Now. SI Now’s vision is to solidify the region as a thriving and diverse environment for business with a growing population, labor force, per capita income, and tax base, while elevating the already high quality of life in southern Illinois. SI Now’s regional goals include retaining and expanding existing businesses, attracting new business to the region, supporting worker training and employment growth in high wage sectors, and enhancing perceptions of southern Illinois within the region and beyond – which would greatly contribute to improved quality and access to healthcare for the most



underserved and disadvantaged in Southern Illinois. Accomplishments to date include but are not limited to the following; engagement of over 100 key leaders in business, economic development, education, healthcare, and the community across Southern Illinois on SI Now committees focused on business growth & development, education & workforce development, and marketing, launching SI Now brand, website, and social media pages to showcase Southern Illinois as a great place to live, work, and do business, and analyzed economic data, identified key opportunities for improvement, and set goals across the 17 counties related to population growth, labor force growth, per capita personal income, labor force participation, and educational attainment.

Each of these larger efforts provides a strategic framework for addressing the current effort to transform healthcare within our rural region of southern most Illinois.

The Communities We Serve

SIH has held true to its founders' vision of providing superior health services for the residents of southern Illinois and recognizes the importance of reaching beyond the walls of its health care facilities to help residents in the communities it serves. Southern Illinois Healthcare is as committed to quality health services today as it was when its first hospital opened in 1875. The system and our four hospitals are guided by the SIH mission statement, which reflects the purpose of the organization as envisioned by its founders: "We are dedicated to improving the health and well-being of all of the people in the communities we serve." Drawing patients from across the region, SIH works diligently to help bring health services, including free educational programs and preventative screenings, to the region's vulnerable populations.

Snapshot of the SIH Service Area

While each of the eleven counties in the SIH hospital service area is unique, all share similar challenges. All have isolated households, residents with low income and low educational levels, and high rates of poverty, illness, and mortality. All have a large number of medically underserved residents. In general, southern Illinois residents are more prone to have higher BMI, higher blood pressure, increased risk for diabetes and are more apt to smoke and be sedentary than all other Illinoisans. Improvements are needed in areas such as preventative screenings, healthy eating, and physical activity. Residents face considerable barriers to access, demonstrated by unmet or missed primary care appointments and high emergency department utilization. Unemployment, poverty, food insecurity, access to care and lack of transportation serve as barriers to health and healthcare.

Greater than 92.9% of SIH inpatient hospital visits and 96.3% of outpatient visits to the four hospitals are made by residents of these eleven counties. Source: 2020 Hospital Industry Data Institute and Strata DSS, CompData.

	Population	HS Graduate Rate	Students Eligible for Free or Reduced Lunch Program	Persons Living in Poverty	Median Family Income
Franklin	38,469	82.2%	54.6%	16.4%	\$54,533
Gallatin	4,828	95.1%	62.1%	19.0%	\$55,677
Hardin	3,821	95.8%	68.7%	18.0%	\$67,702
Jackson	56,750	85.3%	70.6%	25.4%	\$59,480
Johnson	12,417	94.3%	51.9%	12.9%	\$63,421
Perry	20,916	92.5%	48.9%	14.4%	\$64,574
Pope	4,177	85.7%	61.2%	16.9%	\$64,226
Saline	23,491	87.6%	58.8%	15.7%	\$54,492
Union	16,653	85.3%	57.2%	17.2%	\$61,026
White	13,537	92.9%	55.3%	14.5%	\$61,134
Williamson	66,597	84.8%	51.1%	13.4%	\$66,949
Illinois	12,671,821	89.2%	48.7%	11.5%	\$83,279
US	328,239,523	86%	49.5%	10.5%	\$77,263

Sources: U.S. Census Bureau, Quick Facts. <https://www.census.gov/quickfacts/IL>, Retrieved 9.12.21 and 12.6.21, and US Census Bureau, American Community Survey, 2015-19. Source geography, National Center for Education Statistics, NCES - Common Core of Data, 2018-19. Retrieved via SparkMap 8.23.21, Income and Poverty in the United States: 2020, Current Population Reports. Issued September 2021. US Census Bureau, US Census Bureau, American Community Survey, 2015-2019, National Center for Education Statistics, NCES – Common Core of Data, 2018-2019.

For additional information regarding the service area see the Data Profile, Appendix 3.

Impacts of the Actions Taken Since the Last Community Health Needs Assessment

Through the 2018 SIH and 2019 HMC Community Health Needs Assessment Implementation Plan, the top needs in the service area were:

- Reduce Barriers to Health and Healthcare
- Behavioral Health (Mental Health and Substance Misuse)
- Cancer
- Chronic Disease Prevention, Management and Treatment (including heart disease and stroke)
- Improving Health Behaviors

Considerable progress has been made toward addressing these priorities in 2019 – 2021. Highlights include:

Reduce Barriers to Health and Healthcare

- Over 6,645 total cases have been sent to the Medical Legal Partnership of Southern Illinois, an effort of Land of Lincoln Legal Aid and SIH, to address health harming legal needs. Since the program’s inception in 2002, 4991 low-income clients/patients have



received legal assistance for over 3,600 cases. Approximately 170 staff members have been trained through the Medical Legal Partnership of Southern Illinois (MLPSI) and 37 “MLPSI Champions” have been identified.

- The Health Leads program has been implemented at SIH. The program utilizes master’s level social work students to connect patients and community members to resources to address their social determinants of health needs. Over 350 patients have been assisted through the program.
- A Non-Emergency Medical Transportation program was established at SIH in December of 2021, and a staff person has been hired to assist in the coordination of transportation. The NEMT program has provided approximately 910 trips for patients being discharged from the hospital, and for medical appointments.
- In 2020, SIH started a Community Health Worker program to serve as a liaison between health and social services and the community to facilitate access to services and to improve the quality and cultural competence of service delivery. The SIH CHW serves patients who have 6 or more hospital visits within a year for issues related to social determinants of health issues rather than their health status.
- Donated to Carbondale Warming Center to provide shelter for homeless individuals in southern Illinois, as well as to Fortress Community Center and Heaven’s Kitchen in Harrisburg.
- Physician Health Organization (PHO) data analysis identified thousands of patients who should receive recommended cancer screenings but remain unscreened. Efforts in primary care provider offices and through new technology are increasing screening rates.

Behavioral Health (Mental Health and Substance Disease)

- Adult Mental Health First Aid training has been provided to over 65 individuals and Youth Mental Health First Aid has been provided to 130 individuals in an effort to assist in knowing what to watch for and to learn techniques to intervene if someone is contemplating suicide.
- SIH staff and community partners continue to update and promote the available mental health and substance abuse resource guides (www.hsidn.org/resources) so that they may refer family, friends and patients to needed resources.
- The Signs of Suicide curriculum has been taught by SIH staff in two schools impacting 275 students.
- Eleven licensed Clinical Social Workers have been hired and over 15,000 patient visits have been held.
- Provided 15 CME events for 652 medical providers and other professionals in an effort to increase Medication Assisted Treatment/Recovery and awareness of the opioid and substance misuse in Southern Illinois.
- Approximately 95 law enforcement and medical first responders have received Naloxone (Narcan) training in order to stop an overdose.
- Expanded free Narcan distribution to the community at three of the Emergency Departments.

- Collected 2,562 pounds of unused medications at through placement of medication disposal units in four locations.
- Harrisburg Medical Center provided an outreach nurse to conduct community education in the local schools. Education included the impact of addiction on community members. The education stopped at the onset of the COVID 19 pandemic.

Cancer

- All SIH imaging departments offer low dose lung cancer screening to patients who are at risk. SIH Research in partnership with the BJC Collaborative provided education on the importance and use of low dose CT scans for the early detection of lung cancer.
- Staff of SIH collaborated with Washington University staff and 11 primary care clinics and Federally Qualified Health Centers to assess barriers to colorectal cancer screening and provide training through the use of a colorectal cancer multi-level toolkit aimed at increasing screening and strengthening processes and workflows.
- SIH staff facilitates the Southern Illinois Cancer Action Network. The purpose of the network is to increase education, outreach, and cancer screening rates and survivorship in southern Illinois.

Chronic Disease Prevention, Management and Treatment

- SIH, along with our partners, are implementing the Stanford Chronic Disease and Diabetes Self-Management program. The program has expanded into the lower fifteen counties of Illinois. Over 69 classes have been offered with 115 people completing the six-week program. Screenings for high blood pressure and diabetes were conducted through churches and community events on 4,421 people who were at high risk.
- SIH also collaborates with a local farmer's market to increase fruit and vegetable intake among low-income households. Over 3,061 double value transactions have been made for families at a local market to double their Supplemental Nutrition Assistance Program (SNAP) benefits so they can purchase fruit and vegetables at the market. This effort has provided thousands of dollars in fruit and vegetables to low-income families.
- In collaboration with community partners the Southern Illinois Food Pantry Network (SIFPN) was formed to provide support, technical assistance, and advocacy and to increase nutrition education and healthy food donations to the over 90 food pantries in southern Illinois. A regional action plan was developed to address food insecurity in Illinois and education/screening events were held at 8 pantries.
- All four SIH hospitals partner with Prairie Cardiovascular to provide cardiac services throughout southern Illinois including cardiopulmonary rehabilitation, cardiac stress testing and monitoring. All four hospitals also partner to enhance stroke care across the region through the utilization of telehealth to provide fast access to neurology consultation.

Improving Health Behaviors

- In order to increase smoking cessation attempts in southern Illinois, over 1,300 staff and community members have been educated on the Illinois Tobacco Quitline. Media outreach has also taken place to promote the Quitline through the use of social media. Implementation of the “Courage to Quit” three and/or six-week smoking cessation program has been implemented in southern Illinois with 22 individuals enrolled in the program.
- SIH implements a Health Ministry Program that supports ministries of health, healing and wholeness in over 80 area faith communities. Education and program resources are provided with the goal of increasing positive health behaviors. Over the last three years, 41 Congregational Health Connectors and 55 Faith Community Nurses have made 98,190 one-on-one contacts/educational contacts with faith community members. They screened over 4,000 individuals for high blood pressure and over 8,387 people have attended educational events conducted in their faith communities. 33 faith communities developed safety plans, completed training in emergency preparedness and CPR, and received an AED.
- SIH staff are collaborating with various organizations through the Illinois CATCH on to Health Consortium to implement the “Whole School, Whole Community, Whole Child Model” throughout southern Illinois. The ICHC is assisting over 80 schools in southern Illinois. SIH works directly with 35 schools, with 9,930 enrolled children, to increase physical activity and nutrition to reduce obesity among children, and to improve mental health and reduce suicide among youth. Over 16,000 students and adults have been impacted directly through family fun nights and various educational events. 268 school staff have attended training on topics such as healthy school nutrition, physical education and e-cigarettes/vaping.

Responding to COVID-19

- SIH/HMC responded to the COVID pandemic by providing health care and support to our communities. Our facilities adapted to the surge in patients through adapting our facilities to care for COVID patients in a safe environment for our staff and community. Elective procedures were delayed ensuring all beds were available for COVID patients.
- Testing sites and a COVID hotline were established for the community. SIH Marketing developed a COVID website for community members and medical providers to obtain information and updates from SIH.
- A COVID at Home program was developed and has served over 280 hospital inpatients upon discharge. Through the free program, thermometers, pulse oximeters and educational materials are provided to patients. Follow-up calls are then made to these patients to ensure they know how to use their kit and to ensure they have followed up with their primary care provider.
- SIH/HMC partnered with community members, healthcare agencies and clinics to develop and promote the “Our Shot Southern Illinois” vaccination confidence campaign. “Our Shot” vaccine champions were identified and assisted in promoting COVID

vaccinations throughout Southern Illinois with a focus on the lower 16 counties. For more information visit www.ourshotsi.com.

The SIH Vice President of Community Affairs/Chief Development Officer and the System Director for Community Health served in the “Community Liaison” roles in our Incident Command Structure and assisted community agencies with information and their response to COVID concerns. The Community Liaisons worked to:

- Develop and provide Community COVID Update emails to over 2,300 individuals including mayors and city managers, law enforcement, local health departments and Federally Qualified Health Centers, healthcare providers and practice managers, Shawnee Preparedness and Response Coalition Members, other hospitals, local EMA, higher education, school superintendents and principals, local business leaders, chamber of commerce contacts, Healthy Southern Illinois Delta Network Members (public health and social service agencies in the lower 16 counties), faith communities, and interested community members.
- Coordinate donations of masks, gown, face shield, gowns, etc. and assist in providing to community agencies and healthcare partners as needed.
- Purchase handheld forehead thermometers for community agencies, such as the Carbondale Warming Center.
- Accept and handle requests and questions from community members and various healthcare agencies.

No written comments specifically related to our 2018 SIH Community Health Needs Assessment and Implementation Strategy were received from the public.

Efforts to Address Health Equity, Reduce Health Disparities, and to Improve Community Health

Focus on Prevention

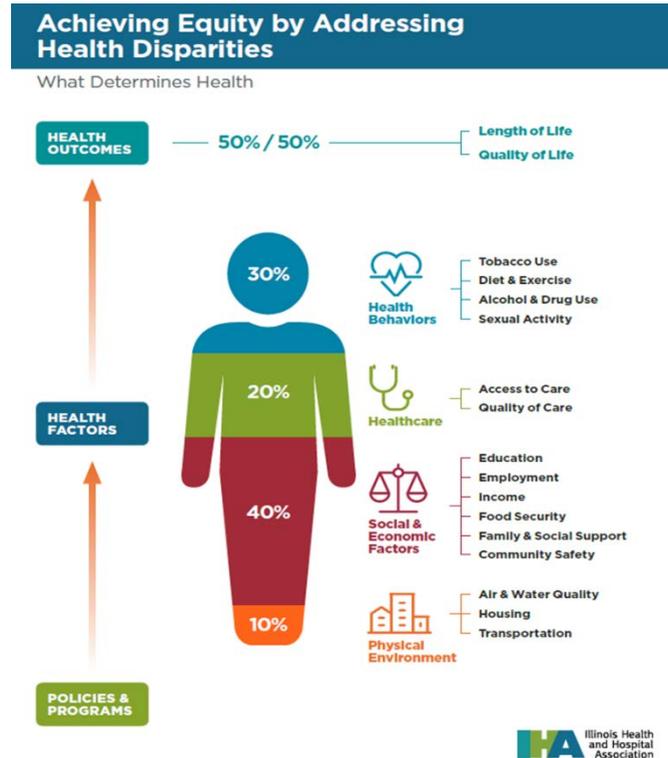
Preventing disease before it starts is an important part of helping people live longer, healthier, and better-quality lives. Improved preventative care also helps avoid unnecessary health care and helps reduce costs. Prevention, however, goes beyond providing people with information about health behaviors such as how nutrition, exercise, tobacco, and alcohol affect health. It is also important for communities to create policies, systems and environmental supports that make healthy actions and choices easy, accessible, and affordable.

A myriad of factors produces and perpetuates longstanding racial inequities and poorer health outcomes in rural populations of color. Deep-rooted societal and structural racism and discrimination, coupled with the common tendency for minority populations to lack trust in the healthcare system, have given rise to profound healthcare access challenges, SDOH needs, and inequities across the system of care. The Implementation Plan for this Community Health Needs Assessment seeks to narrow these inequities by addressing the deep-seated SDOH needs

at the heart of the system for vulnerable populations and employ culturally diverse healthcare access teams to strengthen access across the system. Equity is an integral component of SIH’s mission, values, and Commitment to Care. In addition, both the Community Health Needs Assessment community input effort and those undertaken by individual Community Benefits projects will ensure that all aspects of successful inclusion are imbued from the start.

Achieving Equity by Addressing Health Disparities

The range of personal, social, economic, and environmental factors that influence health often fall outside the hospital or clinic walls, yet their inter-relationship affects individual and community health. According to the American Hospital Association, based on only 20% of a person’s health, these factors disproportionately affect vulnerable and underrepresented populations and adversely affect quality of life and health for all of us. Because of this, interventions that are community-based and target multiple determinants of health are most likely to be effective and will be utilized in our CHNA Implementation Plan. Engaging allies from outside the traditional boundaries of health care facilities and the public health sector such as education, social work, legal aid, housing, and transportation is essential to improving population health.



Communicate needs and advocate for health enhancing policies, systems, and environments

By identifying and highlighting health issues and gaps in care along with our plans to address them, our goals are to enhance the public’s understanding about the links between behaviors, risk factors, social determinants of health, policies and systems, and the long-term health status and quality of life for the community.

“It is unreasonable to expect that people will change their behavior so easily when so many forces in the social, cultural and physical environment conspire against change. If successful programs are to be developed to prevent disease and improve health, attention must be given not only to the behavior of individuals, but also to the environmental context within which people live.” (IOM, 2000)

Direct Action of the SIH System

In 2021, SIH completed the Illinois Hospital Association (IHA) Racial Equity in Healthcare Progress Report Survey. The survey examined the demographic profile of the SIH Board, management and workforce, patient demographics, diversity and inclusion training in our workforce, leadership practices to advance health equity, patient assessment practice, patient supports for social determinants of health, quality improvement practices, access to free and discounted care, investment in the community, and partnerships with patients and the community. IHA then provided SIH with a “Racial Equity in Healthcare Progress Report” to be utilized to provide focus and direction regarding SIH strengths and improvement opportunities.

In 2021, SIH hired a Director of Workplace Culture who will continue to utilize the report to advance racial equity, as well as equity related to sexual orientation, gender identity and gender expression across SIH through collaboration with leaders, staff, and targeted individuals.

SIH will engage in and continue efforts to:

- Recruit and promote a racially and culturally diverse and representative workforce
- Procure goods and services locally and from historically underrepresented communities
- Provide training that addresses cultural competency and implicit bias
- Establish and continue partnerships and investments to address social needs such as food, housing, transportation, and community safety

Highlights of these efforts are listed below:

Recruiting and promoting a racially and culturally diverse and representative workforce

The SIH Director of Talent Acquisition ensures SIH is hiring a racially and culturally diverse and representative workforce by collaborating with the Human Resources team. Job descriptions and job ads are run through programs that flag changes needed in heritage and gender decoding that allow for unbiased sourcing and recruitment. Additionally, HR takes measures to recruit a diverse pool of candidates for open positions by placing paid advertising with the following systems; iHispano, Diversity.com, PDNRecruits, Black Career Network, National Black Nurse Association, Fairygodboss, PowertoFly, Pink-Jobs, Asian Career Network, Retired Brains, Recruit Disability, Ability Links, 70MillionJobs, Recruit Military, Diversity Nursing, Hispanic Medical Association, Hispanic Nurse Association, and Employ Diversity.

SIH also supports developing the workforce in Southern Illinois through outreach to local high schools. For example, SIH Human Resources healthcare career visits and presentations with area high schools. From 2019-2020, SIH conducted nearly 80 visits to high schools and engaged with over 2,000 students with career development support, career exploration panels, internship and job opportunities presentations and hospital and facility tours.

In 2018, 2019, and 2020, SIH provided \$1,551,500 in scholarships to 113 individuals seeking degrees in majors that are considered hard-to-fill positions. These scholarships were for individuals seeking degrees in the following fields; nursing, medical lab, respiratory therapy,

physical therapy, occupational therapy, health information technology, pharmacy, physical therapy, radiation technology, dietetics, and surgical technology.

In addition, SIH is piloting a program to connect with students about healthcare career pathways even earlier, in middle school, so that students can ensure they're on the right track and signing up for needed science courses in high school. With this pilot, SIH will engage students at a local high school for a career fair to learn about healthcare career pathways. Following the career fair, students who are interested will be invited to a dinner with information about scholarship opportunities and needed courses for each career path. The pilot will then include regular touch points with each interested student, including sharing detailed information about local healthcare careers, until their high school graduation.

Lastly, SIH has created a Pharmacy Technician Trainee Program ideal for recent high school graduates. SIH covers the costs of the 5-month program and the trainee agrees to work for SIH for at least one year upon completion. The program is recognized by the Pharmacy Technician Certification Board.

Procuring goods and services locally and from historically underrepresented communities

SIH prioritizes working with local vendors whenever possible and takes measures to meet local businesses to determine if/how we can work together. Most recently, SIH supply chain and economic development leadership participated in a Contracting Day at Southern Illinois University Carbondale (SIUC) where major employers in the region (including SIH) presented how local businesses can connect with them, purchasing/contracting opportunities, and their stance on contracting locally. Following the presentation, a networking event allowed local businesses to meet SIH leadership and share the products/services they could potentially provide. SIU plans to host similar events in the future and SIH will participate.

SIH also works to pre-qualify vendors/suppliers for bidding on construction projects that are considered qualifying capital expenditures, i.e., expenditures for the erection, building, alteration, reconstruction, modernization, improvement, extension or demolition of or by a hospital." In our bidding process, SIH notifies bidders that we are looking for female owned, minority owned, veteran owned, disadvantaged business and/or and small business enterprises. Of those who are pre-qualified, 43 % are female owned, minority owned, veteran owned, disadvantaged and/or small business enterprises. There are a lack of companies in our area that meet these criteria.

Training to address cultural competency and implicit bias

Cultural competence is widely seen as a foundational pillar for reducing disparities through culturally sensitive and unbiased quality care. Culturally competent care is defined as care that respects diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes, and behaviors. Without

cultural intelligence, different perspectives can increase defensiveness, stereotypes, and stonewalling. The Senior Leadership Team will be participating in efforts around this work by completing a pre assessment (Intercultural Development Inventory) to measure the organization's current level of cultural intelligence and then conduct high level strategic growth activities to move the organization in a forward thinking direction and then completing a post assessment to measure growth.

This work will help the organization improve our efforts in terms of health equity, culture, commitment to care, and diversity, equity, and inclusion. Various organization wide training will be conducted for staff between 2022 – 2025 on cultural competency, unconscious/implicit bias and stigma when serving patients and the community with focuses on racial equity, equity in childbirth outcomes, social determinants of health, the LGBTQ+ community, and among those with opioid and substance use disorder. Specific key activities that will be incorporated at all levels of the health system are:

- Increasing provider knowledge, attitudes, and competencies (skills) in providing culturally competent health care through required training programs and increased interaction with community health workers
- Addressing provider beliefs/cognitions about the priority population to reduce stereotyping and stigmatization by education, advocacy, and exposure
- Addressing patient beliefs and cognitions such as improved trust and decreased perceived racism by training trusted and culturally guided health workers
- Provision of improved access to acceptable health services

See page 6 of this document for the “SIH Commitment to Care.”

Partnering and Investing to address social needs

Many of the issues identified within this Community Health Needs Assessment require concerted and coordinated effort from community partners. Hospitals, health systems, health departments, federally qualified health centers, social service agencies and school systems are uniquely positioned to coordinate prevention efforts at the individual, organizational, community and policy levels by bringing attention to health issues. Through advocacy and supportive policies and practices, in addition to direct provision of services we work collaboratively to improve health outcomes. See page 12 of this document to further read about SIH's role in coalition building.

In addition to those efforts already described, SIH continues to collaborate with our local universities and community colleges to create hiring pathways for all students. For example, SIH partnered with Southern Illinois University (SIU) School of Medicine to recruit family medicine residents and physician assistants. In 2019 SIH funded a new facility for SIU Medicine to lease for its family medicine residency program and physician assistant program. Nearly 30% of SIU Carbondale residency program graduates choose to start their careers and live in Southern Illinois. In 2019 SIH pledged up to \$1 million to start the undergraduate nursing program at SIUC and another \$470K toward graduate nursing programs. While in the program, SIUC nursing students complete their clinical training at SIH. The contribution promoted alignment between SIH, SIUC, and local community colleges in creating a clear path for nursing

students in pursuit of a BSN in a cost-effective manner. SIH is also working with the SIU Nursing Program to create a Patient Care Tech training program and scholarship. This is new and just underway. The goal is to offer a career opportunity by training local applicants to become Certified Nursing Assistants. SIH will target high schools for the opportunities but plans to expand to any individual looking to break into healthcare as a career path, but without means to pay for education.

The 4 SIH hospitals also work to make services available closer to the patients to cut down issues related to transportation and lack of provider access. SIH has partnered with Vivify Health investing in remote patient monitoring technology that removes the reliance of transportation, technology, and connectivity from the patient and provides patients with direct access to healthcare in the home setting. Remote Patient Monitoring (RPM) at SIH currently addresses patients who suffer from Congestive Heart Failure (CHF) and also patients being discharged home after battling COVID-19. Depending on the condition being treated, patients are provided a cellular internet enabled tablet and a combination of Bluetooth peripheral devices (scale, blood pressure cuff, pulse oximeter, thermometer, etc.) in order to best treat the patient in the home setting. SIH has plans to continue expanding its Remote Patient Monitoring offerings over the next several years.

SIH is a major partner with a variety of coalitions and action teams throughout the region, through engagement and collaboration with over 500 individuals, to improve health and reduce social determinants of health, including but not limited to:

- Carbondale Warming Center Board
- Carbondale Interfaith Council and area Ministerial Alliances
- Diabetes Today Resource Teams
- Faith Community Nurses of Southern Illinois
- Franklin Williamson Healthy Communities Coalition
- Franklin Williamson Substance Misuse Action Team
- Healthy Southern Illinois Delta Network
- Healthy Southern Seven Coalition
- Illinois CATCH on to Health Consortium
- Jackson County Healthy Communities Coalition
- JCHCC Healthy Living Action Team
- Recovery Oriented System of Care (ROSC) Council for Southeastern Illinois
- Southeastern Illinois Health Coalition
- Southeastern Illinois Tobacco Free Alliance
- Southern Illinois Coalition for the Homeless
- Southern Illinois Coalition for Children and Families
- Southern Illinois Food Pantry Network
- Southern Illinois Tobacco Prevention Partnership
- Southern Illinois Wellness
- Sparrow Coalition

Not only do a majority of board members and senior leaders serve within community organizations, but SIH further strengthens ties with the community through the work of the Community Benefits team and the SIH Foundation. Every effort is made to fulfill our not-for profit mission to “improve the health and well-being of all of the people in the communities we serve.” Besides providing charity care and financial assistance to patients, SIH wants to positively impact our communities by extending care beyond hospital walls and into the neighborhoods where people live and work. Community benefits are the programs and services that SIH offers to meet these community health needs, in partnership with schools, workplaces, faith communities and other community agencies and groups. The Community Benefits Department seeks to bring health-related programs to the areas where they are most needed.

SIH Foundation and HMC Foundation are uniquely positioned to showcase the strong community ties that each foster. Each foundation is led by community board members who are invested in the region and are active volunteer participants in leading the charitable giving in the hospital system through the foundations. Not only do leaders and board members know the region and rely on community ties to advance services at SIH, but moreover the community has proven a deepened sense of confidence that the right level of care is available for patients of Southern Illinois close to home. The special event fundraisers that the foundations hold bring community members together in a setting that encourages camaraderie and enjoyment while learning about the good work that is done across the region by SIH and HMC. Furthermore, events take place in local spaces and with the help of local individuals. They are designed to unify the hearts of community members towards making a profound impact for all.

Collaborative Approach in the CHNA Development

Throughout the CHNA process, the broad interests of the communities served by the four SIH hospitals - Harrisburg Medical Center, Herrin Hospital, Memorial Hospital of Carbondale, and St. Joseph Memorial Hospital - were incorporated through input from residents, health care practitioners, local health departments, social service providers



- 1) Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- 2) Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- 3) Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- 4) Promote healthy development, healthy behaviors, and well-being across all life stages.
- 5) Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being for all.

Source: U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion.

and other community organizations and partners. The Healthy People 2030 framework was also utilized to address issues related to healthy disparities and achieve health equity.

Participants contributed to this assessment by:

- Reviewing data, identifying, and prioritizing needs
- Highlighting current successful and ongoing activities
- Identifying gaps where attention is needed
- Fostering collaboration and pursuing opportunities for innovation, sustainability, and policy, system, and environmental changes
- Developing plans to address significant community health issues

The selection of priority health issues and the development of the implementation plans were facilitated through a CHNA Advisory Team which included hospital administrators, various nurse and SIH service line leaders and three implementation teams composed of SIH representatives and community stakeholders knowledgeable about health, needs assessments and the local community. The work of these groups was facilitated by the SIH Community Benefits Department.

How to Use this Report

This CHNA Report and supporting appendices are related to the community served by the four hospitals: Harrisburg Medical Center, Herrin Hospital, Memorial Hospital of Carbondale, and St. Joseph Hospital in Murphysboro. Because of the proximity, variety of services offered and collaboration of the 4 hospitals, they each describe their community to be the same surrounding eleven-county area. Health issues and needs are highlighted to provide information and garner support from those in the community who may want to become involved. By joining together and leveraging resources our community capacity is increased, helping us to make successful and sustainable improvements in health and quality of life.

Process and Methods Used to Conduct the CHNA

The SIH Community Health Needs Assessment process began in August 2021 and continued through Spring 2022 through the following steps:

- 1) Define the community served (August 1, 2021)
- 2) Collect and analyze existing data (August – October 2021)
- 3) Collect additional data through:
 - a. Community Survey (August – September 2021)
 - b. Survey of Physicians and Leaders (September – October 2021)
 - c. Analysis of existing community plans/goals, i.e., Quality Health Partners Measures/Goals, Community Health Improvement Plans developed by local health departments and the Healthy Southern Illinois Delta Network (HSIDN) (August - September 2021)
- 4) Synthesize data and create a Community Health Needs Assessment (CHNA) profile/data report (August – November 2021)

- 5) Establish a CHNA Advisory Team to identify key issues, provide input and prioritize needs and Vote on the CHNA’s Priority Health Issues (September - October 2021)
- 6) Determine and Prioritize Final Health Priorities (October – November 2021)
- 7) Create Implementation Plan Teams and develop the HMC/SIH Implementation Plan (November 2021 – December 2021)
- 8) Adoption of the CHNA and Implementation Plan (December 2021 - March 2022)
- 9) Document and Communicate Results of the Community Health Needs Assessment and Implementation Plan (March 2022)
- 10) HMC/SIH staff and community partners implement the plan (April 1, 2022 – March 31, 2025)

Step 1: Define the Community Served and How the Community Was Determined: HMC/SIH Hospital’s Primary Service Area

The SIH hospital’s community/primary service area can best be defined as the eleven counties surrounding the four inpatient hospitals where most of the hospital inpatient and outpatient visits come from in our rural area: Franklin, Gallatin, Hardin, Jackson, Johnson, Perry, Pope, Saline, Union, White, and Williamson Counties. The hospitals are Harrisburg Medical Center (HMC), SIH Memorial Hospital of Carbondale (MHC), SIH Herrin Hospital (HH) in Herrin, and SIH St. Joseph Memorial Hospital (SJM) in Murphysboro and the SIH Medical Group. SIH’s four hospitals are located within 58 miles of one another in adjacent counties located on or near the Route 13 corridor in southern Illinois, with three of the hospitals within 19 miles of one another. A joint CHNA was conducted because all four hospitals within the SIH health system define their community to be the same surrounding eleven-county area. The hospitals work together closely as one system with each facility specializing in certain areas.



Step 2: Collect and Analyze Existing Data

Information from multiple local, state and nationally recognized secondary sources was compiled using Healthy People 2030, County Health Rankings, Healthy Communities Institutes tool and Community Commons. Secondary data sources included but are not limited to health and social indicators from County Health Rankings, Illinois Department of Public Health, American Communities Survey, the U.S. Census, the Behavioral Risk Factor Surveillance System (BRFSS), Illinois State Board of Education, U.S. Department of Agriculture Food Environment Atlas, National Cancer Institute, Community Need Index, US Census Bureau State & County QuickFacts, Bureau of Labor Statistics, Centers for Disease Control and Prevention, U.S. Environmental Protection Agency, Substance Abuse and Mental Health Services Administration (SAMHSA), National Center for Health Statistics, Illinois Youth Survey, Illinois Project for the Local Assessment of Needs, internal systems data and goals/plans from various entities. (See Appendix 9 for a full list of indicators.)

The 23 high priority Healthy People 2030 core objectives from the 12 categories of leading health indicators served as a framework to communicate health issues while comparing our community to state and national benchmarks. The categories are violence prevention, vaccination, tobacco use, physical activity, pregnancy and childbirth, oral healthcare, environmental health, school health, care access and quality, and economic stability. Using these categories provided valuable community-level information regarding underlying behavioral and social determinants of health, as well as access and barriers to health improvement. All data reviewed can be found in Appendix 3 – Data Profile, Appendix 4 & 5 – County Health Rankings and Comparison, Appendix 6 – SparkMap Data, Appendix 7 - Illinois Youth Survey 2018, and Appendix 8 – Analysis of Existing Community Health Plans. A complete listing of measures, sources, and timeframes used is included in Appendix 9 – List of Indicators.



healthypeople.gov

Healthy People 2030 is the 10-year national agenda for improving the health of all Americans.

HP 2030 provides objectives and benchmarks for nationwide health improvement priorities.

countyhealthrankings.org

The 2021 County Health Rankings for Illinois were used as a way to measure health status and better understand how healthy our community residents are.

sparkmap.org

Spark Map, a product of the Center for Applied Research and Engagement Systems.

Provides web-based public access to hundreds of data layers that allow mapping and reporting capabilities to allow

ys.cprd.illinois.edu

Illinois Department of Human Services (IDHS) has funded the administration of the Illinois Youth Survey (IYS) biennially since 1993.

The IYS is a self-report survey administered in school settings and is designed to gather information about a variety of health and

communities to examine the health of their residents and compare themselves to the state and nation to determine priority areas.

social indicators including substance use patterns and attitudes of Illinois youth.

Step 3: Collect Additional Data

Step 3a: Collect Additional Data Through Community Survey

In addition to reviewing existing data sources, SIH used multiple primary data sources to collect community perceptions of health and health service needs. Community input activities included: 1) a community input survey, 2) survey of healthcare providers/key leaders, 3) facilitated group discussions between SIH staff, local public health department staff, health and social service providers and others through the CHNA Advisory Team meetings.

Community Survey

From August 30, 2021 - September 22, 2021, community members were provided the opportunity to voice their opinions about the public health needs and priorities in their own community through a brief survey that was administered through SurveyMonkey. A convenience sample of participants was identified and included: **Healthy Southern Illinois Delta Network Steering Committee members, Healthy Community Coalitions, Faith Community Nurses, Health Ministry Volunteers and Congregational Health Connectors, SIH employees, and a sample of SIH's Second Act members.** The survey was also promoted via the SIH and Harrisburg Medical Center Facebook pages and through Inside SIH, a monthly newsletter sent by CEO Rex Budde to all staff.

Many of the individuals invited to participate in the survey are, or provide services to those who are medically underserved, low-income or minority populations. It was requested that these individuals promote the survey among those they serve. For example,

GROUPS ASKED TO COMPLETE AND PROMOTE THE SURVEY:

Healthy SI Delta Network (HSIDN) www.hsidn.org

The Healthy Southern Illinois Delta Network is a collaborative of over 400 diverse community partners representing the southernmost 16 counties of Illinois. Their mission is to improve the health status of community members throughout the region. Rather than focus on individual health behaviors, the network steering committee has chosen to focus on policies, systems, and environmental changes to support improvement in health and increase sustainability. Their identified areas of focus for 2015-2021 are: improving mental health through prevention and by ensuring access to appropriate, quality mental health services in southern Illinois, reducing the number of new cancer cases, as well as illness, disability, and death caused by cancer in southern Illinois, promoting health and reducing chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights in southern Illinois, and improving cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke, early identification and treatment of heart attacks and strokes; and improving prevention of repeat cardiovascular events; and reduction in deaths from cardiovascular disease southern Illinois.

Healthy Community Coalitions

SIH staff actively participates in local Healthy Community Coalitions whose diverse members foster collaboration and leverage their collective resources to improve the overall health and well-being of all southern Illinois residents.

Faith Community Nurses, Congregational Health Connectors and Health Ministry Volunteers

These are all individuals within the faith community that work within their congregations to promote health and work to empower members to become healthier. These individuals often work with those who are medically underserved or low-income.

Second Act

Second Act is a free program sponsored by SIH for all adults age 50 or beyond who live in southern Illinois. The program aims to expand the lifestyle of its members by providing healthy living tips, lively social activities, local discounts and much more.

the Federally Qualified Health Centers staff, Healthy Community Coalition members, as well as those working in the faith communities serve all community members in an effort to improve health care access and provide education and outreach to our most vulnerable populations, i.e., low income families and those living in poverty, the uninsured and underinsured, the elderly, teens, those with behavioral health issues, etc. An invitation email with a SurveyMonkey link was sent to over 4,000 individuals. The survey was also promoted via Facebook. Responses were collected anonymously.

In order to develop a broad understanding of community health needs in the 11-county area, the hospitals conducted a community survey between August 30, 2021 and September 22, 2021. A link to the survey was distributed via e-mail, social media, through flyer distribution and word of mouth to the community at-large.

A total of 637 surveys were completed. The majority of respondents, 89.74%, were White/Caucasian, followed by 4.17% Black/African American, Asian or Asian American 0.64%, Hispanic/Latino 0.64%, American Indian/Alaskan Native, 1.28% marked other and 3.37% preferred not to answer. The race/ethnicity of respondents was within 1 – 2.5% of each race among those living in our 11-county area.

Respondents by age group were as follows:

Age Group	Percent of Total Respondents
18-24	1.92%
25-34	11.86%
35-44	15.22%
45-54	17.95%
55-64	24.52%
65-74	21.31%
75 and older	5.93%
Prefer not to answer	1.28%

Persons who identify as female represented 83.97% of the respondents while persons who identify as male represented 12.18%. Those respondents who identified as non-binary were, 0.64%, those who preferred to self-describe were 0.64% and those that preferred not to answer were 2.56%.

The majority of respondents were from the three most populated counties in our service area; Jackson, Saline and Williamson counties.

The other demographics of survey respondents varied with a variety of household income levels, education, and employment status.

Given the reported demographics above, care should be taken with interpreting the survey results. The ages, gender, educational attainment and income levels of survey respondents do not match demographics for the CHNA community. Specifically, the survey reached more females compared to demographic information reported earlier in this report. Additionally, older adults, aged 55+, completed the survey at higher rates compared to the demographics for the CHNA Community. Input was lacking from those 18-24 years of age.

Participants were asked to rank the top health issues and key social, economic and environmental factors impacting health in our community.

They were asked:

1. What do you think are the top five health Issues in our community that should be addressed?
2. What top three factors do you think affect our community in a negative way?
3. Which 3 risk behaviors do you believe are the most harmful to the overall health of your community?
4. What are the top three health issues impacting members of your household?
5. What gaps exist that keep you from being healthy?
6. Where do you turn for trusted health and wellness information, programs, and assistance?

The comments received were consistent with findings in the Community Health Profile and other primary data collected. The top health issues in the community were identified as:

- Mental health
- COVID-19
- Overweight/obesity
- Access to health services
- Drug abuse
- Cancers
- Homelessness
- Heart disease and stroke
- Aging problems (e.g. arthritis, hearing/vision loss)
- Housing that is adequate, safe, and affordable
- Diabetes

Factors identified as most adversely affecting our community in a negative way were poverty, addiction, underemployment & unemployment, education, family/social support, lack of transportation, lack of healthcare resources, discrimination, lack of a safe place to live, work, and play, and a lack of food access.

The issues believed to be the most harmful to the overall health of the community were substance misuse, poor eating habits, not receiving vaccinations to prevent disease, not going to regular health check-ups and distracted driving. Other items mentioned included long wait time for referrals, transportation and access to healthy foods and medicine, shortage of mental

health care, lack of dental preventative care for low-income individuals, lack of provider time to spend with patients, lack of health literacy, and lack of adherence.

The top health issues impacting members of their households were identified as mental health, obesity, diabetes, cancer, high blood pressure, heart disease, overweight, arthritis, lack of exercise, COVID and access to care.

Gaps that exist that keep people from being healthy are lack of resources (money, time, motivation, support), and lack of organized exercise/wellness opportunities.

See Appendix 10 – Community Input Survey Instrument and Appendix 12 – Results of Community Input Survey

Step 3b: Collect Additional Data Through a Survey of Healthcare Providers and Leaders

An e-mail with an on-line survey for SIH/HMC healthcare providers and leadership was sent to over 300 people through the monthly “Provider Update” as well as through reminder e-mails requesting completion. The survey was open from September 22, 2021 – October 17, 2021. A total of 17 physicians/healthcare providers/key leaders participated in the survey. The questions asked are were as follows.

1. What are the most common health issues you see among your patients?
2. What are the biggest barriers to health and wellness for your patients?
3. Which of the barriers listed above do you feel are most important for SIH/HMC and our community partners to address over the next 3 years?
4. What are the greatest strengths/assets to support health and wellness that you see for your patients within SIH/HMC and the community?
5. List any suggested strategies that you believe SIH/HMC should engage in over the next 3 years to address the barriers you listed above?
6. Is there anything else you think is important to share for this 2021 Community Health Needs Assessment?

The most common issues seen among patients closely matched the results of the community survey: diabetes, obesity, hypertension, depression, and COPD. Additional issues mentioned included coronary artery disease, mental health issues, substance abuse, asthma, pregnancy, contraception, high cholesterol, chronic pain, anxiety, opiate addiction, and menstrual bleeding/issues. Many barriers to health and wellness were mentioned including lack of health insurance and understanding of the health insurance the patients do have. Social determinants of health including poverty, lack of transportation, unemployment, lack of education, lack of access to health foods, physical inactivity, and poor lifestyle choices in general were mentioned as barriers. Lack of health literacy among patients and lack of compliance with treatment plans provided are also of concern. Other items mentioned included long wait times for referrals and access to specialists, shortage of mental health care providers and lack of dental care for low-

income individuals. Providers also noted the lack of time available to spend with patients as a barrier to care.

Barriers that were noted as most important to address over the next three years included the need for additional services to assist patients with transportation, availability of specialists, cost of healthcare for the uninsured, referral process times, shortage of mental health/psychiatric specialists, methamphetamine abuse, lack of time spent with patients, resource availability, and education coaches to assist in educating patients on the importance of their health behaviors and treatment adherence.

See Appendix 11– Healthcare Provider and Key Leaders Survey Instrument and Appendix 12 – Results of Survey of Healthcare Providers and Key Leaders.

Step 3c: Collect Additional Data Through an Analysis of Existing Community Plans/Goals

An analysis of existing community health plans/goals was also conducted, and a crosswalk was developed in order to determine similarities between the goals and objectives of various health related entities. The crosswalk was developed by reviewing 15 different sets of goals, measures, and plans. These plans/goals have been developed by various entities and organizations throughout the community and healthcare system. The plans are designed to improve the health of all southern Illinois residents. Those reviewed are as follows:

- SIH Community Health Needs Assessment – 2018 developed by SIH
- Harrisburg Medical Center Community Health Needs Assessment – 2019 developed by HMC
- Quality Health Partners/Physician Hospital Organization (QHP/PHO) Goals 2021/2022
- SIH Medical Group Outpatient Care Coordination Service Goals for all recognized sites (2.2021)
- Patient Centered Medical Home (PCMH) Goals from SIH Medical Group 2018
- CMS Inpatient Core Measures (2021) – Joint Commission Core Measures for Hospitals
- CMS Outpatient Measures (2021)
- 2021 SIH Medical Group Areas of Focus
- Federally Qualified Health Centers (FQHC) Cross-Reference of Clinical Programs includes clinical quality measures, MU (meaningful use) stages 1 & 2, PCMH (Patient Centered Medical Home), UDS (Uniform Data System) HRSA – Bureau of Primary Care, QHP, and IHC (Illinois Health Connect)
- Healthy Southern Illinois Delta Network (HSIDN) Goals (2020-2025) developed by the members including local health departments, SIU School of Medicine Center for Rural Health and Social Service Development, and SIH for the lower 16 counties of Illinois
- Illinois Project for the Local Assessment of Needs (IPLANs) developed by the local health departments

- Southern Seven (2020-2024)
- Jackson County (2020-2024)
- Perry County (2017-2022)
- Egyptian (2017-2022)
- Franklin-Williamson (2017-2022)
- Illinois State Health Improvement Plan (SHIP) Priorities 2021 developed by a team of public, private and voluntary sector stakeholders appointed by the director of the Illinois Department of Public Health. The SHIP addresses reducing racial, ethnic, geographic, age, and socioeconomic health disparities.

Based on the crosswalk, the top issues in our area are:

1. Cardiovascular disease, Stroke and related issues
2. Mental/Behavior health
3. Diabetes
4. Cancer (lung, bronchus, breast, colorectal and cervical)
5. Chronic Disease Prevention, Management and Care Coordination
6. Substance Abuse/Prescription Misuse

The crosswalk listing the measures/goals is available in Appendix 8 – Analysis of Existing Community Health Plans.

Step 4: Synthesize Data and Create a Community Health Needs Assessment Profile/Data Report

SIH Community Benefits staff synthesized and analyzed a variety of data while creating a CHNA profile/data report for the 11-county serve area. Data collected can be found in Appendices 3 - 13.

Step 5: Establish a CHNA Advisory Team to Identify Key Issues, Provide Input and Prioritize Needs and Vote on the CHNA’s Priority Health Issues

In October 2021, the SIH/HMC CHNA Advisory Team was convened. The team was made up of a broad representation of the community and included fifty-three members from within the SIH/HMC health system, local health departments, Federally Qualified Health Centers, healthcare providers, civic and community leaders, social service providers, and others with expertise in public health and



knowledge of the needs of the local community. (See Appendix 1 for a list of the CHNA Advisory team members and a description of the populations they represent.)

The role of the Advisory Team was to review the health and community data and provide input and recommendations on the most pressing priorities for the service area based on their knowledge of the broad interests of the community and the populations they serve. The team reviewed existing data and needs assessments available at the local and state level for the service area (Franklin, Gallatin, Hardin, Jackson, Johnson, Perry, Pope, Saline, Union, White, and Williamson Counties). Areas of focus included demographics, how to best serve vulnerable populations including the medically underserved, low-income, and minority populations, County Health Rankings, leading causes of death, SparkMap data indicators, and critical priorities of Healthy People 2030.

Through facilitated discussions and prioritization processes, SIH/HMC staff and the CHNA Advisory Team analyzed information from the County Health Rankings and County Health Rankings Comparison, and SparkMap (Appendix 6) and Data Profile (Appendix 3).

Following small group discussion, an initial topic list was developed. Then a facilitated nominal group process took place in which CHNA Advisory Team members were able to vote for the top three health issues that they thought should be addressed in the 2021 CHNA Implementation Plan. Prior to the final voting participants were also allowed to add issues if they believed something was missing that should be represented. Participants were instructed to select which they perceived to be the top three priorities using the following criteria:

- Overall impact – how much the issue affects health and quality life or contributes to multiple health-related issues.
- Magnitude of the problem – how many lives are affected in our community, and how does our community compare to national benchmarks and goals.
- Severity – the degree to which the issue leads to pre-mature morbidity and mortality.
- Ability and interest of the community to effectively address the issue.

After discussion and suggestions for combining and modifying topics, it was determined that members would vote on the following issues: Pediatric dental, access to care (use of telehealth), lack of cancer and preventative screenings (due to COVID), behavioral health (including issues such as substance misuse, violence, resilience), chronic disease such as obesity, diabetes, and its risk factors such as tobacco use, diabetes, social determinants of health, and mental health (including depression and suicide education, awareness and stigma reduction, increasing providers, care coordination between Emergency Departments and service providers.)

The final rankings of health issues as voted on by the SIH CHNA Advisory Team are listed below.

Rank	Topic
1	Social Determinants of Health
2	Behavioral Health (Mental Health and Substance Abuse)
3	Chronic Disease
4	Access to Care
5	Screenings
6	Pediatric Dental

Community Health Needs Assessment: Health Issues Identified and Prioritized

Top Health Issues In the Community Identified by Community Survey:

Mental health/mental illness
COVID-19
obesity/overweight
access to health services
drug-abuse
cancers
homelessness
heart disease

Top Issues Identified through Healthcare Provider Survey:

chronic diseases (i.e. diabetes, high BP, COPD, asthma, heart disease, etc.)
obesity/ overweight
mental health issues /depression
substance abuse
pregnancy/conception
pain management issues

Results of Community Health Plan Analysis:

cardiovascular disease/stroke
mental/behavioral health
diabetes
cancer
chronic disease prevention, mgmt and care coordination
mental health
substance abuse & prescription drug misuse

Supporting Data and the CHNA Advisory Team Identified the Following Areas of Concern:

social determinants of health
behavioral health (mental health & substance misuse)
chronic disease/chronic disease management
overweight/obesity
transportation
COPD/CVD
diabetes
education/health literacy
cancer

Priority Health Issues Voted on By the HMC/SIH CHNA Advisory Team:

Social Determinants of Health
Behavioral Health (Mental Health and Substance Misuse)
Chronic Disease Prevention, Management and Treatment

Step 6: Determine and Prioritize Final Health Priorities

Once the fifty-three members from within the SIH/HMC health system, local health departments, Federally Qualified Health Centers, healthcare providers, civic and community leaders, social service providers, and others with expertise in public health and knowledge of the needs of the local community, completed their final voting utilizing a nominal group process, feedback on the three selected issues was then gained from SIH Community Benefits staff and various staff from throughout the HMC/SIH system including Senior Leadership. The priorities chosen were:

Topic 1 – Social Determinants of Health (Poverty, Hunger/Food Access, Housing, Access to Care)

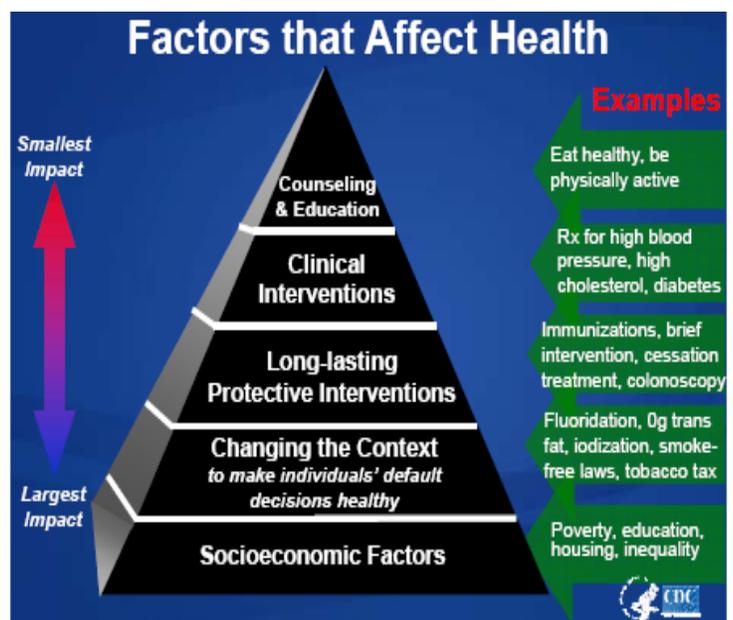
Topic 2 – Behavioral Health (Mental Health and Substance Misuse)

Topic 3 – Chronic Disease Prevention, Management, and Treatment

The priorities identified have been integrated into the Community Benefits strategic planning process to ensure that our programs and services closely match the priorities and needs of the community, and to strategically address those needs to improve the health of the communities we serve.

Step 7. Create Implementation Plan Teams and Develop the HMC/SIH Implementation Plan

Three Implementation Plan Teams were developed in order to bring individuals together with expertise and interest in each of the chosen priority areas. The goals of the implementation teams were to identify key issues, prioritize needs and develop measurable goals and objectives and research-based implementation strategies focused on each of the priority areas. Over the course of two meetings, each group discussed the related data, existing services, and gaps in care or services. This approach was consistent with the National Association of City and County Health Officials' (2011) recommendation to align efforts, leverage resources, avoid duplication and increase efficiencies in addressing population health issues.



Source: Am J Public Health. 2010 April; 100(4): 590–595. A Framework for Public Health Action: The Health Impact Pyramid, Thomas R. Frieden, MD, MPH.

Potential goals and objectives and research-based intervention strategies for communities and hospitals as related to “The Health Impact Pyramid” were discussed to assist in designing population health strategies. Intervention strategies were developed using “The Guide to Community Preventive Services” and the U.S. Preventive Services Task Force recommendations, as well as various additional best practices research. (See Appendix 1 for the list of individuals who worked to develop ideas for the implementation plan, Appendix 2 for a List of Current Resources/Collaborative Efforts Available to Address these Issues and Appendix 12: Implementation Plan.)

Priority Health Issue Chosen

ISSUE 1: Social Determinants of Health (Poverty, Hunger/Food Access, Housing, Access to Care)

The Story Behind the Problem:

The social determinants of health include Food, Housing, Transportation, Education, Violence, Social Support, Health Behaviors, Employment (Source: AHA, HRET, ACHI). All of these play a significant role in one’s ability to be healthy. In order to achieve one’s optimal health, it is important that individuals develop skills and have resources available to address social determinants of health such as poverty, food insecurity, homelessness, and access to care. When individuals are unable to address their basic needs their ability to care for themselves and their ability to access healthcare and recommended screenings is greatly reduced. Screening plays a role in the early detection and treatment of many health issues including high cholesterol, diabetes, high blood pressure and cancer.

Key Findings:

Between 12.9% - 25.4% of people living in our eleven-county area are living in poverty, as compared to the state at 11.5% and the US at 11.4%. Jackson County has the highest rate of poverty at 25.4%. Unemployment rates range between 3.8 – 5.3%, as compared to the state rate of 5.0%. Only 53.9% of the working-age population is employed, as compared to the state at 65.06% and the US at 62.99%

Throughout our eleven-county area, 48.7% of households with children are living below 200% of poverty. 57.1% of students are eligible for the free lunch program and 17.79% of households receive SNAP (Supplemental Nutrition Assistance Program) benefits. The food insecurity rate is 13.68% in our area and is equal to approximately 36,930 individuals, as compared to Illinois at 10.9% and the US at 12.6%.

Between 14.1% and 16.2% of the adult population reports that they have been unable to fill a prescription due to cost and 9.4-14.3% report not being able to go to doctor due to cost, compared to Illinois at 13.3%. Only 76.8 - 90% of adults reported they have a usual person as a healthcare provider. Between 29.2 – 35.6% of adults in our area reported their last routine

checkup was more than 1 year ago/never, as compared to Illinois adults at 23.6%. Only 30.5 – 43.7% of adults had a flu vaccine in the last 12 months and 34.9 – 40.9% of adults had a pneumonia vaccine as compared to the state at 61.1% and 69.0% respectively.

Between 36.2 – 53.1% of adults living in our eleven-county service area have said it has been between 1 year/never since their last cholesterol test and only 45.8 – 67% of adults report ever being tested for diabetes. 64.27% of adults ages 50 – 75 have not had a recent colorectal cancer screening.

SOCIAL DETERMINANTS OF HEALTH

Objective (In 3 Years What We Want to Accomplish)

- Reduce health disparities among the most vulnerable in our area, i.e. those who are homeless, food insecure, and unable to receive needed medical screenings and treatment.

Annual Objective

- Increase screening, outreach and medical treatment among vulnerable populations.

Priority

- Improve access to care by efficiently providing outreach services to our most vulnerable populations in community settings.

Strategies:

Outreach in Targeted Communities - Increase the proportion of adults who obtain recommended evidence-based preventive health care and screenings and reduce the proportion of people living in poverty

- Number of outreach events held.
- Number of people screened.
- Number of referrals/connections to resources/care made.
- Number of telehealth visits provided in targeted communities in collaboration with the FQHC's and SIH providers.

Homeless Outreach

- Number of homeless individuals who receive case management services.
- Number of homeless individuals who obtain housing.

Training to Increase Awareness and Reduce Stigma and Unconscious Bias

- Number of trainings offered.
- Number of community partners and SIH staff trained.

Data Sources:

Feeding American, 2017

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 500 Cities Data Portal, 2018.

Illinois Behavioral Risk Factor Survey, Round Six – 2015 - 2019, Illinois Department of Public Health.

Illinois County Health Rankings, 2021.

Illinois Department of Employment Security, October 2021

ISSUE 2: Behavioral Health (Mental Health and Substance Misuse)

The Story Behind the Problem:

Mental health issues/disorders and substance misuse are concerns in the SIH service area and the need for screening and treatment for those experiencing behavioral health issues is a priority. To reduce these issues, it is also important that youth and adults receive screenings and education to identify early warning signs to reduce suicide, and that stigma towards obtaining needed services for mental health and substance misuse is reduced. Patients often use emergency departments (EDs) frequently for mental health and substance misuse issues when the condition can be treated more appropriately and affordably in an outpatient setting. Solutions are needed to ensure patients are getting quality care in the appropriate setting.

Key Findings:

Between 32.7-45.8% of adults in our eleven-county area reported that their mental health was not good on at least one day in the last month. Between 18% - 23.3% of adults reported that they had ever been told they have a depressive disorder. 20% of Medicare beneficiaries experience depression in our eleven county area, as compared to the state at 16.7% and the US at 18.4%

The percentage of 10th grade students who felt sad or hopeless almost every day for two weeks or more in a row so that they stopped doing some usually activities in the past 12 months was at 40%, compared to 35% in Illinois. In our eleven-county area, 23% of 10th graders surveyed reported having seriously considered attempting suicide as compared to the state at 16%.

In the eleven-county area, the rate of death due to self-harm (suicide), alcohol-related disease and drug overdose, also known as “deaths of despair” was 646 between 2015-2019. This age-adjusted death rate per 100,000 was 49.6 in our area as compared to the state rate of 39.0 and the US at 44.1

In 2020, the opioid fatality rate per 100,000 in our area ranged from 0 – 23.7. Counties with the highest opioid fatality rate per 100,000 were Pope (23.7), Perry (18.9) and Union (17.8).

The total prescriptions for opioids and benzodiazepines in the SIH eleven county area in 2018, was 208,081, which is down from the 2017 number of 227,894. The with the average days’ supply ranging from 93-121.

The percentage of 10th grade students who used any substance in the last year such as alcohol, cigarettes, inhalants, or marijuana was 49% as compared to the state at 43%.

The percentage of 10th graders who used any prescription drugs in the past year to get high was 5% as compared to the state at 4%. The percentage of 10th graders who reported using any illicit drugs was 3% as compared to the state at 2%.

High volumes of Emergency Department utilization for both routine and crisis mental health disorders and substance misuse related issues suggest access or barriers to care for mental health and substance misuse health services.

BEHAVIORAL HEALTH

Objective (In 3 Years What We Want to Accomplish)

- Ensure those in need of treatment for behavioral health services (substance misuse and mental health) will be cared for in a quality, safe, stigma free manner.

Annual Objective

- Improve behavioral health care coordination resulting in a reduction in suicide deaths and a reduction in length of stay for Emergency Department visits.

Priority

- Achieve care coordination in the region among those who provide behavioral health treatment and intervention.
- Increase awareness and reduce stigma related to behavioral health (substance misuse and mental health).

Strategies:

Narcan Distribution and Harm Reduction - Improve access to care by efficiently providing outreach services to our most vulnerable populations in community settings

- Number of Narcan doses distribution throughout the 11-county area.
- Number of community-based organizations funded to offer harm reduction services such as needle exchange and safe disposal programs in targeted communities.
- Number of individuals reached through harm reduction services.

Crisis Intervention Team - Optimize behavioral health care coordination and treatment

- Reduce unnecessary visits to the ED through the development and implementation of a “Crisis Intervention Team” pilot to best serve individuals who are brought into the Emergency Department in mental health crisis.

Mental Health First Aid and Signs of Suicide - Implement training and education across the region to reduce stigma and encourage individuals to receive behavioral health treatment

- Number of individuals trained through “Adult Mental Health First Aid” and “Youth Mental Health First Aid” courses.
- Number of schools implementing SOS (Sign of Suicide).
- Increase in knowledge and awareness as reflected in the Class evaluations.

Anti-Stigma Campaign - Increase awareness and reduce stigma related to behavioral health (substance misuse and mental health)

- Number of community members/patients seeking treatment.
- Number of individuals connected to treatment providers through the promotion of the mental health crisis line and the Illinois Opioid Helpline.

Data Sources

Center for Medicare and Medicaid Services, 2018.

Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2015-2019.

Illinois Behavioral Risk Factor Survey, Round Six, 2015-2019, Illinois Department of Public Health.

Illinois County Health Rankings, 2021.

Illinois Opioid Dashboard, 2018, Illinois Department of Public Health.

Illinois Prescription Monitoring Program, 2020.-

Illinois Youth Survey, 2018.

Statewide Semiannual Opioid Report, Illinois Department of Public Health, August 2021.

ISSUE 3: Chronic Disease Prevention, Management and Treatment (focusing on cardiovascular disease, stroke, and diabetes)

The Story Behind the Problem:

Diabetes and obesity are contributing factors related to cardiovascular disease. Heart disease and stroke can be prevented and controlled through lifestyle changes, such as losing weight, eating a healthy diet low in sodium and fat, increasing physical activity, controlling high blood pressure, and quitting smoking. (Sources: Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion and American Heart Association).

Key Findings:

Diseases of the heart are the leading causes of death for our eleven-county service area. 28% of deaths in our area are due to diseases of the heart. The age-adjusted death rate for our eleven-county area is 174.7, as compared to the Illinois rate of 165.2 and the US rate of 164.8. The percentage of Medicare beneficiaries with heart disease is also higher at 28% compared to Illinois at 26.6% and the US at 26.8%. The top chronic conditions associated with inpatient 30-day readmissions in the four SIH hospitals are sepsis, COVID-19, heart disease, kidney failure and COPD (chronic obstructive pulmonary disease).

Of adults 18 and older, 7.1 – 15.2% are living with diabetes, 7-12.9% have been diagnosed with pre-diabetes, 31.6-46.1% have high blood pressure, 28.3% are obese and between 61.3-74.1% are overweight or obese, and 31.5% -43.1% have high cholesterol. 24.1% of adults report participating in no leisure-time physical activity. Between 14 – 28.1% of adults 18 years of age are smokers in our eleven-county area.

Of Medicare beneficiaries ages 65+, 28% have heart disease, 47.4% have high cholesterol, 28.2% are being treated for diabetes, and 61.2% are being treated for high blood pressure.

CHRONIC DISEASE PREVENTION, MANAGEMENT AND TREATMENT

Objective (In 3 Years What We Want to Accomplish)

- Reduction in those with chronic disease and those with chronic disease who need treatment.

Annual Objective

- Increase prevention and self-management of chronic disease.

Priority

- Strengthen the ability of individuals in the community to prevent and treat their chronic diseases.

Strategies:

Tobacco Cessation - Reduce tobacco use among adults and adolescents

- Increase community member calls and provider referrals to the Illinois Tobacco Quitline.
- Increase quit smoking attempts among our most vulnerable population by offering Courage to Quit classes in the community with a focus on low incoming housing residents.
- Increase the number of individuals who have quit after completing the cessation classes or contacting the Illinois Tobacco Quitline.

CDC's Diabetes Prevention Program (Center for Disease Control and Prevention) - Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs (DPP)

- Number of individuals completing the DPP program.
- Percentage of individuals with improved A1C and BMI after attending.

Nutrition Education and Health Cooking Demonstrations for Low Income Individuals - Increase fruit and vegetable consumption among low income individuals

- Number of sites in which nutrition education and healthy cooking demonstrations are conducted.
- Number of individuals educated.
- Increase nutrition education knowledge among those attending education based on pre and post-test surveys.

Data Sources:

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2017.

Centers for Disease Control and Prevention, Vital Statistics System via CDC WONDER, 2015-2019.

Centers for Medicare and Medicaid Services, CMS, 2018.

IDPH, Statewide Leading Causes of Death by Resident County, 2018

Illinois Behavioral Risk Factor Survey Round Six – 2015-2019, Illinois Department of Public Health.

SIH and HMC, Inpatient 30 day readmit with exclusions, Diagnoses for FY21.

Issues Identified but Not Prioritized

Cancer, pediatric dental, lack of broadband, infant mortality, early childhood learning, COVID-19, and healthcare professional shortage areas are issues identified by the SIH CHNA Advisory Team, but not chosen as priority issues to address through the CHNA at this time. Other groups and organizations, including SIH, are already working to address them. For example, to reduce the high cancer rates in southern Illinois, a Southern Illinois Cancer Action Network has been formed and is co-chaired by SIH staff. Members work collaboratively to conduct prevention, screening, and early detection related strategies with focus on lung, breast, and colorectal cancer, as well as HPV vaccination. SIH also engages in a variety of media and outreach activities to promote screening and early detection. Pediatric dental is an area in which many of our federally qualified health centers are working to increase access for low-income families. Groups such as SI NOW as well as community officials and legislators are working to increase broadband access in southern Illinois. Local providers from federally qualified health centers, OB/GYN's and local health departments are working to ensure women have access to early prenatal care to reduce infant mortality. Southern Illinois Coalition for Children and Families and programs like Early Head Start and I Can Read are working to increase early childhood learning along with school districts with Pre-K programs. COVID-19 and vaccination rates continue to be of concern. Many organizations are working to increase vaccination rates through workplace policies, outreach, and education regarding the importance of COVID vaccination. Lastly, SIH and other organizations in our area continue efforts to recruit healthcare providers to the region. SIH partners with Southern Illinois University, community colleges and high schools to increase the number of providers of all levels, including physicians, nurses, pharmacy techs and phlebotomists. SIH created a Provider Development Plan for April 2021 – March 2024 through the utilization of input from healthcare leadership and 180+ physicians in the area. The plan outlines recruitment targets for primary care, as well as medical and surgical specialists.

Step 8: Adoption of the CHNA and Implementation Plan

The Community Health Needs Assessment and Implementation Plan was reviewed and adopted by the SIH Board of Trustees and Harrisburg Medical Center on March 24, 2022 and March 28, 2022. Prior to the adoption by the Board of Trustees, the plan was also provided to the SIH CHNA Advisory Team, SIH Community Benefits Advisory Committee, CHNA Implementation Teams and additional leaders within SIH for input and feedback.

Step 9: Document and Communicate Results of the Community Health Needs Assessment

The CHNA was posted on the HMC and SIH websites on March 29, 2022. This document shares information about the CHNA process and our findings. It is made available to the public to

provide information and engage the community in taking an active part in improving the health and well-being of our community. SIH also provides a paper copy of the CHNA report free of charge for public inspection upon request and without charge at SIH hospitals and the SIH Corporate Office or by mail. The 2021 CHNA as well as the appendices can be accessed electronically on our website at <https://www.sih.net/giving-back/sih-in-the-community>. For more information, contact the SIH Community Benefits Department at 618-457-5200, ext. 67834.

Step 10: HMC/SIH Staff and Community Partners Implement the Plan

The priority areas identified through this needs assessment will be used to focus Community Benefits Department planning for the next three years (April 1, 2022 – March 31, 2025). SparkMap, County Health Rankings, the Illinois Behavioral Risk Factor Surveillance Survey as well as other sources will provide data to gauge our progress. Aligning indicators with national health improvement efforts allows SIH staff to establish a comparative picture of the health in the community and provides for consistent measurement of progress over time.



Staff from throughout SIH/HMC will continue to collaborate within the system, hospitals, clinics, and with community partners to implement proven intervention strategies. Members of the Healthy Southern Illinois Delta Network and the Healthy Communities Coalitions and Action Teams will continue to be integral in the implementation of the SIH plan.

To join efforts to improve the health of southern Illinois visit www.hsidn.org to become a member of your local Healthy Communities Coalition. On the website listings of community health resources and upcoming community health events can also be found.

Comments regarding this CHNA and Implementation Plan can be sent to communityhealth@sih.net or by contacting 618-457-5200, ext. 67834. Your input and feedback are appreciated and will be reviewed in the development of future CHNA and Implementation Plans.

March 24, 2022 - Date adopted by authorized body of the four hospitals (SIH Board of Trustees)



2021

Community Health Needs Assessment

APPENDICES

APPENDIX 1

CHNA Advisory and Implementation Teams

CHNA Advisory Team		
Agency/ Organization	Member	Agency/ Organization Description and Populations they Represent
Federally Qualified Health Centers (FQHCs)	Nancy Caskey, Associate Director of Clinical Risk Management and QI, Shawnee Health Service	Shawnee Health Service’s mission is to improve the health and welfare of S Southern Illinois and Southwest Indiana residents through the promotion, development and administration of quality, comprehensive health and social services, while efficiently utilizing limited resources. This will include assessing and serving the needs of the underserved/vulnerable populations including migrant farmworkers, teens, and the elderly, and designing programs and services which are culturally and linguistically appropriate. Shawnee Health Service and Development Corporation is a private not-for-profit corporation governed by a Board of Directors representing the many communities and populations served by Shawnee Health Service’s network of programs. The Corporation’s bylaws and federal program regulations require that at least 51% of the Board be consumers of the center’s services.
	Erika Peterson, Process Improvement Coordinator, Shawnee Health Service	
CHESI	Fred Bernstein, Executive Director, Community Health & Emergency Services (CHESI)	CHESI provides primary medical, dental, behavioral healthcare, and specialty services to 7 counties in the Southern Illinois Region: Alexander, Hardin, Jackson, Pope, Pulaski, Saline, and White counties. Services include primary care, ancillary, specialty, dental services, hospital referrals, and preventative healthcare.
Rural Health Inc.	Chase Hileman, Community Outreach Coordinator, Rural Health Inc.	Rural Health Inc. is a private, not-for-profit organization, committed to providing quality medical, OB-GYN, dental hygienists, nurses, health educators, and support staff are dedicated to caring for our patients with respect, dignity, and confidentiality. Rural Health also offers discounts based on

		the family income and size of those experiencing financial difficulties.
United Way of Southern Illinois	Toni Hayden, Executive Director, United Way of Southern Illinois	United Way of Southern Illinois' objective is contributing to better outcomes for children and families in Southern Illinois by focusing on the building blocks to self-sufficiency: education, income, and health. It represents 14 counties in Southern Illinois with a blend of staff and volunteers dedicated to working at the local level in each county.
Local Health Department	Debi Johnson, Health Education, Franklin-Williamson Bi-County Health Department	The Franklin-Williamson Bi-County Health Department began operation in 1961. The health department has two offices to better serve the two-county area. Bi-County Health is a certified department under the Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards.
Local Health Department	Chris Dennis, Recovery Oriented System of Care (ROSC) and Prevention Coordinator, Egyptian Health Department	Egyptian Public and Mental Health Department (EHD) is dedicated to providing health and human services that enrich communities in Saline, Gallatin and White counties. The counties served by the department are Saline, Gallatin, and White. The three combined counties have a population of approximately 45,167. EHD serves many vulnerable populations such as those with mental health and substance misuse issues. They also provide services to teens and children, low-income families, and those needing home health services.
Local Health Department	Bart Hagston, Administrator, Jackson County Health Department	Jackson County Health Department provides a wide array of public health services for residents of Jackson County. JCHD's services are focused on promoting

	<p>Matt Lerversee, Director of Health Education, Jackson County Health Department</p>	<p>health, preventing illness, protecting our environment, and preparing for emergencies. Jackson County has a population of approximately 59,000. JCHD serves many vulnerable populations including low incomes families, those living poverty including the uninsured and underinsured. JCHD also serves a very diverse minority population.</p>
<p>Southern Illinois University School of Medicine, Center for Rural Health and Social Service Development</p>	<p>Jeff Franklin, Director, Southern Illinois University, School of Medicine, Center for Rural Health and Social Service Development</p>	<p>The mission of Southern Illinois University School of Medicine is to assist the people of central and southern Illinois in meeting their health care needs through education, patient care, research, and service to the community.</p> <p>A key focus of the SIU SOM CRHSSD is to address health care and social service issues that impact the lives and productivity of the citizens in the state and nation. The mission and priorities of SIUC's Center for Rural Health and Social Service Development are to stimulate and conduct cooperative research efforts, develop alternative service delivery systems, coordinate, and conduct program demonstrations, conduct program evaluations, recommend policy alternatives, and provide-information transfer services for the public and private sectors. CRHSSD staff has worked closely with SIH and-community partners on school health efforts, non-emergency medical transportation and much more.</p>
<p>Southern Illinois University, Department of Healthcare Administration</p>	<p>Jessica Cataldo, Assistant Professor and Internship Coordinator</p>	<p>The mission of the Master of Health Administration program is to prepare students for leadership roles in the healthcare industry. The vision of the MHA program is to increase access to a premier graduate degree that produces graduates who are academically prepared to lead the healthcare industry.</p>

SIH Community Benefits	Angie Bailey, System Director for Community Health	<p>The staff of SIH, a tax-exempt health care system, are dedicated to improving the health and well-being of all of the people in the communities we serve. The SIH mission is guided by our values: compassion, collaboration, quality, stewardship, integrity, accountability, and respect. Over 4,400 employees, along with physicians and volunteers, work together to achieve the SIH mission and ensure that the health care needs of those served are met. This is made a reality by treating patients in SIH facilities, offering services in rural clinics, collaborating with some of America’s best hospitals and improving our communities through our charitable community benefits programs</p>
SIH Community Benefits	Anna Green, Intern	
SIH	Bart Millstead, Senior Vice President and Chief Operations Officer	
SIH Community Benefits	Candice Watson, Non-Emergency Medical Transportation Coordinator	
SIH Medical Group	Cathy Harte, Regional Practice Director	
SIH	Cathy Blythe, System Director of Strategic Services	
SIH Community Benefits	Cherie Wright, School Health Coordinator	
SIH Community Benefits	Emma Smyth, Office Coordinator	
SIH Population Health and Quality Health Partners	Dan Skiles, Vice President, Health Transformation, Executive Director, Quality Health Partners (QHP)	
SIH Community Benefits	Fanta Saidou, Health Ministry Graduate Assistant	
SIH Medical Group	Ginger Funk, Neurosciences/Orthopedics Service Line Director	
SIH Community Benefits	Jo Sanders, Health Ministry Coordinator	
SIH Community Benefits	Kristen Matthews, Health Leads Supervisor/Community Health Worker	
SIH Community Benefits	Kyndra Minchew, School Health Graduate Assistant	
SIH Community Benefits	Sandra Schwartz, Community Health Coordinator	
SIH Community Affairs	Sarah Gray, Director, Business and Economic Development	
SIH Quality	Shelly Pierce, Vice President/Chief Quality Officer	

SIH Case Management	Tanya Quertermous, Corporate Director for Case Management and Interim Director for Behavioral Health
SIH Cancer Institute	Tina Berry, Assistant Director of Cancer Institute & The Breast Center
SIH Cancer Institute	Tonica Anderson, Quality & Cancer Registry Manager
SIH Community Affairs	Woody Thorne, Vice President of Community Affairs and Chief Development Officer
SIH: Memorial Hospital of Carbondale	Al Taylor, Vice President and Administrator
SIH: St. Joseph Memorial Hospital	Angela Stanton, Nursing House Supervisor & Emergency Management Co-Chair
SIH St. Joseph Memorial Hospital	Casey Colp, Registered Nurse, Medical/Surgery
SIH St. Joseph Memorial Hospital	Johnna Smith, Nurse Executive
SIH St. Joseph Memorial Hospital	Lindsey Sheperd, Registered Nurse, House Supervisor
SIH St. Joseph Memorial Hospital	Theresa Jolly, Nursing House Supervisor
SIH Herrin Hospital	Rodney Smith, Vice President and Administrator
SIH Harrisburg Medical Center	Don Hutson, Vice President and Administrator
SIH Harrisburg Medical Center	Jennifer Vinyard, Executive Director of Marketing/Foundation
SIH Harrisburg Medical Center	Angie Young, Executive Assistant
SIH Harrisburg Medical Center	June Hayes, Vice President/Chief Financial Officer
SIH Harrisburg Medical Center	Tera Lannom, Chief Nurse Executive

SIH Harrisburg Medical Center	Dr. James Alexander, MD, Chief Medical Officer	
Jackson County Sheriff's Department	Jennifer Lindsey, Captain	The department is responsible for keeping the peace, suppressing riots, breaches of peace, and the apprehending of criminals. The Sherriff's Department offers a variety of services for the citizens of the county with crime prevention and community services being the primary responsibilities of the department.
City of Carbondale	Alicia Jackson, Diversity Compliance Officer	The City of Carbondale provides a high-quality life and foster a sense of community for all residents, encourage progressive economic development, tourism, arts, and entertainment, responsibility & transparency while providing high-quality city services of Carbondale.
City of Harrisburg	Alex Watkins, Director of State & Fed. Funding/Community Development	Harrisburg is a regular destination for those surrounding Pope and Hardin Counties. It is a community that is well-poised in allowing entrepreneurial growth with a lot cost of living, financial incentives from the city, county, and state with relaxed commercial requirements.
University of Illinois Extension	Lynn Heins, County Extension Director	University of Illinois Extensions puts learning and discovery into practice, to benefit the health and wellbeing of residents and communities in every part of Illinois. Extension is the university's statewide network of educators, faculty, experts, and staff dedicated to that mission. The Extension's mission is aligning reach to needs and translate research into action plans that allow Illinois families, businesses, and community leaders to solve problems, make informed decisions, and adapt to changes and opportunities. Communities are directly served by Extension staff in 27 units located throughout Illinois.
Community Member/	Linda Flowers, President and Community Member	The NAACP (National Association for the Advancement of Colored People mission is

Carbondale Branch NAACP		to ensure the political, educational, social, and economic equality of rights of all persons and to eliminate racial hatred and racial discrimination.
Carbondale Public Library	Diana Brawley-Sussman, Director	The Carbondale Public Library provides free services to all residents living within the city boundaries. It honors all valid Illinois public library card. Services are available to all others for a fee. CPL is part of the Shawnee Library System.
Greater Egypt Regional Planning & Development Commission	Jennifer Olson, Economic Development Director	Serving Southern Illinois communities, citizens, businesses, and local government since 1961, the Greater Egypt Planning and Development Commission has been around since 1961 by providing technical assistance and comprehensive planning. Within the 5 counties of Franklin, Jackson, Jefferson, Perry, and Williamson, Greater Egypt provides economic development planning and assistance, water quality management planning, local government services, technical assistance, and provides administrative services for local, state, and federal programs such as Economic Development Administration grants, Delta Regional Authority grants, Community Development Block Grant, Enterprise Zone, and the Southern Illinois Metropolitan Planning Organization.
Southeastern Illinois Regional Planning & Development Commission	Alene Cull, Executive Director	The Southeastern Illinois Regional Planning and Development Commission (SIRP & DC) provides professional quality service to the local governments and residents in the 5-county region (Gallatin, Hamilton, Hardin, Pope, and Saline). It promotes and fosters growth, economic diversification, and prosperity within the region by securing

		and administrating grants for public works, housing rehabilitation, economic development projects and operation of the Revolving Loan Fund. SIRP & DC will also research, develop and implement strategies that will fulfill the needs of sustainable development.
Gyrue & Associates	Clark Gyrue, Lobbyist, Gyrue & Associates	Gyrue and Associates is owned by Clark Gyrue, Southern Illinois Healthcare's Lobbyist.

Note: These 53 members were those who were able to attend. Approximately 81 individuals were invited to be members of the advisory CHNA team from healthcare, education, law enforcement, federally qualified health centers, public health, neighboring non-profit hospitals, and many others.

