2019
COMMUNITY HEALTH NEEDS ASSESSMENT

A collaborative approach to impacting population health in Paris and surrounding areas

Horizon Health

2019 Community Health Needs Assessment

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1. INTRODUCTION

2019 Community Health Needs Assessment

2019 Community Health Needs Assessment

Insight into Horizon Health's population

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

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

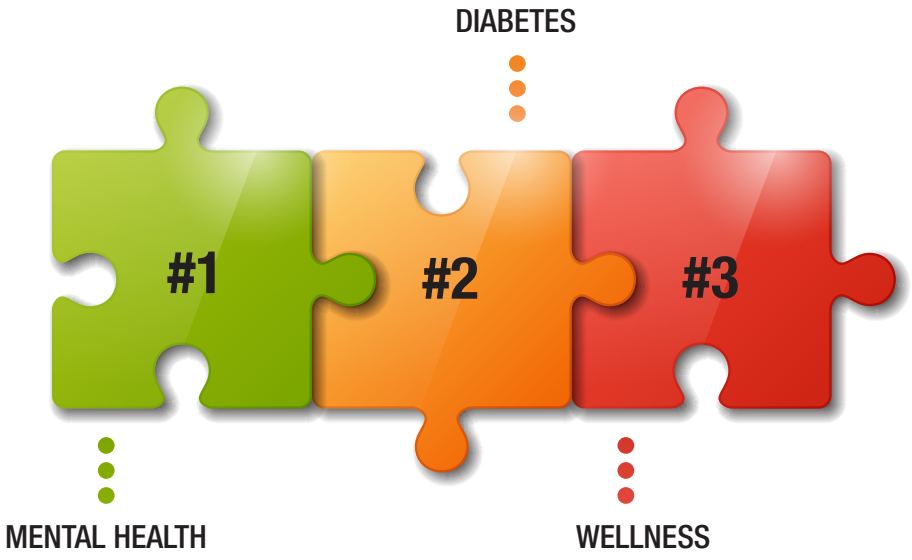
ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 56 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network.

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

Introduction / Background

Horizon Health, formerly known as Paris Community Hospital Family Medical Center, completed its first Community Health Needs Assessment in 2013 and its second in 2016. Steps taken to address the 2013 CHNA are detailed in the 2016 report that is posted on the hospital's website. PCH/FMC rebranded to Horizon Health in April of 2018. The following steps were taken in 2016 address identified needs:

2016



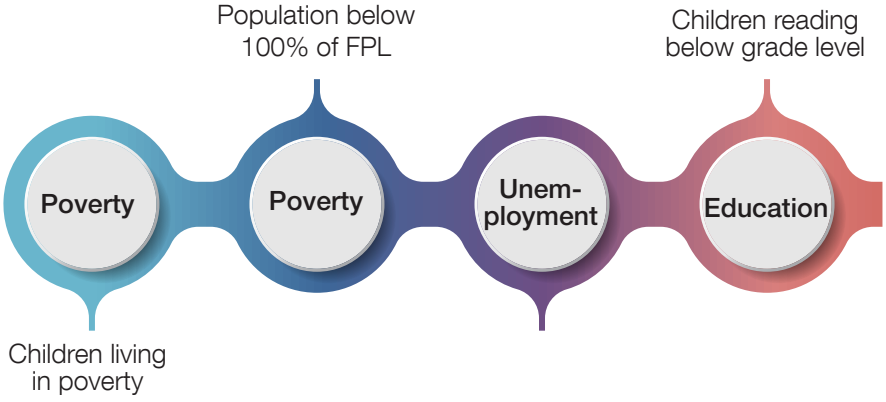
1. MENTAL HEALTH

- Horizon Health began telepsych services five days a week, which includes time for pediatric appointments.
- The Horizon Health Life Center building, which will house the Horizon Health Department of Senior Care, several Human Resources Center staff, and a crisis holding area, is under construction.
- Horizon Health administration is working with the Human Resources Center to get more of their counseling services in-house, as well as creating a true co-integration model.

Background

2. **DIABETES**
   - Dr. Edward Rico, endocrinologist, began in December of 2016. In 2019, Horizon Health brought on Karen Smith, APRN, to provide additional endocrinology coverage.
   - Horizon Health continues to offer annual blood sugar screenings to Paris High School freshmen.
   - Horizon Health continues to support "Bee Well" community activities and events.

3. **WELLNESS**
   - Horizon Health created an internal wellness incentive plan in 2016, which has continued each year since that time.
   - Horizon Health continues to offer weekly senior exercise classes and athletic trainers to area schools. In 2019, an athletic trainer offered a weekly aquatic exercise class.
   - Horizon Health partners with a company headquartered in Paris to offer its employees and family members a dedicated primary care clinic.



Executive Summary

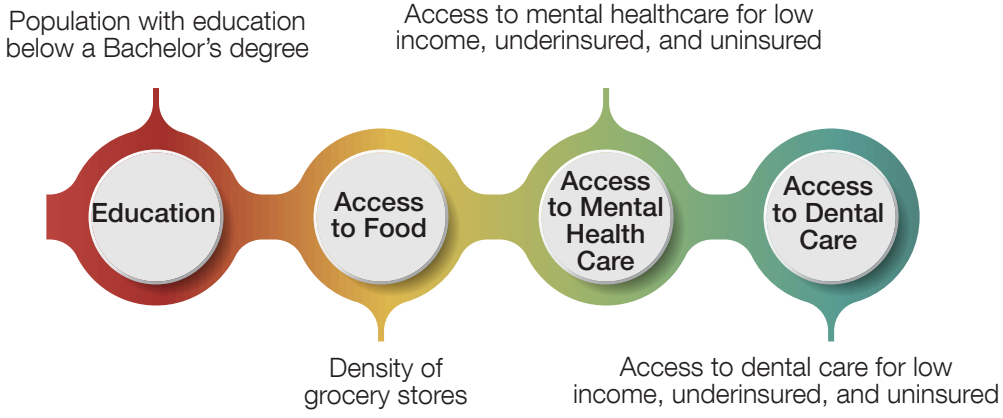
The 2019 Horizon Health Community Health Needs Assessment was conducted in June and July 2019. The Implementation Strategy was developed in August 2019. The CHNA is influenced by the large rural service area of Horizon Health.

The health profile of the Horizon Health service area is influenced by the following indicators of social determinants of health:

- Poverty – Children living in poverty
- Poverty – Population below 100% of Federal Poverty Level
- Unemployment
- Education – Persons with Bachelor's degrees or higher
- Education – Reading proficiency, 4th grade level
- Access to mental healthcare
- Access to dental care for low income, underinsured, and uninsured

The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and added others. The identified and prioritized needs selected include:

1. Address mental health issues by:
   a. Expanding community education about mental illness, access to services and treatment, and reducing the stigma associated with mental illness
   b. Increasing local access to mental health treatment, especially counseling
2. Address the needs of homeless youth by building and sustaining a shelter and providing access to healthy food
3. Address parenting issues by providing family education
4. Address substance abuse by increasing access to detoxification, rehabilitation and recovery services, including outpatient and intensive inpatient services, and increase prevention efforts directed to methamphetamines and prescription drugs
5. Address the isolation and lack of socialization that impacts local youth through seniors by increasing opportunities for involvment in group wellness and social opportunities and encouraging volunteerism



