

# Annual Non Profit Hospital Community Benefits Plan Report

**Name of Hospital Reporting:** Carle Richland Memorial Hospital

**Mailing Address:** 800 East Locust Street  
(Street Address/P.O. Box)

Olney, Illinois, 62450  
(City, State, Zip)

**Physical Address (if different than mailing address):**

(Street Address/P.O. Box)

(City, State, Zip)

**Reporting Period:** 01 / 01 / 2022 through 12 / 31 / 2022 **Taxpayer Number:** 37-1363001  
Month Day Year Month Day Year

If part of a health system, list the other Illinois hospitals included in the health system (Note: A separate report must be filed for each Hosp).

Hospital Name

Address

FEIN #

<u>Hospital Name</u>	<u>Address</u>	<u>FEIN #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attachment 1

**1. ATTACH Mission Statement:**

The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

Attachment 2

**2. ATTACH Community Benefits Plan:**

The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:

1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
2. Identify the populations and communities served by the hospital.
3. Disclose health care needs that were considered in developing the plan.

Attachment 3

**3. REPORT Charity Care:**

Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care ..... \$1,054,231

**ATTACH Charity Care Policy:**

Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

4. **REPORT Community Benefits** actually provided other than charity care.

See instructions for completing Section 4 of Form AG-CBP-1 (Community Benefits Plan Annual Report Form For Not For Profit Hospital)

Community Benefit Type

Language Assistant Services .....	Dollars not paid by hospital; see attachment 4 for details	\$ -
Financial Assistance .....		\$ 1,054,231
Government Sponsored .....		\$ 15,027,627
Donations .....		\$ 28,445
Volunteer Services		
a) Employee Volunteer Services .....	\$ 23,842	
b) Non-Employee Volunteer Services .....	\$ 83,496	
c) Total (add lines a and b) .....		\$ 107,338
Education .....		\$ 58,831
Government-sponsored program services .....		\$ 0
Research .....		\$ 0
Subsidized health services .....		\$ 17,275,921
Bad debts .....		\$ 744,750
Other Community Benefits .....		\$ 14,240

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**

**Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.**

Matthew Kolb / Executive Vice President &amp; Chief Operating Officer, Carle Health

(217) 326-50208

Name/ Title (Please Print)

Phone: Area Code/ Telephone No.



Signature

Date.

John Walsh / External Affairs Program Executive

(217) 902-5303

Name of Person Completing Form

Phone: Area Code/ Telephone No.

john.walsh@carle.com

(217) 302-7714

Electronic / Internet Mail Address

FAX: AreaCode/FAXNo.

## **Attachment 1: Mission Statement**

The Carle Health shared Mission Statement was adopted by Carle’s Board of Trustees on March 12, 2021.

### **To be your trusted partner in all healthcare decisions.**

Our mission statement defines who we are, what we stand for, and the importance of our relationship with our patients, staff and community. As a locally-based private, not-for-profit organization, we take seriously our obligation to treat and provide high quality care to everyone, regardless of their ability to pay. As the region’s trusted healthcare provider, we are also called to be the region’s trusted community partner – providing assistance, programs and resources when and where our communities need them

# 2021

## Community Health Needs Assessment



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## INTRODUCTION

Realizing a central location would be desirable to hospital patients, Dr. George T. Weber purchased the Arlington Hotel in Olney in 1898. He quickly converted the structure into the Olney Sanitarium. In the early years, the sanitarium was staffed and managed in large part by Weber family members, including three physicians and two nurses.

Successor to the Olney Sanitarium, Richland Memorial Hospital opened its doors on July 16, 1953. It began its relationship with Carle Foundation Hospital in 2014 as a clinical affiliate. In 2016, Carle and Richland Memorial began exploring full integration to increase access to healthcare services and providers in southeastern Illinois. The board of directors of both entities voted unanimously to approve the integration, which became official on April 1, 2017. The facility is now known as Carle Richland Memorial Hospital. Administration, management, and operations remain local, with resources and oversight provided by Carle, to remain aligned in its mission and vision. In 2018, a formal agreement was made to provide air ambulance services to the entire county.





## EXECUTIVE SUMMARY

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

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

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 57 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network.

ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Olney and the surrounding area.

The CHNA process was coordinated by the Manager of Organizational and Community Development.

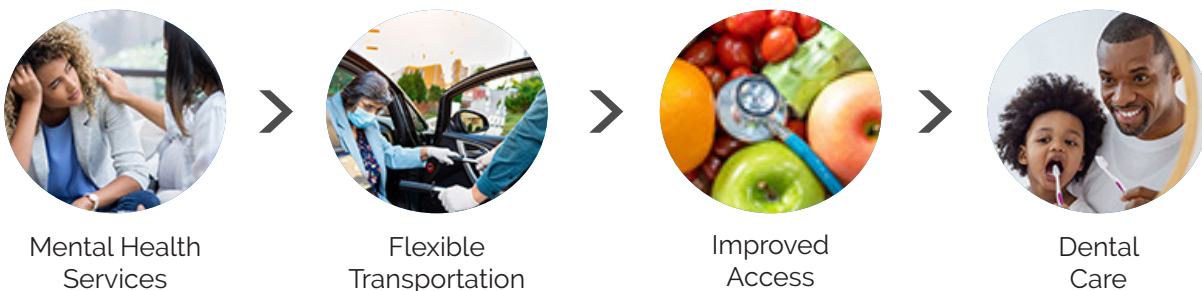
Three focus groups met through facilitated virtual conferencing on May 20, 2021, to discuss the state of overall health and wellness in the Carle Richland Memorial Hospital service area. They were also tasked with identifying health concerns and needs in the delivery of healthcare and health services in order to improve wellness and reduce chronic illness for all residents. The focus groups included representation of healthcare providers, community leaders, community services providers, schools, faith-based organizations, local elected officials, public health, and others. Several members of the groups provided services to underserved and unserved persons as all or part of their roles.

The findings of the focus groups were presented along with secondary data analyzed by the consultant to a third group for identification and prioritization of the significant health needs facing the community through a virtual conference on June 28, 2021.

The group consisted of representatives of public health, community leaders, healthcare providers, and community services providers.

## **IDENTIFICATION AND PRIORITIZATION**

At the conclusion of their review and discussion, the identification and prioritization group advanced the following needs:



### **1. Mental health services for children, adolescents, and adults, including:**

- Youth and adult inpatient care for treatment through recovery
- Improved access to counseling for youth, including services at schools
- Inpatient behavioral health and substance use crisis care
- Addiction medicine services, including Medication Assisted Treatment

2. **Flexible transportation for local appointments and assistance when needed for persons that have little or no transportation at home**
3. **Improved opportunities to achieve wellness through:**
  - Access to healthy foods and nutrition education
  - Access to low cost or free opportunities for recreation and fitness
4. **Dental care for underinsured and uninsured**

The results of the assessment process were then presented to senior staff at Carle Richland Memorial Hospital through a facilitated discussion for development of a plan to address the identified and prioritized needs. This session was held at Carle Richland Hospital on August 20, 2021.

## **ADDRESSING THE NEED > CREATING THE PLAN**

The group addressed the needs with the following strategies:

1. **Mental health services for children, adolescents, and adults, including:**
  - Youth and adult inpatient care for treatment through recovery
  - Improved access to counseling for youth, including services at schools
  - Inpatient behavioral health and substance use crisis care
  - Addiction medicine services, including Medication Assisted Treatment

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

- Carle Richland Memorial Hospital will explore increasing access to Medication Assisted Treatment/recovery resources
- Carle Richland Memorial Hospital will explore increasing relationships with inpatient behavioral health and substance use disorder providers
- Carle Richland Memorial Hospital will provide reasonable and appropriate support to development of the crisis program at Lawrence County Health Department
- Carle Richland Memorial Hospital will explore developing tele-counseling
- Carle Richland Memorial Hospital will explore new avenues to increase access to counseling
- Carle Richland Memorial Hospital will continue and expand the Mental Health First Aid program

*Anticipated impacts of these actions:*

Carle Richland Memorial Hospital anticipates that the steps set out above will create increased access to counseling for youth and adults, medication assisted treatment, and inpatient and crisis care for behavioral health and substance use disorder.

*Programs and resources the hospital plans to commit to address health need:*

- Administrative team

*Planned collaboration between hospital and other facilities or organizations:*

- SIU School of Medicine
- Public Health
- Inpatient providers
- Law enforcement
- Carle Behavioral Health services

**2. Flexible transportation for local appointments and assistance when needed for persons that have little or no transportation at home**

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

- Carle Richland Memorial Hospital will explore expanding care coordination services to include transportation

*Anticipated impacts of these actions:*

Carle Richland Memorial Hospital anticipates the expanding care coordination services to include transportation will improve coordination of transportation with appointments and address patient needs related to transportation.

*Programs and resources the hospital plans to commit to address health need:*

- Administration

*Planned collaboration between hospital and other facilities or organizations:*

- RIDES Mass Transit District
- Embarras River Basin Area Agency (ERBA)

### 3. Improved opportunities to achieve wellness through:

- Access to healthy foods and nutrition education
- Access to low cost or free opportunities for recreation and fitness

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

- Carle Richland Memorial Hospital will explore development of a community garden program
- Carle Richland Memorial Hospital will continue the demonstration garden for nutrition education
- Carle Richland Memorial Hospital will provide funding for lighting to enhance use of the community walking path in Olney
- Carle Richland Memorial Hospital will explore expanding services of Carle Health's Mobile Market
- Carle Richland Memorial Hospital will partner with Carle Health to provide the community with access to video with health and wellness content
- Carle Richland Memorial Hospital will continue to support local youth sports

#### *Anticipated impacts of these actions:*

Carle Richland Memorial Hospital anticipates that the addition of the programs and services to be undertaken will improve opportunities to achieve wellness through access to healthy foods and nutrition education, and access to low cost or free opportunities for recreation and fitness.

#### *Programs and resources the hospital plans to commit to address health need:*

- Administrative team
- Organizational and community development

#### *Planned collaboration between hospital and other facilities or organizations:*

- Volunteers
- Carle Health
- City of Olney
- University of Illinois Extension
- Carle Richland Auxiliary

#### 4. Dental care for underinsured and uninsured

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

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

*Anticipated impacts of these actions:*

Any impacts from any developments on this issue are dependent on external partners and solutions they may offer.

*Programs and resources the hospital plans to commit to address health need:*

- Administration

*Planned collaboration between hospital and other facilities or organizations:*

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



## BACKGROUND

The Community Health Needs Process is conducted every three years. In response to issues identified and prioritized and the implementation strategy developed to address them, Carle Richland Memorial Hospital has taken these steps since the last CHNA.

### Mental Health

- Have implemented a full-time MHFA program for both adult and youth MHFA
- Continue recruitment of behavioral health providers
- Have hired an LCPC
- Support community initiatives to bring additional monies to this area for mental health services by providing a letter of support for grant money
- Entered into an agreement for telehealth services from Pavilion Behavioral Health for tele-mental health services to the hospital's ED patients

### Dental Health

- CRMH stands ready to partner with the local FQHC to promote these services if needed. This was identified as a need that Carle Richland Memorial Hospital is not best suited to explore at this time.

### Access to Care Managers

- Hired a social worker. This person will mainly take care of inpatients, but could also assist in ED.

### Transportation:

- Added additional stops with RIDES Mass Transit and have an agreement with them to provide discharge patients a ride during service hours regardless of ability to pay.
- Richland County now has a LYFT service available on a limited basis.

## Improved Access to Services for Addiction/Recovery/Prevention

- A member of the CRMH Administrative team serves on the Richland County Addiction Prevention Coalition. This group was formed in the last few years to help bring awareness to the need for addiction prevention services.
- CRMH has added a "take back" box in the hospital's main lobby for the public to outdated prescription drugs for safe disposal at any time.

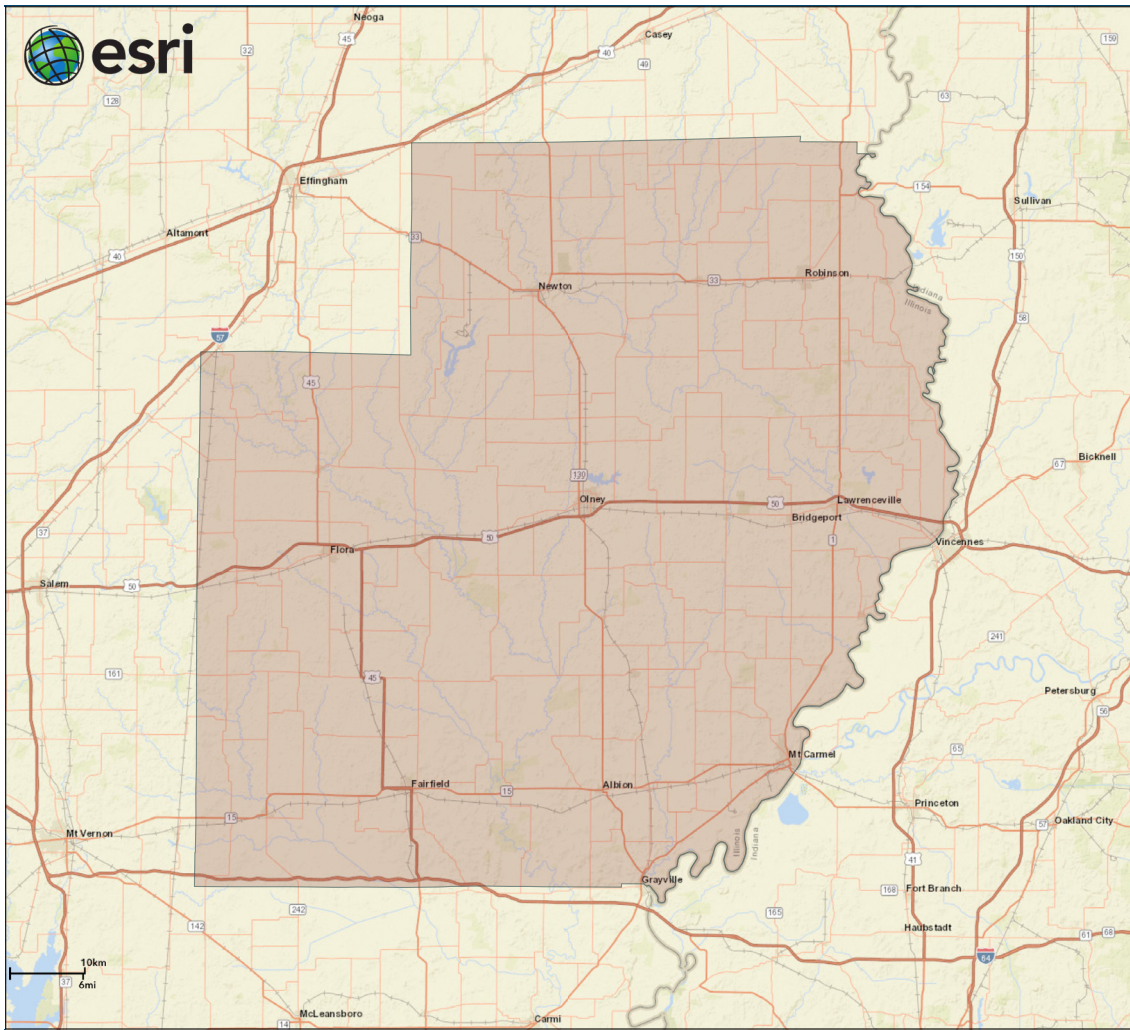
## Access to Weekend and After-Hours Care

- Opened Convenient Care. Original hours at opening were 10 am – 8 pm, seven days a week. Convenient Care has since expanded those hours to 8 am -8 pm each day, closed holidays.





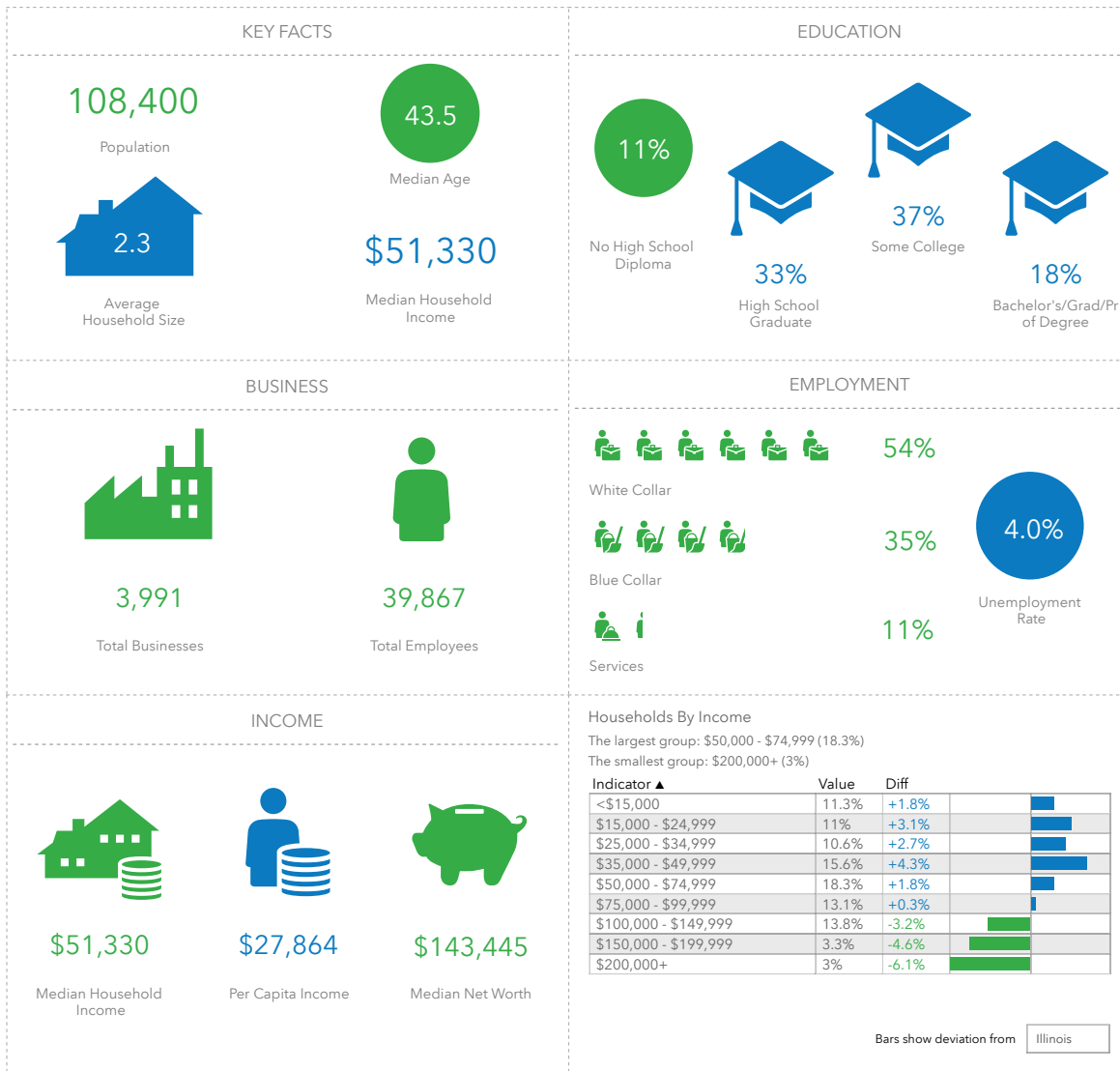
## CARLE RICHLAND MEMORIAL HOSPITAL SERVICE AREA



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

Carle Richland Memorial Hospital's service area is comprised of approximately 3,298.30 square miles, with a population of approximately 108,055 people and a population density of 33 people per square mile. The service area consists of the following rural Illinois counties:

**Richland • Lawrence • Edwards • Jasper  
Clay • Crawford • Wabash • Wayne**



This infographic contains data provided by Esri, Esri and Data Axle. The vintage of the data is 2021, 2026.