CHNA Implementation Plan Teams

Social Determinants of Health

Amanda Marks, *Care Coordination Supervisor, Shawnee Health Service*
Angie Bailey, *System Director for Community Health, SIH Community Benefits*
Angie Hampton, *Administrator, Egyptian Health Department*
Anna Green, *Intern, SIH Community Benefits*
April Scales, *The Women's Center Domestic Violence Counselor, Women's Center*
Becky Salzar, *Executive Director, Egyptian Area Agency on Aging, Inc.*
Camille Dorris, *Executive Director, Southern Illinois Coalition for the Homeless*
Candice Watson, *Non-Emergency Medical Transportation Coordinator, SIH Community Benefits*
Cathy Harte, *Regional Practice Director, SIH Medical Group*
Dollean York-Anderson, *Executive Director, Family Advocacy Services*
Emma Smyth, *Office Coordinator, SIH Community Benefits*
Erika Peterson, *Process Improvement Coordinator, Shawnee Health Service*
Fanta Saidou, *Health Ministry Graduate Assistant, SIH Community Benefits*
Heather Knutt, *Care Coordinator Supervisor, Shawnee Health Service*
Jeff Franklin, *Director, Southern Illinois University, School of Medicine, Center for Rural Health and Social Service Development*
Jennifer Hertter, *Corporate Director of Managed Care/Population Health, SIH*
Jennifer Newbury, *Program Coordinator, University of Illinois Extension*
Jennifer Vinyard, *Executive Director of Foundation/Marketing, SIH Harrisburg Medical Center*
Jo Sanders, *Health Ministry Coordinator, SIH Community Benefits*
Kristen Matthews, *Health Leads Supervisor/Community Health Worker, SIH Community Benefits*
Linda Flowers, *President and Community Member, NAACP Carbondale Branch*
Marsha Nelson, *Community Service Unit Coordinator, Shawnee Alliance for Seniors*
Sandra Schwartz, *Community Health Coordinator, SIH Community Benefits*
Sarah Miller, *Clinical Case Management Coordinator, Shawnee Health Service*
Tanya Quertermous, *Corporate Director of Case Management and Interim Director of Behavioral Health, SIH*
Ty Miller, *Care Transitions Supervisor, SIH Medical Group*

Behavioral Health (Mental Health/Suicide, and Substance Misuse)

Abby Krummel, *Case Management Manager*, SIH – Memorial Hospital of Carbondale
Alex Watkins, *Director of State and Federal Funding*, Saline County Chamber of Commerce, Fortress, City of Harrisburg
Amy Stevens, *Interim Behavioral Health Nurse Leader*, SIH Harrisburg Medical Center
Angie Bailey, *System Director for Community Health*, SIH Community Benefits
Anna Green, *Intern*, SIH Community Benefits
Ashley Amberger, *Case Management*, SIH Harrisburg Medical Center
Ashley Moss, *Project Coordinator*, IL Delta Network, Southern Illinois University, School of Medicine, Center for Rural Health and Social Service Development
Cathy Harte, *Regional Practice Director*, SIH Medical Group
Cherie Wright, *School Health Coordinator*, SIH Community Benefits
Chris Dennis, *Prevention Coordinator*, Egyptian Health Department
Cortney Meyer, *Behavioral Health Program Manager*, SIH Memorial Hospital of Carbondale
Diana Brawley-Sussman, *Director*, Carbondale Public Library
Don Hutson, *Vice President/Administrator*, SIH Harrisburg Medical Center
Dr. Jason West, *Physician Lead in Addiction Medicine*, SIH Primary Care Harrisburg
Dr. Naeem Qureshi, *Physician*, SIH Harrisburg Medical Center
Emma Smyth, *Office Coordinator*, SIH Community Benefits
Jean Alstat, *Clinical Director*, Centerstone
Jeff Franklin, *Director*, Southern Illinois University, School of Medicine, Center for Rural Health and Social Service Development
Jennifer Vinyard, *Executive Director of Marketing/Foundation*, SIH Harrisburg Medical Center
Jessica Cataldo, *Assistant Professor*, SIU Department of Healthcare Administration
Joseph Elliot, *Behavioral Health Clinical Director*, Arrowleaf
Kristen Francis, *Behavioral Health Program Manager*, SIH Center for Medical Arts
Rachael Hamburger, *Case Management Manager*, SIH Herrin Hospital/St. Joseph Memorial Hospital
Sherrie Crabb, *Chief Executive Officer*, Arrowleaf
Stephanie Teague, *Executive Director*, Gateway Foundation
Tanya Quertermous, *Director of Case Management and Interim Director of Behavioral Health*, SIH
Tera Lannom, *Nurse Leader*, SIH Harrisburg Medical Center
Tracy Norris, *Case Manager*, SIH Memorial Hospital of Carbondale
Ty Miller, *Care Transitions Supervisor*, SIH Medical Group

Chronic Disease

Amy Stout, *Diabetes Care Manager*, SIH Memorial Hospital of Carbondale
Angie Bailey, *System Director for Community Health*, SIH Community Benefits
Anna Green, *Intern*, SIH Community Benefits
Ashley Moss, *Project Coordinator*, IL Delta Network, Southern Illinois University School of Medicine, Center for Rural Health and Social Service Development
Cherie Wright, *School Health Coordinator*, SIH Community Benefits
Cristy Wedemeyer, *Tobacco Prevention and Control Coordinator*, Jackson County Health Department
Darlene Youngblood, *Health Strategies Coordinator*, American Heart Association
Emma Smyth, *Office Coordinator*, SIH Community Benefits
Fanta Saidou, *Health Ministry Graduate Assistant*, SIH Community Benefits

Jennifer Vinyard, *Executive Director of Marketing/Foundation*, SIH Harrisburg Medical Center
Jo Sanders, *Health Ministry Coordinator*, SIH Community Benefits
Julie Neubig, *Health Management and Benefits Manager*, SIH Human Resources
Kimberley Scott-Pilkington, *Diabetes Educator*, Egyptian Health Department
Kyndra Minchew, *School Health Graduate Assistant*, SIH Community Benefits
Lee Anheuser, *Congestive Heart Failure Coordinator*, SIH Harrisburg Medical Center
Nany Caskey, *Associate Director of Clinical Risk Management and QI*, Shawnee Health Service
Phyllis Wood, *Health Educator, CATCH Director*, Egyptian Health Department
Sandra Schwartz, *Community Health Coordinator*, SIH Community Benefits
Ty Miller, *Care Transitions Supervisor*, SIH Medical Group

Additional Implementation Plan Reviewers

SIH Community Benefits Advisory Committee
SIH Community Health Needs Assessment Advisory Team
SIH Senior Leadership

Special thank you to those Who Participated in the Data Collection, Writing, Research and Graphic Design of the SIH CHNA:

Angie Bailey, *System Director for Community Health*, SIH
Anna Green, *Southern Illinois University, Intern*, SIH
Emma Smyth, *Community Benefits Office Coordinator*, SIH
Fanta Saidou, *Health Ministry Graduate Assistant*, SIH Healthcare Management 340 Fall 2021 class taught by
Jessica Cataldo, *Assistant Professor and Internship Coordinator*, Southern Illinois University
Jennifer Sigler, PhD, *Grant Management Supervisor*, SIH
Kyndra Minchew, *Southern Illinois University Public Health Intern Graduate Assistant*, SIH
Kurt Gregory, *Marketing and Communications Lead Graphic Designer*, SIH

APPENDIX 2

Current Resources/Collaborative Efforts Available to Address the Health Issues

Social Determinants of Health: Current Resources/Collaborative Efforts Available to Address the Health Issue

Overall Efforts

- Medical Legal Partnership of Southern Illinois (MLP SI) provides free legal assistance for patients of SIH and Shawnee Health Service (SHS)
- SIH has Licensed Clinical Social Workers (LCSWs) in primary care offices to assist patients
- SIH Financial Navigators are available to assist patients as needed
- SIH offers a financial assistance program
- SIH Foundation provides limited number of resources for patients in need
- SIH “Health Leads” program assists patients in addressing social determinants of health
- SIH rebuilding Community Health Worker program to assist patients in addressing social determinants of health
- Carbondale Public Library has two social workers on staff
- SIU School of Medicine “hot spotting” program has begun to assist patients
- SHS offers care coordination for patients. The focus is on Medicare patients with two or more chronic conditions, as well as mental health conditions. Patients are provided assistance for at least 20 minutes per month through assistance from staff who provide resources and basic education
- Eurma C. Hayes Center and community partners are facilitating listening sessions/surveys to determine the needs of the neighborhood
- SIH is planning to begin screening patient for a limited number of social determinants of health beginning in April 2022.

Housing

- Public housing is available
- Homeless shelters are available, i.e. Carbondale Warming Center, Good Samaritan, Lighthouse, 4C’s.
- Carbondale Interfaith Council and the Sparrow Coalition work to address homeless issues. A “Shelter to Home” program provides support to individuals leaving the Carbondale Warming Center, in establishing an apartment of their own.
- Southern Illinois Coalition for the Homeless assists with housing placement. Their street outreach program engages the homeless on the streets to discuss options for shelter and to address needs.

- River to River in Marion accepts self-pay for patients who can pay \$50 per day, covering housing, food, and limited amount of support
- WADI (Wabash Area Development Incorporated) and other Community Action Agencies assist seniors through utility assistance, etc.
- Utility Bill Assistance is available through the Low-Income Home Energy Assistance Program (LIHEAP)

Food Insecurity

- MLP SI can assist with reinstatement of Supplemental Assistance Nutrition Program (SNAP) benefits
- SNAP/Double Value coupons are offered at area farmer's markets
- Senior Centers, Meals on Wheels, Herrin House of Hope, Heaven's Kitchen, and many other groups offer free or reduced-price meals to seniors, low-income and the homebound
- Sites such as the Marion Ministerial Alliance, Good Samaritan House Ministries, and others offer free meals throughout the week
- WIC (Women's, Infants and Children) offered through local health departments
- Food pantries are available
- Southern Illinois Food Pantry Network supports the work of over 80 food pantries throughout southern Illinois
- Schools offer free or reduced-price lunches
- Gum Drops program provides backpacks of food to children to have over the weekend
- Southern Illinois Coalition for Children and Families offers a listing of resources
- Veteran's Affairs offers meals for veterans

Education/Health Literacy

- MantraCon assists individuals with job training and job placement
- Many programs assist individuals in obtaining their GEDs
- Congregational Health Connectors and Parish Nurses in area faith communities assist members in learning health information
- Egyptian Area Agency on Aging, Shawnee Alliance and others provide assistance for older adults and those with disabilities.
- SIH Second Act provides workshops for adults aged 50 and beyond and assistance in signing up for Medicare, etc.
- SIH provides Navigators for various health conditions, as well as Financial Navigators to assist patients
- Egyptian Health Department and Centerstone provide an Integrated Health Home program for patients with mental health and substance misuse issues to ensure they are receiving needed medical treatment
- Shawnee Health Services provides care coordination to assist patients

- SIH Medical Group provides support through Patient Centered Medical Home efforts for patients who were recently discharged from the hospitals
- SIH Case Management assists patients during their hospital stay and as they are discharged from the hospital
- Diabetes and Chronic Disease Self-Management classes and Mental Health First Aid classes are offered throughout the lower 16 counties of Illinois
- Courage to Quit smoking cessation classes are offered for individuals and small groups
- Various organizations such as Shawnee Health Services and the local health departments provide education and support for pre-natal and post-natal women

Transportation

- SIH Non-Emergency Medical Transportation (NEMT) program assists patients to medical appointments and home from the hospital.
- Rides Mass Transit, Rides Plus and others provide transportation services throughout southern Illinois.

Violence

- The Women’s Center assists women and families.
- Medical Legal Partnership of Southern Illinois/ Land of Lincoln Legal Assistance Foundation is available to assist patients/community members with orders of protection.
- Boys and Girls Club and other youth clubs and after school programs offer safe violence free environments for youth
- Court Approved Special Advocates for Children (CASA) provides advocacy services for abused and neglected children.
- Shawnee Alliance Adult Protective Services assists older adults and adults of any age with disabilities who are victims of abuse, neglect or exploitation.

Social Support

- SIH Second Act allows individuals to meet friends and participate in various activities through Star Groups
- Egyptian Area Agency on Aging Senior Volunteer Corps
- Shawnee Alliance provides support for older adults and their caregivers
- SIH Health Ministry collaborates with churches throughout southern Illinois
- Rainbow Café is available for GLBTQ youth and young adults
- Shawnee Health Services has Healthy Families Illinois program and programs for Farm Workers
- Various support groups are available for parents and community members

Employment (Under and Unemployment)

- SI NOW efforts to increase economic development and jobs in southern Illinois.
- Illinois Department of Employment Security is available to assist individuals
- MantraCon assists individuals with job training and job placement
- Local community colleges offer adult education classes
- Medical Legal Partnership of Southern Illinois/Land of Lincoln Legal Assistance Foundation is available to assist patients/community members with sealing and expungement of records, if eligible, to assist individuals to gain employment
- Centerstone offers assistance to those 18-24 years old with a criminal history

Behavioral Health (Mental Health and Substance Misuse): Current Resources/Collaborative Efforts Available to Address the Health Issue

Prevention, Screening and Early Intervention

- Healthy Communities Coalitions and various action teams work to address mental health issues and to reduce stigma
- Healthy Southern Illinois Delta Network works collaboratively to address health issues in the lower 15 counties of Illinois
- Many agencies provide mental health counseling. See newly developed Substance Abuse/Misuse Resource Guide. www.hsidn.org/resources
- The mental health screening tool, PHQ9, is utilized in Acute Rehab at Herrin Hospital. They have also hired a LCSW to assist patients
- Psychiatrist began at SIH Medical Group's Center for Medical Arts in August of 2018. He sees adolescent and pediatric patients
- Family Counseling Center, Inc. provides counseling for patients in Union and Johnson Counties
- Egyptian Health Department offers counseling services
- Egyptian Health Department offers PACE (Parents and Children Empowerment) support group
- Whole School, Whole Child, Whole Community/Coordinated School Health Model used with CATCH schools (90 schools in lower 16 counties) – complete School Health Index, addresses mental and psychological services, complete action plans
- Illinois CATCH on to Health Consortium is working on plan to include social and emotional learning and suicide prevention in Whole School, Whole Child, Whole Community/coordinated school health efforts
- Signs of Suicide curriculum offered at a limited number of schools.

- Regional efforts on-going focused on trauma informed care and the use of ACE's (Adverse Childhood Experiences)
- Rides Plus transports patients to non-emergency medical appointments. Medicaid patients can also obtain rides by calling their insurance carrier.
- Medical Legal Partnership offers free legal assistance to low income individuals
- Mental Health First Aid trainings - Adult and Youth are available
- Annual "Living with Grief" program
- SIH Health Ministry Program shares information and resources with faith communities
- Spiritual Care Day topics focused on mental health in 2015 and 2018
- Shawnee Health Services has Integrated Care project grant to screen patients annually
- New Illinois Department of Public Health school physical form asks mental health questions
- Gateway has continuing education opportunities available for nurses on topics such as prescription drug misuse, suicide and substance abuse etc. (offered 4 – 6 times per year)
- SIU Counselor in Residence program (Residence Life staff are available 12 – 9 pm for mental health issues)
- SIU Counseling Center has a Counselor on Duty for walk-ins and hosts a variety of support groups
- Saluki Cares (SIU campus)
- SIU LGBT Safe Place/Trevor Project efforts are on-going
- SIU has a support group for transgender individuals
- Salukis on Your Side (SIU)
- SIU Suicide Prevention Task Force
- SIU Wellness Center offers a variety of services for students such as educational workshops, suicide prevention walks, social media messages, and much more
- SIU Counseling Center also conducts depression screenings on students
- "Zero Suicide Initiative" at Centerstone (Columbia Suicide Assessment and Crisis Assessment), assessment also used in SIH Emergency Departments (ED)
- "Never Stop Talking" campaign implemented by Centerstone - Yellow ribbon cards
- Some schools have "Lifesavers" suicide prevention program (Carterville & Johnson City) or other youth peer programs such as ALPHA (Murphysboro). Carbondale has a similar program but it is not affiliated any longer with "Lifesavers"
- Centerstone works with a number of schools to provide education and support
- John A. Logan College and Southern Illinois University have college-level, student-led LifeSavers suicide prevention programs
- Farm Family Resource Center
- SIU has another student-led Registered Student Organization, Active Minds, that focuses on mental health issues
- Many experts are available in the community and through SIU to assist with efforts

- Egyptian Health Department offers a Health Integration Program (HIP) to assist patients with mental health issues get to all medical appointments to assist in treatment of chronic health conditions
- Centerstone is seeing individuals in the community that are in crisis
- Carbondale Police Department now has a Mental Health Advocate to assist community members
- Centerstone offers supplementing and support with mental health in 60 schools.
- Centerstone offers substance misuse curriculum in middle schools and high schools in Jackson and Williamson Counties
- Arrowleaf offers mental health services in the Southern Seven counties

Treatment

- Mulberry Center at Harrisburg Medical Center offers adult and geriatric inpatient services
- Collaboration with local mental health agencies and Federally Qualified Health Centers continues.
- Egyptian Health Department provides youth counselors in the schools.
- Centerstone offers crisis counseling.
- Choate offers inpatient treatment
- Centerstone provides crisis assessments for adults in the emergency department at three SIH hospitals.
- Youth assessments are available through the Centerstone Crisis Center 24 hours a day, seven days a week. Youth can be screened anywhere.
- Southern Illinois University Student Health Service has mental health counselors available in the medical clinic
- Emergency Departments are utilizing telehealth for patients with mental health issues
- Many schools have LCSW's or counselors on staff to assist students
- SIH is hiring and has hired LCSW's for most primary care clinics to see patients for mental health and substance abuse issues.
- SIH is renovating 5 rooms at Herrin Hospital for ED crisis/suicide watches to provide immediate mental and behavioral health treatment. The rooms will be a part of ED observation.
- SIH is working to examining expanded use of telemedicine to assist adults in crisis. SIH currently utilizes Dr. Qureshi with patients in the hospitals through the use of telemedicine.
- SIH Primary Care offices utilize mental health screenings such as the PHQ2 and PHQ9.
- Mental Health 708 board funds various services
- SIH Psychiatrist Dr. Chevalier is serving children and adults
- Centerstone offers Safe Zone and LBGTQ training

Substance Misuse/Abuse: Current Resources/Collaborative Efforts Available to Address the Health Issue

Prevention, Screening and Early Intervention

- Healthy Communities Coalitions and various action teams work to address substance misuse issues through education, town hall meetings, medication disposal events and drop-off locations
- Healthy Southern Illinois Delta Network works collaboratively to address health issues in the lower 15 counties of Illinois
- The Southern Illinois Opioid Misuse Steering Committee has been formed and offers training/conferences twice per year to assist communities in addressing the opioid epidemic.
- Whole School, Whole Child, Whole Community/Coordinated School Health Model used with CATCH schools (90 schools in lower 16 counties) – complete School Health Index, addresses mental and psychological services, complete action plans
- Family Counseling Center, Inc. provides substance abuse prevention education for students in grade 6, 7, 8, 9 in Union and Johnson counties.
- Family Counseling Center, Inc. provides lessons through the Life Skills curriculum. Lessons focus on decision making, peer pressure, coping. Working with 13 schools currently.
- SIU Counseling Center offers Alcohol and Other Drug Counseling
- Egyptian Health Department – two full time staff teaching lessons in the classrooms
- Med Trans to help patients to non-emergency medical appointments
- Medical Legal Partnership offers free legal assistance to low income individuals, also assisting with “Sealing and Expungement of Records” to help individuals obtain jobs
- Annual “Living with Grief” program focusing on pain management in 2018
- SIH Health Ministry Program shares information and resources with faith communities
- Shawnee Health Service has Integrated Care project grant to screen patients annually
- Gateway has continuing education opportunities available for nurses on topics such as prescription drug misuse, suicide and substance abuse etc. (offered 4 – 6 times per year)
- Saluki Cares (SIU campus)
- SIU Wellness Center offers a variety of services for students such as educational workshops, suicide prevention walks, social media messages, and much more
- Centerstone works with a number of schools to provide education and support
 - Carterville Jr. High
 - Carterville High School
 - Crab Orchard Elementary

- Crab Orchard High School
- Herrin Middle School
- Herrin High School
- Johnston City High School
- Marion Jr. High
- Marion High School
- Washington Middle School
- Carbondale Middle School
- Carbondale High School
- Desoto Elementary
- Elverado Jr. High
- Elverado High School
- Giant City Elementary
- Murphysboro Jr. High
- Murphysboro High School
- Trico Jr. High
- Unity Point Elementary
- Pathways through HFS: coming soon
- Centerstone working on “Communities of Care” efforts targeting youth services
- Many experts are available in the community and through SIU to assist with efforts
- SIH has medication disposal units at four locations.
- Shawnee Health Services offers medication disposal at their clinic sites
- “Substance Misuse Resource Guide” as well as lists of available medication disposal sites can be viewed at www.hsidn.org/resources
- Physicians and pharmacists have access to the Illinois Prescription Monitoring Program www.ilpmp.org
- Union County Counseling offers life skills curriculum for 6-10th grade
- Centerstone utilizes a substance abuse prevention curriculum in the high schools
- Medication Take Backs events offered in community
- Arrowleaf – Too Good for Drugs
 - Pope County Community Unit School District 1
 - Hardin County School District

Treatment

- Many agencies provide substance abuse treatment. See newly developed Substance Abuse/Misuse Resource Guide. www.hsidn.org/resources
- SIH is hiring and has hired LCSW’s for most primary care clinics to see patients for mental health and substance abuse issues.
- SIH and Gateway have collaborated to develop an ED Warm Handoff to treatment for patients in the Emergency Department at all 3 hospitals.
- SIH is working to examine expanded use of telemedicine to assist adults in crisis.

- Family Counseling Center, Inc. provides counseling for patients in Union and Johnson Counties.
- Union County Hospital just opened a service providing detox beds.
- Harrisburg Medical Center (New Visions) has a limited number of detox beds available.
- Egyptian Health Department offers counseling services and Recovery Specialists that assist individuals.
- Naloxone training is available throughout the community.
- Medication Assisted Treatment (MAT) is offered at Shawnee Health Service and a limited number of providers in the region.
- Centerstone has received a DHS grant to implement the Hub and Spoke model for Medication Assisted Treatment. They will be opening a site in Marion.
- Illinois Opioid Hotline is available
- IL Cares line for crisis services is available for youth and adults (90-minute response time required)
- See Mental Health and Substance Abuse Resource Guides for additional information and community resources. www.hsidn.org/resources
- CATCH My Breath training

Chronic Disease Prevention, Management and Treatment: Current Resources/Collaborative Efforts Available to Address the Health Issue

- Individual and group classes are held throughout the community on a variety of topics in order to reduce risk
- Worksite wellness efforts are in place throughout the community
- SIH Employee Wellness program provides one on one support, online education, group classes, and health challenges in topics related to nutrition, exercise, stress, and financial wellness. The program is currently developing strategies for targeted reach outs/monitoring of employees on the SIH medical plan diagnosed with diabetes, hypertension and hyperlipidemia, as well as for preventative screening adherence/education. The proposed Diabetes Prevention and hypertension recommendations are in line with our program’s objectives, especially those that focus on lifestyle changes.
- SIH Second Act program has many programs for older adults focused on improving health behaviors
- Healthy Communities Coalitions and various action teams are actively working to improve health behaviors
- Blood pressure/diabetes screening events are held at various events and in faith communities
- Faith Community Nurses and faith communities promote screening and education

- Kidney Mobile has provided screenings in the community
- Cardiovascular Pulmonary Rehabilitation is available
- Medical Legal Partnership offers free legal assistance to low income individuals
- Hospitals are identifying more people who are newly diagnosed with diabetes and information is shared with primary care provider through discharge summary and/ or through apt. scheduled by hospitalist nurses
- Healthy Southern Illinois Delta Network (HSIDN) has developed a five-year plan focused on reducing cardiovascular disease in the lower 15 counties of Illinois
- HSIDN promotes health through policy, systems and environmental changes related to nutrition and physical activity
- SIH Supportive Care/Palliative Care Program is available
- Illinois CATCH on to Health Consortium works with 80+ schools in the lower 16 counties of Illinois to promote the Whole School, Whole Child, Whole Community/coordinated school health model
- SIH offers non-emergency medical transportation program
- QHP/ PHO coordinates providers and offers incentives for providers for providing certain quality screenings and for meeting certain metrics
- Screenings at health-related events
- EMMI on-line education is available on HSIDN website
- Target BP and Check.Change.Control offered by multiple health departments

Cardiovascular Disease/Heart Failure

- Cardiac Rehab is available
- Heart Failure University is offered annually. Monthly support group and 1-hour education sessions are available for those with heart failure
- SIH is utilizing monitoring scales with targeted patients to monitor daily weights and provide nurse support and consults for those participating in Heart Failure Clinic
- CardioMEMS is offered for high-risk patients to monitor pulmonary arteries -remotely
- Stat heart STEMI program
- Go Red for Women event
- AHA Heart Walk held each year

Diabetes

- Diabetes Today Resource Teams (DTRT) are active in the lower 15 counties of Illinois
- SIH assist Wound Care Patients
- Diabetes related special events (World Diabetes Day, Diabetes Alert Day screening event)

- Camp Beta is offered for children with type 1 diabetes
- SIH Diabetes Education Program (Accredited Program) – individual sessions and group classes at the three hospitals and throughout the community
- Diabetes and Chronic Disease Self-Management classes offered throughout the lower 15 counties of Illinois
- Patient Centered Medical Home (PCMH) efforts focus on people living with diabetes
- Certified Diabetes Educators/Registered Dietitians provide education to SIH patients
- Egyptian Health Department offers an on-line and in-person support group for person living with diabetes
- Illinois Statewide Diabetes Plan has been developed
- Various diabetes support groups are offered
- CEU training is provided to school nurses and medical providers

Stroke

- SIH Stroke Education is available
 - Strong survivors’ series
 - Monitoring of blood pressure is a quality/performance measure for most providers
 - SIH Stroke Network allows patients to be treated and diagnosed more quickly
 - EMMI
 - 30-day call backs are provided by SIH for stroke survivors
- Memorial Hospital of Carbondale and Herrin Hospital are the only primary stroke centers in Southern Illinois.

COPD

- So. IL Resp. Disease Program assists patients
- Shawnee Health Service has a Black Lung Program
- QHP/PHO has various quality measures related to COPD

Nutrition

- Farmer’s markets
- Senior meal boxes
- SNAP accepted at two Farmer’s Markets
- Double Up of SNAP benefits at a limited number of Farmer’s Markets and neighborhoods
- Community and school gardens
- School Lunch Rocks cafeteria staff training offered annually
- 5210 childhood obesity toolkits is available for physicians
- Shop Healthy Southern Illinois effort to reach small stores, gas stations, etc.

- Southern Illinois Food Pantry Network was formed in Fall of 2018
- Nourish program offers nutrition workshops and one on one appointments for cancer patients, survivors and caregivers
- Healthier options are being placed and labeled in SIH vending machines
- Schools have backpack programs
- Summer meal program
- University of Illinois Extension offers education in schools and the community
- U of I Extension does CATCH
- IL Food Finder
- Many senior centers and places like Heavens Kitchen, House of Center, Golden Circle and others offer meals and delivery
- Meals on Wheels in some communities
- SIH Clinical Dietitians provide inpatient and outpatient nutrition counseling
- TerrierCare in Carbondale has a dietitian on specific days
- CATCH – Pre-K
- Co-op – SNAP program
- Heavens’ Kitchen and House of Hope, weekly meals
- Summer food program at churches and schools
nutrition soon

Physical Activity

- Exercise physiologists
- START walking paths
- One mall available for walking
- Advocacy for built environments with sidewalks and bike paths
- Bike Advisory Committee in Carbondale
- Increase in bicycle parking
- Creation of bike paths and sidewalks are in Illinois Department of Transportation plans
- Outdoor physical activity guides available focusing on Jackson County and the surrounding areas
- Fitness stations at the Carbondale Superblock funded by Kohl’s Care for Kids
- PE Day offered annually – workshop
- Park Districts and youth sport groups offer various opportunities
- EHD offers fitness challenges

Obesity

- SIH Bariatric/Weight Loss program offers counseling and support groups
- Whole School, Whole Child, Whole Community/CATCH efforts with 80+ schools and Pre-K’s in the lower 16 counties

- School wellness policies (completion of the CDC's School Health Index)
- Baby Friendly Hospital – Memorial Hospital of Carbondale
- Breastfeeding is promoted throughout the community
- Shawnee Health Service offers 12 -month Lose to Gain program in which participants are taught lifestyle modification skills and also see a counselor

Tobacco

- Illinois Tobacco Quitline is a free resource available for patients interested in quitting smoking
- Local health departments work to create Illinois Tobacco Free Communities through grant funding through Illinois Department of Public Health
- Training and TA is available for healthcare
- SIH and many workplaces have adopted smoke - free property/campus policies
- All worksites are smoke - free indoors due to the Smoke-Free Illinois Act
- CATCH My Breath
- Courage to Quit
- Jackson County Healthy Living Action Team – IL Tobacco Quitline referral program for Healthcare Providers
- Vape prevention education

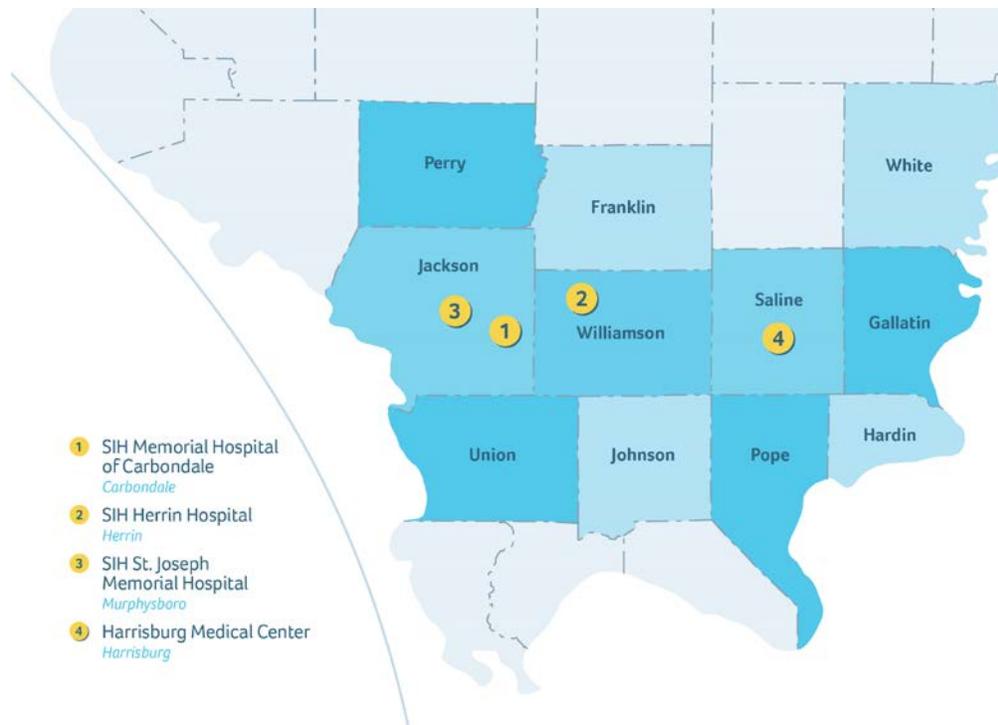
APPENDIX 3

Data Profile

Defining the Community Served and How the Community Was Determined:

Primary Service Area for the HMC/SIH Hospitals

The HMC/SIH community can best be defined as the eleven counties surrounding the four hospitals: Herrin Hospital, Harrisburg Medical Center, St. Joseph Hospital in Murphysboro, and Memorial Hospital of Carbondale. These hospitals are located in Jackson, Williamson, and Saline Counties of Illinois. Due to their close proximity, and the unique services provided by each hospital each hospital's community is defined as the 11 counties where most of the hospital inpatient and outpatient visits come from in our rural area.



Greater than 93% of inpatient visits and 96% of outpatient visits at the hospitals came from these 11 counties. Source: 2020 Hospital Industry Data Institute and Strata DSS.

Demographics of the Community Served

Rural Profile

The community served by the four hospitals includes many rural areas largely separated by the Shawnee National Forrest and farmland. While formerly dispersed, the region is becoming more centralized around the “Route 13 Corridor.”

11 County Service Area

Geography Quick Facts	Land area in square miles, 2019	Persons per square mile, 2019
Illinois	55,517.13	230.03
Franklin	408.89	95.18
Gallatin	323.07	15.68
Hardin	177.53	22.20
Jackson	584.08	99.26
Johnson	343.92	36.33
Perry	441.76	48.11
Pope	368.77	11.40
Saline	379.82	63.16
Union	413.46	41.04
White	494.77	28.03
Williamson	420.15	159.70

Data Source: US Census Bureau, Quick Facts, July 1, 2019, Retrieved September 12, 2021.

Economy

The local economy is heavily dependent on educational services, health care and social assistance. Major employers (500+ employees) in the area include but are not limited to: Southern Illinois University, SIH (Southern Illinois Healthcare), Shawnee Village, Pepsi MidAmerica, John A. Logan College, AISIN Manufacturing, Harrisburg Medical Center, Choate Mental Health Development Center, and Leisure Properties, LLC.



Population

These eleven counties are home to an estimated 261,656 people. Collectively the region experienced a moderate decrease in total population between 2010 and 2020, losing nearly 11,604 people. The county that has lost the highest number of residents is Jackson County.

2020 Census Population Compared to 2010: Illinois Counties				
Location	2010 Census Total Population	2020 Census Total Population	2010 - 2020 Change	2010-2020 % Change
Illinois	12,831,572	12,671,821	-159,751	-1.24%
Franklin	39,996	38,469	-1,527	-3.82%
Gallatin	5,587	4,828	-759	-13.59%
Hardin	4,323	3,821	-502	-11.61%
Jackson	60,206	56,750	-3,453	-5.74%
Johnson	12,577	12,417	-160	-1.27%
Perry	22,346	20,916	-1,430	-6.40%
Pope	4,474	4,177	-297	-6.64%
Saline	24,915	23,491	-1,424	-5.72%
Union	17,806	16,653	-1,153	-6.48%
White	14,665	13,537	-1,128	-7.69%
Williamson	66,365	66,597	232	0.35%
Total	273,260	261,656	-11,604	-4.25%

Source: U.S. Census Bureau, Quick Facts. Retrieved 12.6.21
<https://www.census.gov/quickfacts/IL>

The population in the eleven county area has experienced a 4.25% decline over the last ten years.

Total Population

A total of 263,081 people live in the 4,356.23 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2015-19 5-year estimates. The population density for this area, estimated at 61.01 persons per square mile, is less than the national average population density of 91.93 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
11 County SIH Service Area IL	263,081	4,356.23	61.01
Franklin County, IL	38,469	408.92	95.18
Gallatin County, IL	4,828	322.99	15.68
Hardin County, IL	3,821	177.47	22.20
Jackson County, IL	56,750	584.07	99.26
Johnson County, IL	12,417	343.93	36.33
Perry County, IL	20,916	441.76	48.11
Pope County, IL	4,474	368.77	11.40
Saline County, IL	23,491	379.89	63.16
Union County, IL	16,653	413.46	41.04
White County, IL	14,665	494.79	28.03
Williamson County, IL	66,597	420.18	159.70
Illinois	12,671,821	55,517.13	230.03
United States	328,239,523	3,532,068.58	91.93

Data Source: US Census Bureau, Quick Facts, July 1, 2019, Retrieved September 12, 2021.



Population, Density (Persons per Sq Mile) by Tract, ACS 2015-19

- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Age Profile

The median age in Illinois (2019) was 38.1 years of age. The average percentage of population age 65+ in Illinois overall is 15.21%. With the exception of Jackson County, these Southern Illinois counties have a higher percentage of adults aged 65 years and older than the state average. Having a larger percentage of older adults has implications for service delivery and demand for health care services.

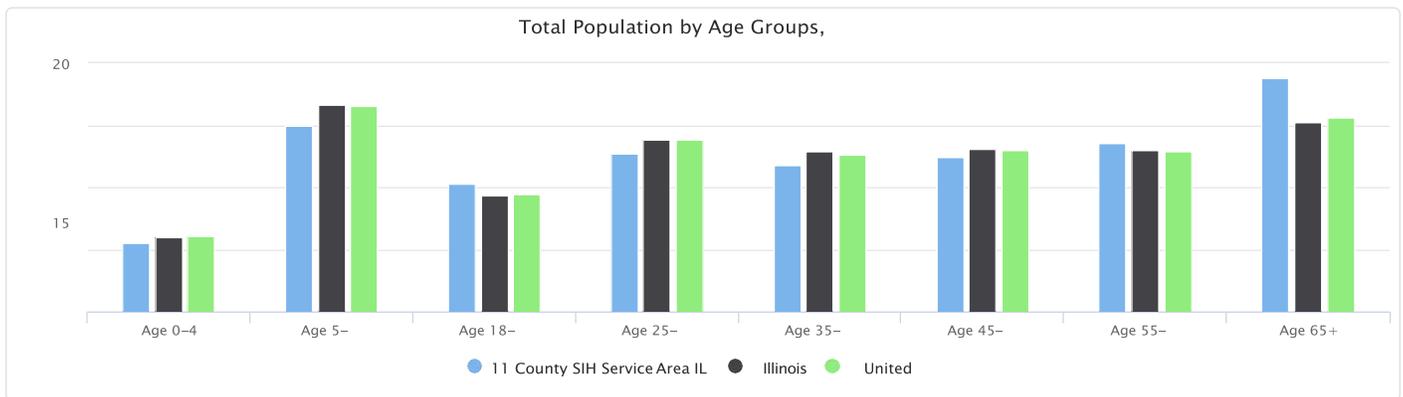
	MEDIAN AGE (YEARS)	% UNDER AGE 5	% UNDER AGE 18	% AGE 65+
Illinois	38.1	6.01%	16.63%	15.21%
Franklin	42.3	5.84%	16.30%	20.09%
Gallatin	44.8	5.04%	15.46%	23.52%
Hardin	46.8	2.92%	14.24%	24.78%
Jackson	31.1	5.40%	12.97%	14.83%
Johnson	42.5	4.53%	13.59%	20.93%
Perry	41.8	5.06%	13.95%	18.47%
Pope	52.2	3.66%	11.23%	27.36%
Saline	42.0	6.24%	15.41%	19.94%
Union	43.5	5.51%	15.64%	20.45%
White	43.8	5.62%	15.96%	21.58%
Williamson	40.9	5.87%	16.01%	18.64%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract, Retrieved via SparkMap 8.23.21.

Total Population by Age Groups, Percent

This indicator reports the percentage of age groups in the population of the report area.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
11 County SIH Service Area IL	5.54%	14.92%	10.29%	12.67%	11.76%	12.46%	13.54%	18.82%
Franklin County, IL	5.84%	16.30%	7.19%	11.59%	11.92%	13.09%	13.98%	20.09%
Gallatin County, IL	5.04%	15.46%	6.36%	10.55%	12.18%	12.70%	14.20%	23.52%
Hardin County, IL	2.92%	14.24%	6.91%	9.27%	13.89%	14.29%	13.71%	24.78%
Jackson County, IL	5.40%	12.97%	21.20%	14.06%	10.12%	9.99%	11.44%	14.83%
Johnson County, IL	4.53%	13.59%	8.18%	13.06%	12.04%	13.66%	14.01%	20.93%
Perry County, IL	5.06%	13.95%	8.48%	13.11%	13.58%	13.83%	13.52%	18.47%
Pope County, IL	3.66%	11.23%	5.83%	7.47%	10.21%	14.23%	20.01%	27.36%
Saline County, IL	6.24%	15.41%	7.02%	12.62%	11.17%	13.29%	14.30%	19.94%
Union County, IL	5.51%	15.64%	6.76%	11.79%	11.70%	13.01%	15.15%	20.45%
White County, IL	5.62%	15.96%	6.79%	11.49%	11.03%	12.62%	14.91%	21.58%
Williamson County, IL	5.87%	16.01%	7.21%	13.06%	12.78%	12.87%	13.57%	18.64%
Illinois	6.01%	16.63%	9.34%	13.86%	12.88%	13.09%	12.97%	15.21%
United States	6.09%	16.53%	9.44%	13.87%	12.62%	12.96%	12.86%	15.64%

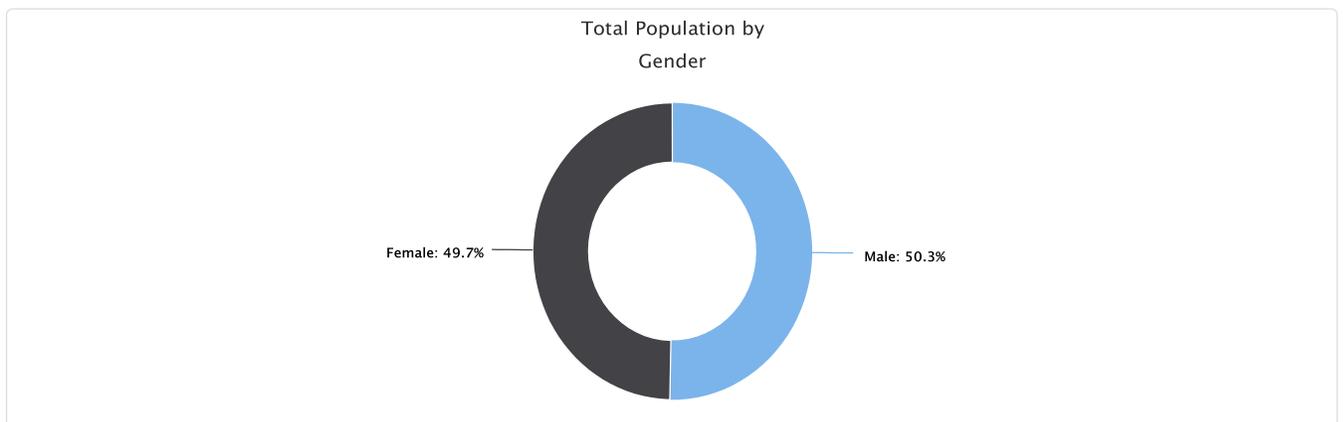


Gender Ratio

The following chart includes the gender ratio for each of the eleven counties in the HMC/SIH primary service area. Johnson, Perry, and Pope counties have a higher proportion of male residents. The remaining counties are fairly equally distributed.

Total Population by Gender

Report Area	Male	Female	Male, Percent	Female, Percent
11 County SIH Service Area IL	133,690	132,093	50.30%	49.70%
Franklin County, IL	19,195	19,728	49.32%	50.68%
Gallatin County, IL	2,463	2,601	48.64%	51.36%
Hardin County, IL	1,968	1,971	49.96%	50.04%
Jackson County, IL	28,661	29,316	49.44%	50.56%
Johnson County, IL	6,940	5,554	55.55%	44.45%
Perry County, IL	11,627	9,624	54.71%	45.29%
Pope County, IL	2,262	1,941	53.82%	46.18%
Saline County, IL	11,807	12,187	49.21%	50.79%
Union County, IL	8,508	8,460	50.14%	49.86%
White County, IL	6,785	7,083	48.93%	51.07%
Williamson County, IL	33,474	33,628	49.89%	50.11%
Illinois	6,272,172	6,498,459	49.11%	50.89%
United States	159,886,919	164,810,876	49.24%	50.76%



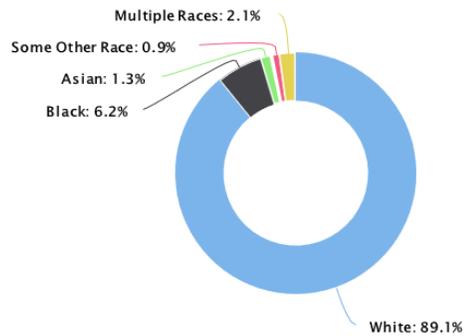
Total Population by Race Alone, Total

This indicator reports the total population of the report area by race alone.

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
11 County SIH Service Area IL	236,807	16,579	3,551	590	212	2,429	5,615
Franklin County, IL	37,716	334	206	93	27	133	414
Gallatin County, IL	4,888	26	6	26	0	14	104
Hardin County, IL	3,764	107	4	7	0	0	57
Jackson County, IL	44,208	8,723	1,996	167	62	1,085	1,736
Johnson County, IL	10,954	1,408	44	10	0	42	36
Perry County, IL	18,779	1,925	146	27	0	64	310
Pope County, IL	3,893	177	24	0	0	46	63
Saline County, IL	22,234	632	178	53	54	122	721
Union County, IL	15,963	276	56	25	37	239	372
White County, IL	13,527	97	106	28	11	18	81
Williamson County, IL	60,881	2,874	785	154	21	666	1,721
Illinois	9,134,903	1,813,590	698,524	33,460	4,477	757,231	328,446
United States	235,377,662	41,234,642	17,924,209	2,750,143	599,868	16,047,369	10,763,902

Total Population by Race Alone, Total

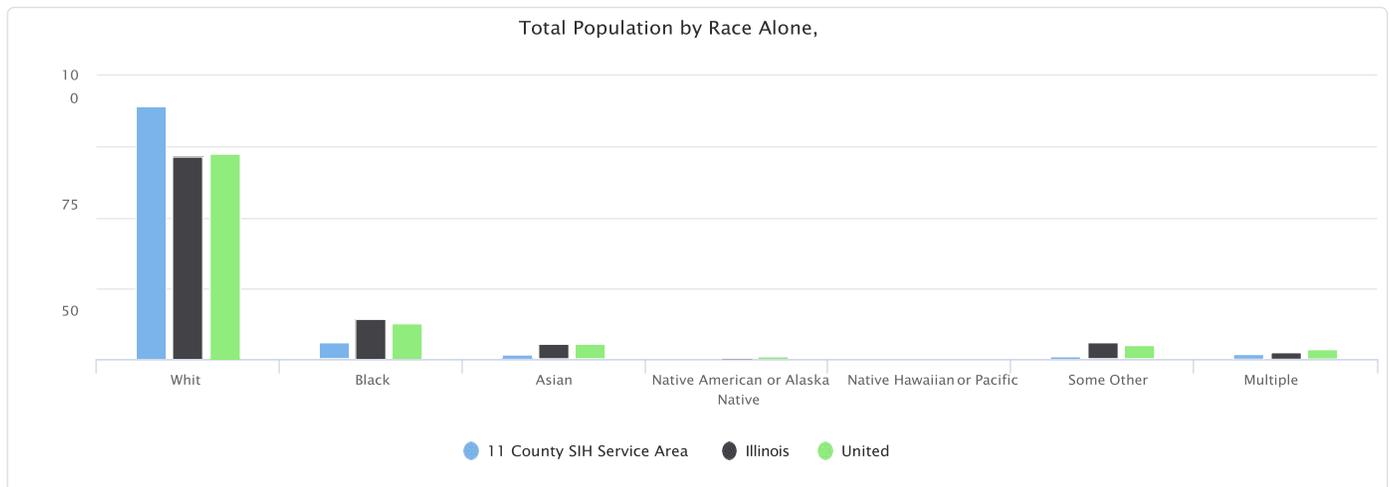
11 County SIH Service Area IL



Total Population by Race Alone, Percent

This indicator reports the percentage of population by race alone in the report area.

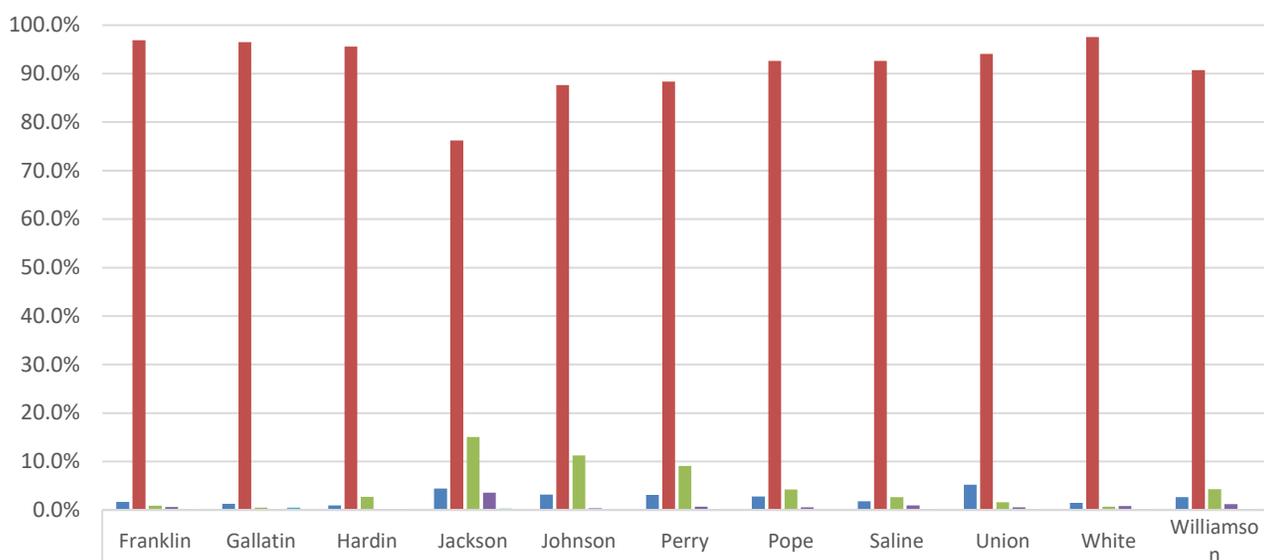
Report Area	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
11 County SIH Service Area IL	89.10%	6.24%	1.34%	0.22%	0.08%	0.91%	2.11%
Franklin County, IL	96.90%	0.86%	0.53%	0.24%	0.07%	0.34%	1.06%
Gallatin County, IL	96.52%	0.51%	0.12%	0.51%	0.00%	0.28%	2.05%
Hardin County, IL	95.56%	2.72%	0.10%	0.18%	0.00%	0.00%	1.45%
Jackson County, IL	76.25%	15.05%	3.44%	0.29%	0.11%	1.87%	2.99%
Johnson County, IL	87.67%	11.27%	0.35%	0.08%	0.00%	0.34%	0.29%
Perry County, IL	88.37%	9.06%	0.69%	0.13%	0.00%	0.30%	1.46%
Pope County, IL	92.62%	4.21%	0.57%	0.00%	0.00%	1.09%	1.50%
Saline County, IL	92.66%	2.63%	0.74%	0.22%	0.23%	0.51%	3.00%
Union County, IL	94.08%	1.63%	0.33%	0.15%	0.22%	1.41%	2.19%
White County, IL	97.54%	0.70%	0.76%	0.20%	0.08%	0.13%	0.58%
Williamson County, IL	90.73%	4.28%	1.17%	0.23%	0.03%	0.99%	2.56%
Illinois	71.53%	14.20%	5.47%	0.26%	0.04%	5.93%	2.57%
United States	72.49%	12.70%	5.52%	0.85%	0.18%	4.94%	3.32%



Racial and Ethnic Composition

The following table provides race/ethnicity demographics. The area is predominantly White. Jackson County has a higher percentage of Black and Asian/Pacific Islander residents than the other counties.

Race and Ethnicity, 2019



	Franklin	Gallatin	Hardin	Jackson	Johnson	Perry	Pope	Saline	Union	White	Williamson
Hispanic	1.7%	1.3%	0.9%	4.4%	3.2%	3.1%	2.8%	1.8%	5.2%	1.5%	2.6%
White	96.9%	96.5%	95.6%	76.3%	87.7%	88.4%	92.6%	92.7%	94.1%	97.5%	90.7%
Black	0.9%	0.5%	2.7%	15.1%	11.3%	9.1%	4.2%	2.6%	1.6%	0.7%	4.3%
Asian/Pacific Islander	0.6%	0.1%	0.1%	3.6%	0.4%	0.7%	0.6%	1.0%	0.6%	0.8%	1.2%
Amer. Indian/Alaska Native	0.2%	0.5%	0.2%	0.3%	0.1%	0.1%	0.0%	0.2%	0.2%	0.2%	0.2%

Source: US Census Bureau, American Community Survey, 2015-19, retrieved via SparkMap 8.23.21.

*Does not include persons reporting more than one race.

*Hispanics may be of any race, so also are included in applicable race categories

Health Status

Health status is an important indicator of quality of life and a factor that drives the demand for health care services. Most of the residents in the eleven county service area consider their general health to be excellent/very good or good/fair. Over half say they have had no days in the last year when their physical health was not good.

HEALTH STATUS RATE YOUR GENERAL HEALTH	EXCELLENT/VERY GOOD	GOOD/FAIR	POOR
State/County/Counties/LHD Jurisdiction:			
Illinois (2015-2019)	49.0%	47.0%	3.9%
Egyptian HD – Saline, White and Gallatin	43.8%	49.6%	6.6%
Franklin/Williamson	45.7%	45.5%	8.7%
Jackson	51.9%	44.9%	3.2%
Perry	43.0%	28.4%	7.0%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	37.0%	57.1%	5.9%

Source: Illinois County Behavioral Risk Factor Surveys, Sixth Round; 2015-2019; Illinois Department of Public Health.

HEALTH STATUS DAYS PHYSICAL HEALTH NOT GOOD IN LAST 30 DAYS	NONE	1 – 7 DAYS	8 – 30 DAYS
State/County/Counties/LHD Jurisdiction:			
Illinois (2015-2019)	63.0%	23.0%	14.0%
Egyptian HD – Saline, White and Gallatin	53.5%	25.2%	21.3%
Franklin/Williamson	51.7%	23.5%	24.8%
Jackson	53.5%	31.8%	14.7%
Perry	*	12.9%	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	54.0%	21.5%	24.5%

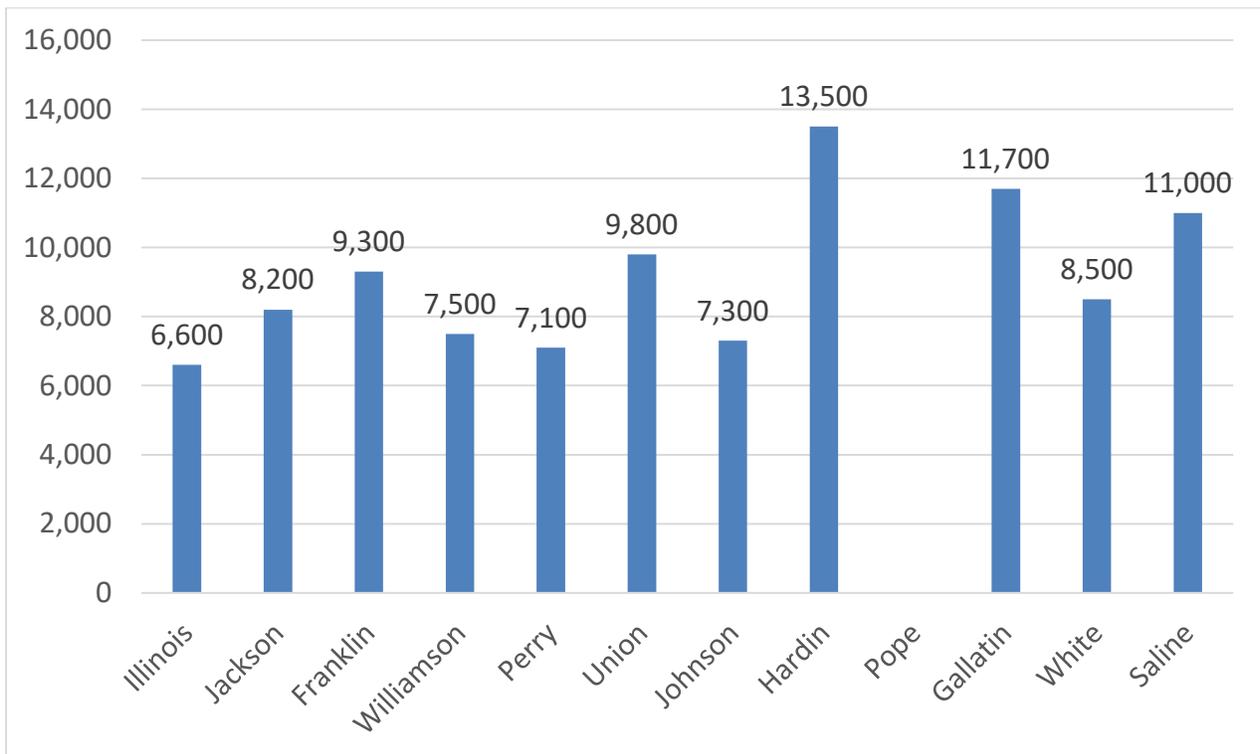
Source: Illinois County Behavioral Risk Factor Surveys, Sixth Round; 2015-2019; Illinois Department of Public Health.



Life Expectancy

Years of Potential Life Lost (YPLL) is one measure to estimate premature death. YPLL calculates the difference between the current life expectancy age (75 years old) and the age at time of death for those who died prior to reaching that age.

Years of potential life lost before age 75 per 100,000 population (age-adjusted) focused on premature mortality rather than overall mortality drawing attention to deaths that could have been prevented. Examining YPLL and underlying causes for the community, helps target resources toward strategies that will extend years of life.

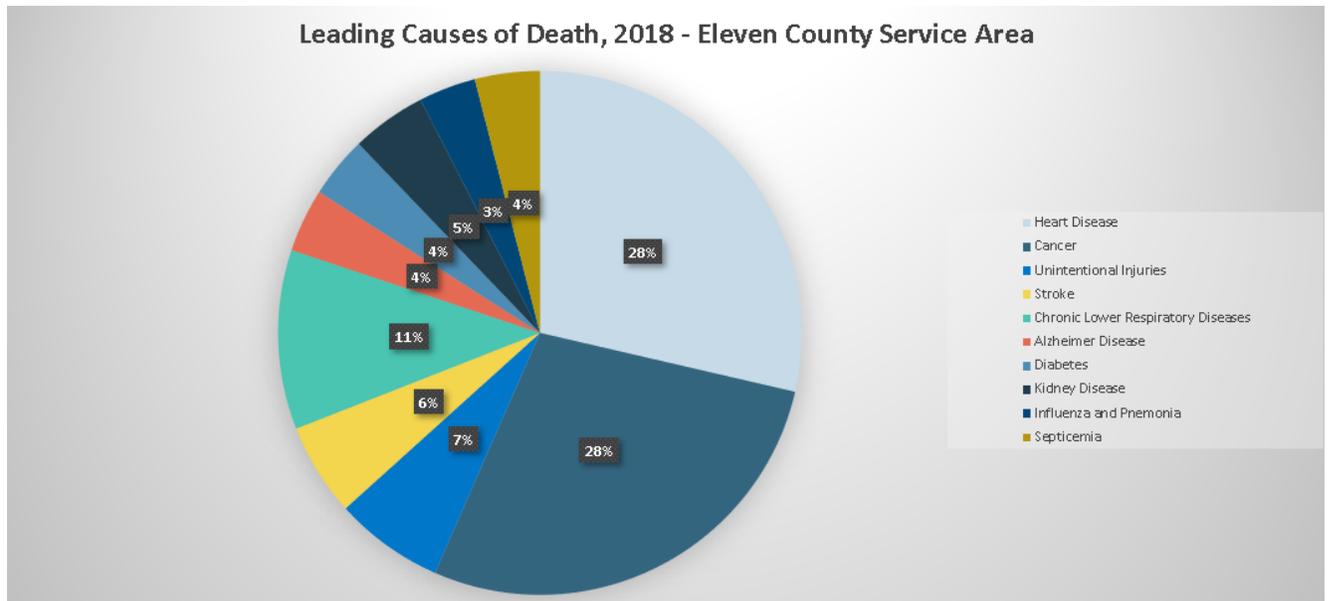


Source: Illinois County Health Rankings, 2021. <http://www.countyhealthrankings.org/>, retrieved September 1, 2021.

Leading Causes of Death

Examining disease indicators for the community shows that in general, the leading causes of death are consistent with both Illinois and national trends.

It is clear that many of the leading causes of death can be attributed to a core group of preventable causes including: alcohol, tobacco, and other drug use, physical inactivity, poor nutrition, environmental influences, preventable injuries, and mental health.



Source: *Statewide Leading Causes of Death by Resident County, Illinois Residents, 2018*. Illinois Department of Public Health.
<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/death-causes-2018.pdf>

Most recent obtainable data show that 28.6% of deaths could be attributed to diseases of the heart and 28% to malignant neoplasms. Followed by 11.1% due to chronic lower respiratory disease, 6.7% due to unintentional injuries and 5.7 % due to stroke.

Our age adjusted heart disease mortality rate is higher than both Illinois and the US at 87.7 per 100,000 in the 11 county area. Some counties in our area have much higher death rates.

An average of 330 annual deaths occur due to heart disease in our eleven county area each year, males tend to be at greater risk. Data was suppressed for many of the counties when we look at this data by race/ethnicity, but in Jackson County we can see that African Americans had a higher rate as compared to Caucasians, but both were at rates lower than Illinois and the US. Yearly trend data over 15 years shows that our rates are declining.

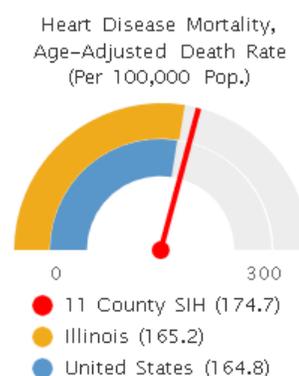
Health Outcomes (Mortality Rates)

Mortality - Heart Diseases

This indicator reports the 2015-2019 five-year average rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20- I151) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States and in the HMC/SIH service area.

Within the report area, there are a total of 3,265 deaths due to heart disease. This represents an age-adjusted death rate of 174.7 per every 100,000-total population.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
11 County SIH Service Area IL	266,592	3,265	244.9	174.7
Franklin County, IL	38,970	476	244.3	165.9
Gallatin County, IL	5,089	98	385.2	247.2
Hardin County, IL	3,987	75	376.2	229.5
Jackson County, IL	58,137	543	186.8	167.1
Johnson County, IL	12,687	136	214.4	149.0
Perry County, IL	21,255	271	255.0	185.0
Pope County, IL	4,219	73	346.0	182.1
Saline County, IL	24,071	366	304.1	202.6
Union County, IL	17,023	274	321.9	212.7



White County, IL	13,952	248	355.5	205.8
Williamson County, IL	67,201	705	209.8	152.6
Illinois	12,775,292	127,504	199.6	165.2
United States	325,134,494	3,230,981	198.8	164.8

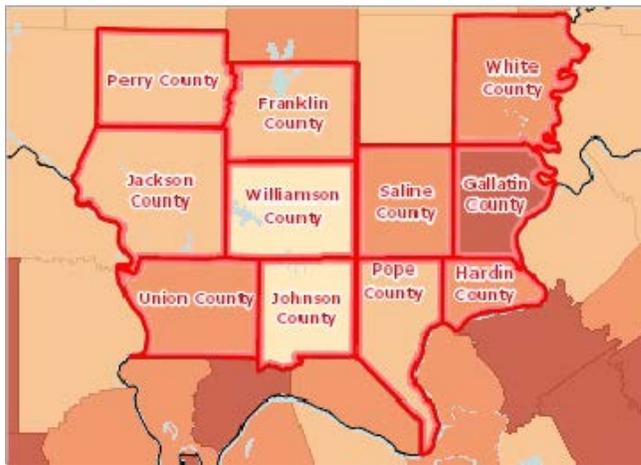
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System*.

Accessed via *CDC WONDER*. 2015-2019. Source geography: County

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Heart Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2015-19



- Over 240.0
- 200.1 - 240.0
- 160.1 - 200.0
- Under 160.1
- Data Suppressed (<20 Deaths)
- 11 County SIH Service Area IL

CARDIOVASCULAR DISEASE	EVER TOLD HAVE ANGINA/CORONARY HEART DISEASE	EVER TOLD HAD A STROKE
Illinois (2019)	3.6%	3.0%
Egyptian HD – Saline, White and Gallatin	7.4%	3.0%
Franklin/Williamson	9.2%	4.5%
Jackson	2.4%	1.9%
Perry	8.1%	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	5.0%	5.0%

Source: *Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)*

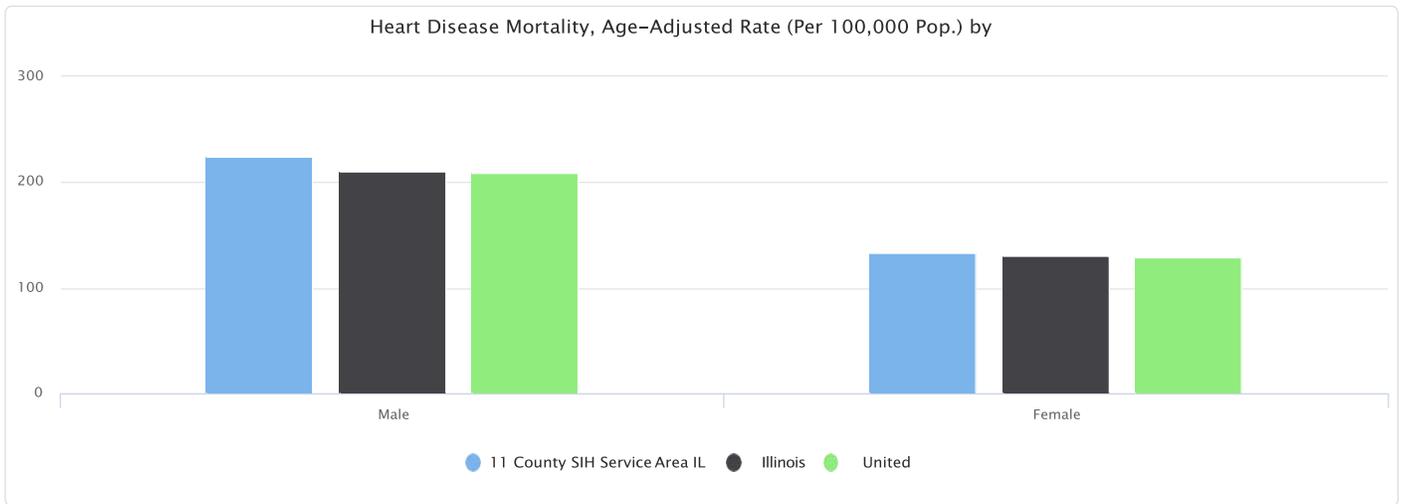
*Data does not meet standards of reliability and has been suppressed.

Source: *Illinois County Behavioral Risk Factor Surveys, Sixth Round; 2015-2019; Illinois Department of Public Health. Source: 2019 Illinois Behavioral Risk Factor Surveillance System.*

Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

This table reports the age-adjusted rate of death due to heart disease per 100,000 people by gender.

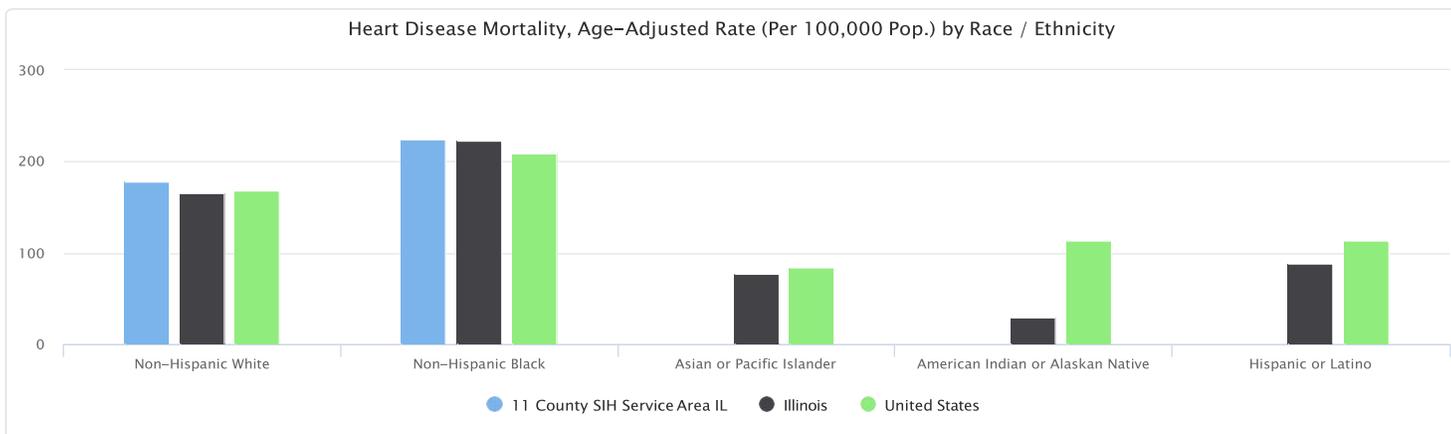
Report Area	Male	Female
11 County SIH Service Area IL	223.7	132.9
Franklin County, IL	214.3	126.5
Gallatin County, IL	308.7	193.4
Hardin County, IL	262.9	196.8
Jackson County, IL	220.0	121.3
Johnson County, IL	175.3	124.2
Perry County, IL	233.3	145.7
Pope County, IL	246.1	123.2
Saline County, IL	276.4	143.9
Union County, IL	246.2	181.5
White County, IL	259.7	159.0
Williamson County, IL	197.4	114.9
Illinois	210.4	129.7
United States	208.4	129.5



Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

This table reports the age-adjusted rate of death due to heart disease per 100,000 people by race and Hispanic origin.

Report Area	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
11 County SIH Service Area IL	177.7	223.6	No data	No data	No data
Franklin County, IL	169.0	No data	No data	No data	No data
Gallatin County, IL	252.5	No data	No data	No data	No data
Hardin County, IL	233.4	No data	No data	No data	No data
Jackson County, IL	168.4	223.6	No data	No data	No data
Johnson County, IL	153.4	No data	No data	No data	No data
Perry County, IL	185.7	No data	No data	No data	No data
Pope County, IL	188.5	No data	No data	No data	No data
Saline County, IL	202.2	No data	No data	No data	No data
Union County, IL	219.7	No data	No data	No data	No data
White County, IL	206.7	No data	No data	No data	No data
Williamson County, IL	155.5	No data	No data	No data	No data
Illinois	165.8	222.2	77.2	29.9	87.8
United States	168.5	208.7	84.8	113.1	113.9



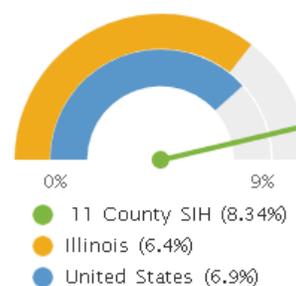
Heart Disease (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.

Within the report area, there were 8.34% of adults 18 and older who reported having coronary heart disease of the total population.

Report Area	Total Population (2010)	Percentage of Adults Ever Diagnosed with Coronary Heart Disease
11 County SIH Service Area IL	264,398	8.34%
Franklin County, IL	38,701	9.4%
Gallatin County, IL	5,058	10.1%
Hardin County, IL	3,910	10.6%
Jackson County, IL	57,419	6.9%
Johnson County, IL	12,456	8.6%
Perry County, IL	21,174	8.3%
Pope County, IL	4,212	9.7%
Saline County, IL	23,906	9.5%
Union County, IL	16,841	9.1%
White County, IL	13,665	9.1%
Williamson County, IL	67,056	7.8%
Illinois	12,741,080	6.4%
United States	327,167,434	6.9%

Percentage of Adults Ever Diagnosed with Coronary Heart Disease

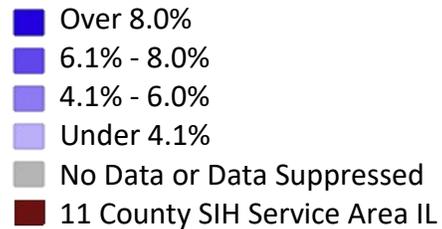


Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*. Accessed via the *500 Cities Data Portal*. 2018.



Coronary Heart Disease, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS PLACES Project 2018



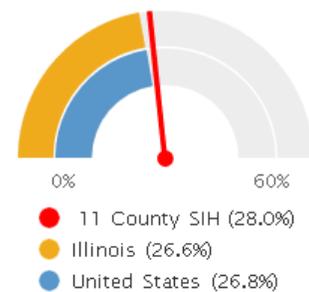
Heart Disease (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with ischemic heart disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 12,626 beneficiaries with ischemic heart disease based on administrative claims data in the latest report year. This represents 28.0% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Beneficiaries with Heart Disease, Percent
11 County SIH Service Area IL	45,068	12,626	28.0%
Franklin County, IL	7,273	2,178	29.9%
Gallatin County, IL	1,152	287	24.9%
Hardin County, IL	905	293	32.4%
Jackson County, IL	6,979	1,774	25.4%

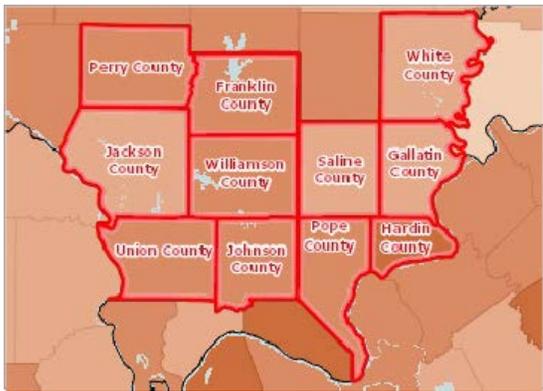
Percentage of Medicare Beneficiaries with Heart Disease



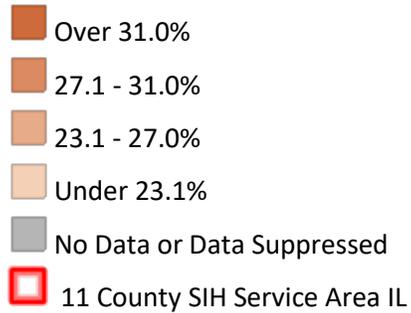
Johnson County, IL	2,229	652	29.3%
Perry County, IL	3,273	997	30.5%
Pope County, IL	806	227	28.2%
Saline County, IL	4,717	1,241	26.3%
Union County, IL	3,364	911	27.1%
White County, IL	3,193	800	25.1%
Williamson County, IL	11,177	3,266	29.2%
Illinois	1,443,297	383,929	26.6%
United States	33,499,472	8,979,902	26.8%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, *CMS - Geographic Variation Public Use File* . 2018. Source geography: County



Beneficiaries with Ischemic Heart Disease, Percent by County, CMS 2018



Cancer

Cancer is the second leading cause of death in the eleven-county area served by HMC/SIH. The incidence rates in Southern Illinois are often higher than the rest of Illinois.

Age-Adjusted Cancer Incidence Rate (Per 100,000) 2014-2018

Location	Lung & Bronchus	Breast	Colon & Rectum	Oral Cavity & Pharynx	Melanoma of the Skin	Prostate Cancer	Uterus	Leukemia	All Cancer Sites
Franklin	100.7	124.3	46.7	15.7	27.5	108.8	31.4	12.5	531.3
Gallatin	96.8	103.8	41.5	*	*	*	*	*	457.3
Hardin	118.3	*	*	*	*	*	*	*	450.7
Jackson	74.0	132.8	38.9	15.1	22.7	96.6	23.5	10.9	448.3
Johnson	91.8	121.6	40.8	*	*	80.9	*	*	439.2
Perry	79.8	141.0	54.7	*	22.8	88.8	*	15.5	493.9
Pope	59.2	*	*	*	*	110.0	*	*	488.2
Saline	72.3	120.5	53.6	17.4	30.7	111.1	31.5	15.1	505.3
Union	88.6	133.8	44.8	*	22.1	101.4	29.9	*	496.0
White	87.0	133.0	40.9	*	20.7	109.3	40.7	*	507.1
Williamson	82.6	120.7	51.1	15.9	30.5	102.0	25.5	14.7	514.8
Illinois	63.0	133.7	42.1	12.2	21.3	111.5	30.2	13.5	466.8
US	57.3	126.8	38.0	11.9	22.6	106.2	27.4	14.2	448.6

*3 or fewer cases Source: State Cancer Profiles, 2014-2018, retrieved 9.21.2021

<https://www.statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=17&areatype=county&cancer=047&race=00&sex=0&age=001&stage=999&year=0&type=incd&sortVariableName=rate&sortOrder=default&output=0#results>

Age-Adjusted Death Rate (Per 100,000) 2015-2019

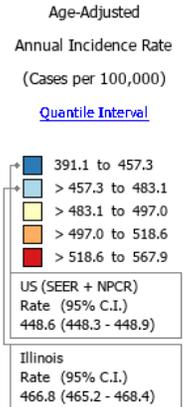
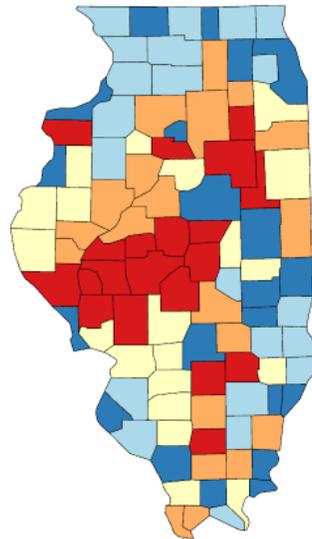
Location	Lung & Bronchus	Breast	Colon & Rectum	Oral Cavity & Pharynx	Melanoma of the Skin	Prostate Cancer	Uterus	Leukemia	All Cancer Sites
Franklin	57.4	18.3	15.8	*	*	17.5	*	5.2	191.5
Gallatin	75.3	*	*	*	*	*	*	*	216.0
Hardin	50.7	*	*	*	*	*	*	*	226.0
Jackson	44.7	21.9	13.7	*	*	17.5	*	*	149.2
Johnson	49.9	*	17.5	*	*	*	*	*	160.3
Perry	43.9	*	20.5	*	*	*	*	*	165.3
Pope	37.0	*	*	*	*	*	*	*	152.7
Saline	54.9	27.8	24.0	*	*	*	*	9.8	211.8
Union	53.1	*	15.9	*	*	*	*	*	186.6
White	57.7	*	14.5	*	*	*	*	*	182.8
Williamson	47.6	23.2	14.1	*	*	19.6	*	6.9	171.9
Illinois	39.2	20.9	14.5	2.6	1.9	19.7	5.7	6.2	158.5
US	36.7	19.9	13.4	2.5	2.2	18.9	5.0	6.1	152.4

*3 or fewer cases Source: State Cancer Profiles, 2015-2019, retrieved 9.21.2021

<https://www.statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=17&areatype=county&cancer=047&race=00&sex=0&age=001&stage=999&year=0&type=incd&sortVariableName=rate&sortOrder=default&output=0#results>

Age-Adjusted Incidence Rate for Illinois – All Cancer Sites, 2014-2018

**Incidence Rates[†] for Illinois by County
All Cancer Sites, 2014 - 2018
All Races (includes Hispanic), Both Sexes, All Ages**



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI.

The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

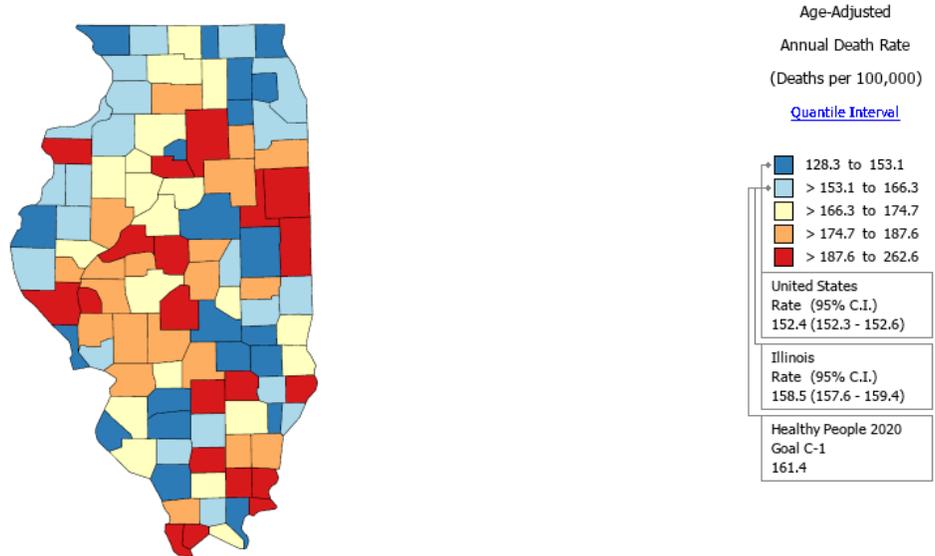
Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2015-2018 Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=17&areatype=county&cancer=001&race=00&sex=0&age=001&type=incd#results>

Age-Adjusted Death Rate for Illinois – All Cancer Sites, 2015-2019

Death Rates for Illinois by County
All Cancer Sites, 2015 - 2019
All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the Census [1969-2018 US Population Data](#) File as modified by NCI.

Healthy People 2020 Goal C-1 : Reduce the overall cancer death rate to 161.4.

[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#) .

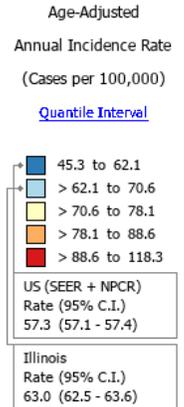
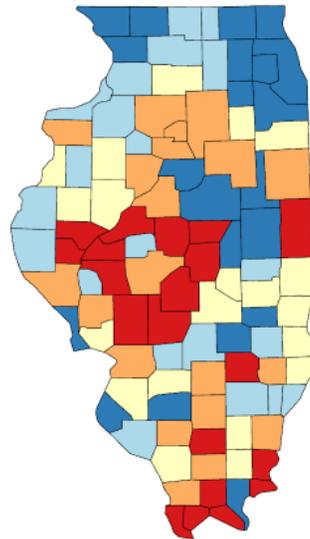
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2015-2019, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/deathrates/index.php?stateFIPS=17&areatype=county&cancer=001&race=00&sex=0&age=001&type=death#results>

Age-Adjusted Incidence Rate due to Cancer of the Lung and Bronchus, 2014-2018

Incidence Rates[†] for Illinois by County Lung & Bronchus, 2014 - 2018 All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI.

The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

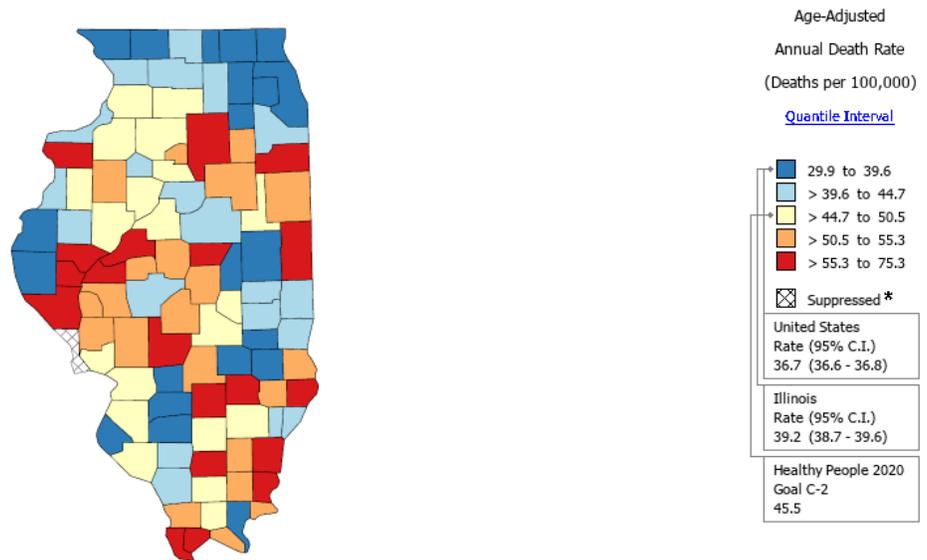
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2014-2018, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/incidencrates/index.php?stateFIPS=17&areatype=county&cancer=047&race=00&sex=0&age=001&type=incd#results>

Age-Adjusted Death Rate due to Cancer of the Lung and Bronchus, 2015-2019

**Death Rates for Illinois by County
Lung & Bronchus, 2015 - 2019
All Races (includes Hispanic), Both Sexes, All Ages**



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the Census [1969-2018 US Population Data](#) File as modified by NCI.

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

Healthy People 2020 Goal C-2 : Reduce the lung cancer death rate to 45.5.

[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#).

