Deaconess Illinois

Heartland Regional Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENT

June 24, 2024

Table of Contents

INTRODUCTION

Heartland Regional Medical Center has 106 licensed beds, 116 active physicians, and 4844 allied health professionals. It is accredited by The Joint Commission and provides a wide array of services, from primary to specialty care, including emergency services, open heart surgery and cardiac catheterization, inpatient and outpatient robotic-assisted surgery, and full-service imaging and laboratory services.

In 2022, Heartland was acquired from Quorum Health and became a part of the Deaconess Health System. As a premier provider of healthcare services to 48 counties in Indiana, Kentucky, and Illinois, Deaconess Health System brings a wealth of expertise and resources to the hospital. The system comprises twelve hospitals, a fully integrated primary care and specialty physicians, a freestanding cancer center, urgent care facilities, a network of preferred hospitals and doctors at more than 70 care sites, and multiple partnerships with other regional health care providers. This affiliation ensures that the community receives the best healthcare locally in Marion.

Mission, Vision & Values

MISSION: In keeping with our Christian heritage and tradition of service, the mission of Deaconess is to advance the health and well-being of our community with a compassionate and caring spirit.

VISION: To be the preferred regional healthcare partner for patients, providers, employees, and payers, with equitable access to inclusive, innovative, efficient, top-quality healthcare for all.

CORE VALUES: At Deaconess, our values are based on our commitment to quality. We define quality as the continuous improvement of services to meet the expectations of the customers we serve.

Leadership for our community and region

Excellence in quality, safety, and service

Respect for all people without bias towards race, religion, gender/identity, sexual orientation, or any other ways people differ

Integrity to do our best, even when no one is looking

Innovation and a bias for action is encouraged

Partnership for the mutual benefit of other organizations, providers, employers, and community

Accountability and Responsibility to always demonstrate an owner's mentality

Kindness shapes our interactions with all

EXECUTIVE SUMMARY

Affordable Care Act (ACA) provisions require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community in identifying and analyzing community health needs, assets, and resources to plan and act on 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 to share resources, educate, promote operational efficiencies, and improve healthcare services for member critical access and rural hospitals and their communities.

ICAHN, with 60 member hospitals, is an independent network governed by a nine-member board of directors. Standing and project development committees facilitate the network's overall activities. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers.

This Community Health Needs Assessment will guide planning and implementing healthcare initiatives that will allow the hospital and its partners to best serve Marion's emerging health needs and the surrounding area. The CHNA process was coordinated by the Chief Executive Officer of Deaconess Illinois and the Director of Marketing and Communications.

Two focus groups met to discuss overall health and wellness in the Heartland Regional service area and identify health concerns and needs in delivering healthcare and health services to improve fitness 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 these groups provided services to underserved and unserved persons as part of their roles.

The focus groups' findings were presented along with secondary data analyzed by the consultant to a focused group for identifying and prioritizing the community's significant health needs.

IDENTIFICATION AND PRIORITIZATION ADDRESSING THE NEED

After their review and discussion, the identification and prioritization group advanced the goals and actions:

1. **ACCESS TO CARE:** Improve access to care by continuing to recruit and retain providers for specialty care clinics, mental health provision, and substance abuse treatment/services.
2. **COMMUNITY COLLABORATION:** Improve community coordination by developing and maximizing health service partnerships.
3. **HEALTH EDUCATION:** Improve the community's overall health education through health promotion screenings and events in chronic disease management, cancer screenings, and health education.

ADDRESSING THE NEED CREATING THE PLAN

The group addressed the needs with the following strategies:

- Continue efforts to bring specialty service providers to the community, including primary care, specialty care, and mental health, as the community needs.
- Investigate the creation of additional community partnerships, including meeting with partners to create closer relationships and collaboration.
- Promote Heartland service offerings to the community through educational sessions, screenings, podcasts, etc. The facility is being rebranded to the community under Deaconess ownership and changed to a non-profit.

BACKGROUND

The Community Health Needs Assessment (CHNA) Process is conducted every three years. Since Heartland Regional Medical Center recently converted to a not-for-profit since joining Deaconess Illinois, this is their first CHNA.

AREA SERVED BY HEARTLAND REGIONAL HOSPITAL

For this CHNA, Heartland Regional Medical Center defined its primary service area and populations as the general population within the geographic area in and surrounding Marion, Illinois, described below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

A total of 116,765 people live in the 539 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2010-20 10-year estimates. The population density for this area, estimated at 216 persons per square mile, is greater than the national average population density of 94 persons per square mile.

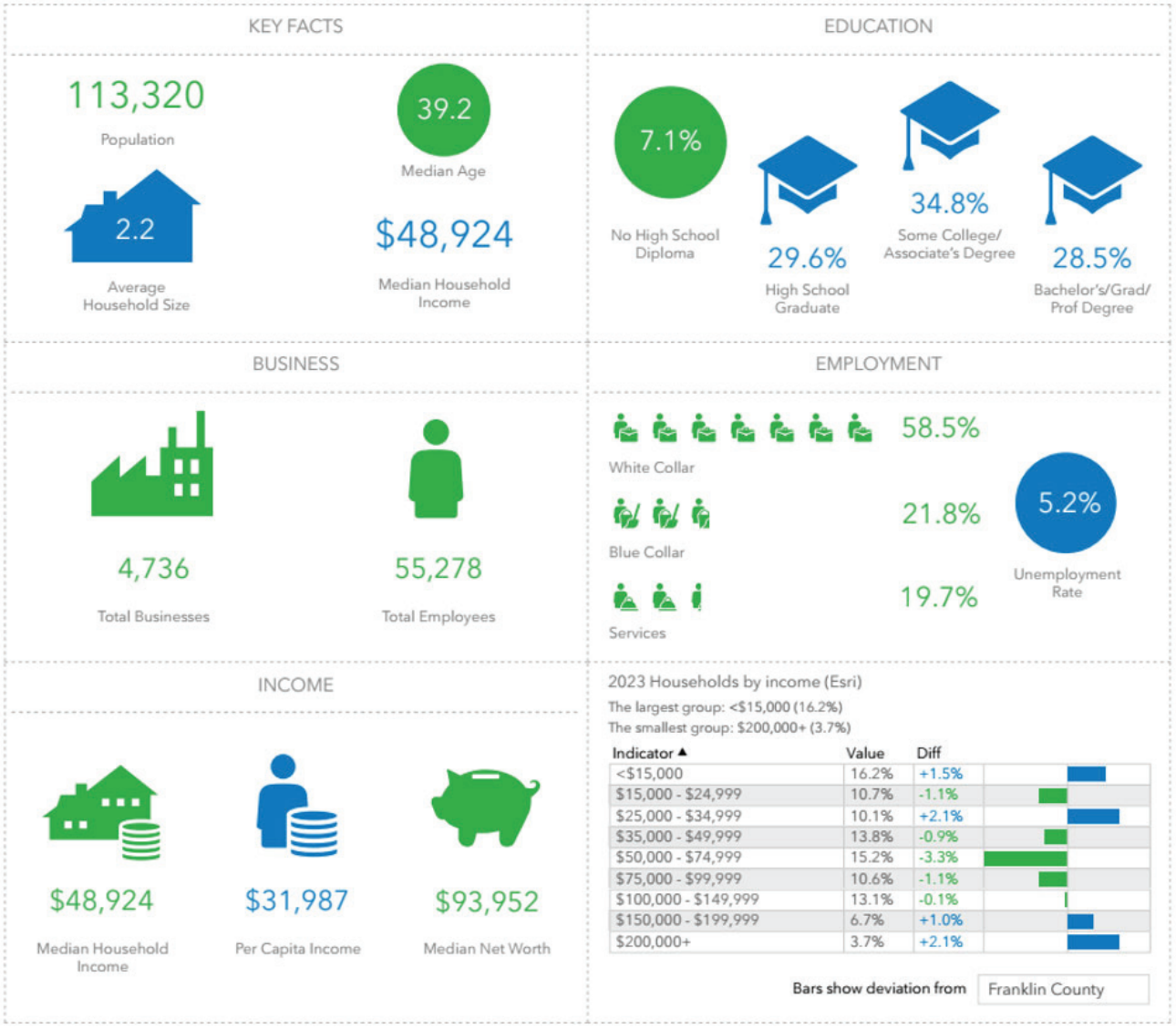
The service area, defined by zip code data, includes the following rural communities:

Marion	Herrin	Benton	West Frankfort	Johnson City	
Creal Springs	New Burnside	Vienna	Energy	Carbondale	Carrier Mills
Pittsburg	Freeman	Spur	Cambria	Hurst	Carterville

The average household size of the area, at 2.2, is lower than in Illinois and the U.S. The median age is 39.2 years, higher than Illinois and the U.S. The largest education segment is high school graduates, followed by those with some college. 7.1% of the population has no high school diploma or GED, and 29.6% of the community's population has only a high school degree. Unemployment at the time of writing was 4.5%, roughly equivalent to the Illinois state average and higher than the United States unemployment rate average.

As in much of rural Illinois, the average household income in the service area, $73,648, is lower than the statewide or national average. Median household income also fell behind the state and national averages.

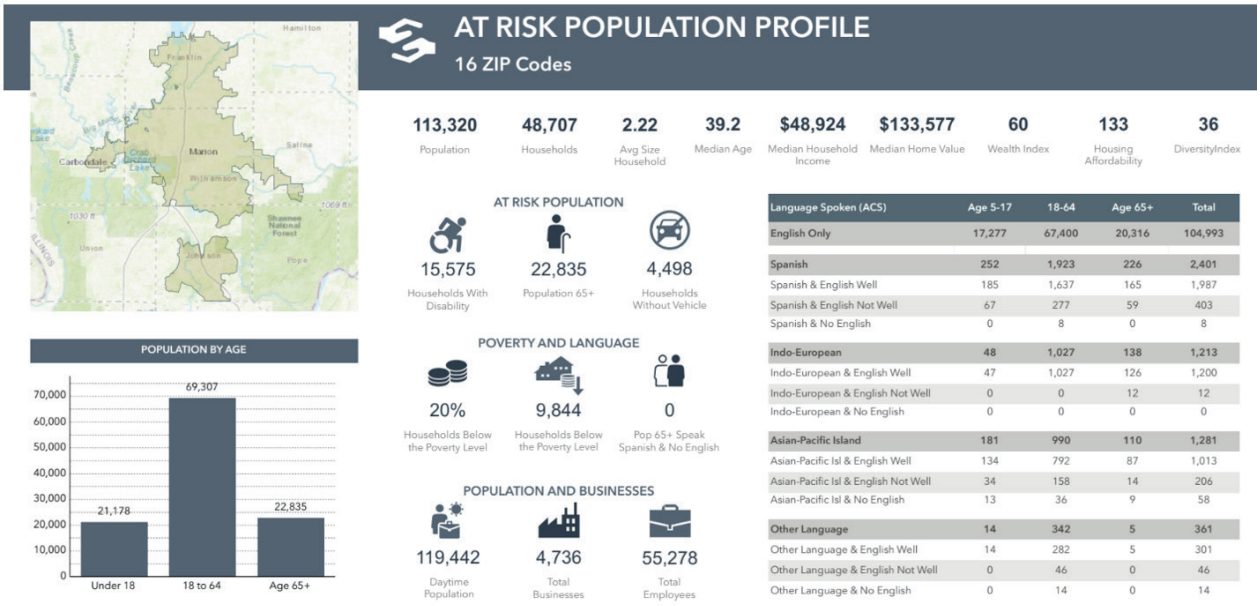
KEY FACTS



SOCIAL DETERMINANTS OF HEALTH

The data and discussion on the following pages will investigate the social determinants in the Heartland service area. They will offer insight into the complexity of circumstances that impact physical and mental wellness. The infographic provides a snapshot of the at-risk population served by Heartland Regional Medical Center.

KEY FACTS



Language Spoken (ACS)	Age 5-17	18-64	Age 65+	Total
English Only	17,277	67,400	20,316	104,993
Spanish	252	1,923	226	2,401
Spanish & English Well	185	1,637	165	1,987
Spanish & English Not Well	67	277	59	403
Spanish & No English	0	8	0	8
Indo-European	48	1,027	138	1,213
Indo-European & English Well	47	1,027	126	1,200
Indo-European & English Not Well	0	0	12	12
Indo-European & No English	0	0	0	0
Asian-Pacific Island	181	990	110	1,281
Asian-Pacific Isl & English Well	134	792	87	1,013
Asian-Pacific Isl & English Not Well	34	158	14	206
Asian-Pacific Isl & No English	13	36	9	58
Other Language	14	342	5	361
Other Language & English Well	14	282	5	301
Other Language & English Not Well	0	46	0	46
Other Language & No English	0	14	0	14

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 critical areas of SDoH:

Healthcare Access and Quality include access to healthcare overall, primary care, health insurance coverage, health literacy, compliance with recommended screenings, and incidents of certain health-related conditions.

Education Access and Quality include high school graduation rates, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

Social and Community Context includes the incidents of homelessness, teen birth rates, juvenile arrest rates, and the incidents of young people not in school and not working.

Economic Stability includes average household income, rates of unemployment, cost of living, people living in poverty, employment, food security, and housing stability.

Neighborhood and Built Environment include the cost and quality of housing, access to transportation, access to healthy food, air and water quality, broadband access, access to fitness and recreation facilities, walkability, and rates of crime and violence.

PROCESS

ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Data Collection

DESCRIPTION OF DATA SOURCES – QUANTITATIVE/SECONDARY DATA

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

Source	Description
Behavioral Risk Factor Surveillance System	The largest continuously conducted telephone health survey in the world. It enables the Centers 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.
Spark Map	An online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
U.S. Census	National census data is collected by the US Census Bureau every ten 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.
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	A product of the U.S. Census Bureau, which helps local officials, community leaders, and businesses understand the changes in their communities. It is the premier source for detailed population and housing information about our nation.
Illinois Department of Employment Safety	The state's employment agency that collects and analyzes employment information.
National Cancer Institute	Coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs concerning the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients

PROCESS

ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Data Collection

DESCRIPTION OF DATA SOURCES – QUANTITATIVE/SECONDARY DATA

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

Source	Description
Illinois Department of Public Health	IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
Health Resources and Services Administration	The US Department of Health and Human Services develops national health professional shortage criteria and uses that data to determine the locations 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 conducted every five years by local health jurisdictions in Illinois.
ESRI (Environmental Systems Research Institute	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. Each year, it releases school “report cards” that analyze the makeup, needs, and performance of local schools.
United States Department of Agriculture	USDA, among its many functions, collects and analyzes information related to nutrition, local production, and food availability.