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The data on the following pages will take a deep dive into the demographics of the Carle Richland Memorial Hospital service area and will offer insight to both the commonality and complexity of the Carle Richland audience. The infographic above highlights some of the key facts of that data and provides a snapshot of the population served by Carle Richland Memorial Hospital.

The average household size of the area, at 2.3, is lower than both Illinois (3) and the U.S. (2.5). Median age is over 43.5 years, which is higher than Illinois and the U.S. The largest education segment is reported as some college, followed by high school graduates. College graduates in the area exceed the number of residents that did not complete high school.

The unemployment rate is typical of surrounding counties and other rural counties in Illinois and is better than national and statewide numbers. Also, as is the case in much of rural Illinois, income by households in the service area is lower than statewide.

Of the 84,721 residents over the age of 18, 7014 are veterans. This represents 8.28% of the eligible population.

## LOCAL IMPACT OF COVID

### COVID-19 Confirmed Cases

The Covid-19 epidemic has overshadowed many local health functions during 2020 and 2021. It has dramatically impacted overall health of the communities and the delivery of healthcare and health-related services. The broad impact has been seen throughout the communities, changing the way people work, shop, learn and communicate. The mortality rate related to Covid-19 in the service area of Carle Richland Memorial Hospital has generally exceeded the rate of the state of Illinois.

Report Area	Total Population	Total Confirmed Cases
Carle Richland	107,472	19,824
Clay County, IL	13,253	2,582
Crawford County, IL	18,807	3,313
Edwards County, IL	6,392	1,034
Jasper County, IL	9,611	1,610
Lawrence County, IL	15,765	3,308
Richland County, IL	15,763	2,790
Wabash County, IL	11,549	2,170
Wayne County, IL	16,332	3,017
Illinois	12,741,080	1,671,105
United States	326,262,499	44,370,839

**Confirmed  
 COVID-19 Cases**

*Note: This indicator is compared to the state average.  
 Data Source: Johns Hopkins University. Accessed via ESRI.  
 Additional data analysis by CARES. 2021. Source geography: County*

Report Area	Total Population	Total Deaths
Carle Richland	107,472	294
Clay County, IL	13,253	54
Crawford County, IL	18,807	30
Edwards County, IL	6,392	18
Jasper County, IL	9,611	21
Lawrence County, IL	15,765	33
Richland County, IL	15,763	57
Wabash County, IL	11,549	19
Wayne County, IL	16,332	62
Illinois	12,741,080	25,470
United States	326,262,499	694,077

**COVID-19  
Mortalities**

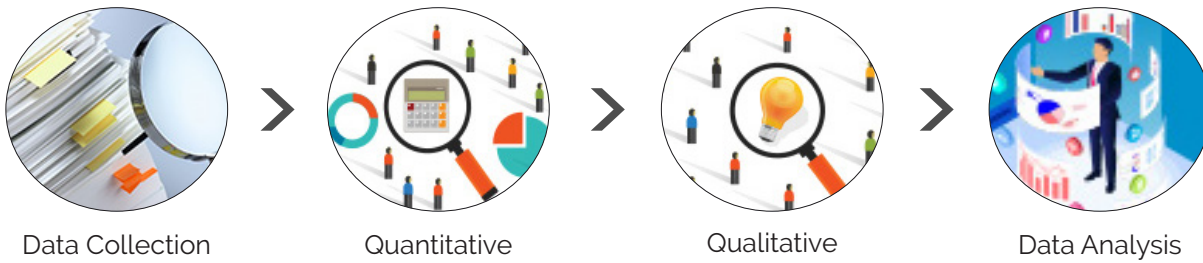
**COVID-19 Fully Vaccinated Adults**

This indicator reports the percent of adults fully vaccinated for COVID-19. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how challenging vaccine roll-out may be in some communities compared to others, with values ranging from 0 (least challenging) to 1 (most challenging).

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Carle Richland	No data	No data	No data	No data
Clay County, IL	41.1%	10.55%	0.37	10/17/2021
Crawford County, IL	51.2%	10.55%	0.43	10/17/2021
Edwards County, IL	43.1%	10.39%	0.43	10/17/2021
Jasper County, IL	39.9%	10.55%	0.44	10/17/2021
Lawrence County, IL	36.0%	10.55%	0.66	10/17/2021
Richland County, IL	50.4%	10.55%	0.41	10/17/2021
Wabash County, IL	53.3%	10.39%	0.66	10/17/2021
Wayne County, IL	43.8%	10.55%	0.53	10/17/2021
Illinois	63.5%	7.65%	0.37	10/17/2021
United States	64.2%	10.00%	0.39	10/17/2021

Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC GRASP. 2021.





## ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

### Data Collection

#### SECONDARY DATA

#### Description of Data Sources – Quantitative

Quantitative (secondary) data is collected from many resources including, but not restricted to, the following:

Source	Description
Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
SparkMap	SparkMap is an online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
US Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.

Source	Description
County Health Rankings	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
American Communities Survey	The American Community Survey (ACS), a product of the U.S. Census Bureau, helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
Illinois Department of Employment Security	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
National Cancer Institute	The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients, and the families of cancer patients.
Illinois Department of Public Health	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
HRSA	The Health Resources and Services Administration of the US Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
ESRI	ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined, level.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year, it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
USDA	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

Secondary data is initially collected through the SparkMap and/or ESRI systems and then reviewed. Questions raised by the data reported from those sources are compared with other federal, state and local data sources in order to resolve or reconcile potential issues with reported data.

## PRIMARY DATA

Three focus groups were convened virtually on May 20, 2021. The groups included representation of healthcare providers, community leaders, community services providers, schools, faith-based organizations, local elected officials, public health and others. Several members of the groups provided services to underserved and unserved persons as all or part of their roles. The organizations and persons that participated are detailed in the appendix.

In response to a request to identify positive developments in health and healthcare in the service area of Carle Richland Memorial Hospital the group put forward the following:

### Focus Group One

- Communication among health departments, Carle Richland Memorial Hospital, and other providers has been very strong
- Local nurses are going back to school to pursue Psychiatric Nurse Practitioner education
- There is access to a psychiatrist
- Access to nurse practitioners is relieving burden on physicians
- The ability to get patients to appointments has improved
- There has been funding to address behavioral health issues, especially to the health departments
- RIDES Mass Transit has greatly improved transportation options and opportunities
- There has been good cooperation on many issues throughout the community during COVID-19
- Convenient Care expanded services and hours
- The faith-based community has stepped up to help with food access issues



## Focus Group Two

- Community Care expansion has helped college students and faculty
- Since the association with Carle Health System, there has been better access to local primary care and specialists
- RIDES Mass Transit has become a big asset
- Renovation at Richland County High School has improved the ability to offer opportunities and accessibility to students in the community
- There are more mental health providers and services at Carle Richland Memorial Hospital
- Unit 20 schools in Lawrence County have strong relationships with their health department and local hospital
- Lawrence County Health Department provides additional counselor to the schools there
- Mental Health First Aid is being taught throughout the community

## Focus Group Three

- There are good faith-based outreach ministries in the communities, including a strong disaster response program
- Progress has been made to address depression and isolation
- The waiting list at the Housing Authority in Richland County is short, and availability of public housing is expanding
- The community rallied to address COVID-19
- There is improved access to helicopter services at Carle Richland Memorial Hospital
- Carle Richland Memorial Hospital has a great system for COVID-19 vaccination

When asked to identify current needs in local healthcare and community health, the group identified the following:

### **Focus Group One**

- Better access to family practice physicians
- Better local access to specialists
- Better access to mental health services to reduce wait time to services
- Address opioids
- Local detoxification
- Better access to medication-assisted treatment and related counseling
- Better access to senior assisted living opportunities for persons with limited ability to pay
- Better access to local home care and services for persons, especially seniors, that need help but who are not homebound
- Address substance use disorders based on stimulants, especially methamphetamine
- Better coordination and access for addiction medicine solutions
- Recruit more counselors
- Inpatient care for behavioral health and substance use disorders
- Consider a secure car or other option as an alternative to using ambulances for behavioral health and substance use disorder transport
- Parenting education on parenting
- Access to dental care for Medicaid patients, especially youth

## Focus Group Two

- There are still needs for transportation to and from services despite the improvements RIDES Mass Transit has brought to the area
- Better and more timely access to mental health counseling
- Increased access to health services on the ground for students and faculty at schools
- Community education addressing stigma and socio-emotional issues
- Recruitment and retention of capable and qualified mental health providers
- Access to pre-trial services to jail inmates
- Services for relocated or transient children while paperwork catches up with them
- Crisis services for mental health
- Better explanation of helicopter services and options
- Address drug and alcohol abuse and use disorders among low income residents
- Expansion of public health services in Richland County

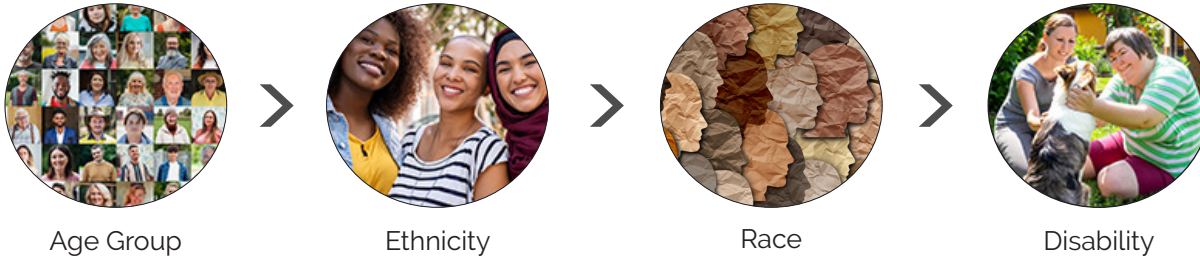
## Focus Group Three

- Better understand and address needs of the elderly
- Better access to services for depression, stress, fear, and isolation
- Continue the process of addressing the tension resulting from a local killing of a 19-year-old in 2020
- Additional mental health providers
- Education about parenting skills, including household management
- Services for the homeless
- Coordination of mental health services, social services, and meeting basic needs
- Better and more timely access to mental health services across the board
- Local access to inpatient detoxification
- Inpatient substance use disorder services

Through these groups, Carle Richland Memorial Hospital sought and received input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to healthcare due to geographic, language, financial, or other barriers. Representatives of local public health agencies were actively involved in the process.







## DATA ANALYSIS

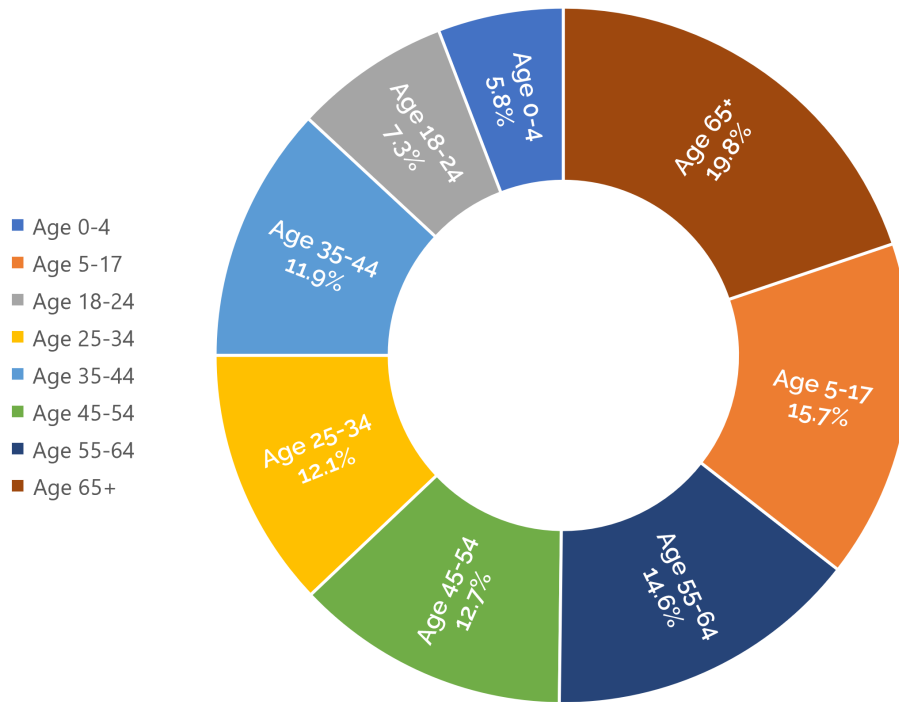
### DEMOGRAPHICS

#### Total Population by Age Group

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+
Carle Richland	6,304	17,010	7,844	13,043	12,864	13,772	15,822	21,396
Clay County, IL	744	2,273	932	1,499	1,508	1,708	1,962	2,661
Crawford County, IL	1,017	2,746	1,433	2,577	2,421	2,502	2,718	3,558
Edwards County, IL	367	1,132	440	651	746	825	944	1,350
Jasper County, IL	597	1,629	651	1,020	1,101	1,270	1,499	1,827
Lawrence County, IL	783	2,111	1,283	2,317	2,170	2,101	2,263	3,005
Richland County, IL	1,051	2,575	1,145	1,797	1,796	1,934	2,302	3,166
Wabash County, IL	719	1,847	806	1,330	1,310	1,439	1,759	2,336
Wayne County, IL	1,026	2,697	1,154	1,852	1,812	1,993	2,375	3,493
Illinois	767,193	2,124,333	1,192,806	1,770,290	1,644,531	1,672,220	1,656,724	1,942,534
United States	19,767,670	53,661,722	30,646,327	45,030,415	40,978,831	42,072,620	41,756,414	50,783,796

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

## Total Population by Age Groups, Carle Richland Memorial Hospital Service Area



## Total Population by Ethnicity

Report Area	Total Population	Hispanic or Latino Population	Hispanic or Latino Population, Percent	Non-Hispanic Population	Non-Hispanic Population, Percent
Carle Richland	108,055	2,056	1.90%	105,999	98.10%
Clay County, IL	13,287	17	0.13%	13,270	99.87%
Crawford County, IL	18,972	621	3.27%	18,351	96.73%
Edwards County, IL	6,455	89	1.38%	6,366	98.62%
Jasper County, IL	9,594	34	0.35%	9,560	99.65%
Lawrence County, IL	16,033	615	3.84%	15,418	96.16%
Richland County, IL	15,766	270	1.71%	15,496	98.29%
Wabash County, IL	11,546	308	2.67%	11,238	97.33%
Wayne County, IL	16,402	102	0.62%	16,300	99.38%
Illinois	12,770,631	2,186,387	17.12%	10,584,244	82.88%
United States	324,697,795	58,479,370	18.01%	266,218,425	81.99%

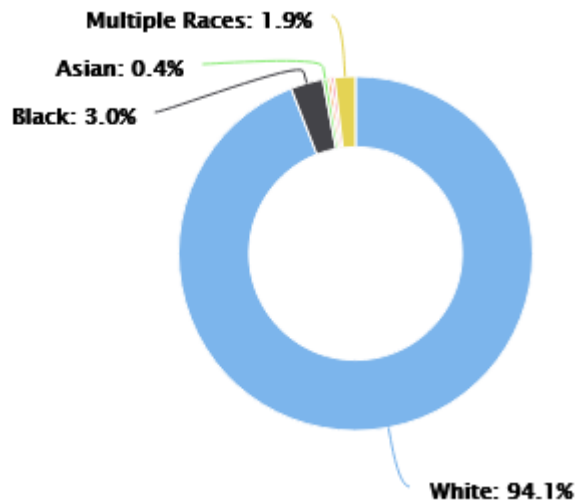
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract

## Total Population by Race Alone

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Carle Richland	101,646	3,222	451	355	14	315	2,052
Clay County, IL	12,782	107	42	32	0	1	323
Crawford County, IL	17,119	1,231	61	15	14	75	457
Edwards County, IL	6,250	57	18	39	0	0	91
Jasper County, IL	9,333	47	9	3	0	8	194
Lawrence County, IL	14,073	1,331	87	163	0	71	308
Richland County, IL	15,178	125	80	71	0	92	220
Wabash County, IL	11,062	76	112	2	0	39	255
Wayne County, IL	15,849	248	42	30	0	29	204
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

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

## Total Population by Race Alone, Carle Richland Memorial Hospital Service Area





## Population with any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 102,805 for whom disability status has been determined, of which 19,045 or 18.53% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Population with a Disability	Population with a Disability, Percent
Carle Richland	102,805	19,045	<b>18.53%</b>
Clay County, IL	13,119	2,576	19.64%
Crawford County, IL	16,659	2,970	17.83%
Edwards County, IL	6,428	1,038	16.15%
Jasper County, IL	9,532	1,951	20.47%
Lawrence County, IL	13,675	2,902	21.22%
Richland County, IL	15,571	2,709	17.40%
Wabash County, IL	11,466	2,041	17.80%
Wayne County, IL	16,355	2,858	17.47%
Illinois	12,591,483	1,388,097	11.02%
United States	319,706,872	40,335,099	12.62%

*Note: This indicator is compared to the state average.  
 Data Source: US Census Bureau, American Community Survey, 201519. Source geography: Tract*

## SOCIAL DETERMINANTS OF HEALTH

The data and discussion on the following pages will take a look into the social determinants in the Carle Richland Memorial Hospital service area and will offer insight into the complexity of circumstances that impact physical and mental wellness for the Carle Richland audience. The infograph on the following page provides a snapshot of the at-risk population served by Carle Richland Memorial Hospital.