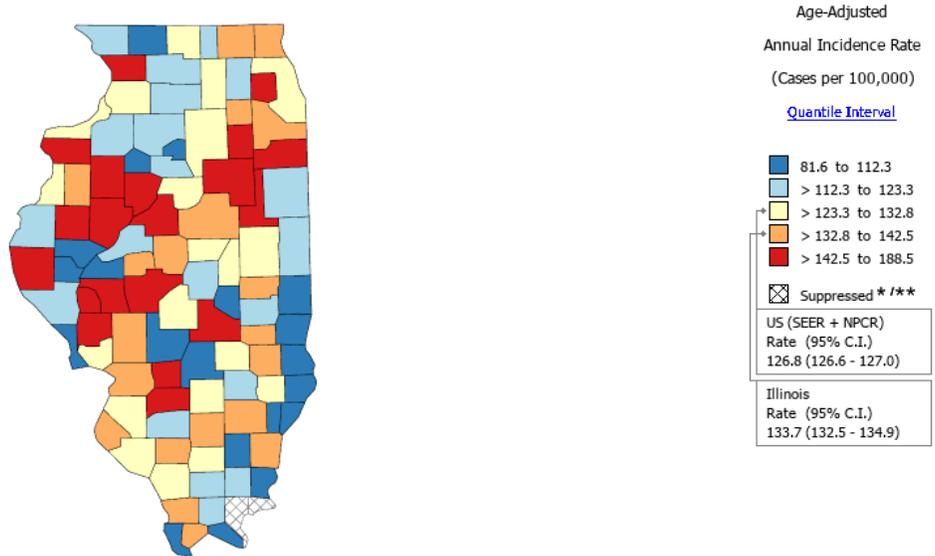
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2015-2019, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/deathrates/index.php?stateFIPS=17&areatype=county&cancer=047&race=00&sex=0&age=001&year=0&type=death&sortVariableName=rate&sortOrder=desc#results>

Age-Adjusted Incidence Rate due to Breast Cancer, Females All Ages, 2014-2018

Incidence Rates[†] for Illinois by County Breast, 2014 - 2018 All Races (includes Hispanic), Female, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

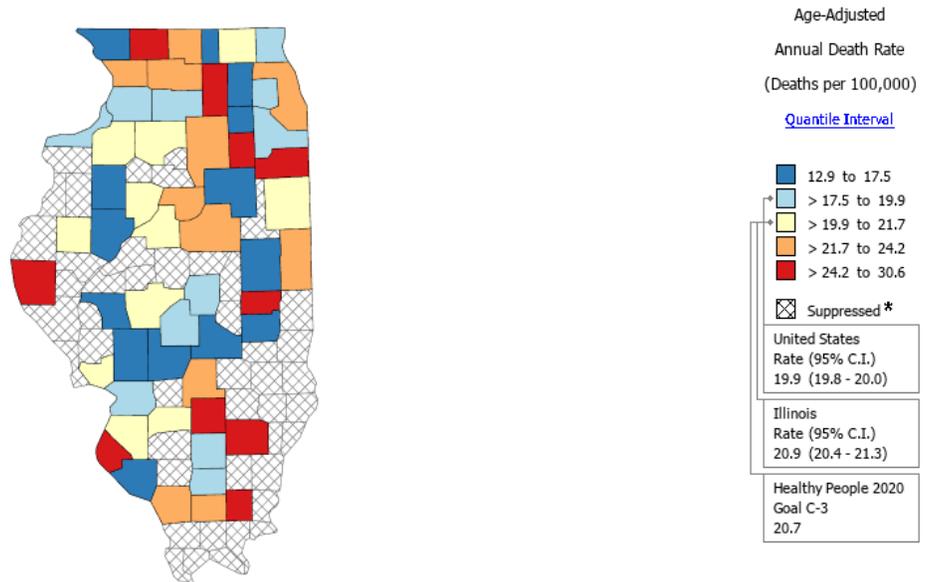
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2014-2018, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/incidencrates/index.php?stateFIPS=17&areatype=county&cancer=055&race=00&sex=2&age=001&type=incd#results>

Age-Adjusted Death Rate due to Breast Cancer, Females All Ages, 2015-2019

Death Rates for Illinois by County Breast, 2015 - 2019 All Races (includes Hispanic), Female, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the [1969-2018 US Population Data](#) File as modified by NCI.

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

Healthy People 2020 Goal C-3 : Reduce the female breast cancer death rate to 20.7.

[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#) .

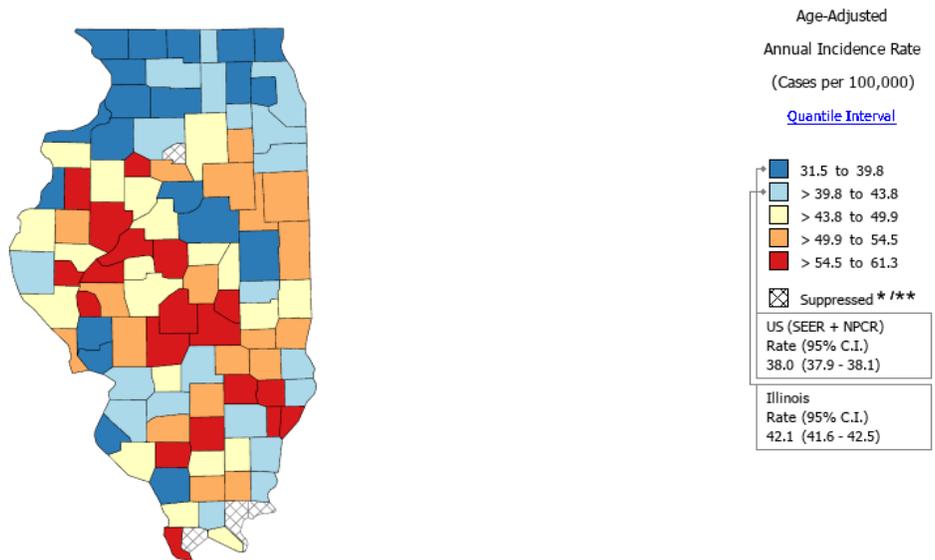
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2015-2019, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/deathrates/index.php?stateFIPS=17&areatype=county&cancer=055&race=00&sex=2&age=001&type=death#results>

Age-Adjusted Incidence Rate due to Cancer of Colon & Rectum (CRC), 2014-2018

Incidence Rates[†] for Illinois by County Colon & Rectum, 2014 - 2018 All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

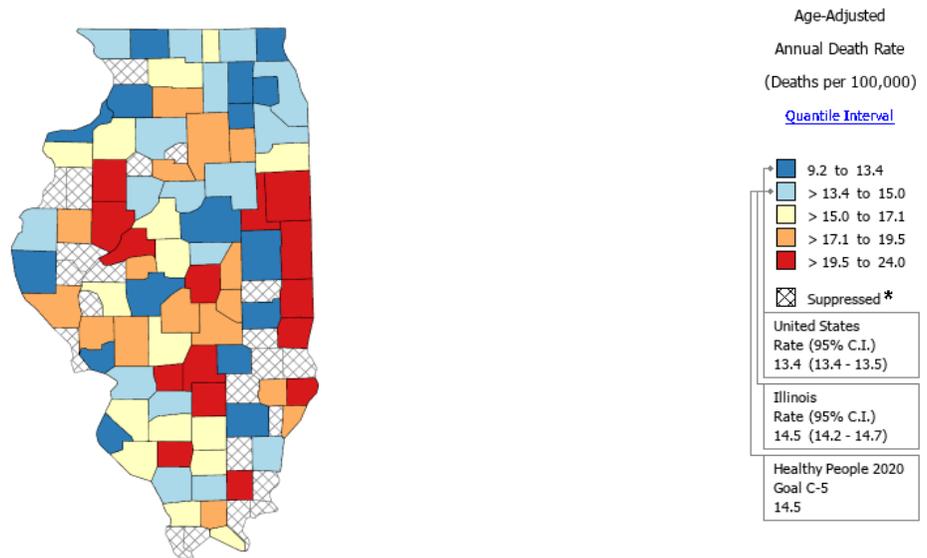
* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period. Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2014-2018, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=17&areatype=county&cancer=020&stage=999&race=00&sex=0&age=001&year=0&type=incd&sortVariableName=rate&sortOrder=desc#results>

Age-Adjusted Death Rate due to Cancer of Colon & Rectum (CRC), 2015-2019

**Death Rates for Illinois by County
Colon & Rectum, 2015 - 2019
All Races (includes Hispanic), Both Sexes, All Ages**



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the Census [1969-2018 US Population Data](#) File as modified by NCI.

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

Healthy People 2020 Goal C-5 : Reduce the colorectal cancer death rate to 14.5.

[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#) .

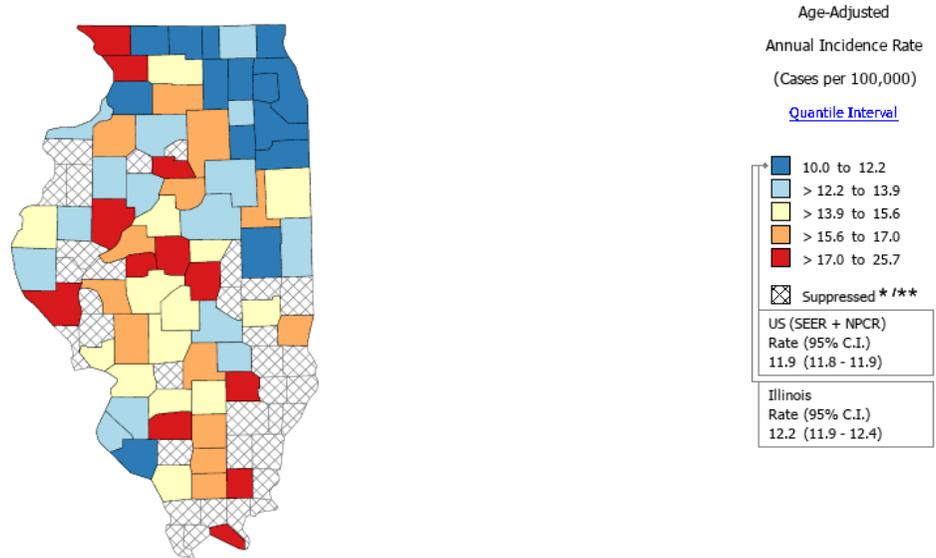
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2015-2019, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/deathrates/index.php?stateFIPS=17&areatype=county&cancer=020&race=00&sex=0&age=001&type=death#results>

Age-Adjusted Incidence Rate due to Oral Cavity and Pharynx, Both Sexes, All Ages, 2014-2018

Incidence Rates[†] for Illinois by County Oral Cavity & Pharynx, 2014 - 2018 All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

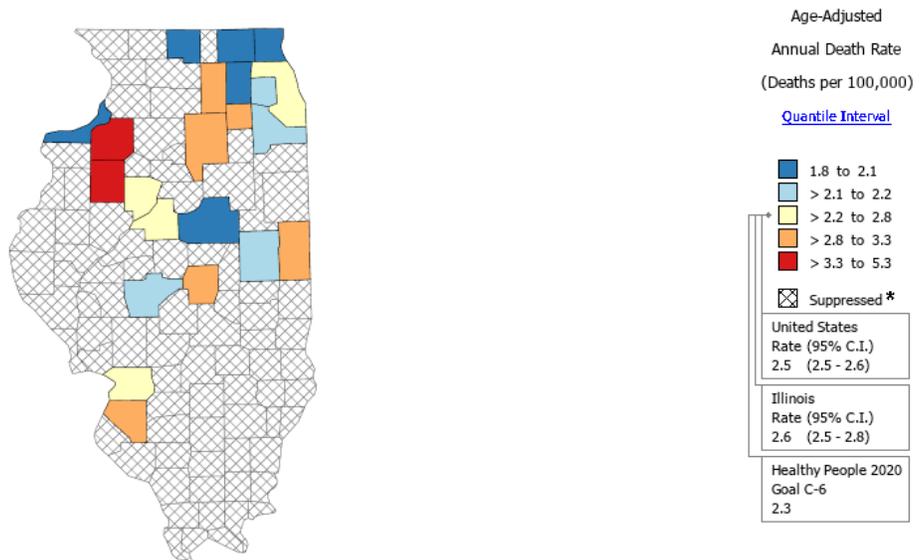
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2014-2018, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=17&areatype=county&cancer=003&race=00&sex=0&age=001&stage=999&year=0&type=incd&sortVariableName=rate&sortOrder=default&output=0#results>

Age-Adjusted Death Rate due to Oral Cavity and Pharynx, Both Sexes, All Ages, 2015-2019

Death Rates for Illinois by County
Oral Cavity & Pharynx, 2015 - 2019
All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the Census [1969-2018 US Population Data](#) File as modified by NCI.

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

Healthy People 2020 Goal C-6 : Reduce the oropharyngeal cancer death rate to 2.3.

[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#).

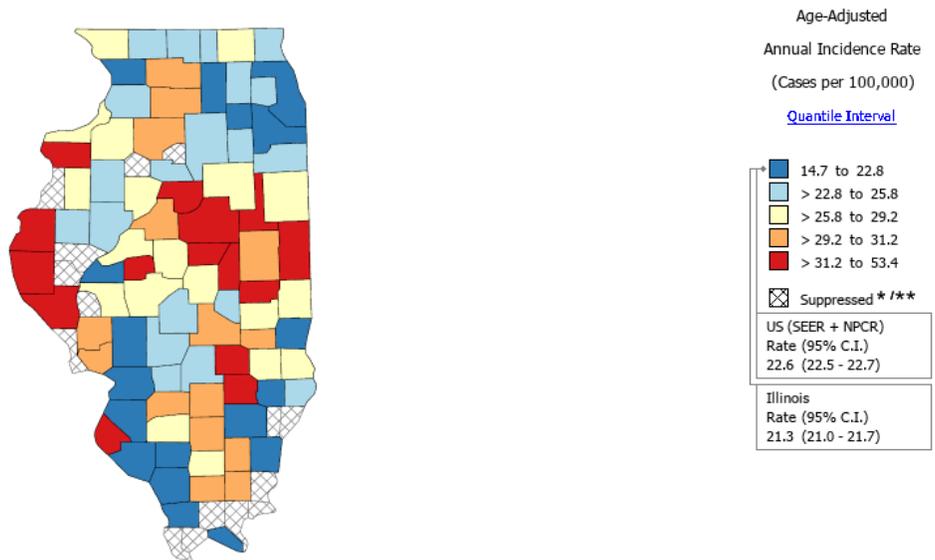
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2015-2019, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/deathrates/index.php?stateFIPS=17&areatype=county&cancer=003&race=00&sex=0&age=001&type=death#results>

Age-Adjusted Incidence Rate due to Melanoma of the Skin, 2014-2018

Incidence Rates[†] for Illinois by County Melanoma of the Skin, 2014 - 2018 All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

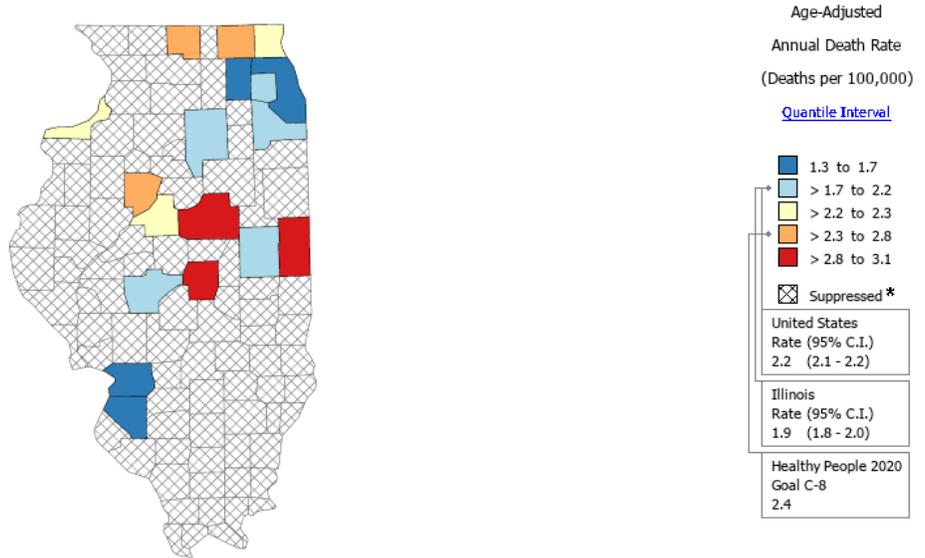
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2014-2018, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/incidencrates/index.php?stateFIPS=17&areatype=county&cancer=053&race=00&sex=0&age=001&type=incd#results>

Age-Adjusted Death Rate due to Melanoma of the Skin, 2015-2019

Death Rates for Illinois by County Melanoma of the Skin, 2015 - 2019 All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the Census [1969-2018 US Population Data](#) File as modified by NCI.

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

Healthy People 2020 Goal C-8 : Reduce the melanoma cancer death rate to 2.4.

[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#).

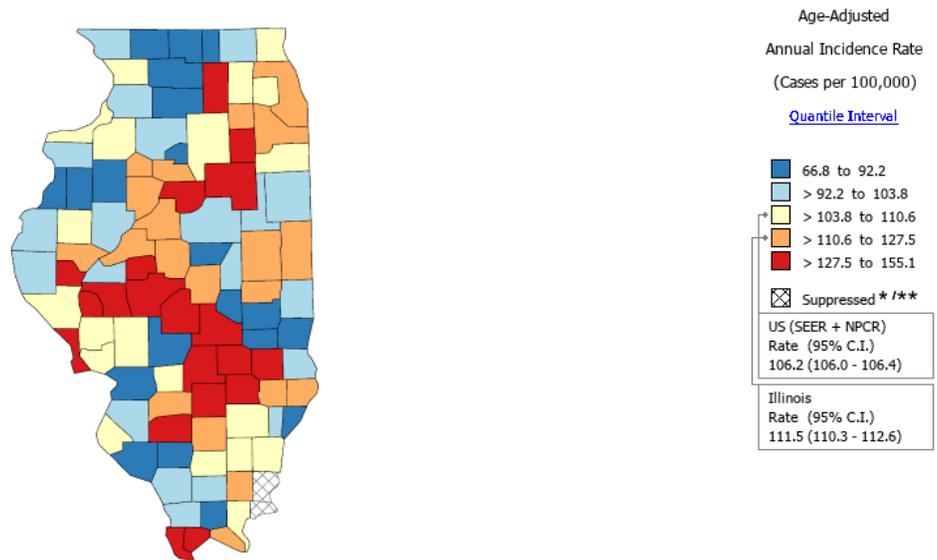
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2015-2019, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/deathrates/index.php?stateFIPS=17&areatype=county&cancer=053&race=00&sex=0&age=001&type=death#results>

Age-Adjusted Incidence Rate due to Cancer of Prostate, 2014-2018

Incidence Rates[†] for Illinois by County Prostate, 2014 - 2018 All Races (includes Hispanic), Male, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

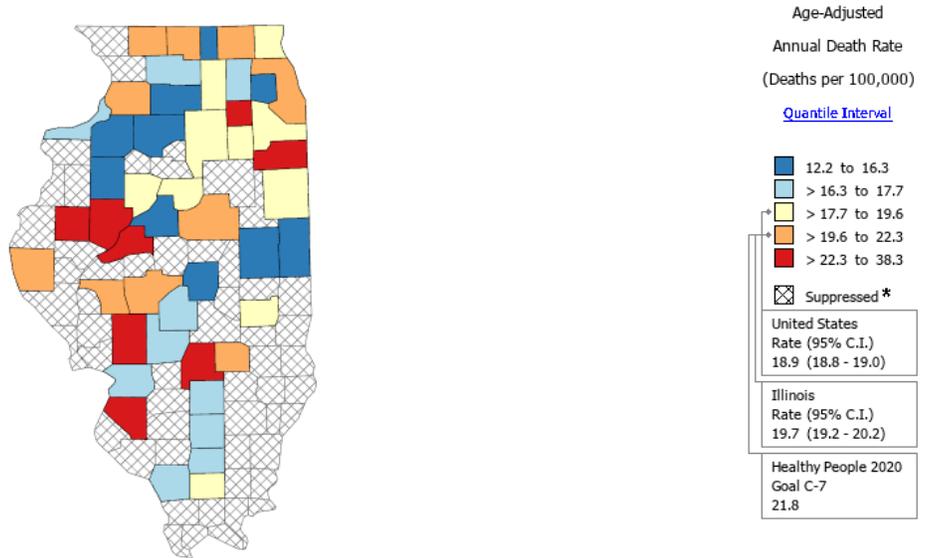
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2014-2018, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=17&areatype=county&cancer=066&race=00&sex=1&age=001&type=incd#results>

Age-Adjusted Death Rate due to Cancer of Prostate, 2015-2019

**Death Rates for Illinois by County
Prostate, 2015 - 2019
All Races (includes Hispanic), Male, All Ages**



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the Census [1969-2018 US Population Data](#) File as modified by NCI.

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

Healthy People 2020 Goal C-7 : Reduce the prostate cancer death rate to 21.8.

[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#) .

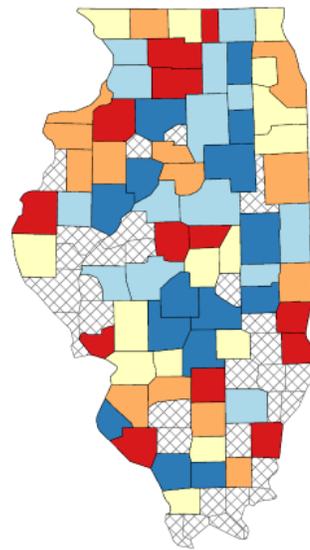
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2015-2019, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/deathrates/index.php?stateFIPS=17&areatype=county&cancer=066&race=00&sex=1&age=001&year=0&type=death&sortVariableName=rate&sortOrder=desc#results>

Age-Adjusted Incidence Rate due to Cancer of the Uterus, 2014-2018

Incidence Rates[†] for Illinois by County Uterus (Corpus & Uterus, NOS), 2014 - 2018 All Races (includes Hispanic), Female, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI.

The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

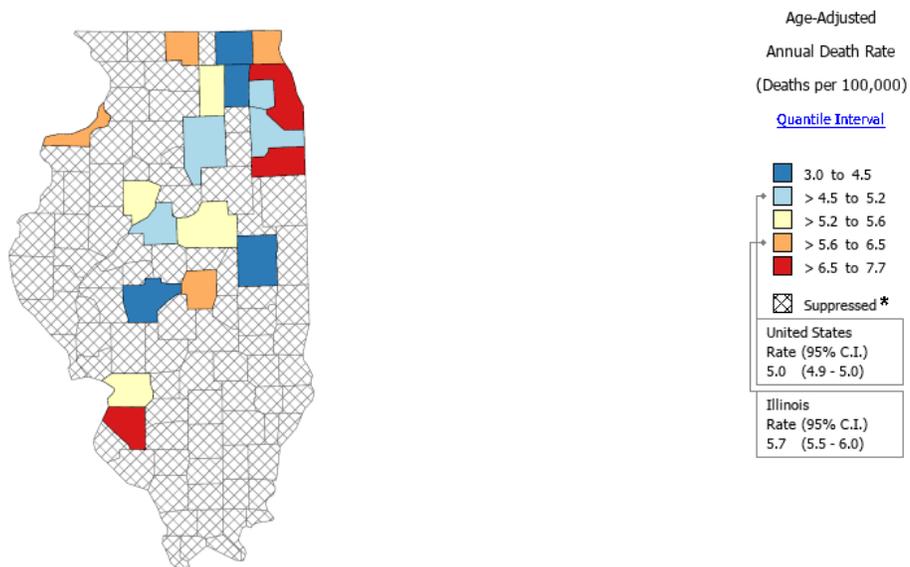
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2014-2018 Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&county&001&058&00&2&01&0&1&5&0#results>

Age-Adjusted Death Rate due to Cancer of the Uterus, 2015-2019

Death Rates for Illinois by County Uterus (Corpus & Uterus, NOS), 2015 - 2019 All Races (includes Hispanic), Female, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the Census [1969-2018 US Population Data](#) File as modified by NCI.

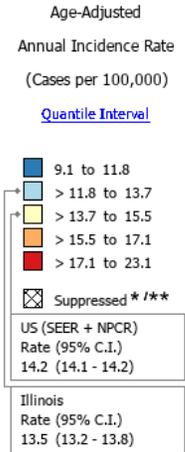
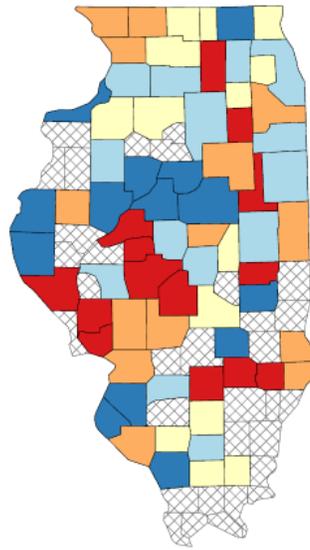
* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period. Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2015-2019, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&county&001&058&00&2&02&0&1&5&0#results>

Age-Adjusted Incidence Rate due to Cancer of Leukemia, 2014-2018

Incidence Rates[†] for Illinois by County Leukemia, 2014 - 2018 All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

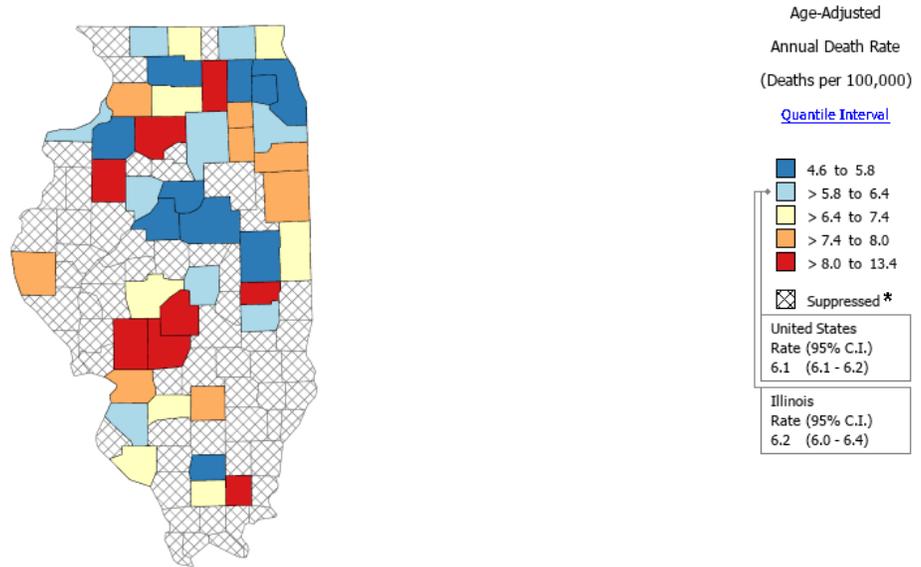
Data for the United States does not include data from Puerto Rico

Source: State Cancer Profiles, 2014-2018, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&county&001&090&00&0&01&0&1&5&0#results>

Age-Adjusted Death Rate due to Cancer of Leukemia, 2015-2019

Death Rates for Illinois by County Leukemia, 2015 - 2019 All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal. Population counts for denominators are based on the Census [1969-2018 US Population Data](#) File as modified by NCI.

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period. Data for the United States does not include data from Puerto Rico

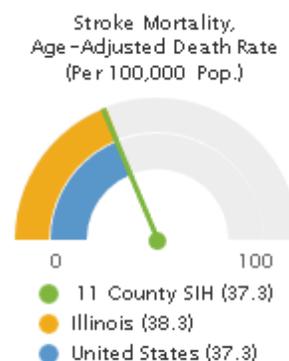
Source: State Cancer Profiles, 2015-2019, Retrieved 9.21.2021

<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&county&001&090&00&0&02&0&1&5&0#results>

Mortality – Stroke

This indicator reports the 2015-2019 five-year average rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States. Within the report area, there are a total of 701 deaths due to stroke. This represents an age-adjusted death rate of 37.3 per every 100,000-total population.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
11 County SIH Service Area IL	266,592	701	53.4	37.3
Franklin County, IL	38,970	109	55.9	37.9
Gallatin County, IL	5,089	18	70.8	No data
Hardin County, IL	3,987	14	70.2	No data
Jackson County, IL	58,137	93	32.0	27.1
Johnson County, IL	12,687	21	33.1	23.3
Perry County, IL	21,255	60	56.5	39.1
Pope County, IL	4,219	No data	No data	No data
Saline County, IL	24,071	93	77.3	51.1
Union County, IL	17,023	56	65.8	45.1
White County, IL	13,952	52	74.5	42.3



Williamson County, IL	67,201	185	55.1	40.1
Illinois	12,775,292	29,395	46.0	38.3
United States	325,134,494	726,663	44.7	37.3

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System.
Accessed via CDC WONDER. 2015-2019. Source geography: County
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.



Stroke Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2015-19

- Over 70.0
- 55.1 - 70.0
- 40.1 - 55.0
- Under 40.1
- Data Suppressed (<20 Deaths)
- 11 County SIH Service Area IL

Data was also examined regarding the reasons people visited the hospitals five or more times in FY21. See table below.

Principal Diagnoses of ED Patients with 5+ Visits

HARRISBURG MEDICAL CENTER (FY21 - JULY)	SIH (HH, MHC, SJMH) (FY21 - APRIL)
1. Other chest pain	1. Anxiety disorder, unspecified
2. Migraine	2. Shortness of breath
3. Unspecified abdominal pain	3. Chest pain, unspecified
4. Essential hypertension	4. Chronic obstructive pulmonary disease
5. Urinary tract infection	5. Generalized anxiety disorder
6. Anxiety disorder, unspecified	6. Constipation, unspecified
7. Chest pain, unspecified	7. Suicidal ideations
8. Major depressive disorder	8. Foreign body of alimentary tract, part unspecified, initialize encounter
9. Alcohol abuse with intoxication, un	9. Generalized abdominal pain
10. Low back pain	10. Other chest pain
11. Schizophrenia, unspecified	
<i>Source: J.Hayes, HMC 9.28.21</i>	<i>Source: N. Woolard, 9.9.21</i>

ANNUAL HOSPITAL QUESTIONNAIRE DATA FOR 2020 – HOSPITALS COMBINED

Harrisburg Medical Center
Herrin Hospital
Memorial Hospital Carbondale
St. Joseph Memorial Hospital

BY RACIAL GROUPS

	INPATIENTS	INPATIENTS PERCENT	INPATIENT DAYS	INPATIENT DAYS PERCENT
Asian	41	0.21%	113	0.14%
American Indian/Native Alaskan	17	0.09%	70	0.09%
Black/African American	1,293	6.68%	5,205	6.52%
Native Hawaiian/Pacific Islander	18	0.09%	47	0.06%
White	17,574	90.75%	73,059	91.58%
Race Unknown	422	2.18%	1,285	1.61%
Totals	19,365		79,779	

Data Source: 2020 Annual Hospital Questionnaire Data

BY ETHNICITY

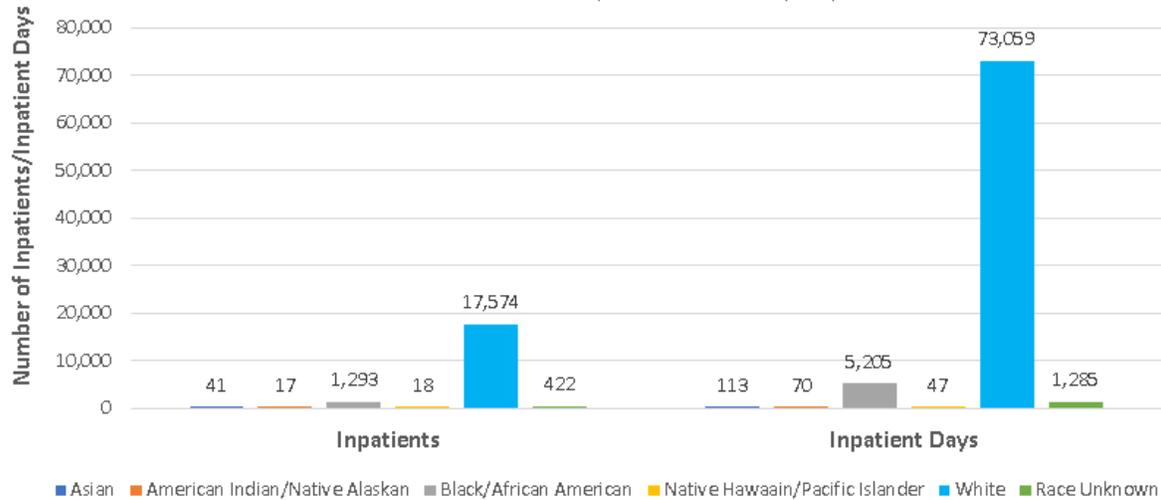
	INPATIENTS	INPATIENTS PERCENT	INPATIENT DAYS	INPATIENT DAYS PERCENT
Hispanic/Latino	295	1.52%	1,071	1.34%
Not Hispanic	18,866	97.42%	77,801	97.52%
Ethnicity Unknown	204	1.05%	907	1.14%
Totals	19,365		79,779	

Data Source: 2020 Annual Hospital Questionnaire Data

BY RACIAL GROUPS

Inpatients & Inpatient Days by Race - 2020

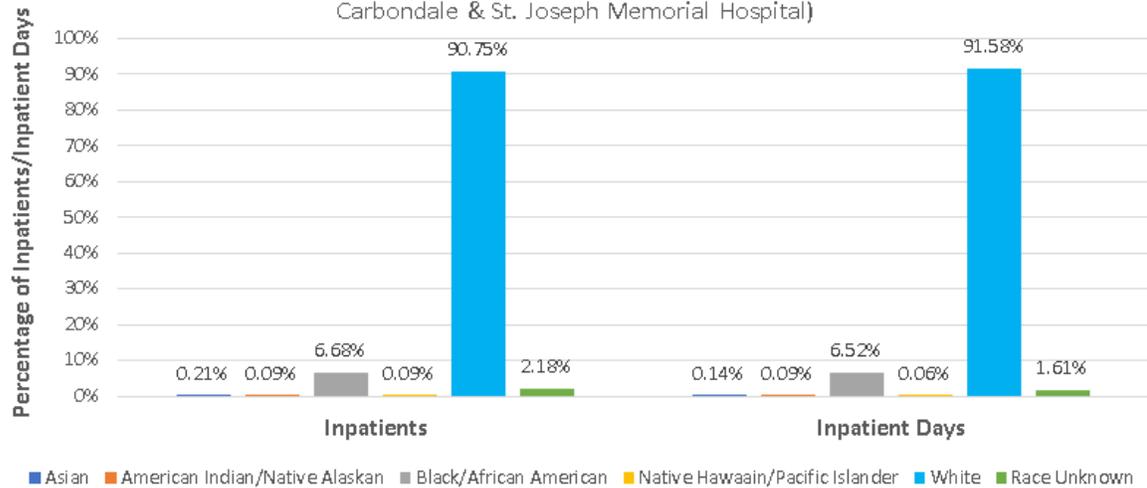
(Total Numbers for Harrisburg Medical Center, Herrin Hospital, Memorial Hospital Carbondale & St. Joseph Memorial Hospital)



Data Source: 2020 Annual Hospital Questionnaire Data

Inpatients & Inpatient Days by Race - 2020

(Total Percentages for Harrisburg Medical Center, Herrin Hospital, Memorial Hospital Carbondale & St. Joseph Memorial Hospital)

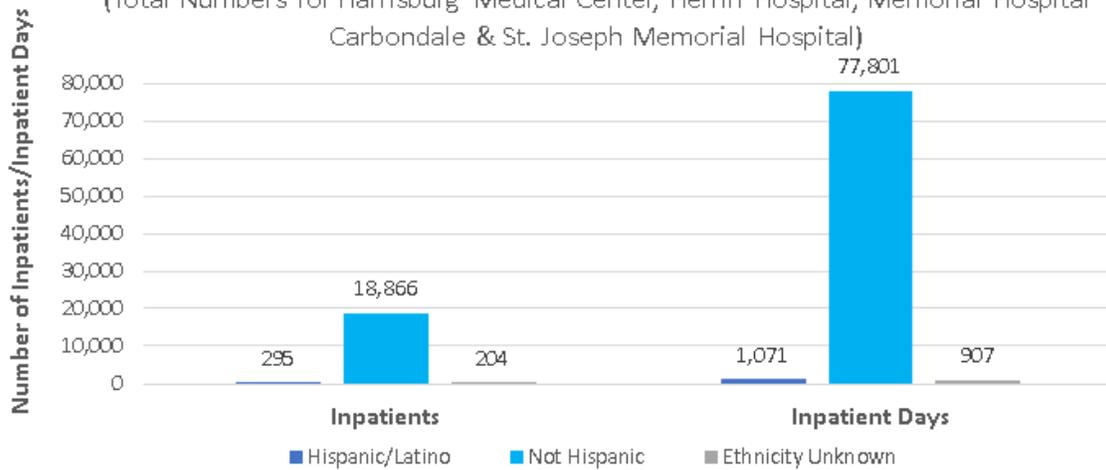


Data Source: 2020 Annual Hospital Questionnaire Data

BY ETHNICITY

Inpatients & Inpatient Days by Ethnicity - 2020

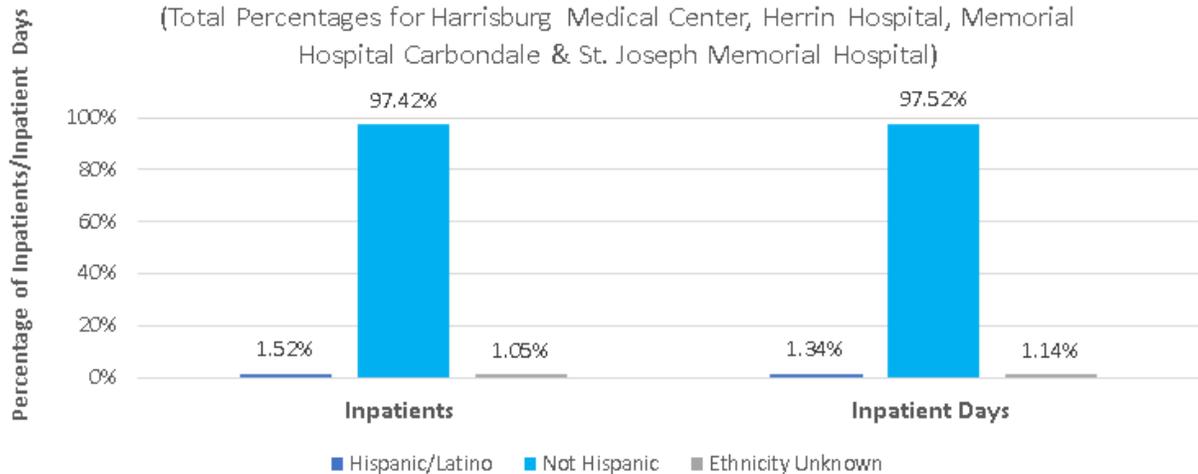
(Total Numbers for Harrisburg Medical Center, Herrin Hospital, Memorial Hospital Carbondale & St. Joseph Memorial Hospital)



Data Source: 2020 Annual Hospital Questionnaire Data

Inpatients & Inpatient Days by Ethnicity - 2020

(Total Percentages for Harrisburg Medical Center, Herrin Hospital, Memorial Hospital Carbondale & St. Joseph Memorial Hospital)



Data Source: 2020 Annual Hospital Questionnaire Data

Healthy People 2030 Leading Health Indicators Comparing the SIH Counties to Illinois and the US

23 Leading Health Indicators - Broken into 5 categories and 19 subcategories

1. Health Conditions
 - a. Sexually Transmitted Infections
 - i. Increase the proportion of persons who know their HIV status HIV-02
 - b. Mental Health and Mental Disorders
 - i. Reduce the suicide rate MHMD-01
 - ii. Increase the proportion of adolescents with major depressive episodes (MDEs) who receive treatment MHMD-06
 - c. Overweight and Obesity
 - i. Reduce the proportion of children and adolescents with obesity NWS-04
 - d. Cancer
 - i. Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines C-07
 - e. Heart Disease and Stroke
 - i. Increase the proportion of adults with hypertension whose blood pressure is under control HDS-05
 - f. Pregnancy and Childbirth
 - i. Reduce maternal deaths MICH-04
 - g. Diabetes
 - i. Reduce the annual number of new cases of diagnosed diabetes in the population D-01

2. Health Behaviors
 - a. Nutrition and Healthy Eating
 - i. Reduce the consumption of calories from added sugars by persons aged 2 years and over NWS-10
 - ii. Reduce household food insecurity and in doing so reduce hunger NWS-01
 - b. Drug and Alcohol Use
 - i. Reduce drug overdose deaths SU-03
 - ii. Reduce the proportion of persons aged 21 years and over engaging in binge drinking of alcoholic beverages during the past 30 days SU-10
 - c. Violence Prevention
 - i. Reduce homicides IVP-09
 - d. Vaccination

- i. Increase the proportion of persons who are vaccinated annually against seasonal influenza IID-09
 - e. Tobacco Use
 - i. Reduce current use of any tobacco products among adolescents TU-04
 - ii. Reduce current use of cigarettes among adults TU-02
 - f. Physical Activity
 - i. Increase the proportion of adults who meet current minimum guidelines for aerobic physical activity and muscle-strengthening activity PA-05
- 3. Populations
 - a. Infants
 - i. Reduce the rate of infant deaths within 1 year of age MICH-02
- 4. Settings and Systems
 - a. Health Care
 - i. Increase the proportion of children, adolescents, and adults who use the oral health care system OH-08
 - b. Environmental Health
 - i. Reduce the number of days people are exposed to unhealthy air – EH-01
 - c. Schools
 - i. Increase the proportion of 4th grade students whose reading skills are at or above the proficient achievement level for their grade AH-05
- 5. Social Determinants of Health
 - a. Health Care Access and Quality
 - i. Increase the proportion of persons with medical insurance AHS-01
 - b. Economic Stability
 - i. Increase employment among the working-age population SDOH-02

Healthy People 2030

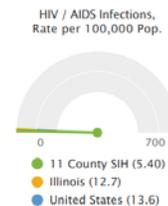
23 Leading Health Indicators - Broken into 5 categories and 19 subcategories

Health Conditions

Sexually Transmitted Infections

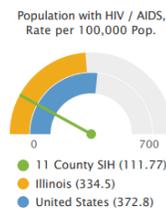
Increase the proportion of persons who know their HIV status HIV-02

Report Area	Population Age 13+	Total HIV / AIDS Infections	HIV / AIDS Infections, Rate per 100,000 Pop.
11 County SIH Service Area IL	111,803	6	5.40
Franklin County, IL	No data	Suppressed	No data
Gallatin County, IL	4,324	0	0.0
Hardin County, IL	3,430	0	0.0
Jackson County, IL	No data	Suppressed	No data
Johnson County, IL	10,853	0	0.0
Perry County, IL	18,321	0	0.0
Pope County, IL	3,882	0	0.0
Saline County, IL	No data	Suppressed	No data
Union County, IL	14,412	0	0.0
White County, IL	No data	Suppressed	No data
Williamson County, IL	56,581	6	10.6
Illinois	10,713,681	1,361	12.7
United States	274,605,948	37,428	13.6



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018. Source geography: County

Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate per 100,000 Pop.
11 County SIH Service Area IL	186,989	209	111.77
Franklin County, IL	32,638	29	88.9
Gallatin County, IL	4,324	7	161.9
Hardin County, IL	No data	Suppressed	No data
Jackson County, IL	49,860	43	86.2
Johnson County, IL	10,853	31	285.6
Perry County, IL	18,321	32	174.7
Pope County, IL	No data	Suppressed	No data
Saline County, IL	No data	Suppressed	No data
Union County, IL	14,412	7	48.6
White County, IL	No data	Suppressed	No data
Williamson County, IL	56,581	60	106.0
Illinois	10,713,681	35,841	334.5
United States	274,605,948	1,023,832	372.8



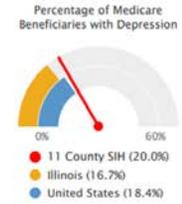
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018. Source geography: County

Mental Health and Mental Disorders

Reduce the suicide rate MHMD-01

Increase the proportion of adolescents with major depressive episodes (MDEs) who receive treatment MHMD-06

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Beneficiaries with Depression, Percent
11 County SIH Service Area IL	45,068	8,992	20.0%
Franklin County, IL	7,273	1,534	21.1%
Gallatin County, IL	1,152	187	16.2%
Hardin County, IL	905	164	18.1%
Jackson County, IL	6,979	1,427	20.4%
Johnson County, IL	2,229	411	18.4%
Perry County, IL	3,273	596	18.2%
Pope County, IL	806	130	16.1%
Saline County, IL	4,717	976	20.7%
Union County, IL	3,364	702	20.9%
White County, IL	3,193	600	18.8%
Williamson County, IL	11,177	2,265	20.3%
Illinois	1,443,297	240,827	16.7%
United States	33,499,472	6,163,735	18.4%

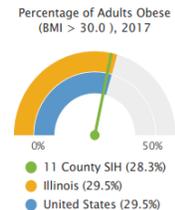


Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File - 2018. Source geography: County

Overweight and Obesity

Reduce the proportion of children and adolescents with obesity NWS-04

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
11 County SIH Service Area IL	204,147	57,652	28.3%
Franklin County, IL	29,494	9,792	33.3%
Gallatin County, IL	3,947	1,034	26.7%
Hardin County, IL	3,156	928	29.5%
Jackson County, IL	44,473	10,896	24.6%
Johnson County, IL	9,799	2,293	23.4%
Perry County, IL	16,657	4,714	28.2%
Pope County, IL	3,533	901	26.0%
Saline County, IL	18,243	4,962	27.4%
Union County, IL	13,096	4,112	31.5%
White County, IL	10,615	3,089	29.3%
Williamson County, IL	51,134	14,931	29.2%
Illinois	9,569,322	2,843,528	29.5%
United States	243,101,202	72,159,365	29.5%



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County

Cancer

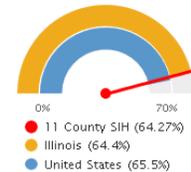
Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines C-07

Cancer Screening - Sigmoidoscopy or Colonoscopy

Colorectal Cancer Screening

Report Area	Total Population (2010)	Percentage of Adults with Adequate Colorectal Cancer Screening
11 County SIH Service Area IL	264,398	64.27%
Franklin County, IL	38,701	62.5%
Gallatin County, IL	5,058	63.1%
Hardin County, IL	3,910	63.1%
Jackson County, IL	57,419	64.5%
Johnson County, IL	12,456	64.3%
Perry County, IL	21,174	63.7%
Pope County, IL	4,212	65.6%
Saline County, IL	23,906	62.0%
Union County, IL	16,841	63.9%
White County, IL	13,665	64.4%
Williamson County, IL	67,056	66.2%
Illinois	12,741,080	64.4%
United States	327,167,434	65.5%

Percentage of Adults Age 50-75 with Recent Colorectal Cancer Screening



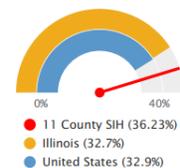
Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2018.

Heart Disease and Stroke

Increase the proportion of adults with hypertension whose blood pressure is under control HDS-05

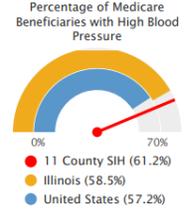
Report Area	Total Population(2010)	Percentage of Adults with High Blood Pressure
11 County SIH Service Area IL	264,398	36.23%
Franklin County, IL	38,701	38.5%
Gallatin County, IL	5,058	39.7%
Hardin County, IL	3,910	42.5%
Jackson County, IL	57,419	31.7%
Johnson County, IL	12,456	37.9%
Perry County, IL	21,174	36.4%
Pope County, IL	4,212	39.7%
Saline County, IL	23,906	38.1%
Union County, IL	16,841	37.7%
White County, IL	13,665	37.9%
Williamson County, IL	67,056	36.2%
Illinois	12,741,080	32.7%
United States	327,167,434	32.9%

Percentage of Adults with High Blood Pressure



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2017.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure, Percent
11 County SIH Service Area IL	45,068	27,603	61.2%
Franklin County, IL	7,273	4,591	63.1%
Gallatin County, IL	1,152	656	56.9%
Hardin County, IL	905	541	59.8%
Jackson County, IL	6,979	4,114	58.9%
Johnson County, IL	2,229	1,406	63.1%
Perry County, IL	3,273	2,019	61.7%
Pope County, IL	806	468	58.1%
Saline County, IL	4,717	2,787	59.1%
Union County, IL	3,364	1,973	58.7%
White County, IL	3,193	1,985	62.2%
Williamson County, IL	11,177	7,063	63.2%
Illinois	1,443,297	844,619	58.5%
United States	33,499,472	19,162,770	57.2%



Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County

Pregnancy and Childbirth

Reduce maternal deaths MICH-04

Mortality - Infant Mortality (CDC)

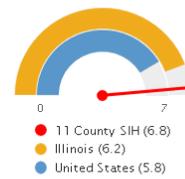
This indicator reports information about infant mortality, which is defined as the number of all infant deaths (within 1 year) per 1,000 live births. Data were from the National Center for Health Statistics - Mortality Files (2013-2019) and are used for the 2021 County Health Rankings.

Within the report area, 90 infant deaths occurred during the 2013-19 seven-year period. This represents 6.8 deaths per 1,000 live births.

Note: Data are suppressed for counties with fewer than 20 infant deaths in the time frame.

Report Area	Number of Infant Deaths	Deaths per 1,000 Live Births
11 County SIH Service Area IL	90	6.8
Franklin County, IL	21	6.5
Gallatin County, IL	No data	No data
Hardin County, IL	No data	No data
Jackson County, IL	33	7.1
Johnson County, IL	No data	No data
Perry County, IL	No data	No data
Pope County, IL	No data	No data
Saline County, IL	No data	No data
Union County, IL	No data	No data
White County, IL	No data	No data
Williamson County, IL	36	6.8
Illinois	12,644	6.2
United States	301,832	5.8

Infant Mortality, Rate per 1,000 Births



Note: This indicator is compared to the state average.
 Data Source: University of Wisconsin Population Health Institute, *County Health Rankings*, 2013-2019. Source: geography: County

Low Birth Weight (CDC)

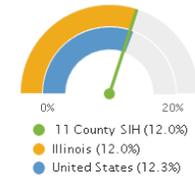
This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2013-2019) and are used for the 2021 County Health Rankings.

Within the report area, there were 20,852 infants born with low birth weight. This represents 12.0% of the total live births.

Note: Data are suppressed for counties with fewer than 10 low birthweight births in the reporting period.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
11 County SIH Service Area IL	1,739	20,852	12.0%
Franklin County, IL	273	3,309	8.3%
Gallatin County, IL	27	367	7.4%
Hardin County, IL	18	220	8.2%
Jackson County, IL	409	4,629	8.8%
Johnson County, IL	42	738	5.7%
Perry County, IL	104	1,445	7.2%
Pope County, IL	21	206	10.2%
Saline County, IL	201	2,184	9.2%
Union County, IL	75	1,290	5.8%
White County, IL	93	1,070	8.7%
Williamson County, IL	476	5,394	8.8%
Illinois	177,366	2,123,542	12.0%
United States	4,440,508	54,416,819	12.3%

Percentage of Infants with Low Birthweight: %



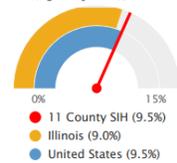
Note: This indicator is compared to the state average.
 Data Source: University of Wisconsin Population Health Institute, *County Health Rankings*. 2013-2019. Source geography: County

Diabetes

Reduce the annual number of new cases of diagnosed diabetes in the population D-01

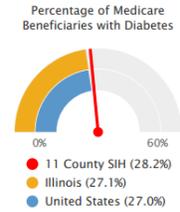
Report Area	Population Age 20+	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes, Age-Adjusted Rate
11 County SIH Service Area IL	204,333	22,797	9.5%
Franklin County, IL	29,459	4,360	12.6%
Gallatin County, IL	3,967	365	6.8%
Hardin County, IL	3,151	334	7.8%
Jackson County, IL	44,452	3,734	8.3%
Johnson County, IL	9,849	916	7.2%
Perry County, IL	16,592	1,626	8.5%
Pope County, IL	3,531	452	10.2%
Saline County, IL	18,363	1,671	7.2%
Union County, IL	13,074	1,582	9.8%
White County, IL	10,557	929	6.4%
Williamson County, IL	51,338	6,828	11.3%
Illinois	9,555,812	950,224	9.0%
United States	245,628,960	25,942,874	9.5%

Percentage of Adults with Diagnosed Diabetes (Age-Adjusted), 2017



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, *National Center for Chronic Disease Prevention and Health Promotion*. 2017. Source geography: County

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Beneficiaries with Diabetes, Percent
11 County SIH Service Area IL	45,068	12,696	28.2%
Franklin County, IL	7,273	2,147	29.5%
Gallatin County, IL	1,152	329	28.6%
Hardin County, IL	905	265	29.3%
Jackson County, IL	6,979	1,833	26.3%
Johnson County, IL	2,229	637	28.6%
Perry County, IL	3,273	926	28.3%
Pope County, IL	806	198	24.6%
Saline County, IL	4,717	1,355	28.7%
Union County, IL	3,364	895	26.6%
White County, IL	3,193	893	28.0%
Williamson County, IL	11,177	3,218	28.8%
Illinois	1,443,297	390,627	27.1%
United States	33,499,472	9,029,582	27.0%



Note: This indicator is compared to the state average.
 Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File, 2018. Source geography: County

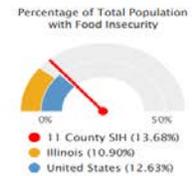
Health Behaviors

Nutrition and Healthy Eating

Reduce the consumption of calories from added sugars by persons aged 2 years and over NWS-10

Reduce household food insecurity and in doing so reduce hunger NWS-01

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
11 County SIH Service Area IL	269,965	36,930	13.68%
Franklin County, IL	39,416	5,400	13.70%
Gallatin County, IL	5,246	640	12.20%
Hardin County, IL	4,167	550	13.20%
Jackson County, IL	59,205	10,420	17.60%
Johnson County, IL	12,937	1,630	12.60%
Perry County, IL	21,520	2,690	12.50%
Pope County, IL	4,375	490	11.20%
Saline County, IL	24,336	3,480	14.30%
Union County, IL	17,179	2,010	11.70%
White County, IL	14,167	1,530	10.80%
Williamson County, IL	67,417	8,090	12.00%
Illinois	12,807,064	1,395,970	10.90%
United States	325,717,422	41,133,950	12.63%



Note: This indicator is compared to the state average.
 Data Source: Feeding America, 2017. Source geography: County

Report Area	Food Insecure Population	Food Insecure Population Ineligible for Assistance, Percent	Food Insecure Children	Food Insecure Children Ineligible for Assistance, Percent
11 County SIH Service Area IL	36,930	31.00%	10,440	22.00%
Franklin County, IL	5,400	27.00%	1,810	15.00%
Gallatin County, IL	640	26.00%	230	9.00%
Hardin County, IL	550	17.00%	140	20.00%
Jackson County, IL	10,420	26.00%	2,070	24.00%
Johnson County, IL	1,630	46.00%	420	30.00%
Perry County, IL	2,690	44.00%	740	29.00%
Pope County, IL	490	30.00%	120	18.00%
Saline County, IL	3,480	24.00%	1,100	14.00%
Union County, IL	2,010	29.00%	660	19.00%
White County, IL	1,530	29.00%	530	20.00%
Williamson County, IL	8,090	39.00%	2,620	29.00%
Illinois	1,395,970	35.00%	453,260	34.00%
United States	41,133,950	33.00%	13,411,620	35.00%

Drug and Alcohol Use

Reduce drug overdose deaths SU-03

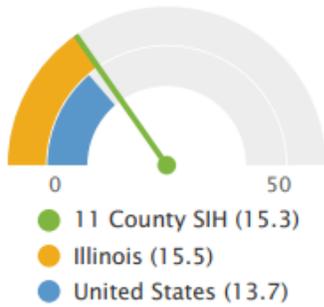
Reduce the proportion of persons aged 21 years and over engaging in binge drinking of alcoholic beverages during the past 30 days SU-10

Mortality - Opioid Overdose

This indicator reports the 2015-2019 five-year average rate of death due to opioid drug overdose per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummared for report areas from county level data, only where data is available. This indicator is relevant because opioid drug overdose is the leading cause of injury deaths in the United States, and they have increased dramatically in recent years. Within the report area, there are a total of 147 deaths due to opioid overdose. This represents an age-adjusted death rate of 15.3 per every 100,000-total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Opioid Drug Overdose Mortality,
Age-Adjusted Death Rate
(Per 100,000 Pop.)



Opioid Overdose Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2015-19

Source: CDC National Vital Statistics System, 2015- 2019

2020 Illinois Opioid Fatality Rate per 100,000 Capita

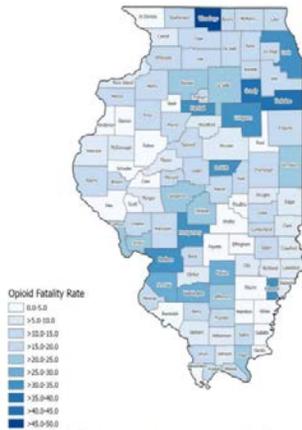


Figure 3. 2020 Illinois opioid fatality rate per 100,000 capita by county as reported by the Illinois Vital Records System (IVRS). County-level fatality rates are calculated by the number of county residents who died due to opioid overdose per year divided by the population of the county and multiplied by 100,000. Counties with smaller populations could have rates higher than counties with larger populations, even though there are fewer opioid fatalities.

Source: IDPH Semi Annual Opioid Report August 2021
[idph-semiannual-opioid-report-august-2021.pdf \(illinois.gov\)](https://www.idph.state.il.us/IDPH/2021-Semi-Annual-Opioid-Report-August-2021.pdf)

Alcohol - Heavy Alcohol Consumption

In the report area, 54,845, or 20.74% adults self-report excessive drinking in the last 30 days, which is less than the state rate of 21.54%.

Data for this indicator were based on survey responses to the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings

Report Area	Adult Population	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
11 County SIH Service Area IL	264,398	54,845	20.74%
Franklin County, IL	38,701	7,841	20.26%
Gallatin County, IL	5,058	1,038	20.54%
Hardin County, IL	3,910	827	21.16%
Jackson County, IL	57,419	11,015	19.18%
Johnson County, IL	12,456	2,678	21.50%
Perry County, IL	21,174	4,500	21.26%
Pope County, IL	4,212	934	22.19%
Saline County, IL	23,906	4,737	19.82%
Union County, IL	16,841	3,580	21.26%
White County, IL	13,665	2,937	21.49%
Williamson County, IL	67,056	14,753	22.00%
Illinois	12,741,080	2,743,995	21.54%
United States	327,167,434	62,733,046	19.17%



Note: This indicator is compared to the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2018. Source geography: County

Alcohol - Binge Drinking

This indicator reports the percentage of adults age 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

Within the report area there are 18.59% adults who reported having four or more drinks in the last month of the total population

Report Area	Total Population(2010)	Percentage of Adults Binge Drinking in the Past 30 Days
11 County SIH Service Area IL	264,398	18.59%
Franklin County, IL	38,701	17.5%
Gallatin County, IL	5,058	17.0%
Hardin County, IL	3,910	16.7%
Jackson County, IL	57,419	19.4%
Johnson County, IL	12,456	18.7%
Perry County, IL	21,174	19.5%
Pope County, IL	4,212	17.1%
Saline County, IL	23,906	17.3%
Union County, IL	16,841	18.0%
White County, IL	13,665	17.8%
Williamson County, IL	67,056	19.3%
Illinois	12,741,080	19.6%
United States	327,167,434	16.9%

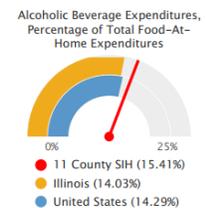


Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2018.

Alcohol - Expenditures

This indicator reports estimated annual expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. Expenditure’s data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
11 County SIH Service Area IL	Suppressed	0.70	1.01	\$849.65	15.41%
Franklin County, IL	46.00	0.17	0.39	Suppressed	Suppressed
Gallatin County, IL	53.00	0.30	0.54	Suppressed	Suppressed
Hardin County, IL	40.00	0.09	0.30	Suppressed	Suppressed
Jackson County, IL	99.00	1.85	2.36	Suppressed	Suppressed
Johnson County, IL	53.00	0.30	0.54	Suppressed	Suppressed
Perry County, IL	60.00	0.40	0.65	Suppressed	Suppressed
Pope County, IL	44.00	0.15	0.36	Suppressed	Suppressed
Saline County, IL	53.00	0.30	0.54	Suppressed	Suppressed
Union County, IL	47.00	0.19	0.41	Suppressed	Suppressed
White County, IL	83.00	0.74	1.05	Suppressed	Suppressed
Williamson County, IL	66.00	0.52	0.80	Suppressed	Suppressed
Illinois	No data	0.02	No data	\$827.77	14.03%
United States	No data	No data	No data	\$839.54	14.29%



Note: This indicator is compared to the state average.
 Data Source: Nielsen, Nielsen SiteReports, 2014. Source geography: Tract

Violence Prevention

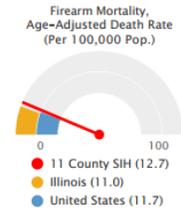
Reduce homicides IVP-09

This indicator reports the 2015-2019 five-year average rate of death due to firearm wounds per 100,000 population, which includes gunshot wounds from powder-charged handguns, shotguns, and rifles. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because firearm deaths are preventable and they are a cause of premature death.

Within the report area, there are a total of 145 deaths due to influenza and pneumonia. This represents an age-adjusted death rate of 12.7 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the three-year time frame.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
11 County SIH Service Area IL	266,592	145	12.8	12.7
Franklin County, IL	38,970	25	12.8	12.3
Gallatin County, IL	5,089	No data	No data	No data
Hardin County, IL	3,987	No data	No data	No data
Jackson County, IL	58,137	26	8.9	9.9
Johnson County, IL	12,687	No data	No data	No data
Perry County, IL	21,255	12	11.3	No data
Pope County, IL	4,219	No data	No data	No data
Saline County, IL	24,071	14	11.6	No data
Union County, IL	17,023	12	14.1	No data
White County, IL	13,952	No data	No data	No data
Williamson County, IL	67,201	56	16.7	15.3
Illinois	12,775,292	7,002	11.0	11.0
United States	325,134,494	194,130	11.9	11.7



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County

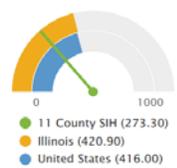
Violent Crime - Total

Violent crime includes homicide, rape, robbery, and aggravated assault.

Within the report area, the 3 year total of reported violent crimes was 2,246, which equates to an annual rate of 273.30 crimes per 100,000 people, lower than the statewide rate of 420.90.

Report Area	Total Population	Violent Crimes, 3-year Total	Violent Crimes, Annual Rate (Per 100,000 Pop.)
11 County SIH Service Area IL	273,917	2,246	273.30
Franklin County, IL	39,495	207	174.70
Gallatin County, IL	5,844	41	233.80
Hardin County, IL	5,112	41	267.30
Jackson County, IL	58,982	646	365.00
Johnson County, IL	12,750	127	332.00
Perry County, IL	22,341	117	174.50
Pope County, IL	4,788	60	417.60
Saline County, IL	24,347	296	405.20
Union County, IL	17,947	126	234.00
White County, IL	14,953	164	365.50
Williamson County, IL	67,354	421	208.30
Illinois	12,875,915	162,592	420.90
United States	366,886,849	4,579,031	416.00

Violent Crimes, Annual Rate (Per 100,000 Pop.)

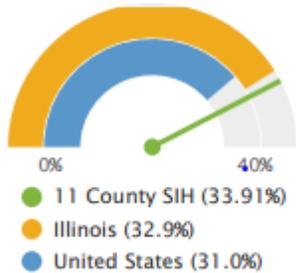


Note: This indicator is compared to the state average.
 Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research, 2014; 2016. Source geography: County

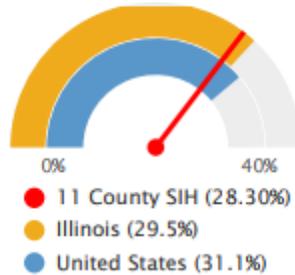
Vaccination

Increase the proportion of persons who are vaccinated annually against seasonal influenza IID-09

Percentage of Males Age 65 and older Up to Date on Core Preventative Services



Percentage of Females Age 65 and older Up to Date on Core Preventative Services



Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, via 500 Cities Data Portal, 2018.

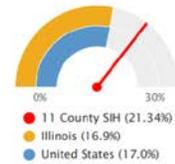
Tobacco Use

Reduce current use of any tobacco products among adolescents TU-04

Reduce current use of cigarettes among adults TU-02

Report Area	Total Population(2010)	Percentage of Adult Current Smokers
11 County SIH Service Area IL	264,398	21.34%
Franklin County, IL	38,701	23.2%
Gallatin County, IL	5,058	23.2%
Hardin County, IL	3,910	22.6%
Jackson County, IL	57,419	19.5%
Johnson County, IL	12,456	21.4%
Perry County, IL	21,174	23.1%
Pope County, IL	4,212	19.8%
Saline County, IL	23,906	23.1%
Union County, IL	16,841	21.1%
White County, IL	13,665	21.2%
Williamson County, IL	67,056	20.6%
Illinois	12,741,080	16.9%
United States	327,167,434	17.0%

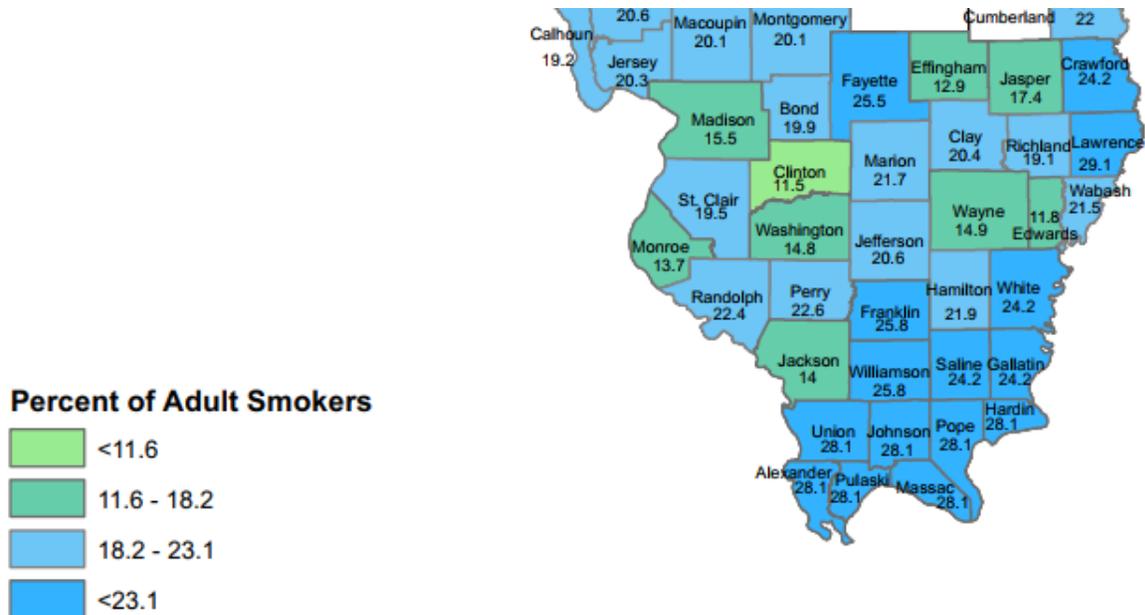
Percentage of Adults who are Current Smokers



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2018.

Prevalence of Adults Who Smoke by County, Illinois 2015-2018



Developed 01/28/2019

Source: Illinois Behavioral Risk Factor Surveillance System, County Round 6, 2015-2018
Retrieved by IDPH Office of Health Promotion 1/24/2019

Prepared by the Illinois Department of Public Health
Division of Chronic Disease Prevention and Control

Physical Activity

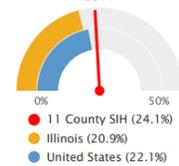
Increase the proportion of adults who meet current minimum guidelines for aerobic physical activity and muscle-strengthening activity PA-05

Physical Inactivity

Within the report area, 51,733 or 24.1% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Population Age 20+	Adults with No Leisure Time Physical Activity	Adults with No Leisure Time Physical Activity, Percent
11 County SIH Service Area IL	204,235	51,733	24.1%
Franklin County, IL	29,517	8,796	28.1%
Gallatin County, IL	3,948	912	21.0%
Hardin County, IL	3,153	845	23.5%
Jackson County, IL	44,455	8,802	19.7%
Johnson County, IL	9,817	2,199	20.5%
Perry County, IL	16,659	3,815	21.6%
Pope County, IL	3,528	748	18.5%
Saline County, IL	18,286	6,327	33.2%
Union County, IL	13,084	3,258	22.9%
White County, IL	10,623	2,114	17.8%
Williamson County, IL	51,165	13,917	26.0%
Illinois	9,562,472	2,064,938	20.9%
United States	243,068,284	55,261,407	22.1%

Percentage of Adults with No Leisure-Time Physical Activity, 2017



Note: This indicator is compared to the state average.

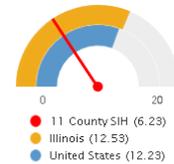
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2017. Source geography: County

Built Environment - Recreation and Fitness Facility Access

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

Report Area	Total Population (2010)	Number of Establishments	Establishments, Rate per 100,000 Population
11 County SIH Service Area IL	272,833	Suppressed	6.23
Franklin County, IL	39,561	4	10.11
Gallatin County, IL	5,589	Suppressed	Suppressed
Hardin County, IL	4,320	Suppressed	Suppressed
Jackson County, IL	60,218	6	9.96
Johnson County, IL	12,582	Suppressed	Suppressed
Perry County, IL	22,350	Suppressed	Suppressed
Pope County, IL	4,470	Suppressed	Suppressed
Saline County, IL	24,913	Suppressed	Suppressed
Union County, IL	17,808	Suppressed	Suppressed
White County, IL	14,665	Suppressed	Suppressed
Williamson County, IL	66,357	7	10.55
Illinois	12,830,632	1,608	12.53
United States	308,745,538	37,758	12.23

Recreation and Fitness Facilities, Rate per 100,000 Population



Note: This indicator is compared to the state average.

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

Populations

Infants

Reduce the rate of infant deaths within 1 year of age MICH-02

Late or No Prenatal Care

This indicator reports the percentage of women who did not obtain prenatal care until the 7th month (or later) of pregnancy or who didn't have any prenatal care, as of all who gave birth during the three-year period from 2017 to 2019. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Mortality - Infant Mortality (CDC)

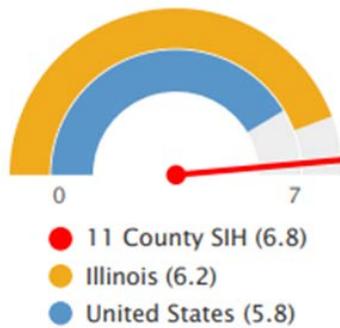
This indicator reports information about infant mortality, which is defined as the number of all infant deaths (within 1 year) per 1,000 live births. Data were from the

National Center for Health Statistics - Mortality Files (2013-2019) and are used for the 2021 County Health Rankings.

Within the report area, 90 infant deaths occurred during the 2013-19 seven year period. This represents 6.8 deaths per 1,000 live births.

Note: Data are suppressed for counties with fewer than 20 infant deaths in the time frame.

Infant Mortality, Rate per 1,000 Births



Infant Mortality, Rate per 1,000 Births by County, CDC NVSS 2013-2019

- Over 8.0
- 6.6 - 8.0
- 5.1 - 6.5
- Under 5.1
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Data Source: Center for Disease Control, US, 2013 – 2019.

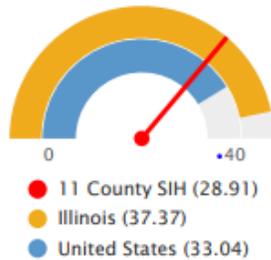
The number of births to teens is a health concern for both the mother and the child. Babies born to teen mothers are more likely to be premature and/or have a low birth weight which is a determinant of mortality, morbidity and disability in infancy and childhood. Teenagers' health, social and educational development can also be adversely affected. All of our counties except Jackson have a higher teen birth rate than the state. The national goal is a teen birth rate of 21 per 1,000. Rates in nearly all of our counties are above IL and the National Goal.

Settings and Systems

Health Care

Increase the proportion of children, adolescents, and adults who use the oral health care system OH-08

Dental Health Care Providers, Rate per 100,000 Population



Data Source: Center for Medicare and Medicaid Services, CMS National Plan and Provider Enumeration system (NPPES), 2021.

Environmental Health

Reduce the number of days people are exposed to unhealthy air – EH-01

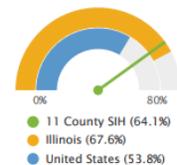
Not an issue

Schools

Increase the proportion of 4th grade students whose reading skills are at or above the proficient achievement level for their grade AH-05

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
11 County SIH Service Area IL	10,607	35.9%	64.1%
Franklin County, IL	1,656	31.9%	68.1%
Gallatin County, IL	198	49.0%	51.0%
Hardin County, IL	164	43.3%	56.7%
Jackson County, IL	2,052	30.2%	69.8%
Johnson County, IL	442	38.5%	61.5%
Perry County, IL	754	32.9%	67.1%
Pope County, IL	132	26.5%	73.5%
Saline County, IL	1,015	30.8%	69.2%
Union County, IL	709	36.5%	63.5%
White County, IL	648	37.7%	62.3%
Williamson County, IL	2,837	43.0%	57.0%
Illinois	546,182	32.4%	67.6%
United States	13,445,671	46.2%	53.8%

Students Scoring 'Not Proficient' or Worse, Percent



Note: This Indicator is compared to the state average.

Data Source: US Department of Education, EDData. Additional data analysis by CARES, 2018-19. Source geography: School District

Social Determinants of Health

Health Care Access and Quality

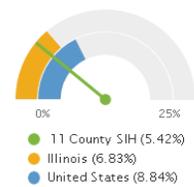
Increase the proportion of persons with medical insurance AHS-01

The lack of health insurance is considered a *key driver* of health status.

In the report area 5.42% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is less than the state average of 6.83%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Uninsured Population	Uninsured Population, Percent
11 County SIH Service Area IL	256,622	13,916	5.42%
Franklin County, IL	38,438	2,424	6.31%
Gallatin County, IL	5,064	150	2.96%
Hardin County, IL	3,841	312	8.12%
Jackson County, IL	57,450	3,662	6.37%
Johnson County, IL	10,217	409	4.00%
Perry County, IL	18,617	732	3.93%
Pope County, IL	4,049	160	3.95%
Saline County, IL	23,540	993	4.22%
Union County, IL	16,809	977	5.81%
White County, IL	13,527	652	4.82%
Williamson County, IL	65,070	3,445	5.29%
Illinois	12,591,483	859,612	6.83%
United States	319,706,872	28,248,613	8.84%

Uninsured Population, Percent



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

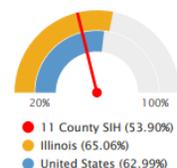
Economic Stability

Increase employment among the working-age population SDOH-02

Report Area	Total Population Age 16+	Labor Force	Labor Force Participation Rate
11 County SIH Service Area IL	217,527	117,246	53.90%
Franklin County, IL	31,232	17,084	54.70%
Gallatin County, IL	4,142	2,229	53.81%
Hardin County, IL	3,352	1,516	45.23%
Jackson County, IL	48,573	27,301	56.21%
Johnson County, IL	10,554	3,985	37.76%
Perry County, IL	17,699	8,657	48.91%
Pope County, IL	3,600	1,350	37.50%
Saline County, IL	19,422	10,718	55.18%
Union County, IL	13,805	7,442	53.91%
White County, IL	11,178	6,358	56.88%
Williamson County, IL	53,970	30,606	56.71%
Illinois	10,215,498	6,645,843	65.06%
United States	259,662,880	163,555,585	62.99%

Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: County

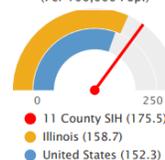
Labor Force Participation Rate



Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
11 County SIH Service Area IL	266,592	3,289	246.7	175.5
Franklin County, IL	38,970	556	285.3	192.1
Gallatin County, IL	5,089	84	330.1	213.1
Hardin County, IL	3,987	80	401.3	232.6
Jackson County, IL	58,137	488	167.9	150.2
Johnson County, IL	12,687	154	242.8	163.1
Perry County, IL	21,255	240	225.8	165.5
Pope County, IL	4,219	63	298.6	158.4
Saline County, IL	24,071	369	306.6	210.5
Union County, IL	17,023	245	287.9	185.2
White County, IL	13,952	206	295.3	179.8
Williamson County, IL	67,201	804	239.3	172.1
Illinois	12,775,292	121,039	189.5	158.7
United States	325,134,494	2,991,951	184.0	152.3

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County

Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)





Access to Health Services

Adults with a Usual Source of Health Care

Individuals who have a usual source of care are more likely to visit a doctor's office or clinic instead of an ED or hospital outpatient clinic. Improvements are noted in the percentage of county residents who have a usual person as a healthcare provider.

Insurance

Having health care coverage is related to improved health outcomes. The self-reported rates of those with any kind of health care coverage is also better than the state and US rate.

HEALTH CARE COVERAGE	HAVE HEALTH CARE COVERAGE	HAVE MEDICARE	HAVE PERSONAL DOCTOR	COULD NOT FILL PRESCRIPTION DUE TO COST
State/County/Counties/LHD Jurisdiction:				
Illinois (2019)	87.0	-	79.7%	-
Egyptian HD – Saline, White and Gallatin	93.6%	33.5%	89.9%	14.1%
Franklin/Williamson	91.3%	31.5%	85.0%	16.2%
Jackson	89.0%	20.9%	76.8%	14.2%
Perry	93.1%	*	90.8%	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	92.9%	35.7%	86.4%	14.3%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

* Indicates data does not meet standards of reliability and has been suppressed.

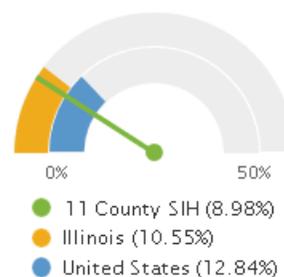
Insurance - Uninsured Adults

The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population with Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
11 County SIH Service Area IL	148,648	135,302	91.02%	13,346	8.98%
Franklin County, IL	21,823	19,693	90.24%	2,130	9.76%
Gallatin County, IL	2,693	2,472	91.79%	221	8.21%
Hardin County, IL	2,133	1,933	90.62%	200	9.38%
Jackson County, IL	34,460	31,157	90.41%	3,303	9.59%
Johnson County, IL	6,217	5,688	91.49%	529	8.51%
Perry County, IL	10,579	9,709	91.78%	870	8.22%
Pope County, IL	2,442	2,215	90.70%	227	9.30%
Saline County, IL	13,436	12,229	91.02%	1,207	8.98%
Union County, IL	9,492	8,549	90.07%	943	9.93%
White County, IL	7,565	6,919	91.46%	646	8.54%
Williamson County,	37,808	34,738	91.88%	3,070	8.12%

Percent Population Age 18-64 Without Medical Insurance



IL					
Illinois	7,623,675	6,819,711	89.45%	803,964	10.55%
United States	195,703,724	170,567,452	87.16%	25,136,272	12.84%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, *Small Area Health Insurance Estimates*. 2019. Source geography: County

HEALTHCARE UTILIZATION	UNABLE TO VISIT DOCTOR DUE TO COST	LAST ROUTINE CHECKUP MORE THAN 1 YEAR AGO/NEVER
State/County/Counties/LHD Jurisdiction:		
Illinois (2019)	13.3%	23.6%
Egyptian HD – Saline, White and Gallatin	10.6%	29.5%
Franklin/Williamson	14.1%	35.6%
Jackson	14.3%	34.3%
Perry	9.4%	34.2%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	14.2%	29.2%

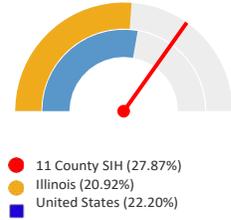
Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
11 County SIH Service Area IL	256,622	242,706	67,645	27.87%
Franklin County, IL	38,438	36,014	12,044	33.44%
Gallatin County, IL	5,064	4,914	1,686	34.31%
Hardin County, IL	3,841	3,529	959	27.17%
Jackson County, IL	57,450	53,788	13,930	25.90%
Johnson County, IL	10,217	9,808	2,088	21.29%
Perry County, IL	18,617	17,885	4,857	27.16%
Pope County, IL	4,049	3,889	949	24.40%
Saline County, IL	23,540	22,547	8,217	36.44%
Union County, IL	16,809	15,832	4,489	28.35%
White County, IL	13,527	12,875	3,498	27.17%
Williamson County, IL	65,070	61,625	14,928	24.22%
Illinois	12,591,483	11,731,871	2,454,732	20.92%
United States	319,706,872	291,458,259	64,716,091	22.20%

Percent of Insured Population Receiving Medicaid



Note: This indicator is compared to the state average.