Executive Summary

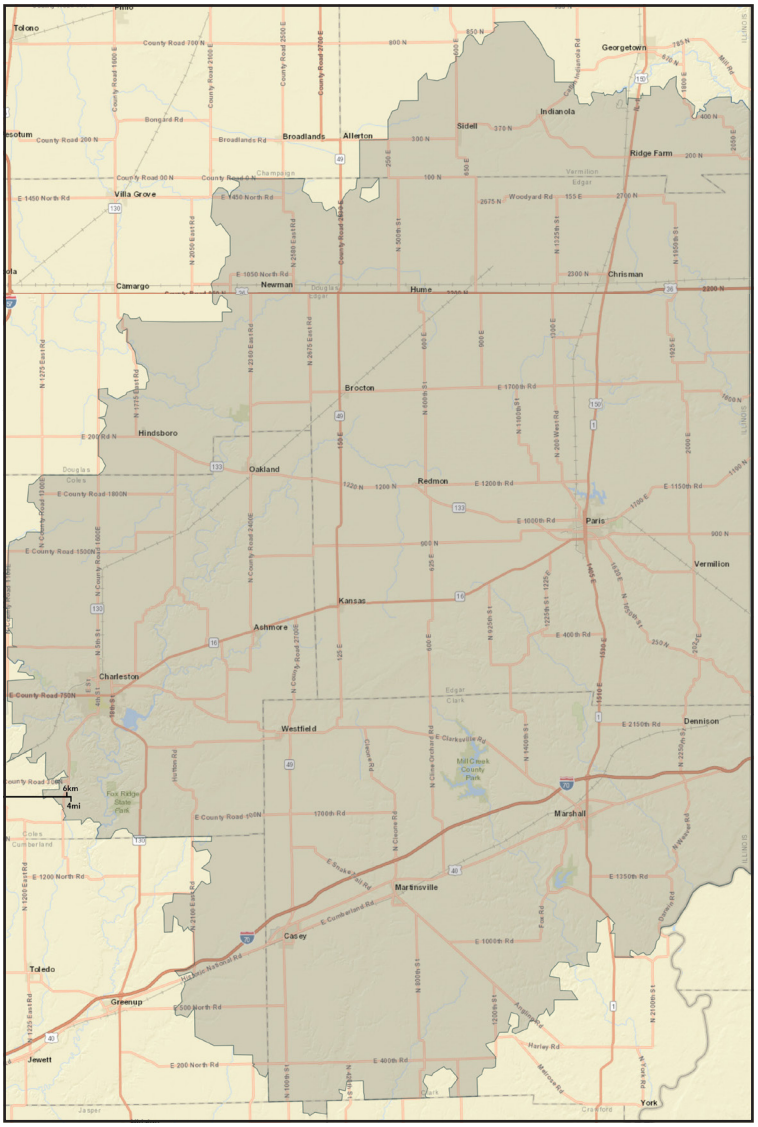
The Implementation Strategy developed by the senior staff at Horizon Health is specific and thorough. The plan, set out in this report, includes these highlights:

- Horizon Health will complete addition of a "Life Center" to the hospital campus that will provide resources and opportunities for mental health and substance use providers and community education opportunities. The "Life Center" will also provide overnight crisis intervention. As part of this project, the Human Resources Center (HRC) will move mental health services on to the hospital campus.
- Horizon Health will support two mid-level providers in completion of psychiatric certification and will expand clinic hours in order to increase local access to their services.
- Horizon Health will develop a marketing focus on presenting mental health as health.
- Building and sustaining a shelter is a potential partial solution to local youth homelessness that is currently being considered by a well-organized community group. Horizon Health will support the efforts to build and sustain a youth shelter as may be reasonable and appropriate.
- Horizon Health will explore methods to provide medical services to homeless youth.
- Horizon Health will explore developing information-sharing with schools.
- Horizon Health will continue employee support programs for homeless youth.
- Horizon Health will continue to support the Community Kitchen.
- Horizon Health will explore and expand community education about issues related to parenting including nutrition, development, and healthy living.
- Horizon Health will participate in "Reach Out And Read" to provide children with a book at wellness visits and offer parents information about the benefits of reading to and with their children.
- Horizon Health will continue to provide and update community resource information.
- Horizon Health will approach local substance abuse issues through the services offered through the "Life Center."
- Horizon Health will also explore providing local inpatient services for detoxification and, possibly, rehabilitation, and/or recovery.
- Horizon Health will continue to support the work of the Community Addiction Response Education Coalition (CARE).

Service Area Demographics

For the purpose of this CHNA, Horizon Health defined its primary service area and populations as the general population within the geographic area in and surrounding the city of Paris, defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance. Horizon Health's service area is comprised of approximately 1,433 square miles, with a population of approximately 39,982 people and a population density of 91 people per square mile. The service area consists of the following rural communities:

Service Area Map



Cities

- Paris
- Chrisman
- Oakland
- Casey
- Martinsville
- Newman
- Marshall

Villages and Unincorporated Communities

- Ashmore
- Borton
- Brocton
- Hindsboro
- Hume
- Isabel
- Kansas
- Redmon
- Vermilion
- Dennison
- Indianola
- Ridge Farm
- Sidell
- Westfield
- Metcalf

Service Area Demographics

Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the Horizon Health region fell from 43,868 to 41,782 between the year 2000 and 2010, a 4.75% decrease.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	43,868	41,782	-2,086	-4.75%
Clark County	17,008	16,335	-673	-3.96
Coles County	53,196	53,873	677	1.27%
Crawford County	20,452	19,817	-635	-3.1%
Cumberland County	11,253	11,048	-205	-1.82%
Douglas County	19,922	19,980	58	.29%
Edgar County	19,704	18,576	-1,128	-5.72%
Jasper County	10,117	9,698	-419	-4.14%
Vermilion County	83,919	81,625	-2,294	-2.73%
Total Area (Counties)	235,571	230,952	-4,619	-1.96%
Illinois	12,416145	12,830,632	414,487	3.34%

Data Source: Community Commons (US Census Bureau, Decennial Census. 2000-2010. Source Geography: Tract)

The Hispanic population increased in Clark County by 118 (218.52%), increased in Coles County by 418 (56.72%), increased in Crawford County by 11 (3.13%), increased in Cumberland County by 7 (10.29%), increased in Douglas County by 520 (75.36%), increased in Edgar County by 33 (21.43%), increased in Jasper County by 31 (64.58%), increased in Vermilion County by 937 (37.42%).

In Clark County, additional population changes were as follows: White -4.61%, Black 41.18%, American Indian/Alaska Native -16.67%, Asian 139.13%, and Native Hawaiian/Pacific Islander 40%.

In Coles County, additional population changes were as follows: White -1.39%, Black 70.12%, American Indian/Alaska Native -0.95%, Asian 26.73%, and Native Hawaiian/Pacific Islander -45.83%.

In Crawford County, additional population changes were as follows: White -3.96%, Black 0.76%, American Indian/Alaska Native -14.29%, Asian 45.07%, and Native Hawaiian/Pacific Islander 300%.

In Douglas County, additional population changes were as follows: White -1.35%, Black -3.33%, American Indian/Alaska Native 6.25%, Asian 62.75%, and Native Hawaiian/Pacific Islander -100%.

In Edgar County, additional population changes were as follows: White -4.54%, Black -82.32%, American Indian/Alaska Native -32.43%, Asian -10.81%, and Native Hawaiian/Pacific Islander 100%.

In Jasper County, additional population changes were as follows: White -4.66%, Black 37.5%, American Indian/Alaska Native 85.71%, Asian 26.32%, and Native Hawaiian/Pacific Islander 0%.

In Vermilion County, additional population changes were as follows: White -6.54%, Black 19.02%, American Indian/Alaska Native 3.8%, Asian 13.25%, and Native Hawaiian/Pacific Islander 0%.