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

Secondary data is available in a separate Heartland Regional 2024 Secondary Data document.

Primary Data

Community meetings were held in April 2024, and many agencies and communities were represented. Healthcare partners, Educators, Community Services Providers, and Government Officials were also present.

The groups were led in facilitated sessions with the consultant to determine the top Strengths, Opportunities, and Aspirations.

PROCESS

ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Data Collection

STRENGTHS: (Top 4)

1. Heartland provides excellent healthcare services with exceptional staff and a focus on customer service.
2. Collaboration between agencies in the community is vital.
3. The community is generous to provide support where it is needed.
4. The community is focused on business and economic development.

OPPORTUNITIES (Top 4)

1. Access to specialty care services, including mental health and addiction, palliative care, preventative care, and oncology services.
2. Access to social service providers: homelessness, substandard housing, appropriate referrals, food insecurity/ access, etc.
3. Workforce concerns
4. Internal facility service opportunities: registration processes, communication of results, etc.

ASPIRATIONS (Top 4)

1. Keeping high-quality, compassionate healthcare available locally, including primary and specialty care services.
2. Assuring agencies are interconnected and share resources and information.
3. Keeping young people in the community.
4. Everyone in the community has basic living needs, including access to healthy foods, affordable housing, and affordable childcare.

COMMUNITY SURVEY RESULTS

Forty-four (44) community members completed the CHNA survey for Heartland. This was presented on the Heartland social media platforms and opened for about sixty days in late March 2024. The participants were primarily from four counties in the Heartland service market area: Williamson, Jackson, Franklin, and Perry. 86% of the respondents were female, and 97% were white. A wide range of ages were represented, from birthdates before 1950 to birthdates in the 1990s. 45.45% of the respondents say their general health is good overall and the community's health is good (47.73%). 86% say they have seen a healthcare provider in six months. 95% of the respondents state they have a provider they consider their personal doctor/healthcare provider. Almost 23% state there have been times in the past 12 months that they needed prescription medications but did not get them because they could not afford them. Additionally, 14% of the participants took medications that were not initially prescribed for them in the previous year.

The top five (5) most important health issues in the community were identified by the survey participants as follows:

Mental/behavioral health: depression, stress, anxiety	81.82%
Substance abuse: tobacco, alcohol, meth, prescription drugs	80.36%
Chronic diseases: diabetes, cancer, heart disease, etc.	79.55%
Basic needs: food, shelter, safety, transportation, access to care	72.73%
Obesity: eating unhealthy foods, lack of healthy foods	70.45%

The full results of the Heartland Community Survey are available in the data document.

PROCESS

ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Data Collection

DESCRIPTION OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

After their review and discussion, the identification and prioritization group advanced the following needs as being the significant community health needs facing the Heartland Regional Hospital service area:

1. **ACCESS TO CARE:** Improve access to care by continuing to recruit and retain providers for specialty care clinics, mental health provision, and substance abuse treatment/services.
2. **COMMUNITY COLLABORATION:** Improve community coordination by developing and maximizing health service partnerships.
3. **HEALTH EDUCATION:** Improve the community's overall health education through health promotion screenings and events in chronic disease management, cancer screenings, and health education.

RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

HOSPITAL RESOURCES

- Executive Team
- Hospital leadership team
- Hospital providers
- Marketing
- Dietician

HEALTHCARE PARTNERS OR OTHER RESOURCES, INCLUDING TELEMEDICINE

- Local Health Departments
- Behavioral and mental health service providers
- Providers in the community
- Deaconess Health

COMMUNITY RESOURCES

- Schools
- Community action agencies
- Community organizations
- Faith-based organizations
- Local governments
- Law Enforcement

DOCUMENTING AND COMMUNICATING RESULTS

This CHNA Report will be available to the community on the hospital's website, www.heartlandregional.com. A hard copy may be reviewed at the hospital by inquiring with the Administrator's office.

There are no community comments since this is Heartland's first CHNA. However, a method for retaining written public comments and responses exists.

PLANNING PROCESS & IMPLEMENTATION STRATEGY

PLANNING PROCESS

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Heartland Regional Medical Center in June 2024. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They are also regarded as 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 three priority areas, the actions the hospital intends to take were identified along with their anticipated impact, the resources the hospital intends to commit to, 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 with annual review and reporting.

IMPLEMENTATION STRATEGY

The group addressed the needs with the following strategies:

1. **ACCESS TO CARE:** Improve access to care by continuing to recruit and retain providers for specialty care clinics, mental health provision, and substance abuse treatment/services.

Actions the hospital intends to take to address the health need

- Evaluate the primary and specialty care services needed in the community. Potentially recruit or provide those services through Deaconess Health partnerships.
- Evaluate the mental and substance abuse services provided in the community and the need for additional providers/services. Work with community partners and Deaconess Health to ensure gaps are filled as possible.
- Work with current providers in the service market area to retain their services to Heartland and the community.
- Evaluate internal processes within Heartland to ensure the best customer experience.

Indicators that support this priority

- Access to specialty care services was among the top five identified problems in the community related to health or a healthy lifestyle. Additional services desired included palliative care, preventative care, and oncology.
- The onsite community group's top aspiration was to keep high-quality, compassionate healthcare available locally, including primary and specialty care services.
- Workforce concerns and internal facility service opportunities, such as registration processes, communication of results, etc., were among the top five opportunities identified by the onsite community group. The leadership team noted some specific concerns.
- Chronic diseases such as diabetes, cancer, and heart disease were identified by the community survey participants (79.55%) as one of the top five community needs.
- 13/44 community survey participants (29.5%) sought or needed help seeking mental health or substance abuse resources.

- Secondary data sources showed a higher-than-expected number of poor mental health days per month (5.1). Substance use disorders reported in the Medicare population were higher (4.2%) than in the state (2.3%) or nation (3.5%).
- 18% of the overall population is aged 65+, indicating a potentially increased need for additional healthcare specialties.
- 17.85% of the overall population is considered disabled, and approximately 32% of households have someone with a disability. This is a strong indicator for additional specialties.
- A slightly higher percentage of the population (8.11%) are veterans. This indicates the potential for additional specialty services needed in the area.
- Opioid drug claims as a percentage of all Part D drug claims (4.6%) were higher than the state (3.7%) or national (4.1%) norm.

Anticipated impacts of these actions

- Patients will be able to seek needed healthcare in their community, including physical and mental health/ substance abuse providers.
- Patients will choose to seek their care at Heartland versus going to another facility.

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

- Chief Executive Officer
- Specialty Clinic Practice Manager
- Primary care medical staff
- Specialty care providers

Planned collaboration between the hospital and other facilities or organizations:

- Deaconess Health
- Independent Health Care Providers

2. **COMMUNITY COLLABORATION:** Improve community coordination by developing and maximizing health service partnerships.

Actions the hospital intends to take to address the health need

- Support and participate in the inner agency group meeting in the community (if one exists) or develop this group to ensure agencies understand what each does and the priorities they are working on. This will potentially reduce duplication of services and allow more agency collaboration. Investigate developing or renovating a resource guide to assist agencies and patients/residents in finding needed resources.
- Support local agencies that address food insecurity, such as local food pantries. Investigate budgeting dollars for this and leverage social media channels to raise awareness of these agencies and solicit potential donors.
- Develop charity care policy education for the community and share with providers.

PLANNING PROCESS & IMPLEMENTATION STRATEGY

Indicators that support this priority

- Access to social service providers: homelessness, substandard housing, appropriate referrals, food insecurity/ food access, etc., were in the top five opportunities listed by the onsite community group.
- Meeting basic needs such as food, shelter, and safety were listed as one of the top five priorities by the community survey.
- Access to grocery stores is significantly lower in the service area (12.27/100,000 population) than in the state (19.47) or nation (23.38). 25.61% of the Heartland service area is considered to have low food access, and 24.13% of the low-income population also has low food access. Almost 60% of the service population live in 16 census tracts classified as good deserts by the USDA. Nearly 11% of the population is eligible for SNAP benefits. These indicators all point to a need for better food access and potential food insecurity for patients.

Anticipated impacts of these actions

- Patients and community members will be able to meet their basic needs in their community. They will know where the resources are and will be able to get referrals to the appropriate agencies.
- Community agencies will be able to maximize their impact by working together to share resources.

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

- Chief Executive Officer
- Specialty Clinic Practice Manager
- Primary care medical staff

Planned collaboration between the hospital and other facilities or organizations:

- Community healthcare and social services partners
- Faith Community
- Civic organizations
- Food pantries

3. **HEALTH EDUCATION:** Improve the community's overall health education through health promotion screenings and events in chronic disease management, cancer screenings, and health education.

Actions the hospital intends to take to address the health need

- Review patient educational documents to ensure understandable explanations of the patient's condition, care, and treatment. Educate nursing staff to reinforce the importance of this additional education with patients.
- Health fair in the community.
- Investigate a partnership with local schools utilizing employees to educate students on the benefits of diet and exercise, strategies to improve their physical and mental health, chronic diseases and management, and exposure to health careers and job opportunities at Heartland.
- Increase free or low-cost cancer screenings in the community.
- Rebranding of the facility in the community to improve awareness of services and the changes that are being made as a part of Deaconess Health System.

- Smoking cessation program (partnership with health department?)
- Create low-cost/free exercise programs (walking paths, challenges, etc.)
- Radiology lung cancer screenings
- Focus on Medicare Annual Wellness Exam Completion
- Focus on women's prevention services completion

Indicators that support this priority

- Obesity: eating unhealthy foods or the lack of healthy foods was listed as one of the top five community needs by the survey participants.
- Only 20% of the community lives within walking distance of a park (½ mile), indicating a need for creating ways for people to become active in their community regardless of a "park."
- Community survey participants state their community health is "good" (47.73%).
- 43% of survey participants had not participated in a cancer screening of any kind in the past year.
- Women reporting having had the recommended cervical cancer screening (77.6%) were under the state (81%) and national (83.7%) levels.
- GI screenings completed (67%) also fell below expected levels for the state (69.1%) and nation (72.4%).
- Cancer incidents for all sites (599.1/100,000 population) is higher than the state (459.7) or nation (442.3). Incidents of breast, colorectal, lung, and prostate cancer were all higher in the service area than the state or national norm. Cancer mortality rates were also higher in the Heartland service area.
- The air toxin/cancer risk percentile is higher in the service area and significantly higher in Jackson County (83rd percentile).
- Medicare recipients complete their annual wellness exam (20%) at a rate lower than the state or national average.
- Women receiving the recommended core preventative services (flu and pneumococcal vaccine, GI screening, and mammogram) fall below the state and national levels.

Anticipated impacts of these actions

- Community members will be more aware of their health and knowledgeable about how to maintain or improve it.

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

- Chief Executive Officer
- Health Educators
- Marketing Team
- Primary care medical staff

PLANNING PROCESS & IMPLEMENTATION STRATEGY

Planned collaboration between the hospital and other facilities or organizations:

- Community healthcare and social services providers
- Civic Organizations

BOARD APPROVAL

The 2024 CHNA was presented to the Heartland Regional Medical Center Board of Directors on _____, 2024, and approved as presented.

Notes:

1. Statistics may vary slightly depending on the resource.

DATA

Data is an essential part of the Community Health Needs Assessment (CHNA). Secondary data is used as an adjunct to the anecdotal data gathered within the community. It is used to benchmark community data against state and national benchmarks and allows the entity to review and confirm or refute their intuitions about their community.

Healthy People 2030 was developed by the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion with the goal of creating initiatives for health improvement based on national data. They have defined the Social Determinants of Health (SDOH) as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The areas of focus were developed to represent the broad categories/factors that can impact overall health.

Five areas of focus were defined as follows:

- Education Access and Quality: This includes access to educational opportunities, ranging from pre-school to post-secondary educational levels, vocational training, literacy levels, educational achievement, and language.
- Economic Stability: This includes employment levels, income, expenses/debt, and support.
- Social and Community Context: This includes homelessness, vehicle access, teen birth rates, juvenile and overall crime rates, and young people not in school and not working.
- Healthcare Access and Quality: Access to insurance, insurance types, access to primary and dental care, primary care utilization including prevention services, hospital and ED utilization, and healthy behaviors will be included in the dataset.
- Neighborhood and Physical Environment: This includes housing and transportation costs, environmental hazards, access to broadband and computers, access to fitness/exercise opportunities, and overall access to food.

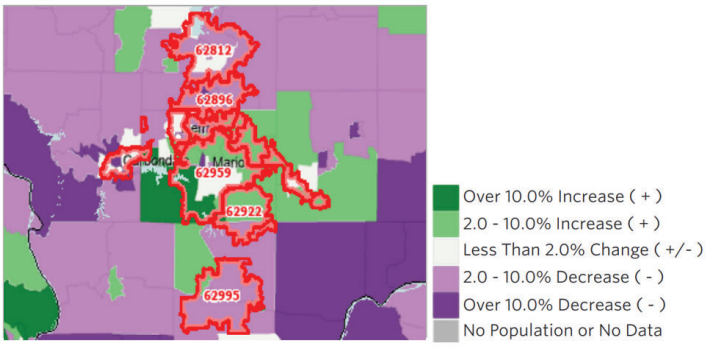
Each community determines how to best extract their secondary data either by zip codes or counties defined as the entity primary/secondary service areas.