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

Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2015- 19

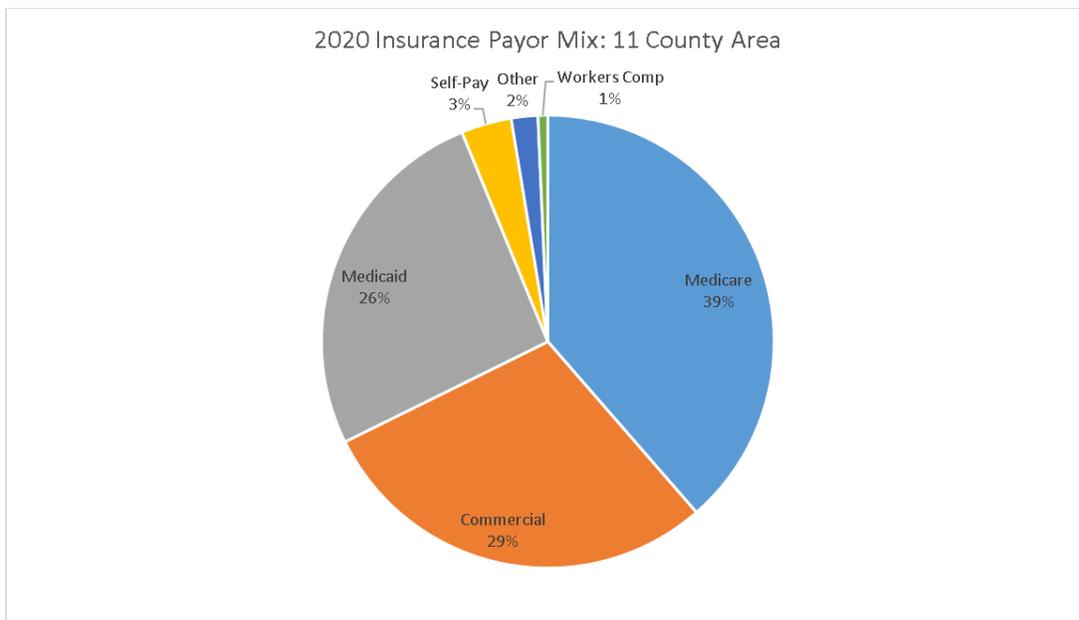


- Over 25.0%
- 20.1 - 25.0%
- 15.1 - 20.0%
- Under 15.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

SIH/HMC Coverage Estimates/Payor Mix

In 2020, 26.1% of patients in the 11 county HMC/SIH service area were insured by Medicaid, 38.6% by Medicare, , 29.1% were on commercial insurance, 3.6% were self-pay, 1.9% were other and 0.7% were on workers compensation insurance.

Even when health care providers are available, financial barriers to care are present. According to the IL BRFSS and the Community Survey, many people in our community put off medical care or prescription drugs due to cost, have skipped doses or taken smaller amounts of medication than prescribed in order to make the supply last longer. We have also heard that many are putting off due to high deductibles or high co-pays. This can indicate a lack of insurance, under-insurance and poverty. -- All of which can be seen as issues in our Southern Illinois counties.



Source: IHA Compdata, provided by C. Blythe 9.17.21.

High Need Areas/Disparities

The Community Need Index (CNI) 2020, developed by Dignity Health, incorporates five socio-economic barriers that provide a way to quantify health care access and highlight the severity of health disparity at the neighborhood level. These five barriers are income, culture/language, education, housing status, and insurance coverage. There is a high correlation between high CNI scores and high hospital utilization. Scores range between 1 (low need) and 5 (high need). This information allows HMC/SIH to better focus resources and advocacy where they are most needed and can be most effective.

COUNTY	CNI SCORE MEDIAN
Franklin	3.1
Gallatin	2.8
Hardin	3.4
Jackson	2.9
Johnson	2.8
Perry	3.5
Pope	3.3
Saline	3.2
Union	3.0
White	2.8
Williamson	3.4

Source: Community Health Needs Index, Dignity Health, <http://cni.dignityhealth.org/http://cni.chw-interactive.org/> Retrieved 11.21.21

Towns with Highest CNI Score in the 11 County Coverage Area 2020 (of those 3.4 or higher)

TOWN OF 3.4 OR HIGHER	CNI SCORE
Anna	3.4
Benton	3.6
Carbondale-62901	4.2
Carbondale-62902	4.0
Carbondale-62903	3.8
Cartersville	3.4
Cave in Rock	3.6
Christopher	3.4
Desoto	3.6
DuQuoin	3.8
Eldorado	3.8
Elizabethtown	3.4
Elkville	3.6
Grantsburg	4.2
Golconda	3.6
Harrisburg	4.2
Herrin	3.4
Marion	3.6
Murphysboro	3.6
Pinckneyville	4.0
Rosiclare	3.4
Shawneetown	3.4
Vienna	3.4
West Frankfort	3.8

Source: Community Need Index, Dignity Health, <http://cni.dignityhealth.org> Retrieved 11.21.21

Medically Underserved

Medically underserved areas (MUAs) are designated by US Department of Health and Human Services - Health Resources and Services Administration (HRSA). MUAs indicate areas having too few primary care providers, high infant mortality, high poverty and/or high elderly population. All eleven counties in the HMC/SIH primary service area are in medically underserved areas. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), population (e.g. low income or Medicaid eligible) or facilities (e.g. federally qualified health center or other state or federal prisons).

Note: The Index of Medical Underservice (IMU) scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA.

LOCATION	MUA POPULATION DESIGNATED	SCORE	ID #	RURAL STATUS
Franklin	County	55.6	00805	Rural
Gallatin	County	48.2	07233	Rural
Hardin	County	57.3	00807	Rural
Jackson	County	45.7	00808	Partially Rural
Johnson	County	57.0	00810	Partially Rural
Perry	Beaucoup Precinct	61.1	05001	Rural
	Cutler Precinct	51.7	05002	Rural
Pope	County	36.9	00815	Rural
Saline	Low Income	56.6	07098	Rural
Union	County	58.2	00819	Rural
White	County	47.6	00820	Rural
Williamson	Blairsville/Carterville Service Area	60.9	00865	Non-Rural
	Corinth/Creal Springs/East Marion/Lake Creek Precinct	59.0	00866	Non-Rural

Source: <https://data.hrsa.gov/tools/shortage-area/mua-find#:~:text=Medically%20Underserved%20Areas%2FPopulations%20are%20or%20populations%20designated,mortality%2C%20high%20poverty%20or%20a%20high%20elderly%20population> Retrieved 11.20.21

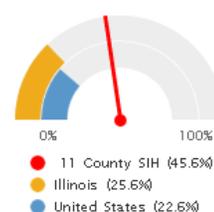
Population Living in a Health Professional Shortage Area

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.

Within the report area, there are 121,255 people living in a Health Professional Shortage Area of primary care, dental or mental health professionals. This represents 45.6% of the total population.

Report Area	Total Population (ACS 2017 5-Year Estimates)	Population Living in an Area Affected by a HPSA	Percentage of Population Living in an Area Affected by a HPSA	Percentage of HPSA Population Underserved
11 County SIH Service Area IL	265,783	121,255	45.6%	83.4%
Franklin County, IL	38,923	16,907	43.4%	96.6%
Gallatin County, IL	5,064	5,064	100.0%	100.0%
Hardin County, IL	3,939	3,939	100.0%	15.9%
Jackson County, IL	57,977	28,185	48.6%	85.8%
Johnson County, IL	12,494	10,690	85.6%	34.5%
Perry County, IL	21,251	7,438	35.0%	96.8%
Pope County, IL	4,203	4,203	100.0%	15.9%
Saline County, IL	23,994	10,640	44.3%	100.0%
Union County, IL	16,968	6,112	36.0%	76.4%
White	13,868	5,081	36.6%	100.0%

Percentage of Population Living in an Area Affected by a HPSA

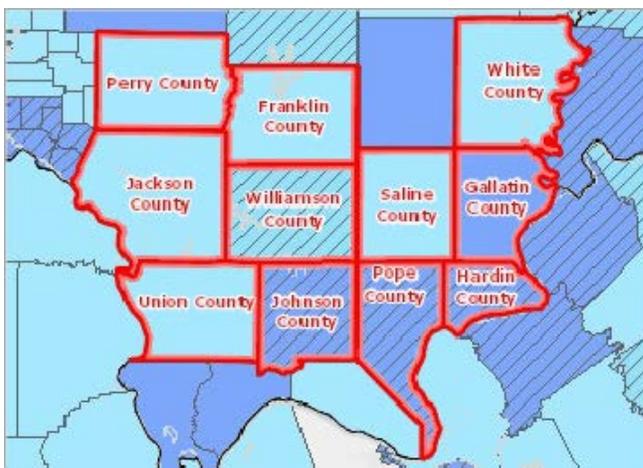


County, IL				
Williamson County, IL	67,102	22,996	34.3%	100.0%
Illinois	12,770,631	3,271,660	25.6%	42.5%
United States	324,697,795	73,493,673	22.6%	53.7%

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database. May 2021. Source geography: HPSA

Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database May 2021



- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed
- County SIH Service Area IL

Primary Care

Access to quality primary health care is integral for prevention, screening, early diagnosis and treatment of medical conditions. Health insurance, household income level, having a usual source of primary care (a medical home), and use of emergency rooms for ambulatory care sensitive conditions are predictors of access to quality health care.

As a designated medically underserved/health service provider shortage area, there is a known shortage of primary medical care, mental and dental health providers. In Illinois there is one primary care physician per 1,240. In seven of the counties, primary care physicians serve a larger number of people. In order to be in the 90th percentile in the U.S., the target area would have a 1:1,040 ratio. In Illinois the ratio of mental health providers to population is 1:410 and the counties in the 90th percentile have a ratio of 1:150. In Illinois the ratio of dentists to the

population is 1:1,240 and the counties in the 90th percentile have a ratio of 1:640. This further illustrates the need for additional primary care providers, dentists, and mental health providers in the seven county service area. The red indicates those counties in which there are a higher number of patients per provider as compared to the rest of the state. Below is additional data showing how our service area compares against the U.S.

Primary Care Physicians Ratio, 2021

LOCATION	THE NUMBER OF PEOPLE IN EACH COUNTY FOR EVERY PRIMARY CARE PROVIDER IS:
Illinois	1,240:1
Franklin	2,980:1
Gallatin	5,060:1
Hardin	980:1
Jackson	760:1
Johnson	12,460:1
Perry	1,960:1
Pope	-
Saline	1,590:1
Union	1,400:1
White	3,420:1
Williamson	1,240:1

Mental Health Provider Ratio, 2021

LOCATION	THE NUMBER OF PEOPLE IN EACH COUNTY FOR EVERY MENTAL HEALTH PROVIDER IS:
Illinois	410:1
Franklin	150:1
Gallatin	-
Hardin	3,820:1
Jackson	370:1
Johnson	130:1
Perry	520:1
Pope	2,090:1
Saline	450:1
Union	670:1
White	850:1
Williamson	440:1

Dentists Ratio, 2021

LOCATION	THE NUMBER OF PEOPLE IN EACH COUNTY FOR EVERY DENTIST IS:
Illinois	1240:1
Franklin	2,400:1
Gallatin	-
Hardin	3,820:1
Jackson	1,260:1
Johnson	4,140:1
Perry	2,990:1
Pope	-
Saline	2,940:1
Union	1,670:1
White	2,260:1
Williamson	1,620:1

Source: 2021 County Health Rankings, comparison U.S. counties, Retrieved September 1, 2021.



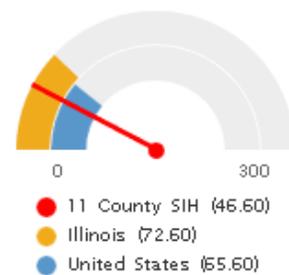
Access to Dentists

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

Within the report area there are 126.00 dentists. This represents 46.60 dentists per 100,000 total population.

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Population
11 County SIH Service Area IL	270,527.00	126.00	46.60
Franklin County, IL	39,485.00	15.00	37.99
Gallatin County, IL	5,265.00	0.00	0.00
Hardin County, IL	4,135.00	1.00	24.18
Jackson County, IL	59,362.00	41.00	69.07
Johnson County, IL	12,762.00	3.00	23.51
Perry County, IL	21,543.00	7.00	32.49
Pope County, IL	4,226.00	0.00	0.00
Saline County, IL	24,548.00	10.00	40.74
Union County, IL	17,408.00	8.00	45.96
White County, IL	14,327.00	6.00	41.88
Williamson County, IL	67,466.00	35.00	51.88
Illinois	12,859,995.00	9,336.00	72.60
United States	321,418,820.00	210,832.00	65.60

Dentists, Rate per 100,000 Population



Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. 2015. Source geography: County



Access to Dentists, Rate per 100,000 Pop. by County, AHRF 2015

- Over 50.0
- 35.1 - 50.0
- 20.1 - 35.0
- Under 20.1
- No Dentists
- 11 County SIH Service Area IL

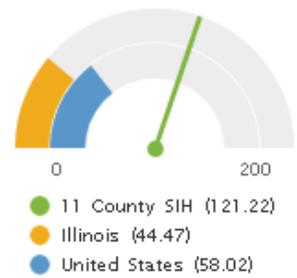
Access to Mental Health Providers

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counselling, or child, adolescent, or adult mental health. The number of facilities that specialize in mental health are also listed (but are not included in the calculated rate). Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file.

Within the report area there are 322 mental health providers with a CMS National Provider Identifier (NPI). This represents 121.22 providers per 100,000 total population.

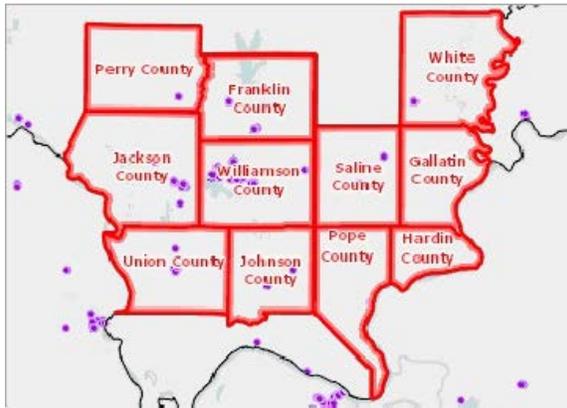
Report Area	Total Population (2017)	Number of Facilities	Number of Providers	Providers, Rate Per 100,000 Population
11 County SIH Service Area IL	265,638	29	322	121.22
Franklin County, IL	38,995	1	55	141.04
Gallatin County, IL	5,071	1	0	0.00
Hardin County, IL	3,922	0	0	0.00
Jackson County, IL	57,904	9	82	141.61
Johnson County, IL	12,399	0	26	209.69
Perry County, IL	21,281	0	3	14.10
Pope County, IL	4,183	0	2	47.81
Saline County, IL	23,963	5	19	79.29
Union County, IL	16,968	2	16	94.30
White County, IL	13,903	3	7	50.35
Williamson County, IL	67,049	8	112	167.04
Illinois	25,557,656	2,345	11,366	44.47
United States	649,971,078	47,339	377,113	58.02

Mental Health Care Providers, Rate per 100,000 Population



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, *CMS - National Plan and Provider Enumeration System (NPPES)*. May, 2021. Source geography: Address



Mental Health Providers, All, CMS NPPES May, 2021

- Mental Health Providers, All, CMS NPPES May, 2021
- 11 County SIH Service Area IL

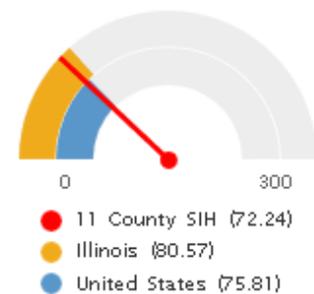
Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing 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.

Within the report area there are 191 primary care physicians. This represents 72.24 providers per 100,000 total population.

Report Area	Total Population	Primary Care Physicians	Primary Care Physicians, Rate per 100,000 Population
11 County SIH Service Area IL	264,398	191	72.24
Franklin County, IL	38,701	13	33.59
Gallatin County, IL	5,058	1	19.77
Hardin	3,910	4	102.30

Primary Care Providers, Rate per 100,000 Population

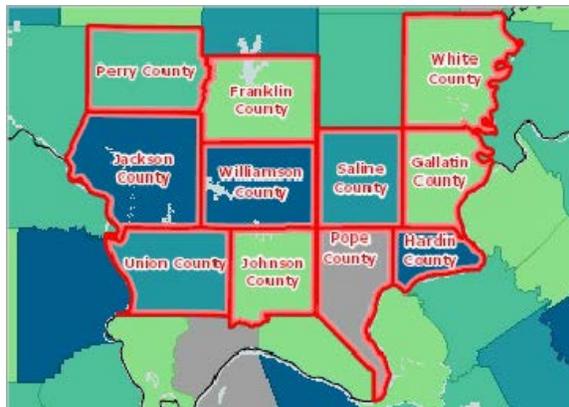


County, IL			
Jackson County, IL	57,419	76	132.36
Johnson County, IL	12,456	1	8.03
Perry County, IL	21,174	11	51.95
Pope County, IL	4,212	0	0.00
Saline County, IL	23,906	15	62.75
Union County, IL	16,841	12	71.25
White County, IL	13,665	4	29.27
Williamson County, IL	67,056	54	80.53
Illinois	12,741,080	10,265	80.57
United States	327,167,434	248,034	75.81

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via [County Health Rankings](#).

2017. Source geography: County



Access to Primary Care Providers, Rate Per 100,000 Pop. by County, HRSA Area Health Resource File 2018

- Over 75.0
- 55.1- 75.0
- 35.1 - 55.0
- Under 35.1
- No Data or Data Suppressed
- 11 County SIH Service Area IL

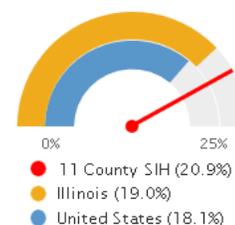
Readmissions – All Causes (Medicaid Population)

This indicator reports the number and rate of 30-day hospital readmissions among Medicare beneficiaries age 65 and older. Hospital readmissions are unplanned visits to an acute care hospital within 30 days after discharge from a hospitalization. Patients may have unplanned readmissions for any reason, however readmissions within 30 days are often related to the care received in the hospital, whereas readmissions over a longer time period have more to do with other complicating illnesses, patients' own behavior, or care provided to patients after hospital discharge¹.

In the latest reporting period, there were 45,068 Medicare beneficiaries in the report area. 2,884, or 20.9% of hospitalizations resulted in a 30-day hospital readmission. The rate of readmissions in the report area was higher than the state rate of 19.0% during the same time period.

Report Area	Medicare Part A and B Beneficiaries	30-Day Hospital Readmissions	30-Day Hospital Readmissions, Rate
11 County SIH Service Area IL	45,068	2,884	20.9%
Franklin County, IL	7,273	454	20.0%
Gallatin County, IL	1,152	77	21.8%
Hardin County, IL	905	74	20.9%
Jackson County, IL	6,979	428	22.2%
Johnson County, IL	2,229	119	18.6%
Perry County, IL	3,273	201	19.9%
Pope County, IL	806	42	18.3%
Saline County, IL	4,717	296	19.7%
Union County, IL	3,364	176	18.7%
White County, IL	3,193	135	15.9%

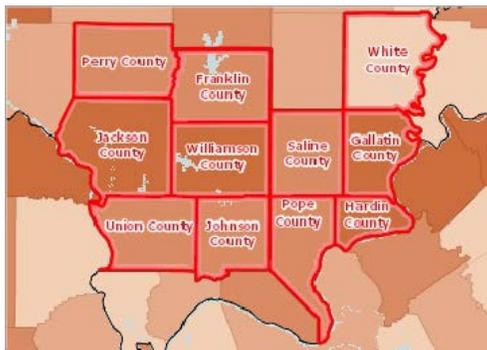
Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries



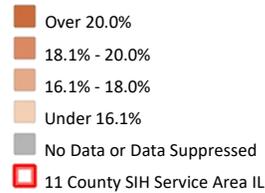
Williamson County, IL	11,177	882	23.7%
Illinois	1,443,297	75,970	19.0%
United States	33,499,472	1,500,482	18.1%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, *CMS - Geographic Variation Public Use File* . 2018. Source geography: County



30-Day Hospital Readmissions, Rate (%) by County, CMS 2018



Hospital Readmissions

Some readmissions are planned as a part of a specific treatment plan or are medically appropriate due to a change in condition or health status. More often however, hospital readmissions within 30-days are being thought of as avoidable and as “indicators of poor care or missed opportunities to better coordinate care.” (MedPAC, 2007) Many factors can contribute to readmissions. For example, quality of care during the initial hospitalization, lack of social support, follow-up care, understanding of discharge instructions, or other breakdowns along the continuum of care. The chart below shows the number of readmissions per diagnosis for all four hospitals.

Inpatient 30 Day Readmission (ICD10 dx) w Exclusions (Top 10 with 2 or more)

	MEMORIAL HOSPITAL OF CARBONDALE	HERRIN HOSPITAL	ST. JOSEPH MEMORIAL HOSPITAL	HARRISBURG MEDICAL CENTER	TOTALS
Sepsis, unspecified organism	64	79	4	24	171
Coronavirus Disease 2019 (COVID-19)	38	33	-	41	112
Hypertensive heart and chronic kidney disease with heart failure and stage 1-4 unspecified chronic kidney disease	41	40	-	-	81
Acute kidney failure, unspecified	23	28	-	29	80
Hypertensive heart disease with heart failure	20	23	2	-	45
Chronic Obstructive Pulmonary Disease with (acute) exacerbation	15	21	3	-	39
Pneumonia, unspecified organism	11	22	5	-	38
Urinary tract infection, site not specified	-	-	4	27	31
Non-ST elevation (NSTEMI) myocardial infarction	24	-	-	-	24
Muscle weakness (generalized)	-	-	-	21	21
Encounter for screening for other viral diseases	-	-	-	18	18
Long term (current) use of anticoagulants	-	-	-	18	18
Acute respiratory failure with hypercapnia	-	15	-	-	15
Other specified sepsis	14	-	-	-	14
Fever, unspecified	-	-	-	13	13
Hypertensive heart & kidney disease with heart failure and with stage 5 chronic kidney end stage renal disease	-	13	-	-	13
Abdominal pain, unspecified	-	-	-	13	13
Acute respiratory failure with hypoxia	12	-	-	-	12
Cerebral infarction, unspecified	-	12	-	-	12
Dysuria	-	-	-	9	9
Essential (primary) hypertension	-	-	-	9	9
Heart Failure, unspecified	-	-	-	9	9
Type 2 diabetes mellitus without complications	-	-	-	9	9
Hepatic failure, unspecified without coma	-	-	2	-	2
Infection reacts due to indwelling urethral catheter, initial	-	-	2	-	2

Source: Inpatient 30 day readmit with exclusions ICD Diagnosis for FY21, Retrieved by N. Woolard and M. Quinn.

Lack of Transportation

Another barrier to health care access in the eleven-county service area is transportation. Providers surveyed through the SIH/HMC Provider/Survey noted transportation as a barrier. Additionally, we know:

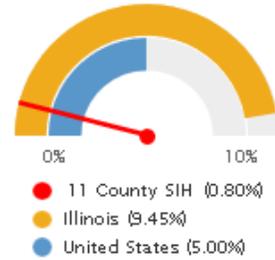
- Transportation for those with Managed Care Organization (MCO) transportation coverage continue to have barriers. Each month we learn of 5 or more instances in which a patient's trip through their MCO was either cancelled, or the transportation no showed
- Between May -November 2021, 120 patients of SIH Medical Group clinics have missed their medical appointments due to lack of transportation.
- Between May – September 2021, at least 28 instances regarding patient's needing rides for surgeries have been noted with no solution available. Patients faced no available transportation, public transportation barriers, mileage limits, issues with ambulance/medical necessity transport, patient's inability to pay transportation costs, and issues with long distance trips.
- Between July – November 2021, the NEMT Coordinator has been contacted to assist at least 187 patients to obtain rides to their medical appointments

Use of Public Transportation

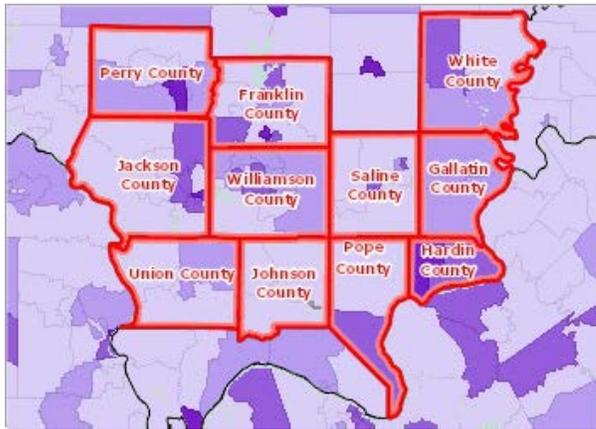
This indicator reports the percentage of population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

Report Area	Total Population Employed Age 16+	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
11 County SIH Service Area IL	106,844	859	0.80%
Franklin County, IL	15,490	104	0.67%
Gallatin County, IL	2,076	4	0.19%
Hardin County, IL	1,290	38	2.95%
Jackson County, IL	24,138	371	1.54%
Johnson County, IL	3,778	0	0.00%
Perry County, IL	8,047	66	0.82%
Pope County, IL	1,102	15	1.36%
Saline County, IL	9,631	85	0.88%
Union County, IL	6,852	9	0.13%
White County, IL	5,851	21	0.36%
Williamson County, IL	28,589	146	0.51%
Illinois	6,151,965	581,552	9.45%
United States	152,735,781	7,641,160	5.00%

Percent Population Using Public Transit for Commute to Work



Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract



Workers Traveling to Work Using Public Transit, Percent by Tract, ACS 2015-19

- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Using Public Transit
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Lack of Housing

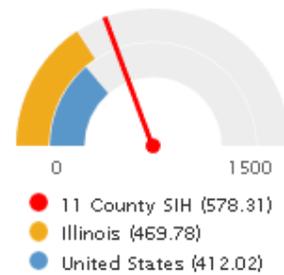
The availability of housing plays a significant role in health.

Housing - Assisted Housing

This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).

Report Area	Total Housing Units (2019)	Total HUD-Assisted Housing Units	HUD-Assisted Units, Rate per 10,000 Housing Units
11 County SIH Service Area IL	107,900	6,240	578.31
Franklin County, IL	16,235	783	482.29
Gallatin County, IL	2,293	124	540.78
Hardin County, IL	1,363	147	1,078.50
Jackson County, IL	23,883	1,888	790.52
Johnson County, IL	4,303	148	343.95

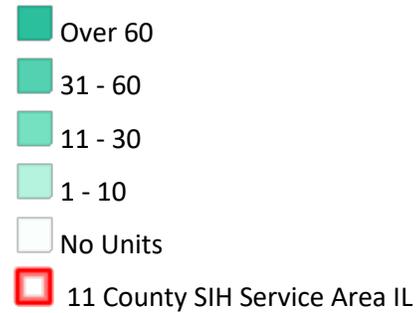
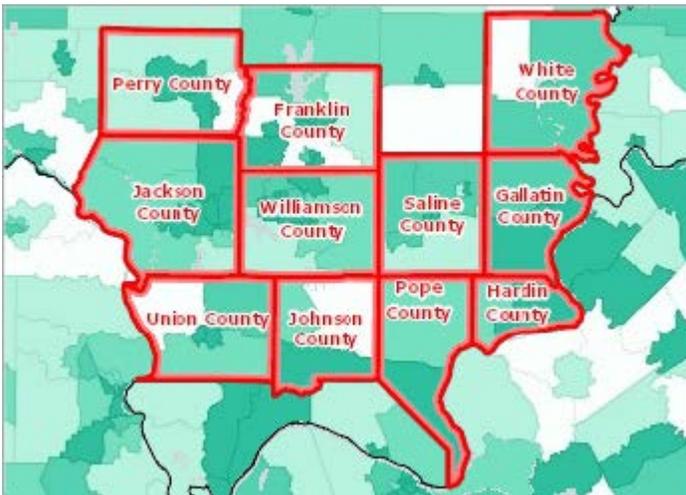
HUD-Assisted Units, Rate per 10,000 Housing Units



Perry County, IL	8,433	400	474.33
Pope County, IL	1,694	121	714.29
Saline County, IL	9,972	592	593.66
Union County, IL	6,654	370	556.06
White County, IL	6,041	155	256.58
Williamson County, IL	27,029	1,512	559.40
Illinois	4,846,134	227,661	469.78
United States	121,948,702	5,024,504	412.02

Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, *American Community Survey*. US Department of Housing and Urban Development. 2019. Source geography: County

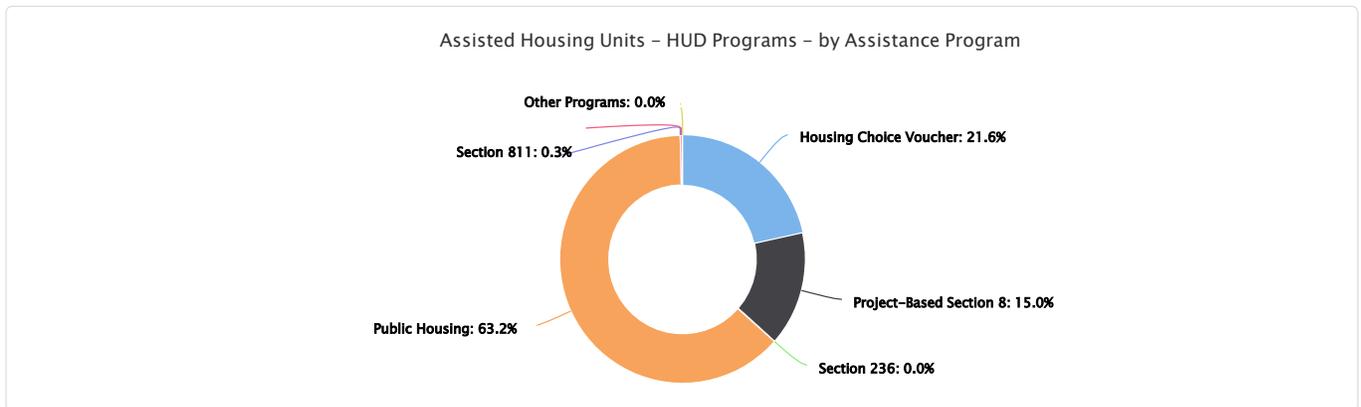
Assisted Housing Units, All by Tract, HUD 2019



Assisted Housing Units - HUD Programs - by Assistance Program

Report Area	Housing Choice Voucher Units	Project-Based Section 8 Units	Section 236 Units (Federal Housing Authority Projects)	Public Housing Authority Units	Section 202 Units (Supportive Housing for the Elderly)	Section 811 Units (Supportive Housing for Persons with Disabilities)	Other Multi-Family Program Units (RAP, SUP, Moderate Rehab, Etc.)
11 County SIH Service Area IL	1,433	996	0	4,200	0	18	0
Franklin County, IL	326	181	0	683	0	0	0
Gallatin County, IL	0	27	0	97	0	0	0
Hardin County, IL	0	0	0	147	0	0	0
Jackson County, IL	674	428	0	768	0	18	0
Johnson County, IL	2	69	0	77	0	0	0
Perry County, IL	5	65	0	330	0	0	0
Pope County, IL	0	0	0	121	0	0	0
Saline County, IL	81	33	0	478	0	0	0

Union County, IL	1	23	0	346	0	0	0
White County, IL	4	50	0	101	0	0	0
Williamson County, IL	340	120	0	1,052	0	0	0
Illinois	109,429	64,819	481	44,533	5,517	1,649	1,234
United States	2,556,270	1,290,316	21,784	987,133	125,761	34,066	19,355

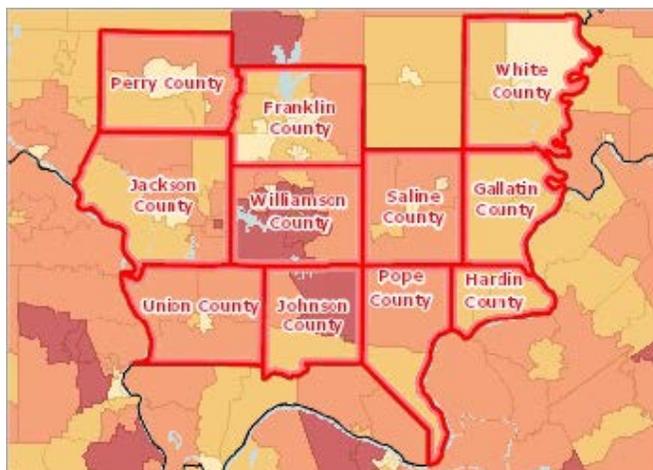


Housing - Housing Unit Age

This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed. The year the structure was built provides information on the age of housing units. These data help identify new housing construction and measures the disappearance of old housing from the inventory, when used in combination with data from previous years. This data also serves to aid in the development of formulas to determine substandard housing and provide assistance in forecasting future services, such as energy consumption and fire protection.

Report Area	Total Housing Units	Median Year Structures Built
11 County SIH Service Area IL	128,740	No data
Franklin County, IL	18,659	1965
Gallatin County, IL	2,741	1972
Hardin County, IL	2,181	1968
Jackson County, IL	28,962	1976
Johnson County, IL	5,625	1980
Perry County, IL	9,610	1971
Pope County, IL	2,806	1977
Saline County, IL	11,712	1967
Union County, IL	7,994	1973
White County, IL	7,164	1961
Williamson County, IL	31,286	1979
Illinois	5,360,315	1968
United States	137,428,986	1978

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



Median Year Structure Built by Tract, ACS 2015-19

- Newer than 1985
- 1976 - 1985
- 1966 - 1975
- Older than 1966
- No Data or Data Suppressed
- 11 County SIH Service Area IL



Clinical Preventive Services

Preventive care includes behavioral lifestyle choices, education, and clinical preventive services such as screenings, immunizations, and family and pediatric medicine that aim to improve the health of people by keeping them from getting sick in the first place (to prevent the onset of disease).

Immunizations

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

* Indicates data does not meet standards of reliability and has been suppressed.

Cancer Screening – Mammogram (Medicare)

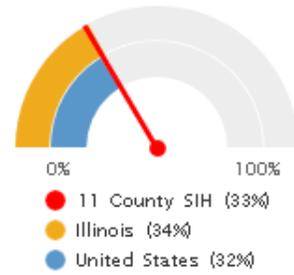
This indicator reports the percentage of female Medicare beneficiaries age 35 and older who had a mammogram in most recent reporting year. The American Cancer Society recommends that women age 45 to 54 should get a mammogram every year, and women age 55 and older should get a mammogram every other year. In the latest reporting period there were 44,977 Medicare beneficiaries in the report area, and 33% of female beneficiaries age 35 or older had a mammogram in the past year. The rate in the report

VACCINATIONS	HAD FLU VAC. IN PAST 12 MONTHS	EVER HAD PNEUMONIA VACCINE
State/County/Counties/LHD Jurisdiction:		
Illinois (2019)	61.1%	69.0%
Egyptian HD – Saline, White and Gallatin	39.2%	35.9%
Franklin/Williamson	43.7%	39.3%
Jackson	30.5%	40.9%
Perry	*	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	42.7%	34.9%

area was lower than the state rate of 34% during the same time period.

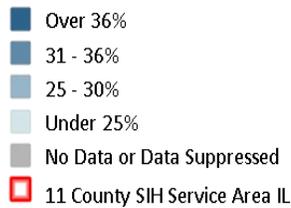
Report Area	Medicare Beneficiaries	Female Beneficiaries with Recent Mammogram, Percent
11 County SIH Service Area IL	44,977	33%
Franklin County, IL	9,650	36%
Gallatin County, IL	1,395	31%
Hardin County, IL	1,093	26%
Jackson County, IL	10,120	38%
Johnson County, IL	2,992	36%
Perry County, IL	4,565	35%
Pope County, IL	1,114	34%
Saline County, IL	6,110	32%
Union County, IL	4,475	39%
White County, IL	3,640	32%
Williamson County, IL	15,008	38%
Illinois	1,446,658	34%
United States	33,648,235	32%

Percentage of Female Medicare Beneficiaries Age 35+ with Recent Mammogram



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, [Mapping Medicare Disparities Tool](#). 2017. Source geography: County



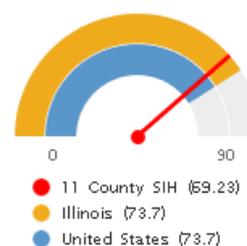
Cancer Screening – Mammogram (Adult)

This indicator reports the percentage of females age 50-74 years who report having had a mammogram within the previous 2 years.

Within the report area there are 69.23 women who recently had a mammogram of the total population.

Report Area	Total Population (2010)	Percentage of Females Age 50-74 with Recent Mammogram
11 County SIH Service Area IL	264,398	69.23
Franklin County, IL	38,701	68.5
Gallatin County, IL	5,058	67.1
Hardin County, IL	3,910	68.3
Jackson County, IL	57,419	70.8
Johnson County, IL	12,456	69.5
Perry County, IL	21,174	68.6
Pope County, IL	4,212	70.5
Saline County, IL	23,906	67.2
Union County, IL	16,841	69.5
White County, IL	13,665	69.0
Williamson County, IL	67,056	69.3
Illinois	12,741,080	73.7
United States	327,167,434	73.7

Percentage of Females Age 50-74 with Mammogram in Past 2 Years



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*. Accessed via the *500 Cities Data Portal*. 2018.

HAD A MAMMOGRAM IN PAST 2 YEARS
All Races (includes Hispanic), Female, Ages 40+

Alexander County	54.0	HMC/SIH service area
Cook County	70.2	
Franklin County	59.0	Comparison only
Gallatin County	54.3	
Hardin County	36.6	
Jackson County	64.0	
Johnson County	71.1	
Lake County	71.7	
Madison County	63.3	
Massac County	61.6	
Perry County	62.1	
Pope County	59.3	
Pulaski County	49.6	Lower 15 counties of IL
Saline County	60.1	
Sangamon County	78.3	
St. Clair County	68.0	
Union County	65.4	
White County	56.7	
Williamson County	60.2	

Source: statecancerprofiles.cancer.gov, Retrieved on 12/07/2021
 Screening and Risk Factors Table
 (2008-2010 County Level Modeled Estimate Combining BRFSS & NHIS)

**HAD A PAP IN PAST 3 YRS, NO HYSTERECTOMY
All Races (includes Hispanic), Female, Ages 18+**

Alexander County	63.4	
Cook County	78.2	
Franklin County	66.2	HMC/SIH Service Area
Gallatin County	61.3	
Hardin County	63.9	
Jackson County	73.7	
Johnson County	66.9	
Lake County	84.6	
Madison County	69.7	
Massac County	68.4	
Perry County	66.6	Comparison Counties
Pope County	60.1	
Pulaski County	59.3	
Saline County	71.1	
Sangamon County	82.4	
St. Clair County	76.0	
Union County	71.2	
White County	65.4	Lower 15 counties
Williamson County	68.6	

Source: statecancerprofiles.cancer.gov, Retrieved on 12/07/2021
Screening and Risk Factors Table
(2008-2010 County Level Modeled Estimate Combining BRFSS & NHIS)

**HOME-BASED FOBT IN THE PAST TWO YEARS OR EVER HAD A
COLORECTAL ENDOSCOPY**

All Races (includes Hispanic), Both Sexes, Ages 50+		
Alexander County	51.6	
Cook County	60.7	
Franklin County	58.5	
Gallatin County	46.1	
Hardin County	31.3	
Jackson County	59.5	
Johnson County	63.1	
Lake County	69.6	
Madison County	66.3	
Massac County	65.2	
Perry County	56.5	
Pope County	61.7	Lower 15 counties
Pulaski County	50.2	
Saline County	63.1	
Sangamon County	74.1	
St. Clair County	62.1	
Union County	61.8	Comparison Counties
White County	61.7	HMC/SIH Service Area
Williamson County	62.9	

Source: statecancerprofiles.cancer.gov, Retrieved on 12/07/2021
Screening and Risk Factors Table
(2008-2010 County Level Modeled Estimate Combining BRFSS & NHIS)

High Blood Pressure (Adult)

HYPERTENSION	EVER TOLD HAVE HIGH BLOOD PRESSURE
Illinois (2019)	32.2%
Egyptian HD – Saline, White and Gallatin	46.1%
Franklin/Williamson	40.1%
Jackson	31.6%
Perry	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	38.3%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

* Indicates data does not meet standards of reliability and has been suppressed.

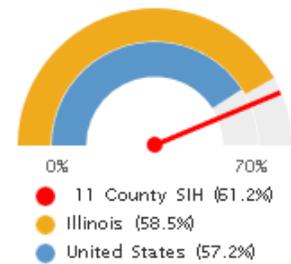
High Blood Pressure (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with hypertension (high blood pressure). Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 27,603 beneficiaries with hypertension (high blood pressure) based on administrative claims data in the latest report year. This represents 61.2% of the total Medicare fee-for-service beneficiaries.

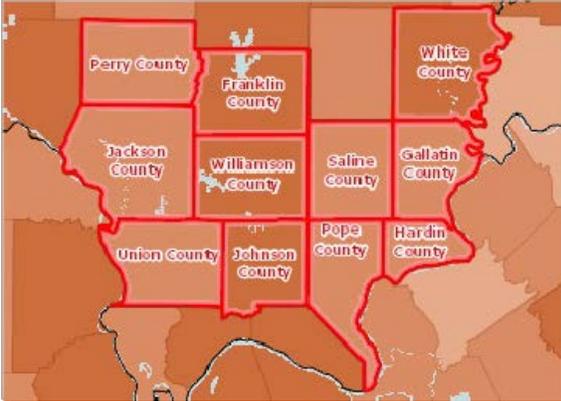
Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure, Percent
11 County SIH Service Area IL	45,068	27,603	61.2%
Franklin County, IL	7,273	4,591	63.1%
Gallatin County, IL	1,152	656	56.9%
Hardin County, IL	905	541	59.8%
Jackson County, IL	6,979	4,114	58.9%
Johnson County, IL	2,229	1,406	63.1%
Perry County, IL	3,273	2,019	61.7%
Pope County, IL	806	468	58.1%
Saline County, IL	4,717	2,787	59.1%
Union County, IL	3,364	1,973	58.7%
White County, IL	3,193	1,985	62.2%
Williamson County, IL	11,177	7,063	63.2%
Illinois	1,443,297	844,619	58.5%
United States	33,499,472	19,162,770	57.2%

Percentage of Medicare Beneficiaries with High Blood Pressure



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, [CMS - Geographic Variation Public Use File](#) . 2018. Source geography: County



Beneficiaries with High Blood Pressure, Percent by County, CMS 2018

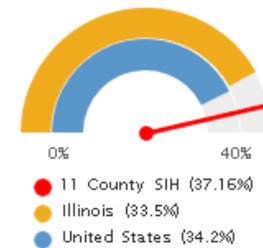
- Over 62.0%
- 56.1 - 62.0%
- 48.1 - 56.0%
- Under 48.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

High Cholesterol (Adult)

This indicator reports the percentage of adults age 18 and older who report having been told by a doctor, nurse, or other health professional that they had high cholesterol. Within the report area, there were 37.16% of adults 18 and older who reported having high cholesterol of the total population.

Report Area	Total Population (2010)	Percentage of Adults with High Cholesterol
11 County SIH Service Area IL	264,398	37.16%
Franklin County, IL	38,701	39.4%
Gallatin County, IL	5,058	40.3%
Hardin County, IL	3,910	42.2%
Jackson County, IL	57,419	32.9%
Johnson County, IL	12,456	37.8%
Perry County, IL	21,174	36.7%
Pope County, IL	4,212	40.7%
Saline County, IL	23,906	38.8%
Union County, IL	16,841	38.8%
White County, IL	13,665	39.0%
Williamson County, IL	67,056	37.4%
Illinois	12,741,080	33.5%
United States	327,167,434	34.2%

Percentage of Adults with High Cholesterol



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2017.



High Cholesterol, Prevalence Among Adults Age 18+ by Tract, CDC BRFSS 500 Cities Project 2017

- Over 35.0%
- 32.1% - 35.0%
- 29.1% - 32.0%
- Under 29.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

CHOLESTEROL	EVER HAD CHOLESTEROL CHECKED	HOW LONG SINCE LAST CHOLESTEROL TEST (More than 1 yr. /Never)	EVER TOLD CHOLESTEROL HIGH
State/County/Counties/LHD Jurisdiction:			
Illinois (2019)	91.3%	-	31.5%
Egyptian HD – Saline, White and Gallatin	85.7%	36.2%	43.1%
Franklin/Williamson	81.0%	42.5%	39.8%
Jackson	72.1%	53.1%	31.7%
Perry	84.5%	37.8%	33.5%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	79.7%	39.4%	42.3%

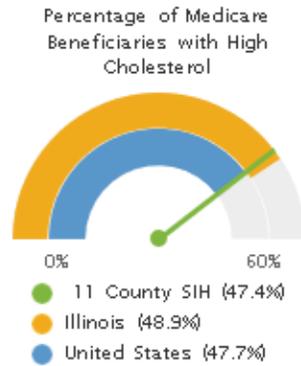
Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.
 * Indicates data does not meet standards of reliability and has been suppressed.

High Cholesterol (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

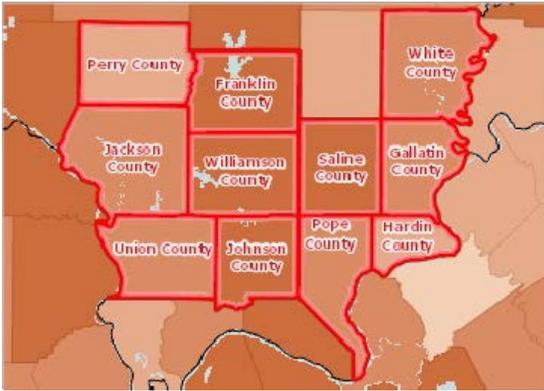
Within the report area, there were 21,368 beneficiaries with hyperlipidemia based on administrative claims data in the latest report year. This represents 47.4% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee for-Service Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
11 County SIH Service Area IL	45,068	21,368	47.4%
Franklin County, IL	7,273	3,586	49.3%
Gallatin County, IL	1,152	490	42.5%
Hardin County, IL	905	379	41.9%
Jackson County, IL	6,979	3,153	45.2%
Johnson County, IL	2,229	1,205	54.1%
Perry County, IL	3,273	1,241	37.9%
Pope County, IL	806	385	47.8%
Saline County, IL	4,717	2,341	49.6%
Union County, IL	3,364	1,495	44.4%
White County, IL	3,193	1,517	47.5%
Williamson County, IL	11,177	5,576	49.9%
Illinois	1,443,297	705,258	48.9%
United States	33,499,472	15,965,312	47.7%



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, [CMS - Geographic Variation Public Use File](#) . 2018. Source geography: County



Beneficiaries with High Cholesterol, Percent by County, CMS 2018

- Over 48.0%
- 42.1 - 48.0%
- 36.1 - 42.0%
- Under 36.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Diabetes Health

The percentage of adults who have ever been diagnosed with diabetes is increasing. Diabetes has a harmful effect on major organ systems and contributes to cerebrovascular diseases (including ischemic heart disease and stroke).

DIABETES	TESTED FOR DIABETES	TOLD HAVE DIABETES	EVER DIAGNOSED WITH PRE-DIABETES/ BORDERLINE
Illinois (2019)	57.0%	11.3%	9.7%
Egyptian HD – Saline, White and Gallatin	62.9%	15.2%	7.0%
Franklin/Williamson	58.5%	12.7%	10.5%
Jackson	45.8%	7.1%	12.9%
Perry	*	12.0%	10.5%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	67.0%	13.8%	9.4%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.
 * Indicates data does not meet standards of reliability and has been suppressed.

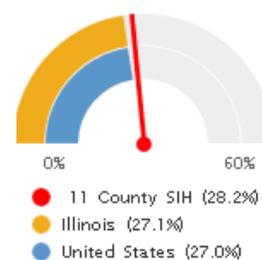
Diabetes (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with diabetes. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 12,696 beneficiaries with diabetes based on administrative claims data in the latest report year. This represents 28.2% of the total Medicare fee-for-service beneficiaries.

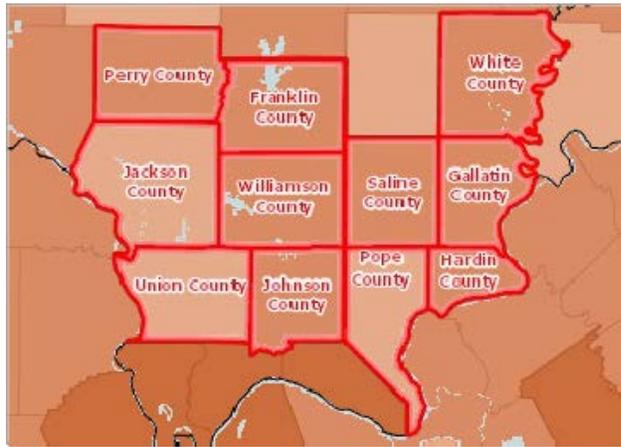
Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries With Diabetes	Beneficiaries with Diabetes, Percent
11 County SIH Service Area IL	45,068	12,696	28.2%
Franklin County, IL	7,273	2,147	29.5%
Gallatin County, IL	1,152	329	28.6%
Hardin County, IL	905	265	29.3%
Jackson County, IL	6,979	1,833	26.3%
Johnson County, IL	2,229	637	28.6%
Perry County, IL	3,273	926	28.3%
Pope County, IL	806	198	24.6%
Saline County, IL	4,717	1,355	28.7%
Union County, IL	3,364	895	26.6%
White County, IL	3,193	893	28.0%
Williamson County, IL	11,177	3,218	28.8%
Illinois	1,443,297	390,627	27.1%
United States	33,499,472	9,029,582	27.0%

Percentage of Medicare Beneficiaries with Diabetes

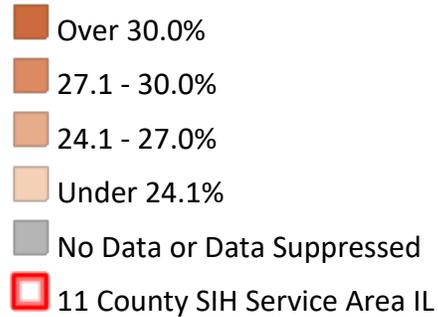


Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County



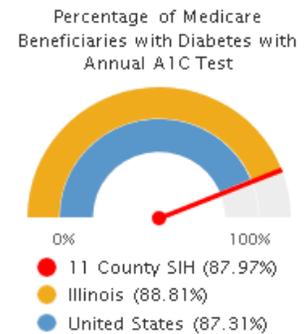
Beneficiaries with Diabetes, Percent by County, CMS 2018



Diabetes Management - Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Medicare Enrollees With Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Medicare Enrollees with Diabetes with Annual Exam, Percent
11 County SIH Service Area IL	4,829	4,248	87.97%
Franklin County, IL	806	716	88.83%
Gallatin County, IL	142	123	86.62%
Hardin County, IL	100	90	90.00%
Jackson County, IL	751	664	88.42%



Johnson County, IL	260	238	91.54%
Perry County, IL	306	252	82.35%
Pope County, IL	78	70	89.74%
Saline County, IL	512	440	85.94%
Union County, IL	329	309	93.92%
White County, IL	324	287	88.58%
Williamson County, IL	1,221	1,059	86.73%
Illinois	40,203	35,705	88.81%
United States	6,912,882	6,035,518	87.31%

Note: This indicator is compared to the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*. 2017. Source geography: County



Patients with Annual HA1C Test (Diabetes), Percent of Medicare Enrollees with Diabetes by County, Dartmouth Atlas 2015

- Over 88.0%
- 84.1 - 88.0%
- 80.1 - 84.0%
- Under 80.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL



Physical Environment

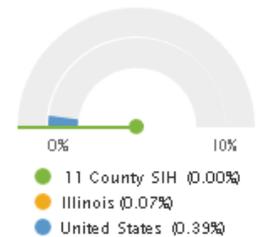
These are areas in which the service area is doing well nationally and locally. We have excellent environmental air quality in the HMC/SIH coverage area.

Air Quality - Ozone

Within the report area, 0, or 0.00% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population	Average Daily Ambient Ozone Concentration	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
11 County SIH Service Area IL	272,833	38.14	0	0.00%	0.00%
Franklin County, IL	39,561	37.98	0	0.00%	0.00%
Gallatin County, IL	5,589	38.01	0	0.00%	0.00%
Hardin County, IL	4,320	38.27	0	0.00%	0.00%

Percentage of Days Exceeding Standards, Pop. Adjusted Average



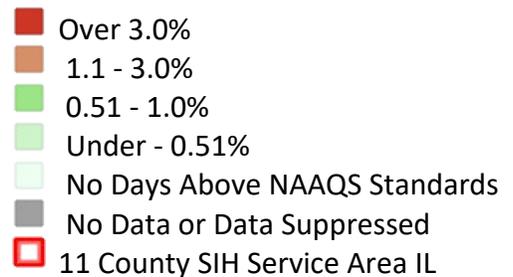
Jackson County, IL	60,218	38.21	0	0.00%	0.00%
Johnson County, IL	12,582	38.45	0	0.00%	0.00%
Perry County, IL	22,350	37.85	0	0.00%	0.00%
Pope County, IL	4,470	38.45	0	0.00%	0.00%
Saline County, IL	24,913	38.17	0	0.00%	0.00%
Union County, IL	17,808	38.34	0	0.00%	0.00%
White County, IL	14,665	37.68	0	0.00%	0.00%
Williamson County, IL	66,357	38.25	0	0.00%	0.00%
Illinois	12,830,632	36.11	0	0.00%	0.07%
United States	306,675,006	37.87	1	0.27%	0.39%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2015. Source geography: Tract



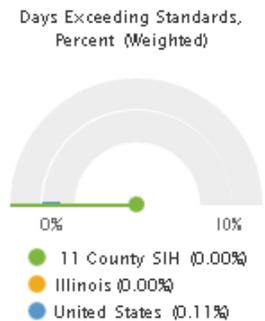
Ozone Levels (O3), Percentage of Days Above NAAQS Standards by Tract, NEPHTN 2015



Air Quality – Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population (2010)	Average Daily Ambient Particulate Matter 2.5	Days Exceeding Emissions Standards	Days Exceeding Standards, Percent (Crude)	Days Exceeding Standards, Percent (Weighted)
11 County SIH Service Area IL	272,833	8.79	0	0	0.00%
Franklin County, IL	39,561	8.83	0	0.00	0.00%
Gallatin County, IL	5,589	8.59	0	0.00	0.00%
Hardin County, IL	4,320	8.49	0	0.00	0.00%
Jackson County, IL	60,218	8.92	0	0.00	0.00%
Johnson County, IL	12,582	8.68	0	0.00	0.00%
Perry County, IL	22,350	8.76	0	0.00	0.00%
Pope County, IL	4,470	8.62	0	0.00	0.00%
Saline County, IL	24,913	8.62	0	0.00	0.00%



Union County, IL	17,808	8.80	0	0.00	0.00%
White County, IL	14,665	8.66	0	0.00	0.00%
Williamson County, IL	66,357	8.90	0	0.00	0.00%
Illinois	12,830,632	9.24	0	0.00	0.00%
United States	306,675,006	8.26	0	0	0.11%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [CDC - National Environmental Public Health Tracking Network](#). 2016. Source geography: Tract



Fine Particulate Matter Levels (PM 2.5), Percentage of Days Above NAAQ Standards by Tract, NEPHTN 2016

- Over 5.0%
- 1.1 - 5.0%
- 0.51 - 1.0%
- Under 0.51%
- No Days Above NAAQS Standards
- No Data or Data Suppressed
- 11 County SIH Service Area IL



Injury and Violence

Injury and violence can greatly impact the health of a community. By increasing safety, reducing violence and reducing risk taking behaviors among the population the health of a community will be improved. In the service area there are higher age adjusted rates of accident mortality and unintentional injury. The violent crime rate remains below the state and national rates for all counties.

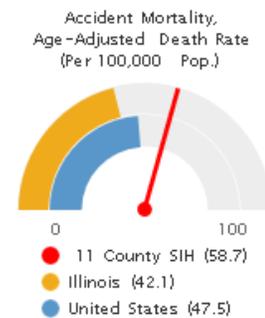
Unintentional Injury Mortality

This indicator reports the 2015-2019 five-year average rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummared for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the United States.

Within the report area, there are a total of 834 deaths due to unintentional injury. This represents an age-adjusted death rate of 58.7 per every 100,000-total population.

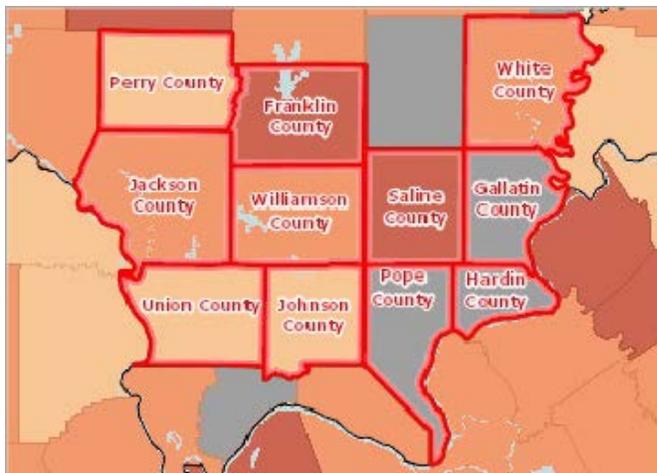
Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
11 County SIH Service Area IL	266,592	834	62.6	58.7
Franklin County, IL	38,970	169	86.7	79.8
Gallatin County, IL	5,089	17	66.8	No data



Hardin County, IL	3,987	11	55.2	No data
Jackson County, IL	58,137	170	58.5	60.1
Johnson County, IL	12,687	37	58.3	48.9
Perry County, IL	21,255	53	49.9	47.4
Pope County, IL	4,219	16	75.8	No data
Saline County, IL	24,071	91	75.6	70.6
Union County, IL	17,023	36	42.3	41.7
White County, IL	13,952	43	61.6	58.0
Williamson County, IL	67,201	191	56.8	51.0
Illinois	12,775,292	28,488	44.6	42.1
United States	325,134,494	818,048	50.3	47.5

Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System*.
 Accessed via *CDC WONDER*. 2015-2019. Source geography: County



**Unintentional Injury (Accident)
 Mortality, Age Adj. Rate (Per 100,000
 Pop.) by County, CDC NVSS 2015-19**

- Over 70.0
- 50.1 - 70.0
- 40.1 - 50.0
- Under 40.1
- Data Suppressed (<20 Deaths)
- 11 County SIH Service Area IL

Traffic Crashes

Traffic fatalities may be the result of alcohol impaired driving, high rates of speed, or distracted driving. These risk-taking behaviors increase the likelihood of negative health outcomes including injury and death.

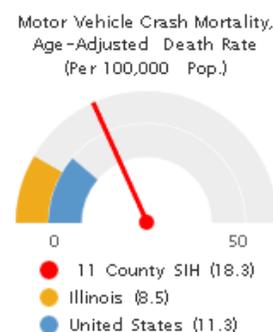
Mortality - Motor Vehicle Crash

This indicator reports the 2015-2019 five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a nonmotorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

Within the report area, there are a total of 209 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 18.3 per every 100,000-total population.

Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
11 County SIH Service Area IL	266,592	209	17.7	18.3
Franklin County, IL	38,970	45	23.1	24.4
Gallatin County, IL	5,089	No data	No data	No data
Hardin County, IL	3,987	No data	No data	No data
Jackson County, IL	58,137	50	17.2	18.4
Johnson County, IL	12,687	10	15.8	No data
Perry	21,255	16	15.1	No data



County, IL				
Pope County, IL	4,219	No data	No data	No data
Saline County, IL	24,071	20	16.6	15.9
Union County, IL	17,023	No data	No data	No data
White County, IL	13,952	16	22.9	No data
Williamson County, IL	67,201	52	15.5	15.5
Illinois	12,775,292	5,611	8.8	8.5
United States	325,134,494	189,154	11.6	11.3

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#).

Accessed via [CDC WONDER](#). 2015-2019. Source geography: County



Motor Vehicle Crash Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, CDC NVSS 2014-18

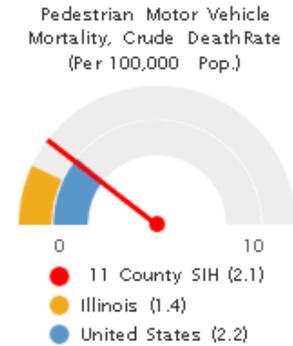
- Over 25.0
- 20.1 - 25.0
- 10.1 - 20.0
- Under 10.1
- Data Suppressed (<20 Deaths)
- 11 County SIH Service Area IL

Mortality - Pedestrian Motor Vehicle Crash

Motor vehicle crash deaths are preventable and are a leading cause of death among young persons. This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death. Within the report area, there are a total of 17 pedestrian deaths due to motor vehicle crash. This represents an age-adjusted death rate of 2.1 per every 100,000-total population.

Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population (2010)	Pedestrian Deaths (2015-2019)	Pedestrian Deaths, Annual Rate per 100,000 Population
11 County SIH Service Area IL	272,833	17	2.1
Franklin County, IL	39,561	2	1.7
Gallatin County, IL	5,589	0	0.0
Hardin County, IL	4,320	0	0.0
Jackson County, IL	60,218	10	5.5
Johnson County, IL	12,582	0	0.0
Perry County, IL	22,350	0	0.0
Pope County, IL	4,470	0	0.0
Saline County, IL	24,913	0	0.0
Union County, IL	17,808	0	0.0
White County, IL	14,665	0	0.0
Williamson County, IL	66,357	5	2.5
Illinois	12,830,632	558	1.4
United States	312,443,997	21,025	2.2



Note: This indicator is compared to the state average.

Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2015-2019. Source geography: Address

Community Safety

A safe environment, including safe-housing and public spaces free from danger and hazards is important for a healthy community.

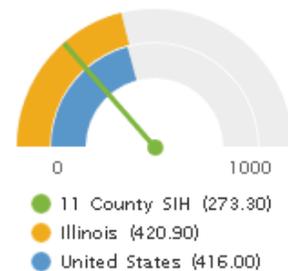
Violent Crime

Violent crime includes homicide, rape, robbery, and aggravated assault. Within the report area, the 3-year total of reported violent crimes was 2,246, which equates to an annual rate of 273.30 crimes per 100,000 people, lower than the statewide rate of 420.90.

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

Report Area	Total Population	Violent Crimes, 3-year Total	Violent Crimes, Annual Rate (Per 100,000 Pop.)
11 County SIH Service Area IL	273,917	2,246	273.30
Franklin County, IL	39,495	207	174.70
Gallatin County, IL	5,844	41	233.80
Hardin County, IL	5,112	41	267.30
Jackson County, IL	58,982	646	365.00
Johnson County, IL	12,750	127	332.00
Perry County, IL	22,341	117	174.50
Pope County, IL	4,788	60	417.60
Saline County, IL	24,347	296	405.20
Union County, IL	17,947	126	234.00
White County, IL	14,953	164	365.50

Violent Crimes, Annual Rate (Per 100,000 Pop.)



Williamson County, IL	67,354	421	208.30
Illinois	12,875,915	162,592	420.90
United States	366,886,849	4,579,031	416.00

Note: This indicator is compared to the state average.
 Data Source: Federal Bureau of Investigation, *FBI Uniform Crime Reports*. Additional analysis by the *National Archive of Criminal Justice Data*. Accessed via the *Inter-university Consortium for Political and Social Research*. 2014; 2016. Source geography: County

Violent Crimes, All, Rate (Per 100,000 Pop.) by County, FBI UCR 2014; 2016



- Over 380.0
- 260.1 - 380.0
- 180.1 - 260.0
- 100.1 - 180.0
- Under 100.1
- No Data or Data Suppressed
- 11 County SIH Service Area IL



Maternal, Infant and Child Health

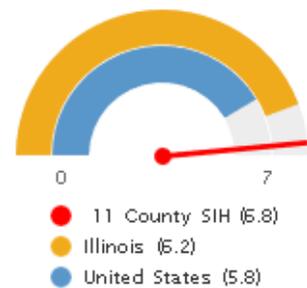
Infant mortality is an important health indicator as it reports the rate of deaths to infants less than one year of age per 1,000. This rate often indicates broader issues pertaining to access to care and maternal and child health. This indicator reports information about infant mortality, which is defined as the number of all infant deaths (within 1 year) per 1,000 live births. Data were from the National Center for Health Statistics - Mortality Files (2013-2019) and are used for the 2021 County Health Rankings.

Within the report area, 90 infant deaths occurred during the 2013-19 seven-year period. This represents 6.8 deaths per 1,000 live births.

Note: Data are suppressed for counties with fewer than 20 infant deaths in the time frame.

Report Area	Number of Infant Deaths	Deaths per 1,000 Live Births
11 County SIH Service Area IL	90	6.8
Franklin County, IL	21	6.5
Gallatin County, IL	No data	No data
Hardin County, IL	No data	No data
Jackson County, IL	33	7.1
Johnson County, IL	No data	No data
Perry County, IL	No data	No data
Pope County, IL	No data	No data
Saline County, IL	No data	No data
Union County, IL	No data	No data
White County, IL	No data	No data
Williamson County, IL	36	6.8
Illinois	12,644	6.2
United States	301,832	5.8

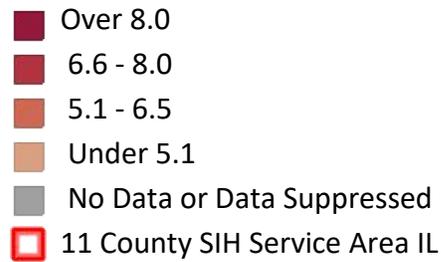
Infant Mortality, Rate per 1,000 Births



Note: This indicator is compared to the state average.

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

Infant Mortality, Rate per 1,000 Births by County, CDC NVSS 2013-2019



Low Birth Weight

Low birth weight is an important indicator of a community’s health status. It is a major determinant of mortality, morbidity and disability in infancy and childhood. Low birth weight may also impact long-term health in adults. Jackson, Pope, Saline, White and Williamson Counties have infants with lower birthweight than that of infants throughout Illinois.

REPORT AREA	LOW WEIGHT BIRTHS PERCENT OF TOTAL
Franklin County, IL	7%
Gallatin County, IL	7%
Hardin County, IL	8%
Jackson County, IL	9%
Johnson County, IL	6%
Perry County, IL	7%
Pope County, IL	10%
Saline County, IL	9%
Union County, IL	6%
White County, IL	9%
Williamson County, IL	9%
Illinois	8%

Source: 2021 County Health Rankings, Retrieved September 1, 2021.

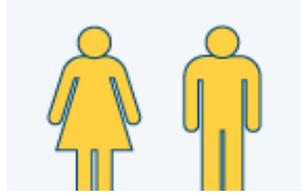
Teen Births

The number of births to teens is a health concern for both the mother and the child. Babies born to teen mothers are more likely to be premature and/or have a low birth weight which is a determinant of mortality, morbidity and disability in infancy and childhood. Teenagers' health, social and educational development can also be adversely affected. All of the counties except Jackson have a higher teen birth rate than the state.

Percentage of all live births to Ages 15-19 (2013-2019)

LOCATION	TEEN BIRTH RATE PER 1,000
Franklin	44
Gallatin	35
Hardin	23
Jackson	19
Johnson	22
Perry	33
Pope	30
Saline	45
Union	26
White	43
Williamson	28
Illinois	19
US	21

Source: Illinois County Health Rankings, 2021, Retrieved September 1, 2021



Mental Health

Approximately four people in the service area say that they have had between 8-30 days in the last year when their mental health was not good. Another one in five people say they have had at least one day, and up to one week in the last year when their mental health was not good.

HEALTH STATUS DAYS MENTAL HEALTH NOT GOOD	NONE	1 – 7 DAYS	8 – 30 DAYS
State/County/Counties/LHD Jurisdiction:			
Illinois (2019)	60.7%	22.3%	17.0%
Egyptian HD – Saline, White and Gallatin	63.8%	15.9%	20.4%
Franklin/Williamson	64.8%	17.5%	17.7%
Jackson	54.2%	24.2%	21.6%
Perry	63.7%	21.9%	14.4%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	67.3%	19.5%	13.2%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

CHRONIC DISEASES DEPRESSION	EVER TOLD HAVE DEPRESSIVE DISORDER
State/County/Counties/LHD Jurisdiction:	
Illinois (2019)	-
Egyptian HD – Saline, White and Gallatin	22.3%
Franklin/Williamson	20.0%
Jackson	23.3%
Perry	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	18.0%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

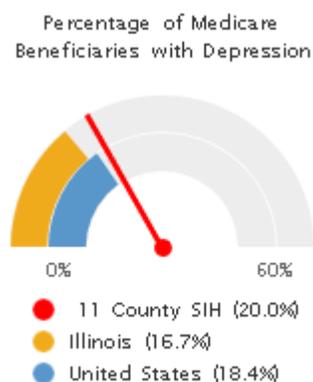
* Indicates data does not meet standards of reliability and has been suppressed.

Depression (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with depression. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 8,992 beneficiaries with depression based on administrative claims data in the latest report year. This represents 20.0% of the total Medicare fee-for-service beneficiaries.

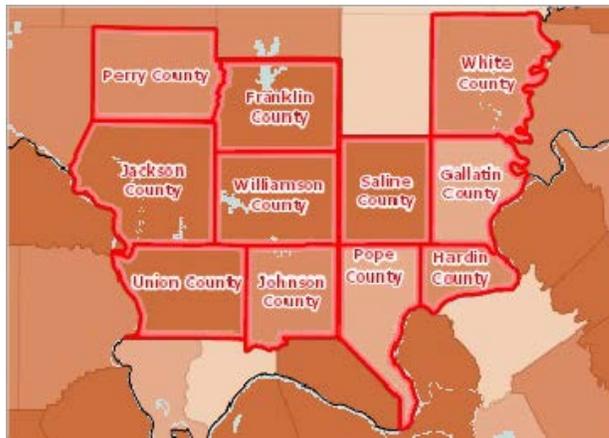
Report Area	Total Medicare Fee-for Service Beneficiaries	Beneficiaries with Depression	Beneficiaries with Depression, Percent
11 County SIH Service Area IL	45,068	8,992	20.0%
Franklin County, IL	7,273	1,534	21.1%
Gallatin County, IL	1,152	187	16.2%
Hardin County, IL	905	164	18.1%
Jackson County, IL	6,979	1,427	20.4%
Johnson County, IL	2,229	411	18.4%
Perry County, IL	3,273	596	18.2%
Pope County, IL	806	130	16.1%
Saline County, IL	4,717	976	20.7%
Union County, IL	3,364	702	20.9%
White County, IL	3,193	600	18.8%
Williamson County, IL	11,177	2,265	20.3%
Illinois	1,443,297	240,827	16.7%
United	33,499,472	6,163,735	18.4%



States			
--------	--	--	--

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, *CMS - Geographic Variation Public Use File* . 2018. Source geography: County



Beneficiaries with Depression, Percent by County, CMS 2018

- Over 20.0%
- 17.1 - 20.0%
- 15.1 - 17.0%
- Under 15.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Suicide

Mental health issues and the tragedy of suicide are often hidden by stigma and shame. The stigma associated with seeking help for depression and mental health issues can be eliminated through improved communication, screening, education and awareness to ensure better patient outcomes.

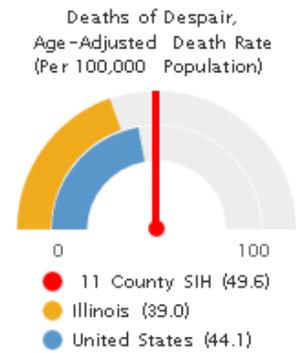
The age-adjusted “deaths of despair” rate for the eleven county service area is higher than the state rate and the U.S. rate at 49.6 per 100,000.

Mortality – Suicide + Drug/Alcohol Poisoning

This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as "deaths of despair", per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health.

Within the report area, there were 646 deaths of despair. This represents an age-adjusted death rate of 49.6 per every 100,000-total population.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
11 County SIH Service Area IL	266,592	646	51.0	49.6
Franklin County, IL	38,970	127	65.2	61.4
Gallatin County, IL	5,089	No data	No data	No data
Hardin County, IL	3,987	No data	No data	No data
Jackson County, IL	58,137	128	44.0	45.8
Johnson County, IL	12,687	18	28.4	No data
Perry County, IL	21,255	49	46.1	45.5
Pope County, IL	4,219	No data	No data	No data
Saline County, IL	24,071	74	61.5	59.6
Union County, IL	17,023	43	50.5	46.5
White County, IL	13,952	36	51.6	46.2
Williamson County, IL	67,201	171	50.9	45.4
Illinois	12,775,292	26,161	41.0	39.0
United States	325,134,494	754,015	46.4	44.1



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#).

Accessed via [CDC WONDER](#). 2015-2019. Source geography: County

Youth Mental Health

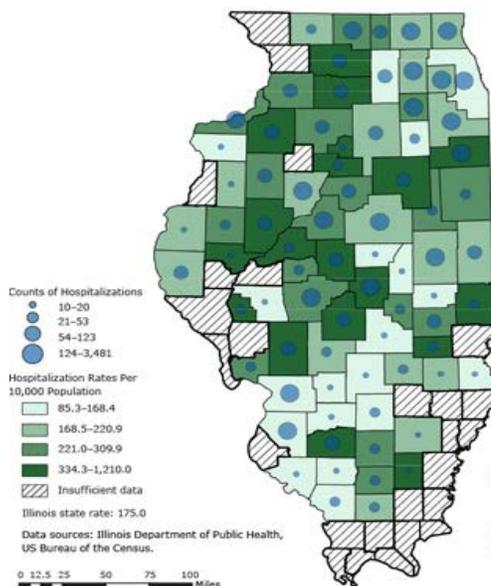
The mental health of youth continues to be of concern. A survey of southern Illinois 10th graders found that 23% or nearly 1 in 4 youth reported they seriously considered attempting suicide.

During the past 12 months did you ever:	10 th Graders	
	11 county service area	Illinois
Seriously consider attempting suicide	23%	16%
Feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities	40%	35%

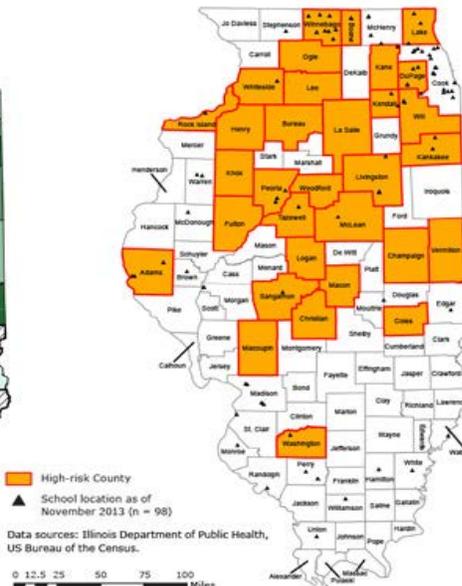
Source: Illinois Youth Survey, 2018

For every adolescent suicide completion in Illinois, there are an estimated 100 adolescent suicide attempts measured by self-inflicted injury. The map on the left shows the hospitalization rates per 10,000 citizens, while the map on the right shows the youth self-inflicted injury hospitalizations per county.

A. Youth Self-Inflicted Injury Hospitalization Counts and Rates per 10,000 Population, Ages 15 to 18, Illinois, 2009–2012



B. High-Risk Counties For Youth Self-Inflicted Injury Hospitalizations and Locations of Schools Receiving Online Gatekeeper Training to Assist in Suicide Prevention



Source: Arbise, B.S., & Amerson, N.L. (2014, November). Tracking Youth Self-Inflicted Injury Hospitalizations to Target High-Risk Communities, Leverage Resources, and Unify Stakeholder Efforts: Illinois Department of Public Health. *Preventing Chronic Disease Public Health Research, Practice and Policy*, v11, E197. No newer data available as of November 18, 2021.

Youth and Young Adult Inpatient and Outpatient Self-Inflicted Injury Counts and Age-Specific Crude Rates per 10,000 Population, Illinois, 2009-2012

County	Middle School (Age 12-14)		High School (Ages 15-18)		Higher Education (Ages 19-24)	
	Number of Inpatients and Outpatients	Age-Spec Crude Rate per 10,000 Pop	Number of Inpatients and Outpatients	Age-Spec Crude Rate Per 10,000 Pop	Number of Inpatients and Outpatients	Age-Spec Crude Rate Per 10,000 Pop
Franklin	10	63.82	47	230.84	38	147.80
Gallatin	0	-	*	278.88	18	512.82
Hardin	*	61.35	*	199.00	*	136.99
Jackson	*	40.82	34	111.22	115	83.22
Johnson	*	43.76	*	34.54	*	69.79
Perry	*	90.09	16	151.95	26	131.65
Pope	*	212.77	*	183.82	10	263.85
Saline	*	20.90	*	49.02	11	59.62
Union	*	31.50	*	96.85	20	157.85
White	0	-	*	76.45	*	69.20
Williamson	15	62.11	53	169.93	77	162.93

Source: Illinois Hospital Discharge, Illinois Department of Public Health, 2009-2012

Note: *Date is suppressed for counties with less than 10 cases and in counties with rates below 10 cases per 10,000 population.

Note: Self inflicted injury includes: poisoning by solid or liquid substances; poisoning by gases in domestic use; poisoning by other gases and vapors; injury by hanging, strangulation, or suffocation; injury by submersion (drowning); injury by firearms and explosives, injury by cutting and piercing instrument, injuries by jumping from high place; and injury by other and unspecified means.

Originally Prepared by the Division of Chronic Disease Prevention and Control, 7 county data pulled by HMC/SIH, Oct. 16, 2015. No newer data report available as of November 18, 2021.

[https://www.prevention.org/Resources/8df91a2c-151a-4474-9df7-](https://www.prevention.org/Resources/8df91a2c-151a-4474-9df7-8761f4bff17d/Youth_and_Young_Adult_Suicide_Attempt_Maps_and_Tables_by_County_20092012.pdf)

[8761f4bff17d/Youth_and_Young_Adult_Suicide_Attempt_Maps_and_Tables_by_County_20092012.pdf](https://www.prevention.org/Resources/8df91a2c-151a-4474-9df7-8761f4bff17d/Youth_and_Young_Adult_Suicide_Attempt_Maps_and_Tables_by_County_20092012.pdf) Retrieved 11.22.21.



Nutrition, Physical Activity, and Obesity

Obesity

The number of adults who are obese is an important measure of a community’s overall health. Approximately two-thirds of the adults in the community served by the 4 hospitals are overweight or obese. Obesity increases the risk for many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. In addition to these health effects, obesity carries significant economic costs due to increases in health care spending and potential lost earnings. Maintaining a healthy weight through physical activity and health eating and not smoking can help prevent and control these diseases.

OBESITY	UNDERWEIGHT/NORMAL	OVERWEIGHT	OBESE
State/County/Counties/LHD Jurisdiction:			
Illinois (2019)	34.3%	34.1%	31.6%
Egyptian HD – Saline, White and Gallatin	34.2%	31.0%	34.8%
Franklin/Williamson	33.5%	30.9%	35.5%
Jackson	38.7%	33.8%	27.4%
Perry	27.6%	*	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	25.9%	34.7%	39.4%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

* Indicates data does not meet standards of reliability and has been suppressed.

Obesity

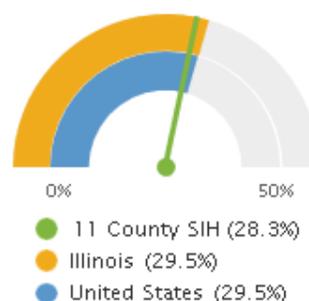
This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]²) was derived from self-report of height and weight. Excess

weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, there are a total of 57,652 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 28.3% of the survey population.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
11 County SIH Service Area IL	204,147	57,652	28.3%
Franklin County, IL	29,494	9,792	33.3%
Gallatin County, IL	3,947	1,034	26.7%
Hardin County, IL	3,156	928	29.5%
Jackson County, IL	44,473	10,896	24.6%
Johnson County, IL	9,799	2,293	23.4%
Perry County, IL	16,657	4,714	28.2%
Pope County, IL	3,533	901	26.0%
Saline County, IL	18,243	4,962	27.4%
Union County, IL	13,096	4,112	31.5%
White County, IL	10,615	3,089	29.3%
Williamson County, IL	51,134	14,931	29.2%
Illinois	9,569,322	2,843,528	29.5%
United States	243,101,202	72,159,365	29.5%

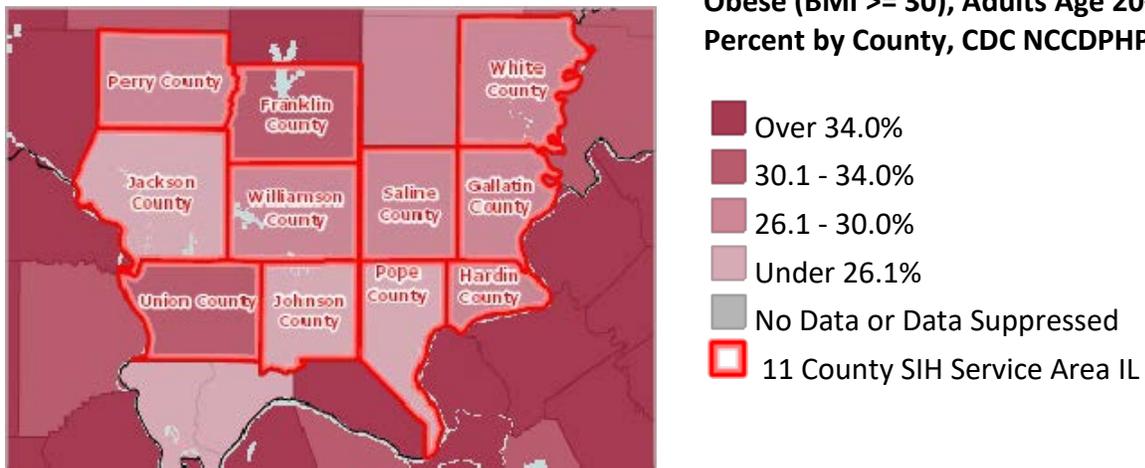
Percentage of Adults Obese (BMI > 30.0), 2017



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2017. Source geography: County

Obese (BMI >= 30), Adults Age 20+, Percent by County, CDC NCCDPHP 2017



Childhood Obesity

Childhood obesity has both immediate and long-term health impacts. According to the Illinois Youth Survey of 10th graders in our service area, 34% are overweight or obese as compared to the state at 26%.