Service Area Demographics

Population by Age Groups

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

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	39,982	2,203	6,404	2,911	4,449
Clark County	15,924	947	2,707	1,223	1,759
Coles County	52,540	2,416	7,015	10,199	6.978
Crawford County	19,214	978	2,740	1,548	2,542
Cumberland County	10,899	642	1,838	789	1,270
Douglas County	19,830	1,329	3,682	1,620	2,330
Edgar County	17,603	917	2,787	1,260	1,933
Jasper County	9,608	571	1,679	658	1,036
Vermilion County	79,207	5,249	13,687	6,446	9,564
Illinois	12,854,526	785,560	2,173,437	1,229,450	1,782,100

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	4,484	5,469	6,071	7,991
Clark County	1,814	2,235	2,269	2,970
Coles County	5,371	5,864	6,534	8,163
Crawford County	2,496	2,602	2,748	3,524
Cumberland County	1,275	1,469	1,610	2,016
Douglas County	2,446	2,405	2,679	3,339
Edgar County	2,071	2,357	2,664	3,614
Jasper County	1,069	1,400	1,425	1,770
Vermilion County	9,117	10,070	10,803	14,271
Illinois	1,661,674	1,739,014	1,635,359	1,847,932

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2019 Community Health Needs Assessment

Establishing the CHNA Infrastructure and Partnerships

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

Internal

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

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

External

Horizon Health also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These steps include:

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

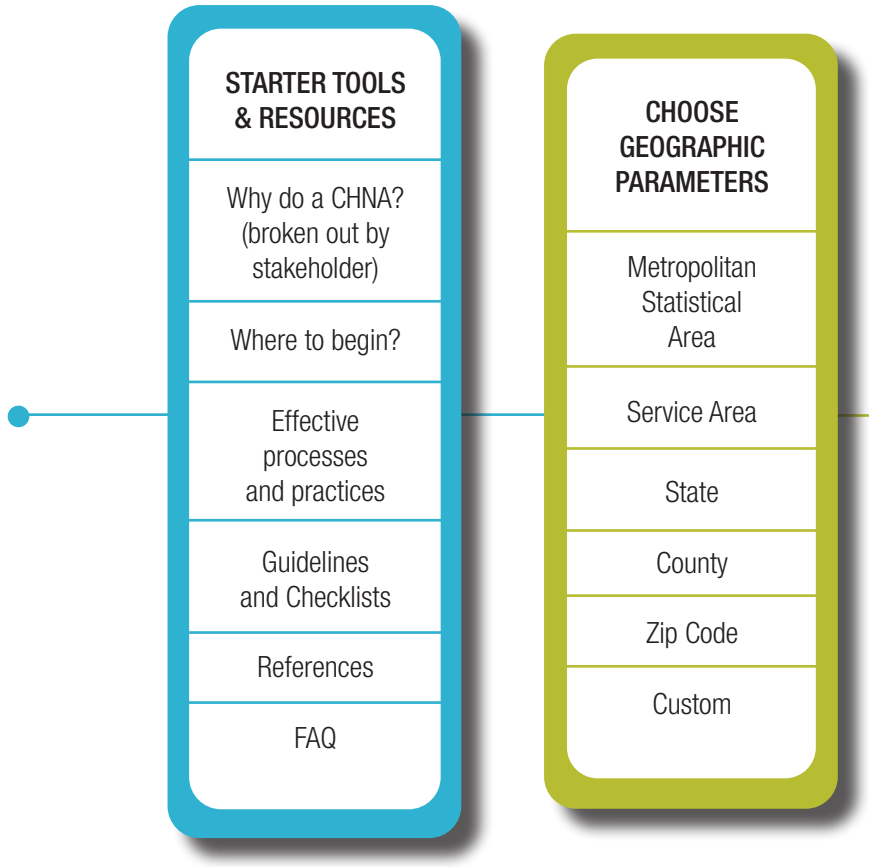
III. DATA COLLECTION AND ANALYSIS

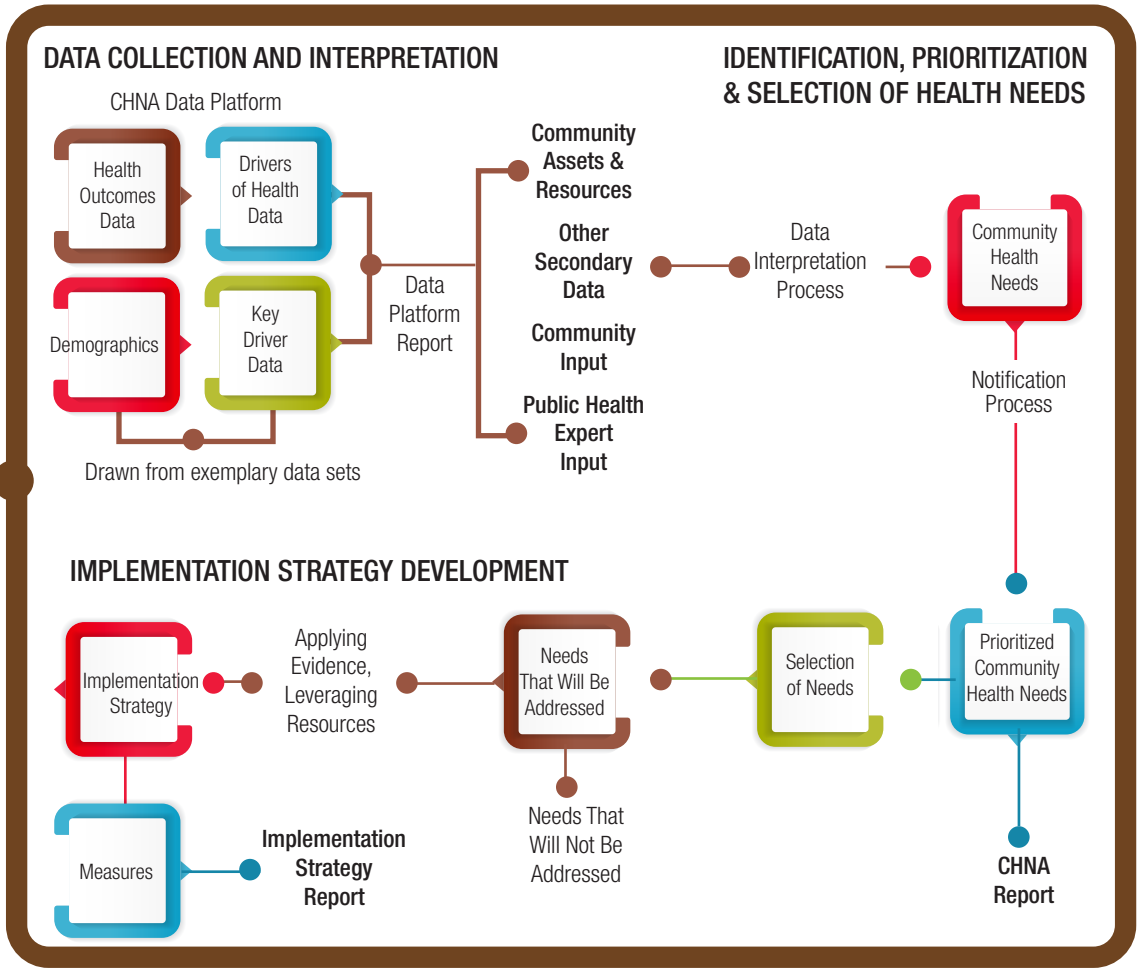
2019 Community Health Needs Assessment

Description of Process and Methods Used

Qualitative Process

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




DATA COLLECTION AND INTERPRETATION
IDENTIFICATION, PRIORITIZATION & SELECTION OF HEALTH NEEDS
CHNA Data Platform
Health Outcomes Data
Drivers of Health Data
Demographics
Key Driver Data
Drawn from exemplary data sets
Data Platform Report
Community Assets & Resources
Other Secondary Data
Community Input
Public Health Expert Input
Data Interpretation Process
Community Health Needs
Notification Process
IMPLEMENTATION STRATEGY DEVELOPMENT
Implementation Strategy
Measures
Implementation Strategy Report
Applying Evidence, Leveraging Resources
Needs That Will Be Addressed
Needs That Will Not Be Addressed
Selection of Needs
Prioritized Community Health Needs
CHNA Report

Description of Data Sources

Quantitative Process

Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
U.S. Census	National census data is collected by the U.S. Census Bureau every 10 years.
Community Commons	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
Illinois Department of Employment Security	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
National Cancer Institute	The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.
Illinois Department of Public Health	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
HRSA	The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.