DEMOGRAPHIC DATA

DEMOGRAPHICS DATA

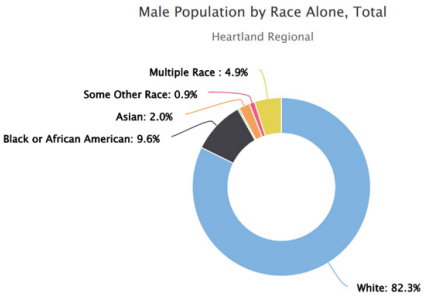
- TOTAL POPULATION CHANGE, 2010-2020

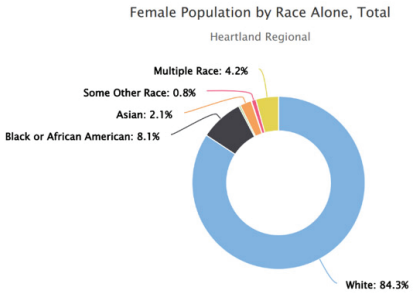
Report Area	Total Population 2010	Total Population 2020	Percentage change
Heartland	109,941	105,937	-3.6%
Illinois	1,283,0633	1,281,2508	-0.14%
United States	312,471,161	334,735,155	7.13%



- POPULATION BY GENDER

Report Area	Male	Male %	Female	Female %
Heartland	55767	52%	51483	48%
Illinois	6,332,176	49.39%	6,489,637	50.61%
United States	163,206,615	49.50%	166,518,866	50.50%





- POPULATION UNDER AGE 18, AS A PERCENTAGE OF TOTAL POPULATION

Report Area	% Under 18
Heartland	19.32%
Illinois	22.11%
United States	22.11%

- PERCENTAGE OF POPULATON, BY AGE GROUPS

Report Area	< 18	18-64	65+
Heartland	19.32%	62.73%	17.95%

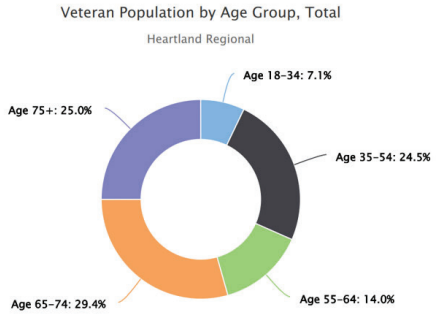
- POPULATION WITH ANY DISABILITY: this reports the percentage of the total civilian non-institutionalized population with a disability.

Report Area	Percent of Population with a disability
Heartland	18.15%
Illinois	11.27%
United States	12.64%

Report Area	Under 18	18-64	65+
Heartland	5.91%	15.21%	42.18%
Illinois	3.66%	8.97%	31.73%
United States	4.53%	10.32%	33.36%

- VETERAN POPULATION: The percentage of the population aged 18 or older that served, but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps or the Coast Guard or that serviced in the Merchant Marine during World War II.

	Total Vets	Vet %
Heartland	6884	7.96%
Illinois	518,426	5.23%
United States	17,038,807	6.64%



PRIMARY DATA

This data was collected at on-site meetings held in May 2024. Community members, providers, leaders, and employees of Heartland Regional Medical Center contributed to this data.

The Community Survey Data was collected using Survey Monkey. A link to the survey was open for approximately 60 days and distributed to the community using Crossroad's social media channels. Forty-four community members completed the survey.

SESSION 1 - 21 Participants (does not include HH staff)

Heartland Regional CHNA
Hospice of Southern Illinois
Haven House
Deaconess IL Specialty Clinic
The Lighthouse Shelter
Shawnee Health
Franklin-Williamson County HD
City of Marion
Johnston City CUSD 1
Cornerstone Church
Deaconess
City of Marion
Heartland Board of Directors
Rides Mass Transit District
Crab Orchard CUSD 3
Man-Tra-Con Corp
Johnston County HS
Salvation Army
Egyptian Area Agency on Aging

SESSION 2 - 10 Participants (does not include HH staff)

HH Chaplains
CRHPC – FQHC
HH community board
Refuge Temple
Marion Chamber
Williamson County Treasurer

STRENGTHS

Excellent staff/Customer focus/ HC services - 23

ER called out, "Staff is very student-friendly; students want to work here."
"We do not try to do things we know we are not good at"
Community outreach and education
Deaconess resources
Commitment
Improvements in the ED care
Deaconess has a good reputation
We are still here
Openness for change
Beautiful, well-located facility

Collaboration between agencies - 13

Cornerstone Church: tiny houses, vehicle support
Salvation Army "Boot on the Ground" 60+ people in 35 agencies
Communication of offerings

Business/economic development/forward-thinking community - 4

Generosity and financial support - 7

Civic groups want to help
Underwriting an all-inclusive playground for Marion Co
Strong financial resources
Empowerment program/assisting people to meet training & career goals

OPPORTUNITIES

Transportation - 8

Across county lines, non-emergent patient transport (home from hospital to appointments)

Specialty care access - 15

Local access, SANE, Palliative, holistic/pain, preventative care, oncology, GI
OB – deliveries
Behavioral Health
Careful referrals (to high-quality providers)

Mental Health and Addiction Services - 7

For children/youth, partnership with schools

Homelessness/Substandard housing - 6

Awareness of inadequate housing

Workforce concerns - 2

Partner with schools for seamless transition (CAN, phleb, pharm tech)

Patient advocacy/continuity of care 1

solutions for child & elder care 1

Using satellite offices vs. ER 1

Food insecurity/food pantry 2

Access to food has diminished greatly
Home delivery for seniors/low-income

Mobile healthcare - 1

Developing new relationships with the community/transparency - 2

Corporate health - 1

Improve registration processes - 1

Communication of results - 1

Communication of financial assistance offerings - 1

Restore volunteer services coordinator - 1

ASPIRATIONS

Interconnected partnerships between agencies/NFPs - 11

Sharing resources (if I have a wheelchair van and you need someone transported)
Online or community hub where all can share
More effective and efficient use of $$ and resources
Community education/support groups

Basic needs provided – food, clothing, shelter - 7

Meeting people where they are
Housing near transportation
Affordable childcare
Transportation

Keeping young people in the community - 7

Training resources for HC positions/financial support/employment opportunities
Early intervention – life skills training, HC prevention, dangers
Motivate families to improve

Keep the best HC local - 11

Mental and physical health
OB/women's health
Mobile health clinic
High-quality providers
Good tools/equipment
75% of all care local/fully operating hospital – Hospital of choice; become the hub hospital for rural neighbors
Focus on AMI/Stroke care
Preventative care
HC is a right, not a privilege.

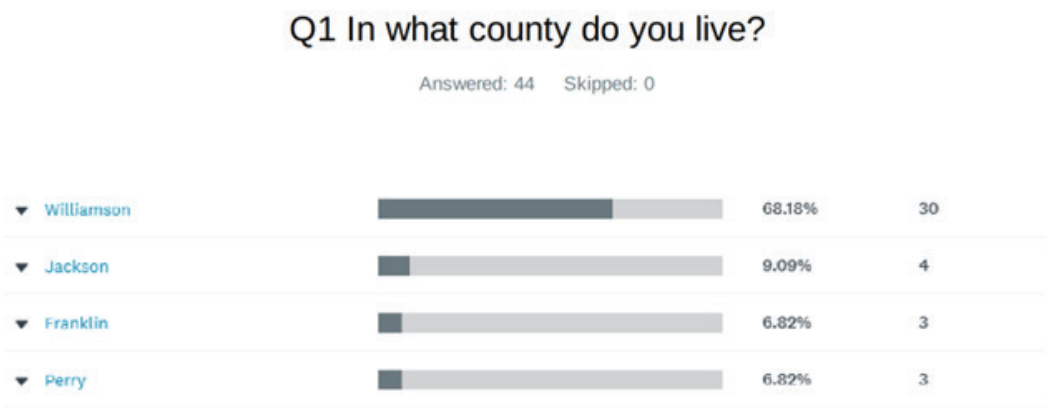
Foster compassion - 5

Respect for all people; everyone is welcome
All patients are treated the same regardless of insurance or payment ability

Behavioral health resources – schools - 2

Homecare for all – payor concerns – not all insurances are accepted

HEARTLAND REGIONAL HOSPITAL QUESTIONNAIRE



Q2 What is the zip code of your residence?

Answered: 44 Skipped: 0

62959	21
62832	3
62948	3
62890	2
62951	2

Q3 How many people live in your household? Include everyone who has lived there for at least 2 months including yourself. Include anyone who is staying at your residence for less than 2 months, that has no other place to stay. DO NOT include anyone who is living another place for more than 2 months - like a college student living at school or a person in the Armed Forces on deployment.

Answered: 44 Skipped: 0

One	7
Two	26
Three	10
Four	4
Five	4

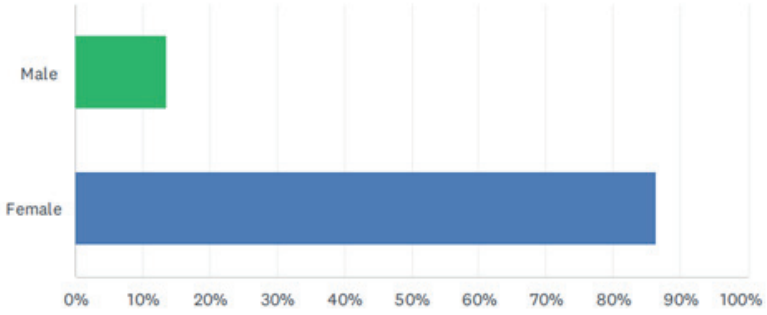
Q4 How many children younger than 18 years of age live in your household?

Answered: 43 Skipped: 1

Zero	35
One	6
Two	2
Three	1

Q5 What is your sex?

Answered: 44 Skipped: 0



ANSWER CHOICES	RESPONSES	
Male	13.64%	6
Female	86.36%	38
TOTAL		44

Q6 What is your year of birth?

Answered: 44 Skipped: 0

ANSWER CHOICES	RESPONSES	
2000 or after	2.27%	1
1990 - 1999	13.64%	6
1980 - 1989	2.27%	1
1970 - 1979	40.91%	18
1960 - 1969	25.00%	11
1950 - 1959	9.09%	4
Before 1950	6.82%	3
TOTAL		44

Q7 Are you of Hispanic, Latino or Spanish origin?

Answered: 44 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	44
TOTAL		44

Q8 What is your race?

Answered: 44 Skipped: 0

ANSWER CHOICES	RESPONSES	
White	97.73%	43
Black or African American	0.00%	0
Hispanic or Latino	0.00%	0
Asian or Asian American	0.00%	0
American Indian or Alaska Native	0.00%	0
Native Hawaiian or other Pacific Islander	0.00%	0
Another race	2.27%	1
TOTAL		44

Q9 Would you say your overall general health is

Answered: 44 Skipped: 0

ANSWER CHOICES	RESPONSES	
Excellent	6.82%	3
Very good	36.36%	16
Good	45.45%	20
Fair	9.09%	4
Poor	2.27%	1
TOTAL		44

Q10 Regarding your personal health, would you say that in general...

Answered: 44 Skipped: 0

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	TOTAL	WEIGHTED AVERAGE
Your physical health is...	4.65% 2	41.86% 18	46.51% 20	4.65% 2	2.33% 1	43	2.58
Your mental health is...	6.82% 3	47.73% 21	25.00% 11	20.45% 9	0.00% 0	44	2.59
Your social well-being is...	13.95% 6	39.53% 17	30.23% 13	16.28% 7	0.00% 0	43	2.49

Q11 Do you currently have any of the following types of healthcare coverage? Please make a selection for EACH row.

Answered: 44 Skipped: 0

	YES	NO	DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
Medicaid	7.69% 3	92.31% 36	0.00% 0	39	1.92
Medicare	22.50% 9	77.50% 31	0.00% 0	40	1.77
Private (employer based, self-insured)	85.00% 34	15.00% 6	0.00% 0	40	1.15
Public (Marketplace, Obamacare)	10.81% 4	89.19% 33	0.00% 0	37	1.89

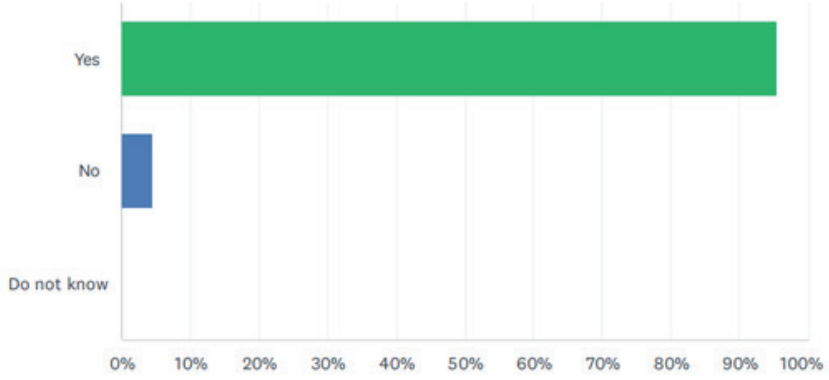
Q12 How long has it been since you visited a healthcare provider (such as a doctor, nurse practitioner, etc.) Select only one.

Answered: 44 Skipped: 0

ANSWER CHOICES	RESPONSES	
Within the past 6 months	86.36%	38
Within the past year	11.36%	5
Within the past 2 years	0.00%	0
Within the past 5 years	2.27%	1
Don't know/Unsure	0.00%	0
TOTAL		44

Q13 Do you have a person you think of as your personal doctor or healthcare provider?

Answered: 44 Skipped: 0



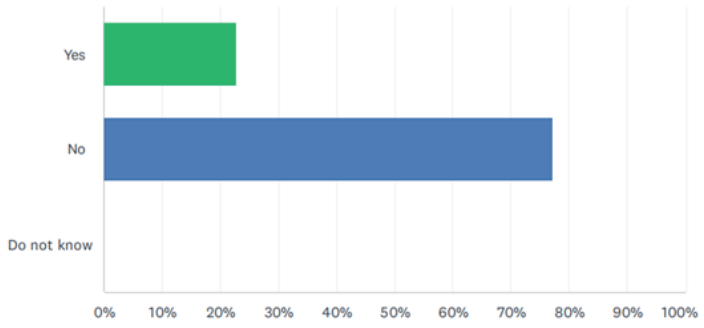
Q14 Within the past 12 months, have your received any of the following health-related services? Select one answer for EACH row.)