BMI (Body Mass Index) Categories of Overweight or Obese based on CDC guidelines among Adolescents

	10 th Graders	
	11 county service area	Illinois
Underweight	2%	2%
Healthy Weight	64%	72%
Overweight	19%	16%
Obese	15%	10%

Source: Illinois Youth Survey, 2018 Data for 10th graders.

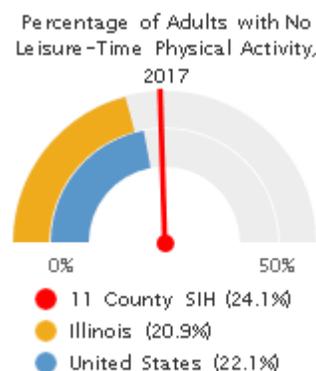
Physical Activity

Strong evidence supports the health benefits of regular physical activity. Physical activity guidelines encourage participation in moderate to vigorous physical activity and muscle-strengthening activity.

Physical Inactivity

Within the report area, 51,733 or 24.1% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Population Age 20+	Adults with No Leisure Time Physical Activity	Adults with No Leisure Time Physical Activity, Percent
11 County SIH Service Area IL	204,235	51,733	24.1%
Franklin County, IL	29,517	8,796	28.1%
Gallatin County, IL	3,948	912	21.0%
Hardin County, IL	3,153	845	23.5%
Jackson County, IL	44,455	8,802	19.7%
Johnson County, IL	9,817	2,199	20.5%
Perry County, IL	16,659	3,815	21.6%
Pope County, IL	3,528	748	18.5%
Saline County, IL	18,286	6,327	33.2%
Union	13,084	3,258	22.9%

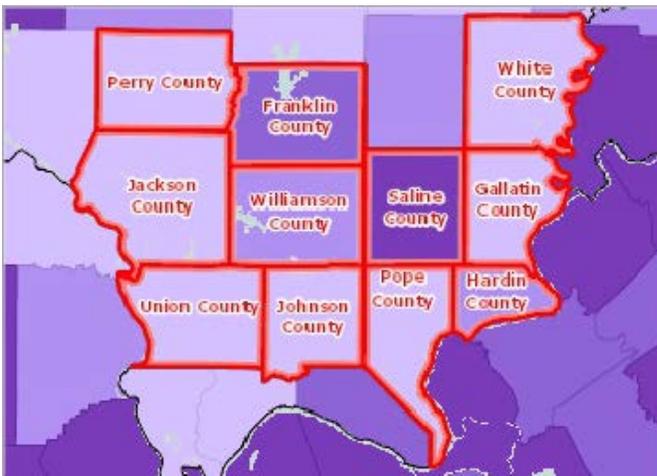


County, IL			
White County, IL	10,623	2,114	17.8%
Williamson County, IL	51,165	13,917	26.0%
Illinois	9,562,472	2,064,938	20.9%
United States	243,068,284	55,261,407	22.1%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, *National Center for Chronic Disease Prevention and Health Promotion*. 2017. Source geography: County

No Leisure-Time Physical Activity, Adults Age 20+, Percent by County, CDC NCCDPHP 2017



- Over 29.0%
- 26.1 - 29.0%
- 23.1 - 26.0%
- Under 23.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Adults Reporting Getting Any Physical Activity

EXERCISE	DO YOU GET ANY EXERCISE? (YES)
State/County/Counties/LHD Jurisdiction:	
Illinois (2019)	74.4%
Egyptian HD – Saline, White and Gallatin	64.3%
Franklin/Williamson	61.1%
Jackson	74.2%
Perry	73.0%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	54.2%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

Youth Reporting Zero Days of Being Physically Active for a Total of At Least 60 Minutes per Day in the Last Seven Days, 2018

LOCATION	10 TH GRADE
11 County Service Area	10%
Illinois, 2014	10%

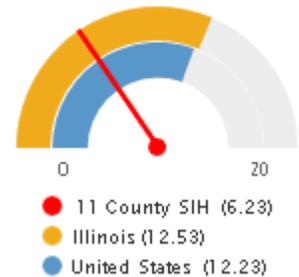
Source: Illinois Youth Survey 2018, Retrieved 9.29.21

Recreation and Fitness Facility Access

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

Report Area	Total Population (2010)	Number of Establishments	Establishments, Rate per 100,000 Population
11 County SIH Service Area IL	272,833	Suppressed	6.23
Franklin County, IL	39,561	4	10.11
Gallatin County, IL	5,589	Suppressed	Suppressed
Hardin County, IL	4,320	Suppressed	Suppressed
Jackson County, IL	60,218	6	9.96
Johnson County, IL	12,582	Suppressed	Suppressed
Perry County, IL	22,350	Suppressed	Suppressed
Pope County, IL	4,470	Suppressed	Suppressed
Saline County, IL	24,913	Suppressed	Suppressed

Recreation and Fitness Facilities, Rate per 100,000 Population



Union County, IL	17,808	Suppressed	Suppressed
White County, IL	14,665	Suppressed	Suppressed
Williamson County, IL	66,357		7
Illinois	12,830,632		1,608
United States	308,745,538		37,758

Note: This indicator is compared to the state average.

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

Source geography: County

Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by County, CBP 2019



- Over 12.0
- 8.1 - 12.0
- 4.1 - 8.0
- Under 4.1
- <3 Fitness and Recreation Centers (Suppressed)
- 11 County SIH Service Area IL

Access to Exercise Opportunities, 2021

LOCATION	PERCENT WITH ACCESS
Franklin	60%
Gallatin	37%
Hardin	78%
Jackson	78%
Johnson	69%
Perry	79%
Pope	98%
Saline	66%
Union	54%
White	36%
Illinois	91%

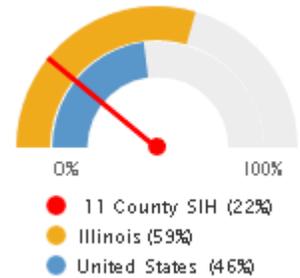
Source: Illinois County Health Rankings, 2021, Retrieved September 1, 2021.

Community Design – Park Access

This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

Report Area	Total Population, 2013-17	Population Within 1/2 Mile of a Park	Percent Within 1/2 Mile of a Park
11 County SIH Service Area IL	269,890	61,048	22%
Franklin County, IL	39,302	4,716	12%
Gallatin County, IL	5,226	888	17%
Hardin County, IL	4,161	2,954	71%
Jackson County, IL	59,115	13,005	22%
Johnson County, IL	12,899	5,288	41%
Perry County, IL	21,467	2,576	12%
Pope County, IL	4,360	3,313	76%
Saline County, IL	24,430	5,618	23%
Union County, IL	17,267	6,388	37%
White County, IL	14,186	2,127	15%
Williamson County, IL	67,477	14,170	21%
Illinois	12,854,526	7,584,170	59%
United States	321,004,407	148,896,178	46%

Percent Population Within 1/2 Mile of a Park



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2015. Source geography: Tract



Population with Park Access (Within 1/2 Mile) by Tract, CDC EPHTN 2015

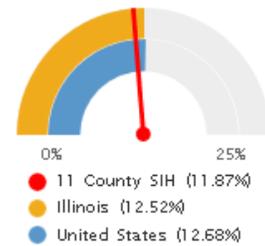
- Under 82%
- 53 - 82%
- 22 - 52%
- Under 21%
- 11 County SIH Service Area IL

Fruit/Vegetable Expenditures

This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (Within-US)	Z-Score (State)	Average Expenditures (USD)	Percentage of Food At-Home Expenditures
11 County SIH Service Area IL	Suppressed	-1.21	-1.65	\$654.68	11.87%
Franklin County, IL	52.00	-1.16	-1.56	Suppressed	Suppressed
Gallatin County, IL	23.00	-1.02	-1.33	Suppressed	Suppressed
Hardin County, IL	19.00	-0.99	-1.28	Suppressed	Suppressed
Jackson County, IL	73.00	-1.49	-2.12	Suppressed	Suppressed
Johnson County, IL	32.00	-1.07	-1.41	Suppressed	Suppressed
Perry	57.00	-1.18	-1.59	Suppressed	Suppressed

Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures



County, IL						
Pope County, IL	20.00	-1.01	-1.31	Suppressed	Suppressed	
Saline County, IL	45.00	-1.13	-1.51	Suppressed	Suppressed	
Union County, IL	38.00	-1.09	-1.43	Suppressed	Suppressed	
White County, IL	26.00	-1.04	-1.36	Suppressed	Suppressed	
Williamson County, IL	62.00	-1.19	-1.61	Suppressed	Suppressed	
Illinois	No data	-0.01	No data	\$738.75	12.52%	
United States	No data	No data	No data	\$744.71	12.68%	

Note: This indicator is compared to the state average.
 Data Source: Nielsen, [Nielsen SiteReports](#). 2014. Source geography: Tract



Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- 11 County SIH Service Area IL

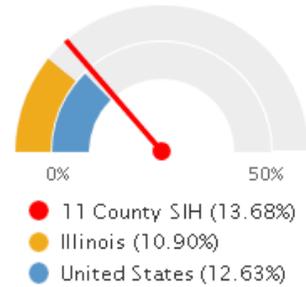
Food Insecurity Rate

Food insecurity means that people do not have access to enough food, at all times to live an active and healthy life. Not having enough food or limited access to healthy food options, impacts the well-being of children, families, adults, elderly, and whole communities. Food insecurity likely reflects a household’s need to make trade-offs between essentials such a housing, transportation, medical bills and purchasing nutritionally adequate foods. When examining data related to children eligible for free/reduced price lunch and population receiving SNAP (Supplemental Nutrition Assistance Program) benefits we can see that the ability to purchase healthy food is reduced.

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
11 County SIH Service Area IL	269,965	36,930	13.68%
Franklin County, IL	39,416	5,400	13.70%
Gallatin County, IL	5,246	640	12.20%
Hardin County, IL	4,167	550	13.20%
Jackson County, IL	59,205	10,420	17.60%
Johnson County, IL	12,937	1,630	12.60%
Perry County, IL	21,520	2,690	12.50%
Pope County, IL	4,375	490	11.20%
Saline County, IL	24,336	3,480	14.30%
Union County, IL	17,179	2,010	11.70%
White County, IL	14,167	1,530	10.80%
Williamson County, IL	67,417	8,090	12.00%
Illinois	12,807,064	1,395,970	10.90%
United States	325,717,422	41,133,950	12.63%

Percentage of Total Population with Food Insecurity



Note: This indicator is compared to the state average.
 Data Source: [Feeding America](#). 2017. Source geography: County

Food Insecure Population, Percent by County, Feeding America 2017



- Over 18.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- 11 County SIH Service Area IL

Access to Healthy Foods

The Food Environment Index, an index of equally weighted factors that contribute to a healthy food environment, including food insecurity and limited access to healthy foods is displayed below.

Food Environment Index

(Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best))

Illinois: 8.7

LOCATION	VALUE
Franklin	7.5
Gallatin	5.3
Hardin	7.4
Jackson	6.9
Johnson	7.2
Perry	7.3
Pope	7.5
Saline	5.8
Union	7.6
White	7.3
Williamson	8.0
Illinois	8.7

Source: Illinois County Health Rankings, 2021, Retrieved September 1, 2021.

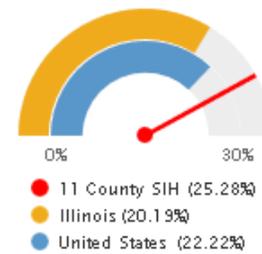
Food Access - Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 [Food Access Research Atlas](#) dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

25.28% of the total population in the report area have low food access. The total population in the report area with low food access is 68,985.

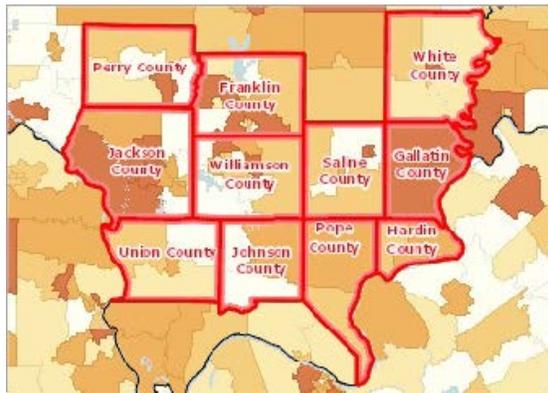
Report Area	Total Population (2010)	Population with Low Food Access	Percent Population with Low Food Access
11 County SIH Service Area IL	272,833	68,985	25.28%
Franklin County, IL	39,561	8,302	20.99%
Gallatin County, IL	5,589	3,706	66.31%
Hardin County, IL	4,320	911	21.09%
Jackson County, IL	60,218	21,031	34.92%
Johnson County, IL	12,582	948	7.53%
Perry County, IL	22,350	5,146	23.02%
Pope County, IL	4,470	1,301	29.11%
Saline County, IL	24,913	3,557	14.28%
Union County, IL	17,808	1,401	7.87%
White County, IL	14,665	1,251	8.53%
Williamson County, IL	66,357	21,431	32.30%
Illinois	12,830,632	2,589,942	20.19%
United States	308,745,538	68,611,398	22.22%

Percent Population with Low Food Access

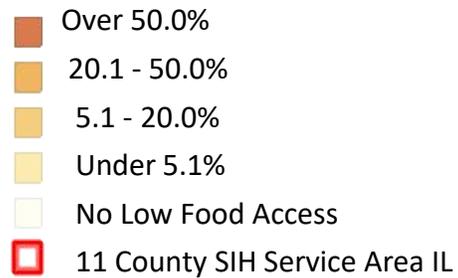


Note: This indicator is compared to the state average.

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



Population with Limited Food Access, Percent by Tract, USDA - FARA 2019



Food Access Environment – Food Desert Census Tracts

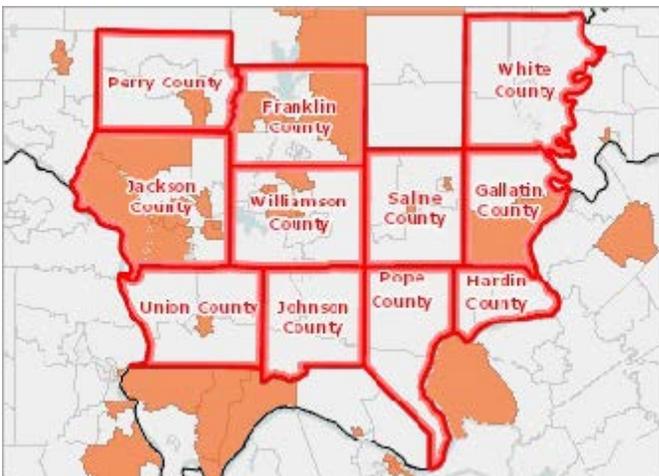
Researchers say “lack of access to supermarkets and other venues where healthy foods are available for sale have been associated with a lower quality diet and increased risk of obesity.” (CDC, 2011) These areas, called “food deserts” are found in low-income communities where a large number of residents have limited access to healthy foods at a supermarket or large grocery store.

- A "low-income community," is a census tract with either a poverty rate of 20 percent or higher, or a median family income at or below 80 percent of the rest of the area.
- A "low-access community," is where at least 500 people and/or at least 33 percent of the *rural* census tract's population live more than 10 miles from a supermarket or large grocery store

This indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. The report area has a population of 86,664 living in food deserts and a total of 22 census tracts classified as food deserts by the USDA.

Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
11 County SIH Service Area IL	272,833	22	54	86,664	82,235
Franklin County, IL	39,561	3	9	11,413	18,489
Gallatin County, IL	5,589	1	1	3,102	1
Hardin County, IL	4,320	0	2	0	2,331
Jackson County, IL	60,218	7	7	30,599	14,962
Johnson County, IL	12,582	0	4	0	5,158
Perry County, IL	22,350	2	4	6,794	10,039
Pope County, IL	4,470	0	2	0	2,046
Saline County, IL	24,913	3	6	8,777	11,037
Union County, IL	17,808	1	4	5,110	6,338
White County, IL	14,665	0	5	0	8,147
Williamson County, IL	66,357	5	10	20,869	3,687
Illinois	12,830,632	319	2,796	1,242,939	3,697,926
United States	308,745,538	9,293	63,238	39,074,974	81,328,997

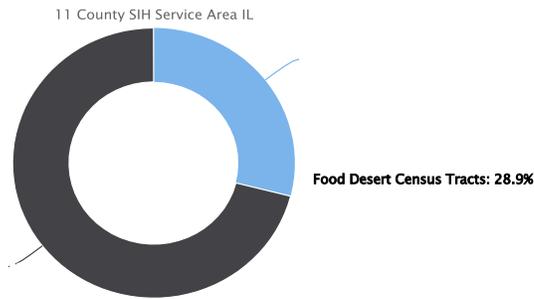
Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2019. Source geography: Tract



Food Desert Census Tracts, 1 Mi. / 10 Mi. by Tract, USDA - FARA 2019

- Food Desert
- Not a Food Desert
- No Data
- 11 County SIH Service Area IL

Food Environment – Food Desert Census Tracts

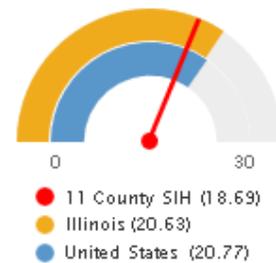


Food Access Environment - Grocery Stores

Healthy dietary behaviors are supported by access to healthy foods, and Grocery Stores are a major provider of these foods. 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, fish, and poultry. Delicatessen-type establishments are also included. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator describes the number of grocery stores and the number of grocery stores per 100,000 in the report area.

Report Area	Total Population (2010)	Number of Establishments	Establishments, Rate per 100,000 Population
11 County SIH Service Area IL	272,833	Suppressed	18.69
Franklin County, IL	39,561	5	12.64
Gallatin County, IL	5,589	Suppressed	Suppressed
Hardin County, IL	4,320	Suppressed	Suppressed
Jackson County, IL	60,218	13	21.59
Johnson County, IL	12,582	3	23.84
Perry County, IL	22,350	3	13.42

Grocery Stores, Rate per 100,000 Population



Pope County, IL	4,470	Suppressed	Suppressed
Saline County, IL	24,913	7	28.10
Union County, IL	17,808	5	28.08
White County, IL	14,665	4	27.28
Williamson County, IL	66,357	11	16.58
Illinois	12,830,632	2,647	20.63
United States	308,745,538	64,132	20.77

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by CARES. 2019. Source geography: County



Grocery Stores and Supermarkets, Rate (Per 100,000 Pop.) by County, CBP 2019

- Over 35.0
- 25.1 - 35.0
- 15.1 - 25.0
- Under 15.1
- <3 Grocery Stores (Suppressed)
- 11 County SIH Service Area IL

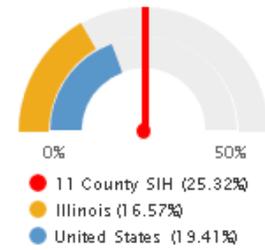
Food Access Environment - Low Income Low Food Access

This indicator reports the percentage of the low-income population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 [Food Access Research Atlas](#) dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

25.32% of the low-income population in the report area have low food access. The total low-income population in the report area with low food access is 27,743.

Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
11 County SIH Service Area IL	272,833	109,577	27,743	25.32%
Franklin County, IL	39,561	16,957	3,178	18.74%
Gallatin County, IL	5,589	2,367	1,670	70.55%
Hardin County, IL	4,320	1,410	268	19.01%
Jackson County, IL	60,218	29,770	9,116	30.62%
Johnson County, IL	12,582	4,861	330	6.79%
Perry County, IL	22,350	7,958	2,063	25.92%
Pope County, IL	4,470	1,742	479	27.50%
Saline County, IL	24,913	10,617	1,609	15.15%
Union County, IL	17,808	6,859	516	7.52%
White County, IL	14,665	5,295	341	6.44%
Williamson County, IL	66,357	21,741	8,173	37.59%
Illinois	12,830,632	3,740,352	619,810	16.57%
United States	308,745,538	97,055,825	18,834,033	19.41%

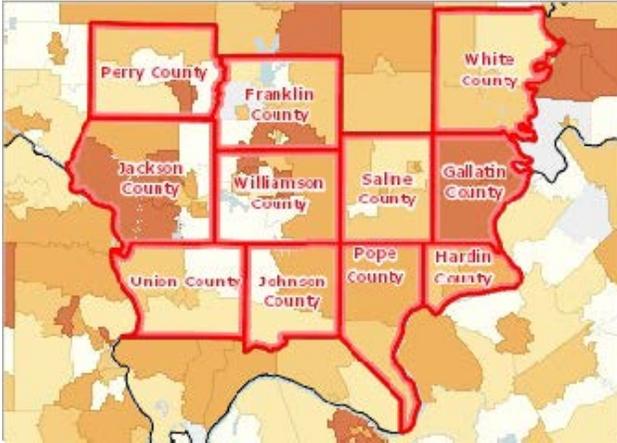
Percent Low Income Population with Low Food Access



Note: This indicator is compared to the state average.

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

Population with Limited Food Access, Low Income, Percent by Tract, USDA - FARA 2019

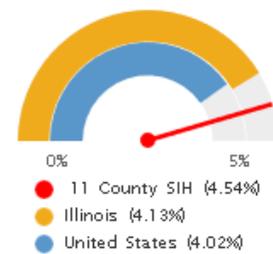


Soda Expenditures

This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues such as diabetes and obesity. Expenditure’s data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (Within-State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
11 County SIH Service Area IL	Suppressed	1.47	1.94	\$250.36	4.54%
Franklin County, IL	66.00	1.41	1.84	Suppressed	Suppressed
Gallatin County, IL	46.00	1.24	1.56	Suppressed	Suppressed
Hardin County, IL	62.00	1.39	1.79	Suppressed	Suppressed
Jackson County, IL	93.00	1.98	2.78	Suppressed	Suppressed
Johnson	54.00	1.30	1.65	Suppressed	Suppressed

Soda Expenditures, Percentage of Total Food-At-Home Expenditures



County, IL					
Perry County, IL	49.00	1.27	1.60	Suppressed	Suppressed
Pope County, IL	66.00	1.41	1.84	Suppressed	Suppressed
Saline County, IL	57.00	1.33	1.70	Suppressed	Suppressed
Union County, IL	62.00	1.39	1.79	Suppressed	Suppressed
White County, IL	29.00	1.10	1.32	Suppressed	Suppressed
Williamson County, IL	61.00	1.36	1.75	Suppressed	Suppressed
Illinois	No data	0.13	No data	\$243.81	4.13%
United States	No data	No data	No data	\$236.04	4.02%

Note: This indicator is compared to the state average.

Data Source: Nielsen, [Nielsen SiteReports](#). 2014. Source geography: Tract



Soda Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed
- 11 County SIH Service Area IL



Oral Health

Dental Care Utilization

This indicator reports the percentage of adults age 18 and older who report having been to the dentist or dental clinic in the previous year.

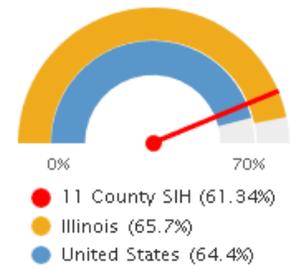
Within the report area there are 61.34% adults who went to the dentist in the past year of the total population.

This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services.

Good oral/dental health is associated with improved health status. Those living in rural communities may experience frequent and unresolved health problems because they are not receiving timely and appropriate services, including dental care.

Report Area	Total Population (2010)	Total Population (2010)	Percentage of Adults with Recent Dental Visit
11 County SIH Service Area IL	272,833	264,398	61.34%
Franklin County, IL	39,561	38,701	61.2%
Gallatin County, IL	5,589	5,058	58.7%
Hardin County, IL	4,320	3,910	59.4%
Jackson County, IL	60,218	57,419	61.6%
Johnson County, IL	12,582	12,456	61.1%
Perry County, IL	22,350	21,174	58.1%
Pope County, IL	4,470	4,212	63.6%
Saline County, IL	24,913	23,906	59.2%
Union County, IL	17,808	16,841	62.0%
White County, IL	14,665	13,665	62.4%
Williamson County, IL	66,357	67,056	62.8%
Illinois	12,830,632.00	12,741,080	65.7%
United States	308,745,538.00	327,167,434	64.4%

Percentage of Adults with Dental Visit in Past 1 Year



Note: This indicator is compared to the state average.

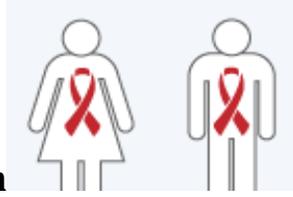
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

The most recent BRFSS data states that between 12.9% - 51.6% of adults in the service area visited the dentist greater than 12 months ago or never. This lack of preventive care contributes to the high number of visits to the ED for dental health conditions.

ORAL HEALTH	LAST DENTAL VISIT MORE THAN 12 MONTHS AGO OR NEVER (At Risk)	COULD NOT VISIT DENTIST DUE TO COST	<u>DO NOT HAVE</u> DENTAL INSURANCE COVERAGE
State/County/Counties/LHD Jurisdiction:			
Illinois (2019)	-	-	-
Egyptian HD – Saline, White and Gallatin	48.7%	19.5%	48.5%
Franklin/Williamson	51.6%	20.4%	43.8%
Jackson	46.9%	19.1%	36.5%
Perry	12.9% *	*	50.3%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	43.4%	21.3%	44.1%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

* Indicates data does not meet standards of reliability and has been suppressed.



Reproductive and Sexual Health

Promoting healthy sexual behaviors and increased access to health care can prevent STDs and their complications. Sexually transmitted diseases may cause reproductive health problems, fetal and perinatal health problems, cancer, and facilitation of sexual transmission of HIV infections. Untreated STDs can cause serious long-term health consequences. Source: Centers for Disease Control and Prevention.

HIV/AIDS and STDs	EVER HAD HIV TEST (YES)	TREATED FOR STD IN THE PAST YEAR
State/County/Counties/LHD Jurisdiction:		
Illinois (2019)	39.4%	-
Egyptian HD – Saline, White and Gallatin	27.8%	2.4%
Franklin/Williamson	26.5%	*
Jackson	32.3%	3.5%
Perry	*	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	29.1%	*

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

* Indicates data does not meet standards of reliability and has been suppressed.

HIV/AIDS and STDs NUMBER OF SEXUAL PARTNERS	NONE	ONE	MORE THAN ONE
State/County/Counties/LHD Jurisdiction:			
Illinois (2019)	-	-	-
Egyptian HD – Saline, White and Gallatin	31.4%	61.4%	7.2%
Franklin/Williamson	29.1%	65.0%	6.0%
Jackson	25.4%	59.1%	15.4%
Perry	*	*	5.2% *
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	27.2%	67.8%	5.1%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

* Indicates data does not meet standards of reliability and has been suppressed

STATEWIDE AND COUNTY SPECIFIC HIV AND AIDS INCIDENCE AND PREVALENCE UPDATE, MAY 2021

	HIV Incidence Cases 1			AIDS Cases				
County	<i>Diagnosed as of</i> <i>5/31/21</i>	<i>Cumulative Cases Diagnosed Since 2014</i>	<i>2014-2021 HIV Diagnosis Rate 4</i>	<i>Diagnosed as of</i> <i>5/31/21</i>	<i>Cumulative Cases Diagnosed Since 2014 3</i>	<i>2014-2021 AIDS Diagnosis Rate4</i>	<i>HIV (non-AIDS) Living as of 5/31/21 5</i>	<i>AIDS Living as of 5/31/21 5</i>
Franklin	0	11	3.8	0	10	3.4	9	23
Gallatin	0	1	2.5	0	1	2.5	3	2
Hardin	0	0	0.0	0	1	3.2	2	1
Jackson	2	27	6.1	2	10	2.2	54	39
Johnson	0	2	2.1	0	6	6.3	33	29
Perry	0	7	4.3	1	9	5.5	18	17
Pope	0	2	6.3	0	1	3.2	3	1
Saline	0	3	1.6	0	4	2.2	6	8
Union	0	2	1.5	0	0	0.0	5	2
White	0	1	0.9	0	1	0.9	3	5
Williamson	0	19	3.8	1	6	1.2	31	2.5
Illinois	286	10,109	10.6	161	4,521	4.7	20,291	18,920

1 This category represents all new diagnoses with HIV regardless of the stage of the disease [HIV (non-AIDS) or AIDS], and also is referred to as "HIV infection" or "HIV disease."

2 Includes cases diagnosed and reported between January 1, 2021 - May 31, 2021

3 Includes all cases diagnosed and reported between January 1, 2021- May 31, 2021

4 Rate = Diagnosed cases (January 1, 2014- May 31, 2021)/Population*100,000 (Census July 1, 2010 population estimates were used); rates were annualized

5 Includes all living cases as of May 31, 2021

Source: Illinois Department of Public Health, HIV/AIDS Surveillance Unit Notes: All data are provisional and subject to change. Illinois

Department of Corrections cases are included in county totals.

Note: All data are provisional and subject to change. IL Department of Corrections cases are included in county totals.

Source: Illinois Department of Public Health, Illinois HIV/AIDS Monthly Surveillance Update, May 2021.-Retrieved 11.22.21.

HIV Screenings

HIV/AIDS and STDs	EVER HAD HIV TEST (NO)
State/County/Counties/LHD Jurisdiction:	
Illinois (2019)	60.6%
Egyptian HD – Saline, White and Gallatin	72.2%
Franklin/Williamson	73.5%
Jackson	67.7%
Perry	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	70.9%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

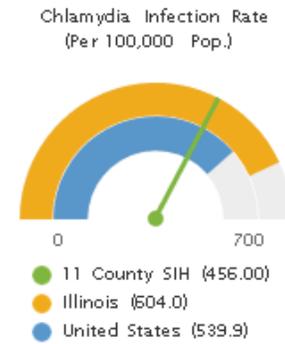
* Indicates data does not meet standards of reliability and has been suppressed.

STI - Chlamydia Incidence

This indicator reports the number chlamydia cases occurring in the report area. Rates are presented per 100,000 population.

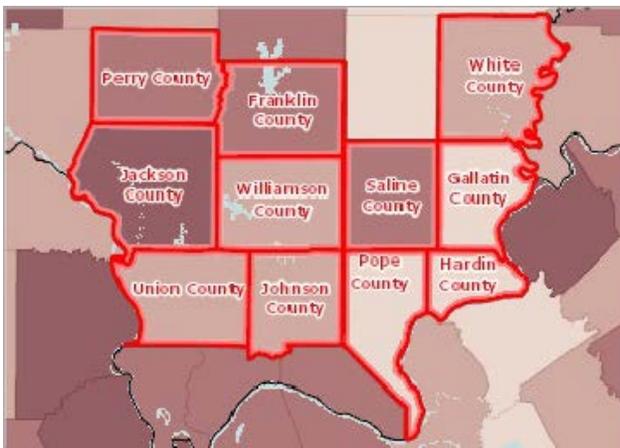
The number of cases are based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

Report Area	Total Population	Chlamydia Infections	Chlamydia Infections, Rate per 100,000 Pop.
11 County SIH Service Area IL	267,329	1,219	456.00
Franklin County, IL	39,041	134	343.2
Gallatin County, IL	5,080	7	137.8
Hardin County, IL	4,046	5	123.6
Jackson County, IL	58,284	620	1,063.8
Johnson County, IL	12,900	22	170.5
Perry County, IL	21,285	66	310.1
Pope County, IL	4,325	4	92.5
Saline County, IL	24,102	111	460.5
Union County, IL	17,000	49	288.2
White County, IL	13,938	21	150.7
Williamson County, IL	67,328	180	267.3
Illinois	12,802,023	77,325	604.0
United States	325,719,178	1,758,668	539.9



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#). 2018. Source geography: County



Chlamydia, Infection Rate per 100,000 Population by County, CDC NCHHSTP 2018

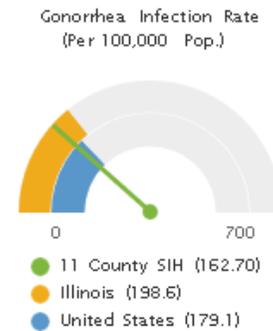
- Over 500.0
- 300.1 - 500.0
- 150.1 - 300.0
- 0.1 - 150.0
- Data Suppressed (<4 Cases)
- 11 County SIH Service Area IL

STI - Gonorrhea Incidence

This indicator reports the number gonorrhea cases occurring in the report area. Rates are presented per 100,000 population.

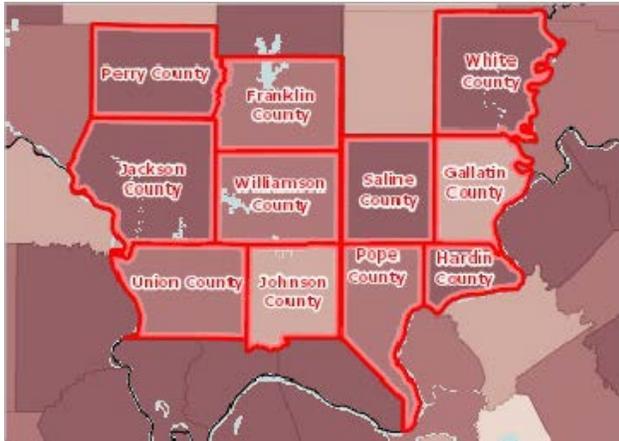
The number of cases are based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.

Report Area	Total Population	Gonorrhea Infections	Gonorrhea Infections, Rate per 100,000 Population
11 County SIH Service Area IL	267,329	435	162.70
Franklin County, IL	39,041	40	102.5
Gallatin County, IL	5,080	2	39.4
Hardin County, IL	4,046	6	148.3
Jackson County, IL	58,284	187	320.8
Johnson County, IL	12,900	3	23.3
Perry County, IL	21,285	31	145.6
Pope County, IL	4,325	5	115.6
Saline County, IL	24,102	51	211.6
Union County, IL	17,000	13	76.5
White County, IL	13,938	24	172.2
Williamson County, IL	67,328	73	108.4
Illinois	12,802,023	25,422	198.6
United States	325,719,178	583,405	179.1



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*. 2018. Source geography: County



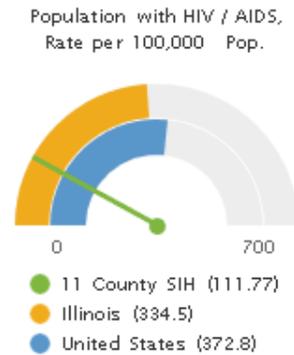
Gonorrhea, Infection Rate per 100,000 Population by County, CDC NCHHSTP 2018

- Over 120.0
- 60.01 - 120.00
- 20.01 - 60.00
- 0.1 - 20.0
- Data Suppressed (<4 Cases)
- 11 County SIH Service Area IL

STI - HIV Prevalence

This indicator reports the prevalence of HIV in the report area as a rate per 100,000 population over age 13. The data reflect persons living with diagnosed HIV infection at the end of the latest reporting year, or persons living with infection ever classified as stage 3 (AIDS) at the end of the latest report year.

Report Area	Population Age 13+	Population with HIV / AIDS	Population with HIV / AIDS, Rate per 100,000 Population
11 County SIH Service Area IL	186,989	209	111.77
Franklin County, IL	32,638	29	88.9
Gallatin County, IL	4,324	7	161.9
Hardin County, IL	No data	Suppressed	No data
Jackson County, IL	49,860	43	86.2
Johnson County, IL	10,853	31	285.6
Perry County, IL	18,321	32	174.7
Pope County, IL	No data	Suppressed	No data

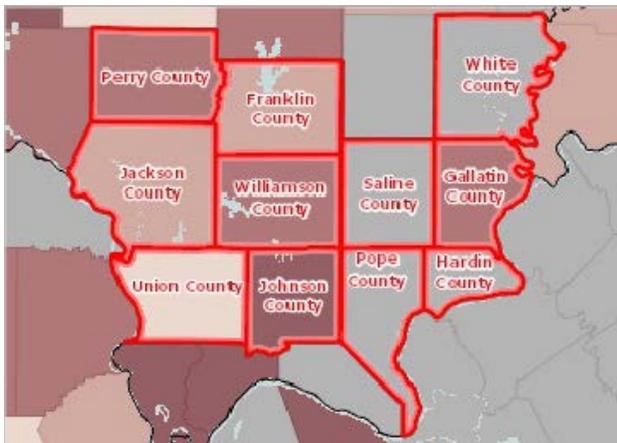


Saline County, IL	No data	Suppressed	No data
Union County, IL	14,412	7	48.6
White County, IL	No data	Suppressed	No data
Williamson County, IL	56,581	60	106.0
Illinois	10,713,681	35,841	334.5
United States	274,605,948	1,023,832	372.8

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, *National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention*. 2018. Source geography: County

HIV Prevalence, Rate (Per 100,000 Pop.) by County, CDC NCHHSTP 2018

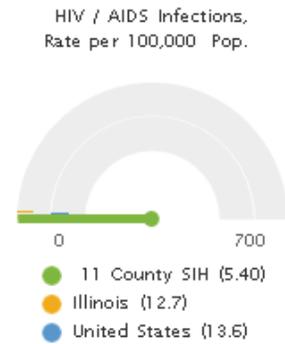


- Over 200.0
- 100.1 - 200.0
- 50.1 - 100.0
- Under 50.1
- Data Suppressed (<4 Cases)
- 11 County SIH Service Area IL

STI - HIV Incidence

This indicator reports the incidence rate of HIV infection or infection classified as state 3 (AIDS) per 100,000 population. Incidence refers to the number of confirmed diagnoses during a given time period, in this case is January 1st and December 31st of the latest reporting year.

Report Area	Population Age 13+	Total HIV / AIDS Infections	HIV / AIDS Infections, Rate per 100,000 Pop.
11 County SIH Service Area IL	111,803	6	5.40
Franklin County, IL	No data	Suppressed	No data
Gallatin County, IL	4,324	0	0.0
Hardin County, IL	3,430	0	0.0
Jackson County, IL	No data	Suppressed	No data
Johnson County, IL	10,853	0	0.0
Perry County, IL	18,321	0	0.0
Pope County, IL	3,882	0	0.0
Saline County, IL	No data	Suppressed	No data
Union County, IL	14,412	0	0.0
White County, IL	No data	Suppressed	No data
Williamson County, IL	56,581	6	10.6
Illinois	10,713,681	1,361	12.7
United States	274,605,948	37,428	13.6



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#). 2018. Source geography: County

HIV Incidence, Infection Rate per 100,000 Population by County, CDC NCHHSTP 2018



- Over 30.0
- 15.1 - 30.0
- 5.1 - 15.0
- Under 5.1
- Data Suppressed (<4 Cases)
- 11 County SIH Service Area IL



Social Determinants of Health

Educational Attainment

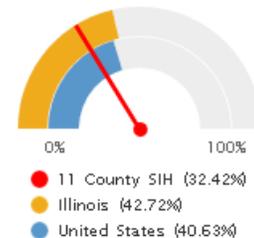
Poverty rates, unemployment rates, and lower health status have been linked to low levels of educational attainment among adults. The percentage of those age 25+ with an associate degree in the 11 county area is at 32.42%, lower than both Illinois and the United States.

Percent Population Age 25+ with an Associate Degree or Higher

32.42% of the population aged 25 and older, or 59,667 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Associate's Degree or Higher	Percent Population Age 25+ with Associate's Degree or Higher
11 County SIH Service Area IL	184,057	59,667	32.42%
Franklin County, IL	27,508	7,518	27.33%
Gallatin County, IL	3,704	776	20.95%
Hardin County, IL	2,991	716	23.94%
Jackson County, IL	35,042	15,141	43.21%
Johnson County, IL	9,208	2,324	25.24%
Perry County, IL	15,409	3,644	23.65%
Pope County, IL	3,332	753	22.60%
Saline County, IL	17,113	5,614	32.81%
Union County, IL	12,232	3,664	29.95%
White County, IL	9,933	2,861	28.80%
Williamson County, IL	47,585	16,656	35.00%

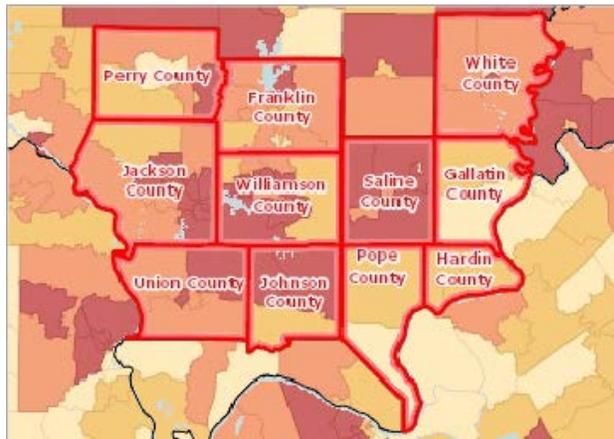
Percent Population Age 25+ with Associate's Degree or Higher



Illinois	8,686,299	3,710,558	42.72%
United States	220,622,076	89,632,369	40.63%

Note: This indicator is compared to the state average.

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



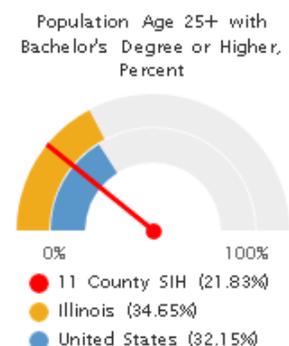
Population with an Associate Level Degree or Higher, Percent by Tract, ACS 2015-19

- Over 32.0%
- 26.1 - 32.0%
- 20.1 - 26.0%
- Under 20.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Percent Population Age 25+ with Bachelor's Degree or Higher

21.83% of the population aged 25 and older, or 40,183 have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

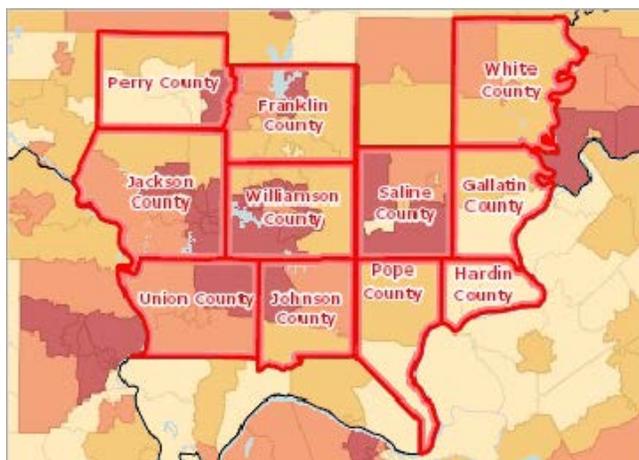
Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
11 County SIH Service Area IL	184,057	40,183	21.83%
Franklin County, IL	27,508	4,603	16.73%
Gallatin County, IL	3,704	402	10.85%
Hardin County, IL	2,991	322	10.77%
Jackson County, IL	35,042	11,955	34.12%
Johnson County,	9,208	1,472	15.99%



IL			
Perry County, IL	15,409	1,931	12.53%
Pope County, IL	3,332	435	13.06%
Saline County, IL	17,113	3,288	19.21%
Union County, IL	12,232	2,659	21.74%
White County, IL	9,933	1,541	15.51%
Williamson County, IL	47,585	11,575	24.32%
Illinois	8,686,299	3,010,025	34.65%
United States	220,622,076	70,920,162	32.15%

Note: This indicator is compared to the state average.

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



Population with a Bachelor's Degree or Higher, Percent by Tract, ACS 2015-19

- Over 23.0%
- 18.1 - 23.0%
- 13.1 - 18.0%
- Under 13.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Local High School Graduation Rates

According to the Illinois State Board of Education School Report Cards, 88% of Illinois students graduate from high school with a regular diploma in four years. The Healthy People 2030 target is 90.7% for the proportion of students who graduate with a regular diploma 4 years after starting 9th grade.

Local High School Graduation Rates 4 Years (Students Who Entered 9th Grade in 2016) - 2020

COUNTY	HIGH SCHOOL	GRADUATION RATE (%)
Franklin	Benton Consol.	89.0
Franklin	Christopher	88.7
Franklin	Frankfort Community	70.6
Franklin	Sesser Valier	91.5
Franklin	Thompsonville	81.8
Franklin	Zeigler-Royalton	67.9
Gallatin	Gallatin County CUD10	82.7
Hardin	Hardin County CUD1	90.2
Jackson	Carbondale Community	87.3
Jackson	Murphysboro	89.3
Jackson	Trico Senior	93.1
Johnson	Goreville	88.9
Johnson	Vienna	88.2
Perry	Pinckneyville	87.9
Perry	DuQuoin	91.0
Pope	Pope County	93.5
Pope	Vienna	88.2
Saline	Eldorado	94.8
Saline	Harrisburg	82.8
Saline	Carrier Mills - Stonefort	91.4
Saline	Galacia	90.3
Union	Anna-Jonesboro	87.7
Union	Cobden	96.4
Union	Dongola	96.2
Union	Shawnee	76.2
White	Carmi White Senior	80.2
White	Grayville	68.2
White	Norris City-Omaha-Enfield	90.5
Williamson	Marion	82.5
Williamson	Johnston City	80.4
Williamson	Herrin	87.8
Williamson	Cartersville	95.9
Williamson	Crab Orchard	88.9
Illinois		88%

Source: Illinois State Board of Education School Report Cards, 2020. <http://illinoisreportcard.com/>

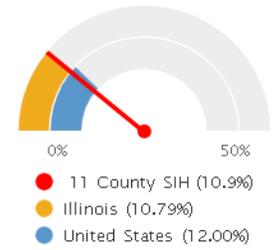
Educational Attainment Overview

Educational Attainment shows the distribution of the highest level of education achieved in the report area and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 and is an estimated average for the period from 2014 to 2019.

For the selected area, 12.8% have at least a college bachelor's degree, while 31.1% stopped their formal educational attainment after high school.

Report Area	No High School Diploma	High School Only	Some College	Associates Degree	Bachelors Degree	Graduate or Professional Degree
11 County SIH Service Area IL	10.9%	31.1%	25.6%	10.6%	12.8%	9.0%
Franklin County, IL	11.07%	33.0%	28.6%	10.6%	11.0%	5.7%
Gallatin County, IL	13.09%	39.8%	26.2%	10.1%	7.7%	3.2%
Hardin County, IL	20.36%	32.3%	23.4%	13.2%	8.6%	2.1%
Jackson County, IL	8.10%	24.1%	24.6%	9.1%	15.4%	18.7%
Johnson County, IL	17.76%	31.6%	25.5%	9.3%	11.5%	4.5%
Perry County, IL	16.69%	36.6%	23.1%	11.1%	9.1%	3.5%
Pope County, IL	14.02%	36.0%	27.4%	9.5%	7.7%	5.3%
Saline County, IL	13.31%	27.5%	26.4%	13.6%	12.8%	6.4%
Union County, IL	11.59%	35.4%	23.0%	8.2%	14.5%	7.2%
White County, IL	10.06%	37.4%	23.8%	13.3%	10.4%	5.1%
Williamson County, IL	7.70%	31.1%	26.2%	10.7%	14.6%	9.7%
Illinois	10.79%	26.0%	20.5%	8.1%	21.1%	13.6%
United States	12.00%	27.0%	20.4%	8.5%	19.8%	12.4%

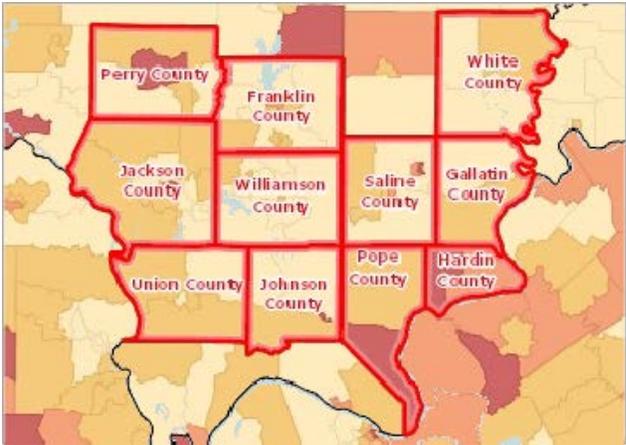
Percent Population with No High School Diploma



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: County

Population with No High School Diploma (Age 18+), Percent by Tract, ACS 2015-19

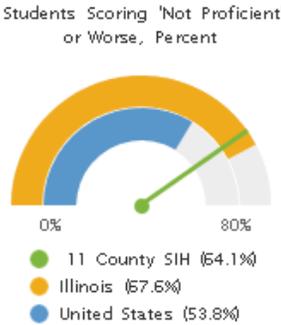


- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Student Reading Proficiency (4th Grade)

Information about student performance in the 4th grade English Language Arts portion of the state-specific standardized tests are displayed in the table below. Of 10,607 students tested, 35.9% of 4th graders performed at or above the "proficient" level, and 64.1% tested below the "proficient" level, according to the latest data. Students in the report area tested better than the statewide rate of 32.4%.

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
11 County SIH Service Area IL	10,607	35.9%	64.1%
Franklin County, IL	1,656	31.9%	68.1%
Gallatin County, IL	198	49.0%	51.0%
Hardin County, IL	164	43.3%	56.7%
Jackson County, IL	2,052	30.2%	69.8%
Johnson County, IL	442	38.5%	61.5%
Perry County, IL	754	32.9%	67.1%
Pope County, IL	132	26.5%	73.5%



IL			
Saline County, IL	1,015	30.8%	69.2%
Union County, IL	709	36.5%	63.5%
White County, IL	648	37.7%	62.3%
Williamson County, IL	2,837	43.0%	57.0%
Illinois	546,182	32.4%	67.6%
United States	13,445,671	46.2%	53.8%

Note: This indicator is compared to the state average.

Data Source: US Department of Education, [EDFacts](#). Additional data analysis by [CARES](#).

2018-19. Source geography: School District



Language Arts Test Scores, Grade 4, Percent Not Proficient by School District (Elementary), EDFacts 2017-18

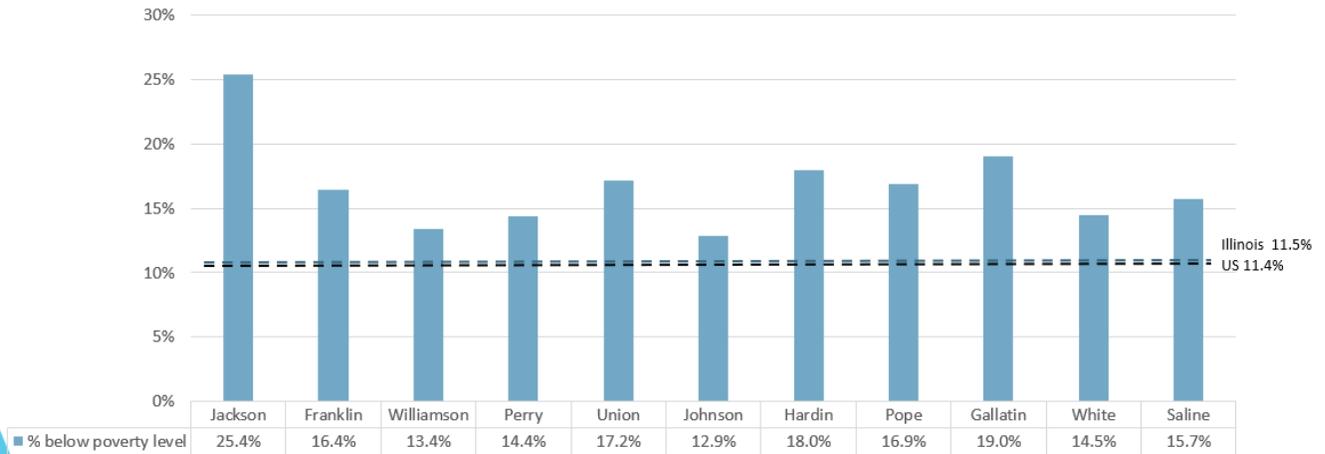
- Over 50.0%
- 30.1 - 50.0%
- 20.1 - 30.0%
- Under 20.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Financial Barriers

Even when health care providers are available, financial barriers to care are present. Many people in the community put off medical care or prescription drugs due to cost, have skipped doses or taken smaller amounts of medication than prescribed in order to make the supply last longer. This can indicate a lack of insurance, under-insurance and poverty.

Below is a table of those living in poverty in the 11 counties.

People Living in Poverty



Source: US Census Bureau, Quick Facts, July 1, 2019, Retrieved September 12, 2021.

Data Source:

<https://www.census.gov/quickfacts/fact/table/US/IPE120220>.

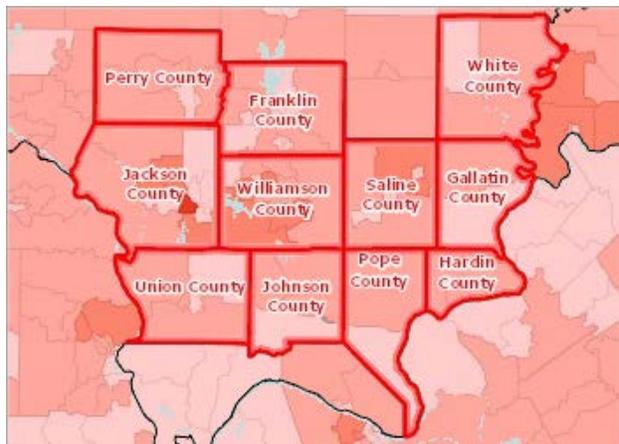
Income – Median Family Income

This indicator reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older.

The annual median family income for the eleven-county service area is lower than state and national levels. The median family income ranges from a low of \$54,492 in Saline County to a high of \$67,702 in Williamson County (Illinois' is \$83,279, U.S. is \$77,263).

Report Area	Total Family Households	Average Family Income	Median Family Income
11 County SIH Service Area IL	66,413	\$76,717	No data
Franklin County, IL	9,861	\$66,389	\$54,533
Gallatin County, IL	1,506	\$90,299	\$55,677
Hardin County, IL	929	\$92,524	\$67,702
Jackson County, IL	12,278	\$78,942	\$59,480
Johnson County, IL	3,042	\$78,478	\$63,421
Perry County, IL	5,661	\$78,672	\$64,574
Pope County, IL	967	\$66,653	\$64,226
Saline County, IL	6,654	\$69,005	\$54,492
Union County, IL	4,559	\$74,344	\$61,026
White County, IL	4,003	\$72,655	\$61,134
Williamson County, IL	16,953	\$83,273	\$66,949
Illinois	3,109,762	\$110,401	\$83,279
United States	79,114,031	\$103,863	\$77,263

Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, *American Community Survey*. 2015-19. Source geography: Tract



Median Family Income by Tract, ACS 2015-19

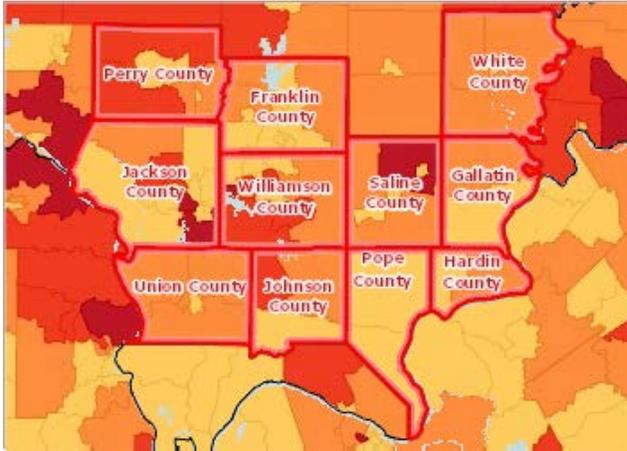
- Over \$100,000
- \$80,001 - \$100,000
- \$60,001 - \$80,000
- Under \$60,001
- No Data or Data Suppressed
- 11 County SIH Service Area IL

This indicator reports median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income. The annual median household income for the eleven-county service area is lower than state and national levels. The median household income ranges from a low of \$37,241 in Saline County to a high of \$52,774 in Johnson County (Illinois' is \$65,886, U.S. is \$62,843).

Report Area	Total Households	Average Household Income	Median Household Income
11 County SIH Service Area IL	107,900	\$62,196	No data
Franklin County, IL	16,235	\$56,109	\$42,769
Gallatin County, IL	2,293	\$71,467	\$44,076
Hardin County, IL	1,363	\$74,749	\$51,250
Jackson County, IL	23,883	\$57,671	\$37,241
Johnson County, IL	4,303	\$68,684	\$52,774
Perry County, IL	8,433	\$65,309	\$52,428
Pope County, IL	1,694	\$51,067	\$38,056
Saline County, IL	9,972	\$59,748	\$44,090
Union County, IL	6,654	\$63,764	\$50,625
White County, IL	6,041	\$61,001	\$49,290
Williamson County, IL	27,029	\$67,912	\$50,734
Illinois	4,846,134	\$92,395	\$65,886
United States	120,756,048	\$88,607	\$62,843

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract*

Median Household Income by Tract, ACS 2015-19



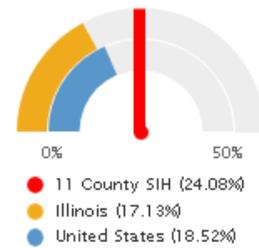
- Over \$70,000
- \$60,001 - \$70,000
- \$50,001 - \$60,000
- Under \$50,001
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Poverty - Children Below 100% FPL

In the report area 24.08% or 12,719 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

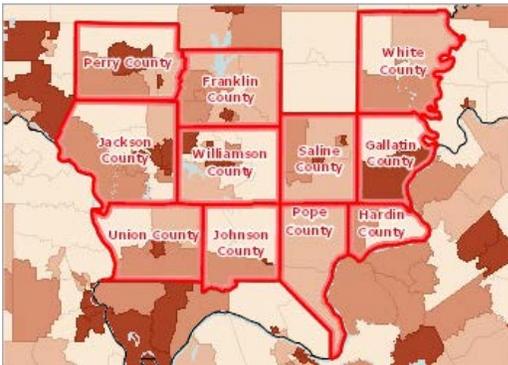
Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
11 County SIH Service Area IL	252,043	52,828	12,719	24.08%
Franklin County, IL	38,154	8,311	2,093	25.18%
Gallatin County, IL	5,036	1,010	320	31.68%
Hardin County, IL	3,834	666	130	19.52%
Jackson County, IL	53,972	10,407	3,034	29.15%

Percent Population Under Age 18 in Poverty



Johnson County, IL	10,181	2,214	290	13.10%
Perry County, IL	18,509	3,909	947	24.23%
Pope County, IL	4,043	620	108	17.42%
Saline County, IL	23,435	5,074	1,483	29.23%
Union County, IL	16,713	3,493	885	25.34%
White County, IL	13,495	2,937	574	19.54%
Williamson County, IL	64,671	14,187	2,855	20.12%
Illinois	12,474,842	2,852,051	488,516	17.13%
United States	316,715,051	72,235,700	13,377,778	18.52%

Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract



Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19

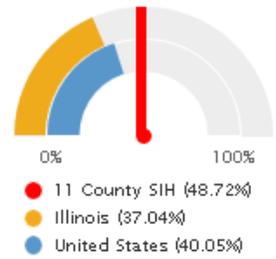
- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Poverty - Children Below 200% FPL

In the report area 48.72% or 25,736 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

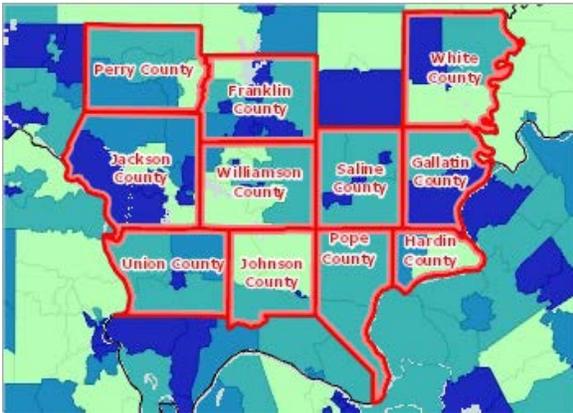
Report Area	Total Population Underage 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
11 County SIH Service Area IL	52,828	25,736	48.72%
Franklin County, IL	8,311	4,509	54.25%
Gallatin County, IL	1,010	598	59.21%
Hardin County, IL	666	226	33.93%
Jackson County, IL	10,407	5,812	55.85%
Johnson County, IL	2,214	709	32.02%
Perry County, IL	3,909	1,739	44.49%
Pope County, IL	620	254	40.97%
Saline County, IL	5,074	2,939	57.92%
Union County, IL	3,493	1,758	50.33%
White County, IL	2,937	1,357	46.20%
Williamson County, IL	14,187	5,835	41.13%
Illinois	2,852,051	1,056,454	37.04%
United States	72,235,700	28,929,639	40.05%

Percent Population Under Age 18 at or Below 200% FPL



Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19



- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Unemployment

High rates of unemployment have personal and societal impacts, affect access to health care, strain financial and emotional support systems, and contribute to decreased quality of life. Local area unemployment ranges from 4.1% in Jackson County to 5.4% in Perry County. The Illinois Department of Employment Security reported that the national unemployment rate resides at 4.3 percent. The unemployment rate for Illinois was at 5.0 percent.

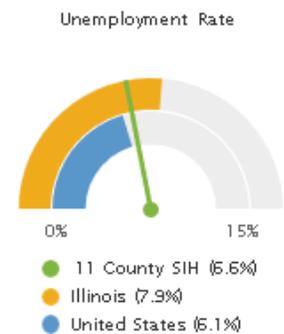
LOCATION	UNEMPLOYMENT RATE
Franklin	5.4%
Gallatin	4.9%
Hardin	5.3%
Jackson	4.1%
Johnson	4.8%
Perry	4.6%
Pope	3.8%
Saline	5.3%
Union	4.4%
White	3.9%
Williamson	4.3%
Illinois	5.0%

**Data retrieved for October 2021, not seasonally adjusted.
Source: Illinois Department of Employment Security, October 2021, retrieved December 13, 2021
<https://ides.illinois.gov/resources/labor-market-information/laus/current-monthly-unemployment-rates.htm>*

Unemployment Rate

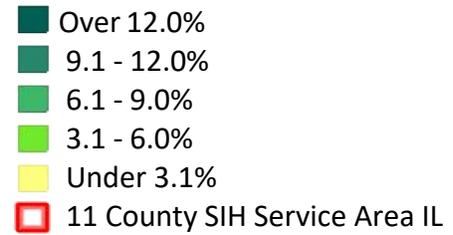
Total unemployment in the report area for the current month equals 7,264, or 6.6% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
11 County SIH Service Area IL	110,671	103,407	7,264	6.6%
Franklin County, IL	15,428	14,287	1,141	7.4%
Gallatin County, IL	1,948	1,817	131	6.7%
Hardin County, IL	1,328	1,221	107	8.1%
Jackson County, IL	26,247	24,617	1,630	6.2%
Johnson County, IL	4,008	3,739	269	6.7%
Perry County, IL	7,801	7,245	556	7.1%
Pope County, IL	1,643	1,547	96	5.8%
Saline County, IL	9,265	8,566	699	7.5%
Union County, IL	7,007	6,579	428	6.1%
White County, IL	5,936	5,618	318	5.4%
Williamson County, IL	30,060	28,171	1,889	6.3%
Illinois	6,303,057	5,805,705	497,352	7.9%
United States	163,236,883	153,265,575	9,971,307	6.1%



*Note: This indicator is compared to the state average.
Data Source: US Department of Labor, Bureau of Labor Statistics. 2021 - June. Source geography: County*

Unemployment, Rate by County, BLS 2021 - June

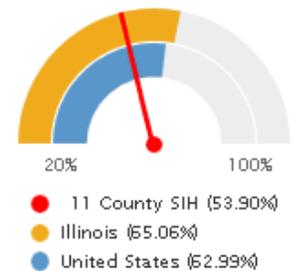


Employment - Labor Force Participation Rate

The table below displays the labor force participation rate for the report area. According to the 2015 – 2019 American Community Survey, of the 217,527 working age population, 117,246 are included in the labor force. The labor force participation rate is 53.90%.

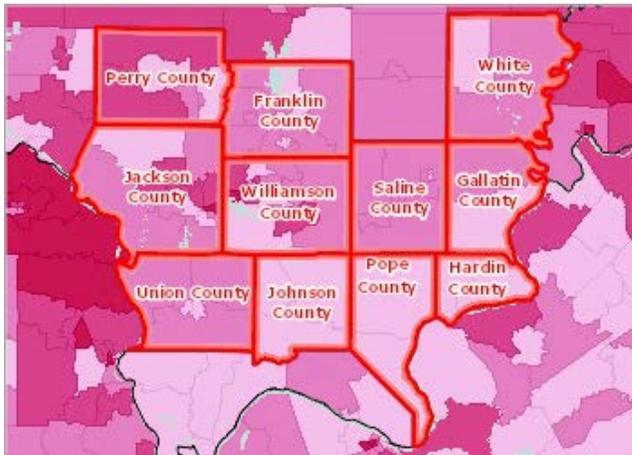
Report Area	Total Population Age 16+	Labor Force	Labor Force Participation Rate
11 County SIH Service Area IL	217,527	117,246	53.90%
Franklin County, IL	31,232	17,084	54.70%
Gallatin County, IL	4,142	2,229	53.81%
Hardin County, IL	3,352	1,516	45.23%
Jackson County, IL	48,573	27,301	56.21%
Johnson County, IL	10,554	3,985	37.76%
Perry County, IL	17,699	8,657	48.91%
Pope County, IL	3,600	1,350	37.50%
Saline County, IL	19,422	10,718	55.18%
Union County, IL	13,805	7,442	53.91%
White County, IL	11,178	6,358	56.88%
Williamson County, IL	53,970	30,606	56.71%
Illinois	10,215,498	6,645,843	65.06%
United States	259,662,880	163,555,585	62.99%

Labor Force Participation Rate



Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: County

Labor Force, Participation Rate by Tract, ACS 2015-19



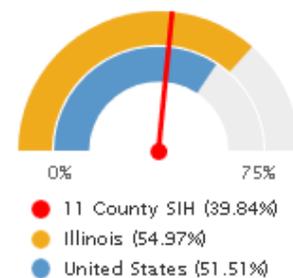
- Over 66.0%
- 60.1% - 66.0%
- 54.1% - 60.0%
- Under 54.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Income - Families Earning Over \$75,000

In the report area, 39.84%, or 26,460 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Families	Families with Income Over \$75,000	Percent Families with Income Over \$75,000
11 County SIH Service Area IL	66,413	26,460	39.84%
Franklin County, IL	9,861	3,462	35.11%
Gallatin County, IL	1,506	521	34.59%
Hardin County, IL	929	367	39.50%
Jackson	12,278	4,992	40.66%

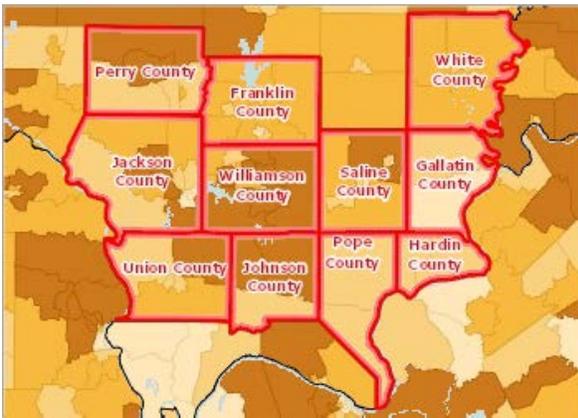
Percent Families with Income Over \$75,000



County, IL			
Johnson County, IL	3,042	1,247	40.99%
Perry County, IL	5,661	2,300	40.63%
Pope County, IL	967	398	41.16%
Saline County, IL	6,654	2,335	35.09%
Union County, IL	4,559	1,776	38.96%
White County, IL	4,003	1,575	39.35%
Williamson County, IL	16,953	7,487	44.16%
Illinois	3,109,762	1,709,528	54.97%
United States	79,114,031	40,753,622	51.51%

Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

Family Income Over \$75,000, Percent by Tract, ACS 2015-19



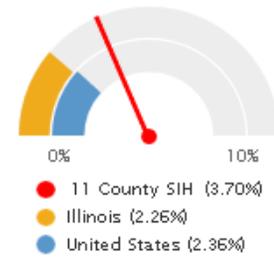
- Over 250
- 151 - 250
- 71 - 150
- Under 71
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Income - Public Assistance Income

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
11 County SIH Service Area IL	107,900	3,990	3.70%
Franklin County, IL	16,235	582	3.58%
Gallatin County, IL	2,293	48	2.09%
Hardin County, IL	1,363	22	1.61%
Jackson County, IL	23,883	884	3.70%
Johnson County, IL	4,303	205	4.76%
Perry County, IL	8,433	311	3.69%
Pope County, IL	1,694	107	6.32%
Saline County, IL	9,972	227	2.28%
Union County, IL	6,654	285	4.28%
White County, IL	6,041	107	1.77%
Williamson County, IL	27,029	1,212	4.48%
Illinois	4,846,134	109,539	2.26%
United States	120,756,048	2,853,791	2.36%

Percent Households with Public Assistance Income



Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

**Households with Public Assistance
Income, Percent by Tract, ACS 2015-19**



- Over 3.0%
- 2.1 - 3.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL

Average Public Assistance Dollars Received

Report Area	Total Households Receiving Public Assistance Income	Aggregate Public Assistance Dollars Received	Average Public Assistance Received (in USD)
11 County SIH Service Area IL	3,990	\$12,050,700	\$3,020
Franklin County, IL	582	\$1,657,000	\$2,847
Gallatin County, IL	48	\$184,700	\$3,847
Hardin County, IL	22	\$71,700	\$3,259
Jackson County, IL	884	\$2,448,000	\$2,769
Johnson County, IL	205	\$788,700	\$3,847
Perry County, IL	311	\$649,500	\$2,088
Pope County, IL	107	\$213,400	\$1,994
Saline County, IL	227	\$666,900	\$2,937
Union County, IL	285	\$795,500	\$2,791
White County, IL	107	\$280,200	\$2,618
Williamson County, IL	1,212	\$4,295,100	\$3,543
Illinois	109,539	\$322,270,000	\$2,942
United States	2,853,791	\$9,025,493,300	\$3,162

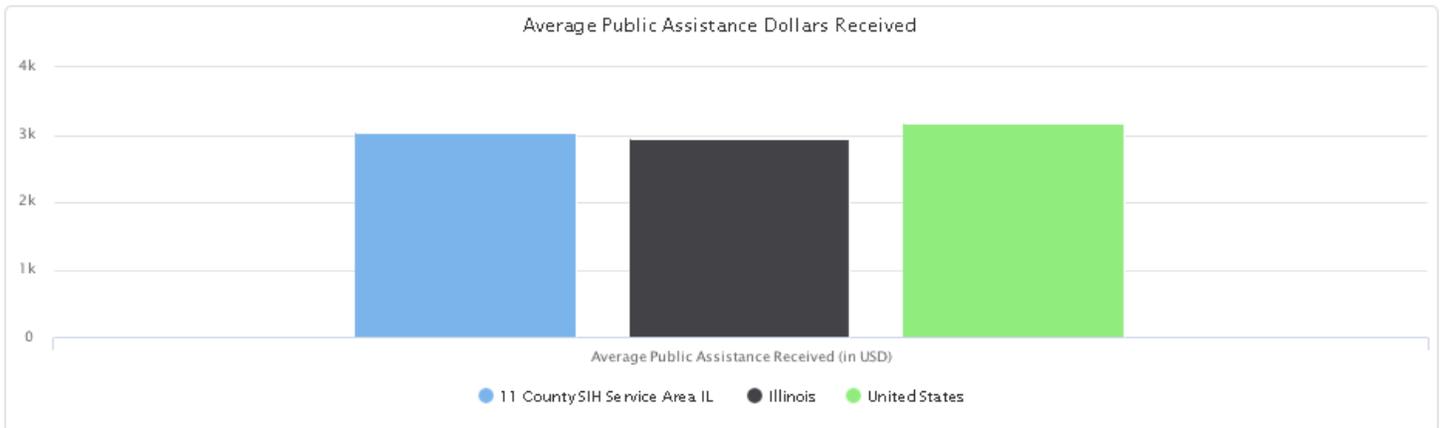
Food Assistance

Indicators that may reflect food insecurity include Supplemental Nutrition Assistance Program (SNAP) participation, Women’s Infants and Children, and children eligible for free and reduced-price lunch programs are relevant because they assess vulnerable populations which are more likely to have needs related to health care access, health status and social support. When combined with poverty data, providers can use these measures to identify gaps in eligibility and enrollment.

Children Eligible for Free/Reduced Price Lunch

Free or reduced-price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Out of 39,286 total public-school students in the report area, 22,420 were eligible for the free or reduced-price lunch program in the latest report year. This represents

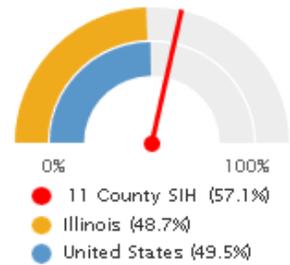


57.1% of public-school students, which is higher than the state average of 48.7%.

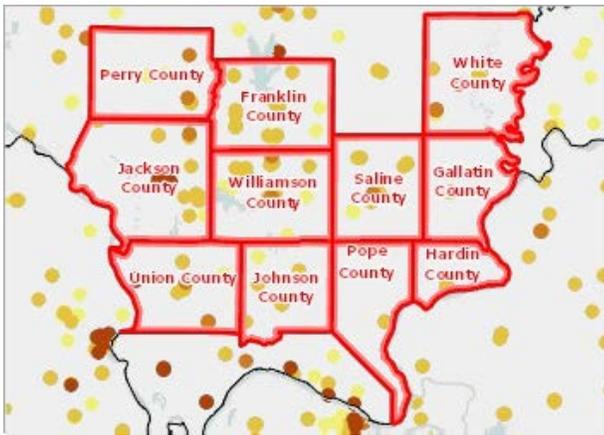
This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Students Eligible for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent
11 County SIH Service Area IL	39,286	22,420	57.1%
Franklin County, IL	6,111	3,339	54.6%
Gallatin County, IL	750	466	62.1%
Hardin County, IL	540	371	68.7%
Jackson County, IL	6,972	4,922	70.6%
Johnson County, IL	1,788	928	51.9%
Perry County, IL	2,749	1,344	48.9%
Pope County, IL	502	307	61.2%
Saline County, IL	3,965	2,330	58.8%
Union County, IL	2,926	1,675	57.2%
White County, IL	2,602	1,438	55.3%
Williamson County, IL	10,381	5,300	51.1%
Illinois	1,966,209	958,291	48.7%
United States	50,744,629	25,124,175	49.5%

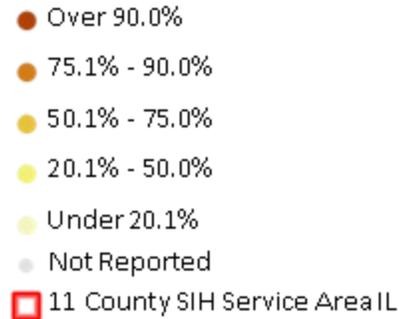
Percentage of Students Eligible for Free or Reduced Price School Lunch



Note: This indicator is compared to the state average.
 Data Source: National Center for Education Statistics, *NCES - Common Core of Data*. 2018-19. Source geography: Address



Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2018-19

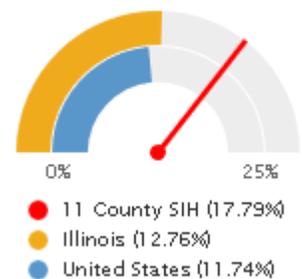


Population Receiving SNAP Benefits (ACS)

In the report area, an estimate 19,199 or 17.79% households receive Supplemental Nutrition Assistance Program (SNAP) benefits. The value for the report area is greater than the national average of 11.74%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
11 County SIH Service Area IL	107,900	19,199	17.79%
Franklin County, IL	16,235	3,439	21.18%
Gallatin County, IL	2,293	571	24.90%
Hardin County, IL	1,363	197	14.45%
Jackson County, IL	23,883	4,548	19.04%
Johnson County, IL	4,303	533	12.39%
Perry County,	8,433	1,523	18.06%

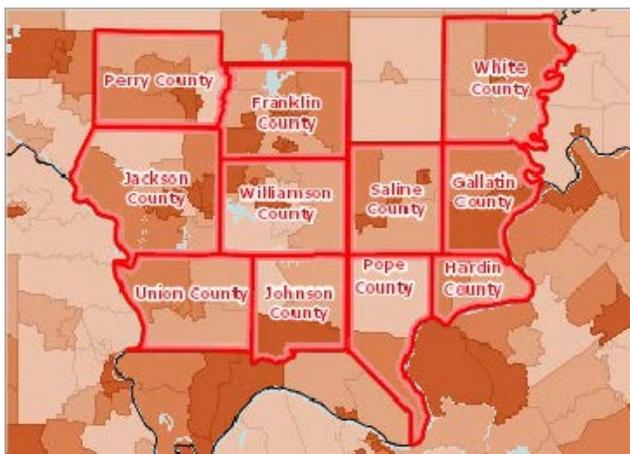
Percent Households Receiving SNAP Benefits



IL			
Pope County, IL	1,694	226	13.34%
Saline County, IL	9,972	2,567	25.74%
Union County, IL	6,654	961	14.44%
White County, IL	6,041	952	15.76%
Williamson County, IL	27,029	3,682	13.62%
Illinois	4,846,134	618,365	12.76%
United States	120,756,048	14,171,567	11.74%

Note: This indicator is compared to the state average.

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



Households Receiving SNAP Benefits, Percent by Tract, ACS 2015-19

- Over 19.0%
- 14.1 - 19.0%
- 9.1 - 14.0%
- Under 9.1%
- No Data or Data Suppressed
- 11 County SIH Service Area IL



Substance Use

Substance abuse is a significant public health issue, nationally and in southern Illinois.

Adolescent Substance Use

Adolescent substance use can lead to a variety of health consequences and risk-taking behaviors.

Adolescents using Any Substance in Past Year (including alcohol, cigarettes, alcohol, inhalants or Marijuana), 2018

LOCATION	10 TH GRADE
11 County Service Area	49%
Illinois	43%

Adolescents using Any Illicit Drugs (crack/cocaine, hallucinogens, LSD, Meth, heroin, excluding marijuana) in Past Year, 2018

LOCATION	10 TH GRADE
11 County Service Area	3%
Illinois	2%

Adolescents using Any Prescription Drugs in Past Year to get High in the Past Year (including steroids, prescription pain killers, other prescription drugs, prescription drugs not prescribed to you, over-the-counter drugs), 2018

LOCATION	10 TH GRADE
11 County Service Area	5%
Illinois	4%

Source: Illinois Youth Survey 2018, Received 9.21.21

Alcohol Consumption

Alcohol abuse is associated with a variety of negative health and safety outcomes.

Adult Alcohol Consumption

ALCOHOL	AT RISK FOR ACUTE/BINGE DRINKING	AT RISK FOR CHRONIC DRINKING/HEAVY DRINKING
State/County/Counties/LHD Jurisdiction:		
Illinois (2019)	19.9%	7.6%
Egyptian HD – Saline, White and Gallatin	18.0%	8.2%
Franklin/Williamson	11.2%	2.6%
Jackson	18.8%	9.4%
Perry	16.9%	6.9%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	11.9%	4.4%

[Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.]

Adolescents using Alcohol in the Past Year and Past 30 Days, 2018

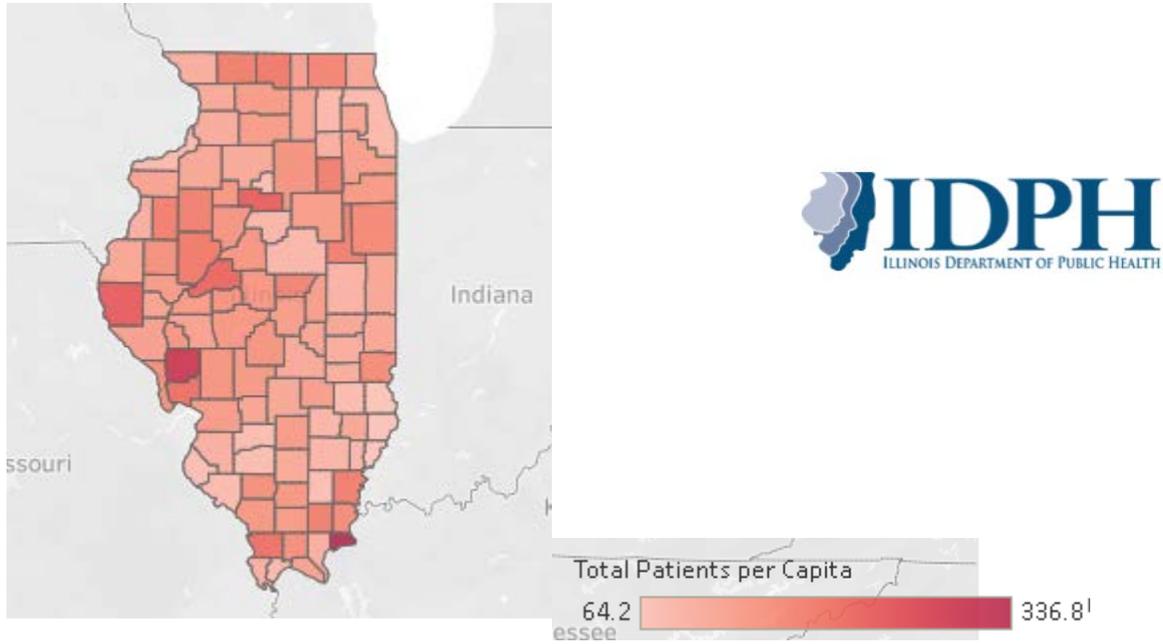
LOCATION	10 TH GRADE
11 County Service Area	45% past year/27% past 30 days
Illinois	40% past year/23% past 30 days

Source: Illinois Youth Survey 2018, Received 9.21.21.