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 Illinois Population Health Institute.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
ESRI	ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined levels.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
USDA	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
Illinois Youth Survey	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

Secondary Data

Social Determinants of Health

Education – High School Graduation Rate

Within the Horizon Health service area, 84.7% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	487	413	84.7%
Clark County	222	192	86.5%
Coles County	502	443	88.2%
Crawford County	212	185	87.3%
Cumberland County	125	113	90.4%
Douglas County	241	219	90.9%
Edgar County	62	51	82.3%
Jasper County	107	104	97.2%
Vermilion County	863	677	78.4%
Illinois	88,525	75,853	85.7%

Data Source: Community Commons (US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES 2016-17. Source District)

Education – No High School Diploma

Within the Horizon Health service area, there are 2,889 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 10.15% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Service Area Estimates	28,464	2,889	10.15%
Clark County	11,047	936	8.47%
Coles County	32,910	3,016	9.16%
Crawford County	13,948	1,846	13.23%
Cumberland County	7,630	869	11.39%
Douglas County	13,199	2,298	17.41%
Edgar County	12,639	1,447	11.45%
Jasper County	6,700	757	11.30%
Vermilion County	53,825	6,867	12.76%
Illinois	8,666,079	991,424	11.44%

Data Source: Community Commons (US Census Bureau, American Community Survey 2013-2017. Source Geography: Tract)

Secondary Data

Social Determinants of Health

Education – Student Reading Proficiency (4th Grade)

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

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
Service Area Estimates	463	30.86%	69.14%
Clark County	192	40.25%	59.75%
Coles County	487	29.68%	70.32%
Crawford County	177	31.52%	68.48%
Cumberland County	123	20.30%	79.70%
Douglas County	248	25.39%	74.61%
Edgar County	207	24.34%	75.66%
Jasper County	87	46.64%	53.36%
Vermilion County	908	23.32%	76.68%
Illinois	148,056	36.84%	63.16%

Data Source: Community Commons (US Department of Education, EDFacts. Accessed via DATA.GOV. 2016-17. Source Geography: School District)

Education – Bachelor's Degree or Higher

Of the population aged 25 and older, 17.38% or 4,946 adult students have obtained a Bachelor's level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor's Degree or Higher	Population Age 25+ With Bachelor's Degree or Higher
Service Area Estimates	28,464	4.946	17.38%
Clark County	11,047	1,894	17.14%
Coles County	32,910	8,569	26.04%
Crawford County	13,948	2,351	16.86%
Cumberland County	7,630	1,148	15.05%
Douglas County	13,199	2,494	18.90%
Edgar County	12,639	2,229	17.64%
Jasper County	6,700	1,165	17.39%
Vermilion County	53,825	7,871	14.62%
Illinois	8,666,079	2,898,584	33.45%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)

Secondary Data

Economic Stability

Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 7,736 public school students (49.94%) are eligible for free/reduced price lunches out of 15,492 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.88%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	15,492	7,736	49.94%
Clark County	2,666	1,434	53.79%
Coles County	6,694	3,621	54.09%
Crawford County	2,821	1,249	44.28%
Cumberland County	1,593	635	39.86%
Douglas County	3,038	1,128	37.13%
Edgar County	3,034	1,430	47.13%
Jasper County	1,397	574	41.09%
Vermilion County	13,078	8,145	62.28%
Illinois	2,009,567	1,008,830	50.20%

Data Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data. 2016-17. Source Geography: Address)

Income – Median Household Income

This indicator reports the median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	17,265	$62,651	No data
Clark County	6,809	$66,736	$52,068
Coles County	21,006	$62,273	$41,907
Crawford County	7,665	$65,370	$47,468
Cumberland County	4,287	$60,699	$50,680
Douglas County	7,580	$66,814	$52,261
Edgar County	7,669	$59,271	$47,873
Jasper County	3,723	$64,563	$56,523
Vermilion County	31,355	$57,972	$44,930
Illinois	4,818,452	$85,262	$61,229

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)

Secondary Data

Economic Stability

Population Receiving SNAP Benefits

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

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	40,366	6,297	15.6%
Clark County	15,979	2,310	14.5%
Coles County	52,521	8,427	16.1%
Crawford County	19,414	2,629	13.5%
Cumberland County	10,898	1,306	12.0%
Douglas County	19,823	1,938	9.8%
Edgar County	17,664	2,862	16.2%
Jasper County	9,607	993	10.3%
Vermilion County	79,282	17,612	22.2%
Illinois	12,859,995	1,935,887	15.1%

Data Source: Community Commons (US Census Bureau, Small Area Income & Poverty Estimates, 2015. Source Geography: County)

Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Horizon Health service area, 23.81% or 2,023 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	39,316	8,498	2,023	23.81%
Clark County	15,641	3,596	859	23.89%
Coles County	48,731	9,224	2,157	23.38%
Crawford County	17,297	3,645	472	12.95%
Cumberland County	10,752	2,458	470	19.12%
Douglas County	19,606	4,949	931	18.81%
Edgar County	17,288	3,672	854	23.26%
Jasper County	9,421	2,118	300	14.16%
Vermilion County	75,965	18,292	5,621	30.73%
Illinois	12,551,822	2,915,860	549,508	18.85%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)

Secondary Data

Economic Stability

Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 14.79% or 5,813 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	39,316	5,813	14.79%
Clark County	15,641	2,232	14.27%
Coles County	48,731	10,212	20.96%
Crawford County	17,297	2,056	11.89%
Cumberland County	10,752	1,533	14.26%
Douglas County	19,606	2,379	12.13%
Edgar County	17,288	2,655	15.36%
Jasper County	9,421	1,167	12.39%
Vermilion County	75,965	15,043	19.80%
Illinois	12,551,822	1,698,613	13.53%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)

Unemployment Rate

Total unemployment in the Horizon Health service area for the month of August 2019 was 772 or 3.9% of the civilian non-institutionalized population age 16 and older (seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	19,880	19,108	772	3.9%
Clark County	7,773	7,468	305	3.9%
Coles County	23,456	22,568	888	3.8%
Crawford County	8,670	8,323	347	4.0%
Cumberland County	6,017	5,844	173	2.9%
Douglas County	10,160	9,804	356	3.5%
Edgar County	9,067	8,725	342	3.8%
Jasper County	4,829	4,656	173	3.6%
Vermilion County	32,850	31,140	1,710	5.2%
Illinois	6,530,304	6,284,256	246,048	3.8%

Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics. 2019 – August. Source Geography: County)

Secondary Data

Economic Stability

Insurance – Uninsured Population

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

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	39,425	2,527	6.41%
Clark County	15,699	921	5.87%
Coles County	51,845	4,154	8.01%
Crawford County	17,334	1,273	7.34%
Cumberland County	10,773	642	5.96%
Douglas County	19,665	2,978	15.14%
Edgar County	17,320	1,198	6.92%
Jasper County	9,547	619	6.48%
Vermilion County	76,608	5,636	7.36%
Illinois	12,674,162	1,079,822	8.52%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)

Young People Not in School and Not Working

This indicator reports the percentage of youth aged 16-19 who are not currently enrolled in school and who are not employed.