Answered: 44 Skipped: 0

	YES	NO	DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
Dental care	69.05% 29	30.95% 13	0.00% 0	42	1.31
Mental health care	19.05% 8	80.95% 34	0.00% 0	42	1.81
Drug or alcohol treatment	0.00% 0	100.00% 40	0.00% 0	40	2.00
Tobacco/smoking cessation	0.00% 0	100.00% 41	0.00% 0	41	2.00
Getting prescription medications	95.45% 42	4.55% 2	0.00% 0	44	1.05
Getting immunizations, such as a flu shot or others	68.29% 28	31.71% 13	0.00% 0	41	1.32
Care related to birth control	7.32% 3	92.68% 38	0.00% 0	41	1.93
Prenatal or well-baby care	4.88% 2	95.12% 39	0.00% 0	41	1.95
Women, Infants & Children (WIC) supported services	0.00% 0	100.00% 41	0.00% 0	41	2.00
Food Stamps or SNAP	4.88% 2	92.68% 38	2.44% 1	41	1.98
Chronic disease care, such as for diabetes or heart disease	40.48% 17	59.52% 25	0.00% 0	42	1.60
Acute care, such as for an ear infection, cough, injury or fall	56.10% 23	43.90% 18	0.00% 0	41	1.44
Annual routine physical examination	70.45% 31	29.55% 13	0.00% 0	44	1.30

Q15 During the past 12 months, were there any times you needed prescription medicine but did not get it because you could not afford it?

Answered: 44 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	22.73%	10
No	77.27%	34
Do not know	0.00%	0
TOTAL		

Q16 There are some things in life that make it easier for us to be healthy and other things that make it harder for us to be healthy. How would you rate the following in terms of if they impact your ability to be healthy?

Answered: 44 Skipped: 0

	MAKES IT EASIER FOR ME TO BE HEALTHY	DOES NOT HAVE ANY INFLUENCE ON MY HEALTH	MAKES IT MORE DIFFICULT FOR ME TO BE HEALTHY	DOES NOT EXIST IN MY COMMUNITY	TOTAL	WEIGHTED AVERAGE
Access to health insurance coverage	77.27% 34	11.36% 5	11.36% 5	0.00% 0	44	1.34
Availability of transportation	72.09% 31	20.93% 9	6.98% 3	0.00% 0	43	1.35
Access to parks, trails or outdoor activities	61.36% 27	34.09% 15	4.55% 2	0.00% 0	44	1.43
Access to community recreational centers	43.18% 19	38.64% 17	9.09% 4	9.09% 4	44	1.84
Access to public libraries	36.36% 16	59.09% 26	2.27% 1	2.27% 1	44	1.70
Access to churches or faith based organizations	52.27% 23	43.18% 19	4.55% 2	0.00% 0	44	1.52
Access to providers (doctors, clinics, etc.) in my community	81.82% 36	4.55% 2	11.36% 5	2.27% 1	44	1.34
Availability of fresh fruits and vegetables at stores near me, community gardens or markets	77.27% 34	13.64% 6	9.09% 4	0.00% 0	44	1.32
Access to workplace or employee wellness	50.00% 22	36.36% 16	9.09% 4	4.55% 2	44	1.68
Availability of family support services, such as those related to domestic or relationship violence or family social services	34.09% 15	61.36% 27	4.55% 2	0.00% 0	44	1.70

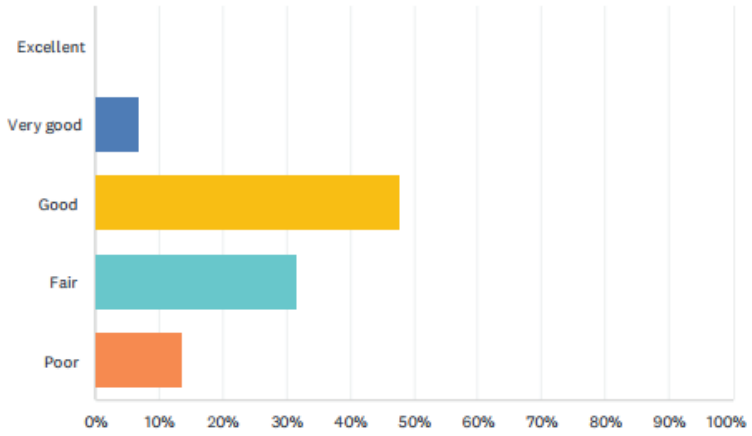
Q17 Please indicate whether you have engaged in any of the following behaviors in the past 12 months. Please select one answer for EACH row.

Answered: 44 Skipped: 0

	YES, WITHIN THE PAST 30 DAYS.	YES, WITHIN THE PAST 6 MONTHS.	YES, WITHIN THE PAST 12 MONTHS.	NO, NOT IN THE PAST 12 MONTHS.	DO NOT KNOW.	TOTAL
I tried to lose weight.	36.36% 16	6.82% 3	18.18% 8	36.36% 16	2.27% 1	44
I tried to maintain/keep a healthy weight.	48.84% 21	6.98% 3	30.23% 13	13.95% 6	0.00% 0	43
I smoked or used tobacco products daily or on most days of the week.	4.55% 2	2.27% 1	0.00% 0	90.91% 40	2.27% 1	44
I smoked vapor/e-cigarettes daily or most days of the week.	9.09% 4	4.55% 2	2.27% 1	79.55% 35	4.55% 2	44
I was physically active daily or most days of the week.	40.91% 18	18.18% 8	27.27% 12	13.64% 6	0.00% 0	44
I got an average of 7 or more hours of sleep most days of the week.	40.91% 18	22.73% 10	18.18% 8	18.18% 8	0.00% 0	44
I ate home cooked meals daily or on most days of the week.	52.27% 23	13.64% 6	25.00% 11	9.09% 4	0.00% 0	44
I ate fruits and vegetables with most of my meals daily or on most days of the week.	59.09% 26	6.82% 3	20.45% 9	13.64% 6	0.00% 0	44
I consumed sugar sweetened drinks daily or on most days of the week. (ex. regular soda, Kool-Aid, etc.)	29.55% 13	20.45% 9	4.55% 2	45.45% 20	0.00% 0	44
I drank at least 2 or more alcoholic drinks daily or on most days of the week. (Includes beer, wine or any liquor).	15.91% 7	4.55% 2	6.82% 3	72.73% 32	0.00% 0	44
I used medication at least once that was not my own.	6.82% 3	2.27% 1	4.55% 2	86.36% 38	0.00% 0	44
I sought medical services in the emergency department.	2.27% 1	11.36% 5	6.82% 3	79.55% 35	0.00% 0	44
I sought medical services in an urgent care clinic.	13.64% 6	31.82% 14	4.55% 2	50.00% 22	0.00% 0	44
I participated in cancer screening. (Include any cancer screening: mammogram, occult blood, etc.)	11.36% 5	22.73% 10	22.73% 10	40.91% 18	2.27% 1	44
I was injured from a fall.	6.82% 3	6.82% 3	2.27% 1	84.09% 37	0.00% 0	44
I met with social groups or friends in my community.	54.55% 24	9.09% 4	9.09% 4	27.27% 12	0.00% 0	44
I engaged in unprotected sex. (Do not include your mate.)	2.27% 1	0.00% 0	0.00% 0	95.45% 42	2.27% 1	44
I shared needles with another person for medication or drugs.	0.00% 0	0.00% 0	0.00% 0	95.35% 41	4.65% 2	43
I had sexual activity with another person (not my mate) while under the influence of alcohol.	0.00% 0	0.00% 0	0.00% 0	95.45% 42	4.55% 2	44
I received the flu shot.	9.09% 4	36.36% 16	15.91% 7	38.64% 17	0.00% 0	44
I received vaccines other than a flu shot.	9.52% 4	11.90% 5	14.29% 6	64.29% 27	0.00% 0	42

Q18 In your opinion, how would you rate the overall health of your community?

Answered: 44 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	0.00%	0
Very good	6.82%	3
Good	47.73%	21
Fair	31.82%	14
Poor	13.64%	6
TOTAL		44

Q19 What do you think are the FIVE most important health issues in your community?

Answered: 44 Skipped: 0

ANSWER CHOICES	RESPONSES	
Basic needs: food, shelter, safety, transportation, access to medical care	72.73%	32
Injuries: gun related, car accidents, 4-wheeler accidents, falls	13.64%	6
Substance abuse: tobacco, alcohol, meth, heroin, prescription drugs	77.27%	34
Child abuse/Safety: child abuse or neglect	43.18%	19
Chronic diseases: diabetes, cancer, heart disease, stroke, high blood pressure, high cholesterol	79.55%	35
Infectious diseases: HIV, chlamydia or other STDs, Hepatitis, food poisoning	13.64%	6
Well-baby: prenatal care, after care for mother and newborns, teen pregnancy, unintended or unplanned pregnancy	20.45%	9
Obesity: eating unhealthy foods, lack of healthy foods	70.45%	31
Lack of exercise: physical inactivity, poor access to walking paths, sidewalks, parks, recreational activities	34.09%	15
Mental/behavioral health: depression, stress, anxiety	81.82%	36
Total Respondents: 44		

Q20 When you think of how your county, city or town allocates resources (both staff and programming), how important is it to you that resources are spend on each item below?

Answered: 44 Skipped: 0

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT	TOTAL
Clean outdoor air	41.86% 18	46.51% 20	11.63% 5	0.00% 0	43
Clean indoor air	60.47% 26	32.56% 14	6.98% 3	0.00% 0	43
Clean recreational water	67.44% 29	27.91% 12	4.65% 2	0.00% 0	43
Recycling programs	31.82% 14	63.64% 28	4.55% 2	0.00% 0	44
Access to healthy or fresh foods	76.74% 33	18.60% 8	4.65% 2	0.00% 0	43
Available and accessible mental health services	81.82% 36	13.64% 6	4.55% 2	0.00% 0	44
Teen pregnancy interventions	54.55% 24	34.09% 15	6.82% 3	4.55% 2	44
Domestic violence prevention	65.91% 29	22.73% 10	6.82% 3	4.55% 2	44
Child abuse prevention	77.27% 34	13.64% 6	4.55% 2	4.55% 2	44
Youth violence prevention	72.73% 32	18.18% 8	4.55% 2	4.55% 2	44
Illegal prescription drug use prevention	72.73% 32	20.45% 9	6.82% 3	0.00% 0	44
Tobacco use prevention	44.19% 19	41.86% 18	9.30% 4	4.65% 2	43
Drug use or addiction services	75.00% 33	13.64% 6	9.09% 4	2.27% 1	44
Meth and heroin use prevention programs	79.55% 35	9.09% 4	9.09% 4	2.27% 1	44
Impaired driving prevention	59.09% 26	31.82% 14	6.82% 3	2.27% 1	44
Access to healthcare	84.09% 37	13.64% 6	2.27% 1	0.00% 0	44
Access to birth control	68.18% 30	25.00% 11	4.55% 2	2.27% 1	44
Access to safe recreational opportunities	47.73% 21	43.18% 19	6.82% 3	2.27% 1	44
Pest management	39.53% 17	41.86% 18	16.28% 7	2.33% 1	43
Access to trails and walking paths	34.09% 15	56.82% 25	6.82% 3	2.27% 1	44
Affordable housing	69.77% 30	25.58% 11	2.33% 1	2.33% 1	43
Food availability	75.00% 33	20.45% 9	2.27% 1	2.27% 1	44
Food safety	75.00% 33	20.45% 9	2.27% 1	2.27% 1	44
Bike lanes or paths	15.91% 7	61.36% 27	20.45% 9	2.27% 1	44
Services for aging	75.00% 33	20.45% 9	2.27% 1	2.27% 1	44
Services for homeless	72.09% 31	16.28% 7	9.30% 4	2.33% 1	43
Disaster/emergency preparedness or response	72.73% 32	20.45% 9	4.55% 2	2.27% 1	44
Access to good internet services	45.45% 20	43.18% 19	6.82% 3	4.55% 2	44

Q21 During the past 12 months, to what extent have you personally experienced the following. (Select one answer for EACH row.)

Answered: 44 Skipped: 0

	OFTEN	SOMETIMES	SELDOM	NEVER	TOTAL
I have been able to talk with a healthcare provider in the language that I am most comfortable with.	93.18% 41	6.82% 3	0.00% 0	0.00% 0	44
I have felt discriminated against by healthcare providers because of my race, ethnicity or culture.	2.27% 1	0.00% 0	9.09% 4	88.64% 39	44
Healthcare providers have communicated with me in a clear and respectful manner.	90.91% 40	9.09% 4	0.00% 0	0.00% 0	44
I have felt discriminated against by a healthcare worker because of my age.	6.82% 3	4.55% 2	15.91% 7	72.73% 32	44

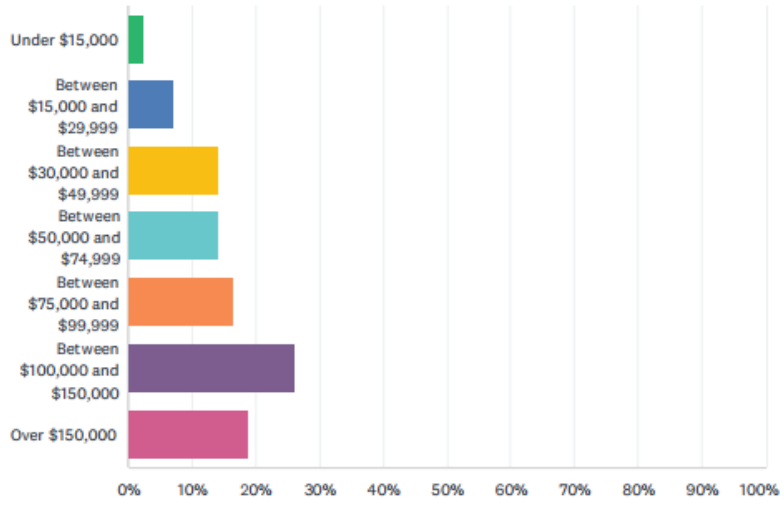
Q22 Which of the following best describes your personal/family use of social services within the community in the past 12 months?