Opioid Use & Misuse

Prescription drug overdose is an issue of concern. Rates of emergency department visits due to opioid analgesic overdose and heroin overdose as well as hospitalizations are of concern for southern Illinois. Issues of concern include the rate of prescriptions filled with greater than 90 morphine equivalents and the high rate of patients receiving prescriptions for opioids and benzodiazepines.

Greater than 90MME on Average per Day - 2020



Source: Illinois Prescription Monitoring Program, Retrieved December 16, 2021

[Above 90 MME Dashboard \(ilmp.org\)](#)

COUNTY	>90 MME RATE PER 10,000 POPULATION - 2020
Franklin	149.0
Gallatin	165.5
Hardin	336.8
Jackson	146.7
Johnson	161.1
Perry	161.7
Pope	104.0
Saline	189.2
Union	208.4
White	190.2
Williamson	141.5

COUNTY	OPIOID FATALITY RATE PER 100,000 CAPITA
Franklin	15.5
Gallatin	0.0
Hardin	0.0
Jackson	8.7
Johnson	8.0
Perry	18.9
Pope	23.7
Saline	12.5
Union	17.8
White	0.0
Williamson	7.5

Source: Illinois Prescription Monitoring Program, Retrieved December 16, 2021

[Above 90 MME Dashboard \(ilmp.org\)](#)



Tobacco

Tobacco is a large contributor to avoidable illness, disability, and death. In addition to direct smoking exposure, communities with a high smoking prevalence have greater exposure to secondhand smoke for non-smokers with the potential to cause or contribute to a wide range of negative health effects, including cancer, respiratory infections, and asthma. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Nearly one in five adults in the primary service area smoke. E-cigarette usage has also become an area of concern.

SMOKING STATUS	USE SMOKELESS TOBACCO NOW
State/County/Counties/LHD Jurisdiction:	
Illinois (2019)	2.7%
Egyptian HD – Saline, White and Gallatin	10.5%
Franklin/Williamson	5.6%
Jackson	4.4%
Perry	8.0%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	8.2%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

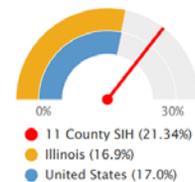
SMOKING STATUS	SMOKER	FORMER SMOKER	NON-SMOKER/NEVER SMOKED
State/County/Counties/LHD Jurisdiction:			
Illinois (2019)	14.5%	25.2%	60.3%
Egyptian HD – Saline, White and Gallatin	24.2%	27.0%	48.8%
Franklin/Williamson	25.8%	23.6%	50.7%
Jackson	14.0%	20.4%	65.6%
Perry	*	21.3%	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	28.1%	24.8%	47.0%

Source: Illinois

County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

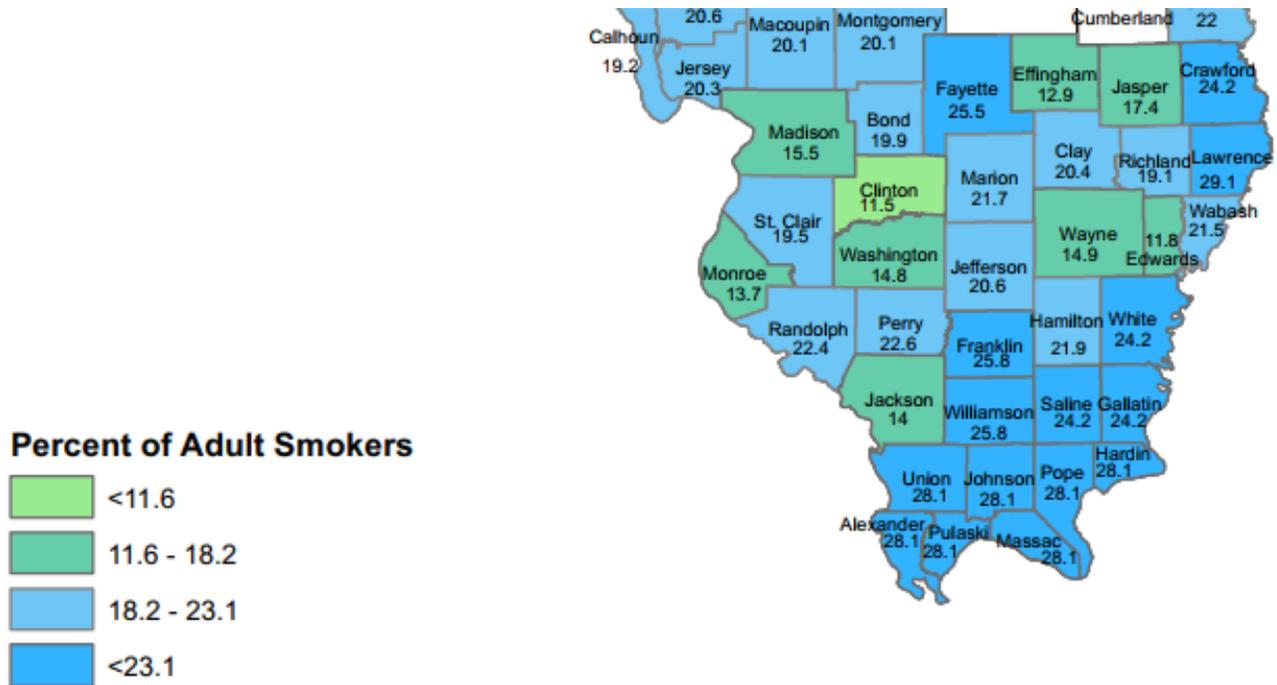
Report Area	Total Population(2010)	Percentage of Adult Current Smokers
11 County SIH Service Area IL	264,398	21.34%
Franklin County, IL	38,701	23.2%
Gallatin County, IL	5,058	23.2%
Hardin County, IL	3,910	22.6%
Jackson County, IL	57,419	19.5%
Johnson County, IL	12,456	21.4%
Perry County, IL	21,174	23.1%
Pope County, IL	4,212	19.8%
Saline County, IL	23,906	23.1%
Union County, IL	16,841	21.1%
White County, IL	13,665	21.2%
Williamson County, IL	67,056	20.6%
Illinois	12,741,080	16.9%
United States	327,167,434	17.0%

Percentage of Adults who are Current Smokers



Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2018.

Prevalence of Adults Who Smoke by County, Illinois 2015-2018



Developed 01/28/2019

Source: Illinois Behavioral Risk Factor Surveillance System, County Round 6, 2015-2018
Retrieved by IDPH Office of Health Promotion 1/24/2019

Prepared by the Illinois Department of Public Health
Division of Chronic Disease Prevention and Control

Adolescent Any Tobacco or Vaping Products (cigarettes or other smoked tobacco or chewing tobacco or hookah or e-cigs in the Past 30 days, 10th grade

LOCATION	10TH GRADE
11 County Service Area	32%
Illinois, 2018	21%

Source: Illinois Youth Risk Survey 2018.

Adult E-Cigarette Use

E-CIGARETTES	CURRENT USER
State/County/Counties/LHD Jurisdiction:	
Illinois (2019)	-
Egyptian HD – Saline, White and Gallatin	8.3%
Franklin/Williamson	9.0%
Jackson	4.9%
Perry	4.5%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	7.7%

Source: Illinois County Behavioral Risk Factor Survey, Sixth Round; 2015-2019; Illinois Department of Public Health.

APPENDIX 4

County Health Rankings

County Health Rankings are a way to measure and understand the relative health status of the communities served by SIH. Each county's rank is determined by assessing health behaviors, access to and quality of clinical care, social and economic influences such as crime and education levels, and the physical environment. Actual health outcomes such as causes of death, and quality and length of life are measured along with the other counties in the state to draw comparisons. High ranks (e.g., 1 or 2) are estimated to be the 'healthiest' areas. In general, a poor ranking on health factors translates to poor health outcomes. Unfortunately, the rankings of the counties served by SIH are among some of the *lowest* out of the 102 Illinois counties.

COUNTY HEALTH RANKINGS 2021: ILLINOIS (102 COUNTIES)		
County	Health Outcome Rank	Health Factor Rank
Franklin	93	97
Gallatin	97	95
Hardin	100	101
Jackson	83	66
Johnson	40	89
Perry	53	90
Pope	77	96
Saline	98	99
Union	81	88
White	85	63
Williamson	92	55

Source: University of Wisconsin Population Health Institute. County Health Rankings, 2021, <http://www.countyhealthrankings.org/>, Retrieved September 1, 2021.

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	46	24	DuPage	1	1	Jo Daviess	17	16	McLean	13	6	Scott	56	27
Alexander	101	102	Edgar	67	76	Johnson	40	89	Menard	29	17	Shelby	37	37
Bond	57	23	Edwards	71	19	Kane	7	21	Mercer	36	34	St. Clair	94	80
Boone	21	65	Effingham	27	10	Kankakee	87	84	Monroe	3	2	Stark	84	56
Brown	18	13	Fayette	54	94	Kendall	2	4	Montgomery	75	86	Stephenson	50	68
Bureau	22	54	Ford	48	46	Knox	60	83	Morgan	78	71	Tazewell	16	14
Calhoun	41	57	Franklin	93	97	Lake	5	8	Moultrie	19	31	Union	81	88
Carroll	11	41	Fulton	74	81	LaSalle	59	74	Ogle	30	49	Vermilion	99	100
Cass	82	82	Gallatin	97	95	Lawrence	92	93	Peoria	79	48	Wabash	32	29
Champaign	28	15	Greene	80	78	Lee	24	50	Perry	53	90	Warren	45	52
Christian	58	77	Grundy	15	18	Livingston	66	38	Piatt	8	5	Washington	14	9
Clark	49	69	Hamilton	23	33	Logan	52	43	Pike	76	79	Wayne	70	64
Clay	33	60	Hancock	34	26	Macon	89	73	Pope	77	96	White	85	63
Clinton	12	11	Hardin	100	101	Macoupin	73	42	Pulaski	102	98	Whiteside	25	45
Coles	47	58	Henderson	88	62	Madison	72	59	Putnam	35	40	Will	9	12
Cook	44	53	Henry	26	39	Marion	96	87	Randolph	68	72	Williamson	62	55
Crawford	38	44	Iroquois	86	67	Marshall	64	30	Richland	51	25	Winnebago	90	91
Cumberland	31	35	Jackson	83	66	Mason	69	75	Rock Island	43	70	Woodford	6	3
De Witt	55	28	Jasper	10	36	Massac	95	92	Saline	98	99			
DeKalb	20	22	Jefferson	91	85	McDonough	42	61	Sangamon	65	20			
Douglas	39	51	Jersey	61	47	McHenry	4	7	Schuyler	63	32			

APPENDIX 5

2021 County Health Rankings Comparison

	Illinois	Franklin	Gallatin	Hardin	Jackson	Johnson	Perry	Pope	Saline	Union	White	Williamson
Health Outcomes	-	93	97	100	83	40	53	77	98	81	85	62
Length of Life												
Premature death (YPLL before 75)	6,600	9,300	11,700	13,500	8,200	7,300	7,100	-	11,000	9,800	8,500	7,500
Quality of Life												
Poor or fair health (%)	16%	20%	21%	21%	19%	19%	20%	18%	21%	19%	18%	17%
Poor physical health days	3.6	4.6	4.8	4.8	4.4	4.4	4.5	4.3	4.8	4.5	4.4	4.1
Poor mental health days	3.8	4.9	5.0	5.0	4.7	4.6	4.7	4.7	5.0	4.7	4.8	4.7
Low birth weight (%)	8%	7%	7%	8%	9%	6%	7%	10%	9%	6%	9%	9%
Health Factors (Rank)		93	95	101	66	89	90	96	99	88	63	55
Health Behaviors												
Adult smoking	16%	25%	25%	25%	22%	23%	24%	22%	24%	23%	23%	21%

Adult obesity	30%	33%	26%	29%	25%	23%	28%	26%	27%	31%	29%	29%
	Illinois	Franklin	Gallatin	Hardin	Jackson	Johnson	Perry	Pope	Saline	Union	White	Williamson
Food environment index	8.7/10	7.5/10	5.3/10	7.4/10	6.9/10	7.2/10	7.3/10	7.5/10	5.8/10	7.6/10	7.3/10	8.0/10
Physical inactivity	22%	30%	23%	27%	20%	22%	23%	21%	35%	25%	20%	25%
Access to exercise opportunities	91%	60%	37%	78%	78%	69%	79%	98%	66%	54%	36%	76%
Binge/Excessive drinking	22%	20%	21%	21%	19%	22%	21%	22%	20%	21%	21%	22%
Alcohol-impaired driving deaths	31%	26%	20%	50%	23%	38%	39%	50%	21%	41%	7%	31%
Sexually transmitted infections	604.0	343.2	137.8	123.6	1063.8	170.5	310.1	925	460.5	288.2	150.7	267.3
Teen births	19	44	35	23	19	22	33	30	45	26	43	28
Clinical Care (Rank)												
Uninsured (Under 65 yrs. w/out health insurance)	8%	7%	6%	8%	8%	6%	6%	8%	6%	7%	7%	6%

Primary care physicians	1,240:1	2,980:1	5,060:1	980:1	760:1	12,460:1	1,920:1	-	1,590:1	1,400:1	3,420:1	1,240:1
Dentists	1,240:1	2,400:1	-	3,820:1	1,260:1	4,140:1	2,990:1	-	2,940:1	1,670:1	2,260:1	1,620:1
	Illinois	Franklin	Gallatin	Hardin	Jackson	Johnson	Perry	Pope	Saline	Union	White	Williamson
Mental health providers	410:1	150:1	-	3,820:1	370:1	130:1	520:1	2,090:1	450:1	670:1	850:1	440:1
Preventable hospital stays	4,913	7,004	6,373	9,634	4,848	5,381	4,986	6,882	6,452	5,381	5,915	6,918
Mammography screening	43%	41%	41%	37%	42%	39%	39%	43%	36%	45%	38%	43%
Flu vaccinations	49%	37%	31%	20%	42%	43%	34%	30%	23%	52%	43%	42%
Social & Economic Factors												
High school completion	89%	89%	87%	80%	92%	82%	83%	86%	87%	88%	90%	92%
Some college	70%	64%	53%	55%	76%	45%	49%	50%	67%	55%	62%	66%
Unemployment	4.0%	5.4%	4.9%	6.6%	3.8%	6.0%	5.1%	5.6%	5.3%	5.7%	3.8%	4.3%
Children in poverty	16%	23%	26%	29%	28%	17%	18%	23%	25%	25%	21%	18%

Income inequality (income ratio)	5.0	5.0	5.6	4.3	6.5	4.0	4.7	6.3	5.7	4.7	4.3	4.7
Children in single-parent households (percentage)	25%	23%	34%	15%	38%	22%	35%	13%	28%	24%	20%	29%
	Illinois	Franklin	Gallatin	Hardin	Jackson	Johnson	Perry	Pope	Saline	Union	White	Williamson
Social associations (# of membership assoc. per 10,000)	10.0	15.8	19.8	10.2	15.5	12.8	26.0	21.4	19.2	14.3	26.3	18.2
Violent crime rate	403	160	180	207	419	262	131	-	340	212	278	63
Injury death rate	65	113	86	75	82	76	70	90	104	76	86	83
Physical Environment												
Air pollution - particulate matter	8.7	9.1	8.7	8.6	9.3	8.9	9.0	8.8	8.9	9.0	8.9	9.2
Drinking water violations	-	Yes	No	No	No	No	No	No	No	No	No	No

Severe housing problems	17%	13%	7%	9%	20%	10%	13%	8%	13%	11%	10%	11%
Driving alone to work	73%	83%	85%	86%	78%	84%	83%	85%	84%	85%	86%	85%
Long commute - driving alone	42%	36%	41%	38%	22%	46%	36%	66%	34%	44%	33%	27%

Source: County Health Rankings, 2021, Comparison U.S. counties Retrieved September 1, 2021

2021 County Health Rankings for Illinois: Measures and National/State Results

Measure	Description	US	IL	IL Minimum	IL Maximum
HEALTH OUTCOMES					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	6,900	6,600	4,100	13,500
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	16%	12%	26%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.7	3.6	3.1	5.3
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.1	3.8	3.7	5.2
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	8%	5%	11%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	17%	16%	14%	27%
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ² .	30%	30%	18%	43%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.8	8.7	5.3	9.6
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	23%	22%	14%	35%
Access to exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	84%	91%	1%	100%
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	19%	22%	17%	24%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	27%	31%	0%	71%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	539.9	604.0	92.5	1,063.8
Teen births*	Number of births per 1,000 female population ages 15-19.	21	19	7	52
CLINICAL CARE					
Uninsured	Percentage of population under age 65 without health insurance.	10%	8%	4%	10%
Primary care physicians	Ratio of population to primary care physicians.	1,320:1	1,240:1	15,600:1	740:1
Dentists	Ratio of population to dentists.	1,400:1	1,240:1	15,680:1	600:1
Mental health providers	Ratio of population to mental health providers.	380:1	410:1	7,720:1	130:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4,236	4,913	1,855	9,634

Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	42%	43%	34%	55%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	48%	49%	20%	58%
SOCIAL & ECONOMIC FACTORS					
High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	88%	89%	80%	96%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	66%	70%	42%	83%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.7%	4.0%	2.4%	6.6%
Children in poverty*	Percentage of people under age 18 in poverty.	17%	16%	4%	39%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	5.0	3.1	6.5
Children in single-parent households	Percentage of children that live in a household headed by single parent.	26%	25%	10%	42%
Social associations	Number of membership associations per 10,000 population.	9.3	10.0	0.0	30.6
Violent crime	Number of reported violent crime offenses per 100,000 population.	386	403	12	1,316
Injury deaths*	Number of deaths due to injury per 100,000 population.	72	65	42	118
PHYSICAL ENVIRONMENT					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	7.2	8.7	7.1	10.0
Drinking water violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	N/A	N/A	No	Yes
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	18%	17%	5%	22%
Driving alone to work*	Percentage of the workforce that drives alone to work.	76%	73%	61%	88%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	37%	42%	13%	66%

2021 County Health Rankings: Disaggregated State-Level Racial/Ethnic Data

Measure	Overall	AIAN	Asian	Black	Hispanic	White
HEALTH OUTCOMES						
Premature death*	6,600	3,300	2,600	12,700	4,400	6,100
Life expectancy	79.4	115.1	89.6	73.7	86.2	79.6
Premature age-adjusted mortality	330	150	130	570	210	310
Child mortality	50	---	30	110	40	40
Infant mortality	6	---	4	13	5	5
Low birthweight*	8%	8%	9%	14%	7%	7%
HEALTH FACTORS						
HEALTH BEHAVIORS						
Drug overdose deaths	22	17	3	39	11	22
Motor vehicle crash deaths	9	---	4	10	6	10
Teen births*	19	9	2	38	27	11
CLINICAL CARE						
Preventable hospital stays*	4,913	5,924	2,727	8,127	4,718	4,554
Mammography screening*	43%	36%	36%	40%	34%	44%
Flu vaccinations*	49%	44%	53%	35%	42%	51%
SOCIAL & ECONOMIC FACTORS						
Reading scores [^]	3.0	N/A	3.7	2.5	2.7	3.3
Math scores ⁺	2.9	N/A	3.9	2.3	2.6	3.2
Children in poverty* [‡]	16%	18%	9%	37%	22%	9%

Median household income	\$69,200	\$49,600	\$90,300	\$38,600	\$55,800	\$73,700
Injury deaths*	65	34	18	102	35	68
Homicides	7	---	1	35	6	2
Suicides	11	---	5	6	5	14
Firearm fatalities	11	---	1	37	6	7
PHYSICAL ENVIRONMENT						
Driving alone to work*	73%	68%	63%	65%	69%	76%

* Ranked measure

^ Data not available for AK, AZ, LA, MD, NM, NY, VT

+ Data not available for AK, AZ, LA, MD, NY, VT, VA

‡ Overall county level values of children in poverty are obtained from one-year modeled estimates from the Small Area Income and Poverty Estimates (SAIPE) Program. Because SAIPE does not provide estimates by racial and ethnic groups, data from the 5-year American Community Survey (ACS) was used to quantify children living in poverty by racial and ethnic groups.

N/A indicates data not available for this race/ethnicity.

--- Data not reported due to NCHS suppression rules (A missing value is reported for counties with fewer than 20 deaths or 10 births.)

2021 County Health Rankings: Ranked Measure Sources and Years of Data

Measure		Weight	Source	Years of Data
HEALTH OUTCOMES				
Length of Life	Premature death*	50%	National Center for Health Statistics - Mortality Files	2017-2019
Quality of Life	Poor or fair health	10%	Behavioral Risk Factor Surveillance System	2018
	Poor physical health days	10%	Behavioral Risk Factor Surveillance System	2018
	Poor mental health days	10%	Behavioral Risk Factor Surveillance System	2018
	Low birthweight*	20%	National Center for Health Statistics - Natality files	2013-2019
HEALTH FACTORS				
HEALTH BEHAVIORS				
Tobacco Use	Adult smoking	10%	Behavioral Risk Factor Surveillance System	2018
Diet and Exercise	Adult obesity	5%	United States Diabetes Surveillance System	2017
	Food environment index	2%	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2015 & 2018
	Physical inactivity	2%	United States Diabetes Surveillance System	2017
	Access to exercise opportunities	1%	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2019
Alcohol and Drug Use	Excessive drinking	2.5%	Behavioral Risk Factor Surveillance System	2018
	Alcohol-impaired driving deaths	2.5%	Fatality Analysis Reporting System	2015-2019
Sexual Activity	Sexually transmitted infections	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
	Teen births*	2.5%	National Center for Health Statistics - Natality files	2013-2019
CLINICAL CARE				
Access to Care	Uninsured	5%	Small Area Health Insurance Estimates	2018
	Primary care physicians	3%	Area Health Resource File/American Medical Association	2018
	Dentists	1%	Area Health Resource File/National Provider Identification file	2019

	Mental health providers	1%	CMS, National Provider Identification	2020
Quality of Care	Preventable hospital stays*	5%	Mapping Medicare Disparities Tool	2018
	Mammography screening*	2.5%	Mapping Medicare Disparities Tool	2018
	Flu vaccinations*	2.5%	Mapping Medicare Disparities Tool	2018
SOCIAL & ECONOMIC FACTORS				
Education	High school completion	5%	American Community Survey, 5-year estimates	2015-2019
	Some college	5%	American Community Survey, 5-year estimates	2015-2019
Employment	Unemployment	10%	Bureau of Labor Statistics	2019
Income	Children in poverty*	7.5%	Small Area Income and Poverty Estimates	2019
	Income inequality	2.5%	American Community Survey, 5-year estimates	2015-2019
Family and Social Support	Children in single-parent households	2.5%	American Community Survey, 5-year estimates	2015-2019
	Social associations	2.5%	County Business Patterns	2018
Community Safety	Violent crime	2.5%	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	2.5%	National Center for Health Statistics - Mortality Files	2015-2019
PHYSICAL ENVIRONMENT				
Air and Water Quality	Air pollution - particulate matter	2.5%	Environmental Public Health Tracking Network	2016
	Drinking water violations	2.5%	Safe Drinking Water Information System	2019
Housing and Transit	Severe housing problems	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2013-2017
	Driving alone to work*	2%	American Community Survey, 5-year estimates	2015-2019
	Long commute - driving alone	1%	American Community Survey, 5-year estimates	2015-2019

*Indicates subgroup data by race and ethnicity is available

2021 County Health Rankings: Additional Measure Sources and Years of Data

Measure		Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Life expectancy*	National Center for Health Statistics - Mortality Files	2017-2019
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files	2017-2019
	Child mortality*	National Center for Health Statistics - Mortality Files	2016-2019
	Infant mortality*	National Center for Health Statistics - Mortality Files	2013-2019
Quality of Life	Frequent physical distress	Behavioral Risk Factor Surveillance System	2018
	Frequent mental distress	Behavioral Risk Factor Surveillance System	2018
	Diabetes prevalence	United States Diabetes Surveillance System	2017
	HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
HEALTH FACTORS			
HEALTH BEHAVIORS			
Diet and Exercise	Food insecurity	Map the Meal Gap	2018
	Limited access to healthy foods	USDA Food Environment Atlas	2015
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files	2017-2019
	Motor vehicle crash deaths*	National Center for Health Statistics - Mortality Files	2013-2019
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System	2018
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2018

	Uninsured children	Small Area Health Insurance Estimates	2018
	Other primary care providers	CMS, National Provider Identification	2020
SOCIAL & ECONOMIC FACTORS			
Education	High school graduation	EDFacts	2017-2018
	Disconnected youth	American Community Survey, 5-year estimates	2015-2019
	Reading scores* ⁺	Stanford Education Data Archive	2018
	Math scores* ⁺	Stanford Education Data Archive	2018
Income	Median household income*	Small Area Income and Poverty Estimates	2019
	Children eligible for free or reduced-price lunch	National Center for Education Statistics	2018-2019
Family and Social Support	Residential segregation - Black/White	American Community Survey, 5-year estimates	2015-2019
	Residential segregation - non-White/White	American Community Survey, 5-year estimates	2015-2019
Community Safety	Homicides*	National Center for Health Statistics - Mortality Files	2013-2019
	Suicides*	National Center for Health Statistics - Mortality Files	2015-2019
	Firearm fatalities*	National Center for Health Statistics - Mortality Files	2015-2019
	Juvenile arrests ⁺	Easy Access to State and County Juvenile Court Case Counts	2018
PHYSICAL ENVIRONMENT			
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2019
	Homeownership	American Community Survey, 5-year estimates	2015-2019
	Severe housing cost burden	American Community Survey, 5-year estimates	2015-2019
	Broadband access	American Community Survey, 5-year estimates	2015-2019

*Indicates subgroup data by race and ethnicity is available

⁺ Not available in all states

See additional contextual demographic information and measu

APPENDIX 6

SparkMap Data Indicators by Hospital Jurisdiction (Utilizing SparkMap, retrieved 8.23.21)

Key
X = Worse than IL and US and more than a 5% difference from IL
N/A = Not applicable (Health Indicator not available)
*Removed metrics with zero metrics in which our area was not worse than Illinois and US and more than a 5% difference from IL

Crosswalk of Data Indicators for 11 County Region and Hospital Jurisdictions

Income and Economics	Topic	11 County Region	HMC	HH	MHC	SJ
Income and Economics	Commuter Travel Patterns – Driving Alone to Work	X	X	X	X	X
Income and Economics	Commuter Travel Patterns - Public Transportation	X	X	X	X	X
Income and Economics	Employment Change		X			
Income and Economics	Employment - Labor Force Participation Rate	X	X	X	X	X
Income and Economics	Income - Families Earning Over \$75,000	X	X	X	X	X
Income and Economics	Income - Inequality (Atkinson Index)	N/A	N/A	N/A	N/A	X
Income and Economics	Income - Inequality (GINI Index)	N/A	N/A	N/A	N/A	X
Income and Economics	Income - Median Family Income	N/A	N/A	N/A	N/A	X

Crosswalk of Data Indicators for 11 County Region and Hospital Jurisdictions

Income and Economics	Income - Median Household Income	N/A	N/A	N/A	N/A	X
Income and Economics	Income - Per Capita Income	X	X	X	X	X
Income and Economics	Income -Proprietor Employment and Income	X	X	X	X	X
Income and Economics	Poverty - Children Below 100% FPL	X	X	X	X	X
Income and Economics	Poverty - Children Below 200% FPL	X	X	X	X	X
Income and Economics	Poverty - Children Eligible for Free/Reduced Price Lunch	X	X	X	X	X
Income and Economics	Poverty – Population Below 100% FPL	X	X	X	X	X
Income and Economics	Poverty - Population Below 100% FPL (Annual)			X		X
Income and Economics	Poverty - Population Below 185% FPL	X	X	X	X	X
Income and Economics	Poverty - Population Below 200% FPL	X	X	X	X	X
Income and Economics	Poverty - Population Below 50% FPL					X
Education	Topic	11 County Region	HMC	HH	MHC	SJ
Education	Access - Head Start			X		

Crosswalk of Data Indicators for 11 County Region and Hospital Jurisdictions

Education	Access - Preschool Enrollment (Age 3-4)		X			
Education	Attainment - Associate's Level Degree or Higher	X	X	X	X	
Education	Attainment - Bachelor's Degree or Higher	X	X	X	X	
Education	Proficiency - Student Math Proficiency (4th Grade) (% scoring not proficient)		X			X
Housing and Families	Topic	11 County Region	HMC	HH	MHC	SJ
Housing and Families	Affordable Housing - Assisted Housing Units	X	X	X	X	X
Housing and Families	Household Structure - Older Adults Living Alone	N/A	N/A	X		
Housing and Families	Housing Costs - Cost Burden (30%)				X	
Housing and Families	Housing Costs - Cost Burden, Severe (50%)					X
Housing and Families	Housing Stock - Mortgage Lending	X	X	X	X	X
Housing and Families	Housing Stock - Net Change		X			
Housing and Families	Vacancy (ACS)	X	X	X	X	X

Crosswalk of Data Indicators for 11 County Region and Hospital Jurisdictions

Housing and Families	Housing Stock - Housing Unit Value	N/A	N/A	N/A	N/A	X
Other Social Economic Factors	Topic	11 County Region	HMC	HH	MHC	SJ
Other Social Economic Factors	Area Deprivation Index	X	X	X	X	X
Other Social Economic Factors	Homeless Children and Youth		X			
Other Social Economic Factors	Insurance – Population Receiving Medicaid	X	X	X	X	
Other Social Economic Factors	Opportunity Index	X	X	X	X	
Other Social Economic Factors	SNAP Benefits – Households Receiving SNAP (ACS)	X	X	X	X	X
Other Social Economic Factors	SNAP Benefits – Households Receiving SNAP (SAIPE)	X	X	X	X	X
Other Social Economic Factors	Social Vulnerability Index		X	X	X	X
Other Social Economic Factors	Teen Births	X	X	X	X	
Other Social Economic Factors	Teen Births (ACS)	X	X	X	X	

Crosswalk of Data Indicators for 11 County Region and Hospital Jurisdictions

Other Social Economic Factors	Violent Crime - Assault		X			
Other Social Economic Factors	Violent Crime - Rape					X
Other Social Economic Factors	Property Crime - Total					X
Other Social Economic Factors	Voter Participation Rate	X	X	X	X	X
Physical Environment	Topic	11 County Region	HMC	HH	MHC	SJ
Physical Environment	Built Environment - Broadband Access		X			
Physical Environment	Built Environment - Households with No Computer	X	X	X	X	
Physical Environment	Built Environment - Households with No or Slow Internet	X	X	X	X	X
Physical Environment	Built Environment - Liquor Stores	N/A		X	X	X
Physical Environment	Built Environment - Recreation and Fitness Facility Access	X	N/A	X	X	X
Physical Environment	Built Environment - Tobacco Product Compliance Check Violations	X		X	X	X
Physical Environment	Community Design - Park Access (CDC)	X	X	X	X	X

Crosswalk of Data Indicators for 11 County Region and Hospital Jurisdictions

Physical Environment	Community Design - Park Access (ESRI)	X	X	X	X	X
Physical Environment	Food Environment - Grocery Stores	X		X	X	
Physical Environment	Food Access - Low Income & Low Food Access	X		X	X	X
Physical Environment	Food Environment - Low Food Access	X		X	X	X
Clinical Care and Prevention	Topic	11 County Region	HMC	HH	MHC	SJ
Clinical Care and Prevention	Cancer Screening - Mammogram (Adult)	X	X	X	X	
Clinical Care and Prevention	Dental Care Utilization		X			
Clinical Care and Prevention	Hospitalizations - Preventable Conditions	X	X	X	X	
Clinical Care and Prevention	Hospitalizations - Emergency Room Visits	X	X	X	X	X
Clinical Care and Prevention	Hospitalizations - Heart Disease	X	X	X	X	X
Clinical Care and Prevention	Hospitalizations - Stroke	X	X	X	X	
Clinical Care and Prevention	Prevention - Annual Wellness Exam (Medicare)	X	X	X	X	X
Clinical Care and Prevention	Readmissions – Chronic Obstructive Pulmonary Disease	X		X	X	X
Clinical Care and Prevention	Readmissions – Heart Attack	X		X	X	X

Crosswalk of Data Indicators for 11 County Region and Hospital Jurisdictions

Clinical Care and Prevention	Readmissions - Heart Failure	X		X	X	X
Clinical Care and Prevention	Readmissions - Pneumonia	X	X	X	X	X
Health Behaviors	Topic	11 County Region	HMC	HH	MHC	SJ
Health Behaviors	STI - Chlamydia Incidence					X
Health Behaviors	STI - Gonorrhea Incidence					X
Health Behaviors	Tobacco Usage - Current Smokers		X			
Health Outcomes	Topic	11 County Region	HMC	HH	MHC	SJ
Health Outcomes	Cancer Incidence – All Sites	X	X	X	X	
Health Outcomes	Cancer Incidence - Colon and Rectum	X	X	X	X	
Health Outcomes	Cancer Incidence - Lung	X	X	X	X	X
Health Outcomes	Cancer Incidence - Prostate		X			
Health Outcomes	Chronic Conditions - COPD (Medicare Population)		X			
Health Outcomes	Chronic Conditions - High Blood Pressure (Adult)		X			
Health Outcomes	Deaths of Despair (Suicide + Drug/Alcohol Poisoning)	X	X	X	X	X
Health Outcomes	Topic	11 County Region	HMC	HH	MHC	SJ

Crosswalk of Data Indicators for 11 County Region and Hospital Jurisdictions

Health Outcomes	Mortality - Infant Mortality (CDC)	X	N/A	X	X	X
Health Outcomes	Mortality - Cancer	X	X	X	X	
Health Outcomes	Mortality - Coronary Heart Disease		X			
Health Outcomes	Mortality - Poisoning	X	X	X	X	X
Health Outcomes	Mortality - Heart Disease	X	X	X		
Health Outcomes	Mortality - Lung Disease	X	X	X	X	X
Health Outcomes	Mortality - Motor Vehicle Crash	X	X	X	X	X
Health Outcomes	Mortality - Motor Vehicle Crash, Alcohol-Involved	X	X	X	X	X
Health Outcomes	Mortality - Motor Vehicle Crash, Pedestrian			X		X
Health Outcomes	Mortality - Opioid Overdose Deaths		X			
Health Outcomes	Mortality - Premature Death	X	X	X	X	X
Health Outcomes	Mortality - Stroke		X			
Health Outcomes	Mortality - Suicide	X	X	X	X	X
Health Outcomes	Mortality - Unintentional Injury	X	X	X	X	X

Crosswalk of Data Indicators for 11 County Region and Hospital Jurisdictions

Health Outcomes	Mortality - Influenza & Pneumonia	X	X	X	X	X
Health Outcomes	Mortality - Firearm	X	N/A	X	X	
Health Outcomes	Poor Mental Health Days	X	X	X	X	X
Health Outcomes	Poor Physical Health Days	X	X	X	X	X
Healthcare Workforce	Topic	11 County Region	HMC	HH	MHC	SJ
Healthcare Workforce	Access to Care - Dentists	X	X	X	X	
Healthcare Workforce	Access to Care - Dental Health Providers	X	X	X	X	
Healthcare Workforce	Access to Care - Mental Health		X			
Healthcare Workforce	Access to Care - Primary Care	X	X			
Healthcare Workforce	Health Professional Shortage Areas - Dental Care	X	X	X	X	X
Healthcare Workforce	Population Living in a Health Professional Shortage Area	X	X	X	X	X

Harrisburg Medical Center Counties – Gallatin, Hardin, Pope, Saline, White

Key

Dark Blue Bolded = Worse than IL only

Red Bolded = Worse than IL and U. S

Yellow Fill = More than 5% Diff. from IL

Data Indicators for HMC Jurisdiction

Income and Economics	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Income and Economics	Commuter Travel Patterns – Driving Alone to Work	76.33%	72.95%	85.17%	12.22%	8.84%
Income and Economics	Commuter Travel Patterns - Long Commute	9.35%	11.83%	9.86%	5.35%	2.87%
Income and Economics	Commuter Travel Patterns - Public Transportation	5.00%	9.45%	0.82%	-8.63%	-4.18%
Income and Economics	Commuter Travel Patterns - Walking or Biking	3.22%	3.61%	1.18%	-2.43%	-2.04%
Income and Economics	Employment - Business Creation	2.62%	0.39%	-4.31%	-4.70%	-6.93%
Income and Economics	Employment Change	0.01%	0.02%	-6.70%	-6.72%	-6.71%
Income and Economics	Employment - Labor Force Participation Rate	62.99%	65.06%	53.18%	-11.88%	-9.81%
Income and Economics	Employment - Unemployment Rate	6.10%	7.90%	6.70%	-1.20%	0.60%
Income and Economics	Income - Earned Income Tax Credit	2,450	2,446	2,505	2.41%	2.24%
Income and Economics	Income - Families Earning Over \$75,000	51.51%	54.97%	36.96%	-18.01%	-14.55%

Data Indicators for HMC Jurisdiction

Income and Economics	Income - Per Capita Income	\$34,102	\$36,037	\$26,527	-26.39%	-22.21%
Income and Economics	Income - Proprietor Employment and Income	\$35,280	\$33,958	\$27,223	-19.83%	-22.84%
Income and Economics	Income - Public Assistance Income	2.36%	2.26%	2.39%	0.13%	0.03%
Income and Economics	Poverty - Children Below 100% FPL	18.52%	17.13%	25.37%	8.24%	6.85%
Income and Economics	Poverty - Children Below 200% FPL	40.05%	37.04%	52.14%	15.10%	12.09%
Income and Economics	Poverty - Children Eligible for Free/Reduced Price Lunch	49.50%	48.70%	58.80%	10.10%	9.30%
Income and Economics	Poverty – Population Below 100% FPL	13.42%	12.49%	18.04%	5.55%	4.62%
Income and Economics	Poverty - Population Below 100% FPL (Annual)	12.30%	11.40%	15.20%	3.80%	2.90%
Income and Economics	Poverty - Population Below 185% FPL	28.24%	26.04%	36.97%	10.93%	8.73%
Income and Economics	Poverty - Population Below 200% FPL	30.86%	28.47%	39.64%	11.17%	8.78%
Income and Economics	Poverty - Population Below 50% FPL	5.99%	5.73%	7.44%	1.71%	1.45%
Education	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Education	Access - Head Start	10.53	10.71	19.3	80.21%	83.29%

Data Indicators for HMC Jurisdiction

Education	Access - Preschool Enrollment (Age 3-4)	48.32%	56.00%	44.67%	-11.33%	-3.65%
Education	Attainment - Associate's Level Degree or Higher	40.63%	42.72%	28.92%	-13.80%	-11.71%
Education	Attainment - Bachelor's Degree or Higher	32.15%	34.65%	16.15%	-18.50%	-16.00%
Education	Attainment - No High School Diploma	12.00%	10.79%	13.05%	2.26%	1.05%
Education	Chronic Absence Rate	15.87%	16.68%	14.91%	-1.77%	-0.96%
Education	Proficiency - Student Math Proficiency (4th Grade) (% scoring not proficient)	53.70%	70.20%	81.50%	11.30%	27.80%
Education	Proficiency - Student Reading Proficiency (4th Grade) (% scoring not proficient)	53.80%	67.60%	64.80%	-2.80%	11.00%
Housing and Families	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Housing and Families	Affordable Housing - Assisted Housing Units	412.02	469.78	533.16	13.49%	29.40%
Housing and Families	Evictions	2.34%	1.58%	0.03%	-1.55%	-2.31%
Housing and Families	Family Households - Single Parent Households	25.51%	25.32%	24.62%	-0.70%	-0.89%

Data Indicators for HMC Jurisdiction

Housing and Families	Household Structure - Older Adults Living Alone	37.36%	40.43%	44.73%	4.30%	7.37%
Housing and Families	Housing Stock - Mortgage Lending	190.71	179.29	110.27	-38.50%	-42.18%
Housing and Families	Housing Costs - Cost Burden (30%)	30.85%	30.30%	18.75%	-11.55%	-12.10%
Housing and Families	Housing Costs - Cost Burden, Severe (50%)	13.99%	13.94%	8.99%	-4.95%	-5.00%
Housing and Families	Housing Quality - Overcrowding	4.38%	3.27%	1.56%	-1.71%	-2.82%
Housing and Families	Housing Quality - Substandard Housing	31.91%	30.83%	19.66%	-11.17%	-12.25%
Housing and Families	Housing Stock - Net Change	7.76%	5.54%	-3.44%	-8.98%	-11.20%
Housing and Families	Vacancy (ACS)	12.13%	9.59%	19.70%	10.11%	7.57%
Other Social Economic Factors	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Other Social Economic Factors	Area Deprivation Index	46	49	83	69.39%	80.43%
Other Social Economic Factors	Food Insecurity Rate	12.63%	10.90%	12.79%	1.89%	0.16%
Other Social Economic Factors	Homeless Children and Youth	3.00%	3.10%	8.80%	5.70%	5.80%
Other Social Economic Factors	Households with No Motor Vehicle	8.61%	10.86%	8.07%	-2.79%	-0.54%
Other Social Economic Factors	Incarceration Rate	1.30%	1.20%	1.20%	0.00%	-0.10%

Data Indicators for HMC Jurisdiction

Other Social Economic Factors	Insurance – Population Receiving Medicaid	22.20%	20.92%	32.06%	11.14%	9.86%
Other Social Economic Factors	Insurance - Uninsured Adults	12.84%	10.55%	8.85%	-1.70%	-3.99%
Other Social Economic Factors	Insurance - Uninsured Children	5.62%	3.94%	3.67%	-0.27%	-1.95%
Other Social Economic Factors	Insurance - Uninsured Population (ACS)	8.84%	6.83%	4.53%	-2.30%	-4.31%
Other Social Economic Factors	Insurance - Uninsured Population (SAHIE)	10.84%	8.73%	7.49%	-1.24%	-3.35%
Other Social Economic Factors	Opportunity Index	53.05	56.41	47.96	-14.98%	-9.59%
Other Social Economic Factors	SNAP Benefits – Households Receiving SNAP (ACS)	11.74%	12.76%	21.13%	8.37%	9.39%
Other Social Economic Factors	SNAP Benefits – Households Receiving SNAP (SAIPE)	12.50%	14.50%	22.70%	8.20%	10.20%
Other Social Economic Factors	Social Vulnerability Index	0.4	0.48	0.67	39.58%	67.50%
Other Social Economic Factors	Teen Births	20.90	19.40	40.30	107.73%	92.82%
Other Social Economic Factors	Teen Births (ACS)	12.69	10.98	14.04	27.87%	10.64%

Data Indicators for HMC Jurisdiction

Other Social Economic Factors	Violent Crime - Assault	261.20	242.50	312.40	28.82%	19.60%
Other Social Economic Factors	Violent Crime - Rape	38.60	40.20	26.00	-35.32%	-32.64%
Other Social Economic Factors	Violent Crime - Robbery	110.90	130.00	16.30	-87.46%	-85.30%
Other Social Economic Factors	Violent Crime - Total	416.00	420.90	354.50	-15.78%	-14.78%
Other Social Economic Factors	Property Crime - Total	2466.10	2022.60	1399.10	-30.83%	-43.27%
Other Social Economic Factors	Voter Participation Rate	68.80%	66.70%	63.40%	-3.30%	-5.40%
Physical Environment	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Physical Environment	Air & Water Quality - Respiratory Hazard Index	1.83	1.84	0.94	-48.91%	-48.63%
Physical Environment	Built Environment - Banking Institutions	37.77	39.29	63.01	60.37%	66.83%
Physical Environment	Built Environment - Broadband Access	96.26%	98.20%	92.09%	-6.11%	-4.17%
Physical Environment	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Physical Environment	Built Environment - Households with No or Slow Internet	17.33%	17.29%	28.93%	11.64%	11.60%

Data Indicators for HMC Jurisdiction

Physical Environment	Built Environment - Liquor Stores	11.20	10.75	5.56	-48.28%	-50.36%
Physical Environment	Built Environment - Social Associations	105.02	106.81	194.60	82.19%	85.30%
Physical Environment	Built Environment - Tobacco Product Compliance Check Violations	12.20%	15.20%	7.70%	-7.50%	-4.50%
Physical Environment	Climate & Health - Drought Severity	13.21%	1.76%	2.14%	0.38%	-11.07%
Physical Environment	Climate & Health - High Heat Index Days	4.70%	8.70%	9.60%	0.90%	4.90%
Physical Environment	Climate & Health - Tree Canopy	19.30%	17.59%	17.88%	0.29%	-1.42%
Physical Environment	Community Design - Park Access (CDC)	46.00%	59.00%	28.00%	-31.00%	-18.00%
Physical Environment	Community Design - Park Access (ESRI)	38.01%	54.75%	36.88%	-17.87%	-1.13%
Physical Environment	Food Environment - Fast Food Restaurants	82.22	81.52	46.33	-43.17%	-43.65%
Physical Environment	Food Environment - Grocery Stores	20.77	20.63	20.39	-1.16%	-1.83%
Physical Environment	Food Access - Low Income & Low Food Access	19.41%	16.57%	20.38%	3.81%	0.97%
Physical Environment	Food Environment - Low Food Access	22.22%	20.19%	19.88%	-0.31%	-2.34%
Physical Environment	Food Environment - SNAP-Authorized Food Stores	7.76	6.99	10.75	53.79%	38.53%

Data Indicators for HMC Jurisdiction

Clinical Care and Prevention	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Clinical Care and Prevention	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Clinical Care and Prevention	Cancer Screening - Mammogram (Medicare)	32%	34%	31%	-3.00%	-1.00%
Clinical Care and Prevention	Cancer Screening - Mammogram (Adult)	73.70	73.70	68.03	-7.69%	-7.69%
Clinical Care and Prevention	Cancer Screening - PAP Smear Test	83.90%	82.90%	81.62%	-1.28%	-2.28%
Clinical Care and Prevention	Cancer Screening - Sigmoidoscopy or Colonoscopy	65.50%	64.40%	63.14%	-1.26%	-2.36%
Clinical Care and Prevention	Dental Care Utilization	64.40%	65.70%	60.39%	-5.31%	-4.01%
Clinical Care and Prevention	Diabetes Management - Hemoglobin A1c Test	87.31%	88.81%	87.37%	-1.44%	0.06%
Clinical Care and Prevention	Prevention- High Blood Pressure Management	21.80%	20.40%	21.80%	1.40%	0.00%
Clinical Care and Prevention	Hospitalizations - Preventable Conditions	4,624	5,081	7,425	46.13%	60.58%
Clinical Care and Prevention	Hospitalizations - Emergency Room Visits	670	680	812.6	19.50%	21.28%
Clinical Care and Prevention	Hospitalizations - Heart Disease	11.8	11.8	15.9	34.75%	34.75%

Data Indicators for HMC Jurisdiction

Clinical Care and Prevention	Hospitalizations - Stroke	8.4	8.7	9.6	10.34%	14.29%
Clinical Care and Prevention	Opioid Drug Claims	4.70%	4.20%	6.00%	1.80%	1.30%
Clinical Care and Prevention	Prevention - Annual Wellness Exam (Medicare)	25%	24%	10%	-14.00%	-15.00%
Clinical Care and Prevention	Prevention - Cholesterol Screening	80.70%	83.60%	82.79%	-0.81%	2.09%
Clinical Care and Prevention	Prevention - Recent Primary Care Visit (Adult)	76.10%	75.60%	76.05%	0.45%	-0.05%
Clinical Care and Prevention	Prevention - Recent Primary Care Visit (Medicare)	75.10%	75.40%	84.10%	8.70%	9.00%
Clinical Care and Prevention	Prevention - Core Preventative Services for Men	31.00%	32.90%	33.61%	0.71%	2.61%
Clinical Care and Prevention	Prevention - Core Preventative Services for Women	31.10%	29.50%	27.58%	-1.92%	-3.52%
Clinical Care and Prevention	Readmissions - All Cause (Medicare Population)	18.10%	19.00%	19.00%	0.00%	0.90%
Clinical Care and Prevention	Readmissions – Chronic Obstructive Pulmonary Disease	19.66	19.39	20.3	4.69%	3.26%
Clinical Care and Prevention	Readmissions - Heart Failure	21.61	21.48	22.4	4.28%	3.66%

Data Indicators for HMC Jurisdiction

Clinical Care and Prevention	Readmissions - Pneumonia	16.8	16.91	18.3	8.22%	8.93%
Health Behaviors	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Behaviors	Alcohol - Heavy Alcohol Consumption	19.17%	21.54%	20.64%	-0.90%	1.47%
Health Behaviors	Alcohol - Binge Drinking	16.90%	19.60%	17.34%	-2.26%	0.44%
Health Behaviors	Alcohol Expenditures	14.29%	14.03%	14.93%	0.90%	0.64%
Health Behaviors	Fruit/Vegetable Expenditures	12.68%	12.52%	11.97%	-0.55%	-0.71%
Health Behaviors	Physical Inactivity	22.10%	20.90%	25.50%	4.60%	3.40%
Health Behaviors	Soda Expenditures	4.02%	4.13%	4.47%	0.34%	0.45%
Health Behaviors	STI - Chlamydia Incidence	539.90	604.00	287.40	-52.42%	-46.77%
Health Behaviors	STI - Gonorrhea Incidence	179.10	198.60	170.90	-13.95%	-4.58%
Health Behaviors	STI - HIV Incidence	13.60	12.70	0.00	-100.00%	-100.00%
Health Behaviors	STI - HIV Prevalence	372.80	334.50	161.89	-51.60%	-56.57%
Health Behaviors	Tobacco Expenditures	1.56%	1.50%	2.25%	0.75%	0.69%
Health Behaviors	Tobacco Usage - Current Smokers	17.00%	16.90%	22.29%	5.39%	5.29%
Health Behaviors	Walking or Biking to Work	3.22%	3.61%	1.18%	-2.43%	-2.04%
Health Outcomes	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.

Data Indicators for HMC Jurisdiction

Health Outcomes	Alcohol Use Disorder (Medicare Population)	2.10%	1.80%	1.80%	0.00%	-0.30%
Health Outcomes	Cancer Incidence – All Sites	448.7	465.5	505.5	8.59%	12.66%
Health Outcomes	Cancer Incidence – Breast	125.9	133.1	129.7	-2.55%	3.02%
Health Outcomes	Cancer Incidence - Colon and Rectum	38.4	42.5	49.4	16.24%	28.65%
Health Outcomes	Cancer Incidence - Lung	58.3	63.7	89.5	40.50%	53.52%
Health Outcomes	Cancer Incidence - Prostate	104.5	109.1	110.6	1.37%	5.84%
Health Outcomes	Chronic Conditions - Alzheimer's Disease (Medicare Population)	10.80%	10.70%	12.70%	2.00%	1.90%
Health Outcomes	Chronic Conditions - Asthma (Medicare Population)	5.00%	4.70%	3.30%	-1.40%	-1.70%
Health Outcomes	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Chronic Conditions - Asthma Prevalence (Adult)	9.50%	9.30%	10.32%	1.02%	0.82%
Health Outcomes	Chronic Conditions - Cancer (Medicare Population)	8.40%	9.00%	6.60%	-2.40%	-1.80%
Health Outcomes	Chronic Conditions - COPD (Medicare Population)	11.50%	11.80%	17.90%	6.10%	6.40%
Health Outcomes	Chronic Conditions - COPD (Adult)	7.20%	7.00%	10.88%	3.88%	3.68%

Data Indicators for HMC Jurisdiction

Health Outcomes	Chronic Conditions - Depression (Medicare Population)	18.40%	16.70%	19.10%	2.40%	0.70%
Health Outcomes	Chronic Conditions - Diabetes (Adult)	9.50%	9.00%	7.20%	-1.80%	-2.30%
Health Outcomes	Chronic Conditions - Diabetes (Medicare Population)	27.00%	27.10%	28.20%	1.10%	1.20%
Health Outcomes	Chronic Conditions - Heart Disease (Adult)	6.90%	6.40%	9.55%	3.15%	2.65%
Health Outcomes	Chronic Conditions - Heart Disease (Medicare Population)	26.80%	26.60%	26.40%	-0.20%	-0.40%
Health Outcomes	Chronic Conditions - High Blood Pressure (Adult)	32.90%	32.70%	38.68%	5.98%	5.78%
Health Outcomes	Chronic Conditions - High Blood Pressure (Medicare Population)	57.20%	58.50%	59.80%	1.30%	2.60%
Health Outcomes	Chronic Conditions - High Cholesterol (Adult)	34.20%	33.50%	39.42%	5.92%	5.22%
Health Outcomes	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Chronic Conditions - High Cholesterol (Medicare Population)	47.70%	48.90%	47.50%	-1.40%	-0.20%

Data Indicators for HMC Jurisdiction

Health Outcomes	Chronic Conditions - Kidney Disease (Medicare Population)	24.50%	24.60%	24.90%	0.30%	0.40%
Health Outcomes	Chronic Conditions - Multiple Chronic Conditions (Medicare Population)	68.90%	69.30%	71.30%	2.00%	2.40%
Health Outcomes	Deaths of Despair (Suicide + Drug/Alcohol Poisoning)	44.1	39	54.7	40.26%	24.04%
Health Outcomes	Low Birth Weight (CDC)	12.30%	12.00%	11.20%	-0.80%	-1.10%
Health Outcomes	Mortality - Cancer	152.3	158.7	199.9	25.96%	31.25%
Health Outcomes	Mortality - Coronary Heart Disease	92.6	83.8	97.9	16.83%	5.72%
Health Outcomes	Mortality - Poisoning	21.6	21	30.3	44.29%	40.28%
Health Outcomes	Mortality - Heart Disease	164.8	165.2	208.3	26.09%	26.40%
Health Outcomes	Mortality - Life Expectancy	78.96	79.02	75.74	-4.15%	-4.08%
Health Outcomes	Mortality - Life Expectancy (Census Tract)	78.69	78.72	75.06	-4.65%	-4.61%
Health Outcomes	Mortality - Lung Disease	40.2	36.9	84.2	128.18%	109.45%
Health Outcomes	Mortality - Motor Vehicle Crash	11.3	8.5	15.9	87.06%	40.71%
Health Outcomes	Mortality - Motor Vehicle Crash, Alcohol-Involved	5.3	4.2	6.2	47.62%	16.98%

Data Indicators for HMC Jurisdiction

Health Outcomes	Mortality - Motor Vehicle Crash, Pedestrian	2.2	1.4	0	-100.00%	-100.00%
Health Outcomes	Mortality - Opioid Overdose Deaths	13.7	15.5	18	16.13%	31.39%
Health Outcomes	Mortality - Premature Death	6,943	6,663	10,555	58.41%	52.02%
Health Outcomes	Mortality - Stroke	37.3	38.3	47.9	25.07%	28.42%
Health Outcomes	Mortality - Suicide	13.8	10.9	21.7	99.08%	57.25%
Health Outcomes	Mortality - Unintentional Injury	47.5	42.1	66	56.77%	38.95%
Health Outcomes	Obesity	29.50%	29.50%	27.90%	-1.60%	-1.60%
Health Outcomes	Mortality - Influenza & Pneumonia	14.00	15.10	36.00	138.41%	157.14%
Health Outcomes	Teeth Loss	13.80%	11.80%	16.92%	5.12%	3.12%
Health Outcomes	Poor Mental Health Days	4.4	4.1	4.9	19.51%	11.36%
Health Outcomes	Poor or Fair Health	18.00%	16.50%	19.80%	3.30%	1.80%
Health Outcomes	Poor Mental Health	13.40%	12.30%	14.77%	2.47%	1.37%
Health Outcomes	Poor Physical Health Days	4	3.7	4.6	24.32%	15.00%
Health Outcomes	Poor Physical Health	13.00%	11.80%	15.75%	3.95%	2.75%
Health Outcomes	Poor Mental Health - Mental Health and Substance Use Conditions	32.00%	31.00%	37.00%	6.00%	5.00%

Data Indicators for HMC Jurisdiction

Health Outcomes	Stroke (Adult)	3.40%	3.30%	4.57%	1.27%	1.17%
Health Outcomes	Stroke (Medicare Population)	3.80%	3.80%	3.20%	-0.60%	-0.60%
Health Outcomes	Substance Use Disorder (Medicare Population)	3.50%	2.30%	3.70%	1.40%	0.20%
Health Outcomes	Insufficient Sleep	36.10%	34.40%	34.41%	0.01%	-1.69%
Healthcare Workforce	Topic	US	IL	HMC Jurisdiction	% Diff. From IL	% Diff from U.S.
Healthcare Workforce	Access to Care - Addiction/Substance Abuse Providers	9.52	3.17	19.59	517.98%	105.78%
Healthcare Workforce	Access to Care - Buprenorphine Providers	5.69	3.76	5.88	56.38%	3.34%
Healthcare Workforce	Access to Care - Dentists	65.6	72.6	32.4	-55.37%	-50.61%
Healthcare Workforce	Access to Care - Dental Health Providers	33.04	37.37	12.8	-65.75%	-61.26%
Healthcare Workforce	Access to Care - Mental Health	261.6	245.8	157.7	-35.84%	-39.72%
Healthcare Workforce	Access to Care - Mental Health Providers	58.02	44.47	54.86	23.36%	-5.45%
Healthcare Workforce	Access to Care - Nurse Practitioners	41.6	35.91	41.92	16.74%	0.77%
Healthcare Workforce	Access to Care - Primary Care	75.81	80.57	47.29	-41.31%	-37.62%
Healthcare Workforce	Access to Care - Primary Care Providers	51.24	56.77	72.49	27.69%	41.47%
Healthcare Workforce	Federally Qualified Health Centers	3	3.05	14.83	386.23%	394.33%

Data Indicators for HMC Jurisdiction						
Healthcare Workforce	Hospitals with Cardiac Rehabilitation Units	0.74	0.96	3.71	286.46%	401.35%
Healthcare Workforce	Health Professional Shortage Areas - All	11,028	295	0	-100.00%	-100.00%
Healthcare Workforce	Health Professional Shortage Areas - Dental Care	44.55%	48.10%	100%	51.90%	55.45%
Healthcare Workforce	Population Living in a Health Professional Shortage Area	53.70%	42.50%	76.10%	33.60%	22.40%

data retrieved from
SparkMap 8.23.21

Herrin Hospital Counties – Franklin, Jackson, Saline, Williamson

Key
Dark Blue Bolded = Worse than IL only
Red Bolded = Worse than IL and U.S.
Yellow Fill = More than 5% Diff. from IL

Data Indicators for HH Jurisdiction						
Income and Economics	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Income and Economics	Commuter Travel Patterns – Driving Alone to Work	76.33%	72.95%	82.34%	9.39%	6.01%

Data Indicators for HH Jurisdiction

Income and Economics	Commuter Travel Patterns - Long Commute	9.35%	11.83%	5.86%	5.35%	2.87%
Income and Economics	Commuter Travel Patterns - Public Transportation	5.00%	9.45%	0.91%	-8.54%	-4.09%
Income and Economics	Commuter Travel Patterns - Walking or Biking	3.22%	3.61%	3.29%	-0.32%	0.07%
Income and Economics	Employment - Business Creation	2.62%	0.39%	-2.41%	-2.80%	-5.03%
Income and Economics	Employment - Labor Force Participation Rate	62.99%	65.06%	55.95%	-9.11%	-7.04%
Income and Economics	Employment - Unemployment Rate	6.10%	7.90%	6.60%	-1.30%	0.50%
Income and Economics	Income - Earned Income Tax Credit	2,450	2,446	2,446	0.00%	-0.16%
Income and Economics	Income - Families Earning Over \$75,000	51.51%	54.97%	39.95%	-15.02%	-11.56%
Income and Economics	Income - Per Capita Income	\$34,102	\$36,037	\$26,001	-27.85%	-23.76%
Income and Economics	Income - Proprietor Employment and Income	\$35,280	\$33,958	\$22,846	-32.72%	-35.24%
Income and Economics	Income - Public Assistance Income	2.36%	2.26%	3.77%	1.51%	1.41%
Income and Economics	Poverty - Children Below 100% FPL	18.52%	17.13%	24.92%	7.79%	6.40%
Income and Economics	Poverty - Children Below 200% FPL	40.05%	37.04%	50.28%	13.24%	10.23%

Data Indicators for HH Jurisdiction

Income and Economics	Poverty - Children Eligible for Free/Reduced Price Lunch	49.50%	48.70%	57.90%	9.20%	8.40%
Income and Economics	Poverty – Population Below 100% FPL	13.42%	12.49%	19.77%	7.28%	6.35%
Income and Economics	Poverty - Population Below 100% FPL (Annual)	12.30%	11.40%	17.00%	5.60%	4.70%
Income and Economics	Poverty - Population Below 185% FPL	28.24%	26.04%	37.72%	11.68%	9.48%
Income and Economics	Poverty - Population Below 200% FPL	30.86%	28.47%	40.70%	12.23%	9.84%
Income and Economics	Poverty - Population Below 50% FPL	5.99%	5.73%	9.04%	3.31%	3.05%
Education	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Education	Access - Head Start	10.53	10.71	10.01	-6.54%	-4.94%
Education	Access - Preschool Enrollment (Age 3-4)	48.32%	56.00%	48.72%	-7.28%	0.40%
Education	Attainment - Associate's Level Degree or Higher	40.63%	42.72%	35.31%	-7.41%	-5.32%
Education	Attainment - Bachelor's Degree or Higher	32.15%	34.65%	24.69%	-9.96%	-7.46%
Education	Attainment - No High School Diploma	12.00%	10.79%	9.29%	-1.50%	-2.71%

Data Indicators for HH Jurisdiction

Education	Chronic Absence Rate	15.87%	16.68%	15.87%	-0.81%	0.00%
Education	Proficiency - Student Math Proficiency (4th Grade) (% scoring not proficient)	53.70%	70.20%	72.30%	2.10%	18.60%
Education	Proficiency - Student Reading Proficiency (4th Grade) (% scoring not proficient)	53.80%	67.60%	64.60%	-3.00%	10.80%
Housing and Families	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Housing and Families	Affordable Housing - Assisted Housing Units	412.02	469.78	619.17	31.80%	50.28%
Housing and Families	Evictions	2.34%	1.58%	1.05%	-0.53%	-1.29%
Housing and Families	Family Households - Single Parent Households	25.51%	25.32%	29.82%	4.50%	4.31%
Housing and Families	Household Structure - Older Adults Living Alone	37.36%	40.43%	45.75%	5.32%	8.39%
Housing and Families	Housing Costs - Cost Burden (30%)	30.85%	30.30%	26.18%	-4.12%	-4.67%
Housing and Families	Housing Costs - Cost Burden, Severe (50%)	13.99%	13.94%	12.92%	-1.02%	-1.07%
Housing and Families	Housing Quality - Overcrowding	4.38%	3.27%	1.38%	-1.89%	-3.00%
Housing and Families	Housing Quality - Substandard Housing	31.91%	30.83%	26.58%	-4.25%	-5.33%

Data Indicators for HH Jurisdiction

Other Social Economic Factors	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Housing and Families	Housing Stock - Mortgage Lending	190.71	179.29	136.46	-23.89%	-28.45%
Housing and Families	Housing Stock - Net Change	7.76%	5.54%	0.75%	-4.79%	-7.01%
Housing and Families	Vacancy (ACS)	12.13%	9.59%	14.90%	5.31%	2.77%
Other Social Economic Factors	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Other Social Economic Factors	Area Deprivation Index	46	49	78	59.18%	69.57%
Other Social Economic Factors	Food Insecurity Rate	12.63%	10.90%	14.39%	3.49%	1.76%
Other Social Economic Factors	Homeless Children and Youth	3.00%	3.10%	7.40%	4.30%	4.40%
Other Social Economic Factors	Households with No Motor Vehicle	8.61%	10.86%	9.12%	-1.74%	0.51%
Other Social Economic Factors	Incarceration Rate	1.30%	1.20%	1.10%	-0.10%	-0.20%
Other Social Economic Factors	Insurance – Population Receiving Medicaid	22.20%	20.92%	28.23%	7.31%	6.03%
Other Social Economic Factors	Insurance - Uninsured Adults	12.84%	10.55%	9.03%	-1.52%	-3.81%
Other Social Economic Factors	Insurance - Uninsured Children	5.62%	3.94%	3.52%	-0.42%	-2.10%
Other Social Economic Factors	Insurance - Uninsured Population (ACS)	8.84%	6.83%	5.70%	-1.13%	-3.14%

Data Indicators for HH Jurisdiction

Other Social Economic Factors	Insurance - Uninsured Population (SAHIE)	10.84%	8.73%	7.59%	-1.14%	-3.25%
Other Social Economic Factors	Opportunity Index	53.05	56.41	49.94	-11.47%	-5.86%
Other Social Economic Factors	SNAP Benefits – Households Receiving SNAP (ACS)	11.74%	12.76%	18.46%	5.70%	6.72%
Other Social Economic Factors	SNAP Benefits – Households Receiving SNAP (SAIPE)	12.50%	14.50%	21.20%	6.70%	8.70%
Other Social Economic Factors	Social Vulnerability Index	0.4	0.48	0.63	31.25%	57.50%
Other Social Economic Factors	Teen Births	20.90	19.40	29.20	50.52%	39.71%
Other Social Economic Factors	Teen Births (ACS)	12.69	10.98	15.83	44.17%	24.74%
Other Social Economic Factors	Violent Crime - Assault	261.20	242.50	190.10	-21.61%	-27.22%
Other Social Economic Factors	Violent Crime - Rape	38.60	40.20	39.60	-1.49%	2.59%
Other Social Economic Factors	Violent Crime - Robbery	110.90	130.00	39.40	-69.69%	-64.47%
Other Social Economic Factors	Violent Crime - Total	416.00	420.90	275.10	-34.64%	-33.87%

Data Indicators for HH Jurisdiction

Other Social Economic Factors	Property Crime - Total	2466.10	2022.60	2073.10	2.50%	-15.94%
Other Social Economic Factors	Voter Participation Rate	68.80%	66.70%	59.00%	-7.70%	-9.80%
Other Social Economic Factors	Young People Not in School and Not Working	6.61%	6.18%	6.59%	0.41%	-0.02%
Physical Environment	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Physical Environment	Air & Water Quality - Respiratory Hazard Index	1.83	1.84	1.09	-40.76%	-40.44%
Physical Environment	Built Environment - Banking Institutions	37.77	39.29	56.01	42.56%	48.29%
Physical Environment	Built Environment - Broadband Access	96.26%	98.20%	98.17%	-0.03%	1.91%
Physical Environment	Built Environment - Households with No Computer	9.68%	10.15%	15.47%	5.32%	5.79%
Physical Environment	Built Environment - Households with No or Slow Internet	17.33%	17.29%	24.67%	7.38%	7.34%
Physical Environment	Built Environment - Liquor Stores	11.20	10.75	15.70	46.05%	40.18%
Physical Environment	Built Environment - Recreation and Fitness Facility Access	12.23	12.53	8.90	-28.97%	-27.23%
Physical Environment	Built Environment - Social Associations	105.02	106.81	166.45	55.84%	58.49%

Data Indicators for HH Jurisdiction

Physical Environment	Built Environment - Tobacco Product Compliance Check Violations	12.20%	15.20%	26.40%	11.20%	14.20%
Physical Environment	Climate & Health - Drought Severity	13.21%	1.76%	4.58%	2.82%	-8.63%
Physical Environment	Climate & Health - High Heat Index Days	4.70%	8.70%	11.00%	2.30%	6.30%
Physical Environment	Climate & Health - Tree Canopy	19.30%	17.59%	18.16%	0.57%	-1.14%
Physical Environment	Community Design - Park Access (CDC)	46.00%	59.00%	19.00%	-40.00%	-27.00%
Physical Environment	Community Design - Park Access (ESRI)	38.01%	54.75%	23.27%	-31.48%	-14.74%
Physical Environment	Food Environment - Fast Food Restaurants	82.22	81.52	72.76	-10.75%	-11.51%
Physical Environment	Food Environment - Grocery Stores	20.77	20.63	18.84	-8.68%	-9.29%
Physical Environment	Food Access - Low Income & Low Food Access	19.41%	16.57%	27.91%	11.34%	8.50%
Physical Environment	Food Environment - Low Food Access	22.22%	20.19%	28.43%	8.24%	6.21%
Physical Environment	Food Environment - SNAP-Authorized Food Stores	7.76	6.99	9.84	40.77%	26.80%
Clinical Care and Prevention	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Clinical Care and Prevention	Cancer Screening - Mammogram (Medicare)	32%	34%	33%	-1.00%	1.00%
Clinical Care and Prevention	Cancer Screening - Mammogram (Adult)	73.70	73.70	69.33	-5.93%	-5.93%

Data Indicators for HH Jurisdiction

Clinical Care and Prevention	Cancer Screening - PAP Smear Test	83.90%	82.90%	81.06%	-1.84%	-2.84%
Clinical Care and Prevention	Cancer Screening - Sigmoidoscopy or Colonoscopy	65.50%	64.40%	64.38%	-0.02%	-1.12%
Clinical Care and Prevention	Dental Care Utilization	64.40%	65.70%	61.64%	-4.06%	-2.76%
Clinical Care and Prevention	Diabetes Management - Hemoglobin A1c Test	87.31%	88.81%	87.51%	-1.30%	0.20%
Clinical Care and Prevention	Prevention- High Blood Pressure Management	21.80%	20.40%	21.30%	0.90%	-0.50%
Clinical Care and Prevention	Hospitalizations - Preventable Conditions	4,624	5,081	6,369	25.35%	37.74%
Clinical Care and Prevention	Hospitalizations - Emergency Room Visits	670	680	872	28.24%	30.15%
Clinical Care and Prevention	Hospitalizations - Heart Disease	11.8	11.8	16.5	39.83%	39.83%
Clinical Care and Prevention	Hospitalizations - Stroke	8.4	8.7	9.3	6.90%	10.71%
Clinical Care and Prevention	Opioid Drug Claims	4.70%	4.20%	5.60%	1.40%	0.90%
Clinical Care and Prevention	Prevention - Annual Wellness Exam (Medicare)	25%	24%	10%	-14.00%	-15.00%
Clinical Care and Prevention	Readmissions - All Cause (Medicare Population)	18.10%	19.00%	21.90%	2.90%	3.80%

Data Indicators for HH Jurisdiction

Clinical Care and Prevention	Prevention - Cholesterol Screening	80.70%	83.60%	81.18%	-2.42%	0.48%
Clinical Care and Prevention	Prevention - Recent Primary Care Visit (Adult)	76.10%	75.60%	75.27%	-0.33%	-0.83%
Clinical Care and Prevention	Prevention - Recent Primary Care Visit (Medicare)	75.10%	75.40%	82.80%	7.40%	7.70%
Clinical Care and Prevention	Prevention - Core Preventative Services for Men	31.00%	32.90%	33.92%	1.02%	2.92%
Clinical Care and Prevention	Prevention - Core Preventative Services for Women	31.10%	29.50%	28.34%	-1.16%	-2.76%
Clinical Care and Prevention	Readmissions – Chronic Obstructive Pulmonary Disease	19.66	19.39	22.14	14.18%	12.61%
Clinical Care and Prevention	Readmissions – Heart Attack	15.59	15.62	16.44	5.25%	5.45%
Clinical Care and Prevention	Readmissions - Heart Failure	21.61	21.48	23.09	7.50%	6.85%
Clinical Care and Prevention	Readmissions - Pneumonia	16.8	16.91	18.19	7.57%	8.27%
Clinical Care and Prevention	Timely and Effective Care - Heart Attack	67.52	68.69	36	-47.59%	-46.68%
Clinical Care and Prevention	Timely and Effective Care - Elective Delivery	1.54%	1.05%	1.17%	0.12%	-0.37%

Data Indicators for HH Jurisdiction

Health Behaviors	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Behaviors	Alcohol - Heavy Alcohol Consumption	19.17%	21.54%	20.50%	-1.04%	1.33%
Health Behaviors	Alcohol - Binge Drinking	16.90%	19.60%	18.70%	-0.90%	1.80%
Health Behaviors	Alcohol Expenditures	14.29%	14.03%	15.63%	1.60%	1.34%
Health Behaviors	Fruit/Vegetable Expenditures	12.68%	12.52%	11.84%	-0.68%	-0.84%
Health Behaviors	Physical Inactivity	22.10%	20.90%	25.50%	4.60%	3.40%
Health Behaviors	Soda Expenditures	4.02%	4.13%	4.57%	0.44%	0.55%
Health Behaviors	STI - Chlamydia Incidence	539.90	604.00	553.50	-8.36%	2.52%
Health Behaviors	STI - Gonorrhea Incidence	179.10	198.60	186.00	-6.34%	3.85%
Health Behaviors	STI - HIV Incidence	13.60	12.70	10.60	-16.54%	-22.06%
Health Behaviors	STI - HIV Prevalence	372.80	334.50	94.91	-71.63%	-74.54%
Health Behaviors	Tobacco Expenditures	1.56%	1.50%	2.08%	0.58%	0.52%
Health Behaviors	Tobacco Usage - Current Smokers	17.00%	16.90%	21.12%	4.22%	4.12%
Health Behaviors	Walking or Biking to Work	3.22%	3.61%	3.29%	-0.32%	0.07%

Data Indicators for HH Jurisdiction

Health Outcomes	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Alcohol Use Disorder (Medicare Population)	2.10%	1.80%	1.70%	-0.10%	-0.40%
Health Outcomes	Cancer Incidence – All Sites	448.7	465.5	502.8	8.01%	12.06%
Health Outcomes	Cancer Incidence – Breast	125.9	133.1	125.4	-5.79%	-0.40%
Health Outcomes	Cancer Incidence - Colon and Rectum	38.4	42.5	49.7	16.94%	29.43%
Health Outcomes	Cancer Incidence - Lung	58.3	63.7	88.9	39.56%	52.49%
Health Outcomes	Cancer Incidence - Prostate	104.5	109.1	97	-11.09%	-7.18%
Health Outcomes	Chronic Conditions - Alzheimer's Disease (Medicare Population)	10.80%	10.70%	10.60%	-0.10%	-0.20%
Health Outcomes	Chronic Conditions - Asthma (Medicare Population)	5.00%	4.70%	3.30%	-1.40%	-1.70%
Health Outcomes	Chronic Conditions - Asthma Prevalence (Adult)	9.50%	9.30%	10.21%	0.91%	0.71%
Health Outcomes	Chronic Conditions - Cancer (Medicare Population)	8.40%	9.00%	7.10%	-1.90%	-1.30%

Data Indicators for HH Jurisdiction

Health Outcomes	Chronic Conditions - COPD (Medicare Population)	11.50%	11.80%	16.70%	4.90%	5.20%
Health Outcomes	Chronic Conditions - COPD (Adult)	7.20%	7.00%	9.24%	2.24%	2.04%
Health Outcomes	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Chronic Conditions - Depression (Medicare Population)	18.40%	16.70%	20.60%	3.90%	2.20%
Health Outcomes	Chronic Conditions - Diabetes (Adult)	9.50%	9.00%	10.20%	1.20%	0.70%
Health Outcomes	Chronic Conditions - Diabetes (Medicare Population)	27.00%	27.10%	28.40%	1.30%	1.40%
Health Outcomes	Chronic Conditions - Heart Disease (Adult)	6.90%	6.40%	8.07%	1.67%	1.17%
Health Outcomes	Chronic Conditions - Heart Disease (Medicare Population)	26.80%	26.60%	28.10%	1.50%	1.30%

Data Indicators for HH Jurisdiction

Health Outcomes	Chronic Conditions - High Blood Pressure (Adult)	32.90%	32.70%	35.54%	2.84%	2.64%
Health Outcomes	Chronic Conditions - High Blood Pressure (Medicare Population)	57.20%	58.50%	61.60%	3.10%	4.40%
Health Outcomes	Chronic Conditions - High Cholesterol (Adult)	34.20%	33.50%	36.61%	3.11%	2.41%
Health Outcomes	Chronic Conditions - High Cholesterol (Medicare Population)	47.70%	48.90%	48.60%	-0.30%	0.90%
Health Outcomes	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Chronic Conditions - Kidney Disease (Medicare Population)	24.50%	24.60%	25.40%	0.80%	0.90%
Health Outcomes	Chronic Conditions - Multiple Chronic Conditions (Medicare Population)	68.90%	69.30%	71.70%	2.40%	2.80%
Health Outcomes	Deaths of Despair (Suicide + Drug/Alcohol Poisoning)	44.1	39	50.6	29.74%	14.74%

Data Indicators for HH Jurisdiction

Health Outcomes	Low Birth Weight (CDC)	12.30%	12.00%	11.40%	-0.60%	-0.90%
Health Outcomes	Mortality - Infant Mortality (CDC)	5.80	6.20	6.80	9.68%	17.24%
Health Outcomes	Mortality - Cancer	152.3	158.7	174.4	9.89%	14.51%
Health Outcomes	Mortality - Coronary Heart Disease	92.6	83.8	80.2	-4.30%	-13.39%
Health Outcomes	Mortality - Poisoning	21.6	21	24	14.29%	11.11%
Health Outcomes	Mortality - Heart Disease	164.8	165.2	166.2	0.61%	0.85%
Health Outcomes	Mortality - Life Expectancy	78.96	79.02	76.77	-2.85%	-2.77%
Health Outcomes	Mortality - Life Expectancy (Census Tract)	78.69	78.72	76.09	-3.34%	-3.30%
Health Outcomes	Mortality - Lung Disease	40.2	36.9	67.4	82.66%	67.66%
Health Outcomes	Mortality - Motor Vehicle Crash	11.3	8.5	18.3	115.29%	61.95%
Health Outcomes	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Mortality - Motor Vehicle Crash, Alcohol-Involved	5.3	4.2	8	90.48%	50.94%
Health Outcomes	Mortality - Motor Vehicle Crash, Pedestrian	2.2	1.4	3	114.29%	36.36%
Health Outcomes	Mortality - Opioid Overdose Deaths	13.7	15.5	15.3	-1.29%	11.68%
Health Outcomes	Mortality - Premature Death	6,943	6,663	8,533	28.07%	22.90%

Data Indicators for HH Jurisdiction

Health Outcomes	Mortality - Stroke	37.3	38.3	37	-3.39%	-0.80%
Health Outcomes	Mortality - Suicide	13.8	10.9	16.6	52.29%	20.29%
Health Outcomes	Mortality - Unintentional Injury	47.5	42.1	62.3	47.98%	31.16%
Health Outcomes	Obesity	29.50%	29.50%	28.40%	-1.10%	-1.10%
Health Outcomes	Mortality - Influenza & Pneumonia	14.00	15.10	22.80	50.99%	62.86%
Health Outcomes	Mortality - Firearm	11.70	11.00	12.70	15.45%	8.55%
Health Outcomes	Teeth Loss	13.80%	11.80%	15.38%	3.58%	1.58%
Health Outcomes	Poor Mental Health Days	4.4	4.1	4.7	14.63%	6.82%
Health Outcomes	Poor or Fair Health	18.00%	16.50%	18.90%	2.40%	0.90%
Health Outcomes	Poor Mental Health	13.40%	12.30%	14.71%	2.41%	1.31%
Health Outcomes	Poor Physical Health Days	4	3.7	4.4	18.92%	10.00%
Health Outcomes	Poor Physical Health	13.00%	11.80%	14.03%	2.23%	1.03%
Health Outcomes	Poor Mental Health - Mental Health and Substance Use Conditions	32.00%	31.00%	39.00%	8.00%	7.00%
Health Outcomes	Stroke (Adult)	3.40%	3.30%	3.96%	0.66%	0.56%
Health Outcomes	Stroke (Medicare Population)	3.80%	3.80%	3.80%	0.00%	0.00%

Data Indicators for HH Jurisdiction

Health Outcomes	Substance Use Disorder (Medicare Population)	3.50%	2.30%	4.30%	2.00%	0.80%
Health Outcomes	Insufficient Sleep	36.10%	34.40%	34.86%	0.46%	-1.24%
Healthcare Workforce	Topic	US	IL	HH Jurisdiction	% Diff. From IL	% Diff from U.S.
Healthcare Workforce	Access to Care - Addiction/Substance Abuse Providers	9.52	3.17	13.84	336.59%	45.38%
Healthcare Workforce	Access to Care - Buprenorphine Providers	5.69	3.76	10.11	168.88%	77.68%
Healthcare Workforce	Access to Care - Dentists	65.6	72.6	52.9	-27.13%	-19.36%
Healthcare Workforce	Access to Care - Dental Health Providers	33.04	37.37	32.99	-11.72%	-0.15%
Healthcare Workforce	Access to Care - Mental Health	261.6	245.8	331.3	34.78%	26.64%
Healthcare Workforce	Access to Care - Mental Health Providers	58.02	44.47	142.62	220.71%	145.81%
Healthcare Workforce	Access to Care - Nurse Practitioners	41.6	35.91	91	153.41%	118.75%
Healthcare Workforce	Access to Care - Primary Care	75.81	80.57	84.45	4.82%	11.40%
Healthcare Workforce	Access to Care - Primary Care Providers	51.24	56.77	114.42	101.55%	123.30%
Healthcare Workforce	Federally Qualified Health Centers	3	3.05	11.52	277.70%	284.00%

Data Indicators for HH Jurisdiction

Healthcare Workforce	Hospitals with Cardiac Rehabilitation Units	0.74	0.96	2.62	172.92%	254.05%
Healthcare Workforce	Health Professional Shortage Areas - All	11,028	295	15	-94.92%	-99.86%
Healthcare Workforce	Health Professional Shortage Areas - Dental Care	44.55%	48.10%	100%	51.90%	55.45%
Healthcare Workforce	Population Living in a Health Professional Shortage Area	53.70%	42.50%	94.20%	51.70%	40.50%

data retrieved from
SparkMap 8.23.21

Memorial Hospital of Carbondale – Franklin, Jackson, Johnson, Perry, Saline, Union, Williamson

Key
Dark Blue Bolded = Worse than IL only
Red Bolded = Worse than IL and U.S.
Yellow Fill = More than 5% Diff. from IL

Data Indicators for MHC Jurisdiction						
Income and Economics	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Income and Economics	Commuter Travel Patterns – Driving Alone to Work	76.33%	72.95%	82.69%	9.74%	6.36%
Income and Economics	Commuter Travel Patterns - Long Commute	9.35%	11.83%	5.85%	-5.98%	-3.50%
Income and Economics	Commuter Travel Patterns - Public Transportation for Commute to Work	5.00%	9.45%	0.81%	-8.64%	-4.19%
Income and Economics	Commuter Travel Patterns - Walking or Biking	3.22%	3.61%	2.97%	-0.64%	-0.25%
Income and Economics	Employment - Business Creation	2.62%	0.39%	-2.08%	-2.47%	-4.70%
Income and Economics	Employment Change	0.01%	0.02%	-1.33%	-1.35%	-1.34%
Income and Economics	Employment - Labor Force Participation Rate	62.99%	65.06%	54.18%	-10.88%	-8.81%
Income and Economics	Employment - Unemployment Rate	6.10%	7.90%	6.60%	-1.30%	0.50%

Data Indicators for MHC Jurisdiction

Income and Economics	Income - Earned Income Tax Credit	2,450	2,446	2,420	-1.06%	-1.22%
Income and Economics	Income - Families Earning Over \$75,000	51.51%	54.97%	39.99%	-14.98%	-11.52%
Income and Economics	Income - Per Capita Income	\$34,102	\$36,037	\$25,845	-28.28%	-24.21%
Income and Economics	Income - Proprietor Employment and Income	\$35,280	\$33,958	\$25,135	-25.98%	-28.76%
Income and Economics	Income - Public Assistance Income	2.36%	2.26%	3.84%	1.58%	1.48%
Income and Economics	Poverty - Children Below 100% FPL	18.52%	17.13%	24.34%	7.21%	5.82%
Income and Economics	Poverty - Children Below 200% FPL	40.05%	37.04%	48.96%	11.92%	8.91%
Income and Economics	Poverty - Children Eligible for Free/Reduced Price Lunch	49.50%	48.70%	56.90%	8.20%	7.40%
Income and Economics	Poverty – Population Below 100% FPL	13.42%	12.49%	18.93%	6.44%	5.51%
Income and Economics	Poverty - Population Below 100% FPL (Annual)	12.30%	11.40%	16.30%	4.90%	4.00%
Income and Economics	Poverty - Population Below 185% FPL	28.24%	26.04%	36.60%	10.56%	8.36%
Income and Economics	Poverty - Population Below 200% FPL	30.86%	28.47%	39.59%	11.12%	8.73%
Income and Economics	Poverty - Population Below 50% FPL	5.99%	5.73%	8.61%	2.88%	2.62%
Education	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.