Service Area	Population Age 16-19	Percentage of Population Age 16-19 Not in School and Not Employed
Service Area Estimates	1,860	7.85%
Clark County	788	5.46%
Coles County	3,995	4.03%
Crawford County	766	7.70%
Cumberland County	518	.58%
Douglas County	1,025	11.51%
Edgar County	778	9.64%
Jasper County	481	2.29%
Vermilion County	3,862	11.78%
Illinois	683,326	6.67%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)

Secondary Data

Neighborhood and Physical Environment

Food Environment – Grocery Stores

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

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	41,782	8	19
Clark County	16,335	3	18
Coles County	53,873	9	17
Crawford County	19,817	5	25
Cumberland County	11,048	2	18
Douglas County	19,980	11	55
Edgar County	18,576	3	16
Jasper County	9,698	1	10
Vermilion County	81,625	20	25
Illinois	12,830,632	2,770	22

Data Source: Community Commons (US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source Geography: ZCTA)

Populations With Low Food Access

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

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	41,782	11,232	26.88%
Clark County	16,335	1,756	10.75%
Coles County	53,873	14,805	27.48%
Crawford County	19,817	1,729	8.72%
Cumberland County	11,048	0	0.00%
Douglas County	19,980	2,348	11.75%
Edgar County	18,576	7,712	41.52%
Jasper County	9,698	1,477	15.23%
Vermilion County	81,625	12,105	14.83%
Illinois	12,830,632	2,483,877	19.36%

Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015. Source Geography: Tract)

Secondary Data

Access to Care

Access to Dentists

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

Service Area	Total Population 2015	Dentists 2015	Dentists Rate Per 100,000 Population
Service Area Estimates	40,365	9	22
Clark County	15,979	2	13
Coles County	52,521	23	44
Crawford County	19,414	7	36
Cumberland County	10,898	1	9
Douglas County	19,823	11	55
Edgar County	17,664	4	23
Jasper County	9,607	1	10
Vermilion	79,282	26	33
Illinois	12,859,995	9,336	73

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source Geography: County)

Access to Mental Health Providers

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

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of Persons)	Mental Healthcare Provider Rate Per 100,000 Population
Service Area Estimates	No Data	No Data	No Data	No Data
Clark County	15,767	4	3,942	25
Coles County	51,979	133	391	256
Crawford County	18,961	37	513	195
Cumberland County	10,908	4	2,727	37
Douglas County	19,748	2	9,874	10
Edgar County	17,328	17	1,019	98
Jasper County	9,578	33	290	345
Vermilion County	77,909	200	390	257
Illinois	12,742,849	26,484	481	208

Data Source: Community Commons (University of Illinois Population Health Institute, County Health Rankings. 2018. Source geography: County)

Secondary Data

Access to Care

Access to Primary Care

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

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians Rate Per 100,000 Population
Service Area Estimates	40,791	15	37
Clark County	15,938	6	38
Coles County	52,343	40	76
Crawford County	19,308	11	57
Cumberland County	10,858	0	0
Douglas County	19,630	6	31
Edgar County	17,566	5	28
Jasper County	9,536	1	10
Vermilion County	78,111	37	47
Illinois	12,801,539	10,378	81

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source Geography: County)

Medical Conditions and Circumstances

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

Published by the University of Illinois Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (County Health Rankings and Roadmaps, 2019).

Edgar County is ranked 73 out of the 102 Illinois counties in the Rankings, released in April 2019. Clark County is ranked 46. Coles County is ranked 72. Vermilion County is ranked 102. Douglas County is ranked 37.

Health Condition	Edgar County	Clark County	Coles County	Vermilion County	Douglas County	Illinois
Adults Reporting Poor or Fair Health	16%	16%	18%	19%	15%	17%
Adults Reporting No Leisure Time/ Physical Activity	26%	26%	25%	28%	25%	22%
Adult Obesity	31%	33%	30%	35%	30%	29%
Children Under 18 Living in Poverty	21%	17%	23%	31%	14%	17%
Alcohol Impaired Driving Deaths	15%	28%	25%	33%	18%	33%
Teen Births	31/1,000	28/1,000	17/1,000	49/1,000	21/1,000	23/1,000
Uninsured	6%	5%	7%	6%	9%	7%
Unemployment	5%	5%	5%	6%	4%	5%

Secondary Data

Behavioral Risk Factor Surveillance System

Edgar County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	16.8%	14.3%	21.6%
Asthma	9.1%	9.1%	14.6%	11.3%
Diabetes	10.2%	17.4%	10.3%	7.8%
Obesity	29.5%	32.1%	30.9%	23.1%
Smoking	16.7%	27.0%	24.8%	27.2%

Clark County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	No data	11.8%	10.9%
Asthma	9.1%	15.3%	10.5%	10.1%
Diabetes	10.2%	7.7%	12.9%	10.4%
Obesity	29.5%	30.6%	24.4%	28.2%
Smoking	16.7%	24.4%	16.5%	20.9%

Coles County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	No data	22.5%	20.1%
Asthma	9.1%	5.7%	12.6%	18.6%
Diabetes	10.2%	6.1%	6.4%	7.2%
Obesity	29.5%	31.5%	23.1%	22.1%
Smoking	16.7%	No data	27.1%	24.4%

Vermilion County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	14.4%	22.0%	14.2%
Asthma	9.1%	10.5%	13.9%	9.9%
Diabetes	10.2%	11.5%	10.4%	9.0%
Obesity	29.5%	34.8%	30.0%	27.1%
Smoking	16.7%	22.6%	27.8%	30.6%

Douglas County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	17.9%	13.6%	13.9%
Asthma	9.1%	2.7%	8.4%	11.3%
Diabetes	10.2%	13.0%	9.4%	6.5%
Obesity	29.5%	32.3%	29.4%	24.9%
Smoking	16.7%	17.1%	22.4%	22.7%

Secondary Data

Health Indicators

Population With Any Disability

Within the service area, 16.09% or 6,344 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Service Area Estimates	39,425	6,344	16.09%
Clark County	15,699	2,521	16.06%
Coles County	51,845	7,454	14.38%
Crawford County	17,334	2,808	16.20%
Cumberland County	10,773	1,845	17.13%
Douglas County	19,665	2,400	12.20%
Edgar County	17,320	2,829	16.33%
Jasper County	9,547	1,800	18.85%
Vermilion County	76,608	11,598	15.14%
Illinois	12,674,162	1,388,827	10.96%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)

Teen Births

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

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clark County	521	21	40
Coles County	2,829	58	21
Crawford County	601	24	40
Cumberland County	356	12	33
Douglas County	632	19	30
Edgar County	586	26	45
Jasper County	317	9	30
Vermilion County	2,770	155	56
Illinois	448,356	15,692	35

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)

Secondary Data

Health Indicators

Low Birth Weight Rate

This indicator reports the percentage of total births that are low birth weight (under 2,500 grams = less than 5.15 pounds). This indicator is relevant because low birth weight infants are at a higher risk for health problems. This indicator can also highlight the existence of health disparities.

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clark County	1,281	101	7.9%
Coles County	3,948	272	6.9%
Crawford County	1,337	127	9.5%
Cumberland County	917	76	8.3%
Douglas County	1,995	128	6.4%
Edgar County	1,470	121	8.2%
Jasper County	805	77	9.6%
Vermilion County	7,756	721	9.3%
Illinois	1,251,656	105,139	8.4%

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)

30-Day Hospital Readmissions

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

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Clark County	252	15.6
Coles County	779	18.3
Crawford County	320	14.5
Cumberland County	187	14.0
Douglas County	249	12.9
Edgar County	314	17.1
Jasper County	156	No data
Vermilion County	1,047	16.2
Illinois	143,569	15.1

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care)

Secondary Data

Health Indicators

Preventable Hospitalizations – Medicare Population

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return of investment' from interventions that reduce admissions through better access to primary care resources.

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	4,474	312	70
Clark County	1,806	104	58
Coles County	4,069	354	87
Crawford County	2,442	130	54
Cumberland County	1,078	80	75
Douglas County	1,708	91	54
Edgar County	2,050	159	78
Jasper County	1,051	65	62
Vermilion County	6,108	483	79.1
Illinois	985,968	53,973	54.8

Data Source: Community Commons (Centers for Medicare & Medicaid Services. 2015. Source Geography: County)

Mortality Tables

Edgar County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	45
Malignant Neoplasms	37
Chronic Lower Respiratory Diseases	28
Cerebrovascular Diseases	12
Accidents	11
Essential Hypertension and Hypertensive Renal Disease	11
Diabetes Mellitus	7
Nephritis, Nephrotic Syndrome, and Nephrosis	6
Alzheimer's Disease	5
Chronic Liver Disease and Cirrhosis	4
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	4
Influenza and Pneumonia	4
Parkinson's Disease	3
Septicemia	2
Intentional Self-Harm (Suicide)	2
Viral Hepatitis	1
Complications of Medical and Surgical Care	1
Congenital Malformations, Deformations, and Chromosomal Abnormalities	1
Certain Conditions Originating in the Perinatal Period	1
Cholelithiasis and Other Disorders of the Gallbladder	1