Answered: 44 Skipped: 0

	I DID NOT FEEL THE NEED FOR THIS TYPE OF SERVICE.	I FELT I NEEDED HELP IN THIS AREA BUT DID NOT LOOK OR ASK FOR HELP.	I TRIED TO FIND HELP IN THIS AREA, BUT DID NOT KNOW WHO/WHERE TO ASK OR COULD NOT FIND HELP.	I SOUGHT AND RECEIVED THIS KIND OF SERVICE.	TOTAL	WEIGHTED AVERAGE
Food pantry	93.18% 41	0.00% 0	4.55% 2	2.27% 1	44	1.16
Homeless shelter	97.73% 43	0.00% 0	2.27% 1	0.00% 0	44	1.05
Free or emergency childcare help	97.73% 43	2.27% 1	0.00% 0	0.00% 0	44	1.02
Domestic abuse services	97.73% 43	2.27% 1	0.00% 0	0.00% 0	44	1.02
Employment services	93.18% 41	2.27% 1	2.27% 1	2.27% 1	44	1.14
Prenatal programs or breast feeding support	100.00% 43	0.00% 0	0.00% 0	0.00% 0	43	1.00
Mental/behavioral health programs	75.00% 33	13.64% 6	0.00% 0	11.36% 5	44	1.48
Rural transit or city bus services	86.36% 38	2.27% 1	4.55% 2	6.82% 3	44	1.32
Walk in clinic	45.45% 20	2.27% 1	4.55% 2	47.73% 21	44	2.55
Financial help with bills (utility bills, etc.)	74.42% 32	20.93% 9	2.33% 1	2.33% 1	43	1.33
Legal help	81.82% 36	11.36% 5	4.55% 2	2.27% 1	44	1.27
STI/STD testing, treatment or prevention	90.91% 40	2.27% 1	2.27% 1	4.55% 2	44	1.20
Help with my health insurance (regardless of how it is provided)	77.27% 34	11.36% 5	4.55% 2	6.82% 3	44	1.41
Substance abuse services	95.45% 42	2.27% 1	2.27% 1	0.00% 0	44	1.07

Q23 Considering all sources of income, what would you estimate your total household income to be - before taxes in the most recent year?

Answered: 42 Skipped: 2



ANSWER CHOICES	RESPONSES	
Under $15,000	2.38%	1
Between $15,000 and $29,999	7.14%	3
Between $30,000 and $49,999	14.29%	6
Between $50,000 and $74,999	14.29%	6
Between $75,000 and $99,999	16.67%	7
Between $100,000 and $150,000	26.19%	11
Over $150,000	19.05%	8
TOTAL		42

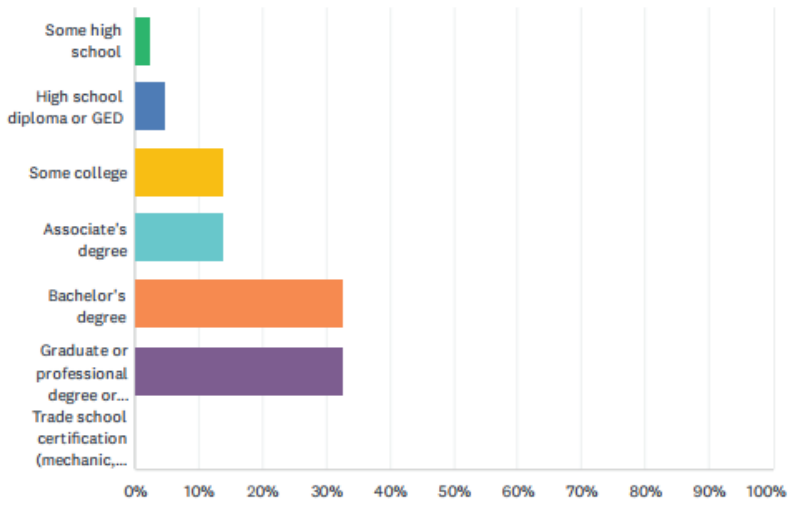
Q24 Which of the following best describes your current employment status?

Answered: 44 Skipped: 0

ANSWER CHOICES	RESPONSES	
Employed for wages - full time	77.27%	34
Employed for wages - part time	11.36%	5
Self employed	0.00%	0
Out of work for 1 year or more	0.00%	0
Out of work for less than 1 year	0.00%	0
Homemaker	0.00%	0
Student	6.82%	3
Retired	15.91%	7
Unable to work	2.27%	1
Total Respondents: 44		

Q25 Which best describes your highest level of education completed?

Answered: 43 Skipped: 1



Q26 How frequently have you used websites to help you find medical information?

Answered: 44 Skipped: 0

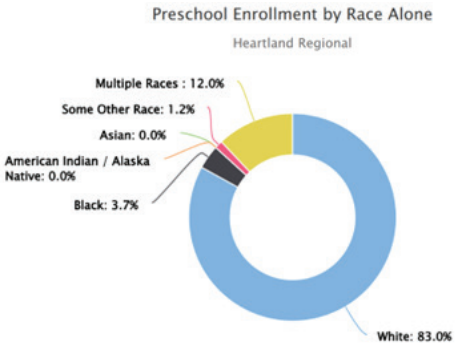
	OFTEN	SOMETIMES	SELDOM	NEVER	N/A - I DO NOT HAVE ACCESS TO WEBSITES VIA MY CELL PHONE OR ON A COMPUTER.	TOTAL	WEIGHTED AVERAGE
Google, Bing, Yahoo	61.36% 27	36.36% 16	0.00% 0	2.27% 1	0.00% 0	44	1.43
Facebook or other social media platforms	20.93% 9	18.60% 8	23.26% 10	37.21% 16	0.00% 0	43	2.77
Medical sites (WebMD, Amercian Cancer Society, etc.)	52.27% 23	34.09% 15	9.09% 4	4.55% 2	0.00% 0	44	1.66
Local hospital website	16.28% 7	30.23% 13	32.56% 14	18.60% 8	2.33% 1	43	2.55

EDUCATION ACCESS & QUALITY

GOAL: Increase educational opportunities and help children and adolescents do well in school.

- People with higher levels of education are more likely to live long, healthy lives
- Children from low-income families, children with disabilities, and children who suffer social discrimination are more likely to struggle with math and reading
    - They are less likely to graduate from high school or attend college.
- The stress of living in poverty, like poor nutrition, can affect children's brain development, making it harder for them to do well in school
- ACCESS TO PRE-K: This indicator reports the percentage of the population aged 3-4 enrolled in preschool

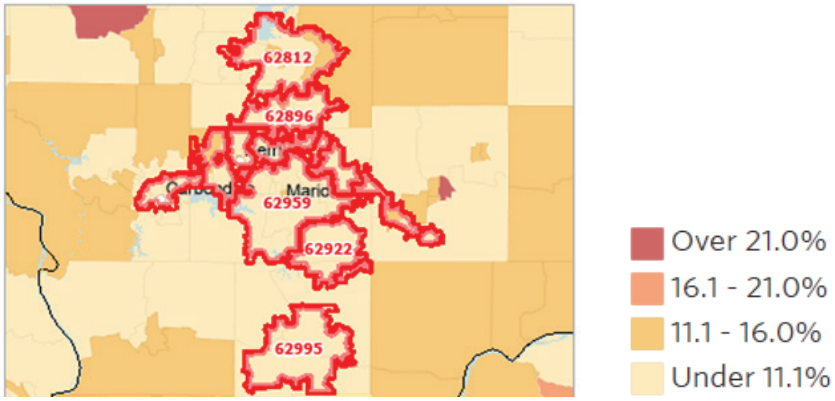
Report Area	Pop. Age 3-4 Enrolled In School
Heartland	47.69%
Illinois	52.15%
United States	45.93%



- EDUCATIONAL ATTAINMENT: This indicator shows the distribution of the highest level of education achieved in the report area

Report Area	No High School Diploma	High School Only	Some College	Associate's Degree	Bachelor's Degree	Graduate Degree
Heartland	8.51%	28.44%	24.86%	10.92%	15.79%	11.47%
Illinois	10.1%	25.4%	20.1%	8.2%	21.8%	14.4%
United States	11.1%	26.5%	20.0%	8.7%	20.6%	13.1%

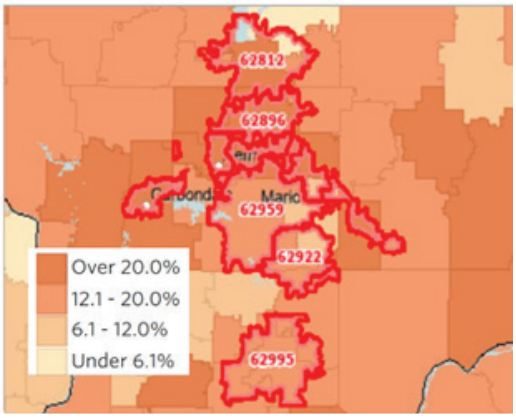
- POPULATION WITH NO HIGH SCHOOL DIPLOMA: Population aged 25 and over with no high school diploma or GED



- HIGH SCHOOL DROPOUT RATES

	2019-2020 Graduates	Dropouts	Percentage
Williamson Co	591	57	8.80%
Franklin Co	374	32	7.88%
Johnson Co	134	2	1.47%
Jackson Co	472	15	3.08%
Hamilton Co	79	5	5.95%
Saline Co	266	22	7.64%
Union Co	206	6	2.83%
Illinois	138,463	7007	4.82%

- CHONIC ABSENCE RATES: This indicator reports chronic absenteeism rate: students who were absent 15 or more school days (in the most recent school year).



Report Area	Chronic Absence Rates
Heartland	21.05%
Illinois	16.61%
United States	15.87%

- PROFICIENCY: This indicator shows 4th-grade performance on standardized math and language arts testing.

Report Area	Students Scoring "Not Proficient" or Worse in Math	Students Scoring "Not Proficient" or Worse in Language Arts
Heartland	79.3%	69.0%
Illinois	81.9%	77.7%
United States	63.9%	60.1%

- PROFICIENCY: This indicator shows 4th-grade performance on standardized math and language arts testing.

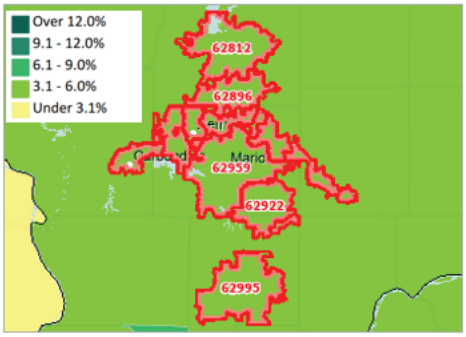
Report Area	% of Households with No Computer
Heartland	9.26%
Illinois	7.35%
United States	6.95%

ECONOMIC STABILITY

GOAL: Help people earn steady incomes to meet their health needs.

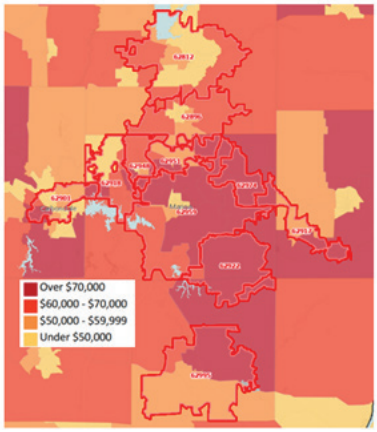
- In the US, 1 in 10 people live in poverty
- People with steady employment are less likely to live in poverty
- People with disabilities, injuries, or medical conditions may be more limited in the work they can do
- Underemployed people may be unable to afford what they need to stay healthy
- UNEMPLOYMENT: Average monthly unemployment rate, April 2023 to April 2024

Report Area	Unemployment Rate
Heartland	4.5%
Illinois	4.4%
United States	3.5%



- AVERAGE HOUSEHOLD INCOME: income based on the latest 5-year American Community Survey

Report Area	Average Household Income
Heartland	$73,648
Illinois	$108,873
United States	$105,833

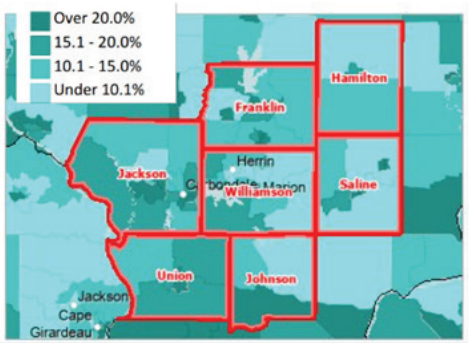


- HOUSEHOLDS BY HOUSEHOLD INCOME LEVELS, PERCENT

Report Area	Under $25,000	$25,000 - $49,000	$50,000 - $99,000	$100,000 - $199,999	$200,000+
Heartland	24.63%	21.95%	27.89%	21.08%	4.45%
Illinois	15.46%	17.14%	28.29%	27.04%	12.07%
United States	15.71%	18.11%	28.88%	25.88%	11.41%

- POVERTY: TOTAL POPULATION BELOW 100% OF THE FEDERAL POVERTY LEVEL. FPL FOR 2023 IS $30,000 FOR A FAMILY OF FOUR.

Report Area	Pop. In Poverty
Heartland	18.84%
Illinois	11.84%
United States	12.63%

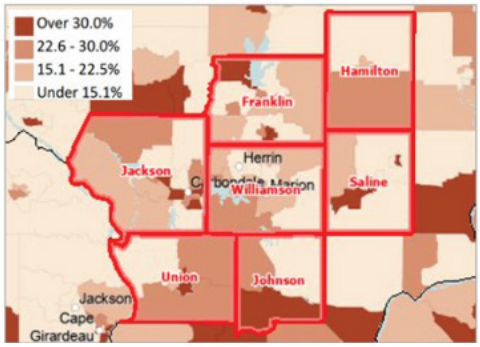


- POVERTY: PERCENT OF POPULATION IN POVERTY BY RACE/ETHNICITY

Report Area	Hispanic/ Latino	Non-Hispanic White	Black or African American	Multiple Races
Heartland	26.57%	16.31%	22.07%	32.00%
Illinois	13.89%	8.70%	24.80%	12.77%
United States	17.724	10.09%	21.46%	14.76

- CHILDREN BELOW 100% FEDERAL POVERTY LEVEL: Children under age 18 living in households with income below the FPL. This is relevant because poverty creates barriers to accessing health services, healthy foods, and other necessities, contributing to poor health status.