The CDC describes social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes. Healthy People 2030 uses a place-based framework that outlines five key areas of SDOH:

- Healthcare access and quality, including:
  - Access to healthcare
  - Access to primary care
  - Health insurance coverage
  - Health literacy
- Education access and quality, including:
  - High school graduation
  - Enrollment in higher education
  - Educational attainment in general
  - Language and literacy
  - Early childhood education and development
- Social and community context – within which people live, learn work and play, including:
  - Civic participation
  - Civic cohesiveness
  - Discrimination
  - Conditions within the workplace
- Economic stability, including:
  - Income
  - Cost of living
  - Socioeconomic status
  - Poverty

- Employment
- Food security
- Housing stability
- Neighborhood and built environment, including:
  - Quality of housing
  - Access to transportation
  - Availability of healthy food
  - Air and water quality
  - Crime and violence
  - Housing stability

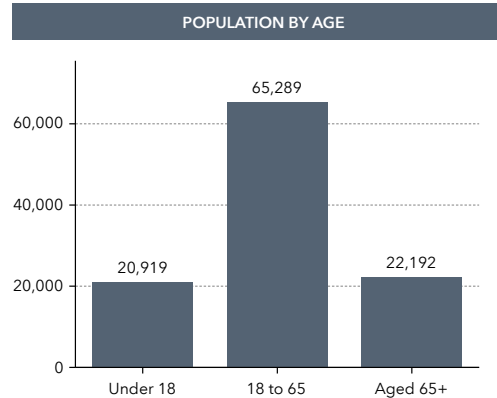
Some of the social determinant indicators reflected in the data include:

- 15,327 households with disability
- 6,294 households below the poverty level (14%)
- 2,727 households with no vehicle
- A population over age 65 that is larger than the population under 18

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

# AT RISK POPULATION PROFILE

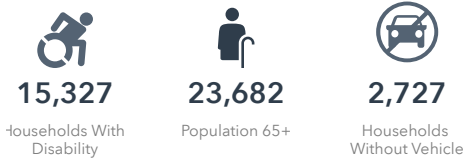
Geography: County



Source: Esri forecasts for 2021, U.S. Census Bureau 2015-2019 American Community Survey (ACS) Data.

**108,400** Population    **44,529** Households    **2.33** Avg Size Household    **43.5** Median Age    **\$51,330** Median Household Income    **\$98,775** Median Home Value    **66** Wealth Index    **251** Housing Affordability    **17** Diversity Index

## AT RISK POPULATION



## POVERTY AND LANGUAGE



## POPULATION AND BUSINESSES



Language Spoken (ACS)	Age 5-17	18-64	Age 65+	Total
<b>English Only</b>	16,623	60,492	20,983	98,098
<b>Spanish</b>	153	1,690	181	2,024
Spanish & English Well	113	1,169	107	1,389
Spanish & English Not Well	39	481	65	585
Spanish & No English	1	40	9	50
<b>Indo-European</b>	211	776	178	1,165
Indo-European & English Well	172	697	144	1,013
Indo-European & English Not Well	0	77	29	106
Indo-European & No English	39	2	5	46
<b>Asian-Pacific Island</b>	23	257	51	331
Asian-Pacific Isl & English Well	23	231	50	304
Asian-Pacific Isl & English Not Well	0	26	0	26
Asian-Pacific Isl & No English	0	0	1	1
<b>Other Language</b>	0	130	3	133
Other Language & English Well	0	130	3	133
Other Language & English Not Well	0	0	0	0
Other Language & No English	0	0	0	0

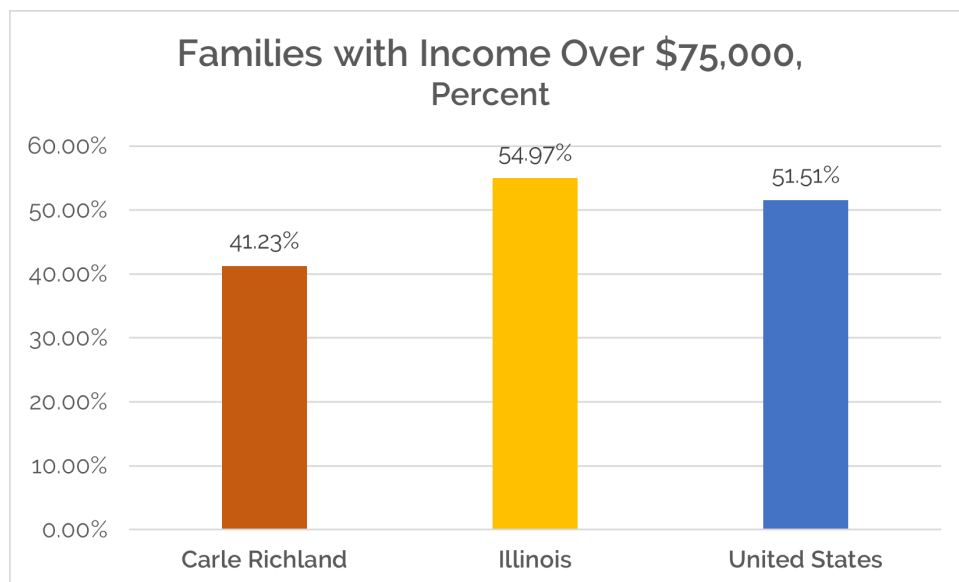
Version 1.8 © 2021 Esri

## Income - Families Earning Over \$75,000

In the report area, 41.23%, or 11,937 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 selfemployment, 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
Carle Richland	28,951	11,937	<b>41.23%</b>
Clay County, IL	3,818	1,446	37.87%
Crawford County, IL	4,974	2,152	43.26%
Edwards County, IL	1,803	824	45.70%
Jasper County, IL	2,423	1,069	44.12%
Lawrence County, IL	4,106	1,616	39.36%
Richland County, IL	4,073	1,730	42.47%
Wabash County, IL	3,225	1,432	44.40%
Wayne County, IL	4,529	1,668	36.83%
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*

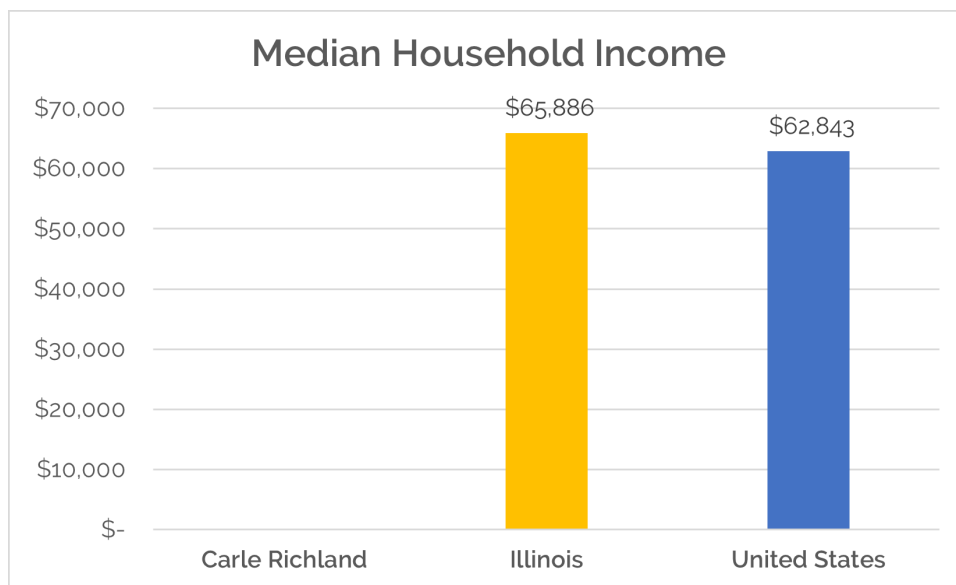


## Income – Median Household Income

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.

Report Area	Total Households	Average Household Income	Median Household Income
Carle Richland	44,494	\$63,964	No data
Clay County, IL	5,696	\$62,922	\$48,500
Crawford County, IL	7,666	\$68,410	\$49,779
Edwards County, IL	2,773	\$65,280	\$51,080
Jasper County, IL	3,711	\$64,186	\$54,256
Lawrence County, IL	6,306	\$62,206	\$46,636
Richland County, IL	6,452	\$63,252	\$48,894
Wabash County, IL	4,839	\$65,575	\$50,770
Wayne County, IL	7,051	\$60,461	\$50,251
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: County*

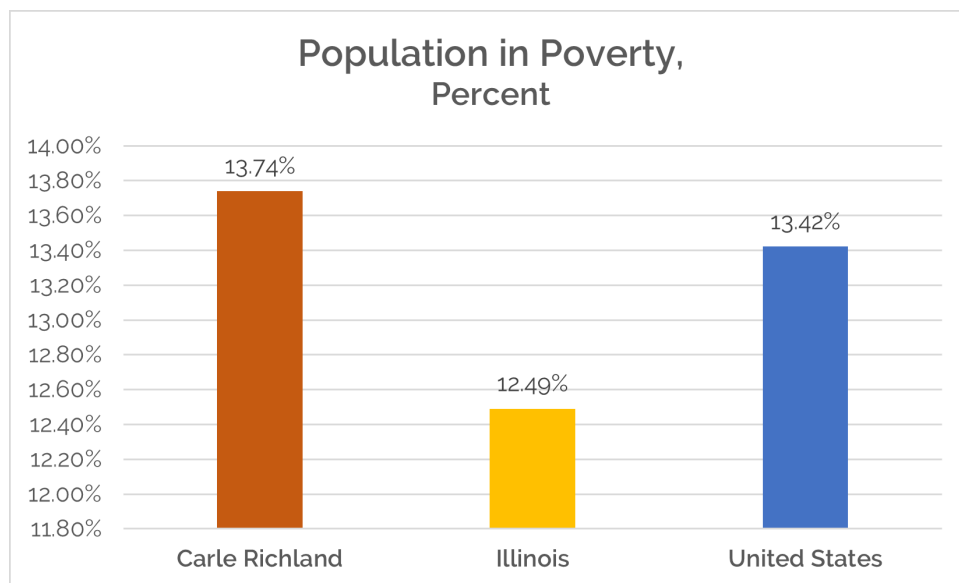


## Poverty – Populations Below 100% FPL

Poverty is considered a key driver of health status. Within the report area 13.74% or 14,051 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, health food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Carle Richland	102,253	14,051	<b>13.74%</b>
Clay County, IL	13,049	2,153	16.50%
Crawford County, IL	16,618	1,934	11.64%
Edwards County, IL	6,363	649	10.20%
Jasper County, IL	9,408	1,288	13.69%
Lawrence County, IL	13,618	2,212	16.24%
Richland County, IL	15,464	2,278	14.73%
Wabash County, IL	11,429	1,373	12.01%
Wayne County, IL	16,304	2,164	13.27%
Illinois	12,474,842	1,557,873	12.49%
United States	316,715,051	42,510,843	13.42%

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

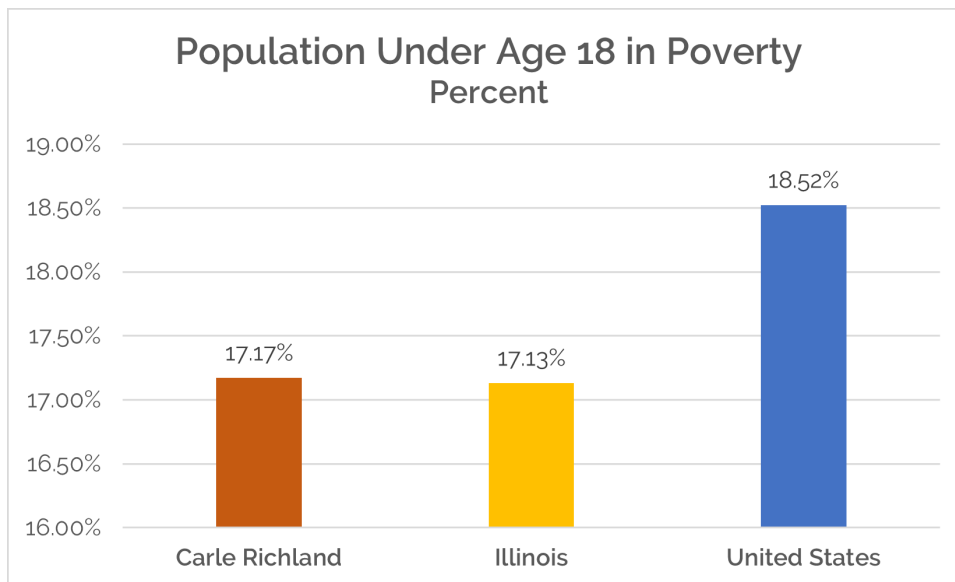


## Poverty – Children Below 100% FPL

In the report area, 17.17% or 3,897 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
Carle Richland	102,253	22,692	3,897	<b>17.17%</b>
Clay County, IL	13,049	2,947	654	22.19%
Crawford County, IL	16,618	3,672	396	10.78%
Edwards County, IL	6,363	1,434	164	11.44%
Jasper County, IL	9,408	2,096	339	16.17%
Lawrence County, IL	13,618	2,837	691	24.36%
Richland County, IL	15,464	3,519	552	15.69%
Wabash County, IL	11,429	2,529	300	11.86%
Wayne County, IL	16,304	3,658	801	21.90%
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: County*



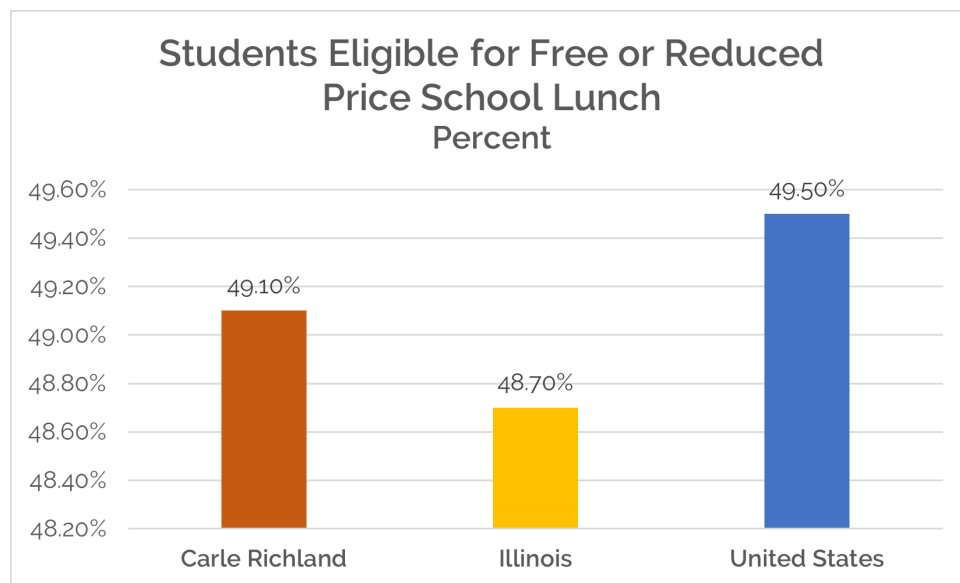


## Poverty – Children Eligible for Free/Reduced Price Lunch

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 thresholds part of the federal National School Lunch Program (NSLP). Out of 15,899 total public school students in the report area, 7,805 were eligible for the free or reduce price lunch program in the latest report year. This represents 49.1% of public school students, which is higher than the state average of 48.7%.