Data Indicators for MHC Jurisdiction

Education	Access - Head Start	10.53	10.71	15.26	42.48%	44.92%
Education	Access - Preschool Enrollment (Age 3-4)	48.32%	56.00%	51.37%	-4.63%	3.05%
Education	Attainment - Associate's Level Degree or Higher	40.63%	42.72%	33.25%	-9.47%	-7.38%
Education	Attainment - Bachelor's Degree or Higher	32.15%	34.65%	22.84%	-11.81%	-9.31%
Education	Attainment - No High School Diploma	12.00%	10.79%	10.63%	-0.16%	-1.37%
Education	Chronic Absence Rate	15.87%	16.68%	14.49%	-2.19%	-1.38%
Education	Proficiency - Student Math Proficiency (4th Grade) (% scoring not proficient)	53.70%	70.20%	71.80%	1.60%	18.10%
Education	Proficiency - Student Reading Proficiency (4th Grade) (% scoring not proficient)	53.80%	67.60%	64.50%	-3.10%	10.70%
Housing and Families	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Housing and Families	Affordable Housing - Assisted Housing Units	412.02	469.78	589.89	25.57%	43.17%
Housing and Families	Evictions	2.34%	1.58%	0.91%	-0.67%	-1.43%
Housing and Families	Family Households - Single Parent Households	25.51%	25.32%	29.36%	4.04%	3.85%

Data Indicators for MHC Jurisdiction

Housing and Families	Household Structure - Older Adults Living Alone	37.36%	40.43%	44.43%	4.00%	7.07%
Housing and Families	Housing Costs - Cost Burden (30%)	30.85%	30.30%	24.70%	-5.60%	-6.15%
Housing and Families	Housing Costs - Cost Burden, Severe (50%)	13.99%	13.94%	12.11%	-1.83%	-1.88%
Housing and Families	Housing Quality - Overcrowding	4.38%	3.27%	1.46%	-1.81%	-2.92%
Housing and Families	Housing Quality - Substandard Housing	31.91%	30.83%	25.21%	-5.62%	-6.70%
Housing and Families	Housing Stock - Mortgage Lending	190.71	179.29	129.33	-27.87%	-32.18%
Housing and Families	Housing Stock - Net Change	3.91%	1.41%	0.76%	-0.65%	-3.15%
Housing and Families	Vacancy (ACS)	12.13%	9.59%	15.23%	5.64%	3.10%
Other Social Economic Factors	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Other Social Economic Factors	Area Deprivation Index	46	49	78	59.18%	69.57%
Other Social Economic Factors	Food Insecurity Rate	12.63%	10.90%	13.93%	3.03%	1.30%
Other Social Economic Factors	Homeless Children and Youth	3.00%	3.10%	7.10%	4.00%	4.10%
Other Social Economic Factors	Households with No Motor Vehicle	8.61%	10.86%	8.46%	-2.40%	-0.15%
Other Social Economic Factors	Incarceration Rate	1.30%	1.20%	1.00%	-0.20%	-0.30%

Data Indicators for MHC Jurisdiction

Other Social Economic Factors	Insurance – Population Receiving Medicaid	22.20%	20.92%	27.84%	6.92%	5.64%
Other Social Economic Factors	Insurance - Uninsured Adults	12.84%	10.55%	9.01%	-1.54%	-3.83%
Other Social Economic Factors	Insurance - Uninsured Children	5.62%	3.94%	3.61%	-0.33%	-2.01%
Other Social Economic Factors	Insurance - Uninsured Population (ACS)	8.84%	6.83%	5.49%	-1.34%	-3.35%
Other Social Economic Factors	Insurance - Uninsured Population (SAHIE)	10.84%	8.73%	7.58%	-1.15%	-3.26%
Other Social Economic Factors	Opportunity Index	53.05	56.41	50.29	-10.85%	-5.20%
Other Social Economic Factors	SNAP Benefits – Households Receiving SNAP (ACS)	11.74%	12.76%	17.88%	5.12%	6.14%
Other Social Economic Factors	SNAP Benefits – Households Receiving SNAP (SAIPE)	12.50%	14.50%	20.00%	5.50%	7.50%
Other Social Economic Factors	Social Vulnerability Index	0.4	0.48	0.62	29.17%	55.00%
Other Social Economic Factors	Teen Births	20.90	19.40	29.00	49.48%	38.76%
Other Social Economic Factors	Teen Births (ACS)	12.69	10.98	16.49	50.18%	29.94%

Data Indicators for MHC Jurisdiction

Other Social Economic Factors	Violent Crime - Assault	261.20	242.50	191.00	-21.24%	-26.88%
Other Social Economic Factors	Violent Crime - Rape	38.60	40.20	36.40	-9.45%	-5.70%
Other Social Economic Factors	Violent Crime - Robbery	110.90	130.00	32.00	-75.38%	-71.15%
Other Social Economic Factors	Violent Crime - Total	416.00	420.90	265.80	-36.85%	-36.11%
Other Social Economic Factors	Property Crime - Total	2466.10	2022.60	1832.80	-9.38%	-25.68%
Other Social Economic Factors	Voter Participation Rate	68.80%	66.70%	59.90%	-6.80%	-8.90%
Other Social Economic Factors	Young People Not in School and Not Working	6.61%	6.18%	7.24%	1.06%	0.63%
Physical Environment	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Physical Environment	Air & Water Quality - Respiratory Hazard Index	1.83	1.84	1.06	-42.39%	-42.08%
Physical Environment	Built Environment - Broadband Access	96.26%	98.20%	96.07%	-2.13%	-0.19%
Physical Environment	Built Environment - Households with No Computer	9.68%	10.15%	16.48%	6.33%	6.80%
Physical Environment	Built Environment - Households with No or Slow Internet	17.33%	17.29%	25.73%	8.44%	8.40%
Physical Environment	Built Environment - Liquor Stores	11.20	10.75	12.31	14.51%	9.91%

Data Indicators for MHC Jurisdiction

Physical Environment	Built Environment - Recreation and Fitness Facility Access	12.23	12.53	6.97	-44.37%	-43.01%
Physical Environment	Built Environment - Social Associations	105.02	106.81	169.41	58.61%	61.31%
Physical Environment	Built Environment - Tobacco Product Compliance Check Violations	12.20%	15.20%	24.50%	9.30%	12.30%
Physical Environment	Climate & Health - Drought Severity	13.21%	1.76%	4.59%	2.83%	-8.62%
Physical Environment	Climate & Health – High Heat Index Days	4.70%	8.70%	10.80%	2.10%	6.10%
Physical Environment	Climate & Health - Tree Canopy	19.30%	17.59%	19.90%	2.31%	0.60%
Physical Environment	Community Design - Park Access (CDC)	46.00%	59.00%	21.00%	-38.00%	-25.00%
Physical Environment	Community Design - Park Access (ESRI)	38.01%	54.75%	24.37%	-30.38%	-13.64%
Physical Environment	Food Environment - Fast Food Restaurants	82.22	81.52	69.73	-14.46%	-15.19%
Physical Environment	Food Environment - Grocery Stores	20.77	20.63	19.28	-6.54%	-7.17%
Physical Environment	Food Access - Low Food Access	22.22%	20.19%	25.36%	5.17%	3.14%
Physical Environment	Food Environment - Low Income & Low Food Access	19.41%	16.57%	25.30%	8.73%	5.89%
Physical Environment	Food Environment - SNAP-Authorized Food Stores	7.76	6.99	9.64	37.91%	24.23%

Data Indicators for MHC Jurisdiction

Clinical Care and Prevention	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Clinical Care and Prevention	Cancer Screening - Mammogram (Medicare)	32%	34%	33%	-1.00%	1.00%
Clinical Care and Prevention	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Clinical Care and Prevention	Cancer Screening - Mammogram (Adult)	73.70	73.70	69.28	-6.00%	-6.00%
Clinical Care and Prevention	Cancer Screening - PAP Smear Test	83.90%	82.90%	81.29%	-1.61%	-2.61%
Clinical Care and Prevention	Cancer Screening - Sigmoidoscopy or Colonoscopy	65.50%	64.40%	64.28%	-0.12%	-1.22%
Clinical Care and Prevention	Dental Care Utilization	64.40%	65.70%	61.32%	-4.38%	-3.08%
Clinical Care and Prevention	Diabetes Management - Hemoglobin A1c Test	87.31%	88.81%	87.89%	-0.92%	0.58%
Clinical Care and Prevention	Prevention- High Blood Pressure Management	21.80%	20.40%	21.20%	0.80%	-0.60%
Clinical Care and Prevention	Hospitalizations - Preventable Conditions	4,624	5,081	6,183	21.69%	33.72%
Clinical Care and Prevention	Hospitalizations - Emergency Room Visits	670	680	854.4	25.65%	27.52%
Clinical Care and Prevention	Hospitalizations - Heart Disease	11.8	11.8	16.2	37.29%	37.29%

Data Indicators for MHC Jurisdiction

Clinical Care and Prevention	Hospitalizations - Stroke	8.4	8.7	9.2	5.75%	9.52%
Clinical Care and Prevention	Opioid Drug Claims	4.70%	4.20%	5.60%	1.40%	0.90%
Clinical Care and Prevention	Prevention - Annual Wellness Exam (Medicare)	25%	24%	10%	-14.00%	-15.00%
Clinical Care and Prevention	Prevention - Cholesterol Screening	80.70%	83.60%	81.39%	-2.21%	0.69%
Clinical Care and Prevention	Prevention - Recent Primary Care Visit (Adult)	76.10%	75.60%	75.28%	-0.32%	-0.82%
Clinical Care and Prevention	Prevention - Recent Primary Care Visit (Medicare)	75.10%	75.40%	83.00%	7.60%	7.90%
Clinical Care and Prevention	Prevention - Core Preventative Services for Men	31.00%	32.90%	33.86%	0.96%	2.86%
Clinical Care and Prevention	Prevention - Core Preventative Services for Women	31.10%	29.50%	28.33%	-1.17%	-2.77%
Clinical Care and Prevention	Readmissions - All Cause (Medicare Population)	18.10%	19.00%	21.30%	2.30%	3.20%
Clinical Care and Prevention	Readmissions – Chronic Obstructive Pulmonary Disease	19.66	19.39	21.79	12.38%	10.83%
Clinical Care and Prevention	Readmissions – Heart Attack	15.59	15.62	16.44	5.25%	5.45%
Clinical Care and Prevention	Readmissions - Heart Failure	21.61	21.48	23.03	7.22%	6.57%

Data Indicators for MHC Jurisdiction

Clinical Care and Prevention	Readmissions - Pneumonia	16.8	16.91	17.97	6.27%	6.96%
Clinical Care and Prevention	Timely and Effective Care - Elective Delivery	1.54%	1.05%	1.17%	0.12%	-0.37%
Health Behaviors	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Behaviors	Alcohol - Heavy Alcohol Consumption	19.17%	21.54%	20.67%	-0.87%	1.50%
Health Behaviors	Alcohol - Binge Drinking	16.90%	19.60%	18.72%	-0.88%	1.82%
Health Behaviors	Alcohol Expenditures	14.29%	14.03%	15.46%	1.43%	1.17%
Health Behaviors	Fruit/Vegetable Expenditures	12.68%	12.52%	11.86%	-0.66%	-0.82%
Health Behaviors	Physical Inactivity	22.10%	20.90%	24.60%	3.70%	2.50%
Health Behaviors	Soda Expenditures	4.02%	4.13%	4.55%	0.42%	0.53%
Health Behaviors	STI - Chlamydia Incidence	539.90	604.00	492.60	-18.44%	-8.76%
Health Behaviors	STI - Gonorrhea Incidence	179.10	198.60	165.90	-16.47%	-7.37%
Health Behaviors	STI - HIV Incidence	13.60	12.70	6.00	-52.76%	-55.88%
Health Behaviors	STI - HIV Prevalence	372.80	334.50	110.58	-66.94%	-70.34%
Health Behaviors	Tobacco Expenditures	1.56%	1.50%	2.10%	0.60%	0.54%
Health Behaviors	Tobacco Usage - Current Smokers	17.00%	16.90%	21.31%	4.41%	4.31%
Health Behaviors	Walking or Biking to Work	3.22%	3.61%	2.97%	-0.64%	-0.25%

Data Indicators for MHC Jurisdiction

Health Outcomes	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Alcohol Use Disorder (Medicare Population)	2.10%	1.80%	1.60%	-0.20%	-0.50%
Health Outcomes	Cancer Incidence – All Sites	448.7	465.5	497.7	6.92%	10.92%
Health Outcomes	Cancer Incidence – Breast	125.9	133.1	128.1	-3.76%	1.75%
Health Outcomes	Cancer Incidence - Colon and Rectum	38.4	42.5	49.8	17.18%	29.69%
Health Outcomes	Cancer Incidence - Lung	58.3	63.7	87.7	37.68%	50.43%
Health Outcomes	Cancer Incidence - Prostate	104.5	109.1	94.5	-13.38%	-9.57%
Health Outcomes	Chronic Conditions - Alzheimer's Disease (Medicare Population)	10.80%	10.70%	10.40%	-0.30%	-0.40%
Health Outcomes	Chronic Conditions - Asthma (Medicare Population)	5.00%	4.70%	3.20%	-1.50%	-1.80%
Health Outcomes	Chronic Conditions - Asthma Prevalence (Adult)	9.50%	9.30%	10.16%	0.86%	0.66%
Health Outcomes	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Chronic Conditions - Cancer (Medicare Population)	8.40%	9.00%	7.00%	-2.00%	-1.40%
Health Outcomes	Chronic Conditions - COPD (Medicare Population)	11.50%	11.80%	16.40%	4.60%	4.90%
Health Outcomes	Chronic Conditions - COPD (Adult)	7.20%	7.00%	9.39%	2.39%	2.19%

Data Indicators for MHC Jurisdiction

Health Outcomes	Chronic Conditions - Depression (Medicare Population)	18.40%	16.70%	20.30%	3.60%	1.90%
Health Outcomes	Chronic Conditions - Diabetes (Adult)	9.50%	9.00%	9.80%	0.80%	0.30%
Health Outcomes	Chronic Conditions - Diabetes (Medicare Population)	27.00%	27.10%	28.20%	1.10%	1.20%
Health Outcomes	Chronic Conditions - Heart Disease (Adult)	6.90%	6.40%	8.19%	1.79%	1.29%
Health Outcomes	Chronic Conditions - Heart Disease (Medicare Population)	26.80%	26.60%	28.20%	1.60%	1.40%
Health Outcomes	Chronic Conditions - High Blood Pressure (Adult)	32.90%	32.70%	35.89%	3.19%	2.99%
Health Outcomes	Chronic Conditions - High Blood Pressure (Medicare Population)	57.20%	58.50%	61.40%	2.90%	4.20%
Health Outcomes	Chronic Conditions - High Cholesterol (Adult)	34.20%	33.50%	36.84%	3.34%	2.64%
Health Outcomes	Chronic Conditions - High Cholesterol (Medicare Population)	47.70%	48.90%	47.70%	-1.20%	0.00%
Health Outcomes	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.

Data Indicators for MHC Jurisdiction

Health Outcomes	Chronic Conditions - Kidney Disease (Medicare Population)	24.50%	24.60%	25.00%	0.40%	0.50%
Health Outcomes	Chronic Conditions - Multiple Chronic Conditions (Medicare Population)	68.90%	69.30%	71.50%	2.20%	2.60%
Health Outcomes	Deaths of Despair (Suicide + Drug/Alcohol Poisoning)	44.1	39	49.9	27.95%	13.15%
Health Outcomes	Low Birth Weight (CDC)	12.30%	12.00%	12.00%	0.00%	-0.30%
Health Outcomes	Mortality - Infant Mortality (CDC)	5.80	6.20	6.80	9.68%	17.24%
Health Outcomes	Mortality - Cancer	152.3	158.7	173.7	9.45%	14.05%
Health Outcomes	Mortality - Coronary Heart Disease	92.6	83.8	85.1	1.55%	-8.10%
Health Outcomes	Mortality - Poisoning	21.6	21	24	14.29%	11.11%
Health Outcomes	Mortality - Heart Disease	164.8	165.2	170.3	3.09%	3.34%
Health Outcomes	Mortality - Life Expectancy	78.96	79.02	76.88	-2.71%	-2.63%
Health Outcomes	Mortality - Life Expectancy (Census Tract)	78.69	78.72	76.32	-3.05%	-3.01%
Health Outcomes	Mortality - Lung Disease	40.2	36.9	64.8	75.61%	61.19%
Health Outcomes	Mortality - Motor Vehicle Crash	11.3	8.5	18.3	115.29%	61.95%

Data Indicators for MHC Jurisdiction

Health Outcomes	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Mortality - Motor Vehicle Crash, Alcohol-Involved	5.3	4.2	9.3	121.43%	75.47%
Health Outcomes	Mortality - Motor Vehicle Crash, Pedestrian	2.2	1.4	2.3	64.29%	4.55%
Health Outcomes	Mortality - Opioid Overdose Deaths	13.7	15.5	15.3	-1.29%	11.68%
Health Outcomes	Mortality - Premature Death	6,943	6,663	8,424	26.43%	21.33%
Health Outcomes	Mortality - Stroke	37.3	38.3	37.1	-3.13%	-0.54%
Health Outcomes	Mortality - Suicide	13.8	10.9	17.5	60.55%	26.81%
Health Outcomes	Mortality - Unintentional Injury	47.5	42.1	58.8	39.67%	23.79%
Health Outcomes	Obesity	29.50%	29.50%	28.30%	-1.20%	-1.20%
Health Outcomes	Mortality - Influenza & Pneumonia	14.00	15.10	22.90	51.66%	63.57%
Health Outcomes	Mortality - Firearm	11.70	11.00	12.70	15.45%	8.55%
Health Outcomes	Teeth Loss	13.80%	11.80%	15.52%	3.72%	1.72%
Health Outcomes	Poor or Fair Health	18.00%	16.50%	19.00%	2.50%	1.00%
Health Outcomes	Poor Mental Health Days	4.4	4.1	4.7	14.63%	6.82%
Health Outcomes	Poor Mental Health	13.40%	12.30%	14.63%	2.33%	1.23%

Data Indicators for MHC Jurisdiction

Health Outcomes	Poor Physical Health Days	4	3.7	4.4	18.92%	10.00%
Health Outcomes	Poor Physical Health	13.00%	11.80%	14.15%	2.35%	1.15%
Health Outcomes	Poor Mental Health - Mental Health and Substance Use Conditions	32.00%	31.00%	38.00%	7.00%	6.00%
Health Outcomes	Stroke (Adult)	3.40%	3.30%	3.99%	0.69%	0.59%
Health Outcomes	Stroke (Medicare Population)	3.80%	3.80%	3.70%	-0.10%	-0.10%
Health Outcomes	Substance Use Disorder (Medicare Population)	3.50%	2.30%	4.00%	1.70%	0.50%
Health Outcomes	Insufficient Sleep	36.10%	34.40%	34.87%	0.47%	-1.23%
Healthcare Workforce	Topic	US	IL	MHC Jurisdiction	% Diff. From IL	% Diff from U.S.
Healthcare Workforce	Access to Care - Addiction/Substance Abuse Providers	9.52	3.17	12.58	296.85%	32.14%
Healthcare Workforce	Access to Care - Buprenorphine Providers	5.69	3.76	12.58	234.57%	121.09%
Healthcare Workforce	Access to Care - Dental Health	65.6	72.6	49.1	-32.37%	-25.15%
Healthcare Workforce	Access to Care - Dental Health Providers	33.04	37.37	30.95	-17.18%	-6.33%
Healthcare Workforce	Access to Care - Mental Health	261.6	245.8	329	33.85%	25.76%
Healthcare Workforce	Access to Care - Mental Health Providers	58.02	44.47	131.2	195.03%	126.13%
Healthcare Workforce	Access to Care - Nurse Practitioners	41.6	35.91	74.61	107.77%	79.35%

Data Indicators for MHC Jurisdiction

Healthcare Workforce	Access to Care - Primary Care	75.81	80.57	76.61	-4.91%	1.06%
Healthcare Workforce	Access to Care - Primary Care Providers	51.24	56.77	105.22	85.34%	105.35%
Healthcare Workforce	Federally Qualified Health Centers	3	3.05	11.49	276.72%	283.00%
Healthcare Workforce	Hospitals with Cardiac Rehabilitation Units	0.74	0.96	3.28	241.67%	343.24%
Healthcare Workforce	Health Professional Shortage Areas - All	11,028	295	24	-91.86%	-99.78%
Healthcare Workforce	Health Professional Shortage Areas - Dental Care	44.55%	48.10%	100%	51.90%	55.45%
Healthcare Workforce	Population Living in a Health Professional Shortage Area	53.70%	42.50%	87.10%	44.60%	33.40%

data retrieved from
SparkMap 8.23.21

St. Joseph Memorial Hospital Counties – Jackson County Only

Key
Dark Blue Bolded = Worse than IL only
Red Bolded = Worse than IL and U.S.
Yellow Fill = More than 5% Diff. from IL

Data Indicators for SJ Jurisdiction

Income and Economics	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Income and Economics	Commuter Travel Patterns – Driving Alone to Work	76.33%	72.95%	78.46%	5.51%	2.13%
Income and Economics	Commuter Travel Patterns - Long Commute	9.35%	11.83%	4.64%	5.35%	2.87%
Income and Economics	Commuter Travel Patterns - Public Transportation	5.00%	9.45%	1.54%	-7.91%	-3.46%
Income and Economics	Commuter Travel Patterns - Walking or Biking	3.22%	3.61%	5.69%	2.08%	2.47%
Income and Economics	Employment - Business Creation	2.62%	0.39%	-0.81%	-1.20%	-3.43%
Income and Economics	Employment Change	0.01%	0.02%	-1.01%	-1.03%	-1.02%
Income and Economics	Employment - Labor Force Participation Rate	62.99%	65.06%	56.21%	-8.85%	-6.78%
Income and Economics	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Income and Economics	Employment - Unemployment Rate	6.10%	7.90%	6.20%	-1.70%	0.10%
Income and Economics	Income - Earned Income Tax Credit	2,450	2,446	2,411	-1.43%	-1.59%
Income and Economics	Income - Families Earning Over \$75,000	51.51%	54.97%	40.66%	-14.31%	-10.85%
Income and Economics	Income - Inequality (Atkinson Index)	0.18	0.18	0.21	16.67%	16.67%
Income and Economics	Income - Inequality (GINI Index)	0.48	0.48	0.52	8.33%	8.33%

Data Indicators for SJ Jurisdiction

Income and Economics	Income - Median Family Income	\$77,263.00	83,279	\$59,480.00	-28.58%	-23.02%
Income and Economics	Income - Median Household Income	\$62,843.00	65,886	\$37,241.00	-43.48%	-40.74%
Income and Economics	Income - Per Capita Income	\$34,102	\$36,037	\$24,804	-31.17%	-27.27%
Income and Economics	Income - Proprietor Employment and Income	\$35,280	\$33,958	\$23,504	-30.79%	-33.38%
Income and Economics	Income - Public Assistance Income	2.36%	2.26%	3.70%	1.44%	1.34%
Income and Economics	Poverty - Children Below 100% FPL	18.52%	17.13%	29.15%	12.02%	10.63%
Income and Economics	Poverty - Children Below 200% FPL	40.05%	37.04%	55.85%	18.81%	15.80%
Income and Economics	Poverty - Children Eligible for Free/Reduced Price Lunch	49.50%	48.70%	70.60%	21.90%	21.10%
Income and Economics	Poverty – Population Below 100% FPL	13.42%	12.49%	26.51%	14.02%	13.09%
Income and Economics	Poverty - Population Below 100% FPL (Annual)	12.30%	11.40%	25.40%	14.00%	13.10%
Income and Economics	Poverty - Population Below 185% FPL	28.24%	26.04%	45.18%	19.14%	16.94%
Income and Economics	Poverty - Population Below 200% FPL	30.86%	28.47%	47.71%	19.24%	16.85%
Income and Economics	Poverty - Population Below 50% FPL	5.99%	5.73%	13.73%	8.00%	7.74%
Education	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.

Data Indicators for SJ Jurisdiction

Education	Access - Head Start	10.53	10.71	6.41	-40.15%	-39.13%
Education	Access - Preschool Enrollment (Age 3-4)	48.32%	56.00%	52.30%	-3.70%	3.98%
Education	Attainment - Associate's Degree or Higher	40.63%	42.72%	43.21%	0.49%	2.58%
Education	Attainment - Bachelor's Degree or Higher	32.15%	34.65%	34.12%	-0.53%	1.97%
Education	Attainment - No High School Diploma	12.00%	10.79%	8.10%	-2.69%	-3.90%
Education	Chronic Absence Rate	15.87%	16.68%	19.32%	2.64%	3.45%
Education	Proficiency - Student Math Proficiency (4th Grade) (% scoring not proficient)	53.70%	70.20%	75.40%	5.20%	21.70%
Education	Proficiency - Student Reading Proficiency (4th Grade)	53.80%	67.60%	69.80%	2.20%	16.00%
Housing and Families	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Housing and Families	Affordable Housing - Assisted Housing Units	412.02	469.78	790.52	68.27%	91.86%
Housing and Families	Evictions	2.34%	1.58%	1.11%	-0.47%	-1.23%
Housing and Families	Family Households - Single Parent Households	25.51%	25.32%	37.64%	12.32%	12.13%
Housing and Families	Household Structure - Older Adults Living Alone	37.36%	40.43%	41.82%	1.39%	4.46%

Data Indicators for SJ Jurisdiction

Housing and Families	Housing Stock - Mortgage Lending	190.71	179.29	115.58	-35.53%	-39.39%
Housing and Families	Housing Stock - Net Change	7.76%	5.54%	1.76%	-3.78%	-6.00%
Housing and Families	Vacancy (ACS)	12.13%	9.59%	17.54%	7.95%	5.41%
Housing and Families	Housing Costs - Cost Burden (30%)	30.85%	30.30%	34.97%	4.67%	4.12%
Housing and Families	Housing Costs - Cost Burden, Severe (50%)	13.99%	13.94%	19.11%	5.17%	5.12%
Housing and Families	Housing Costs - Owner Costs	\$1,132	\$1,233	\$744	-39.66%	-34.28%
Housing and Families	Housing Costs - Renter Costs	\$1,062	\$1,010	\$691	-31.58%	-34.93%
Housing and Families	Housing Quality - Overcrowding	4.38%	3.27%	1.55%	-1.72%	-2.83%
Housing and Families	Housing Quality - Substandard Housing	31.91%	30.83%	35.32%	4.49%	3.41%
Housing and Families	Housing Stock - Housing Unit Value	\$217,500	\$194,500	\$108,600	-44.16%	-50.07%
Other Social Economic Factors	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Other Social Economic Factors	Area Deprivation Index	46	49	77	57.14%	
Other Social Economic Factors	Food Insecurity Rate	12.63%	10.90%	17.60%	6.70%	4.97%
Other Social Economic Factors	Homeless Children and Youth	3.00%	3.10%	7.00%	3.90%	4.00%

Data Indicators for SJ Jurisdiction

Other Social Economic Factors	Households with No Motor Vehicle	8.61%	10.86%	11.87%	1.01%	3.26%
Other Social Economic Factors	Incarceration Rate	1.30%	1.20%	1.30%	0.10%	0.00%
Other Social Economic Factors	Insurance – Population Receiving Medicaid	22.20%	20.92%	25.90%	4.98%	3.70%
Other Social Economic Factors	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Other Social Economic Factors	Insurance - Uninsured Adults	12.84%	10.55%	9.59%	-0.96%	-3.25%
Other Social Economic Factors	Insurance - Uninsured Children	5.19%	3.35%	4.09%	0.74%	-1.10%
Other Social Economic Factors	Insurance - Uninsured Population (ACS)	8.84%	6.83%	6.37%	-0.46%	-2.47%
Other Social Economic Factors	Insurance - Uninsured Population (SAHIE)	10.43%	8.73%	8.31%	-0.42%	-2.12%
Other Social Economic Factors	Opportunity Index	53.05	56.41	53.7	-4.80%	1.23%
Other Social Economic Factors	SNAP Benefits – Households Receiving SNAP (ACS)	11.74%	12.76%	19.04%	6.28%	7.30%
Other Social Economic Factors	SNAP Benefits – Households Receiving SNAP (SAIPE)	12.50%	14.50%	19.80%	5.30%	7.30%

Data Indicators for SJ Jurisdiction

Other Social Economic Factors	Social Vulnerability Index	0.4	0.48	0.7	45.83%	75.00%
Other Social Economic Factors	Teen Births	20.90	19.40	18.80	-3.09%	-10.05%
Other Social Economic Factors	Teen Births (ACS)	12.69	10.98	8.36	-23.86%	-34.12%
Other Social Economic Factors	Violent Crime - Assault	261.20	242.50	207.40	-14.47%	-20.60%
Other Social Economic Factors	Violent Crime - Rape	38.60	40.20	76.20	89.55%	97.41%
Other Social Economic Factors	Violent Crime - Robbery	110.90	130.00	74.00	-43.08%	-33.27%
Other Social Economic Factors	Violent Crime - Total	416.00	420.90	365.00	-13.28%	-12.26%
Other Social Economic Factors	Property Crime - Total	2466.10	2022.60	2904.10	43.58%	17.76%
Other Social Economic Factors	Voter Participation Rate	68.80%	66.70%	50.10%	-16.60%	-18.70%
Physical Environment	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Physical Environment	Air & Water Quality - Respiratory Hazard Index	1.83	1.84	1.12	-39.13%	-38.80%
Physical Environment	Built Environment - Banking Institutions	37.77	39.29	44.84	14.13%	18.72%
Physical Environment	Built Environment - Broadband Access	96.26%	98.20%	99.96%	1.76%	3.70%

Data Indicators for SJ Jurisdiction

Physical Environment	Built Environment - Households with No Computer	9.68%	10.15%	11.31%	1.16%	1.63%
Physical Environment	Built Environment - Households with No or Slow Internet	17.33%	17.29%	22.38%	5.09%	5.05%
Physical Environment	Built Environment - Liquor Stores	11.20	10.75	13.29	23.63%	18.66%
Physical Environment	Built Environment - Recreation and Fitness Facility Access	12.23	12.53	9.96	-20.51%	-18.56%
Physical Environment	Built Environment - Social Associations	105.02	106.81	147.80	38.38%	40.74%
Physical Environment	Built Environment - Tobacco Product Compliance Check Violations	12.20%	15.20%	31.10%	15.90%	18.90%
Physical Environment	Climate & Health - Drought Severity	13.21%	1.76%	6.03%	4.27%	-7.18%
Physical Environment	Climate & Health - High Heat Index Days	4.70%	8.70%	11.51%	2.81%	6.81%
Physical Environment	Climate & Health - Tree Canopy	19.30%	17.59%	21.77%	4.18%	2.47%
Physical Environment	Community Design - Park Access (CDC)	46.00%	59.00%	22.00%	-37.00%	-24.00%
Physical Environment	Community Design - Park Access (ESRI)	38.01%	54.75%	30.26%	-24.49%	-7.75%
Physical Environment	Food Environment - Fast Food Restaurants	82.22	81.52	68.09	-16.47%	-17.19%
Physical Environment	Food Environment - Grocery Stores	20.77	20.63	21.59	4.65%	3.95%
Physical Environment	Food Access - Low Income & Low Food Access	19.41%	16.57%	30.62%	14.05%	11.21%

Data Indicators for SJ Jurisdiction

Physical Environment	Food Environment - Low Food Access	22.22%	20.19%	34.92%	14.73%	12.70%
Physical Environment	Food Environment - SNAP-Authorized Food Stores	7.76	6.99	8.30	18.74%	6.96%
Clinical Care and Prevention	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Clinical Care and Prevention	Cancer Screening - Mammogram (Medicare)	32%	34%	38%	4.00%	6.00%
Clinical Care and Prevention	Cancer Screening - Mammogram (Adult)	73.70	73.70	70.80	-3.93%	-3.93%
Clinical Care and Prevention	Cancer Screening - PAP Smear Test	83.90%	82.90%	78.40%	-4.50%	-5.50%
Clinical Care and Prevention	Cancer Screening - Sigmoidoscopy or Colonoscopy	65.50%	64.40%	64.50%	0.10%	-1.00%
Clinical Care and Prevention	Dental Care Utilization	64.40%	65.70%	61.60%	-4.10%	-2.80%
Clinical Care and Prevention	Diabetes Management - Hemoglobin A1c Test	87.31%	88.81%	88.42%	-0.39%	1.11%
Clinical Care and Prevention	Prevention- High Blood Pressure Management	21.80%	20.40%	20.70%	0.30%	-1.10%
Clinical Care and Prevention	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Clinical Care and Prevention	Hospitalizations - Preventable Conditions	4,624	5,081	4,699	-7.52%	1.62%

Data Indicators for SJ Jurisdiction

Clinical Care and Prevention	Hospitalizations - Emergency Room Visits	670	680	939	38.09%	40.15%
Clinical Care and Prevention	Hospitalizations - Heart Disease	11.8	11.8	13.3	12.71%	12.71%
Clinical Care and Prevention	Hospitalizations - Stroke	8.4	8.7	8.7	0.00%	3.57%
Clinical Care and Prevention	Opioid Drug Claims	4.70%	4.20%	5.30%	1.10%	0.60%
Clinical Care and Prevention	Prevention - Annual Wellness Exam (Medicare)	25.0%	24.0%	17.0%	-7.00%	-8.00%
Clinical Care and Prevention	Prevention - Cholesterol Screening	80.70%	83.60%	77.80%	-5.80%	-2.90%
Clinical Care and Prevention	Prevention - Recent Primary Care Visit (Adult)	76.10%	75.60%	74.60%	-1.00%	-1.50%
Clinical Care and Prevention	Prevention - Recent Primary Care Visit (Medicare)	75.10%	75.40%	82.80%	7.40%	7.70%
Clinical Care and Prevention	Prevention - Core Preventative Services for Men	31.00%	32.90%	33.60%	0.70%	2.60%
Clinical Care and Prevention	Prevention - Core Preventative Services for Women	31.10%	29.50%	27.50%	-2.00%	-3.60%
Clinical Care and Prevention	Readmissions - All Cause (Medicare Population)	18.10%	19.00%	22.20%	3.20%	4.10%
Clinical Care and Prevention	Readmissions – Chronic Obstructive Pulmonary Disease	19.66	19.39	23.05	18.88%	17.24%

Data Indicators for SJ Jurisdiction

Clinical Care and Prevention	Readmissions – Heart Attack	15.59	15.62	16.7	6.91%	7.12%
Clinical Care and Prevention	Readmissions - Heart Failure	21.61	21.48	23.22	8.10%	7.45%
Clinical Care and Prevention	Readmissions - Pneumonia	16.8	16.91	18.82	11.30%	12.02%
Clinical Care and Prevention	Timely and Effective Care - Elective Delivery	1.54%	1.05%	0.00%	-1.05%	-1.54%
Health Behaviors	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Behaviors	Alcohol - Heavy Alcohol Consumption	19.17%	21.54%	19.18%	-2.36%	0.01%
Health Behaviors	Alcohol - Binge Drinking	16.90%	19.60%	19.40%	-0.20%	2.50%
Health Behaviors	Physical Inactivity	22.10%	20.90%	19.70%	-1.20%	-2.40%
Health Behaviors	STI - Chlamydia Incidence	539.90	604.00	1063.80	76.13%	97.04%
Health Behaviors	STI - Gonorrhea Incidence	179.10	198.60	320.80	61.53%	79.12%
Health Behaviors	STI - HIV Prevalence	372.80	334.50	86.20	-74.23%	-76.88%
Health Behaviors	Tobacco Usage - Current Smokers	17.00%	16.90%	19.50%	2.60%	2.50%
Health Behaviors	Walking or Biking to Work	3.22%	3.61%	5.69%	2.08%	2.47%
Health Outcomes	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Alcohol Use Disorder (Medicare Population)	2.10%	1.80%	2.00%	0.20%	-0.10%

Data Indicators for SJ Jurisdiction

Health Outcomes	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Cancer Incidence – All Sites	448.7	465.5	433.7	-6.83%	-3.34%
Health Outcomes	Cancer Incidence – Breast	125.9	133.1	130.5	-1.95%	3.65%
Health Outcomes	Cancer Incidence - Colon and Rectum	38.4	42.5	42	-1.18%	9.38%
Health Outcomes	Cancer Incidence - Lung	58.3	63.7	73.2	14.91%	25.56%
Health Outcomes	Cancer Incidence - Prostate	104.5	109.1	84.7	-22.36%	-18.95%
Health Outcomes	Chronic Conditions - Alzheimer's Disease (Medicare Population)	10.80%	10.70%	9.00%	-1.70%	-1.80%
Health Outcomes	Chronic Conditions - Asthma (Medicare Population)	5.00%	4.70%	3.80%	-0.90%	-1.20%
Health Outcomes	Chronic Conditions - Asthma Prevalence (Adult)	9.50%	9.30%	10.40%	1.10%	0.90%
Health Outcomes	Chronic Conditions - Cancer (Medicare Population)	8.40%	9.00%	7.00%	-2.00%	-1.40%
Health Outcomes	Chronic Conditions - COPD (Medicare Population)	11.50%	11.80%	15.00%	3.20%	3.50%
Health Outcomes	Chronic Conditions - COPD (Adult)	7.20%	7.00%	7.80%	0.80%	0.60%
Health Outcomes	Chronic Conditions - Depression (Medicare Population)	18.40%	16.70%	20.40%	3.70%	2.00%
Health Outcomes	Chronic Conditions - Diabetes (Adult)	9.50%	9.00%	8.30%	-0.70%	-1.20%

Data Indicators for SJ Jurisdiction

Health Outcomes	Chronic Conditions - Diabetes (Medicare Population)	27.00%	27.10%	26.30%	-0.80%	-0.70%
Health Outcomes	Chronic Conditions - Heart Disease (Adult)	6.90%	6.40%	6.90%	0.50%	0.00%
Health Outcomes	Chronic Conditions - Heart Disease (Medicare Population)	26.80%	26.60%	25.40%	-1.20%	-1.40%
Health Outcomes	Chronic Conditions - High Blood Pressure (Adult)	32.90%	32.70%	31.70%	-1.00%	-1.20%
Health Outcomes	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Chronic Conditions - High Blood Pressure (Medicare Population)	57.20%	58.50%	58.90%	0.40%	1.70%
Health Outcomes	Chronic Conditions - High Cholesterol (Adult)	34.20%	33.50%	32.90%	-0.60%	-1.30%
Health Outcomes	Chronic Conditions - High Cholesterol (Medicare Population)	47.70%	48.90%	45.20%	-3.70%	-2.50%
Health Outcomes	Chronic Conditions - Kidney Disease (Medicare Population)	24.50%	24.60%	24.70%	0.10%	0.20%

Data Indicators for SJ Jurisdiction

Health Outcomes	Chronic Conditions - Multiple Chronic Conditions (Medicare Population)	68.90%	69.30%	69.90%	0.60%	1.00%
Health Outcomes	Deaths of Despair (Suicide + Drug/Alcohol Poisoning)	44.1	39	45.8	17.44%	3.85%
Health Outcomes	Low Birth Weight (CDC)	12.30%	12.00%	8.80%	-3.20%	-3.50%
Health Outcomes	Mortality - Infant Mortality (CDC)	5.80	6.20	7.10	14.52%	22.41%
Health Outcomes	Mortality - Cancer	152.3	158.7	150.2	-5.36%	-1.38%
Health Outcomes	Mortality - Coronary Heart Disease	92.6	83.8	77.2	-7.88%	-16.63%
Health Outcomes	Mortality - Poisoning	21.6	21	23.5	11.90%	8.80%
Health Outcomes	Mortality - Heart Disease	164.8	165.2	167.1	1.15%	1.40%
Health Outcomes	Mortality - Life Expectancy	78.96	79.02	78.35	-0.85%	-0.77%
Health Outcomes	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Health Outcomes	Mortality - Life Expectancy (Census Tract)	78.69	78.72	76.91	-2.30%	-2.26%
Health Outcomes	Mortality - Lung Disease	40.2	36.9	47.5	28.73%	18.16%
Health Outcomes	Mortality - Motor Vehicle Crash	11.3	8.5	18.4	116.47%	62.83%
Health Outcomes	Mortality - Motor Vehicle Crash, Alcohol-Involved	5.3	4.2	7.2	71.43%	35.85%

Data Indicators for SJ Jurisdiction

Health Outcomes	Mortality - Motor Vehicle Crash, Pedestrian	2.2	1.4	5.5	292.86%	150.00%
Health Outcomes	Mortality - Opioid Overdose Deaths	13.7	15.5	15.5	0.00%	13.14%
Health Outcomes	Mortality - Premature Death	6,943	6,663	8,248	23.79%	18.80%
Health Outcomes	Mortality - Stroke	37.3	38.3	27.1	-29.24%	-27.35%
Health Outcomes	Mortality - Suicide	13.8	10.9	11.7	7.34%	-15.22%
Health Outcomes	Mortality - Unintentional Injury	47.5	42.1	60.1	42.76%	26.53%
Health Outcomes	Obesity	29.50%	29.50%	24.60%	-4.90%	-4.90%
Health Outcomes	Mortality - Influenza & Pneumonia	14.00	15.10	16.90	11.92%	20.71%
Health Outcomes	Mortality - Firearm	11.70	11.00	9.90	-10.00%	-15.38%
Health Outcomes	Teeth Loss	13.80%	11.80%	15.20%	3.40%	1.40%
Health Outcomes	Poor Mental Health Days	4.4	4.1	4.7	14.63%	6.82%
Health Outcomes	Poor or Fair Health	18.00%	16.50%	19.20%	2.70%	1.20%
Health Outcomes	Poor Mental Health	13.40%	12.30%	15.10%	2.80%	1.70%
Health Outcomes	Poor Physical Health Days	4	3.7	4.4	18.92%	10.00%
Health Outcomes	Poor Physical Health	13.00%	11.80%	12.60%	0.80%	-0.40%
Health Outcomes	Poor Mental Health - Mental Health and Substance Use Conditions	32.00%	31.00%	37.00%	6.00%	5.00%

Data Indicators for SJ Jurisdiction

Health Outcomes	Stroke (Adult)	3.40%	3.30%	3.50%	0.20%	0.10%
Health Outcomes	Stroke (Medicare Population)	3.80%	3.80%	3.60%	-0.20%	-0.20%
Health Outcomes	Substance Use Disorder (Medicare Population)	3.50%	2.30%	4.10%	1.80%	0.60%
Health Outcomes	Insufficient Sleep	36.10%	34.40%	35.70%	1.30%	-0.40%
Healthcare Workforce	Topic	US	IL	SJ Jurisdiction	% Diff. From IL	% Diff from U.S.
Healthcare Workforce	Access to Care - Addiction/Substance Abuse Providers	9.52	3.17	8.63	172.24%	-9.35%
Healthcare Workforce	Access to Care - Buprenorphine Providers	5.69	3.76	17.27	359.31%	203.51%
Healthcare Workforce	Access to Care - Dentists	65.6	72.6	69.07	-4.86%	5.29%
Healthcare Workforce	Access to Care - Dental Health Providers	33.04	37.37	41.45	10.92%	25.45%
Healthcare Workforce	Access to Care - Mental Health	261.6	245.8	267.8	8.95%	2.37%
Healthcare Workforce	Access to Care - Mental Health Providers	58.02	44.47	141.61	218.44%	144.07%
Healthcare Workforce	Access to Care - Nurse Practitioners	41.6	35.91	150.25	318.41%	261.18%
Healthcare Workforce	Access to Care - Primary Care	75.81	80.57	132.36	64.28%	74.59%
Healthcare Workforce	Access to Care - Primary Care Providers	51.24	56.77	169.25	198.13%	230.31%
Healthcare Workforce	Federally Qualified Health Centers	3	3.05	13.29	335.74%	343.00%

Data Indicators for SJ Jurisdiction

Healthcare Workforce	Hospitals with Cardiac Rehabilitation Units	0.74	0.96	3.32	245.83%	348.65%
Healthcare Workforce	Health Professional Shortage Areas - All	11,028	295	4	-98.64%	-99.96%
Healthcare Workforce	Health Professional Shortage Areas - Dental Care	44.55%	48.10%	100%	51.90%	55.45%
Healthcare Workforce	Population Living in a Health Professional Shortage Area	53.70%	42.50%	85.80%	43.30%	32.10%

*Data retrieved from
SparkMap 8.23.21*

APPENDIX 7

Illinois Youth Survey 2018



2018 Data for 10th Graders Comparison Between Illinois and 11 Southern Illinois Counties (Franklin, Jackson, Johnson, Perry, Saline, Union, Williamson, White, Gallatin, Pope, and Hardin Counties)



This data was provided by the Center for Prevention Research and Development at the University of Illinois at Urbana-Champaign, funded by the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery.

Data Received September 29, 2021 for the 11-county area.

From **CRYSTAL REINHART, PHD,**

Research Scientist, Center for Prevention Research and Development, School of Social Work

University of Illinois at Urbana-Champaign, 510 Devonshire Drive | M/C 665, Champaign, IL 61820

reinhr@illinois.edu

Overview of the Illinois Youth Survey

The Illinois Department of Human Services (IDHS) has funded the administration of the Illinois Youth Survey (IYS) biennially since 1993. The IYS is a self-report survey administered in school settings and is designed to gather information about a variety of health and social indicators including substance use patterns and attitudes of Illinois youth. The administration of the IYS has two major goals, the first of which is to supply local data to schools and school districts throughout Illinois. During state funded survey years (e.g., 2008, 2010, 2012, 2014, 2016, 2018, etc.), the survey is available to all public and private schools in the state at no cost. Each participating school is eligible to receive a report specific to their own student responses.

This Illinois Youth Survey 2018 Frequency Report: State of Illinois presents findings based on data gathered January–June 2018 from students in the random sample of schools and scientifically weighted to represent 8th, 10th, and 12th graders attending Illinois' public schools.

Suggested citation: Center for Prevention Research and Development. (2018). Illinois Youth Survey 2018 Frequency Report: State of Illinois. Champaign, IL: CPRD, School of Social Work, University of Illinois.

For statewide data visit (https://iys.cprd.illinois.edu/UserFiles/Servers/Server_178052/File/state-reports/2018/Freq18_IYS_Statewide.pdf)

**Drug prevalence and behaviors:
2018 Substance Use Rates**

Substance Used	10 th Graders	
	11 COUNTY SERVICE AREA	ILLINOIS
Used in the past year		
Any Substance (including alcohol, cigarettes, inhalants or, marijuana)	49%	43%
Alcohol	45%	40%
Any tobacco or Vaping products	30%	20%
Cigarettes	15%	5%
Inhalants	3%	3%
Marijuana	22%	20%
Any Illicit Drugs (excluding marijuana)	3%	2%
Crack/Cocaine	1%	1%
Hallucinogens/LSD	2%	1%
Ecstasy/MDMA	1%	1%
Methamphetamine	0%	0%
Heroin	0%	0%
Any Prescription Drugs to get high	5%	4%
Prescription Painkillers	3%	2%
Other Prescription Drugs	4%	3%
Prescription pain medicine without prescription or differently than prescribed	6%	5%
Prescription drugs not prescribed to you	7%	5%
Over the counter Drugs	3%	2%
Used past 30 days		
Alcohol	27%	23%
Any Tobacco or Vaping products (cigarettes or other smoked tobacco or chewing tobacco or hookah or e-cigs)	32%	21%
Cigarettes	9%	2%
Smokeless tobacco	10%	3%
Smoked tobacco (other than cigarettes)	11%	4%
Hookah or water pipe	6%	6%
E-cigarettes	26%	18%
Marijuana	14%	13%
Prescription drugs not prescribed to you	3%	2%
Used past 2 weeks		
Binge Drinking	11%	9%

Substance used	10 th Graders	
	11 County Service Area	Illinois
During the past 12 months		
Drink more than a sip or two of beer, wine, or hard liquor (e.g., vodka, whisky, or gin)	28%	24%
Smoke a cigarette, even just a puff	13%	5%
Use an electric cigarette (e-cigarette)	25%	17%
Use marijuana	16%	14%

Alcohol: On how many occasions (if any) have you had alcohol:

Substance used	10 th Graders	
	11 country service area	Illinois
On one or more occasions		
Alcohol	29%	25%
Alcohol	44%	40%

Binge drinking: Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row:

Substance used	10 th Graders	
	11 country service area	Illinois
Occurred over the last two weeks		
None	88%	90%
Once	5%	4%
Twice	3%	3%
3-5 times	2%	2%
6-9 times	1%	1%
10 or more times	1%	0%

Alcohol type: along all students: Used the following types of alcohol in the last 30 days:

Substance used	10 th Graders	
	11 country service area	Illinois
Beer from bottles or cans	12%	10%
Beer from a keg	1%	1%
Wine	9%	9%
Liquor (vodka, whisky, etc.)	16%	14%
Alcopops (wine coolers, hard lemonade, hard cider)	11%	9%
Liquor with energy drinks (e.g. red bull)	7%	5%

Alcohol type: among alcohol users in the past 30 days, what did you drink:

Substance used	10 th Graders	
	11 country service area	Illinois
Beer from bottles or cans	46%	44%
Beer from a keg	6%	6%
Wine	36%	40%
Liquor (vodka, whisky, etc.)	62%	62%
Alcopops (wine coolers, hard lemonade, har cider)	43%	39%
Liquor with energy drinks (e.g. red bull)	25%	21%

Cigarettes: how frequently have you smoked cigarettes:

Substance used	10 th Graders	
	11 country service area	Illinois
One or more occasion:		
In the past 30 days	5%	1%
In the past year	5%	1%

Tobacco or vaping products: In the past year, on how many occasions (if any) have you: used any tobacco or vaping products including smokeless tobacco, tobacco smoked through cigarettes or cigars/cigarillos, e-cigarettes or a hookah water pipe?

Substance used	10 th Graders	
	11 country service area	Illinois
One or more occasions		
In the past year	30%	21%

Inhalants: on how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high:

Substance used	10 th Graders	
	11 country service area	Illinois
One or more occasions		
In the past year	3%	2%

Marijuana: on how many occasions (if any) have you used marijuana

Substance used	10 th Graders	
	11 county service area	Illinois
One or more occasions:		
In the past 30 days	16%	13%
In the past year	21%	19%

Marijuana method of use: Among users in the past 30 days, how have you used marijuana:

Substance used	10 th Graders	
	11 county service area	Illinois
Smoked it (in a joint, bong, pipe, blunt)	97%	89%
Vaporized it (e.g., vaper pen)	33%	53%
Ate it (in brownies, cakes, candy, etc.)	26%	38%
Consumed in some other way	18%	15%

Tobacco or vaping products other than cigarettes: during the past 30 days, how frequently have you used:

Substance used	10 th Graders	
	11 county service area	Illinois
One or more occasions:		
Smokeless tobacco such as chewing tobacco, snuff, dip, or snus	9%	2%
Smoked tobacco products other than cigarettes such as cigars, cigarillos, or little cigars	11%	4%
Used a hookah or water pipe	6%	6%
Used electronic cigarette (e-cigarettes)	26%	19%

Prescription drugs: Have you used prescription drugs not prescribed to you:

Substance used	10 th Graders	
	11 county service area	Illinois
Answered yes		
In the past 30 days	4%	3%
In the past year	7%	5%

Illicit Drugs: During the past 12 months, how often have you used:

Substance used	10 th Graders	
	11 country service area	Illinois
One or more occasions:		
MDMA (“ecstasy”)	1%	0%
LSD or other psychedelics	1%	1%
Cocaine or crack	0%	0%
Meth (methamphetamine)	0%	0%
Heroin	0%	0%

Prescription and over the counter drugs: During the past 12 months, how often have you used:

Substance used	10 th Graders	
	11 country service area	Illinois
One or more occasions:		
Prescription pain medicine without prescription or differently than prescribed	6%	5%
Prescription painkillers to get high (e.g., Oxycontin, Vicodin, Lortab, etc.)	3%	2%
Other prescription drugs to get high (e.g., Ritalin, Adderall, Xanax, etc.)	4%	4%
Something you bought in a store to get high (e.g., cough syrup, etc.)	4%	2%

Alcohol Consequences: During the past 12 months, how often have you experienced the following while or after drinking alcohol:

Consequences	10 th Graders	
	11 country service area	Illinois
One or more occasions:		
Performed poorly on a test or important project	3%	3%
Been in trouble with the police	3%	2%
Damaged property	4%	1%
Got into an argument or fight	7%	7%
Been hurt or injured	5%	4%
Been a victim of a violent crime	1%	1%
Been treated in a hospital Emergency Department	2%	1%

Substance use consequences: During the past 12 months:

Actions	10 th Graders	
	11 county service area	Illinois
Did you ever use alcohol or drugs to relax, feel better about yourself, or to fit in?	20%	15%
Did you ever use alcohol or drugs while you were by yourself, alone?	17%	12%
Did you ever forget things you did while using alcohol or drugs?	12%	10%
Did your family or friends ever tell you that you should cut down on your drinking or drug use?	7%	5%
Have you gotten into trouble while you were using alcohol or drugs?	5%	5%
Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	22%	16%
Experienced 2 or more consequences (indicating the potential need for substance abuse assessment according to the CRAFFT Screening Test)?	21%	16%

DUI: During the past 12 months, how many times did you drive a car or other vehicle when:

Actions	10 th Graders	
	11 county service area	Illinois
One or more occasions:		
You had been drinking alcohol	7%	4%
You had been using marijuana	9%	6%

Drug use contributing factors:

Personal disapproval: How wrong do you think it is for someone your age to:

Substance used	10 th Graders	
	11 county service area	Illinois
Very wrong or wrong:		
Drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin regularly)	65	71
Smoke cigarettes	79	90
Smoke marijuana	64	67
Use prescription drugs not prescribed to them	92	91

Perceptions of peer alcohol use: In the last 30 Days, what percentage of students at your school do you think have had beer, wine, or hard liquor:

Percentage of students	10 th graders	
	11 county service area	Illinois
0% of students	2%	3%
1-10 % of students	5%	6%
11-20% of students	7%	8%
21-30% of students	10%	11%
31-40% of students	11%	13%
41-50% of students	13%	13%
51-60% of students	13%	11%
61-70% of students	12%	11%
71-80% of students	14%	15%
81-90% of students	10%	7%
91-100% of students	4%	3%

Compared to:

	10 th Graders	
	11 county service area	Illinois
Actual past 30-day alcohol use reported	27%	23%

Perceptions of peer cigarette use: In the past 30 days, what percentage of students at your school do you think have smoked cigarettes:

Percentage of students	10 th Graders	
	11 county service area	Illinois
0% of students	2%	4%
1-10% of students	9%	21%
11-20% of students	12%	18%
21-30% of students	14%	16%
31-40% of students	14%	12%
41-50% of students	13%	10%
51-60% of students	11%	6%
61-70% of students	9%	5%
71-80% of students	10%	5%
81-90% of students	4%	2%
91-100% of students	3%	1%

Compared to:

	10 th Graders	
	11 county service area	Illinois
Actual past 30-day cigarette use reported	9%	2%

Perceptions of peer marijuana use: In the past 30 days what percentage of students at your school do you think have used marijuana:

Percentage of students	10 th Graders	
	11 county service area	Illinois
0% of students	3%	3%
1-10% of students	10%	8%
11-20% of students	10%	10%
21-30% of students	10%	11%
31-40% of students	10%	11%
41-50% of students	13%	11%
51-60% of students	9%	9%
61-70% of students	9%	10%
71-80% of students	11%	13%
81-90% of students	9%	10%
91-100% of students	6%	6%

Compared to:

	10 th Graders	
	11 county service area	Illinois
Actual past 30-day marijuana use reported	14%	13%

Perceived risk associated with use: How much do you think people risk harming themselves (physically or in some other way) if they:

Actions:	10 th Graders	
	11 county service area	Illinois
No risk and slight risk:		
Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day	30%	21%
Have five or more drinks of an alcoholic beverage once or twice a week	21%	17%
Smoke one or more packs of cigarettes a day	14%	14%

Use e-cigarettes or other vaping products	47%	41%
Smoke marijuana once or twice a week	44%	43%
Use prescription drugs not prescribed to them	11%	13%

Perceived risk associated with teen alcohol use: How much do you think people your age risk harming themselves (physically or in other ways) if they:

	10 th Graders	
No risk and slight risk:	11 county service area	Illinois
Use alcohol once or twice per month	39%	38%

Perceived peer norms: What are the chances you would be seen as cool if you:

	10 th Graders	
Some chance, pretty good chance, and very good chance:	11 county service area	Illinois
Began drinking alcohol regularly, that is, at least once or twice a month	42%	40%
Smoked cigarettes	22%	18%
Smoked marijuana	45%	50%

Perceived peer disapproval of use: How wrong do your friends feel it would be for you to:

	10 th Graders	
Very wrong, wrong, and a little bit wrong:	11 county service area	Illinois
Have one or two drinks of an alcoholic beverage nearly every day	84%	90%
Smoke tobacco	87%	94%
Smoke marijuana	75%	78%
Use prescription drugs not prescribed to you	93%	95%

Perceived parent disapproval of use: How wrong do your parents feel it would be for you to:

	10 th Graders	
A little bit wrong and not wrong at all:	11 county service area	Illinois
Drink beer, wine, or hard liquor (e.g., vodka, whisky, or gin) regularly (at least once or twice a month)	16%	14%
Have one or two drinks of an alcoholic beverage nearly every day	6%	3%
Smoke cigarettes	5%	2%
Smoke marijuana	12%	9%
Use prescription drugs not prescribed to you	3%	3%

Parent communication about drugs: In the past year, have your parents talked to you about:

	10 th Graders	
No and do not remember:	11 county service area	Illinois
Not using alcohol	42%	42%
Not using tobacco	45%	50%
Not using marijuana	45%	44%

In the past year, have you parents/guardians talked with you about not drinking and driving or riding with a drunk driver:

	10 th Grade	
	11 county service area	Illinois
Yes	78%	75%
No	22%	25%

Parent Alcohol Monitoring: Would you be caught by your parents if:

	10 th Graders	
Never:	11 county service area	Illinois
You drank some beer, wine, or liquor (e.g., vodka, whisky, or gin) without your parent’s permission	41	42
You go to a party where alcohol is served	42	43
You drank and drove	34	34
You rode in a car driven by a teen driver who had been drinking	39	41

Parent overall monitoring:

	10 th Graders	
Never:	11 county service area	Illinois
When I am not at home, one of my parents/guardians knows where I am and who I am with	20%	21%
My parents/guardians ask if I’ve gotten my homework done	27%	26%
Would your parents/guardians know if you did not come home on time	19%	21%

My family has clear rules about alcohol and drug use:

	10 th Graders	
	11 county service area	Illinois
Yes	86%	82%
No	14%	18%

Perceived access: If you wanted to get the following, how easy would it be for you to get some:

	10 th Graders	
	11 county service area	Illinois
Sort of easy and very easy:		
Beer, Wine, or hard liquor (e.g., Vodka, Whisky, or gin)	50%	49%
Cigarettes	50%	32%
Marijuana	48%	46%
Prescription drugs not prescribed to you	33%	31%

Perceived adult disapproval: How wrong would most adults (over 21) in your community think it is for your age:

	10 th Graders	
	11 county service area	Illinois
A little bit wrong and not wrong at all:		
To drink alcohol	37%	29%
To smoke cigarettes	27%	11%
To use marijuana	29%	22%

How safe do you feel in your neighborhood:

	10 th Graders	
	11 county service area	Illinois
Very safe	57%	57%
Sort of safe	32%	34%
Sort of unsafe	6%	6%
Very unsafe	5%	3%

Tobacco or vaping products supply source among all students: During the past year, did you get any tobacco or vaping products from the following sources:

	10 th Graders	
Yes:	11 county service area	Illinois
I bought them at a gas station or store or mall	8%	4%
I bought them from a vending machine	1%	0%
I gave a stranger money to buy them for me	4%	2%
A friend gave them to me	19%	13%
My older brother or sister gave them to me	5%	2%
My parent gave them to me	3%	1%
I took them from a store	1%	1%
I took them from home without my parents knowing it	4%	1%
Bought online	3%	2%

Tobacco or vaping products supply source type only among users: During the past year, did you get any tobacco or vaping products from the following sources:

	10 th Graders	
	11 county service area	Illinois
Any retail purchase	19%	21%
I bought them at a gas station or store or mall	25%	21%
I bought them from a vending machine	2%	1%
Bought them online	10%	10%
My parent gave them to me	8%	3%
Any social source (excluding parents)	47%	68%
A friend gave them to me	67%	65%
My older brother or sister gave them to me	41%	12%
I gave a stranger money to buy them for me	15%	12%
Stole or took without permission	13%	9%
I took them from home without my parents knowing it	13%	7%
I took them from a store	3%	3%

Tobacco or vaping products supply source only among underage users: During the past year, did you get any tobacco or vaping products from the following sources:

	10 th Graders	
	11 county service area	Illinois
Any retail source	25%	21%
I bought them at a gas station or store or mall	25%	21%
I bought them from a vending machine	2%	1%
Bought online	10%	10%
My parent gave them to me	8%	3%
Any social source (excluding parents)	69%	68%
A friend gave them to me	65%	65%
My older brother or sister gave them to me	16%	11%
I gave a stranger money to buy them for me	13%	12%
Stole or took without permission	13%	9%
I took them from home without my Parents knowing it	12%	7%
I took them from a store	3%	3%

Alcohol supply source among students: During the past year, How often did you usually get your own beer, wine, or liquor from the following sources:

	10 th Graders	
	11 county service area	Illinois
Sometimes and often:		
I bought it at a gas station or store	4%	4%
I bought it at a bar or restraint	2%	2%
I gave a stranger money to buy it for me	6%	4%
A friend gave it to me	23%	18%
My older brother or sister gave it to me	8%	8%
My parents WITH their permission	14%	15%
My parents WITHOUT their permission	11%	11%
An adult (other than my parents) WITH that adult's permission	12%	9%
An adult (other than my parents) WITHOUT that adult's permission	6%	5%
I took it from a store	2%	2%
I got it at a party	21%	17%

Alcohol source type only among alcohol users: During the past year, did you usually get your own beer, wine, or liquor from the following sources:

	10 th Graders	
	11 county service area	Illinois
Any retail source	10%	11%
I bought it at a bar or restraint	6%	6%
I bought it at a gas station or store	8%	9%
My parents WITH their permission	31%	39%
Any social source (excluding parents)	69%	63%
A friend gave it to me	53%	46%
I got it at a party	48%	43%
I gave a stranger money to buy it for me	14%	11%
My older brother or sister gave it to me	19%	18%
An adult (other than my parents) WITH that adult's permission	27%	23%
Stole or took without permission	29%	32%
I took it from a store	5%	6%
My parents WITHOUT their permission	25%	28%
An adult (other than my parents) WITHOUT that adults permission	13%	13%

Marijuana supply source among all students: In the past year. Did you get your own marijuana from any of the following sources:

Yes:	10 th Graders	
	11 county service area	Illinois
A friend gave it to me	16%	15%
My parents WITH their permission	3%	1%
My parents WITHOUT their permission	3%	3%
My older brother or sister gave to me	4%	3%
I bought it from someone who sells drugs	10%	9%
An adult (other than my parents) WITH that adult's permission	4%	2%
I took it from someone else's home	1%	1%
I gave a stranger money to buy it for me	1%	1%

Marijuana source type only among marijuana users: In the past year, did you get your own marijuana from any of the following sources:

	10 th Graders	
	11 county service area	Illinois
Bought it from someone	46%	47%
I bought it from someone who sells drugs	46%	47%
I gave a stranger money to buy it for me	7%	6%
Someone gave it to me	78%	80%
A friend gave it to me	75%	75%
My parents WITH their permission	13%	7%
My older brother or sister gave it to me	18%	16%
An adult other than my parents WITH that adult's permission	17%	11%
I took it from somewhere	19%	16%
My parents WITHOUT their permission	16%	14%
I took it from some else's home	7%	5%

Prescription drug source type among all students: In the past year, did you get prescription drugs not prescribed to you from any of the following sources:

Yes:	10 th Graders	
	11 county service area	Illinois
I bought them from someone (friend, relative, stranger, etc.)	2%	2%
I took them from home without the knowledge of my parents/guardians	2%	1%
I took them from someone else's home	1%	0%
My parents gave them to me	2%	1%
Someone other than my parents gave them to me (friend, relative, friends parents, etc.)	2%	2%

Prescription drug source type only among prescription drug users: In the past year, did you get prescription drugs not prescribed to you from any of the following sources:

	10 th Graders	
	11 county service area	Illinois
I bought them from someone (friend, relative, stranger, etc.)	30%	38%
Someone gave them to me	58%	56%
My parents gave them to me	30%	26%
Someone other than my parents gave them to me (friend, relative, friends parents, etc.)	35%	38%
I took them from somewhere	27%	25%
I took them from home without the knowledge of my parents/guardians	26%	21%
I took them from someone else's home	10%	9%

Interpersonal conflict, violence and delinquency:

Delinquency: how many times in the past year (12 months) have you:

	10 th Graders	
One or more times:	11 county service area	Illinois
Been in a physical fight	24%	18%
Carried a weapon such as a handgun, knife or club	20%	10%
Sold illegal drugs	5%	4%
Been drunk or high at school	10%	8%

Bullying experiences: during the past 12 months, has another student at school:

	10 th Graders	
	11 county service area	Illinois
Bullied you by calling you names	32%	23%
Threatened to hurt you	21%	14%
Bullied you by hitting, punching, kicking, or pushing you	11%	8%
Bullied, harassed or spread rumors about you on the internet through text messages	28%	19%
Ever bullied (reported at least 1 type of bullying)	42%	31%
Intensely bullied (reported all types of bullying)	7%	5%

Bias-based bullying: In the past 12 months at school, how often have you been bullied, harassed, or made fun of because:

	10 th Graders	
One or more times:	11 county service area	Illinois
What someone assumed about your religion, sexual orientation, or race/ethnicity	19%	17%
Your appearance or a disability	27%	22%

Dating violence: During the past 12 months, have any of the following been done by someone in a dating relationship with you:

	10 th Graders	
Yes:	11 county service area	Illinois
Slapped, kicked, punched, hit, or threatened you	7%	5%
Put you down or tried to control you	20%	11%

Academic and school experiences:

School absences: About how many days are you absent from school during an entire year:

	10 th Graders	
	11 county service area	Illinois
0-9 days	86%	81%
10-19 days	11%	14%
20-30 days	2%	3%
More than 30 days	1%	1%

Activities and opportunities: In which of the following activities do you participate:

	10 th Graders	
	11 county service area	Illinois
School sports team	56%	56%
Other sports	33%	41%
School clubs	61%	50%
Service clubs or volunteer projects (e.g., Scouting, 4H)	28%	32%

Other activity clubs (e.g., Boys & Girls, YMCA. etc.)	13%	17%
Church youth group or other faith-based youth group	41%	33%
Youth drug prevention leadership group	3%	2%

Activities and opportunities: Participate in activities:

	10 th Graders	
	11 county service area	Illinois
0 activities	17%	16%
1 activity	23%	23%
2 or more activities	60%	61%

Activities and opportunities: On the average over the school year, how many hours per week do you work in a paid or unpaid job:

	10 th Graders	
	11 county service area	Illinois
None	64%	67%
5 or less hours	12%	12%
6 to 10 hours	9%	8%
11 to 15 hours	5%	4%
16 to 20 hours	4%	3%
21 to 25 hours	3%	2%
26 to 30 hours	1%	1%
More than 30 hours	3%	3%

Activities and opportunities: Participation in activities and/or work:

	10 th Graders	
	11 county service area	Illinois
No activities and no work	12	12
No activities but work	5	4
At least one activity but no work	52	55
At least one activity and work	31	29

Academic achievement: Putting it all together, what were your grades like for the last year:

	10 th Graders	
	11 county service area	Illinois
Mostly A	26%	23%
Mostly A and B	39%	39%
Mostly B	5%	7%
Mostly B and C	17%	19%
Mostly C	4%	4%
Mostly C and D	6%	6%
Mostly D	1%	1%
Mostly F	1%	1%

Academic expectations: How likely is it that you will complete a post high school program such as vocational training program, military service, community college, or 4-year collage:

	10 th Graders	
	11 county service area	Illinois
Definitely will not	4%	5%
Probably will not	5%	5%
Probably will	27%	22%
Definitely will	48%	55%
Not sure	16%	13%

School climate/caring adults: At my school, there is a teacher or some other adult:

Not at all true:	10 th Graders	
	11 county service area	Illinois
Who really cares about me	10%	11%
Who notices when I am not there	13%	12%
Who listens to me when I have something to say	11%	10%
Who notices if I have trouble learning something	17%	16%

School climate/high expectations: At my school, there is a teacher or some other adult:

	10 th Graders	
Not at all true:	11 county service area	Illinois
Who tells me when I do a good job	14%	13%
Who always wants me to do my best	9%	9%
Who believes I will be a success	12%	11%
Who encourages me to work hard in school	12%	11%

School climate/meaningful participation: How true are the following statements:

	10 th Graders	
Not at all true:	11 county service area	Illinois
At school I do interesting activities	23%	21%
At school, I help decide things like class activities or rules	47%	44%
At school, I do things that make a difference	36%	35%

School climate/school connectedness: How strongly do you agree or disagree with the following statements about your school:

	10 th Graders	
Strongly disagree and disagree:	11 county service area	Illinois
I feel close to people at this school	21%	19%
I am happy to be at this school	26%	23%
I feel safe in my school	17%	17%
The teachers at this school treat students fairly	28%	24%

During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school:

	10 th Graders	
	11 county service area	Illinois
0 days	89%	88%
1 day	5%	6%
2 or 3 days	3%	3%
4 or 5 days	1%	1%
6 or more days	2%	1%

**Mental, social and physical health:
During the past 12 months did you ever:**

	10 th Graders	
	11 county service area	Illinois
Seriously consider attempting suicide	23%	16%
Feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities	40%	35%

Is there an adult you know (other than your parent) you could talk to about important things in your life:

	10 th Graders	
	11 county service area	Illinois
No	14%	15%
Yes, one adult	19%	21%
Yes, more than one adult	66%	65%

BMI (Body Mass Index) categories based on CDC guidelines:

	10 th Graders	
	11 county service area	Illinois
Underweight	2%	2%
Healthy Weight	64%	72%
Overweight	19%	16%
Obese	15%	10%

During the past 7 days. On how many days did you eat dinner at home with at least one of your parents or guardians:

	10 Graders	
	11 county service area	Illinois
Never	9%	9%
1 day	4%	4%
2 days	8%	6%
3 days	10%	9%
4 days	10%	9%
5 days	17%	17%
6 days	9%	11%
7 days	35%	35%

During the past 7 days, how many times did you:

	10 th Graders	
	11 county service area	Illinois
Less than once per day:		
Eat fruit	64%	53%
Eat vegetables	65%	59%

During the past 30 days, how often did you go hungry because there was not enough food at home:

	10 th Graders	
	11 county service area	Illinois
Never	73%	66%
Rarely	17%	21%
Sometimes	8%	10%
Most of the time	1%	2%
Always	1%	1%

Sedentary activity, TV watching behavior: On an average school day, how many hours do you watch TV:

	10 th Graders	
	11 county service area	Illinois
I do not watch TV on an average school day	22%	27%
Less than 1 hour per day	23%	22%
1 hour per day	14%	16%
2 hours per day	18%	17%
3 hours per day	10%	10%
4 hours per day	5%	4%
5 or more hours per day	7%	5%

Sedentary activity, screen time: On an average school day, how many hours do you play video or computer games or use a computer for something that is not schoolwork:

	10 th Graders	
	11 county service area	Illinois
I do not play video or computer games or use a computer for something that is not schoolwork on an average day	13%	14%
1 hour or less per day	15%	17%
2 hours per day	16%	18%
3 hours per day	17%	17%
4 hours per day	12%	12%
5 or more hours per day	29%	22%

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day

	10 th Graders	
	11 county service area	Illinois
0 days	10%	10%
1 day	5%	6%
2 days	8%	9%
3 days	11%	12%
4 days	8%	10%
5 days	19%	17%
6 days	10%	12%
7 days	30%	25%

G:\Community Services\CHNA_Community Hlth Needs Assess\2021 CHNA\2021 CHNA DOCUMENTS - USE THIS FOLDER\2021 CHNA DOCUMENTS - USE THIS FOLDER\App 7 _YS 2018 - 11 counties vs Illinois Data.docx

APPENDIX 8

Analysis of Existing Community Health Plans

Crosswalk – SIH CHNA, QHP/PHO, HSIDN, IPLANs, PCMH, SHIP (Last updated 3.24.2021)

<p>SIH Community Health Needs Assessment – 2018</p> <p>*SIH conducted its 3rd assessment in 2018 as part of the Patient Protection and Affordable Care Act of 2010, which required nonprofit 501(B)3 hospitals to perform a CHNA every three years.</p> <p>Source: SIH 2018 CHNA</p>	<p>HMC (Harrisburg Medical Center) Community Health Needs Assessment – 2019</p> <p>*HMC conducted its 3rd assessment in 2019 as part of the Patient Protection and Affordable Care Act of 2010, which required nonprofit 501(B)3 hospitals to perform a CHNA every three years.</p> <p>Source: HMC 2019 CHNA</p>	<p>QHP/ PHO (Quality Health Partners/ Physician Hospital Organization) Goals/Measures 2021/2022</p> <p>Source: J. Heitler, 3.2021</p>	<p>Outpatient Care Coordination Services Goals for all Recognized Sites, such as Center for Medical Arts, Logan Program Care, etc.</p> <p>Source: C. Harte, 2.15.2021.</p>	<p>CMS Inpatient Measures 2021</p> <p>Source: L. Torres, 2.9.2021</p>	<p>CMS Outpatient Measures 2021</p> <p>Source: L. Torres, 2.9.2021</p>	<p>2021 SIH Medical Group Areas of Focus</p> <p>Source: from Crisley Fenton 3.22.21</p>	<p>Federally Qualified Health Centers (FQHC) Cross-Reference of Clinical Programs - includes information including clinical quality measures, MU (meaningful use), PCMH measures, UDS (Uniform Data System) HRSA – Bureau of Primary Care, QHP, and IHC (Illinois HealthConnect)</p> <p>*= in 5 or more guidelines</p> <p>Source: N. Caskey, 2.2021.</p>	<p>Healthy Southern Illinois Delta Network (HSIDN) Goals (2020-2025)</p> <p>* The HSIDN is a network of partners including LHD, SIH, SIU/SQM CRHSS and others in the lower 16 counties of IL that work together with their healthy communities' coalitions to improve health.</p> <p>Source: A. Bailey, 1.29.2021.</p>	<p>Illinois Project for the Local Assessment of Needs (IPLANs) – Local Health Departments</p> <p>* IPLAN is a series of planning activities conducted within the local health department jurisdiction. Certified local health departments in Illinois have engaged in this planning process every five years since 1994</p> <p>Source: LHD Administrators.</p>	<p>Healthy Illinois 2021 - SHIP (Illinois State Health Improvement Plan)</p> <p>* plan developed by the Illinois Department of Public Health in conjunction with Community Health Communities</p> <p>http://www.healthychcommunities.org/illinois.gov/documents/SHIP-FINAL.pdf</p>
<ul style="list-style-type: none"> Behavioral health (mental health and substance misuse) Cancer – lung, breast, colorectal, oral cavity and pharynx, and melanoma of the skin Chronic disease prevention, management, and treatment with a focus on cardiovascular disease, stroke, and diabetes Improving health behaviors by reducing overweight/obesity and tobacco use Reduce Barriers to Health/Healthcare 	<ul style="list-style-type: none"> Cancer Heart Disease Stroke Substance Abuse 	<p>Registry measures (PCP):</p> <ul style="list-style-type: none"> IVD: BP control, Flu vaccine, LDL screening and control (<100), Smoking Cessation, and Aspirin Use Cancer Screening: Breast, Colorectal, and new item- Cervical will become a bonus measure soon CCPD: Flu vaccine, Pneumonia vaccine, Smoking Cessation, Spirometry Test (to diagnose) Diabetes: BP Control (<140/90), Eye and Foot Exams (not bonus measure at this time, but our BCBS ACO is also looking at Eye Exam now), Flu Vaccine, A1c Screening and Poor Control (>9) and Well Control (<8), LDL screening and control (<100), Nephropathy Screening, and Smoking Cessation Asthma: Flu Vaccine and Smoking Cessation 	<p>Knowing and Managing Your Patients</p> <ul style="list-style-type: none"> Assessments; depression, BH, Oral health, SDOH Health Reminders Medication mgmt. Educational Handouts given at patient visit List of community resources available for patients <p>Patient-Centered Access & Continuity</p> <ul style="list-style-type: none"> Same Day Appointments Clinical Advice through Portal Clinical Advice during after hours Virtual provider visits <p>Care Management and Support</p> <ul style="list-style-type: none"> Chronic care management and preventative care management (diabetes, hypertension, hyperlipidemia, mammograms, colonoscopies) 	<p><u>IQR Core Measures</u></p> <ul style="list-style-type: none"> Sepsis OB – Elective Delivery Healthcare – Associated Infection Influenza Vaccination Coverage Among Healthcare Personnel <u>Electronic Clinical Quality Measures</u> Admit Decision Time to ED Departure Time for Admitted Patients Exclusive Breast Milk Feeding Discharged on Antithrombotic Therapy Anticoagulation Therapy by the End of Hospital Day Two Discharged on Statin Medication Venous Thromboembolism Prophylaxis Intensive Care Unit Venous Thromboembolism Prophylaxis <p><u>Patient Experience of Care Survey</u></p>	<p><u>OQR Core Measures</u></p> <ul style="list-style-type: none"> Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival Median Time to Transfer to Another Facility for Acute Coronary Intervention Median Time from ED Arrival to ED Department for Discharged ED Patients Head CT or MRI Scan Results for Stroke Patients who Received Head CT or MRI Scan interpretation Within 45 Minutes of ED arrival Other OQR Measures MRI Lumbar Spine for Low Back Pain Abdomen CT – Use of Contrast Material Cardiac Imaging for Preoperative 	<ol style="list-style-type: none"> Breast cancer screening Colorectal cancer screening Controlling High Blood Pressure Diabetes – HbA1c: poor control: Less than 9 Falls: Screening for future fall risk Anti-depressant medication management Pneumococcal vaccination status for older adults 	<ol style="list-style-type: none"> Track & Coordinate Patient Care Plan & Manage Patient Care Perinatal Health Outcomes <ul style="list-style-type: none"> access to prenatal care low birth weight Preventative Health Screenings and Services <ul style="list-style-type: none"> BP weight tobacco screening, assessment and cessation Pneumonia vaccine colorectal cancer screening depression depression readmission/screening cervical cancer screening childhood immunizations Hep B HIV testing Influenza vaccine dental sealants and treatment mammogram Chronic Disease Management 	<ol style="list-style-type: none"> Improve mental health through prevention and by ensuring access to appropriate, quality mental health services in southern Illinois. Reduce the number of new cancer cases as well as illness, disability, and death caused by cancer in southern Illinois. Promote health and reduce chronic disease risk through the consumption of healthful diets and achievements and maintenance of healthy body weights in southern Illinois Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and 	<p>Southern Seven (2020-2024)</p> <ol style="list-style-type: none"> Chronic Disease – which includes cardiovascular, diabetes, and metabolic syndrome as it relates to obesity Cancer Behavioral Health, which includes both mental health disorders and substance use disorders <p>Jackson County (2020-2024)</p> <ol style="list-style-type: none"> Address behavioral health including mental health and substance abuse Impact cardiovascular health including heart disease, stroke, nutrition, physical activity, and obesity Improve access to care including availability of services <p>Perry County (2017-2022)</p> <ol style="list-style-type: none"> Diabetes Mental Health Heart Disease <p>Egyptian (2017-2022)</p> <ol style="list-style-type: none"> Cancer (lung, colorectal & breast) 	<ul style="list-style-type: none"> Behavioral Health Chronic Disease Maternal and Child Health