Report Area	Pop. <18 Living in Poverty
Heartland	24.78%
Illinois	15.64%
United States	16.66%

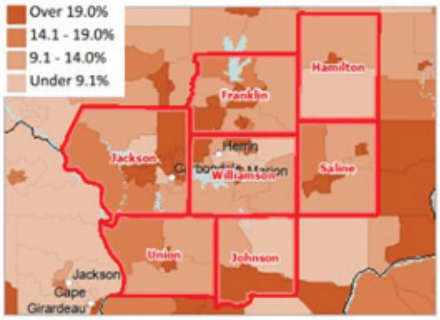


- CHILDREN IN POVERTY BY RACE/ETHNICITY

Report Area	Hispanic/Latino	Non-Hispanic White	Black or African American	Multiple Races
Heartland	34.66%	20.04%	57.75%	43.44%
Illinois	19.2%	9.1%	35.5%	15.6%
United States	23.8%	10.4%	31.2%	17.7%

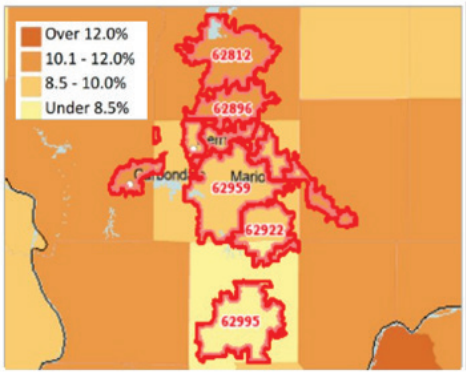
- SNAP BENEFITS: Households receiving Supplemental Nutritional Assistance Program benefits

Report Area	% of Households Receiving SNAP
Heartland	18.09%
Illinois	12.59%
United States	11.37%



- FOOD INSECURITY: the estimated percentage of the population that experienced food insecurity; the household level economic and social condition of limited or uncertain access to adequate food.

Report Area	Food Insecurity Rate
Heartland	12.26%
Illinois	8.62%
United States	10.28%

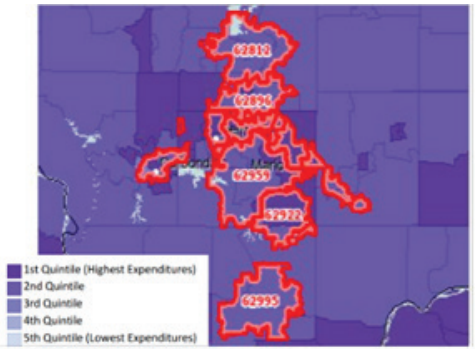


- FOOD INSECURE CHILDREN

Report Area	% of Food Insecure Children
Heartland	15.5%
Illinois	10.76%
United States	13.30%

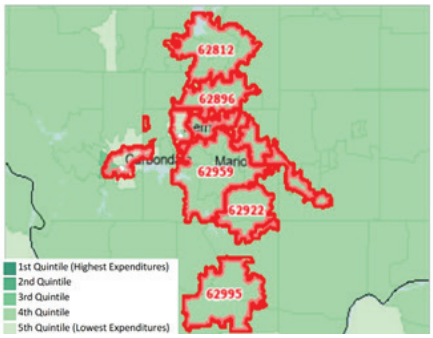
- SODA EXPENDITURES: estimated expenditures for carbonated beverages as a percentage of total at-home food expenditures.

Report Area	Soda as a % of Food-at-Home
Heartland	4.59%
Illinois	4.13%
United States	4.02%



- FRUIT & VEGETABLE EXPENDITURES: estimated expenditure for fruits and vegetables purchased for in-home consumption as a percentage of total food purchased.

Report Area	Fruits/Vegetables as a % of Food-at-Home
Heartland	11.83%
Illinois	12.52%
United States	12.68%

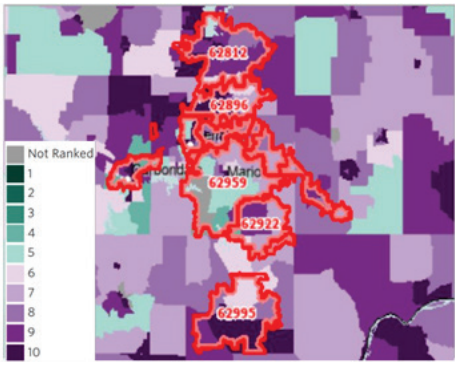


COMMUNITY & SOCIAL CONTEXT

GOAL: Increase social and community support

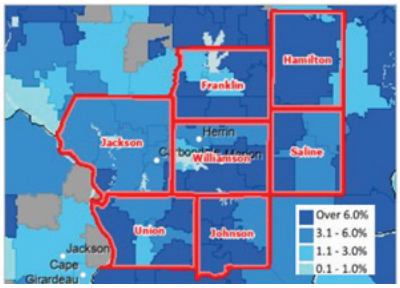
- People's relationships and interactions with family, friends, and community members can majorly impact their health and well-being
- Many people face challenges and dangers they cannot control
  - Unsafe neighborhoods
  - Discrimination
  - Poverty
  - A spouse or parent who is incarcerated
- AREA DEPRIVATION INDEX: This index ranks neighborhoods and communities relative to all neighborhoods across the nation and state. It is 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 one is the lowest level of deprivation and 100 is the highest

Report Area	State Percentile	National Percentile
Heartland	79	77
Illinois		50
United States		46



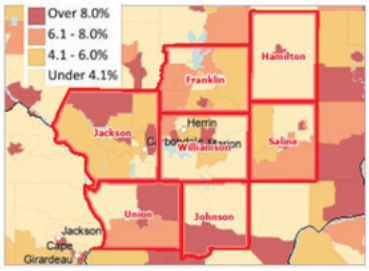
- *HOMELESS CHILDREN AND YOUTH: indicates the number of homeless youths attending public school in the 2019-2020 school year. Homelessness may be defined as sharing the household with others, living in motels/campgrounds, shelters, or maybe unsheltered.*

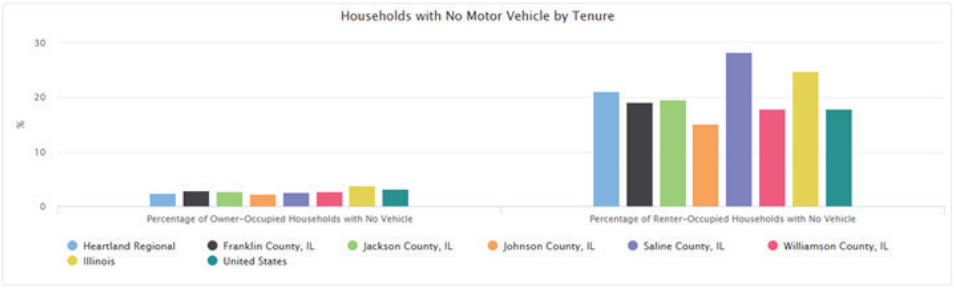
Report Area	Homeless Students
Heartland	5.80%
Illinois	2.16%
United States	2.77%



- *HOUSEHOLDS WITH NO MOTOR VEHICLE*

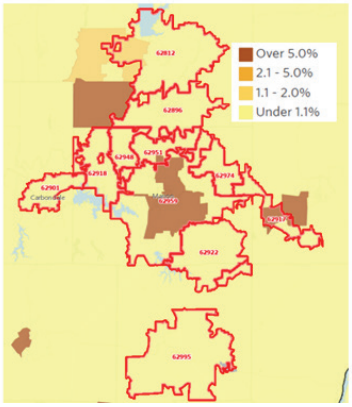
Report Area	Households with no Motor Vehicle
Heartland	9.38%
Illinois	10.67%
United States	8.35%





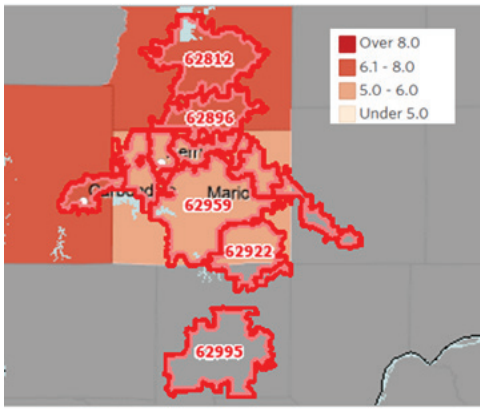
- *TEEN BIRTH RATES: this reports the seven-year average number of births per 1000 female population ages 15 – 19*

Report Area	Teen Birth/1000 females
Heartland	42.40
Illinois	7.12
United States	9.63



- *INFANT MORTALITY: deaths per 1000 live births (2015-2021 data)*

Report Area	Infant Mortality
Heartland	6.4
Illinois	6.0
United States	5.7



- *SEXUALLY TRANSMITTED DISEASES (STI) rate per 100,000 population*

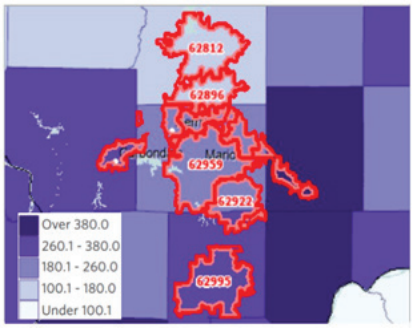
Report Area	Chlamydia	Gonorrhea	HIV
Heartland	504.97	319.03	113.89
Illinois	466.91	240.3	333.3
United States	495.5	214.0	382.2

- *JUVENILE ARREST RATES: rate of delinquency cases per 1000 juveniles*

Report Area	Juvenile Arrests/ 1000 Juveniles
Heartland	6.94
Illinois	5.00
United States	13.88

- *VIOLENT CRIME - TOTAL: includes homicide, rape, robbery, and aggravated assault per 100,000 population over three years of reporting*

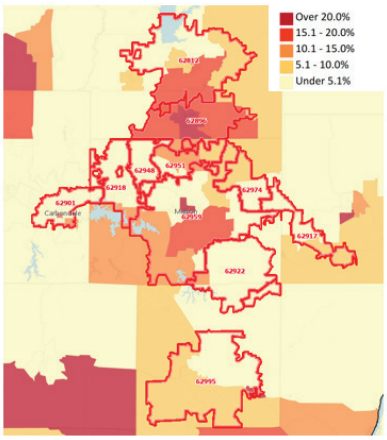
Report Area	Violent Crime 3-Year Total	Violent Crime Rate/ 100,000
Heartland	882	244.50
Illinois	162,592	420.90
United States	4,579,031	416.00



	Property Crime	Assault	Rape	Robbery
Heartland	1880.9	169.60	35.30	34.20
Illinois	2022.6	242.50	40.20	130.00
United States	2466.1	261.20	38.60	110.90

- *YOUNG PEOPLE NOT IN SCHOOL AND NOT WORKING: the percentage of youth aged 16-19 not currently enrolled in school or employed*

Report Area	Pop. Age 16-19 Not in School and Not Employed
Heartland	8.60%
Illinois	6.59%
United States	6.94%

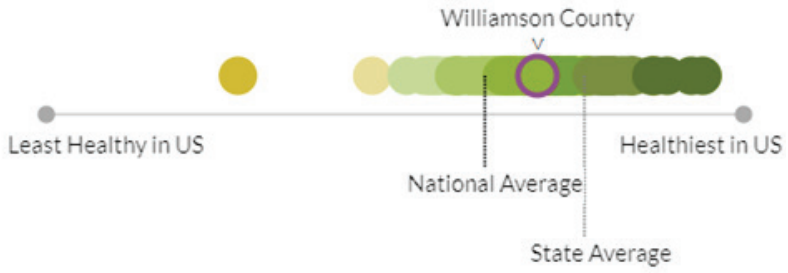


HEALTHCARE ACCESS & QUALITY

GOAL: Increase access to comprehensive, high-quality health care services.

Many people in the United States do not get the healthcare services they need for a variety of reasons.

- 1 in 10 people nationwide do not have health insurance
- Without health insurance, people are less likely to have a primary care provider
- They may not be able to afford the health care services and medications they need
- They are less likely to get needed screenings (like cancer screenings) done
- COUNTY HEALTH OUTCOMES: Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive. Williamson County is faring worse than the average county in Illinois for Health Outcomes, and better than the average county in the nation.