Report Area	Total Students	Students Eligible for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent
Carle Richland	15,899	7,805	<b>49.1%</b>
Clay County, IL	2,345	1,265	53.9%
Crawford County, IL	2,837	1,259	44.4%
Edwards County, IL	896	342	38.2%
Jasper County, IL	1,310	514	39.2%
Lawrence County, IL	2,101	1,186	56.4%
Richland County, IL	2,346	1,214	51.7%
Wabash County, IL	1,634	868	53.1%
Wayne County, IL	2,430	1,157	47.6%
Illinois	1,966,209	958,291	48.7%
United States	50,744,629	25,124,175	49.5%

*Note: This indicator is compared to the state average.  
 Data Source: National Center for Education Statistics, NCES Common Core of Data. 201819. Source geography: Address*

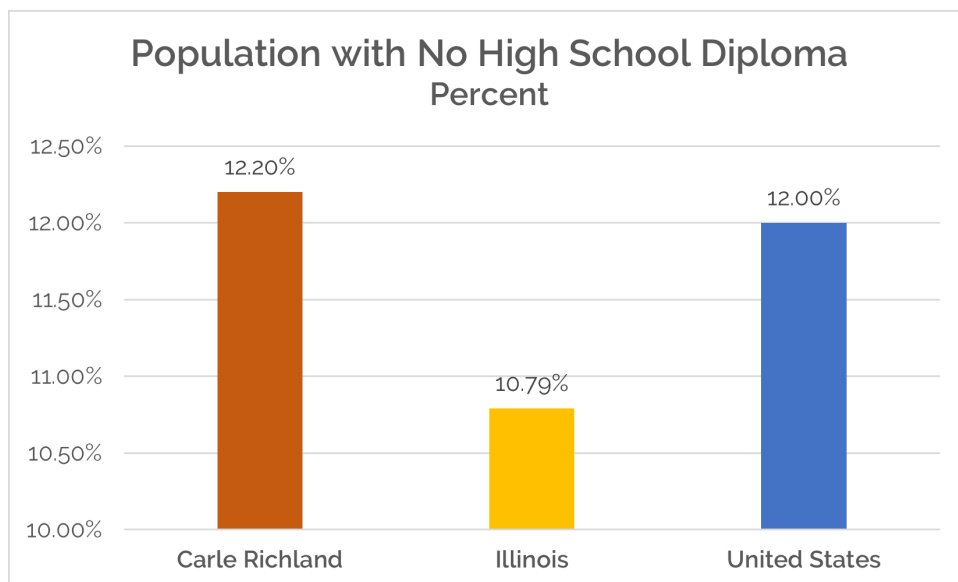


## Education – Attainment

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 11.5% have at least a college bachelor's degree, while 33.4% 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
Carle Richland	<b>12.2%</b>	33.4%	22.2%	15.5%	11.5%	5.2%
Clay County, IL	12.03%	38.6%	22.6%	11.8%	10.1%	4.8%
Crawford County, IL	15.00%	28.6%	22.5%	16.9%	11.6%	5.5%
Edwards County, IL	8.02%	34.5%	25.6%	17.9%	10.2%	3.7%
Jasper County, IL	10.23%	39.1%	19.0%	15.1%	11.8%	4.8%
Lawrence County, IL	15.12%	34.7%	21.1%	14.2%	9.6%	5.3%
Richland County, IL	10.89%	29.9%	22.1%	16.1%	14.4%	6.6%
Wabash County, IL	9.42%	30.7%	24.2%	17.5%	12.0%	6.2%
Wayne County, IL	12.06%	34.9%	22.1%	15.6%	11.4%	4.0%
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%

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

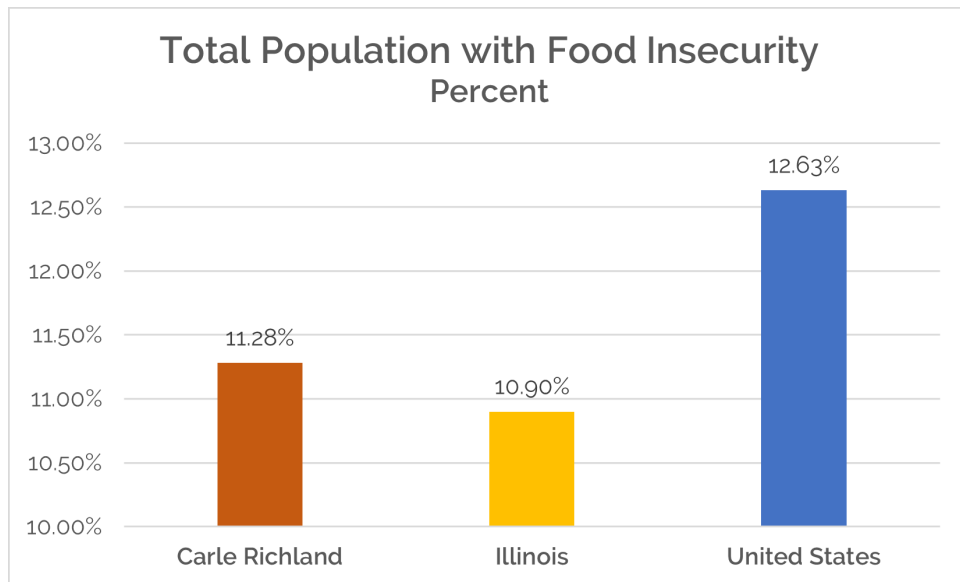


## Food Insecurity Rate

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
Carle Richland	109,222	12,320	<b>11.28%</b>
Clay County, IL	13,394	1,460	10.90%
Crawford County, IL	19,159	2,050	10.70%
Edwards County, IL	6,526	620	9.50%
Jasper County, IL	9,592	940	9.80%
Lawrence County, IL	16,466	2,190	13.30%
Richland County, IL	15,913	1,830	11.50%
Wabash County, IL	11,589	1,240	10.70%
Wayne County, IL	16,583	1,990	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*



## HEALTH AND WELLNESS INDICATORS

### Physical Inactivity

This indicator reports the percentage of adults aged 20 and older who 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
Carle Richland	82,524	21,407	<b>24.2%</b>
Clay County, IL	10,023	3,518	32.6%
Crawford County, IL	14,787	4,658	30.6%
Edwards County, IL	4,889	1,237	23.2%
Jasper County, IL	7,160	1,432	18.3%
Lawrence County, IL	12,659	3,342	25.5%
Richland County, IL	11,890	2,378	18.1%
Wabash County, IL	8,720	1,805	18.8%
Wayne County, IL	12,396	3,037	22.3%
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*

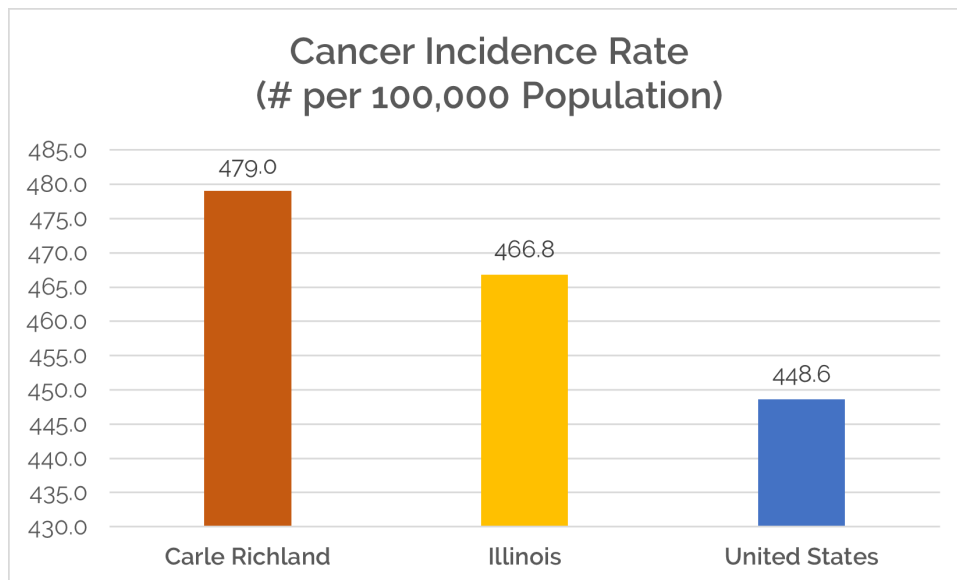
## CHRONIC ILLNESS

### Cancer Incidence – All Sites

This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites), adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). Within the report area, there were 731 new cases of cancer reported. This means there is a rate of 479.0 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Carle Richland	152,598	731	<b>479.0</b>
Clay County, IL	18,881	106	561.4
Crawford County, IL	26,759	127	474.6
Edwards County, IL	9,459	38	401.7
Jasper County, IL	13,350	63	471.9
Lawrence County, IL	20,992	99	471.6
Richland County, IL	22,132	110	497.0
Wabash County, IL	16,505	75	454.4
Wayne County, IL	24,517	113	460.9
Illinois	14,903,598	69,570	466.8
United States	379,681,007	1,703,249	448.6

*Note: This indicator is compared to the state average.  
 Data Source: State Cancer Profiles. 2014-18. Source geography: County*



## Mortality – Cancer

This indicator reports the 2015-2019 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States. Within the report area, there are a total of 1,380 deaths due to cancer. This represents an age-adjusted death rate of 172 people per every 100,000 total population. *Note: Data are suppressed for counties with fewer than 20 deaths in the timeframe.*

This indicator reports the 2015-2019 five-year average rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Within the report area, there are a total of 1,380 deaths due to cancer. This represents an age-adjusted death rate of 172.3 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)
Carle Richland	108,186	1,380	255.1	<b>172.3</b>
Clay County, IL	13,287	190	286.0	193.7
Crawford County, IL	19,031	242	254.3	173.8
Edwards County, IL	6,466	70	216.5	138.4
Jasper County, IL	9,588	101	210.7	137.3
Lawrence County, IL	16,096	222	275.9	207.0
Richland County, IL	15,827	194	245.2	158.6
Wabash County, IL	11,518	141	244.8	160.4
Wayne County, IL	16,372	220	268.8	174.8
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 →*

*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*

## Chronic Conditions – Adult

This table presents the percentage of adults ever diagnosed with Chronic Lower Respiratory Disease, Diabetes, Coronary Heart Disease and High Blood Pressure. The data is reflected by county and the entire service area and provides comparisons within the service area. The range of persons diagnosed with diabetes, from 6.1% in Edwards County to 18.6% Wayne County, is an example of information that may warrant further exploration.

Report Area	Total Population (2010)	Percentage of Adults Ever Diagnosed with Chronic Lower Respiratory Disease	Adults with Diagnosed Diabetes, Age-Adjusted Rate	Percentage of Adults Ever Diagnosed with Coronary Heart Disease	Percentage of Adults with High Blood Pressure
Carle Richland	107,472	9.5%	11.5%	8.4%	37.0%
Clay County	13,253	9.9%	13.0%	8.7%	37.0%
Crawford County	18,807	9.0%	9.0%	7.8%	36.2%
Edwards County	6,392	9.2%	6.1%	8.2%	37.4%
Jasper County	9,611	9.3%	7.4%	8.2%	36.4%
Lawrence County	15,765	9.5%	17.5%	7.9%	36.7%
Richland County	15,763	9.8%	8.9%	8.9%	37.7%
Wabash County	11,549	9.3%	8.7%	8.4%	36.9%
Wayne County	16,332	10.1%	18.6%	9.0%	38.0%
Illinois	12,741,080	7.0%	9.0%	6.4%	32.7%

*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.*



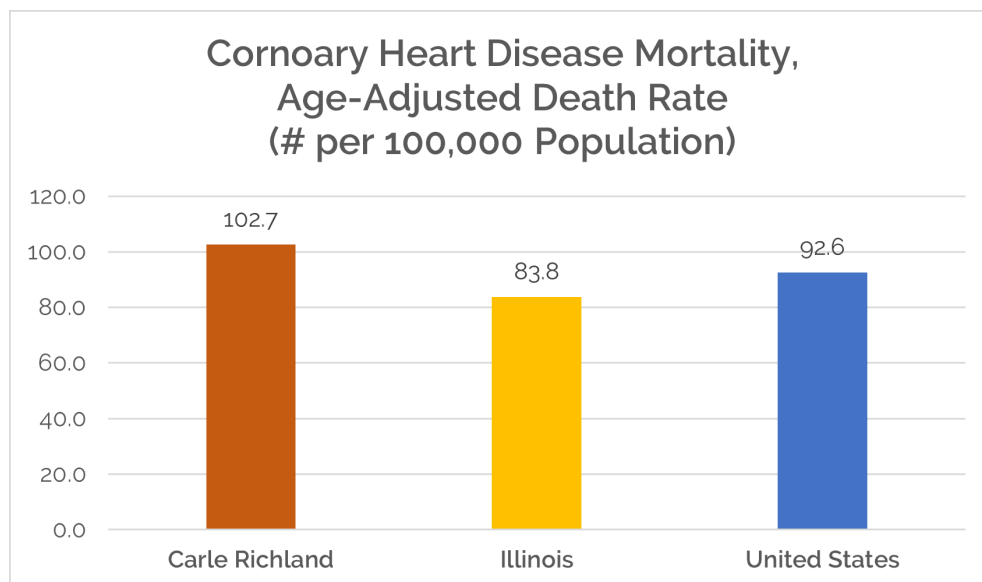


## Mortality – Coronary Heart Disease

This indicator reports the 2015-2019 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) 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 coronary heart disease is a leading cause of death in the United States. Within the report area, there are a total of 858 deaths due to coronary heart disease. This represents an age-adjusted death rate of 103 people per every 100,000 total population. *Note: Data are suppressed for counties with fewer than 20 deaths in the timeframe.*

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)
Carle Richland	108,186	858	158.6	<b>102.7</b>
Clay County, IL	13,287	82	123.4	79.0
Crawford County, IL	19,031	156	163.9	110.0
Edwards County, IL	6,466	66	204.1	135.1
Jasper County, IL	9,588	85	177.3	112.8
Lawrence County, IL	16,096	129	160.3	117.8
Richland County, IL	15,827	149	188.3	110.7
Wabash County, IL	11,518	70	121.5	74.5
Wayne County, IL	16,372	121	147.8	91.9
Illinois	12,775,292	64,722	101.3	83.8
United States	325,134,494	1,822,811	112.1	92.6

*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*

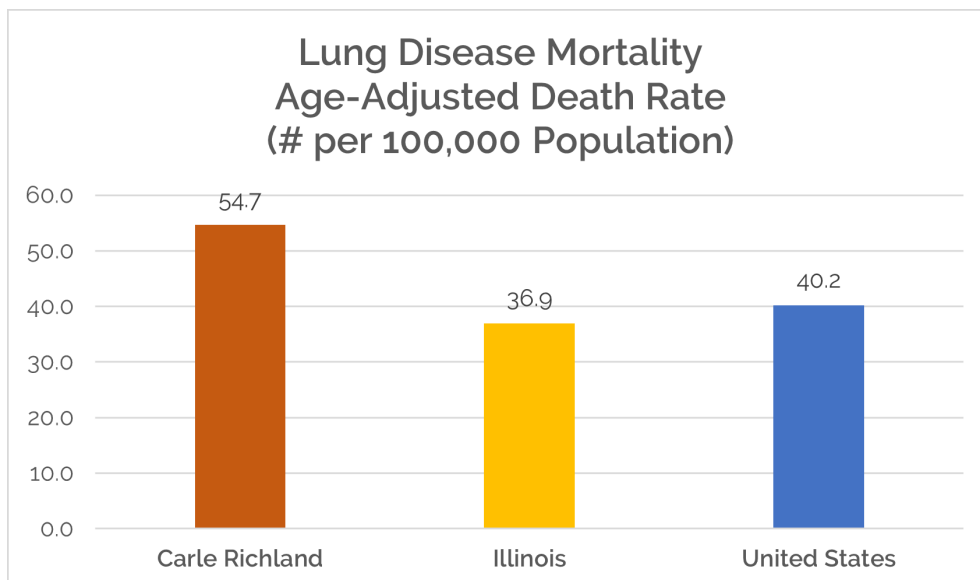


## Mortality – Lung Disease

This indicator reports the 2015-2019 five-year average rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States. Within the report area, there are a total of 462 deaths due to lung disease. This represents an age-adjusted death rate of 55 people per every 100,000 total population. *Note: Data are suppressed for counties with fewer than 20 deaths in the timeframe.*

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)
Carle Richland	108,186	462	85.4	<b>54.7</b>
Clay County, IL	13,287	62	93.3	59.2
Crawford County, IL	19,031	68	71.5	48.9
Edwards County, IL	6,466	26	80.4	48.0
Jasper County, IL	9,588	36	75.1	47.1
Lawrence County, IL	16,096	64	79.5	58.0
Richland County, IL	15,827	74	93.5	57.2
Wabash County, IL	11,518	51	88.5	54.2
Wayne County, IL	16,372	81	99.0	59.7
Illinois	12,775,292	28,086	44.0	36.9
United States	325,134,494	786,303	48.4	40.2

*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*



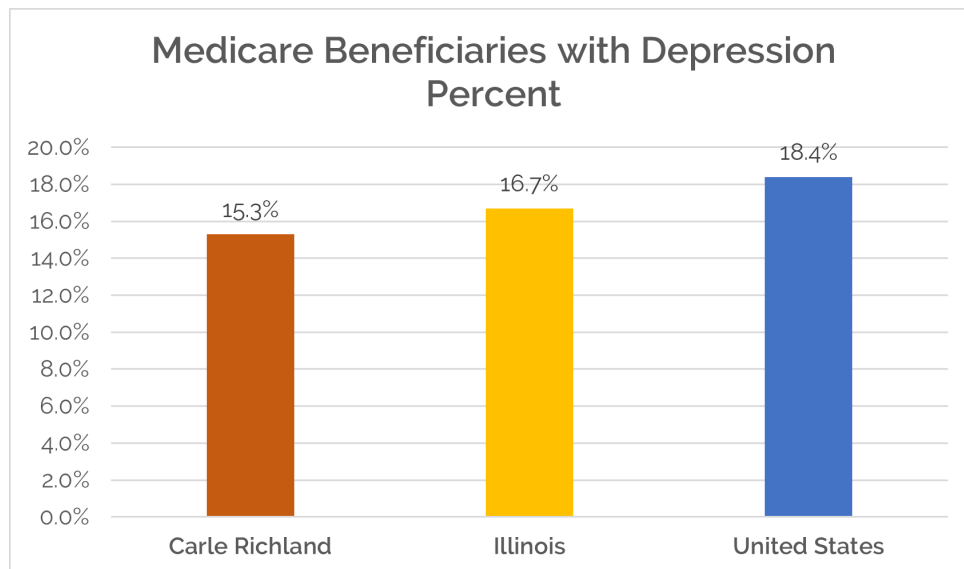
## MENTAL HEALTH

### Chronic Conditions – 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 3,331 beneficiaries with depression based on administrative claims data in the latest report year. This represents 15.3% of the total Medicare fee-for-service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Beneficiaries with Depression, Percent
Carle Richland	21,704	3,331	15.3%
Clay County, IL	2,868	562	19.6%
Crawford County, IL	3,845	534	13.9%
Edwards County, IL	1,368	164	12.0%
Jasper County, IL	1,903	309	16.2%
Lawrence County, IL	2,806	461	16.4%
Richland County, IL	3,181	479	15.1%
Wabash County, IL	2,321	314	13.5%
Wayne County, IL	3,412	508	14.9%
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.