Secondary Data

Mortality Tables

Clark County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	53
Malignant Neoplasms	40
Cerebrovascular Diseases	13
Alzheimer's Disease	8
Accidents	7
Chronic Lower Respiratory Diseases	7
Parkinson's Disease	5
Nephritis, Nephrotic Syndrome, and Nephrosis	4
Diabetes Mellitus	4
Intentional Self-Harm (Suicide)	3
Essential Hypertension and Hypertensive Renal Disease	3
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	3
Chronic Liver Disease and Cirrhosis	3
Aortic Aneurysm and Dissection	2
Influenza and Pneumonia	2
Septicemia	2
Pneumonitis due to solids and liquids	1
Atherosclerosis	1
Cholelithiasis	1
Complications of Medical and Surgical Care	1

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source geography: County)

Coles County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	125
Malignant Neoplasms	75
Cerebrovascular Diseases	30
Chronic Lower Respiratory Diseases	30
Accidents	25
Influenza and Pneumonia	15
Alzheimer's Disease	14
Diabetes Mellitus	13
Nephritis, Nephrotic Syndrome, and Nephrosis	12
Essential Hypertension and Hypertensive Renal Disease	8
Septicemia	8
Chronic Liver Disease and Cirrhosis	5
Parkinson's Disease	5
Aortic Aneurysm and Dissection	4
Intentional Self-Harm (Suicide)	4
Peptic Ulcer	3
Congenital Malformations, Deformations, and Chromosomal Abnormalities	3
Assault (Homicide)	2
Atherosclerosis	2
Anemias	1
Complications of Medical and Surgical Care	1
Certain Conditions Originating in the Perinatal Period	1
Cholelithiasis and Other Disorders of the Gallbladder	1
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	1

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source geography: County)

Secondary Data

Mortality Tables

Vermilion County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	230
Malignant Neoplasms	215
Chronic Lower Respiratory Diseases	95
Accidents	62
Cerebrovascular Diseases	54
Diabetes Mellitus	36
Nephritis, Nephrotic Syndrome, and Nephrosis	31
Influenza and Pneumonia	21
Chronic Liver Disease and Cirrhosis	20
Alzheimer's Disease	14
Septicemia	14
Assault (Homicide)	10
Aortic Aneurysm and Dissection	8
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	8
Intentional Self-Harm (Suicide)	8
Parkinson's Disease	8
Essential Hypertension and Hypertensive Renal Disease	7
Certain Conditions originating in the Perinatal Period	5
Cholelithiasis and Other Disorders of the Gallbladder	5
Congenital Malformations, Deformations, and Chromosomal Abnormalities	4
Pneumonitis due to solids and liquids	4
Nutritional Deficiencies	4
Complications of Medical and Surgical Care	3
Anemias	2
Peptic Ulcer`	2

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source geography: County)

Douglas County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	54
Malignant Neoplasms	54
Chronic Lower Respiratory Diseases	17
Cerebrovascular Diseases	14
Alzheimer's Disease	13
Accidents	12
Nephritis, Nephrotic Syndrome, and Nephrosis	8
Intentional Self-Harm (Suicide)	4
Septicemia	4
Essential Hypertension and Hypertensive Renal Disease	3
Diabetes Mellitus	2
Pneumonitis due to solids and liquids	2
Parkinson's Disease	1
Peptic Ulcer	1
Influenza and Pneumonia	1
Influenza and Pneumonia	1
Aortic Aneurysm and Dissection	1
Chronic Liver Disease and Cirrhosis	1

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source geography: County)

Secondary Data

Mortality Tables

Infant Mortality

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

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clark County	955	5	6
Coles County	2,835	19	7
Crawford County	1,005	13	13
Cumberland County	645	12	18
Douglas County	1,430	7	5
Edgar County	1,050	8	8
Jasper County	580	5	9
Vermilion County	5,440	40	7
Illinois	879,035	6,065	7

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source Geography: County)

Mortality – Cancer

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clark County	16,009	41	259	182
Coles County	52,772	109	207	172
Crawford County	19,316	50	258	180
Cumberland County	10,887	28	257	185
Douglas County	19,795	44	221	167
Edgar County	17,672	50	281	177
Jasper County	9,587	22	227	154
Vermilion County	79,072	223	282	211
Illinois	12,845,254	24,449	190	166

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County)

Secondary Data

Mortality Tables

Mortality – Coronary Heart Disease

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clark County	16,009	29	184	124
Coles County	52,772	69	132	104
Crawford County	19,316	33	171	116
Cumberland County	10,887	14	129	86
Douglas County	19,795	18	89	66
Edgar County	17,672	41	231	139
Jasper County	9,587	18	192	122
Vermilion County	79,072	155	197	142
Illinois	12,845,254	13,542	105	90

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Mortality – Drug Poisoning

This indicator reports the rate of death due to drug overdose per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clark County	16,098	3	20	Suppressed
Coles County	53,107	5	10	12
Crawford County	19,444	No data	Suppressed	Suppressed
Cumberland County	10,899	No data	Suppressed	Suppressed
Douglas County	19,816	No data	Suppressed	Suppressed
Edgar County	17,844	3	18	Suppressed
Jasper County	9,594	No data	Suppressed	Suppressed
Vermilion County	79,635	15	19	21
Illinois	12,859,901	1,832	14	14

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County

Secondary Data

Mortality Tables

Mortality – Lung Disease

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clark County	16,009	13	84	55
Coles County	52,772	35	67	56
Crawford County	19,316	14	70	49
Cumberland County	10,887	7	66	45
Douglas County	19,795	14	69	50
Edgar County	17,672	21	120	75
Jasper County	9,587	9	92	59
Vermilion County	79,072	88	112	81
Illinois	12,845,254	5,614	44	39

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County

Mortality – Motor Vehicle Crash

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clark County	16,009	3	18	Suppressed
Coles County	52,772	7	13	11
Crawford County	19,316	5	28	27
Cumberland County	10,887	No data	Suppressed	Suppressed
Douglas County	19,795	3	17	Suppressed
Edgar County	17,672	3	18	Suppressed
Jasper County	9,587	2	25	Suppressed
Vermilion County	79,072	10	13	13
Illinois	12,845,254	1,087	9	8

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Secondary Data

Mortality Tables

Mortality – Pedestrian Motor Vehicle Crash

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

Service Area	Total Population 2010	Total Pedestrian Deaths 2011-2015	Average Annual Deaths (Rate Per 100,000 Population)
Service Area Estimates	No data	1	No data
Clark County	16,335	1	2
Coles County	53,873	6	4
Crawford County	19,817	1	2
Cumberland County	11,048	0	0
Douglas County	19,980	5	8
Edgar County	18,576	0	0
Jasper County	9,698	0	0
Vermilion County	81,625	7	3
Illinois	12,830,632	827	2

Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County)

Mortality – Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because stroke is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clark County	16,009	13	83	55
Coles County	52,772	26	50	38
Crawford County	19,316	16	84	55
Cumberland County	10,887	8	72	49
Douglas County	19,795	12	60	43
Edgar County	17,672	15	86	52
Jasper County	9,587	6	58	35
Vermilion County	79,072	47	60	43
Illinois	12,845,254	5,634	44	38

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Secondary Data

Mortality Tables

Mortality – Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. This indicator is relevant because suicide is an indicator of poor mental health.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clark County	16.009	4	25	27
Coles County	52,772	5	9	9
Crawford County	19,316	2	11	Suppressed
Cumberland County	10,887	No data	Suppressed	Suppressed
Douglas County	19,795	3	15	Suppressed
Edgar County	17,672	4	25	27
Jasper County	9,587	No data	Suppressed	Suppressed
Vermilion County	79,072	11	14	15
Illinois	12,845,254	1,394	11	11

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Mortality – Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. This indicator is relevant because accidents are a leading cause of death in the U.S.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clark County	16,009	8	53	46
Coles County	52,772	23	44	42
Crawford County	19,316	13	65	56
Cumberland County	10,887	5	42	34
Douglas County	19,795	10	50	46
Edgar County	17,672	9	51	43
Jasper County	9,857	6	67	57
Vermilion County	79,072	49	63	60
Illinois	12,845,254	5,106	40	38