- *INSURED POPULATION AND PROVIDER TYPE: Health insurance coverage is considered a key driver of health status. Public health insurance is defined as any government sponsored program*

Report Area	% with Private Health Insurance	% with Public Health Insurance
Heartland	68.98%	46.47%
Illinois	75.61%	36.21%
United States	74.32%	38.83%

- *POPULATION WITH INSURANCE BY PROVIDER TYPE*
  - *Percentages may exceed 100% due to individuals having multiple coverage types.*

Report Area	Employer or Union Provided	Direct Purchase	TRICARE or Military	Medicare	Medicaid	VA Health Care
Heartland	55.0%	15.52%	2.54%	21.80%	27.46%	4.11%
Illinois	63.96%	13.67%	1.32%	18.40%	20.43%	1.76%
United States	60.55%	14.84%	2.97%	19.63%	22.34%	2.44%

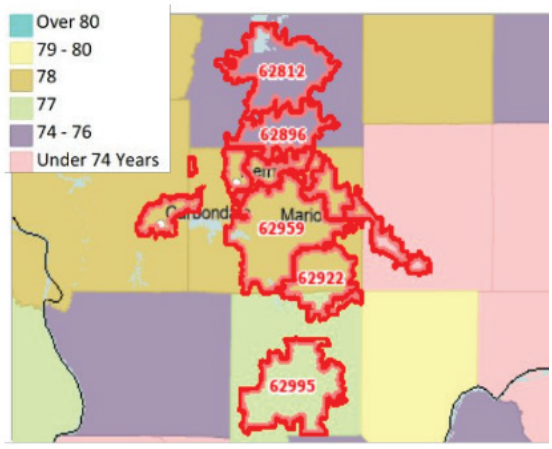
- *UNINSURED POPULATION: the lack of health insurance is a key driver of health status.*

Report Area	Uninsured Total Pop.	Under Age 18	Age 18-64	Age 65+
Heartland	5.82%	2.66%	8.68%	0.12%
Illinois	7.00%	3.37%	10.08%	0.87%
United States	8.77%	5.34%	12.17%	0.81%

- *UNINSURED POPULATION BY RACE/ETHNICITY*

Report Area	Hispanic or Latino	White Non-Hispanic	Black or African American	Multiple Races
Heartland	14.65	5.31%	8.97%	4.69%
Illinois	15.52%	4.33%	8.10%	10.81%
United States	17.46%	5.87%	9.76%	12.57%

- *MORTALITY – LIFE EXPECTANCY: reports the average life expectancy at birth. Life expectancy in the service area is 76.7 years, and in Illinois and the United States, 78.7 years.*



- *MORTALITY – BY CONDITION: this reports the crude rate of persons killed per 100,000 population.*

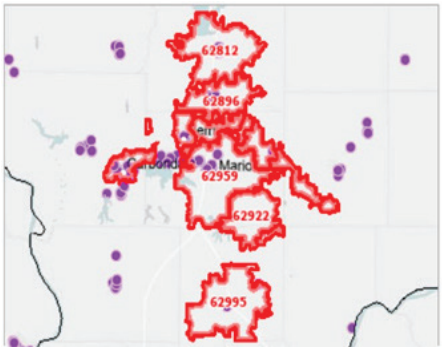
Report Area	MVA Deaths/ Alcohol Involved	Opioid Overdose	Suicide	Deaths of Despair (Suicide + drug/alcohol)	Firearm	Drug Overdose
Heartland	4.3	12.5	14.8	46.9	11.6	19.5
Illinois	2.1	18.2	10.9	42.3	11.9	22.3
United States	2.6	16.0	13.8	47.0	12.2	22.4

- *ACCESS TO PRIMARY CARE: the number of primary care providers per 100,000 population.*

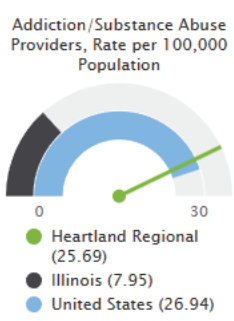
Report Area	Access to Primary Care Physicians	Access to Primary Care Advanced Practice	Access to Primary Care FQHCs
Heartland	83.75	251.79	23.98
Illinois	81.15	56.05	3.47
United States	76.38	69.35	3.49

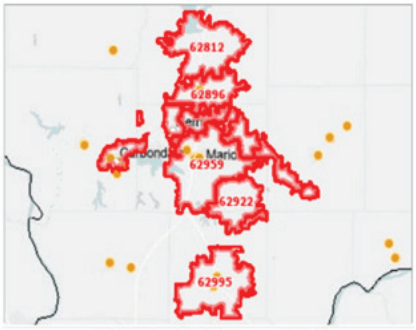
- *ACCESS TO MENTAL HEALTH: reports the number of mental health providers/100,000 population.*

Report Area	Access to Mental Health Providers
Heartland	505.8
Illinois	314
United States	313.7



- *ACCESS TO ADDICTION AND SUBSTANCE ABUSE PROVIDERS: the number of providers who specialize in addiction or substance abuse treatments, rehabilitation, addiction medicine, or providing methadone.*

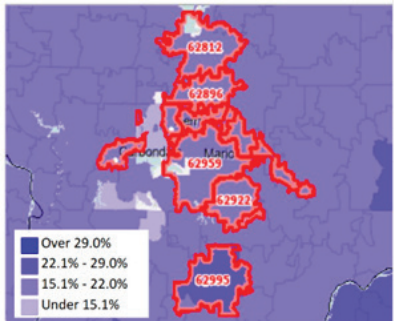




CMS NPPES February 2024

- *POOR OR FAIR HEALTH: the percentage of adults over age 18 who self-report their general health status as "fair" or "poor."*

Report Area	Poor or Fair General Health
Heartland	17.40%
Illinois	15.43%
United States	16.10%

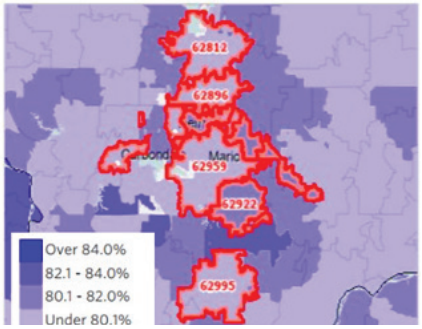


- *CLINICAL CARE AND PREVENTION: CANCER SCREENING, MAMMOGRAM*

Report Area	% Medicare Beneficiaries with Recent Mammogram	% Females Aged 50-74 with Recent Mammogram
Heartland	37%	75.60%
Illinois	35%	75.1%
United States	33%	78.2%

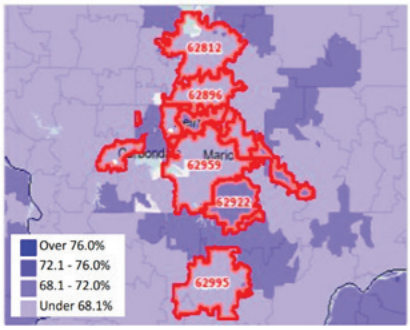
- *CLINICAL CARE AND PREVENTION: CERVICAL CANCER SCREENING: the percentage of females aged 21-65 who reported having had recommended cervical cancer screening in the past three years.*

Report Area	Females 21-65 Cervical Cancer Screening
Heartland	77.60%
Illinois	81%
United States	83.7%



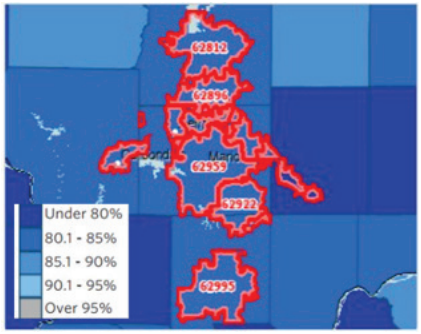
- *CLINICAL CARE AND PREVENTION: CANCER SCREENING – SIGMOIDOSCOPY OR COLONOSCOPY: the percentage of population aged 50-75 who reported having had 1) fecal occult blood tests (FOBT) within the past two years, 2) sigmoidoscopy within the past five years and FOBT within the past three years, or 3) colonoscopy within the past 10 years.*

Report Area	Cancer Screening - GI
Heartland	67.00%
Illinois	69.1%
United States	72.4%



- *CLINICAL CARE AND PREVENTION: DIABETES MANAGEMENT – HEMOGLOBIN A1C (hA1c) TEST: the percentage of diabetic Medicare beneficiaries who have had a hA1c test administered by a healthcare provider within the past year.*

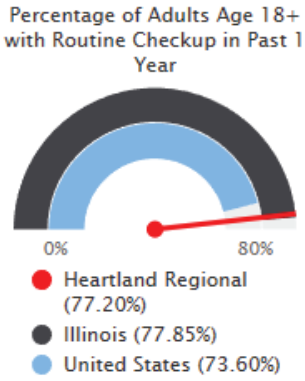
Report Area	Annual hA1C Completed
Heartland	88.02%
Illinois	88.48%
United States	87.53%



- *CLINICAL CARE AND PREVENTION: MEDICARE ANNUAL WELLNESS EXAM*

Report Area	AWE completed
Heartland	20%
Illinois	37%
United States	36%

- *PREVENTION: RECENT PRIMARY CARE VISIT; ADULTS: the percentage of adults >18 years with one or more visits to a doctor for routine checkups within the past year.*

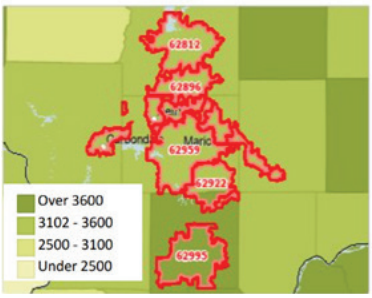


- *PREVENTION: CORE PREVENTATIVE SERVICES: the percentage of patients aged 65 and older who report they are up to date on preventative services including influenza vaccine within the past year, a pneumococcal vaccine ever, and either fecal occult blood tests within the past year, a sigmoidoscopy within the past 5 years and FOBT within the past 3 years, or colonoscopy within the past 10 years. Females have included Mammograms within the past 2 years.*

Report Area	Males Core Preventative Complete	Female Core Preventative Complete
Heartland	43.10%	36.80%
Illinois	42.15%	38.18%
United States	43.70%	37.90%

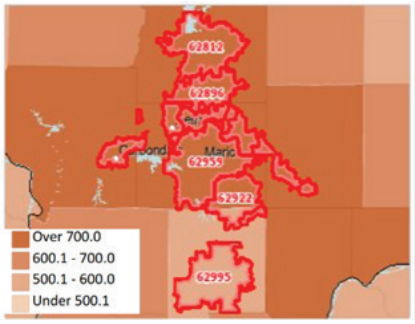
- *HOSPITALIZATION: PREVENTABLE CONDITIONS: this indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. This includes admission for diabetes with short-term complications, diabetes with long-term complications, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infections. Rates are presented per 100,000 beneficiaries.*

Report Area	Preventable Hospitalizations
Heartland	3541
Illinois	3283
United States	2752



- *HOSPITALIZATION: EMERGENCY ROOM VISITS: this reports the rate of ER visits among Medicare beneficiaries aged 65 or older. The rate is calculated per 1000 beneficiaries.*

Report Area	ER Visits
Heartland	726.0
Illinois	553.0
United States	535.0

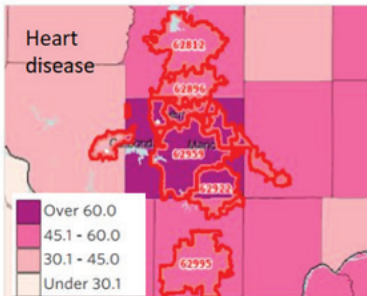


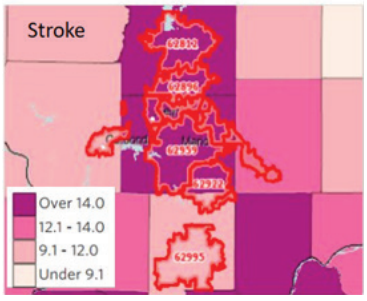
- *HOSPITALIZATIONS – INPATIENT STAYS: This indicator reports the number and rate of hospital stays among Medicare beneficiaries, including the percentage of total beneficiaries with an IP stay and total IP stays rate/1000 beneficiaries.*

Report Area	% of Beneficiaries with IP Stay	IP Stays/100,000 Beneficiaries
Heartland	12.7%	276.3
Illinois	15.6%	248.0
United States	14.4%	223.0

- *HOSPITALIZATION BY CHRONIC CONDITIONS: Medicare beneficiaries with IP stays rate/1000 beneficiaries. (2018-2020)*

Location	IP Stays	Heart Disease	Stroke
Heartland	276.3	15.76	9.79
Illinois	248.0	11.6	8.8
United States	223.0	10.4	8.0



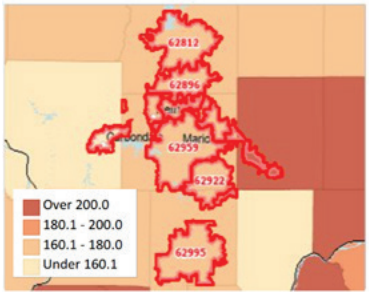


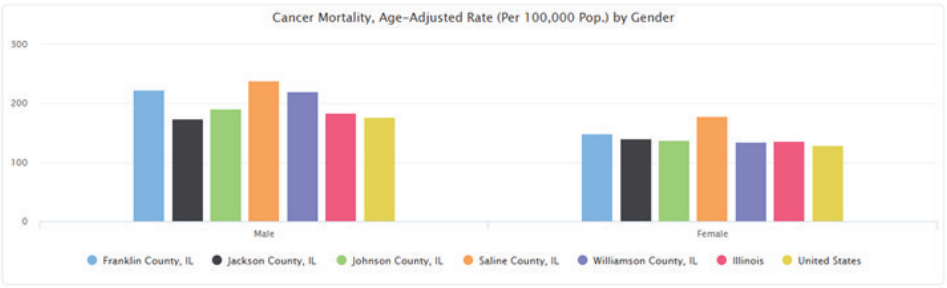
- *CANCER INCIDENCE – ALL TYPES: age-adjusted incident rates; cases/100,000 cancer population at all sites.*

Report Area	All Sites – Total	Breast	Colon-Rectum	Lung	Prostate
Heartland	599.1	143.6	57.1	95.3	133.8
Illinois	459.7	132.6	39.8	59.3	115.1
United States	442.3	127.0	36.5	54.0	110.5

- *MORTALITY – CANCER: this calculates the five-year (2016-2020) average of death due to malignant neoplasm/100,000 population.*

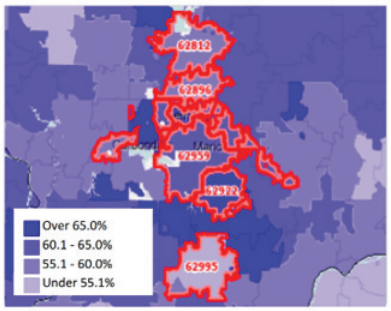
Report Area	Death Due to Cancer/100,000 Pop.
Heartland	172.6
Illinois	155.4
United States	149.4





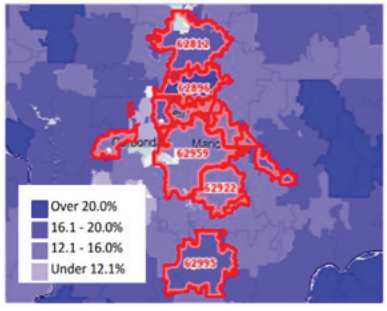
- *CLINICAL CARE AND PREVENTION: DENTAL CARE UTILIZATION: the percentage of adults age >18 who report having been to the dentist or dental clinic the previous year.*