## Access to Care – Mental Health

This indicator reports the number of mental health providers in the report area as a rate per 100,000 total area population. Mental health providers include psychiatrists, psychologist, clinical social workers, and counselors that specialize in mental healthcare. Data from the 2020 Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file are used in the 2021 County Healthy Rankings. Within the report area, there were 257 mental health providers with a CMS National Provider Identifier (NPI). This represents 241 providers per 100,000 total population. *Note: Data are suppressed for counties with population greater than 1,000 and 0 mental health providers.*

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Carle Richland	106,782	257	415.5	<b>240.7</b>
Clay County, IL	13,184	17	775.5	128.9
Crawford County, IL	18,667	38	491.2	203.6
Edwards County, IL	6,395	4	1,598.7	62.5
Jasper County, IL	9,610	37	259.7	385
Lawrence County, IL	15,678	37	423.7	236
Richland County, IL	15,513	72	215.5	464.1
Wabash County, IL	11,520	34	338.8	295.1
Wayne County, IL	16,215	18	900.8	111
Illinois	25,293,636	62,162	406.9	245.8
United States	655,362,202	1,714,472	382.3	261.6

*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). Accessed via County Health Rankings.*

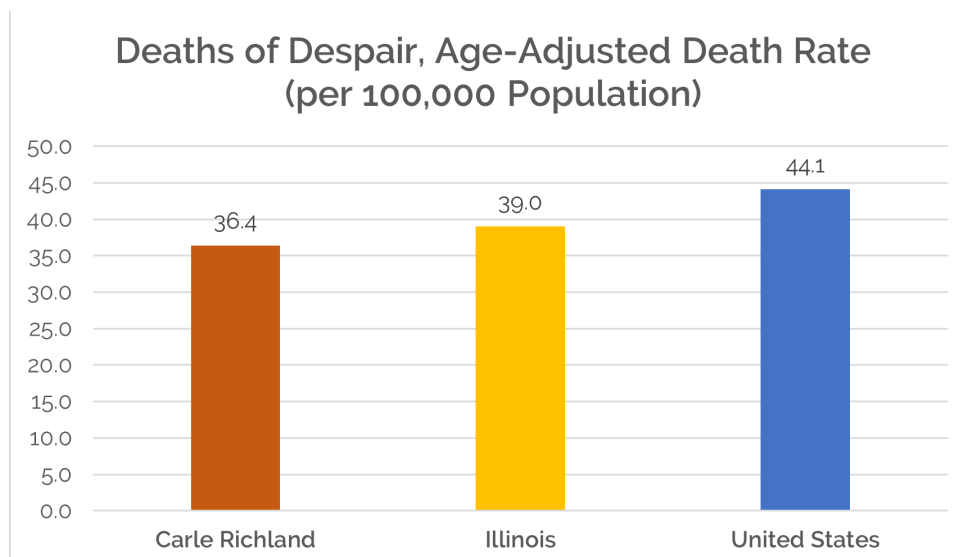
## BEHAVIORAL HEALTH

### Deaths of Despair – 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 206 deaths of despair. This represents an age-adjusted death rate of 36 people 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)
Carle Richland	108,186	206	38.1	<b>36.4</b>
Clay County, IL	13,287	21	31.6	30.8
Crawford County, IL	19,031	27	28.4	26.5
Edwards County, IL	6,466	13	40.2	No data
Jasper County, IL	9,588	14	29.2	No data
Lawrence County, IL	16,096	34	42.3	39.5
Richland County, IL	15,827	30	37.9	35.1
Wabash County, IL	11,518	26	45.1	41.8
Wayne County, IL	16,372	41	50.1	47.0
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.



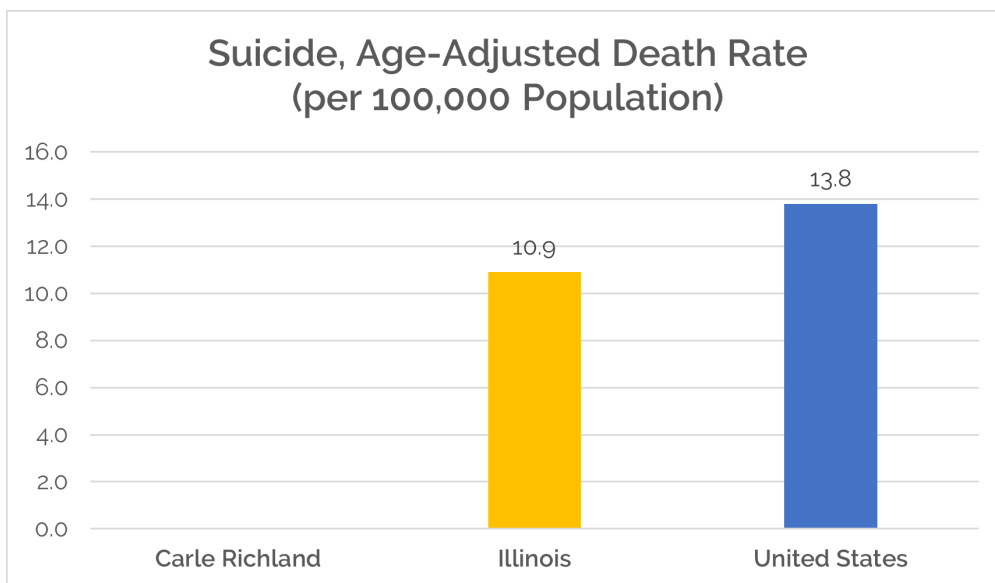
## Mortality – Suicide

This indicator reports the 2015-2019 five-year average rate of death due to intentional self-harm (suicide) per 100,000 populations. 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 suicide is an indicator of poor mental health.

*Note: Data are suppressed for counties with fewer than 20 deaths in the timeframe.*

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)
Carle Richland	108,186	64	15.9	No data
Clay County, IL	13,287	10	15.1	No data
Crawford County, IL	19,031	13	13.7	No data
Edwards County, IL	6,466	No data	No data	No data
Jasper County, IL	9,588	No data	No data	No data
Lawrence County, IL	16,096	13	16.1	No data
Richland County, IL	15,827	12	15.2	No data
Wabash County, IL	11,518	No data	No data	No data
Wayne County, IL	16,372	16	19.6	No data
Illinois	12,775,292	7,179	11.2	10.9
United States	325,134,494	232,186	14.3	13.8

*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.*



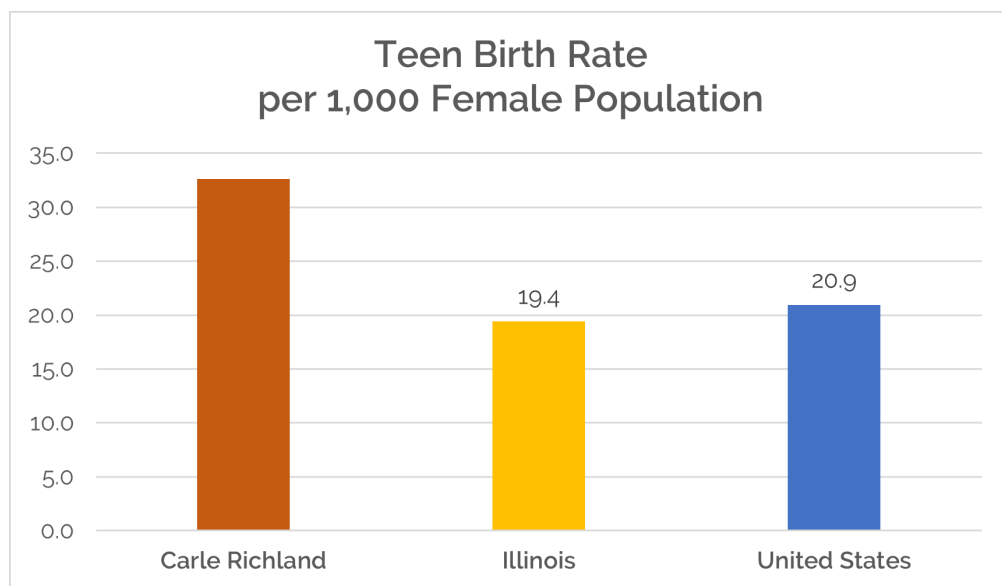
## Teen Births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2013-2019) and are used for the 2021 County Health Rankings. In the report area, of the 20,437 total female population age 15-19, the teen birth rate is 33 per 1,000, which is greater than the state's teen birth rate of 19.

*Note: Data are suppressed for counties with fewer than 10 teen births in the timeframe.*

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Carle Richland	20,437	<b>32.6</b>
Clay County, IL	2,656	37.7
Crawford County, IL	3,548	27.6
Edwards County, IL	1,289	29.5
Jasper County, IL	2,033	17.2
Lawrence County, IL	2,504	42.7
Richland County, IL	2,926	33.2
Wabash County, IL	2,189	32.4
Wayne County, IL	3,292	36.5
Illinois	5,783,508	19.4
United States	144,319,360	20.9

*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.*



## SUBSTANCE USE

### Alcohol – Heavy Alcohol Consumption

In the report area, 23,452 or 21.82% adults self-report excessive drinking in the last 30 days, which is greater 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 are used for the 2021 County Health Rankings. Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more drinks for women per day, over the past 30 days. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide. There are a number of evidence-based interventions that may reduce excessive/binge drinking: examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting days and hours of retail sales, and screening and counseling for alcohol abuse.

Report Area	Total Population (2018)	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Carle Richland	107,472	23,452	<b>21.82%</b>
Clay County, IL	13,253	2,815	21.24%
Crawford County, IL	18,807	4,268	22.70%
Edwards County, IL	6,392	1,443	22.58%
Jasper County, IL	9,611	2,156	22.44%
Lawrence County, IL	15,765	3,365	21.35%
Richland County, IL	15,763	3,386	21.48%
Wabash County, IL	11,549	2,540	21.99%
Wayne County, IL	16,332	3,476	21.29%
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.*

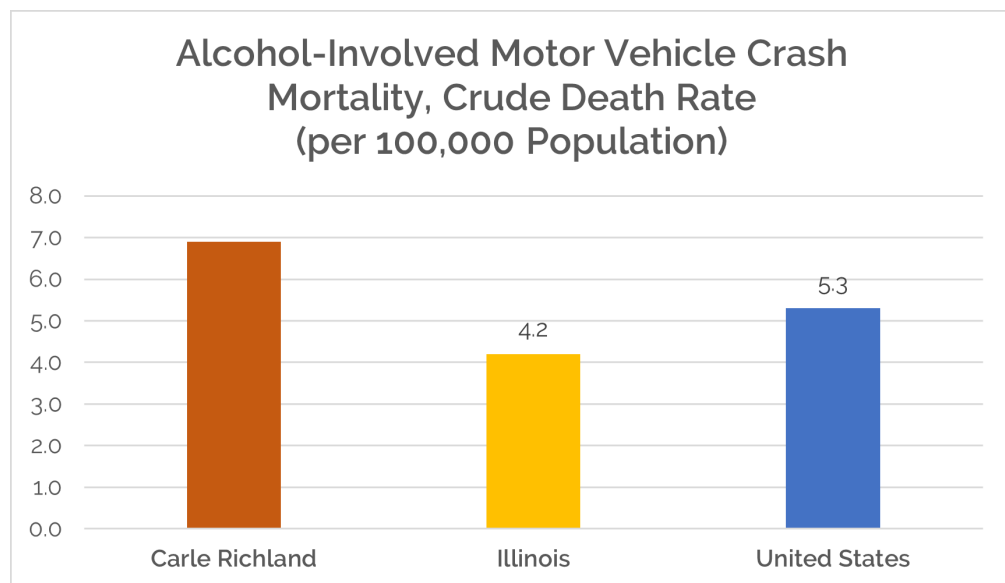


## Mortality – Motor Vehicle Crash, Alcohol Involved

Motor vehicle crash deaths are preventable and are a leading cause of death among your persons. This indicator reports the crude rate of persons killed in motor vehicle crashes involving alcohol as a rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence. Within the report area, there are a total of 23 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 7 people per every 100,000 total population.

Report Area	Total Population (2010)	Alcohol-Involved Crash Deaths (2015-2019)	Alcohol-Involved Crash Deaths, Annual Rate per 100,000 Population
Carle Richland	111,824	23	<b>6.9</b>
Clay County, IL	13,815	3	7.2
Crawford County, IL	19,817	3	5.0
Edwards County, IL	6,721	0	0.0
Jasper County, IL	9,698	4	13.7
Lawrence County, IL	16,833	6	11.9
Richland County, IL	16,233	1	2.1
Wabash County, IL	11,947	2	5.6
Wayne County, IL	16,760	4	8.0
Illinois	12,830,632	1,618	4.2
United States	312,443,997	49,522	5.3

*Note: This indicator is compared to the state average. Data Source: U.S. Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2015-2019. Source geography: Address.*



## DIVERSITY AND MINORITY HEALTH STATUS

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The ADI ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (education; income and employment; housing; and household characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Report Area	Total Population	State Percentile	National Percentile
Carle Richland	102,521	84	<b>79</b>
Clay County, IL	13,287	85	82
Crawford County, IL	16,197	83	79
Edwards County, IL	6,455	88	82
Jasper County, IL	9,594	75	71
Lawrence County, IL	13,274	88	83
Richland County, IL	15,766	81	77
Wabash County, IL	11,546	84	79
Wayne County, IL	16,402	85	81
Illinois	12,550,547	No data	49
United States	320,934,417	No data	No data

*Data Source: US Census Bureau, American Community Survey, 2015-2019.  
 Source geography: County*

## Uninsured Population

In the report area, 6.58% 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		Uninsured Population	Uninsured Population, Percent
	(For Whom Insurance Status is Determined)			
Carle Richland	102,805		6,768	6.58%
Clay County, IL	13,119		837	6.38%
Crawford County, IL	16,659		1,020	6.12%
Edwards County, IL	6,428		401	6.24%
Jasper County, IL	9,532		630	6.61%
Lawrence County, IL	13,675		1,033	7.55%
Richland County, IL	15,571		674	4.33%
Wabash County, IL	11,466		815	7.11%
Wayne County, IL	16,355		1,358	8.30%

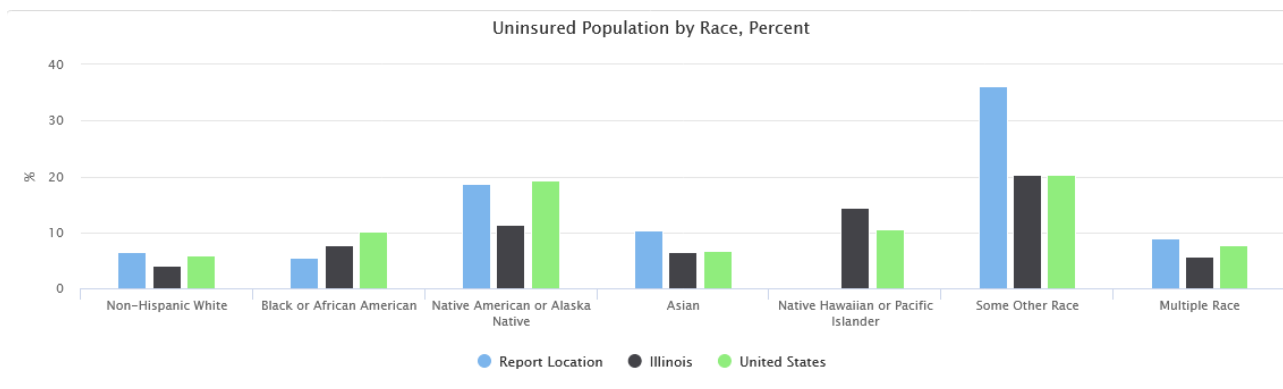
*Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey, 2015-2019. Source geography: Tract.*

## Uninsured Population by Ethnicity Alone

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The ADI ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (education; income and employment; housing; and household characteristics). The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Report Location	201	6,567	15.52%	6.47%
Clay County, IL	0	837	0.00%	6.39%
Crawford County, IL	33	987	12.50%	6.02%
Edwards County, IL	35	366	39.33%	5.77%
Jasper County, IL	0	630	0.00%	6.63%
Lawrence County, IL	47	986	21.17%	7.33%
Richland County, IL	6	668	2.30%	4.36%
Wabash County, IL	70	745	22.73%	6.68%
Wayne County, IL	10	1,348	9.80%	8.29%
Illinois	347,506	512,106	16.03%	4.91%
United States	10,515,589	17,733,024	18.22%	6.77%

Data Source: US Census Bureau, American Community Survey, 2015-2019. Source geography: County.