	<p><u>Specialty measures:</u> dependent on provider's specialty, but most include two wellness measures: BP Measured and Smoking Assessment. Others include avoidance of Brain & Sinus CT during ER visit, E-prescribe, Stroke: Anti-Coag or Statin Therapy Recommended, Lipid Profile for Adult Kidney Disease, and ASA to AMI upon ER Arrival. There are others which are very specific to the specialty.</p> <p><u>New measures under consideration by the QHP Clinical Committee at this time:</u> Initiation & Engagement of Alcohol and Other Drug Abuse Treatment, Follow-up after Hospitalization for Mental Illness, Adult BMI Assessment, Adolescent Immunizations, and Prenatal and Postpartum Care. NOTE: we are currently investigating feasibility for gathering the data we need to quantify these measures.</p> <p>Additional efforts: Rebuilding a new registry software, working to educate providers for risk contracting competencies through a new series of reports that started in February, which are individual provider 'performance' reports. These reports include cost efficiency data for the first time, so we are very excited about the potential impact of this education effort.</p>	<ul style="list-style-type: none"> Utilization of QHP Registry to identify patients lacking chronic & preventative care services. <p>Care Coordination and Care Transitions</p> <ul style="list-style-type: none"> Transitional care management services for patients discharged from SNF or hospital facility (coming FY22) Monitoring of Referrals being completed timely Flagging of labs and Imaging Timely notification to patients of results. <p>Performance Measurement and Quality Improvement (QI)</p> <ul style="list-style-type: none"> Utilization of Press Ganey Surveys Payer ACO participation to reduce annual spend Utilization of QHP Reports to measure progress of Chronic & Preventative Measures 	<ul style="list-style-type: none"> Hospital Consumer Assessment of Healthcare Providers and System Survey <p><u>Claims-Based Patient Safety</u></p> <ul style="list-style-type: none"> Hip/Knee Complications CMS Death Rate Among Surgical Inpatients with Serious Treatable Complications <p><u>Claims-Based Mortality Outcome</u></p> <ul style="list-style-type: none"> Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke <p><u>Claims-Based Coordination of Care</u></p> <ul style="list-style-type: none"> Hospital-Wide All-Cause Unplanned Readmission Measure Excess Days in Acute Care after Hospitalization for Acute Myocardial Infarction Excess Days in Acute Care after Hospitalization for Heart Failure Excess Days in Acute Care after Hospitalization for Pneumonia <p><u>Claims-Based Payment</u></p> <ul style="list-style-type: none"> Acute Myocardial Infarction Payment Heart Failure Payment Pneumonia Payment Total Hip Arthroplasty and/or Total Knee Arthroplasty Payment 	<p>Risk Assessment for Non-Cardiac LowRisk Surgery</p> <ul style="list-style-type: none"> Left Without Being Seen Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients Cataracts – Improvement in Patient's Visual Function Within 90 Days Following Cataract Surgery Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy Hospital Visits after Hospital Outpatient Surgery 		<ul style="list-style-type: none"> asthma Cholesterol treatment BP control heart attack/stroke treatment HIV linkage to care diabetes COPD adult kidney disease <p>6. Acute Disease Management</p> <ul style="list-style-type: none"> Avoidance of inappropriate use of systemic antimicrobials for otitis media externa (ear infections) systemic corticosteroids inappropriate use (asthma) <p>7. Electronic Records</p> <ul style="list-style-type: none"> CPOE medication Electronic Prescribing 	<p>strokes' prevention of repeat cardiovascular events; and reduction in deaths from cardiovascular disease in southern Illinois</p>	<ol style="list-style-type: none"> Heart Disease Substance Abuse Diabetes <p>Franklin-Williamson (2017-2022)</p> <ol style="list-style-type: none"> Chronic Disease: Heart Disease, Respiratory Disease, Diabetes, and Cancer Focus Behavioral Health: Substance Abuse Focus Obesity <p><i>Note: Not none of our 7 targeted counties, but in lower 16</i></p> <p>Randolph Co HD (2017-2022)</p> <ol style="list-style-type: none"> Substance abuse including impact on motor vehicle crashes Mental illness including impact on suicide Lung/bronchus/oral/pharynx cancers 	
--	---	---	---	---	--	--	--	---	--



**Secondary Analysis of Existing Community Health Plans:
Determination of Health Issues Addressed in Plans**

Issues	Chronic Disease prevention and Mgmt., Care Coordination (Diabetes, CHF, COPD, High BP, asthma, HIV, Kidney Disease)	Diabetes	Cardiovascular disease, stroke, and related issues (heart failure, ischemic vascular disease)	Obesity/Overweight	Cancer (lung & bronchus, breast, colorectal, ovarian) and prostate, and melanoma of the skin	Tobacco use/Cessation	Health Barriers/Access to Health Services	Quality & Effectiveness of Care (J.M.I. CHF, Pneumonia, steroid avoidance, HIV and hepatitis, perioperative care)	Patient Safety/Quality (various and reduce unnecessary ED visits and hospitalizations and readmissions)	Mental/Behavioral Health	Oral/ Dental Health	Immunizations	Disparities/ Vulnerable populations	Substance Abuse/ Prescription Misuse	Unintentional injury	Time from Arrival to ED/Transfer Time	Kidney Disease	Social Determinates Related	Perinatal/ Neonatology	Maternital/ Child Health
SIH CHNA 2018	X	X	X	X	X	X	X			X				X						
HMC CHNA 2018			X		X									X						
Quality Health Partners/ PHC	X	X	X	X	X	X				X		X		X			X		X	X
Outpatient Care Coordination Services Goals for all Recognized Sites	X	X								X	X							X		
CMS Inpatient Measures 2021			X					X	X			X				X				X
CMS Outpatient Measures 2021								X	X							X				
SIH MG PQRS Measures and Domains	X	X	X		X					X		X								
FQHC - clinical Programs	X	X	X	X	X	X		X	X	X	X	X		X			X		X	
HSIDM 2020-2021		X	X	X	X		X			X										
Egyptian HD-IPLAN		X	X	X	X									X						
PfW BiCo HD-IPLAN	X	X	X	X	X									X						
Jackson County HD-IPLAN			X	X			X			X				X						
Perry County HD-IPLAN		X	X							X										
Southern State HD-IPLAN	X	X	X		X					X				X						
Illinois State Health Improvement Plan 2021	X									X										X
Totals	8	9	12	6	9	8	8	8	8	10	2	4	0	8	0	2	2	1	2	8
* Not in SIH targeted counties: Randolph Co. HD-IPLAN					X					X				X						

Sources:
 SIH 2018 SIH Community Health Needs Assessment – Executive Summary.
 HMC 2019 HMC Community Health Needs Assessment – Executive Summary
 PHO/QHP Initiatives and 2021/2022 measures and targets, J. Hertler, 3.2021.
 Outpatient Care Coordination Services Standards and Guidelines, C. Harte, 2.15.2021
 CMS Core Measures (2021) – Measures for hospitals – L. Torres, 2.9.21
 2021 SIH Medical Group Areas of Focus, C. Fenton 3.22.21
 FQHC’s clinical measures, N. Caskey Shawnee Health Services, 2.2021
 HSIDM fact sheet, A. Bailey, 1.29.2021
 IPLANS – Obtained from LHD Administrators, Health Educator Directors and Websites.
 SHIP website. Healthy Illinois 2021. State Health Improvement Plan. <http://www.healthycommunities.illinois.gov/documents/SHIP-FINAL.pdf>



Appendix 9

List of Indicators for SIH Community Health Needs Assessment (CHNA)

	<i>Measure</i>	<i>Data Source</i>	<i>Years of Data</i>
DEMOGRAPHICS			
	Population, race/ethnicity, age, gender, geography, economy	SIH Market Area Demographics – Stabilized Growth & Significant Growth, Hospital Industry Data Truven Health Analytics US Census Bureau State & County QuickFacts U.S. Census Bureau, Redistricting Data (public Law 94-171) Summary File, Tables P1 and H1 U.S. Census Bureau, People QuickFacts, Census U.S. Census Bureau, American Community Survey	2020 2020 2019 2019 2019 2015-2019
HEALTH OUTCOMES			
Mortality	Premature death (YPLL)	Illinois County Health Rankings	2021
	Leading Causes of death	IDPH Causes of Death by Resident County 2015 – 2019	2018
	Mortality Rates – Cancer, Suicide, Diseases of the Heart, Cerebrovascular Diseases, Diabetes, Stroke, Accident, Motor Vehicle Crash, Pedestrian Motor Vehicle, Deaths of Despair, Firearm	CDC National Vital Statistics System; National Institute of Health, National Cancer Institute State Cancer Profiles Illinois County Behavioral Risk Factor Surveillance System US Department of Transportation, NHTSA, Fatality Analysis Reporting System	2015 - 2019 2015-2019 2015-2019 2019 2015-2019
	Unintentional injury, Suicide	CDC Wonder	2010-2014
	Infant mortality	CDC, National Vital Statistics System IDPH Infant Deaths and Mortality Rate	2013-2019 2015-2016
	Opioid Drug Mortality	CDC National Vital Statistics System IDPH Semi-Annual Opioid Report	2015 – 2019 2020
Morbidity/ Health Status	General health status	University of Wisconsin Population Health County Health Rankings Illinois County Behavioral Risk Factor Surveillance System	2021 2013 – 2019 2015-2019
	Diabetes (Adults)	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion Illinois County Behavioral Risk Factor Survey	2017 2015-2019
	Diabetes (Medicare Population)	Centers for Medicare and Medicaid Services	2018
	Cancer Incidence Rates – All, colorectum, breast, lung & bronchus, oral cavity, & pharynx, melanoma of the skin, prostate, uterus, leukemia	National Institutes of Health, National Cancer Institute State Cancer Profiles	2014-2018
	Poor or fair mental health Students felt sad or hopeless	Illinois County Behavioral Risk Factor Surveillance System Illinois Youth Survey	2015 – 2019 2018
		Centers for Medicare and Medicaid Services	2018
	Depression (Adults)	Illinois County Behavioral Risk Factor Surveillance Survey	2015 - 2019
	Heart Disease (Adult)	Centers for Disease Control and Prevention, BRFSS via 500 Cities Data Portal Illinois County Behavioral Risk Factor Surveillance System	2017 2015 - 2019
	Heart Disease (Medicare Population)	Center for Medicare and Medicaid Services	2018
	High Blood Pressure (Adult)	CDC, Behavioral Risk Factor Surveillance System, 500 Cities Data Portal Illinois County Behavioral Risk Factor Surveillance System	2017 2015-2019
	High Blood Pressure (Medicare Population)	Centers for Medicare and Medicaid Services	2018

	Measure	Data Source	Years of Data
	Told by doctor high blood pressure	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019
	High Cholesterol (Adult)	CDC, Behavioral Risk Factor Surveillance System, 500 Cities Data Portal Illinois Behavioral Risk Factor Survey	2017 2015 - 2019
	High Cholesterol (Medicare Population)	Centers for Medicare and Medicaid Services (CMS) Geographic Variation Public Use File	2018
	HIV/AIDS Status	CDC, National Center for HIV/AIDS	2018
	Poor physical health days	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019
	Poor mental health days	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019
	Low birth weight	University of Wisconsin, Population Health Institute, County Health Rankings	2013-2019, 2021
	Influenza and Pneumonia	Illinois County Behavioral Risk Factor Surveillance System	2015
HEALTH FACTORS			
SYSTEMS (CLINICAL CARE)			
Access to Care	SIH Insurance Coverage Estimates	SIH internal system data, IHA Comp data Annual Hospital Questionnaire Data	2020
	Inpatient Days and Principal Diagnosis of ED Patients with 5+ Visits	SIH/HMC Internal system data	2020 2020/2021
	Primary Care Providers, Mental Health Providers, Dentists	US Department of Health and Human Services, HRSA Health Professional Shortage Areas and Area Health Resource File County Health Rankings CMS, National Plan and Provider Enumeration System 2021	2021, 2015 2021, 2017
	Depression (Medicare Population)	Centers for Medicare and Medicaid Services	2018
	Depression (Adults)	Illinois Behavioral Risk Factor Surveillance Survey	2015 - 2019
	Consider Suicide, Depression (Youth)	Illinois Youth Survey	2018
	Did not see due to cost in last 12 months	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019
	Have any kind of health care coverage	Illinois County Behavioral Risk Factor Surveillance System	2015 – 2019
	Last routine checkup	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019
	Usual healthcare provider	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019
	Uninsured	US Census Bureau American Community Survey	2019 2015-2019
	Last dental visit/cleaning	Illinois County Behavioral Risk Factor Surveillance System, CDC, Behavioral Risk Factor Surveillance System, 500 Cities Data Portal	2015 - 2019 2018
	Medicaid	U.S. Census Bureau, American Community Survey	2015 - 2019
	Community Need Index (Dignity Health)/Medically Underserved Areas/Health Provider Shortage Areas	U.S. Department of Health and Human Services, Health Resources and Services Administration, Health Professional Shortage Areas Database	2021
Transportation	Transportation Needs	SIH Internal System Data	2021
	Use of Public Transportation to Work	U.S. Census Bureau, American Community Survey	2015 – 2019
Disparities	Community Need Index (CNI)	Dignity Health	2021
Quality of Care	Preventable hospital stays for ambulatory sensitive conditions	County Health Rankings, Dartmouth College Institute for Health Policy Clinical Practice	2014

	Measure	Data Source	Years of Data
	Diabetes Management (A1C Test)	Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Healthcare	2017
	Mammography screening	Illinois County Health Rankings Illinois County Behavioral Risk Factor Surveillance System	2018 2015 - 2019
	Colorectal cancer screening	CDC, Behavioral Risk Factor Surveillance System, 500 Cities Data Portal	2018
	Mammogram in past two years	CDC, State Cancer Profiles (2008 – 2010), Behavioral Health Risk Factor Surveillance System, 500 Cities Data Portal	2018
	Remission (30 Day) – All Causes (Mediocre)	CMS, Geographic Variation Public Use File	2018
	Mammograms (Medicare enrolled)	CMS< Mapping Medicare Disparities Tool	2017
	Last Colonoscopy or Sigmoidoscopy	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019
	Home-based FOBT in Past two years or ever had colorectal endoscopy	State Cancer Profiles, NIH	2008-2010
	Had a pap in past 3 years, no Hysterectomy	State Cancer Profiles, NIH	2008-2010
	Immunizations, Influenza, Pneumonia vaccine	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019
	Inpatient 30-day readmit with exclusions-ICD Diagnosis (FY21)	HMC/SIH	2020-2021
SOCIOECONOMIC FACTORS			
Education	High school graduation percent	U.S. Census Bureau, American Community Survey	2015 - 2019
	Local high school graduation rates	Illinois State Board of Education, School Report Cards, US Department of Education	2020 2014-2015
	Associate’s, Bachelor’s degree or higher	U.S. Census Bureau, American Community Survey	2015 - 2019
	Student Reading Proficiency	U.S. Department of Education, ED Facts	2018-2019
Employment	Unemployment	US Department of Labor, Bureau of Labor Statistics Illinois Department of Employment Security, October	2021 2021
	Labor Force Participation	US Census Bureau, American Community Survey	2015-2019
Income	Median family income Median household income People living below poverty Children below poverty Families earning above \$75,000 Public assistance income Average public assistance funds received	U.S. Census Bureau, People QuickFacts U.S. Census Bureau, American Community Survey	2015-2019
Housing	Assisted Housing/HUD Programs	US Census Bureau, American Community Survey	2019
	Housing Unit Age	US Census Bureau, American Community Survey	2015 - 2019
Food Assistance/Insecurity	Student eligible for free/reduced priced lunches	National Center for Education Statistics, NCES Common Care of Data	2018-2019
Food Insecurity	Population/Households receiving SNAP Supplemental Nutrition Assistance Program (SNAP) benefits, food insecure	US Census Bureau, American Community Survey, Feeding America	2015-2019 2017
PHYSICAL ENVIRONMENT			
Built Environment	Low food access	USDA Food Access Research Atlas	2019
	Food Environment Index	University of Wisconsin Population Health, Illinois County Health Rankings	2021
	Food Deserts	US Department of Agriculture, Food Access Research Atlas	2019
	Grocery Stores	US Census Bureau, County Business Patterns	2019

	Measure	Data Source	Years of Data
	Access to exercise opportunities	University of Wisconsin Population Health, Illinois County Health Rankings	2021
	Recreation and fitness facility access	US Census Bureau, County Business Patterns	2019
	Community Design Park Access	CDC National Environmental Public Health Tracking Network	2015
Air Quality	Air quality particulate matter days	CDC National Environmental Public Health Tracking Networks	2016
	Air quality ozone days	CDC National Environmental Public Health Tracking Networks	2015
Community Safety	Violent Crimes	FBI, FBI Uniform Crime Reports	2014, 2016
HEALTH BEHAVIORS			
Alcohol, Tobacco & Other Drugs	Binge/Excessive drinking (Adults)	CDC, Illinois County Behavioral Risk Factor Surveillance System, University of Wisconsin, Population Health, County Health Rankings, 500 Cities Data Portal	2018 2021
	Alcohol – Expenditures	Nielsen, Nielsen Site Reports	2014
	Alcohol Consumption (Adults)	Illinois County, Behavioral Risk Factor Survey	2015 – 2019
	Alcohol Consumption (Adolescents)	Illinois Youth Survey	2018
	Substance Abuse Related Hospital Visits	SIH Internal data system	2017-2018
	E-Cigarettes (Adults)	Illinois County Behavioral Risk Factor Survey)	2015-2019
	E-Cigarettes (Adolescents)	Illinois Youth Risk Survey	2018
	Smoking (Adults)	CDC, Illinois County Behavioral Risk Factor Survey, 500 Cities Data Portal	2015 - 2018
	Adolescent Substance Abuse	Illinois Youth Survey	2018
	Smoking (Adolescents)	Illinois Youth Survey	2018
	Smokeless Tobacco Use (Adults)	Illinois County Behavioral Risk Factor Survey	2015 - 2019
	Opioids (Greater than 90 MME Prescriptions)	Illinois Department of Public Health, Illinois Opioid Dashboard	2018
	Motor Vehicle Crash, pedestrian motor vehicle crash	Centers for Disease Control and Prevention, National Vital Statistics System, CDC Wonder, Community Commons	2010-2014
	Youth self-inflicted injury hospitalizations	IDPH Preventing Chronic Disease: Public Health Research, Practice, and Policy, v 11, E197	November 2014
	Youth & Young Adult Inpatient and Outpatient Self-Inflicted Injury	IDPH, Illinois Hospital Discharge	2009-2012
Overweight/Obesity	Adult obesity/Overweight	CDC, National Center for Chronic Disease Prevention and Health Promotion Illinois County Behavioral Risk Factor Surveillance System	2017 2019
	Childhood obesity	Illinois Youth Survey	2018
Physical Activity	Adults, No Leisure Time, Physical Activity	CDC, National Center for Chronic Disease Prevention	2017
	Adults with any physical activity	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019
	Youth physical activity	County Health Rankings	2021
Diet	Adults, Fruit/Vegetable Consumption	Illinois Behavioral Risk Factor Surveillance System	2015-2019
	Fruit and Vegetable Expenditures	Nielsen, Nielson Site Reports	2014
	Soda Expenditures	Nielsen, Nielson Site Reports	2014
High risk sexual behavior	Sexually transmitted infections (Chlamydia and Gonorrhea)	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
	Teen birth rate	University of Wisconsin, Population Health, Illinois County Health Rankings	2021
	Number of sexual partners	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019

	Measure	Data Source	Years of Data
HIV/AIDS	HIV/AIDS Incidence and Prevalence	IDPH, Illinois HIV/AIDS/STD Monthly Surveillance Update	May 2021
	HIV/AIDS Prevalence	U.S. Department of Health and Human Services, Healthy Indicators Warehouse, CDC, National Center for HIV/AIDS Viral Hepatitis, STD, and TB Prevention	2018
	HIV screening	Illinois County Behavioral Risk Factor Surveillance System	2015 - 2019
Local Plans, Goals and Perceptions			
SIH Community Health Needs Assessment	SIH Community Health Needs Assessment – 2018	SIH	2018
HMC Community Health Needs Assessment	HMC Community Health Needs Assessment - 2019	Harrisburg Medical Center (HMC)	2019
QHP/PHO	Goals of the QHP/PHO	Quality Health Partners/Physician Hospital Organization	2021/2022
SIH Medical Group	Outpatient Care Coordination Services Goals	SIH Medical Group	2021
SIH Medical Group	SIH Medical Group Areas of Focus	SIH Medical Group	2021
CMS Measures	CMS Inpatient Measures	SIH Quality	2021
CMS Measures	CMS Outpatient Measures	SIH Quality	2021
County Health Plans	IPLAN (Illinois Project for the Local Assessment of Needs)	Local Health Departments; Jackson, Franklin-Williamson, Egyptian, Southern Seven, Perry	2017-2024
FQHC Cross reference of clinical program goals	Clinical and quality, meaningful use, PCMH, and uniform data system measures	Shawnee Health Service	2021
HSIDN goals	Healthy Southern Illinois Network Goals 2020 - 2025	Healthy Southern Illinois Delta Network	2021
SHIP Plan	Illinois State Health Improvement Plan	Illinois Department of Public Health	2021
SIH Community Survey	Community perceptions	On-line survey	2021
Health Provider/Leader Survey	Healthcare Provider/Leadership Perceptions	Survey responses	2021
CHNA Advisory Team	Rank order top priorities	Nominal group process	2021
Other			
Baseline data	US status and targets	Healthy People 2030	2021
County Health Rankings	Health Outcomes, Length of Life, Quality of Life, Health Factors, Health Behaviors, Clinical Care, Social & Economic Factors, Physical Environment	University of Wisconsin, Population Health Institute	2021
Data Indicators	Income and Economics, Education, Housing and Families, Other Social Economic Factors, Physical Environment, Clinical Care and Prevention, Health Behaviors, Health Outcomes, Healthcare Workforce	SparkMap	August 23, 2021
Youth Data	Data for 10 th Graders	Illinois Youth Survey, Center for Prevention, Research, and Development, U of I Urbana – Champaign	2018

APPENDIX 10

Community Input Survey

Southern Illinois Healthcare/Harrisburg Medical Center-Community Input Survey 2021

August 30, 2021

Every three years Southern Illinois Healthcare and Harrisburg Medical Center conduct a community health needs assessment to identify our priority health issues/needs for the upcoming years. Your opinion is very important to us!

Your responses will help us to determine where to target efforts to improve and address the health needs of those living in the communities we serve. We estimate it will take approximately 5 minutes for you to complete the survey. All responses are both confidential and anonymous. Please complete the survey by September 13, 2021. Again, we appreciate your assistance in improving the health of Southern Illinois residents.

If you have any questions about this survey or if you would like to provide additional input, please contact SIH Community Benefits Department at 618.457.5200, ext.67834 or Harrisburg Medical Center at 618-253-0403.

Community Perceptions

*** 1. Please select the top 5 health issues in your community that should be addressed.**

- Access to health services
- Aging problems (e.g., arthritis, hearing/vision loss)
- Alcohol abuse
- Bullying
- Cancers
- Child abuse/neglect
- Chronic pain
- COVID-19
- Dental problems
- Diabetes
- Drug abuse
- Domestic violence
- Gun-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Homelessness

- Infant death
- Housing that is adequate, safe and affordable
- Infectious diseases (e.g., hepatitis, TB)
- Lack of exercise
- Lyme disease
- Mental health problems (depression, hopelessness, anger)
- Motor vehicle crash injuries
- Nutrition
- Overweight/obesity
- Prescription drug abuse
- Rape/Sexual assault
- Respiratory/lung disease
- Sexually transmitted diseases
- Suicide
- Teenage pregnancy
- Tobacco use/ E-cigarettes/ Vaping

Other (please specify)

*** 2. Please select the top 3 items that you think affect our community in a negative way.**

- Poverty
- Lack of food access



- Education
- Cultural & language barriers
- Addiction: alcohol, tobacco, illicit drug use, gambling, etc.
- Family/social support
- Lack of transportation
- Under-employment & unemployment
- Lack of safe place to live, work, and play
- Indoor/outdoor air quality
- Discrimination
- Lack of healthcare resources

Other (please specify)

*** 3. Please read the list of risk behaviors listed below. Which 3 do you believe are the most harmful to the overall health of your community?**

- Dropping out of school
- Substance misuse
- Lack of exercise
- Poor eating habits
- Not receiving vaccinations to prevent disease
- Not using seat belts/not using child safety seats
- Tobacco use/E-cigarettes/Vaping
- Unsafe sex (no form of protection/birth control)

- Distracted driving (texting, eating, talking on the phone)
- Not locking up guns
- Not going to regular health check-ups (dental, primary care, etc.)
- Not seeing a doctor while you are pregnant
- Other (please specify)

*** 4. What are the top 3 HEALTH issues impacting members of your household? Please list from 1 to 3 with "1" being the most important.**

1.

2.

3.

APPENDIX 11

Provider and Key Leader Survey Instrument

SIH and Harrisburg Medical Center Provider Survey
2021 SIH Community Health Needs Assessment (CHNA)

SIH and Harrisburg Medical Center staff are currently engaged in the 2021 Community Health Needs Assessment (CHNA) process. The CHNA is conducted by staff of SIH Community Benefits and Harrisburg Medical Center. We would greatly appreciate your input into the needs of your patients and our community, as well as your ideas regarding what strategies we should implement over the next three years to improve the health and well-being of all people in the communities we serve. Please take a few minutes to share your thoughts.

If you have any questions or if you would like additional information, please contact Angie Bailey at 618-457-5200, ext. 67834 or angie.bailey@sih.net or Jennifer Vinyard at 618-253-0403. Thank you for your time and input!

1. What is your position/title

* 2. What counties do the majority of your patients reside in? (Select all that apply)

Franklin

Gallatin

Hardin

Jackson

Johnson

Perry

Pope

Saline

Union

White

Williamson

Other (please specify)

* 3. What are the most common health issues you see among your patients?

* 4. What are the biggest barriers to health and wellness for your patients?

* 5. Which of the barriers listed above do you feel are most important for SIH/HMC and our community partners to address over the next 3 years?

* 6. What are the greatest strengths/assets to support health and wellness that you see for your patients within SIH/HMC and the community?

* 7. List any suggested strategies that you believe SIH/HMC should engage in over the next 3 years to address the barriers you listed above?

8. Is there anything else you think is important to share for this 2021 Community Health Needs Assessment?

9. OPTIONAL - Please share your name, e-mail and phone number so we may follow-up with you, if we have any questions.

Name

Company

Email Address

Phone Number

APPENDIX 12

Results of Community Input Survey

SIH Community Input Survey 2021

(Survey was open from August 30, 2021 – September 22, 2021)

Survey was sent out to over 7,000 individuals via Healthy Communities Coalitions, Healthy Southern Illinois Delta Network Steering Committee members, Second Act members, HMC, SIH and SIH Medical Group employees, Faith Community Nurses, Congregational Health Connectors and Health Ministry Volunteers. The survey was also promoted via the SIH and HMC Facebook pages and through Inside SIH, a monthly newsletter sent to all SIH and HMC employees.)

Q1: Please select the top 5 health issues in your community that should be addressed?

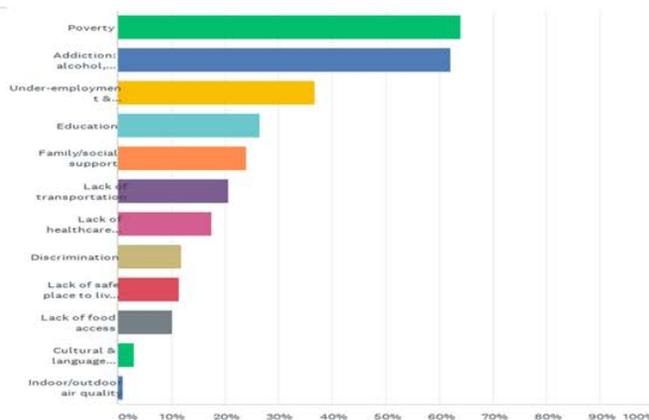
Answered: 635 Skipped: 2

ANSWER CHOICES	RESPONSES	
Mental health problems (depression, hopelessness, anger)	57.64%	366
COVID-19	43.94%	279
Overweight/obesity	36.06%	229
Access to health services	35.59%	226
Drug abuse	30.08%	191
Cancers	22.36%	142
Homelessness	20.94%	133
Heart disease and stroke	18.74%	119
Aging problems (e.g., arthritis, hearing/vision loss)	18.58%	118
Housing that is adequate, safe and affordable	18.11%	115
Diabetes	16.69%	106

Q2: Please select the top 3 items that you think affect our community in negative way?

Answered: 634 Skipped: 3

ANSWER CHOICES	RESPONSES	
Poverty	64.04%	406
Addiction: alcohol, tobacco, illicit drug use, gambling, etc.	62.15%	394
Under-employment & unemployment	36.91%	234
Education	26.66%	169
Family/social support	23.97%	151
Lack of transportation	20.66%	131
Lack of healthcare resources	17.51%	110
Discrimination	11.99%	76
Lack of safe place to live, work, and play	11.51%	73
Lack of food access	10.25%	65
Cultural & language barriers	3.15%	20
Indoor/outdoor air quality	1.10%	7
Total Respondents: 634		



Q3: Please read the list of risk behaviors listed below. Which 3 do you believe are the most harmful to the overall health of your community?

Answered: 637 Skipped: 0

ANSWER CHOICES	RESPONSES	
Substance misuse	62.48%	398
Poor eating habits	41.76%	266
Not receiving vaccinations to prevent disease	38.46%	245
Not going to regular health check-ups (dental, primary care, etc.)	36.11%	230
Distracted driving (texting, eating, talking on the phone)	35.79%	228
Lack of exercise	23.39%	149
Tobacco use/E-cigarettes/Vaping	18.84%	120
Dropping out of school	16.64%	106
Unsafe sex (no form of protection/birth control)	8.01%	51
Not locking up guns	5.81%	37
Other (please specify)	4.87%	31
Not using seat belts/not using child safety seats	2.51%	16
Not seeing a doctor while you are pregnant	1.88%	12
Total Respondents: 637		



Q4: What are the top 3 HEALTH issues impacting members of your household? Please list from 1 to 3 with "1" being the most important.

Answered: 637 Skipped: 0

anxiety mental health issues Dementia Tobacco use Poor eating habits
 Autoimmune diseases disease community Nutrition SIH N Diabetic Heart disease
 doctors Arthritis Autism Depression health insurance Covid-19
 Blood pressure Overweight Chronic Lack exercise Diet
 Cancer healthcare Mental health chronic pain
 Obesity Affordable Diabetes health care Aging
 health Covid High cholesterol issues Allergies
 High blood pressure health services Heart Asthma Lack
 Weight None mandates Dental unvaccinated Hypertension children COST
 Age related STRESS Mental illness Care health issues exercise Access
 access tobacco use Nutrition Prediabetes disease Back Heart services Poor Dental
 None Addiction Cancer Mental problems High poor eating habits
 Health Care Lack cardiac Anxiety Chronic exercise Lack sleep
 Heart disease Asthma
 High blood pressure health Diabetes
 High Cholesterol Obesity hearing Lack exercise
 Blood pressure Mental health Cholesterol Covid Allergies
 Arthritis Hearing loss Stress Healthcare Hypertension diet
 Aging Alcohol Chronic pain Money Depression na issues Thyroid Care
 Smoking N Kidney disease Weight Mental health issues Pain overweight
 services use Poverty vision aging Eye High blood pressure Poor N
 illness disease blood pressure care Asthma Dental Thyroid Cancer
 Smoking Diabetes Depression anxiety Stress costs issues
 Mental Lack exercise Chronic pain
 mental health depression Obesity health care
 Lack problems Arthritis Access Covid Poor eating habits
 Anxiety na exercise Autoimmune Weight Joint pain health copd
 None insomnia Overweight related Heart disease Kidney Nutrition
 alcohol Allergies High cholesterol pain Hypertension

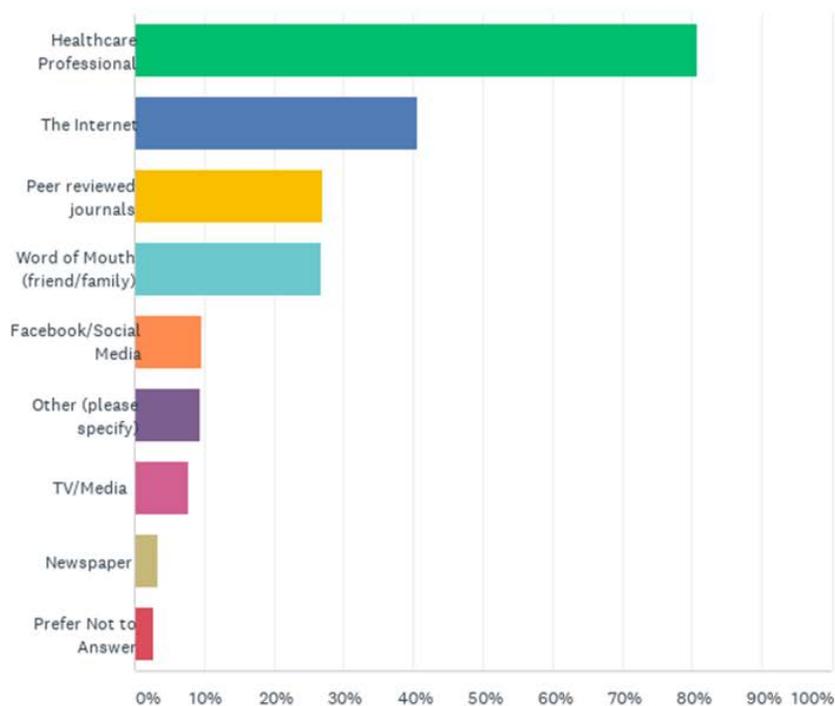
Q5: What gaps exist that keep you from being healthy? (Select all that apply.)

Answered: 632 Skipped: 5

ANSWER CHOICES	RESPONSES	
Resources (cost, time, motivation, support)	51.27%	324
Lack of organized exercise, wellness opportunities	29.11%	184
I feel that I am physically healthy	24.53%	155
Other (please specify)	13.61%	86
Prefer Not to Answer	6.80%	43
Lack of knowledge	3.32%	21
Total Respondents: 632		

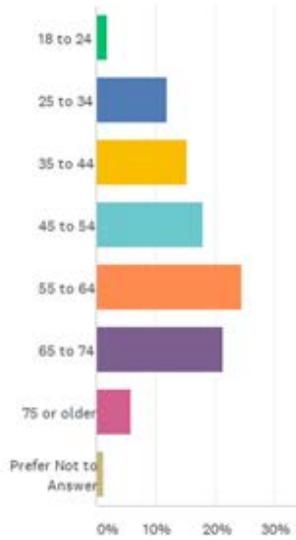
Q6: Where do you turn for trusted health and wellness information, programs and assistance? (Select all that apply.)

Answered: 632 Skipped: 5



Q7: What is your age?

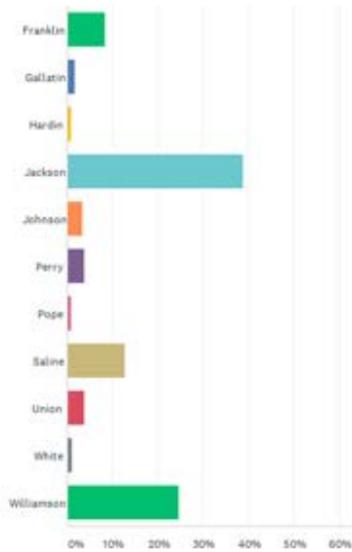
Answered: 624 Skipped: 13



ANSWER CHOICES	RESPONSES	
18 to 24	1.92%	12
25 to 34	11.86%	74
35 to 44	15.22%	95
45 to 54	17.95%	112
55 to 64	24.52%	153
65 to 74	21.31%	133
75 or older	5.93%	37
Prefer Not to Answer	1.28%	8
Total Respondents: 624		

Q8: What County do you live in?

Answered: 624 Skipped: 13



ANSWER CHOICES	RESPONSES	
Franklin	8.33%	52
Gallatin	1.60%	10
Hardin	0.80%	5
Jackson	38.94%	243
Johnson	3.37%	21
Perry	3.85%	24
Pope	0.80%	5
Saline	12.82%	80
Union	3.85%	24
White	0.96%	6
Williamson	24.68%	154
Total Respondents: 624		

Q9: What is your zip code?

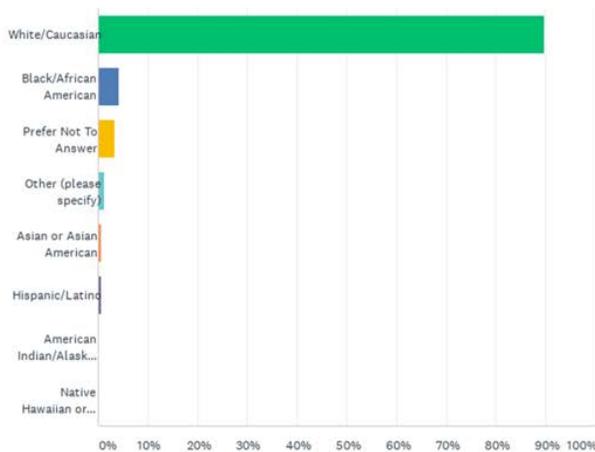
Answered: 581 Skipped: 56

62901		21.51%	125
62946		7.40%	43
62959		7.06%	41
62918		6.37%	37
62966		6.20%	36
62902		5.68%	33
62948		4.82%	28
62903		2.41%	14
62812		2.24%	13

62274 62982 62920 62947 62924 62907 62896 62939 62812 62884
 62903 62865 62902 62935 62918 62995 62946
 62917 62901 62932 62959 62951 62966 62822
 62948 62984 62832 62869 62930 62926 62922 62987 62958 62934
 62906

Q10: Would you describe yourself as:

Answered: 624 Skipped: 13



ANSWER CHOICES	RESPONSES
White/Caucasian	89.74% 560
Black/African American	4.17% 26
Prefer Not To Answer	3.37% 21
Other (please specify)	1.28% 8
Asian or Asian American	0.64% 4
Hispanic/Latino	0.64% 4
American Indian/Alaska Native	0.16% 1
Native Hawaiian or Pacific Islander	0.00% 0
TOTAL	624

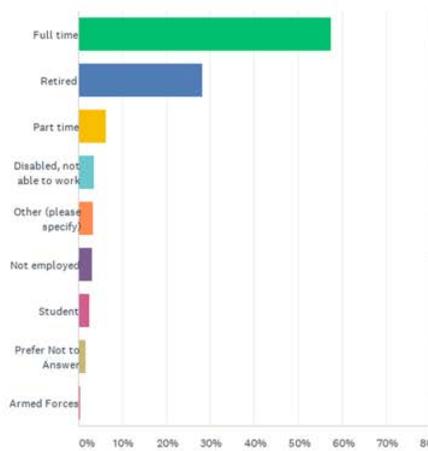
Q11: Gender: How do you identify?

Answered: 624 Skipped: 13

ANSWER CHOICES	RESPONSES	
Man	12.18%	76
Woman	83.97%	524
Non-binary	0.64%	4
Prefer Not To Answer	2.56%	16
Prefer to self-describe, below	0.64%	4
TOTAL		624

Q12: Which of the following categories best describes your employment status? (Select all that apply)

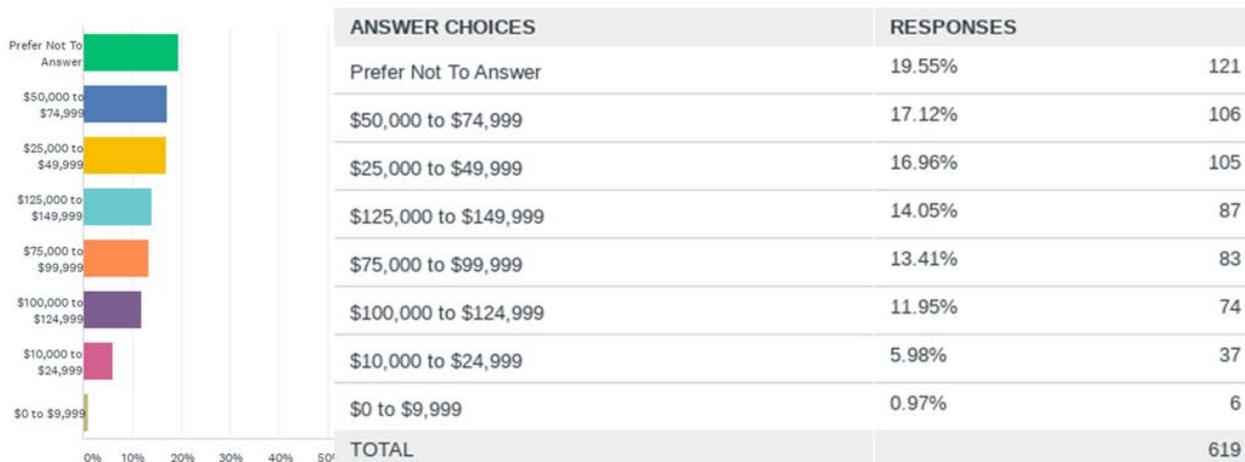
Answered: 619 Skipped: 18



ANSWER CHOICES	RESPONSES	
Full time	57.51%	356
Retired	28.27%	175
Part time	6.30%	39
Disabled, not able to work	3.55%	22
Other (please specify)	3.39%	21
Not employed	3.23%	20
Student	2.42%	15
Prefer Not to Answer	1.78%	11
Armed Forces	0.32%	2
Total Respondents: 619		

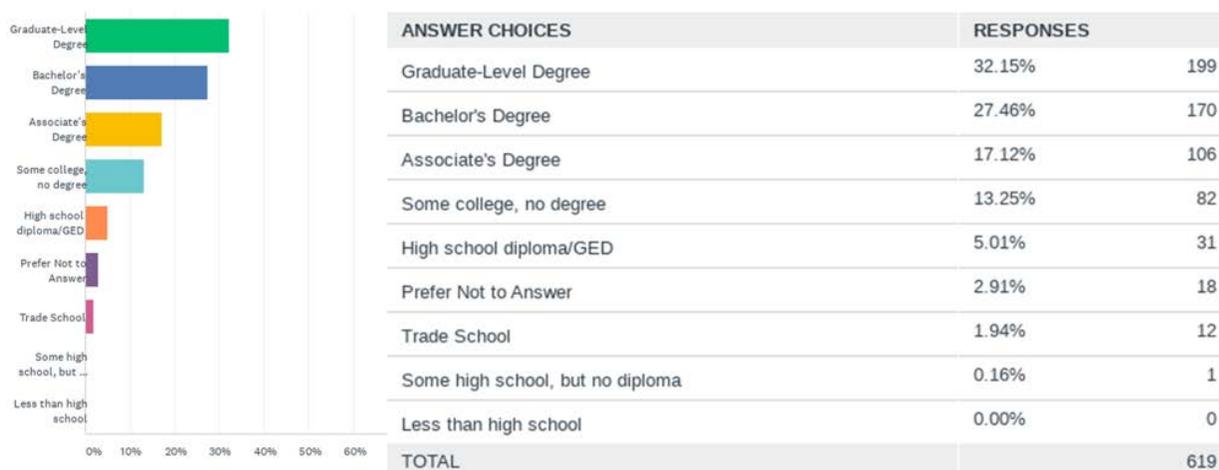
Q13: How much total combined money did ALL people living in your home earn last year?

Answered: 619 Skipped: 18



Q14: What is the highest level of school that you have completed?

Answered: 619 Skipped: 19



Q15: What transportation do you use most often to go places?

Answered: 619 Skipped: 18

ANSWER CHOICES	RESPONSES	
I drive my own car	95.15%	589
Someone drives me	2.58%	16
I take the bus	0.16%	1
I walk	0.32%	2
I ride a bicycle	0.16%	1
I take a taxi cab	0.00%	0
I ride a motorcycle or scooter	0.00%	0
I take an Uber/Lyft	0.32%	2
Prefer Not to Answer	0.97%	6
Other (please specify)	0.32%	2
TOTAL		619



APPENDIX 13

Results of Survey of Healthcare Providers and Key Leaders Survey

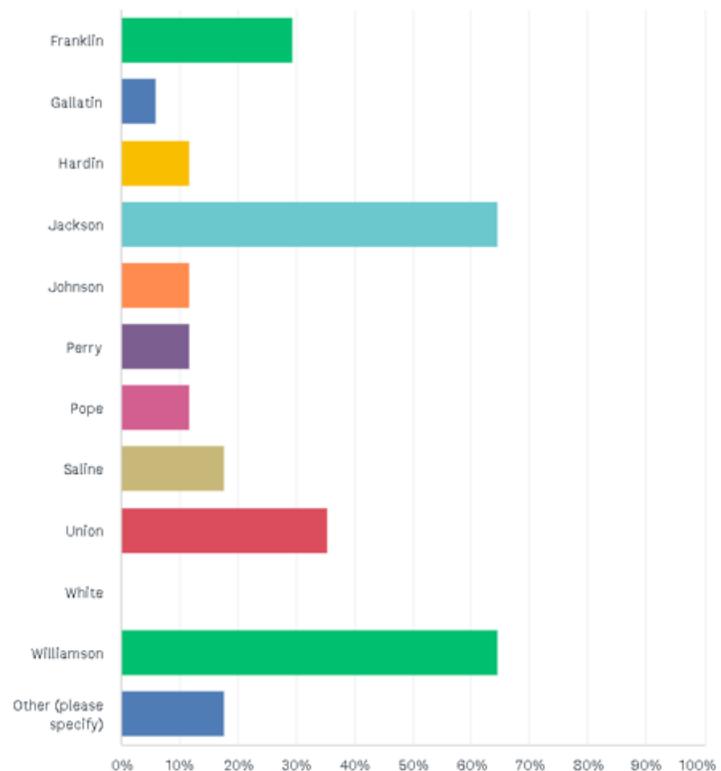
An e-mail newsletter with an on-line survey for SIH/HMC healthcare providers/leadership was sent to over 300 individuals for input and was open from September 22, 2021 – October 17, 2021. A total of 17 physicians/healthcare providers and key leaders within the system participated in the survey.

Those participating in the survey included the following:

- 8 Physicians
- 5 Nurse Practitioners/APRN
- 2 Physician Assistants
- 2 Quality Specialist
- 1 Administrator
- 1 Licensed Clinical Social Worker

The questions asked and the gathered responses were as follows:

**Physician/Healthcare
Provider Survey
Results:
What counties do the
majority of your
patients reside in?**



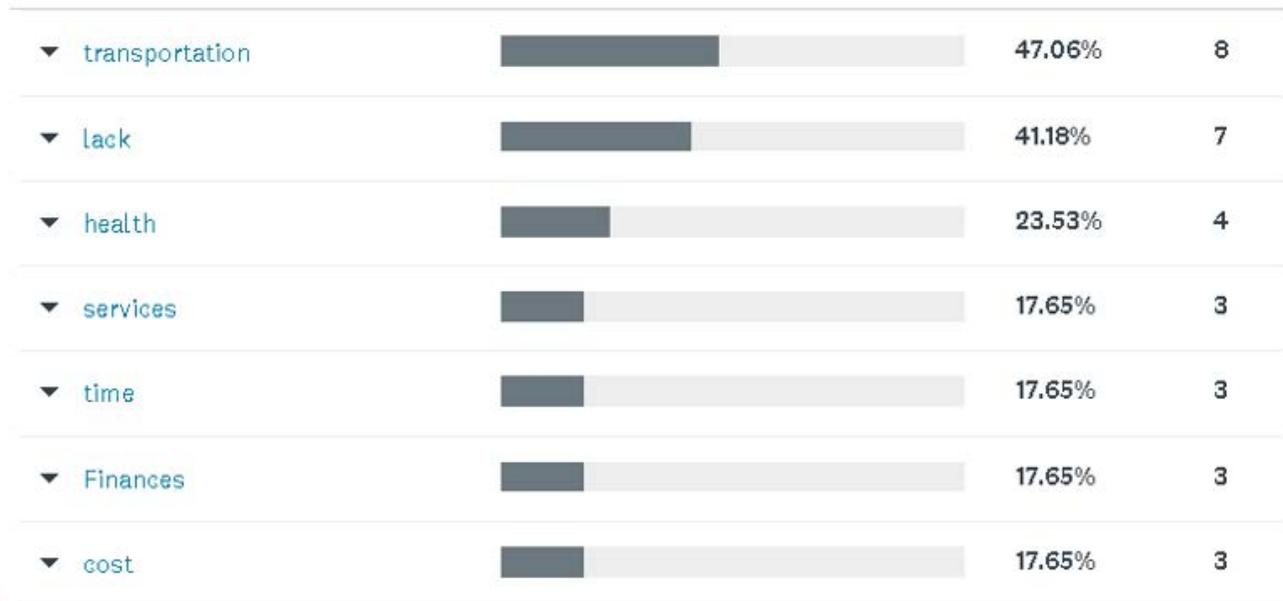
What are the most common health issues you see among your patients?

▼ Diabetes		58.82%	10
▼ obesity		47.06%	8
▼ hypertension		29.41%	5
▼ depression		23.53%	4
▼ HTN		23.53%	4
▼ COPD		17.65%	3

Responses:

- Hypertension, diabetes, high cholesterol, obesity
- Diabetes, COPD, asthma
- Menstrual issues, contraception, pregnancy
- Diabetes, hypertension, psych disorders
- HTN, diabetes and obesity
- Hypertension, diabetes, obesity
- Infectious disease
- HTN, DMI, Obesity, HLD
- Sinusitis, medication refills, physicals and immunizations.
- Diabetes, hypertension, opiate addiction
- Diabetes, hypertension, heart disease, depression, anxiety
- Obesity, diabetes, COPD, HTN, chronic pain
- Obesity, DM, hypertension/heart disease, COPD, mental health/anxiety/depression, cancer, Oral health issues.
- Diabetes, HTN, Hypercholesterolemia, depression
- Diabetes, hypertension, obesity, cad, depression
- Mental health issues, substance abuse
- Pregnancy, obesity, menstrual bleeding, pelvic pain

What are the biggest barriers to health and wellness for your patients?



Responses:

- Medication cost, transportation
- Lack of insurance or finances, long wait times for referrals
- Transportation and access to healthy food and medicine
- Financial barriers, shortage of mental health care
- Cost
- Transportation, financial barriers, poor insurance coverage (managed Medicaid especially Meridian), lack of health education services
- Transportation
- Finances, transportation, adherence
- Their work schedules
- Opiates, meth, sugary drinks
- Lack of knowledge/misinformation, specialist availability, cost of healthcare, transportation.
- Access to specialty care
- **1-**Unhealthy lifestyles and individual attitudes/desires. Many patients have the knowledge and understanding about disease processes and prevention but choose to ignore what they know. **2-** Limited time during doctor's appointments to address most if not all needs a patient has, lack of nurse time spent at bedside in hospitals/ERs/Acute Walk-in Clinics. **3-** Mental Health Services/Counselors-not enough appointments available to schedule in timely

manner. 4- Lack of dental prevention care- not enough dental providers /services for lower income

- Lack of transportation, financial concerns
- Medication costs, too busy, lack of personal commitment to health
- Finances, education, resources.
- Transportation, cost, health literacy.

Which of the barriers listed above do you feel are most important for SIH/HMC and our community partners to address over the next 3 years?

care availability cost seen patients access
transportation specialists times due



Responses:

- Costs, transportation, availability of specialists
- Work on referral process times. If we refer to Cape or St. Louis, it's typically days/weeks to get patient seen vs several months for SIH
- Access to care
- Shortage of mental health/psychiatric specialists
- Cost
- Offering of comparable diagnostic testing in regard to quality of machines and quality of the reader, many times patients will be seen in Harrisburg but will be requested to go to Carbondale or Herrin for testing due to better equipment/services, which is a significant issue for many due to transportation issue
- Availability of services and/or transportation
- Transportation and outreach

- Patients inability to get to the clinic to be seen and taken care of due to their work schedule
- Methamphetamine abuse in Southern Illinois
- Helping with ease of access to specialists, assisting with cost of healthcare for underinsured and uninsured
- Access to specialty care
- Make time for what matters most- the time providers and nurses spend with their patients develops good relationships or not
- Transportation
- Education/coaching/commitment on personal health
- Resource availability
- Transportation, Medicaid MCO navigation, cost

What are the greatest strengths/assets to support health and wellness that you see for your patients within SIH/HMC and the community?

Responses:

- Case management
- Charity program
- A broad panel of primary care and specialist providers
- Supportive and motivated staff
- Current access to a variety of healthcare specialties available in the area. This can be scaled to keep the testing/diagnostic opportunities in the HMC area
- SIH has the capability to help HMC provide more services to the people closer to them
- Decrease burden on healthcare if preventative medicine is utilized correctly
- The greatest strength/assets to support health and wellness is the fact that they come to either coalmine clinics that are fully supported and paid for by the coalmine. Nothing out of pocket for the patients. We supply everything they need here just like any other clinic. We offer immunizations for the children free of charge and a lot of clinics don't provide that.
- Availability of most specialties locally
- Having a small community so that it feels more familiar
- Variety of services and multiple sites
- FQHC availability in rural areas. Kind, caring and devoted providers in our practice
- Patient education and engagement
- Population health/QHP, care coordination, prevention efforts
- Access to behavioral health services, psychiatrists and medication
- Development of screening and interventions for social determinants of health

List any suggested strategies that you believe SIH/HMC should engage in over the next 3 years to address the barriers you listed above?

- Outreach - 3
- Transportation - 3
- Access to Care - 6
- Care Coordination
- Meth treatment program
- Health education
- Behavioral Health
- Advocate for removal of sugary drinks for eligible foods with the LINK card
- Increase time providers have available to spend with their patients
- Increase prevention and emergency dental services to everyone!
- Community Sites with "one-stop" outreach environments bringing local services together

Responses:

- Increase community resources and barriers to transportation
- Strengthen referral department including what is appropriate timing to schedule appts based on acuity. More providers to offer services quicker. This would help eliminate ER visits that are unnecessary would also be beneficial to have subspecialty urgent clinics like cardiology, pulmonology, etc.
- Outreach efforts to disadvantaged communities
- Increase availability of behavioral health/ psychiatric specialists
- Incorporate ways to improve local testing/diagnostic imaging in the area with ways this can be easily interrogated and viewable to the ordering providers. Consider transportation options if a patient is not able to drive themselves to Carbondale or Herrin. The computer systems optimally should be integrated
- Need for OP IV antibiotic infusions (wider variety of antibiotics), need for the patients to be able to have a PICC Line placed and not have to travel to Murphysboro or outside facility
- Don't have specific strategies to offer
- That would be between the hospital and the coalmine, but maybe a 3- 12-hour shift rotation. 8 a.m. to 8 p.m.
- Start a meth treatment program. Advocate for removal of sugary drinks for eligible foods with the LINK card
- Add more specialists, establish transit system for appointments, sliding scale payments

- Additional specialty services throughout the area available in smaller communities
- **1-**Increase time providers have to spend with their patients. **2-** Increase prevention and emergency dental services to everyone. Oral health is so important to self-esteem and overall well-being increasing all manners of health risks. Forge partnerships with chiropractors, homeopathic providers, nutritionists, mental health counselors, clergy (including lay clergy), police, fire departments, set up community forums with "one-stop" outreach environments bringing local services together. Nutrition education/meal planning/budgeting/shopping- (tie in "Power of Giving Back"- inexpensive ways to give back to community or help community/schools i.e.: box tops for education, Campbells Soup labels, etc.), food preparation classes, hygiene education
- More transportation options in Southern Illinois
- Improve provider buy in to prompt better compliance and those who "fall off the radar"
- Expanding behavioral health services
- Integration of efforts between clinics and SIH such as increased care navigators

Is there anything else you think is important to share for this 2021 Community Health Needs Assessment?

- Would benefit from a wound clinic
- I think with the COVID pandemic we are meeting resistance with patients coming to the clinics, for well checks, for illnesses which spirals down to more severe illnesses seen in patients today. They then end up going to an ER being admitted. We need to intervene early with these patients in the course of their illness to treat and educate. Prevention of exacerbation of their illness and ER visits
- Many patients who see local specialists do not feel they are heard or taken seriously, and this erodes the faith they have in the specialist. As a family physician this puts additional burden on primary care to either fill the role of the specialist or to refer somewhere else. there is also absolutely poor communication between SIH (any inpatient or outpatient facility) and providers not in the system. this makes follow up from specialists and hospital/ER difficult and tedious at best
- Relationship-based care makes all the difference. See each patient as a "person"
- Transportation, MyChart use, expansion of "CHF clinic concept" to other major diseases



JOINT IMPLEMENTATION PLAN 2021 Community Health Needs Assessment

(For 4/1/22 - 3/31/25)

Harrisburg Medical Center

Herrin Hospital

**Memorial Hospital of
Carbondale**

St. Joseph Memorial Hospital



This report guides the development and strategy of the SIH System and its four hospitals to address the priority health needs of the CHNA.

SIH Community Health Needs Assessment Implementation Plan 2021

This report serves as the 2021 Joint Implementation Plan for Southern Illinois Healthcare’s (SIH’s) four hospitals: SIH Harrisburg Medical Center (HMC), SIH Memorial Hospital of Carbondale (MHC), SIH Herrin Hospital (HH) in Herrin, and SIH St. Joseph Memorial Hospital (SJM) in Murphysboro. Per requirements set forth in section 501(r) of the Internal Revenue Code, a collaborating hospital facility meets the requirements for a joint implementation strategy, if the strategy (i) is clearly identified as applying to the hospital facility; (ii) clearly identifies the hospital facility’s particular role and responsibilities in taking the actions described in the implementation strategy and the resources the hospital facility plans to commit to such actions; and (iii) includes a summary or other tool that helps the reader easily locate those portions of the joint implementation strategy that relate to the hospital facility. This Implementation Plan meets all of these requirements and was developed to more clearly delineate the commitments made by each of the SIH hospitals to the overall community health improvement efforts underway in SIH’s 11-county service area.

Health Priorities and Defined Scope – Fiscal Year 2023-2025
1. Social Determinants of Health - access to care, hunger/food access, housing, and poverty
2. Behavioral Health – mental health and substance misuse
3. Chronic Disease - prevention and management

Action Items by Facility/Service Areas in Which Strategies Will Be Implemented	Harrisburg Medical Center	Herrin Hospital	Memorial Hospital of Carbondale	St. Joseph Memorial Hospital
Social Determinants of Health (SDOH) - access to care, hunger/food access, housing, and poverty				
Outreach and Screening in Targeted Communities	X	X	X	X
Homeless Outreach	X	X	X	X
Training to Increase Awareness and Reduce Stigma and Unconscious Bias	X	X	X	X
Behavioral Health (BH) – mental health and substance misuse				
Narcan Distribution and Harm Reduction	X	X	X	X
Crisis Intervention Team - Optimize behavioral health care coordination and treatment	X	X	X	X
Mental Health First Aid and Signs of Suicide	X	X	X	X
Anti-Stigma Campaign	X	X	X	X
Chronic Disease (CD) Prevention and Management				
Tobacco Cessation	X	X	X	X
CDC’s Diabetes Prevention Program	X	X	X	X
Nutrition Education and Healthy Cooking Demonstrations for Low Income Individuals	X	X	X	X

The following plan describes the strategies, scope, key activities, anticipated impact, potential partners who will collaborate to address the health needs, and the resources needed, as well as the efforts that will be continued from the previous CHNA to address these three priority areas.

For each health priority, staff will conduct evaluation efforts to demonstrate impact of the related strategies and activities. These plans will include specific data sources such as program records, hospital patient data, and/or community-level data such as the community health needs assessment (CHNA). Measures may include (but not limited to): community indicators, partners, funding, and programmatic outcomes via program records). Data will be reviewed by the SIH Community Benefits Advisory Committee at appropriate intervals (e.g., quarterly, bi-annually) and will be reported on the annual Form 990 (Schedule H) tax report as required by applicable Tax Regulations issued pursuant to the Patient Protection and Affordable Care Act.

Hospital Role and Required Resources

Staff of the SIH Community Benefits Department will spearhead the Implementation Plan with support and assistance from specific hospital staff throughout the system, as appropriate.

Addressing Community Health Needs

Social Determinants of Health (SDOH) - access to care, hunger/food access, housing, and poverty
Breakthrough Objective (In 3 Years What We Want to Accomplish)
<ul style="list-style-type: none"> • Reduce health disparities among the most vulnerable in our area, i.e., those who are homeless, food insecure, and unable to receive needed medical screenings and treatment.
Annual Objective (Strategy)
<ul style="list-style-type: none"> • Increase screening, outreach, and medical treatment among vulnerable populations.
Priority
<ul style="list-style-type: none"> • Improve access to care by efficiently providing outreach services to our most vulnerable populations in community settings.

Overview of Strategies/Measures to Be Tracked:

SDOH 1. Outreach and Screening in Targeted Communities - Increase the proportion of adults who obtain recommended evidence-based preventive health care and screenings. Reduce the proportion of people living in poverty through increased connections to community resources.

- Number of outreach events held
- Number of people screened
- Number of referrals/connections to resources/care made
- Number of telehealth visits provided in targeted communities in collaboration with the FQHC’s and SIH providers



SIH Community Benefits staff will coordinate the following efforts in conjunction with staff of SIH Outreach Lab, SIH hospitals and system, community coalitions and community outreach efforts:

- Identify four communities/neighborhoods to survey to determine their health needs, with a special focus on communities at greatest need as indicated in the Community Need Index, within the service areas of each of the four SIH hospitals (i.e., Harrisburg, Herrin, Carbondale, and Murphysboro) and create an action plan to increase screening, education, and outreach. (Main partners for this strategy will be SIH Community Benefits, SIH Outreach Lab, local health departments, Federally Qualified Health Centers, SIU School of Medicine, SIU School of Medicine Center for Rural Health and Social Service Development, Wabash Area Development Inc. (WADI), Healthy Southern Illinois Delta Network, housing authorities, and many others.)
- Collaborate with SIH Center for Connected Care and FQHCs to bring telehealth services to the four identified communities/neighborhoods on a periodic basis. (Main partners for this strategy will be SIH Community Benefits, SIH Center for Connected Care, and Federally Qualified Health Centers.)

SDOH 2. Homeless Outreach

- Number of homeless individuals who receive case management services.
- Number of homeless individuals who obtain housing.

SIH Community Benefits staff will coordinate the following efforts in conjunction with staff of SIH hospitals and system, community coalitions and community outreach efforts:

- Provide funding to Southern Illinois Coalition for the Homeless to expand homeless outreach services in the 11-county area with a focus on the communities of Harrisburg, Herrin, Carbondale, and Murphysboro. (Main partners for this strategy will be Southern Illinois Coalition for the Homeless, Continuum of Care Network, Carbondale Warming Center, Good Samaritan Ministries, Lighthouse Shelter, Ministerial Alliances, Carbondale Interfaith Council, The Night's Shield, 4 C's, Little Chapel Church, Centerstone, legislators, landlords, social service agencies, hospital staff and many others.)

SDOH 3. Training to Increase Awareness and Reduce Stigma and Unconscious Bias:

- Number of trainings offered.
- Number of community partners and SIH staff trained.

SIH Community Benefits staff will coordinate the following efforts in conjunction with staff of SIH hospitals and system, community coalitions and community outreach efforts:

- Provide training for SIH staff and community members to increase health equity and reduce health disparities and stigma, i.e., Poverty Simulation training, Safe Zone training, and Unconscious Bias training. (Main partners for this strategy will be Community Benefits, Centerstone, SIU School of Medicine, SIU School of Medicine Center for Rural Health and Social Service Development and many other social service agencies.)

SIH will commit the following resources to address Social Determinants of Health:

SIH staff time, training and educational materials, funds to hire agencies to provide the trainings, meeting/training space, refreshments, screening supplies for events, telehealth equipment, mileage,

healthcare provider time, funding to subcontract with a local agency to provide additional homeless outreach, etc. Staff of all 4 SIH hospitals will be involved in SDOH related efforts.

SIH will continue the following efforts from the past CHNA to address the Social Determinants of Health, as able:

- Staff of SIH Information Technology staff will collaborate with SIH Case Management, SIH Medical Group, Nursing, and others to conduct training and implementation of a tool in the electronic medical record to assess patients for needs related to the social determinants of health and to refer them to needed services and programs as applicable. (Main partners for this strategy will include SIH Population Health, Case Management, Behavioral Health, Community Benefits, and various community-based organizations and partners.)
- Staff of SIH will coordinate the following efforts in conjunction with SIH staff, community coalitions and community outreach efforts:
 - Non-Emergency Medical Transportation - Develop non-emergency medical transportation for low-income SIH patients. (Main partners for this strategy include transportation providers, Managed Care Organizations, SIH hospitals, SIH Cancer Institute, SIH Medical Group and other facilities such as dialysis and nursing facilities.)
 - Health Leads - Implement and evaluate the “Health Leads” program pilot in an SIH clinic setting with patients who are high need in relation to the social determinants of health. (Main partners for this strategy include SIH Population Health and Community Benefits, Healthy Southern Illinois Delta Network and various social service agencies within the community that provide services to patients).
 - Community Health Workers - Develop, implement, and evaluate the utilization of community health workers to assist targeted low-income populations. (Main partners for this strategy include SIH Population Health, Case Management and Community Benefits, Southern Illinois University School of Medicine, and various social service agencies within the community that provide services to patients.)
 - Medical Legal Partnership - Provide support and assist patients in reducing health harming legal issues such as social security and SNAP eligibility, denials, etc. through the Medical Legal Partnership of Southern Illinois. (Main partners for this strategy include Land of Lincoln Legal Assistance Foundation, Shawnee Health Services, SIH Community Benefits, Cancer Institute, Case Management and Behavioral Health as well as various departments and clinics throughout the SIH hospitals and clinics.)
 - SI NOW – Continue to convene/participate in a regional economic development initiative called SI Now, focused on advancing the 17 southern counties of Illinois as a great place to live, work, and do business. The purpose of SI Now is to create opportunities for upward economic mobility, improve well-being and quality of life, equip the workforce with specialized skills, and attract new businesses and residents. SI Now members are focused on business growth and development, education and workforce development, as well as elevating perceptions of Southern Illinois. (Main partners for this strategy include SIH Community Affairs, SIH Work Care,

and SI Now members, including regional leaders from the business community, economic development, workforce development, government, higher education, and K-12 schools.)

Behavioral Health (BH) – mental health and substance misuse

Breakthrough Objectives (In 3 Years What We Want to Accomplish)

- Achieve care coordination in the region among those who provide behavioral health treatment and intervention.
- Ensure those in need of treatment for behavioral health services (substance misuse and mental health) will be cared for in a quality, safe, stigma free manner.

Annual Objective (Strategy)

- Improve behavioral health care coordination resulting in a reduction in suicide deaths and a reduction in length of stay for Emergency Department visits.

Priority

- Achieve care coordination in the region among those who provide behavioral health treatment and intervention.
- Increase awareness and reduce stigma related to behavioral health (substance misuse and mental health).

Overview of Strategies/Measures to Be Tracked:

BH 1. Narcan Distribution and Harm Reduction - Improve access to care by efficiently providing outreach services to our most vulnerable populations in community settings

- Number of Narcan doses distributed throughout the 11-county area.
- Number of community-based organizations funded to offer harm reduction services such as needle exchange and safe disposal programs in targeted communities.
- Number of individuals reached through harm reduction services.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- Increase Narcan distribution throughout the 11-county area through distribution at all four hospitals, targeted primary care clinics and at community events (Main partners for this strategy will include Egyptian Health Department, Southern Illinois University School of Medicine Center for Rural Health and Social Service Development, Healthy Southern Illinois Delta Network, Community Coalitions and substance and behavioral health related action teams.)
- Provide funding to community-based organizations to provide Narcan and Harm Reduction services such as needle exchange and safe disposal programs to targeted communities throughout southern Illinois. (Main partners for this strategy will include SIU School of Medicine Center for Rural Health and Social Service Development, Community Action Place, Centerstone, Gateway, Egyptian Health Department and other substance misuse/recovery agencies and coalition action teams.)

BH 2. Crisis Intervention Team - Optimize behavioral health care coordination and treatment

- Reduce unnecessary visits to the ED through the development and implementation of a “Crisis Intervention Team” pilot to best serve individuals who are brought into the Emergency Department in mental health crisis.

Staff of SIH Behavioral Health service line in conjunction with the SIH hospital and clinical staff, and Community Benefits staff, as appropriate, will:

- Collaborate with local law enforcement, behavioral health service providers, the judicial system, and SIH hospitals to pilot the development of a Crisis Intervention Team to best serve individuals who are brought into the Emergency Department in mental health crisis. (Main partners for this strategy will include SIH Community Benefits, SIH Behavioral Health, Law Enforcement agencies, Mulberry Center, Centerstone, Gateway, State’s Attorney, and many others.)

BH 3. Mental Health First Aid and Signs of Suicide - Implement training and education across the region to reduce stigma and encourage individuals to receive behavioral health treatment

- Number of individuals trained through “Adult Mental Health First Aid (MHFA)” and “Youth Mental Health First Aid” courses.
- Number of schools implementing SOS (Signs of Suicide) schools.
- Number of schools where SOS is taught by SIH and number of schools implementing the program themselves.
- Increase knowledge and awareness as reflected on the MHFA and SOS evaluations.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- Implement “Adult Mental Health First Aid” and “Youth Mental Health First Aid” courses in each of the eleven counties in our target area.
- Implement SOS (Signs of Suicide) in two additional middle/high schools each year. (Main partners for these strategies will include SIH Community Benefits, Illinois CATCH on to Health Consortium, faith communities, schools, Healthy Southern Illinois Delta Network and Community Coalitions, SIU School of Medicine Center for Rural Health and Social Service Development, Regional Offices of Education, local community colleges, federally qualified health centers, and various other social service agencies.)

BH 4. Anti-Stigma Campaign - Increase awareness and reduce stigma related to behavioral health (substance misuse and mental health)

- Number of community members/patients seeking treatment for Opioid Use Disorder (OUD).
- Number of individuals connected to treatment providers through the promotion of the mental health crisis line and the Illinois Opioid Helpline.

Staff of SIH Community Benefits in conjunction with SIH Behavioral Health, SIH Hospital and clinical staff, SIH Marketing, and CB staff, as appropriate, will:

- Implement an anti-stigma campaign to increase awareness regarding substance use disorder and to encourage treatment
- Promote the mental health crisis line and the Illinois Opioid Helpline to increase their utilization by community members, clinical providers, and patients.

(Main partners for these strategies will include the SIH Community Benefits and clinical staff, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions, related action teams, Southern Illinois University, and various social service agencies.)

SIH will commit the following resources to address Behavioral Health:

SIH staff time, educational materials, online accesses, subscriptions, supplies and books for Mental Health First Aid and Signs of Suicide training and curriculum, funding to allow subcontracts to local service providers to provide harm reduction services in the community, funds for media to promote the Illinois Helpline and mental health crisis line, etc. Staff of all 4 SIH hospitals will be involved in behavioral health related efforts. Leadership for these efforts will be provided by staff of SIH Behavioral Health and Harrisburg Medical Center, along with the SIH Community Benefits staff.

SIH will continue the following efforts from the past CHNA to address the Behavioral Health, as able:

- Hidden in Plain Sight (HIPS) – Continue implementation. HIPS was designed to provide parents with clues from a youth’s bedroom to help them determine whether their child might be experimenting with or using drugs or alcohol. Room décor, hidden compartments, and items to conceal use are located throughout the room. Additional components include education handouts and local resources. (Main partners for this strategy include SIH Community Benefits, Illinois CATCH onto Health Consortium, Regional Office of Education, various coalitions and action teams, and local schools.)
- Medication Assisted Recovery/Treatment providers - Increase the number of MAR/T providers throughout the 11-county area in order assist those with Substance Use Disorder (SUD) through training, education, and promotion of mentorship/training programs. (Main partners for this strategy include SIH Community Benefits, SIH Medical Group, SIH Behavioral Health, SIU Center for Rural Health and Social Service Development, Federally Qualified Health Centers, and various coalitions and action teams.)
- Unused medication disposal collection sites - Increase the number and utilization of sites by the public. (Main partners for this strategy include SIH Community Benefits, SIH Pharmacy, Harrisburg Medical Center, SIH Marketing, Healthy Southern Illinois Delta Network and various community coalitions and action teams.)
- Regional mental health and substance misuse prevention efforts – Continue to collaborate and implement strategies with partners. (Main partners for this strategy include SIH Community Benefits, SIH Behavioral Health, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions and related action teams, local health departments, Southern Illinois University School of Medicine Center for Rural Health and Social Service development and many others.)

Chronic Disease (CD) Prevention and Management

Breakthrough Objective– in 3 Years What Do We Want to Accomplish?

- **Reduction in those with chronic disease and those with chronic disease who will need treatment.**

Annual Objective (Strategy)

- **Increase prevention and self-management of chronic disease.**

Priority

- **Strengthen the ability of individuals in the community to prevent and treat their chronic diseases.**



Overview of Strategies/Measures to Be Tracked:

CD 1. Tobacco Cessation - Reduce tobacco use among adults and adolescents

- Increase community member calls and provider referrals to the Illinois Tobacco Quitline.
- Increase quit smoking attempts among our most vulnerable population by offering Courage to Quit classes in the community with a focus on low incoming housing residents.
- Increase the number of individuals who have quit after completing the cessation classes or contacting the Illinois Tobacco Quitline.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- Offer at least 4 Courage to Quit classes in the community with a focus on low-income housing residents. (Main partners for this strategy will include SIH Community Benefits, Second Act, Marketing, SIH Medical Group, Respiratory Health Association, Housing Authority, local health departments, worksites, Chamber of Commerce, faith communities, Faith Community Nurses, SIH Congregational Health Connectors, SIH Wellness, SIH Marketing, SIH Cancer Institute and many others.)

CD 2. CDC's Diabetes Prevention Program (Center for Disease Control and Prevention) - Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs

- Number of individuals completing the DPP program
- Percentage of individuals with improved A1C and BMI after attending

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- Pilot and promote CDC's Diabetes Prevention (DPP) workshops to low-income individuals over 18 who meet the National DPP eligibility guidelines: 18 years or older, overweight, not diagnosed with T1 or T2 diabetes, not currently pregnant and are diagnosed with prediabetes or have high risk results on prediabetes risk test. (Main Partners for this strategy will include SIH Community Benefits, SIH diabetes service line, SIH Medical Group, Healthy Southern Illinois Delta Network, Diabetes Today Resource Teams, Federally Qualified Health Centers, SIH Wellness, SIH Marketing, workplaces, social service agencies and many others.)

CD 3. Nutrition Education and Healthy Cooking Demonstrations for Low Income Individuals - Increase fruit and vegetable consumption among low-income individuals

- Number of sites in which nutrition education and healthy cooking demonstrations are conducted.
- Number of individuals educated.
- Increase nutrition education knowledge among those attending education based on pre and post-test surveys.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- Offer nutrition education and healthy cooking demonstration at sites targeting low-income individuals in the 11-county service area. (Main Partners for this strategy will include SIH Community Benefits, SIH Wellness, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions, local health

departments, Southern Illinois University, Southern Illinois Food Pantry Network, University of Illinois Extension, food pantries, FoodWorks, growers/orchards, Rides Mass Transit, and many others.)

SIH will commit the following resources to address Chronic Disease Prevention and Management:

SIH staff time, training and educational materials, and participant books for Chronic Disease and Diabetes Self-Management Program, the Diabetes Prevention Program and Courage to Quit, meeting/training space, a portable kitchen for use for in nutrition education and healthy cooking demonstrations, postage for mailing of materials to participants, funding for promotion of the classes, food to be utilized during the cooking demonstrations. Staff of all 4 SIH hospitals will be involved in chronic disease related efforts.

SIH will continue the following efforts from the past CHNA to address Chronic Disease, Prevention and Management, as able:

- Chronic Disease Self-Management Program/Diabetes Self-Management (CDSMP/DSMP) workshops - Coordinate and facilitate the implementation and promotion of Chronic Disease Self-Management Program/Diabetes Self-Management (CDSMP/DSMP) workshops throughout southern Illinois for adults with diabetes and other chronic diseases with efforts targeting those individuals who have experienced hospital visits related to their chronic disease(s). (Main partners for this strategy will include SIH Community Benefits, diabetes service line, SIH Medical Group, Healthy Southern Illinois Delta Network, Diabetes Today Resource Teams, Federally Qualified Health Centers, SIH staff involved in care coordination efforts, SIH Second Act, SIH Wellness, SIH Marketing, workplaces, and various health and social service agencies.)
- School Health - Continued implementation of Whole Child/Whole School/Whole Community model for school health and CATCH (CATCH on to Child Health) programs with 35+ schools impacting 9,900+ students in pre-k, elementary, middle, and high schools. Continue to provide training to ensure implementation and sustainability. (Main partners for this strategy will include SIH Community Benefits, Illinois CATCH on to Health Consortium, Southern Illinois University School of Medicine Center for Rural Health and Social Service Development, local schools, local health departments and the Regional Offices of Education.)
- “Catch My Breath” curriculum - Continue to educate youth and adults on the harmful effects of tobacco and e-cigarettes, i.e. utilize the “Catch My Breath” curriculum for Jr. High and High students. (Main partners for this strategy will include SIH Community Benefits, Illinois CATCH on to Health Consortium, Regional Offices of Education, local schools, school resource officers, and the regional tobacco coalitions.)
- Illinois Tobacco Quitline - Continue promotion of the Illinois Tobacco Quitline to the public and through expansion of the Tobacco Cessation Advisory build in the Electronic Health Record. (Main partners for this strategy will include SIH Community Benefits, Siteman Cancer Center, SIH Medical Group, SIH Cancer Institute, local health departments, American Lung Association, regional tobacco coalition, and the Healthy Southern Illinois Delta Network, Quality Health Partners/Physician Hospital Organization, SIH Marketing, Workplaces and various other health and social service agencies.)
- SNAP Double Value coupons at Farmers Markets - Continue to provide support for SNAP Double Value coupons at Farmers Markets in targeted communities. (Main partners for this strategy will include SIH

Community Benefits, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions, local health departments, University of Illinois Extension, Food Works and Southern Illinois University.)

- Southern Illinois Food Pantry Network – Continue to collaborate to serve low-income individuals and families. (Main partners for this strategy will include SIH Community Benefits, University of Illinois Extension, Southern Illinois University Department of Food and Animal Science, Jackson County Health Department and the food pantries.)

Issues Identified But Not Prioritized

Cancer, pediatric dental, lack of broadband, infant mortality, early childhood learning, COVID-19, and healthcare professional shortage areas are issues identified by the SIH CHNA Advisory Team, but not chosen as priority issues to address through the CHNA at this time. Other groups and organizations, including SIH, are already working to address them. For example, in order to reduce the high cancer rates in southern Illinois, a Southern Illinois Cancer Action Network has been formed and is co-chaired by SIH staff. Members work collaboratively to conduct prevention, screening and early detection related strategies with focus on lung, breast, and colorectal cancer, as well as HPV vaccination. SIH also engages in a variety of media and outreach activities to promote screening and early detection. Pediatric dental is an area in which many of our federally qualified health centers are working to increase access for low income families. Groups such as SI NOW as well as community officials and legislators are working to increase broadband access in southern Illinois. Local providers from federally qualified health centers, OB/GYN's and local health departments are working to ensure women have access to early prenatal care in order to reduce infant mortality. Southern Illinois Coalition for Children and Families and programs like Early Head Start and I Can Read are working to increase early childhood learning along with school districts with Pre-K programs. COVID-19 and vaccination rates continue to be of concern. Many organizations are working to increase vaccination rates through workplace policies, outreach and education regarding the importance of COVID vaccination. Lastly, SIH and other organizations in our area continue efforts to recruit healthcare providers to the region. SIH partners with Southern Illinois University, community colleges and high schools to increase the number of providers of all levels, including physicians, nurses, pharmacy techs and phlebotomists. SIH has also created a Provider Development Plan for April 2021 – March 2024 following input from healthcare leadership and 180+ physicians in the area. The plan outlines recruitment targets for primary care, as well as medical and surgical specialists.

Comments regarding the CHNA and Implementation Plan can be sent to communityhealth@sih.net or by contacting 618-457-5200, ext. 67834. Your input and feedback are appreciated and will be reviewed in the development of future CHNA and Implementation Plans.