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Primary Data

Qualitative Data

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

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

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

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

Focus Group 1 – Medical Professionals and Partners

The first focus group consisted of medical professionals and partners. The group met at Horizon Health at 7:00 am on June 7, 2019. Participants included the administrator of the Edgar County Public Health Department, representatives of senior care, pharmacists, nurse practitioners, and others. The group was first asked to identify recent positive developments in healthcare, health service, and the overall health of the community. They identified:

- Additional clinics in the service area
- The Oakland Clinic
- The Coalition for Addiction Response and Narcan Access
- New physical therapy area at Horizon Health
- Nurse practitioners are visiting long-term care facilities to see patients
- Progress is being made toward local dialysis services
- Integration of behavioral health services on the Horizon Health campus
- Telepsychiatry
- The community oral health consultant
- Improved working relationship between Horizon Health and Edgar County Public Health Department
- Increased hours at EZ Care
- Horizon Health ambulance service
- Increased access to more specialists and better hours
- Movement toward expanded mental health services
- Improved services at the pain clinic
- Addition of endocrinology
- Expansion of women's health

Primary Data

Qualitative Data

The group was then asked to identify significant needs in the service area impacting healthcare, health services, and health overall. They identified:

- Address youth substance use, including vaping and other substances
- Education about need for adult vaccinations
- Consider getting healthcare to youth rather than getting youth to healthcare
- Education about bariatric services
- Education and a provider for sleep services
- Access to warm hand-offs for rehabilitation and recovery for persons with substance use disorders
- Collaboration between Horizon Health and the Edgar County Public Health Department to provide community education about chronic illness, women's health, and oral health
- Better access to inpatient mental healthcare
- Access to opportunities for outdoor recreation and exercise
- Flexible, non-emergency transportation
- Wound care services at nursing homes
- Local access to Medication Assisted Treatment for persons with substance use disorders
- Address the absence of parenting and parenting skills in the community
- Family case managers
- Address costs of medicine for seniors
- Local access to a pediatrician and pediatric clinic
- Increased local gastrointestinal services
- Increased local dermatology and plastic surgery
- Clean, affordable housing
- Improved access to long-term residential, rehabilitative, and recovery services
- Mobile dental clinic
- Drug Court
- Local resources for needle disposal
- Education for farmers about specialized needs

Focus Group 2 – Community Members and Leaders

The second focus group consisted of community members and leaders. The group met at Horizon Health at noon on June 7, 2019. Participants included school officials, community organizations, local government officials, first responders, and others. The group was first asked to identify recent positive developments in health care, health services, and the overall health of the community. They identified:

- Horizon Health is making progress toward providing local dialysis
- Horizon Health is talking with Newman, IL about a clinic
- Horizon Health has expanded services and improved outreach
- Horizon Health has increased local access to specialists
- Horizon Health provides trainer and medical provider to schools for sports programs
- Community awareness of Horizon Health and its mission is much better
- Local availability of services for endocrinology, dermatology, and cardiology
- Local leadership at Horizon Health has improved the atmosphere with employees and the community
- Expansion of EZ Care
- Horizon Health is more patient-oriented
- The brand of Horizon Health is comforting and positive
- Horizon Health has established new partnerships with nursing homes
- Horizon Health has added security to the emergency room
- "Bee Well" Coalition continues to strengthen and grow and is adding programs and education
- There is a positive attitude evident among Horizon Health employees
- New high school

Primary Data

Qualitative Data

The group was then asked to identify significant needs in the service area impacting healthcare, health services, and health overall. They identified:

- Affordable local mental health services for youth
- Patient advocacy, especially for seniors
- Full disclosure from primary care physicians to overcome the perception that patients are not always told everything a doctor may see in physicals or tests because of limitation governing office visits and/or restrictions placed by insurance
- Overcome local negativity in the community about the community
- Address substance abuse, especially methamphetamines, heroin, alcohol, and vaping
- Address generational substance abuse and assist youth trying to break free from that cycle
- Address homelessness among youth
- Address stress among youth and families
- Education for parents and caregivers about diet and exercise, financial management, and other life issues
- Better sharing of message, mission, and atmosphere at Horizon Health
- Education for seniors about medication
- Address issues faced by youth and adults resulting from social media
- Explore ways to collaborate with medical and non-medical providers and agencies on information-sharing
- Encourage volunteerism
- Improved community crime surveillance, including cameras at needed locations

IV. IDENTIFICATION AND PRIORITIZATION OF NEEDS

2019 Community Health Needs Assessment

Identification and Prioritization of Needs

Description of the Community Health Needs Identified

The steering group, comprised of representatives from both focus groups, including representatives of groups serving persons likely to be unserved, underserved, or otherwise experiencing unmet needs, met on July 17, 2019, to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Horizon Health service area.

1. Address mental health issues by:
   a. Expanding community education about mental illness, access to services, and treatment, and reducing the stigma associated with mental illness
   b. Increasing local access to mental health treatment, especially counseling
2. Address the needs of homeless youth by building and sustaining a shelter and providing access to healthy food
3. Address parenting issues by providing family education
4. Address substance abuse by increasing access to detoxification, rehabilitation, and recovery services, including outpatient and intensive inpatient services, and increase prevention efforts directed to methamphetamines and prescription drugs
5. Address the isolation and lack of socialization that impacts local youth through seniors by increasing opportunities for involvement in group wellness and social opportunities and encourage volunteerism

V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

2019 Community Health Needs Assessment

Resources Available to Meet Priority Health Needs

Resources Available to Meet Priority Health Needs

Hospital Resources

- Cardiology
- Dermatology
- Diabetes
  - Diabetes education
  - Diabetes support group
- Discharge planning
- Emergency services
- Endocrinology
- Eye health
- Infusion Clinic
  - PICC line maintenance and care
  - Outpatient chemotherapy
  - Blood transfusions
  - Short-term and long-term antibiotic therapy
- Inpatient care
  - Hospitalist program
  - Swing Bed Unit
  - Rehab to Home
- Kidney health
- Laboratory
- Lung health
- Medical weight loss
- NAL health clinic
- Neurology
- Occupational health
- Oncology
- Orthopedics
  - Arthroscopy
  - Shoulder rotator cuff repair
  - Joint replacement
  - Advanced knee reconstruction
  - Foot surgery
  - Fracture care
  - Hand surgery
- Pain management

- Primary care
  - Medical weight loss
  - Wellness appointments
  - Health screenings
  - Immunizations
  - Medicare wellness visits
- Radiology
- Rehab services
  - Cardiac rehab
  - Lymphedema therapy
  - Occupational therapy
  - Physical therapy
  - Speech therapy
  - Pain-free laser treatments
  - Momentum program
- Respiratory care
- Senior care
- Sleep lab
- Social services
- Specialty services
- Sports medicine
- Surgical services
  - General surgery
  - Podiatry
  - Orthopedics
  - Gynecology/urogynecology
  - Eye health
  - Urology
- Telepsychiatry
- Vein and vascular care
- Urogynecology
- Urology
- Walk-in clinic/EZ Care
- Women's health
  - Gynecology
  - Urogynecology
- Wound care

VI. IMPLEMENTATION STRATEGY

2019 Community Health Needs Assessment

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Horizon Health on August 2, 2019. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs. The group then considered each of the prioritized needs. For each of the five categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Implementation Strategy – Priority #1

1. Address mental health issues by:
   a. Expanding community education about mental illness, access to services, and treatment, and reducing the stigma associated with mental illness
   b. Increasing local access to mental health treatment, especially counseling

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

- Horizon Health will complete the addition of a "Life Center" to the hospital campus that will provide resources and opportunities for mental health and substance use providers, as well as community education opportunities. The Center will also provide overnight crisis intervention. As part of this project, the Human Resources Center will move mental health services on to the hospital campus.