Report Area	Dental Care
Heartland	61.10%
Illinois	64.8%
United States	64.8%

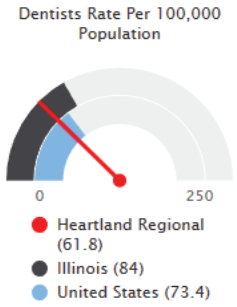


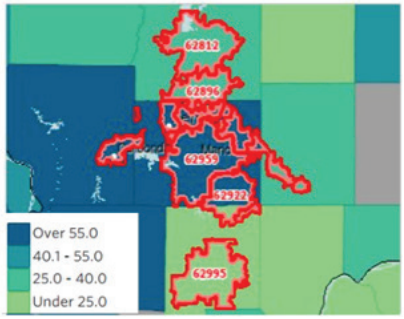
- *POOR DENTAL HEALTH – TOOTH LOSS: the percentage of adults > age 18 who have lost all their natural teeth due to tooth decay or gum disease.*

Report Area	Tooth Loss Due to Disease
Heartland	15.6%
Illinois	10.1%
United States	13.4%



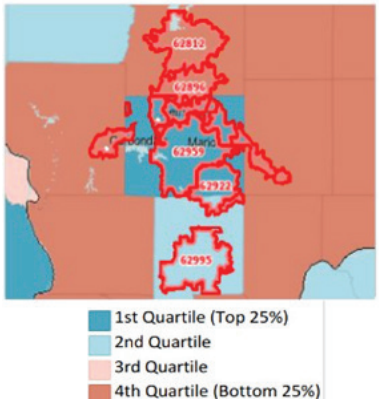
- *ACCESS TO CARE –DENTAL HEALTH PROVIDERS: the number of dental health providers with a CMS NPI number, rate/100,000 population.*





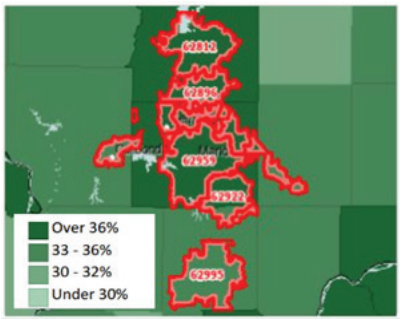
- *POOR MENTAL HEALTH DAYS: the average number of self-reported mentally unhealthy days in the past 30 days among adults.*

Report Area	Poor Mental Health Days/Month
Heartland	5.1
Illinois	3.2
United States	4.4



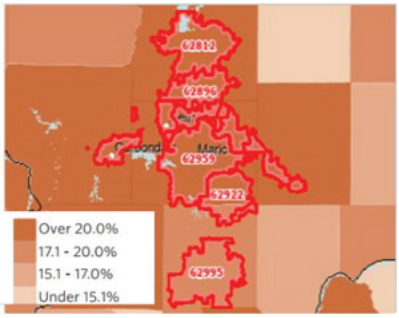
- *MENTAL HEALTH AND SUBSTANCE USE CONDITIONS: reports the rate of diagnoses for mental health and substance abuse conditions among Medicare beneficiaries.*

Report Area	Beneficiaries with Mental Health and Substance Use Conditions	Substance Use Disorder
Heartland	38%	4.2%
Illinois	33%	2.3%
United States	32%	3.5%



- *CHRONIC CONDITIONS: DEPRESSION MEDICARE POPULATION*

Report Area	Depression
Heartland	20.4%
Illinois	16.7%
United States	18.4%

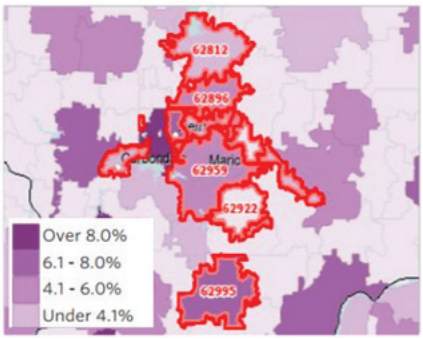


- *OPIOID USE DISORDERS: the rate of emergency department utilization for opioid use and opioid use disorders among the Medicare population/100,000 beneficiaries.*

Report Area	Opioid Use Disorder ER Utilization Rate
Heartland	25
Illinois	32
United States	41

- *OPIOID DRUG CLAIMS: including Medicare Part D drug claims – for both original and refilled prescriptions – as a percentage of total drug claims.*

Report Area	Opioid Drug Claims as a Percentage of Total Drug Claims
Heartland	4.6%
Illinois	3.7%
United States	4.1%



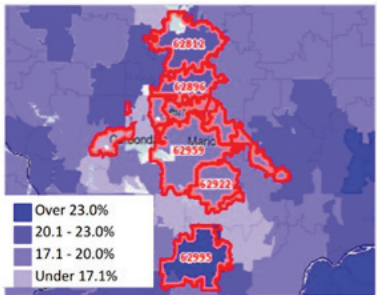
- *HEALTHY BEHAVIORS: BINGE DRINKINGHEAVY ALCOHOL CONSUMPTION: The percentage of adults who self-report excessive drinking in the last 30 days defined as one binge drinking episode involving five or more drinks for men and four or more for women or heavy drinking involving more than two drinks per day for men or one per day for women.*

Report Area	Binge Drinking	Heavy Alcohol Consumption
Heartland	16.60%	16.33%
Illinois	16.10%	17.54%
United States	15.50%	18.11%

- *HEALTHY BEHAVIORS: PHYSICAL INACTIVITY: adults aged 20 or older that self-report no active leisure activities based on the question "During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening or walking for exercise?"*

Report Area	No Leisure Time Physical Activity
Heartland	15.9%
Illinois	20.8%
United States	22.0%

Report Area	Current Smokers
Heartland	18.10%
Illinois	14.00%
United States	13.50%



NEIGHBORHOOD & BUILD ENVIRONMENT

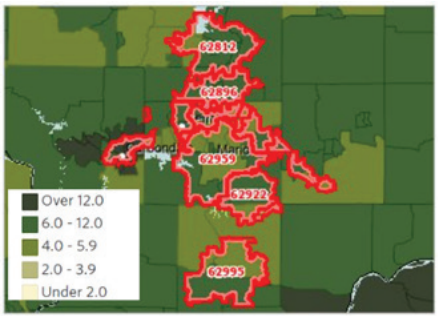
GOAL: Create neighborhoods and environments that promote health and safety.

- Your zip code is one of the most significant determinants of health.
- Some communities suffer from high rates of violence, unsafe air or water, unsafe buildings, and other health risks.
  - Many of these communities also have low access to healthy foods.
- Additionally, people can be exposed to health hazards at their work.
- Providing people with easy access to exercise and recreation opportunities can improve their overall health.
- HOUSING PLUS TRANSPORTATION AFFORDABILITY INDEX: This index measures housing affordability by including transportation costs at a home's location better to reflect the actual cost of household location choices. 15% of household income is considered an attainable goal for transportation and 30% for housing affordability.

Report Area	Housing + Transportation Costs % of Income	Housing Costs % of Income	Transportation Costs % of Income
Heartland	44%	21%	22%
Illinois	45%	26%	19%
United States	48%	26%	21%

- *AIR AND WATER QUALITY: RESPIRATORY HAZARD INDEX: reports the non-cancer respiratory score index.*

Report Area	Respiratory Hazard Index Score
Heartland	0.28
Illinois	0.31
United States	0.32



- *ERCENTILE RANKING FOR AIR TOXIN CANCER RISK*

Report Area	Percentile for Air Toxin Cancer Risk
Heartland	74
Illinois	70
United States	69

Jackson County ranks in the 83rd percentile for Air Toxin Cancer Risks.

- *AIR AND WATER QUALITY RSEI SCORE: A unitless value that accounts for the size of a chemical release, the fate and transport of chemicals through the environment, the size and location of the exposed population, and the chemical's toxicity.*

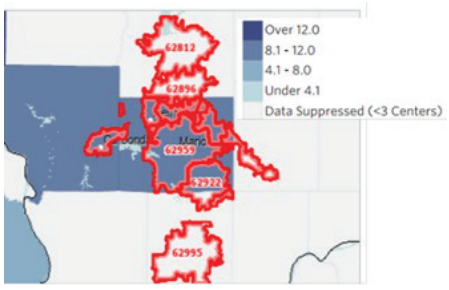
Report Area	RSEI Score	Total Facilities	Gross Lbs./Sq. Mile
Heartland	35,139.26	13	780.12
Franklin County	3.22	3	538.11
Jackson County	0.50	1	29.82
Williamson County	35,135.54	9	2032.24
Illinois	20,605,020.38	996	934.04

- *BROADBAND ACCESS: reports the percentage of the population with access to high-speed internet. This data represents wireline and fixed/terrestrial wireless internet providers.*

Report Area	Access to High-Speed Internet	Households with No or Slow Internet	Households with No Computer	Households with a Computer but No Internet Subscription
Heartland	89.258%	16.07%	9.06%	6.43%
Illinois	95.51%	13.08%	4.32%	5.05%
United States	93.82%	13.00%	4.31%	5.60%

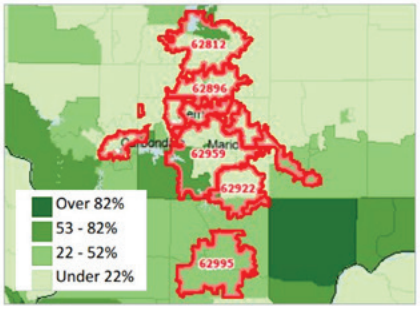
- *RECREATION AND FITNESS FACILITY ACCESS: This indicator reports establishments primarily operating fitness and recreational facilities that feature exercise or other physical activities.*

Report Area	Number of Fitness Facilities	Fitness Facilities/ 100,000 pop.
Heartland	10	8.9
Illinois	1548	12.08
United States	39,592	11.94



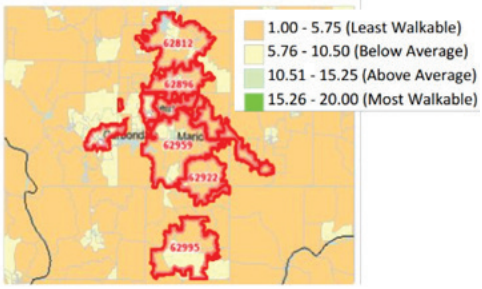
- *PARK ACCESS: the percentage of the population living within ½ mile of a park.*

Report Area	% Within Half Mile of a Park
Heartland	20%
Illinois	59%
United States	46%



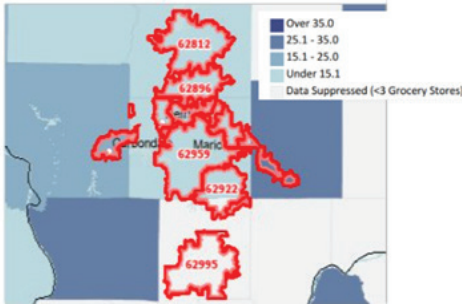
- *WALKABILITY ACCESS: a nationwide index score developed by EPS that ranks the relative walkability using selected variables on density and diversity of land uses. The Walkability Index ranges from 1-20, where a higher score indicates a more walkable community.*

Report Area	Walkability Index
Heartland	7
Illinois	11
United States	10



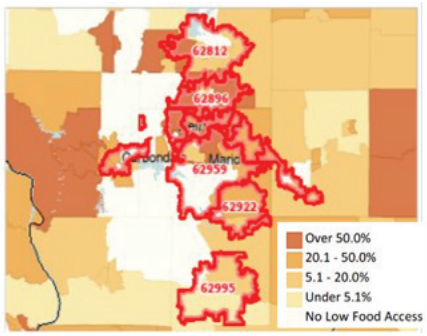
- *FOOD ENVIRONMENT—GROCERY STORES: Access to healthy foods supports healthy dietary habits. Grocery stores—defined as supermarkets or smaller stores primarily retailing a general line of foods such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry—are significant suppliers of these foods.*

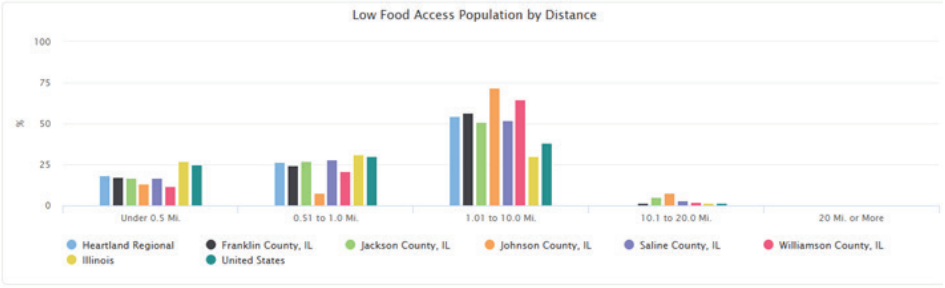
Report Area	Establishments Rate/100,000 Pop.
Heartland	12.27
Illinois	19.47
United States	23.38



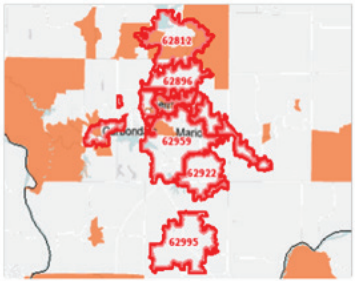
- *FOOD ENVIRONMENT—LOW FOOD ACCESS: This indicator reports the percentage of the population with low food access, defined as living more than one mile (urban) or ten miles (rural) from the nearest supermarket or grocery store.*

Report Area	Low Food Access	Low Income & Low Food Access
Heartland	25.61%	24.13%
Illinois	20.19%	16.57%
United States	22.22%	19.41%





- *FOOD ENVIRONMENT: FOOD DESERT: The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. The report area has a population of 71,367(almost 60%) living in food deserts and 16 census tracts classified as food deserts by the USDA.*



- *FOOD ENVIRONMENT—SNAP-AUTHORIZED FOOD STORES: a rate per 10,000 population. This includes grocery stores, specialty stores, and convenience stores that are SNAP retailers.*

Report Area	Establishment Rate/ 100,000 Pop.
Heartland	10.92
Illinois	7.38
United States	7.47