## Social Vulnerability Index

The degree to which a community exhibits certain social conditions including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.45, which is less than the state average of 0.49.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Report Location	108,661	0.48	0.61	0.32	0.45	<b>0.45</b>
Clay County, IL	13,338	0.50	0.97	0.33	0.51	0.61
Crawford County, IL	19,088	0.45	0.31	0.48	0.39	0.38
Edwards County, IL	6,507	0.35	0.70	0.14	0.19	0.24
Jasper County, IL	9,598	0.39	0.57	0.20	0.16	0.24
Lawrence County, IL	16,189	0.73	0.57	0.48	0.88	0.78
Richland County, IL	15,881	0.54	0.64	0.21	0.35	0.41
Wabash County, IL	11,573	0.40	0.49	0.28	0.32	0.32
Wayne County, IL	16,487	0.38	0.77	0.27	0.53	0.43
Illinois	12,821,497	0.39	0.22	0.77	0.60	0.49
United States	322,903,030	0.30	0.32	0.76	0.62	0.40

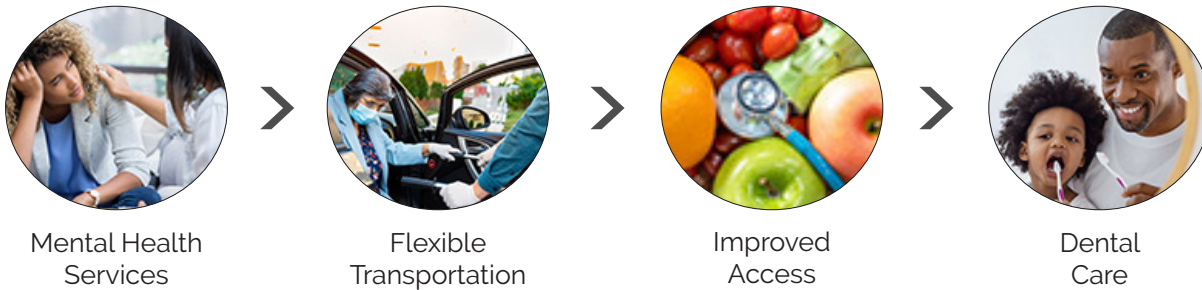
*Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2018. Source geography: Tract.*

## EMERGENCY PREPAREDNESS

The Carle Richland Memorial Hospital works with the United States Health and Human Services Office of the Assistant Secretary for Preparedness and Response (US-HHS ASPR), the Illinois Department of Public Health, county health departments, the Illinois Emergency Management Agency, and other state, regional, and local partners to plan, exercise, and equip for emergency preparedness and to ensure the ability to address a wide range of potential emergencies, ranging from disasters of all causes to pandemics and terrorism.







## IDENTIFICATION AND PRIORITIZATION OF NEEDS

### PROCESS

The findings of the focus groups were presented, along with secondary data, analyzed by the consultant, to a third group for identification and prioritization of the significant health needs facing the community. The group consisted of representatives of public health, community leaders, healthcare providers, and community services providers. The meeting was convened on June 26, 2021, utilizing virtual conferencing.

The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included SparkMap, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute and other resources.



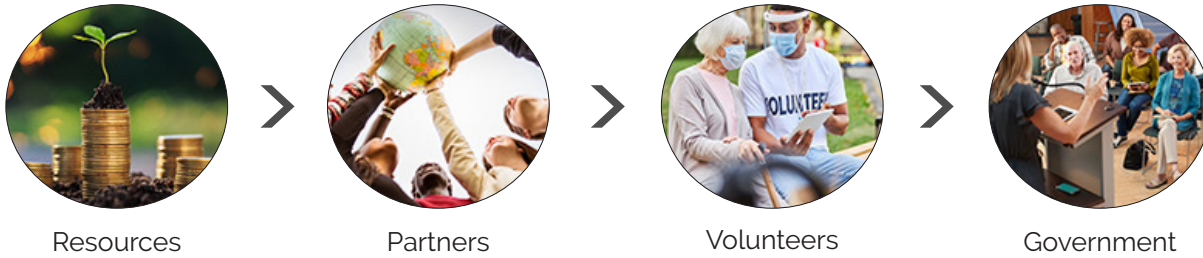
## DESCRIPTION OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

Following the review, the group identified and then prioritized the following as being the significant health needs facing the Carle Richland Memorial Hospital service area:

1. Mental health services for children, adolescents, and adults, including:
  - a. Youth and adult inpatient care for treatment through recovery
  - b. Improved access to counseling for youth, including services at schools
  - c. Inpatient behavioral health and substance use crisis care
  - d. Addiction medicine services, including Medication Assisted Treatment
2. Flexible transportation for local appointments and assistance when needed for persons that have little or no transportation opportunities at home
3. Improved opportunities to achieve wellness through:
  - a. Access to healthy foods and nutrition education
  - b. Access to low cost or free opportunities for recreation and fitness
4. Dental care for underinsured and uninsured







## RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

### HOSPITAL RESOURCES

- Organization and community development
- Administration
- Departments

### HEALTHCARE PARTNERS OR OTHER RESOURCES, INCLUDING TELEMEDICINE

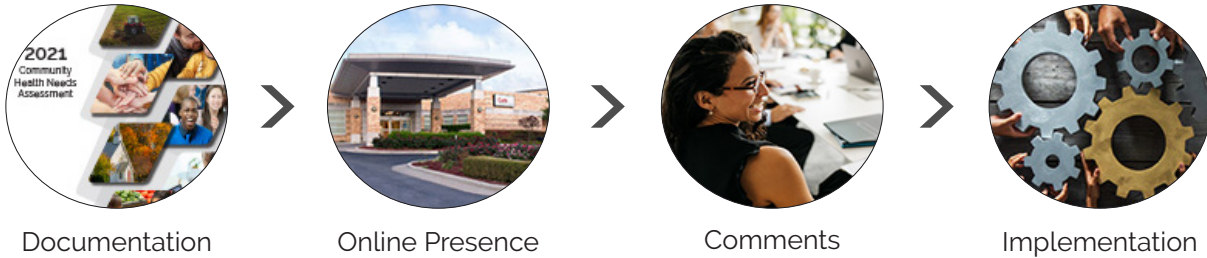
- SIU School of Medicine
- Public Health
- Inpatient providers
- Carle Behavioral Health services
- Carle Health

## COMMUNITY RESOURCES

- Schools
- Faith-based organizations
- Local governments
- Public transportation
- County health departments
- Community service agencies
- Law enforcement
- RIDES Mass Transit District
- Embarras River Basin Area Agency (ERBA)
- Volunteers
- City of Olney
- University of Illinois Extension
- Carle Richland Memorial Hospital Auxiliary
- Federally Qualified Health Center
- Dentists
- Others that may be interested in these efforts







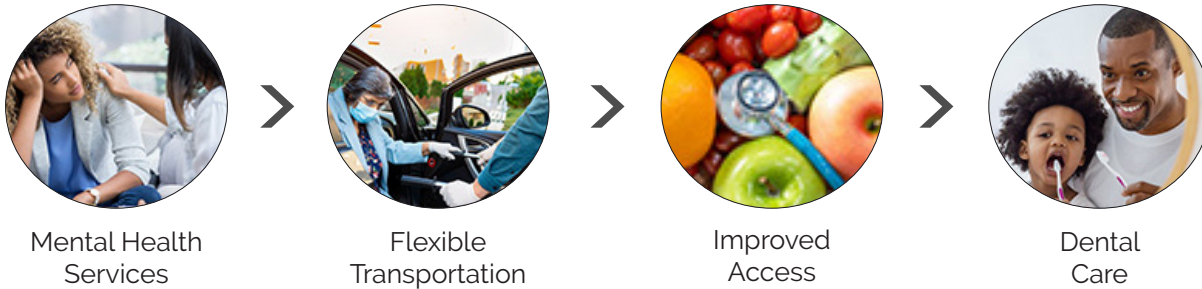
## DOCUMENTING AND COMMUNICATING RESULTS

This CHNA Report will be available to the community on the hospital's public website, <https://carle.org/about-us/community-health-needs-assessments>. A hard copy may be reviewed at the hospital by inquiring at the information desk at the main entrance.

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







## IMPLEMENTATION STRATEGY

### PLANNING PROCESS

The results of the assessment process were presented to senior staff through a facilitated discussion for development of a plan to address the identified and prioritized needs. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They recounted some of the steps taken to address previous Community Health Needs Assessments. They also considered internal and external resources potentially available to address the current prioritized needs. The group then considered each of the prioritized needs.

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

## IMPLEMENTATION STRATEGY

The group addressed the needs with the following strategies:

### **1. Mental health services for children, adolescents, and adults, including:**

- a. Youth and adult inpatient care for treatment through recovery
- b. Improved access to counseling for youth, including services at schools
- c. Inpatient behavioral health and substance use crisis care
- d. Addiction medicine services, including Medication Assisted Treatment

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

- Carle Richland Memorial Hospital will explore increasing access to Medication Assisted Treatment/recovery resources
- Carle Richland Memorial Hospital will explore increasing relationships with inpatient behavioral health and substance use disorder providers
- Carle Richland Memorial Hospital will provide reasonable and appropriate support to development of the crisis program at Lawrence County Health Department
- Carle Richland Memorial Hospital will explore developing tele-counseling
- Carle Richland Memorial Hospital will explore new avenues to increase access to counseling
- Carle Richland Memorial Hospital will continue and expand the Mental Health First Aid program

*Anticipated impacts of these actions:*

Carle Richland Memorial Hospital anticipates that the steps set out above will create increased access to counseling for youth and adults, medication assisted treatment, and inpatient and crisis care for behavioral health and substance use disorder.

*Programs and resources the hospital plans to commit to address the health need:*

- Administrative team

*Planned collaboration between the hospital and other facilities or organizations:*

- SIU School of Medicine
- Public Health
- Inpatient providers
- Law enforcement
- Carle Behavioral Health services

## **2. Flexible transportation for local appointments and assistance when needed for persons that have little or no transportation opportunities at home**

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

- Carle Richland Memorial Hospital will explore expanding care coordination services to include transportation.

*Anticipated impacts of these actions:*

Carle Richland Memorial Hospital anticipates the expanding care coordination services to include improved coordination of transportation with appointments and also addressing patient needs related to transportation.

*Programs and resources the hospital plans to commit to address the health need:*

- Administration

*Planned collaboration between the hospital and other facilities or organizations:*

- RIDES Mass Transit District
- Embarras River Basin Area Agency (ERBA)

## **3. Improved opportunities to achieve wellness through:**

- a. Access to healthy foods and nutrition education
- b. Access to low cost or free opportunities for recreation and fitness

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

- Carle Richland Memorial Hospital will explore development of a community garden program.
- Carle Richland Memorial Hospital will continue the demonstration garden for nutrition education.
- Carle Richland Memorial Hospital will provide funding for lighting to enhance use of the community walking path in Olney.
- Carle Richland Memorial Hospital will explore expanding services of Carle Health's Mobile Market.
- Carle Richland Memorial Hospital will partner with Carle Health to provide the community with access to video with health and wellness content.
- Carle Richland Memorial Hospital will continue to support local youth sports.

*Anticipated impacts of these actions:*

Carle Richland Memorial Hospital anticipates that the addition of the programs and services to be undertaken will improve opportunities to achieve wellness through access to healthy foods and nutrition education, and access to low cost or free opportunities for recreation and fitness.

*Programs and resources the hospital plans to commit to address the health need:*

- Administrative team
- Organizational and community development

*Planned collaboration between the hospital and other facilities or organizations:*

- Volunteers
- Carle Health
- City of Olney
- University of Illinois Extension
- Carle Richland Auxiliary

#### **4. Dental care for underinsured and uninsured**

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

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

*Anticipated impacts of these actions:*

Any impacts from any developments on this issue are dependent on external partners and solutions they may offer.

*Programs and resources the hospital plans to commit to address the health need:*

- Administration

*Planned collaboration between the hospital and other facilities or organizations:*

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

## Addressing Equity and Social Determinants of Health

Carle Health is committed to providing world-class care and services to the communities they serve through empathy and inclusion. The Diversity, Equity, and Inclusion Steering Committee provides advisory support to the Board of Trustees and Executive Leadership Team to help instill a culture of acceptance by establishing a clear strategy for improving the cultural awareness of the organization and those Carle Richland Memorial Hospital serves. Committee members aim to celebrate and promote the unique characteristics and individual capabilities of their providers, team members, and customers.

Carle Richland Memorial Hospital, in partnership with Carle Health, launched a new portal on the system's internal web browser – offering critical training opportunities for Carle Health staff in areas such as unconscious bias, learning to be more culturally respectful and effective, and more. Additionally, all Carle Richland Memorial Hospital leaders attended a three-part virtual series on “Cultivating A Culture of Inclusion.” and a required unconscious bias training module was also implemented for all team members to complete.

Additionally in 2020, Carle Richland Memorial Hospital staff attended the Illinois Health and Hospital Association's first annual Health Equity Action Day, where staff learned from leaders in the field how hospitals can take concrete actions to advance health equity. In support of the event, Governor J.B. Pritzker signed a proclamation declaring June 18 as the Illinois Health and Hospital Association's Health Equity Action Day.

The Diversity, Equity, and Inclusion Steering Committee will continue to support Carle Richland Memorial Hospital and the rest of the Carle Health System in advising on ways the organization can recruit and promote a racially and culturally diverse workforce, procure goods and services locally from historically under-represented communities, offer training that addresses cultural competency and implicit bias, and forge partnerships and investments that address social needs such as food, housing, and community safety.





Focus Groups



Administration



Organizations



Business

## REFERENCES AND APPENDIX

Citation to be provided.

### Focus Group Participants

Pastor Jeff Bealmear, Richland County Ministerial Alliance

Teresa Dallmier, The Master's Hands

Deanna Mitchell, Richland County Housing Authority (RCHA)

Linda Warner, Stopping Woman Abuse Now (SWAN)

Lisa Totten, Department of Human Services

Chris Simpson, Richland County Community Unit 1 Schools

Sara Buehnerkemper, Richland County Addiction Prevention Coalition

Jennifer Foster, Community Unit School District 20

Rodney Ranes, Olney Central College

Chris Thilker, Caseworker, Carle Richland Memorial Hospital

Micah Drummond, Richland County TB and Public Health Office

Jeff Johnson, Arrow Ambulance

Taja Wheeler, SIHF



Jeannie Johnson, Jasper County Health Department (Behavioral Health)

Amelia Pauley, PMHNP, Carle Richland Memorial Hospital

Sandy Zumbahlen, Jasper County Health Department (DON)

Melissa Kuentler, NP, Convenient Care, Carle Richland Memorial Hospital

Nicole Schoenborn, Wayne County Health Department

Amelia Pauley, PMHNP, Carle Richland Memorial Hospital

Christine Thilker, Caseworker, Carle Richland Memorial Hospital

John Walsh, External Affairs, Carle Health

Kylie Garbe, NP, SIHF

Lindsey Schmucker

#### **Identification and Prioritization Group**

Deanna Mitchell, Richland County Housing Authority (RCHA)

Micah Drummond, Richland County TB and Public Health Office

Jeannie Johnson, Jasper County Health Department (Behavioral Health)

Holly O'Brien, Social Worker, RCCU 1

Lisa Totten, Case Manager, Department of Human Services

## **Administrative Team**

Sara Buehnerkemper, Director of Ancillary Services, CRMH

Gina Thomas, President, Carle Richland Memorial Hospital

Christina Bare, Director of Physician Practices, CRMH

Tynan O'Neil, Director of Business Development and Operations, CRMH

Sarah Fehrenbacher, Director of Quality, CRMH

Dusty Jacobsen, Director of Nursing, CRMH

## **Dates Adopted/Approved**

Carle Richland Memorial Hospital's Community Health Needs Assessment was adopted and approved by the Carle Richland Memorial Hospital Board on 10/26/2021. The Community Benefit Implementation Plan was adopted and approved by the Board of Trustees on 10/26/2021.



Richland Memorial Hospital

800 East Locust St, Olney, IL 62450 • 618.395.2131

**Efforts Undertaken to Address Health Equity, Reduce Health Disparities, and Improve Community Health:**

- Carle Health has established a Diversity, Equity, and Inclusion Steering Committee, which plays a material role in making decisions for the health system, as well as a Health Equity Clinical Guidance committee, which is accountable for examining and addressing health disparities in the Carle Health patient population.
- In 2022, Carle Health's Diversity, Equity and Inclusion, Carle Experience and Continuing Education partnered to offer six provider education sessions on gender inclusive care to build awareness and knowledge related to gender and sexuality inclusive care for patients.
- Offered over 2500 hours of inclusive leadership education to Carle Health leaders, focused on topics such as addressing bias, microaggressions, and cultural humility in healthcare.
- Over 99% of team members completed a professional development session on Social Determinants of Health, focusing on the impact of SDOH on opportunities for and barriers to health.
- Established a Building Racial Diversity in Nursing Fund. With support from Women's Legacy Circle and Center for Philanthropy, Carle provides education awards to team members from underrepresented racial groups to pursue nursing education and career.
- Established an employee resource group program, which will enhance recruitment and retention of team members from underrepresented and marginalized groups.
- Facilitated a system-wide education effort focused on the effects of racism in healthcare, educating on unconscious bias and systemic sources of racism and discrimination in healthcare.
- Required training for hiring leaders focused on removing bias from interview and hiring processes.