Implementation Strategy

Planning Process

- Horizon Health will support two mid-level providers in completion of psychiatric certification and will expand clinic hours in order to increase local access to their services.
- Horizon Health will develop a marketing focus on presenting mental health as health.

Anticipated impacts of these actions:

Horizon Health anticipates that the planned steps will expand community education about mental health, mental health issues, and stigma and will increase local access to mental health services. In addition, Horizon Health anticipates that blending mental health services in the "Life Center" on the hospital campus will further reduce stigma associated with seeking services.

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

- Administration
- Emergency department
- Social services
- Clinic providers
- Marketing
- Maintenance

Planned collaboration between the hospital and other organizations:

- Human Resources Center
- UltraGroup (geriatric psychiatric services)
- Public Health Department
- Telepsychiatry providers

Implementation Strategy – Priority #2

2. Address the needs of homeless youth by building and sustaining a shelter and providing access to healthy food

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

- Building and sustaining a shelter is a potential partial solution to local youth homelessness that is currently being considered by a well-organized community group. Horizon Health will support the efforts to build and sustain a youth shelter as may be reasonable and appropriate.
- Horizon Health will explore methods to provide medical services to homeless youth.
- Horizon Health will explore developing information-sharing with schools.
- Horizon Health will continue employee support programs for homeless youth.
- Horizon Health will continue to support the community kitchen.

Anticipated impacts of these actions:

Horizon Health anticipates that these actions will address several of the issues facing homeless youth in the community.

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

- Administration
- Providers
- Employees

Planned collaboration between the hospital and other organizations:

- Hopes and Dreams, Inc.
- Schools (truant officers and social workers)
- Public Health Department
- Human Resources Center

Implementation Strategy

Planning Process

Implementation Strategy – Priority #3

3. Address parenting issues by providing family education

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

- Horizon Health will explore and expand community education about issues related to parenting, including nutrition, development, and healthy living.
- Horizon Health will anticipate in "Reach Out and Read" to provide children with a book at wellness visits and offer parents information about the benefits of reading to and with the children.
- Horizon Health will continue to update and provide community resource information.

Anticipated impacts of these actions:

Horizon Health anticipates that these actions will address a variety of parenting needs.

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

- Administration
- Marketing
- Social worker
- Care navigator
- Community education
- Providers

Planned collaboration between the hospital and other organizations:

- Public Health Department
- Schools

Implementation Strategy – Priority #4

4. Address substance abuse by increasing access to detoxification, rehabilitation, and recovery services, including outpatient and intensive inpatient services, and increase prevention efforts directed to methamphetamines and prescription drugs

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

- Horizon Health will approach local substance abuse issues through the services offered through the "Life Center."
- Horizon Health will also explore providing local inpatient services for detoxification and, possibly, rehabilitation and/or recovery.
- Horizon Health will continue to support the work of the CARE prevention coalition.

Anticipated impacts of these actions:

Horizon Health anticipates that the steps planned above will significantly impact local substance abuse services.

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

- Administration

Planned collaboration between the hospital and other organizations:

- Human Resources Center
- Public Health Department
- Law enforcement
- Community Addiction Response and Education Coalition

Implementation Strategy

Planning Process

Implementation Strategy – Priority #5

5. Address the isolation and lack of socialization that impacts local youth through seniors by increasing opportunities for involvement in group wellness and social opportunities and encourage volunteerism

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

- The issue of providing opportunities for socialization is being addressed by the Park Board and other organizations. Horizon Health will support their efforts as may be reasonable and appropriate.
- Horizon Health supports many organized activities for local youth and will continue to do so, expanding support as appropriate opportunities arise.
- Horizon Health will continue to provide family movie nights.

Anticipated impacts of these actions:

Horizon Health anticipates that these actions will address the perceived lack of opportunities for socialization, group wellness, and volunteerism.

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

- Administration
- Marketing

Planned collaboration between the hospital and other organizations:

- Park Board
- Public Health Department

VII. DOCUMENTING AND COMMUNICATING RESULTS

2019 Community Health Needs Assessment

Documenting and Communicating Results

Approval

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

This Community Health Needs Assessment and Implementation Plan of Horizon Health was approved by the Horizon Health Board of Directors on the 19th day of December, 2019.

VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment

References

References

- *County Health Rankings, 2019 County Health Rankings*
- CARES, 2019
- *Community Commons, 2019 Community Commons*
- Illinois Department of Employment Security, 2019
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2019
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2019
- ESRI, 2019
- Illinois State Board of Education, *Illinois Report Card, 2017 - 2018*
- *Atlas of Rural and Small Town America, USDA, 2018*
- *Behavioral Risk Factor Surveillance Survey – Illinois - Counties – 2018*
- *Illinois Youth Survey, 2018*

(Support documentation on file and available upon request)

Appendix

Focus Group 1 – Medical Professionals and Partners

Alicia Wilson, RN	Administrator	Paris Healthcare
Kathy Rhoads	Marketing/ Admissions Director	Paris Healthcare
Lisa Elledge, RN	Director of Nursing	Paris Healthcare
Janet Mason	Administrator	Edgar County Public Health Department
Monica Dunn	Assistant Administrator/Dental	Edgar County Public Health Department
Leslie Healy	Home Care Manager	Lincolnland
Allison Williams	Mental/Behavior Health	Human Resources Center
Missy Tingley	Nurse and Summer PRN M/S Employee	Paris High School
Dustin Melton	Pharmacist	Pearman Pharmacy
Justine Bogue	Pharmacist/Patient Family Advocacy Council Member	Paris Clinic Pharmacy
Carrie Cunningham	NP/Walk-In Clinic Manager/ Employee	Horizon Health
Ann Bogue	NP/Nursing Homes/ Employee	Horizon Health
Samantha McCarty	ED Manager/EMS Manager/ Employee	Horizon Health
Abby Barrett	Social Worker/ Employee	Horizon Health
Ollie Smith	President/CEO	Horizon Health
Terry Madsen	Facilitator	ICAHN

Appendix

Appendix

Focus Group 2 – Community Members and Leaders

Travis Vice	Police Detective/ On-Site Security Guard	Paris Police Department/ Horizon Health
Jim Allen	Representative	City of Newman
Rick Dorsett	Council Member	City of Newman
Lorraine Bailey	Co-Principal	Paris High School
Carol Jones	Co-Principal	Paris High School
Cindy Spencer	Principal	Kansas School
Tom Davis	CPA	Larsson Woodyard & Henson
Glenda Berry	Non-Profit Representative/Former Employee and Volunteer	Faith in Action/Horizon Health
Mary Liz Wright	"Bee Well" Community Organization Member/ Hospital Board Member	University of Illinois Extension Office/Horizon Health
Kim Brown	Community Member/ At-Large Representative	City of Paris
Erin Frank	PR/Marketing Manager	Horizon Health
Ollie Smith	President/CEO	Horizon Health
Terry Madsen	Facilitator	ICAHN

Identification and Prioritization Group

Kim Brown	Community Member/ At-Large Representative	City of Paris
Mary Liz Wright	"Bee Well" Community Organization Member/ Hospital Board Member	University of Illinois Extension Office/Horizon Health
Samantha McCarty	ED Manager/EMS Manager/ Employee	Horizon Health
Dr. Phil Holloway	DPM	Horizon Health
Cindy Spencer	Principal	Kansas School
Eric Brown	Police Chief	City of Paris
Travis Vice	Police Detective/ On-Site Security Guard	Paris Police Department/ Horizon Health
Ollie Smith	President/CEO	Horizon Health
Terry Madsen	Facilitator	ICAHN

Implementation Strategy Group

Ollie Smith	President/CEO	Horizon Health
Erin Frank	PR/Marketing Manager	Horizon Health
Eunice Chaney	Risk Manager	Horizon Health
Lacey Stults	Clinic Director	Horizon Health
Tiffany Turner	CNO	Horizon Health
Martin Adams	CFO	Horizon Health
Kym Pfrank	Director of Strategic Development	Horizon Health
Terry Madsen	Facilitator	ICAHN

2019 Community Health Needs Assessment

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