**Policy Number AD300**

<b>Subject</b>	AD300 - Carle Financial Assistance Program		
<b>Category / Section</b>	Administration / Finance		
<b>Owner</b>	Manager – Self Pay Receivables Management		
<b>Reviewer(s)</b>	Director - Patient Financial Services; VP - Revenue Cycle Operations		
<b>Effective Date</b>	04/10	<b>Review Frequency</b>	3 years
<b>Approval Date</b>	12/21/2021		

<b>Scope of Policy/Procedure (applies to entities/locations marked below)</b>			
This document applies to <u>all</u> entities/locations listed below			
<b>Hospitals</b>	<b>Ambulatory/Off-Campus locations</b>	<b>Other Carle Entities</b>	
All Carle Hospitals listed below:	All Carle ambulatory/off-campus locations listed below:	All other Carle entities listed below:	
X Carle Foundation Hospital (Urbana CFH)	X CFH/CPG ambulatory locations <i>(also includes Home Health, Therapy Services, Medical Supply, Danville Surgicenter, Specialty Pharmacy)</i>	X	Arrow Ambulance, LLC
Carle Hoopston Regional Health Center (CHRHC)	CHRHC ambulatory locations <i>(includes, CARMC, Cissna Park, Danv-Fairchild, Mattoon-Hurst, Milford, Rossville, Tuscola, Watseka)</i>		Carle Retirement Centers <i>(Windsor of Savoy &amp; Windsor Court)</i>
Carle Richland Memorial Hospital (CRMH)	X Champaign SurgiCenter, LLC		Health Alliance Medical Plans
Carle Eureka Hospital (CEH)	Administration Building locations <i>(includes Carle at the Fields)</i>	X	Carle Cancer Institute Normal, LLC
X Carle BroMenn Medical Center (CBMC)	X Carle West Physician Group (CWPG)		FCC – FirstCarolinaCare Insurance Co.
	CRMH Ambulatory locations <i>(includes Bridgeport, Newton, West Salem, Olney, Specialty Services)</i>		CHPP—Carle Health Physician Partners
<b>Scope Exclusions (Mark this box and enter any departments or locations within a marked entity that are exempt from the policy/procedure.)</b>			
Christie Clinic LLC Providers, Life Watch, OSF Providers, Quest Diagnostics, All Other Third Party Providers			

**Attachments**

- [AD300B - Carle Financial Assistance Program Limited and Non-Covered Service Listing](#)
- [AD300C – CFAP Area Homeless Shelters](#)

**Purpose**

- A. To identify and assist those patients who are uninsured or underinsured and who are financially eligible to receive discounts for specified medical expenses through the Carle Financial Assistance Program. Carle will consider each patient’s ability to contribute to the cost of his or her care received and the financial ability of Carle to provide discounts for the care provided.
- B. All care rendered by an eligible Carle entity, except for services noted in policy AD300B, may be considered through the Carle Financial Assistance Program. Eligible entities are identified above.

**Definitions**

- A. **Family/Household Size** - includes those dependents listed on tax returns, divorce decree, or child support order. Defined by the IRS for tax filing purposes under section 36B (d) (1), “a taxpayer’s family consists of the individuals for whom the taxpayer claims a personal exemption deduction under section 151 for the taxable year. Taxpayers may claim a personal exemption deduction for themselves, a spouse, and each of their dependents. Section 152 provides that a taxpayer’s dependent may be a qualifying child or qualifying relative, including an unrelated individual who lives with the taxpayer. Family size is equal to the number of individuals in the taxpayer’s family.”
- B. **Resident** – a person who lives in the state of Illinois and who intends to remain living within Illinois indefinitely. Relocation for the sole purpose of receiving health care benefits does not satisfy the residency requirement.
- C. **Underinsured** - a person without insurance benefits for services provided due to exclusions of coverage by the insurance provider. This does not apply to those circumventing insurance restriction or specification or out-of-network services.

**D. Generally accepted standards of medical practice:**

1. Standards that are based on credible scientific evidence published in peer-reviewed, medical literature generally recognized by the relevant medical community;
2. Physician Specialty Society recommendations;
3. The views of physicians practicing in the relevant clinical area; and
4. Any other relevant factors.

**E. Uninsured patient** - a person who is a patient and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, workers compensation, accident liability insurance or other third party liability.

**F. Experian Information Solutions, Inc. (Experian)** – is a third party vendor that uses proprietary data analytics to provide unique information related to patients for the purpose of financial assistance and recovery of patient debt.

**Statement of Policy**

- A. Any patient or responsible party may apply for the Carle Financial Assistance Program, regardless of insurance coverage. Patients may apply for the Carle Financial Assistance Program at any time, including before care is received. If approved, the patient is eligible for 12 months from the date of approval.
- B. Certain identified patient populations are presumptively eligible for the Carle Financial Assistance Program. Further detailed information is contained within the [AD355 - Presumptive Eligibility for Financial Assistance](#).
- C. Carle desires that:
1. All patients, regardless of their immigration status or residency, be aware of the Carle Financial Assistance Program and all other financial assistance available at Carle;
  2. For those patients who are eligible to be identified as early in the care, treatment and billing process as possible; and
  3. That the process is as simple as possible for the patient.
- D. An application for government assistance must be completed if the patient appears to meet the eligibility criteria for such assistance. When appropriate, Carle staff or designee will use a screening checklist to assist in determining if the patient would qualify for government assistance.
1. Failure by a patient or responsible party to complete the government program application process and/or failure to cooperate during the application process will result in an automatic denial of financial assistance.
  2. If the patient applies for government assistance, documentation of the determination from the government program is required for reprocessing of the Carle Financial Assistance Program application.
  3. Patients who have a third party payment source that will reimburse more than the government program reimbursement will be excluded from the requirement of applying for government assistance.
- E. Patients who may be eligible for certain third party assistance programs must cooperate with program requirements to maintain eligibility within the Carle Financial Assistance Program.
- F. Patients covered by Medicare Part A or Part B must complete a Carle Financial Assistance application which includes a request that the patient provide a federal tax return and a defined list of assets. This asset list shall include the patient's bank account balances such as checking and savings, money market accounts and certificates of deposit.
- G. The Carle Financial Assistance Program discount amount is dependent on the applicant's household income and family size compared to the currently published Federal Poverty Level guidelines at the time of application.

**\*Exception:** patients covered by Medicare Part A or Part B must also follow the process as outlined in section F above.

CFAP Program Guidelines	Federal Poverty Level			
	≤ 200%	201 - 300%	≤ 400%	≤ 600%
<b>Carle Financial Assistance Program</b>	100% Discount	50% Discount	Yearly expenses capped at 40% of gross annual income.	N/A
<b>Illinois Uninsured Hospital Patient Discount Program</b>	Limits patient's Carle medical expenses to 20% of the household's gross annual income. See policy <a href="#">AD346 - IL Hospital Uninsured Patient Discount Program</a> for additional information.			

1. Consideration for the Carle Financial Assistance Program may occur through the following methods:
  - a. Presumptively through Financial Assistance Screening:
    - Carle will use Experian to identify those patients who may be presumptively eligible for Carle Financial Assistance Program at the 100% discount level.

- b. Completing a financial assistance application and returning with required documentation. If a patient has questions regarding the application process, they can visit [Carle.org/FinancialAssistance](http://Carle.org/FinancialAssistance) or contact Carle at (888) 71-CARLE or (217) 902-5675.
- Applications are to be fully completed, signed, and returned with required documentation to:  
Carle Financial Assistance Program  
PO Box 4024  
Champaign, IL 61824-4012
  - **Resident** – Except for emergent situations outlined below, the Carle Financial Services Program is intended for Illinois residents only.
    - Residency verification documentation - if needed:
      - \* Any document within the income verification listing with a preprinted address
      - \* Valid state-issued identification card
      - \* Recent (last 60 days) residential utility bill
      - \* Valid lease agreement
      - \* Current vehicle registration card
      - \* Voter registration card
      - \* Mail addressed to patient at an IL address from a government office
      - \* Award letter from school
      - \* Statement from a family member that the patient resides at the same address with one of the above residency verifications.
    - Income eligibility will be based on the most current published Federal Poverty Guidelines.
      - Prior year's Federal Tax Return showing all household members and their adjusted gross income.
      - If the guarantor/patient did not file taxes, proof of prior year's income may consist of:
        - \* W2 from all jobs held
        - \* Self-employment income and expenses
        - \* Unemployment compensation
        - \* 1099 forms for the following types of income:
          1. Social Security
          2. Social Security Disability
          3. Veteran's pension
          4. Veteran's disability
          5. Private disability
          6. Worker's compensation
          7. Retirement Income
        - \* Child support, alimony or other spousal support
        - \* Other miscellaneous income sources.
      - If none of the above documents can be supplied, a written statement describing current household size and financial situation.
2. Patients who receive a determination of either an approval or denial under the Carle Financial Assistance Program may reapply after six (6) months from the date of original application signature in the event there are substantial or unforeseen material changes in their financial situation. In the case of extraordinary circumstances, an application may be submitted prior to the six (6) month limitation.
  3. Applicants may appeal the application determination by sending a written appeal to the Manager Self Pay Receivables Management. Further appeals may be directed to the Director Patient Financial Services, may be escalated to either the Vice President of Revenue Cycle Operations, the SVP, Chief Revenue Cycle Officer or the Chief Financial Officer and ultimately to the Community Care Review Committee..
  4. Translated copies of all Carle Financial Assistance Program materials are available in Spanish at [Carle.org/FinancialAssistance](http://Carle.org/FinancialAssistance) or by request to Carle representatives at [FinancialAssistance@Carle.com](mailto:FinancialAssistance@Carle.com) or by phone at (888) 71-CARLE.
- H. The Carle Financial Assistance Program discount will apply to the residual patient balances after all other payments from sources such as Medicare, insurance companies, third party legal settlements, and/or patient funds are received and posted.
1. Patients who purposefully circumvent insurance requirements (i.e. waiting periods, preauthorization, etc.) may be held responsible for the billable services and not receive any discounts on services.

2. Patients, who knowingly provide untrue information on the application for financial assistance, will be ineligible for financial assistance. Any financial assistance granted will be reversed, and the patient will be held responsible for the billable services.
  3. Non-emergent, out-of-network care including out-of-state Medicaid that would be paid by the patient's insurance company elsewhere will not be eligible for the Carle Financial Assistance Program because the patients have the opportunity to have their healthcare needs met at a participating provider.
  4. Emergent out-of-network care for those who qualify will be eligible under the Carle Financial Assistance Program policy guidelines after all other payment sources have been exhausted.
  5. Emergent out-of-state Medicaid patients are not required to complete the Carle Financial Assistance Program application process. They will be approved for a one time discount as eligible under the Carle Financial Assistance Program after proof of coverage is provided and all other payment sources have been exhausted.
- I. Discount will apply to any patient responsible balance retroactively, including those that have been referred to a collection agency if court costs have not yet been incurred. However, an application for government assistance may be requested as stated in C1.
1. Carle will not file collection suit liens on a primary residence.
  2. Carle will not authorize body attachments for purposes of medical debt collection.
- J. Carle will utilize the Centers for Medicare and Medicaid Services coverage guidelines when determining services that qualify for the Carle Financial Assistance Program.
1. Coverage will apply to health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms;
  2. In accordance with the generally accepted standards of medical practice;
  3. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
  4. Not primarily for the convenience of the patient, family or physician and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.
- K. Carle Financial Assistance Program will not cover cosmetic, elective or non-medical retail services.
- L. Amounts Generally Billed (AGB) to Carle Financial Assistance Program participants will be determined by Medicare fee-for-service together with all private health insurers, during a prior 12-month period.
1. AGB determined through calculations of sum of all payments plus the sum of all bad debt and charity care adjustments divided by the sum of all charges in the time frame.
  2. Time frame included in method is for October 1 through September 30 of the prior calendar year.
- M. Patients who have been approved for the Carle Financial Assistance Program may re-apply annually from the date of original application approval. Carle Foundation will attempt to notify patients by mail 90 days before the current termination date of eligibility in the Carle Financial Assistance Program.

## Procedure

- A. Patients with financial concerns should be identified by Carle personnel as soon as possible in the registration, care, treatment or billing process.
1. A referral to Social Services, other pertinent staff or directly to a government program should be completed in order to obtain a determination of eligibility for Public Assistance.
    - a. Patients who fail to cooperate with the government program during the application process will automatically be denied for the Carle Financial Assistance Program.
    - b. If the patient does not meet the eligibility criteria for a government program or if they have a spend-down, they may be eligible for a Carle Financial Assistance Program discount.
  2. Patients are encouraged to apply for the Carle Financial Assistance Program within 90 days after discharge or provision of service. The application for the Carle Financial Assistance Program will be available on the Carle website [Carle.org/FinancialAssistance](http://Carle.org/FinancialAssistance), in all registration areas, the Patient Financial Services offices, Cashier areas and Social Services.
  3. Upon receipt of the Carle Financial Assistance Program application by Self Pay Receivables Management staff, EPIC Prelude and Resolute systems will be noted:
    - a. All collection activity will be held until the application processing is completed.
    - b. Application and supporting documentation will be scanned into OnBase and the paper copies destroyed.
    - c. Applicant will be notified of any missing documentation.
    - d. If the missing documentation is not returned within 30 days, a notification letter will be mailed to the applicant that indicates billing will commence.
  4. The completed application should include:
    - a. A fully filled in application with verification of the number of family/household members;
    - b. Signature of the applicant; and



- c. Prior year's tax return or other income verification for all wage earners in the family/household.
  - Parents' income will be used to determine financial eligibility for students who are over age 18 but still claimed as dependents for their parents' income tax purposes.
- B. When the application has been processed and the determination is made, a record of each application and associated documentation will be maintained by fiscal year.
  1. Applications received prior to April 23, 2013 are maintained in paper form and warehoused.
  2. Applications received on or after April 23, 2013 are maintained electronically within OnBase.
- C. All efforts will be made to send written determination to the applicant within 30 working days of receipt of the completed application. If the application is approved, the patient's account will be adjusted as soon as possible thereafter to reflect the discount.
- D. Patients who qualify for a partial discount of the balance will be required to pay the remainder due, as with other private pay accounts. Balances billed to a Carle Financial Assistance Program participant will not exceed amounts generally billed to other patients. See the [AD335 - Payment Policy](#) and [AD336 - Self-Pay Billing and Collection Policy](#).
- E. When Carle Foundation receives an application for the Financial Assistance Program that indicates treatment at any applicable Carle Foundation facility, the application, verification and determination will be applied to all other applicable Carle businesses.
- F. Information related to the Carle Financial Assistance Program will be regularly reported to the Director Patient Financial Services and the Senior Vice President Revenue Cycle Operations including:
  1. Adjustments
  2. Number of paper applications received
  3. Approvals
  4. Denials
  5. Backlogs
  6. Quality assurance measures

#### **Other Related Links**

- [AD337 - Carle Regional Financial Assistance Program Plain Language Summary - X0873](#)
- [Non-Participating Provider List - X0271](#)

#### **References**

- 210 ILCS 88/27 – Fair Patient Billing Act (Illinois Public Act 96-965)
- 210 ILCS 89 – Hospital Uninsured Patient Discount Act
- [79 FR 78953 - Federal Register, Department of the Treasury \(IRS 501r Rules and Regulations\)](#)

#### **Electronic Approval on File**

Dennis Hesch  
Executive Vice President/Chief Financial Officer

## Carle Financial Assistance Program Area Homeless Shelters/Transitional Housing

**Courage Connection:** Houses women and children (males up to age 17 with their mothers) fleeing domestic abuse and sexual assault.

Mailing Address: 1304 E. Main  
Urbana, IL 61802  
Phone Number: (217) 384-4462, domestic violence business office  
Fax Number: (217) 384-4383  
Service Area: Champaign, Piatt, Ford and Douglas counties

**City of Urbana-Transitional Housing Program for Homeless Families:** Provides housing and support services to selected homeless families with dependent children who have been residents of Champaign County for at least three months.

Mailing Address: 400 S. Vine St.  
Urbana, IL 61801  
Phone Number: (217) 328-8263  
Fax Number: (217) 384-2367  
Service Area: Champaign County

**Danville Rescue Mission:** Emergency and transitional shelter for single men.

Mailing Address: 834 N. Bowman Avenue  
Danville, IL 61832  
Phone Number: (217) 446-7223

**Dayspring Women & Children's Shelter:** Homeless Women & Children's Shelter- small shelter.

Mailing Address: 213 Bowmen Ave.  
Danville, IL 61832  
Phone Number: (217) 274-7424

**Jesus is the Way Prison Ministries, Inc.:** Provides follow-up assistance to just-released male inmates with employment, housing, food and spiritual needs.

Mailing Address: 602 S. Liberty Ave.  
Rantoul, IL 61866  
Phone Number: (217) 892-4044  
Fax Number: (217) 892-5995

**Mattoon Public Action to Deliver Shelter (PADS):** Homeless shelter and food bank in Mattoon.

Mailing Address: 2017 Broadway Ave.  
Mattoon, IL 61938  
Phone Number: (217) 234-7237

**Restoration Urban Ministries:** Offers transitional housing, food pantry, clothing, substance abuse classes, and many other programs to assist teens, men and women.

Physical Address: 1213 Parkland Court  
Champaign, IL 61820  
Mailing Address: PO Box 3277  
Champaign, IL 61826-3277  
Phone Number: (217) 355-2662

**Safe Housing:** Temporary shelter for victims of domestic violence and sexual assault- UIUC Students Only

Mailing Address: Safe Housing  
Family and Graduate Housing  
1841 Orchard Place  
Urbana, IL 61801  
Phone Number: (217) 33-1216 (UIUC PD) Intake

**Salvation Army Stepping Stone Program:** Provides temporary and transitional housing for homeless men (18 and older) on a nightly basis. Men, Women & Families who comment to working the program. Can only house 2 families/individuals at a time.

Mailing Address: 2212 N. Market  
Champaign, IL 61822  
Phone Number: (217) 373-7830  
Fax Number: (217) 373-8441

**CU at Home:** Phoenix Day Drop-In Center (Tuesday – Friday 12p-5pm); Austin’s Place- Sober Women’s Shelter (must due intake during day hours) (Tuesday – Friday 12p-4pm); Men’s Sober Shelter is open every night 8:30pm-7:30am (must due intake during day hours) (Tuesday – Friday 12p-4pm)

Mailing Address: 70 E. Washington  
Champaign, IL 61820  
Phone Number: (217) 819-4569  
Emergency Number: (217) 888-0329

**Crosspoint at the Y—Residential Program:** Dormitory style housing for 23 homeless, self-sufficient women (18 and older); Domestic Violence Shelter & Transitional housing

Mailing Address: 201 N. Hazel Street  
Danville, IL 61832  
Phone Number: (217) 709-0331  
Fax Number: (217) 443-6845

## Bloomington Area Homeless Shelters/Transitional Housing

**Home Sweet Home Ministries:** Provides case management and other supportive services to the homeless such as shelter, hot meals, access to clothing and toiletries, and job training. Our goal is to help people find independence, restore their hope and share the love of Jesus Christ with them.

**Phone:** 309-828-7356 **Address:** 303 E. Oakland Avenue, Bloomington, IL 61701

**Website:** [Home Sweet Home Ministries - Humbly Serving Bloomington-Normal \(hshministries.org\)](http://HomeSweetHomeMinistries-HumblyServingBloomington-Normal(hshministries.org))

**Neville House Shelter:** Residents staying at Neville House work closely with a trained domestic violence advocate that will assist in finding resources for housing, childcare, employment, legal representation, transportation, and enhancement of life skills. Twenty-four hour emotional and educational support is available to assist individuals and families response to crisis and increase self-sufficiency.

**Phone:** 309-827-7070

**Address:** 1301 West Washington Street, Bloomington, IL 61701

**Website:** [Neville House Shelter - Domestic Violence Crisis Assistance \(mccainc.org\)](http://NevilleHouseShelter-DomesticViolenceCrisisAssistance(mccainc.org))

**Salvation Army Safe Harbor Shelter:** Services offered include emergency shelter, transitional housing, casework services, and food & nutritional programs.

**Phone:** 309-829-7399

**Address:** 601 West Washington Street, Bloomington, IL 61701

**Website:** [Bloomington \(salvationarmy.org\)](http://Bloomington(salvationarmy.org))

**Project Oz:** Homeless youth between the ages of 17-23. Offer survival aid, help finding and keeping a job, safety planning, GED enrollment, legal aid, medication connections, emotional support, and we’ll work to connect you to housing.

**Phone:** 309-827-0377; there is a 24-hour crisis worker who can talk to you about emergency housing by calling 2-1-1 anytime of night or day.

**Address:** 1105 W Front St., Bloomington, IL 61701

**Website:** [Housing and Homeless Resources | Project Oz](http://HousingandHomelessResources|ProjectOz)

**Oxford House Bloomington:** Males only. A concept in recovery from drug and alcohol addiction. In its simplest form, an Oxford House describes a democratically run, self-supporting and drug free home. Fill out application and set up interview.

**Phone:** 309-829-5014

**Address:** 501 McLean, Bloomington, IL 61701

**Website:** [Oxford House](http://OxfordHouse)

**Oxford House West Bloomington:** Women only. A concept in recovery from drug and alcohol addiction. In its simplest form, an Oxford House describes a democratically run, self-supporting and drug free home. Fill out application and set up interview.

**Phone:** 309-808-1632

**Address:** 704 W Scott Street, Bloomington, IL 61701

**Website:** [Oxford House](#)

**YWCA Labyrinth House:** A transitional living program for formerly incarcerated McLean County women. Residents live in a shared two-bedroom furnished apartment and receive on-site support from residential counselors each evening. Residents have access to economic/employment resources and a counselor/case manager. Residents are able to increase their privilege level over time and can remain for up to two years.

**Phone:** 309-662-0461

**Address:** 1201 North Hershey Road, Bloomington, IL 61704

**Website:** <https://ywcamclean.org/what-we-do/prevention-and-empowerment-services/labyrinth/>



**Policy Number AD355**

<b>Subject</b>	AD355 - Presumptive Eligibility for Financial Assistance		
<b>Category / Section</b>	Administration / Finance		
<b>Owner</b>	Manager – Self Pay Receivables Management		
<b>Reviewer(s)</b>	Director - Patient Financial Services; VP - Revenue Cycle Operations		
<b>Effective Date</b>	2/27/14	<b>Review Frequency</b>	3 Years
<b>Approval Date</b>	08/10/2020		

<b>Scope of Policy/Procedure (applies to entities/locations marked below)</b>			
This document applies to <u>all</u> entities/locations listed below			
<b>Hospitals</b>	<b>Ambulatory/Off-Campus locations</b>	<b>Other Carle Entities</b>	
X All Carle Hospitals listed below:	All Carle ambulatory/off-campus locations listed below:	All other Carle entities listed below:	
Urbana (CFH)	X CFH/CPG ambulatory locations <i>(also includes Home Health, Therapy Services, Medical Supply, Danville Surgicenter, Specialty Pharmacy)</i>	X	Arrow Ambulance, LLC
Carle Hoopston Regional Health Center (CHRHC)	CHRHC ambulatory locations <i>(includes, CARMC, Cissna Park, Danv-Fairchild, Mattoon-Hurst, Milford, Rossville, Tuscola, Watseka)</i>		Carle Retirement Centers <i>(Windsor of Savoy &amp; Windsor Court)</i>
Carle Richland Memorial Hospital (CRMH)	X Champaign SurgiCenter, LLC		Health Alliance Medical Plans
Carle Eureka Hospital (CEH)	Administration Building locations <i>(includes Carle at the Fields)</i>		FCC – FirstCarolinaCare Insurance Co.
Carle BroMenn Medical Center (CBMC)	X Carle West Physician Group (CWPG)		CHPP—Carle Health Physician Partners
	X CRMH Ambulatory locations <i>(includes Bridgeport, Newton, West Salem, Olney, Specialty Services)</i>		Carle Cancer Institute Normal, LLC
<b>Scope Exclusions (Mark this box and enter any departments or locations within a marked entity that are exempt from the policy/procedure.)</b>			
Life Watch; Provena Providers; Quest Diagnostics; All other third party providers; Christie Clinic LLC Providers			

**Attachments N/A**

**Purpose**

- A. To identify and assist those patients where financial need has been determined by other means outside of the Carle Financial Assistance application.
- B. Certain identified patient populations are presumptively eligible for the Carle Financial Assistance Program or Carle Regional Financial Assistance Program.
  - 1. Experian Financial Assistance Screening - Probable
  - 2. Homelessness
  - 3. Deceased with no estate
  - 4. Mental incapacitation with no one to act on patient's behalf
  - 5. Illinois Medicaid eligibility
    - a. Title XIX
    - b. Title XXI
    - c. In-network Medicaid Managed Care plans
  - 6. WIC (Women, Infants and Children Nutrition Program)
  - 7. SNAP (Supplemental Nutrition Assistance Program)
  - 8. LIHEAP (Low Income Home Energy Assistance Program)
  - 9. Illinois Free Lunch and Breakfast Program
  - 10. Frances Nelson Health Center discount referral
  - 11. Receipt of grant assistance for medical services

## Definitions

- A. **Family/Household Size** - includes those dependents listed on tax returns, divorce decree or child support order. Defined by the IRS for tax filing purposes under section 36B (d) (1), "a taxpayer's family consists of the individuals for whom the taxpayer claims a personal exemption deduction under section 151 for the taxable year. Taxpayers may claim a personal exemption deduction for themselves, a spouse, and each of their dependents. Section 152 provides that a taxpayer's dependent may be a qualifying child or qualifying relative, including an unrelated individual who lives with the taxpayer. Family size is equal to the number of individuals in the taxpayer's family."
- B. **Resident** – a person who lives in the state of Illinois and who intends to remain living within Illinois indefinitely. Relocation for the sole purpose of receiving health care benefits does not satisfy the residency requirement.
- C. **Experian Information Solutions, Inc. (Experian)** – is a third party vendor that uses proprietary data analytics to provide unique information related to patients for the purpose of financial assistance and recovery of patient debt.

## Statement of Policy

- A. The Carle Foundation Hospital and other participating Carle entities (a.k.a. Carle) desire that all patients be aware of the various forms of assistance available.
- B. Carle will strive that those eligible for assistance be identified as early in the care and billing process as possible, and that the process be as simple as possible for the patient.

## Procedure

- A. Patients who appear to need financial assistance should be identified by Carle personnel as soon as possible in the registration, care, treatment or billing process.
- B. The following will serve as documentation of inclusion for certain presumptively eligible patients. This documentation is to be submitted to Self Pay Receivables Management for administration and management of the various discount programs at Carle.
  - 1. Experian Financial Assistance Screening
    - a. Result of Probable with a low likelihood of payment
    - b. Documentation within the Experian web portal and/or Epic Prelude
  - 2. Homelessness
    - a. Medical documentation of homeless status
    - b. Letter from local area shelter
  - 3. Deceased with no estate
    - a. Death certificate
    - b. Deceased Patient Application Form
  - 4. Mental incapacitation with no one to act on patient's behalf
    - a. Verification by Carle Social Worker or other qualified medical staff
    - b. Court documentation
  - 5. Illinois Medicaid eligibility
    - a. HFS.com online verification.
  - 6. WIC (Women, Infants and Children Nutrition Program)
    - a. Indication of participation on Carle Financial Assistance Program application
    - b. Copy of current participation document
    - c. Letter from WIC office
  - 7. SNAP (Supplemental Nutrition Assistance Program)
    - a. Indication of participation on Carle Financial Assistance Program application
    - b. Copy of award letter
  - 8. LIHEAP (Low Income Home Energy Assistance Program)
    - a. Indication of participation on Carle Financial Assistance Program application
    - b. Copy of award letter
  - 9. Illinois Free Lunch and Breakfast Program
    - a. Indication of participation on Carle Financial Assistance Program application
    - b. Copy of award letter

- Current exclusion: School districts that are approved to provide the IL Free Lunch and Breakfast Program to all school members are excluded from presumptive qualification. Listing published by State of Illinois Board of Education.
10. Frances Nelson Health Center discount referral
    - a. Discount referral form to Carle from Frances Nelson
  11. Receipt of grant assistance for medical services
    - a. Copy of award letter

**Other Related Links - ALL policies and links in process of being updated to include BRAVO entities.**

[AD300 - Carle Financial Assistance Program](#)  
[AD337 - Carle Regional Financial Assistance Program](#)  
[AD346 - IL Hospital Uninsured Patient Discount Program](#)  
[AD336 - Self-Pay Billing and Collection Policy](#)

**References**

- 210 ILCS 88/27 – Fair Patient Billing Act
- 210 ILCS 89 – Hospital Uninsured Patient Discount Act
- [79 FR 78953 - Federal Register, Department of the Treasury \(IRS 501r Rules and Regulations\)](#)

**Electronic Approval on File**

Dennis Hesch  
Executive Vice President/Chief Financial Officer

## Attachment 4: Community Benefits Supplemental Information

### **LANGUAGE ASSISTANCE SERVICES:**

A robust language assistance program is provided for patients who have limited English proficiency or who are hearing impaired, at both the hospital and clinic locations. Covered by the Carle health system and within a “shared services” cost center, this total investment of \$493,369 in 2022 is not included in Carle Richland Memorial Hospital’s community benefit reporting.

### **GOVERNMENT-SPONSORED INDIGENT HEALTH CARE:**

The cost of health care services far exceeds the amount the State of Illinois and federal government reimburses for providing services to Medicaid and Medicare recipients, respectively. In 2022, the cost to provide care to Medicaid patients exceeded reimbursement by more than \$5.4 million; and more than \$9.6 million in unreimbursed care for Medicare patients.

In addition, Carle uses the services of two outside agencies to assist people in applying for Medicaid, helping patients utilize State aid as appropriate to cover their hospital bills. The cost of providing this service was more than \$171,000 covered by a “shared services” cost center, not including staff time spent on enrollment assistance, and this total was not included in the hospital’s community benefit figures. This was not included in the hospital’s community benefit figures.

### **OTHER COMMUNITY BENEFIT:**

**Cash and In-kind:** A large portion of Carle’s community-building activities focused on economic development, including cash, in-kind donations and budgeted expenditures for the city, business associations and other programs in Richland County. In addition to the more than \$22,000 in cash donations, leadership provided in-kind support of over \$29,000 by serving on numerous community boards and committees.

Carle Richland provided over \$14,000 in support to community economic development and Community building organizations, including the Olney Chamber of Commerce, the West Salem Development Association, and both the Richland and Jasper county CEO programs.

### **VOLUNTEER SERVICES:**

**Employee:** Carle Richland administrators and leaders provided more than 95 hours on behalf of Carle for participation in community boards, committees and community functions. Most of these hours were spent by senior leadership.

**Non-employee:** In 2021, non-employee volunteers put in more than 6,950 hours at the hospital, receiving no payment but contributing to Carle’s mission. At a minimum wage of \$12/hour, this equated to more than \$83,000 of potential wages that Carle saved by having such a strong volunteer program.

### **SUBSIDIZED HEALTH SERVICES:**

Over the years, multiple Carle Richland Memorial Hospital initiatives have provided additional access to care. Because these services continue to meet an enormous need, the programs have been maintained, though they operate at a loss. Some of these subsidized services include: the Extended Care Wing, the Emergency Department, and Cardiac Rehab.



**CY 2022 Carle Richland Memorial Hospital Report – Attachment 4**  
**For period from 1/1/2022 through 12/31/2022**

**BAD DEBTS:**

By expanding the presumptive eligibility screening processes and determining the financial status of patients up-front, Carle Richland Memorial Hospital has been able to pinpoint those needing assistance early in the process, minimizing bad debt and optimizing our ability to help. Bad debt incurred by Carle Richland Memorial Hospital in 2022 was \$744,750.

**Financial Assistance Data**

Data on Financial Assistance Applications:

- The number of applications submitted to the hospital, both complete and incomplete;
  - 20,869<sup>1</sup>
- The number of applications approved; and
  - 2,700
- The number of applications denied and the 5 most frequent reasons for denial.
  - Number Denied:
    - 312
  - Top 5 Reasons for Denial (Unordered):
    - Incomplete Application
    - Income Exceeds Policy Threshold
    - Patient Qualifies for Medicaid
    - Patient Out of Qualifying Area
    - Other

To the extent that race, ethnicity, sex, or preferred language is collected and available for financial assistance applications, the data outlined in paragraph (5) shall be reported by race, ethnicity, sex, and preferred language.

- Carle Health’s Financial Assistance Program experiences the same five reasons for denial across all applicants; therefore, the top five reasons for denial are the same across all races, ethnicities, sexes, and preferred languages.
  - Top 5 Reasons for Denial (Unordered):
    - Incomplete Application
    - Income Exceeds Policy Threshold
    - Patient Qualifies for Medicaid
    - Patient Out of Qualifying Area
    - Other

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<sup>1</sup>20,869 represents applications approved across the health system

CFAP covers Carle Foundation Hospital (CFH), Carle Hoopston Regional Health Center (CHRHC), Carle Richland Memorial Hospital, Carle BroMenn Medical Center, Carle Eureka Hospital, Carle Physician Group, Carle West Physician Group and a number of other distinct businesses like Arrow Ambulance and Champaign SurgiCenter; all of which are part of The Carle Foundation. When a patient applies for financial assistance, their approval or denial is for all Carle entities.

The Carle Health system has undertaken work to continue to identify best methods to break out applications approved on a per hospital basis under this system approach- which are represented on lines 3B-3D of this report. Carle Health will continue to work to determine how to best capture applications submitted, complete and incomplete, to each hospital.

**Carle Richland Memorial Hospital  
CY 2022 – 210 ILCS 76/22 Public Report**

§ 22(a): *In order to increase transparency and accessibility of charity care and financial assistance data, a hospital shall make the annual hospital community benefits plan report submitted to the Attorney General under Section 20 available to the public by publishing the information on the hospital's website in the same location where annual reports are posted or on a prominent location on the homepage of the hospital's website. A hospital is not required to post its audited financial statements.*

1. Reporting Period:
  - a. 1/1/2022 through 12/31/2022
2. Charity Care:
  - a. Hospital Total Charity at Cost: \$1,054,231
  - b. ED Subset: \$278,749
3. Total Net Patient Revenue
  - a. \$58,827,523
4. Total Carle Health System Community Benefits Spending
  - a. \$530,601,186
5. Data on Financial Assistance Applications:
  - a. the number of applications submitted to the hospital, both complete and incomplete;
    - i. 20,869<sup>1</sup>
  - b. the number of applications approved; and
    - i. 2,700
  - c. the number of applications denied and the 5 most frequent reasons for denial.
    - i. Number Denied:
      1. 312
    - ii. Top 5 Reasons for Denial (Unordered):
      1. Incomplete Application
      2. Income Exceeds Policy Threshold
      3. Patient Qualifies for Medicaid
      4. Patient Out of Qualifying Area
      5. Other
6. To the extent that race, ethnicity, sex, or preferred language is collected and available for financial assistance applications, the data outlined in paragraph (5) shall be reported by race, ethnicity, sex, and preferred language.
  - a. Carle Health's Financial Assistance Program experiences the same five reasons for denial across all applicants; therefore, the top five reasons for denial are the same across all races, ethnicities, sexes, and preferred languages.
    - i. Top 5 Reasons for Denial (Unordered):
      1. Incomplete Application
      2. Income Exceeds Policy Threshold
      3. Patient Qualifies for Medicaid
      4. Patient Out of Qualifying Area
      5. Other

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<sup>1</sup>20,869 represents applications approved across the health system

CFAP covers Carle Foundation Hospital (CFH), Carle Hoopston Regional Health Center (CHRHC), Carle Richland Memorial Hospital, Carle BroMenn Medical Center, Carle Eureka Hospital, Carle Physician Group, Carle West Physician Group and a number of other distinct businesses like Arrow Ambulance and Champaign SurgiCenter; all of which are part of The Carle Foundation. When a patient applies for financial assistance, their approval or denial is for all Carle entities.

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