



**COMMUNITY HEALTH NEEDS ASSESSMENT
June 24, 2024**

Table of Contents

Introduction/Mission, Vision & Values	2
Executive Summary	3
Background	4
Key Facts	5
Process Methods and Accountability	7
Planning Process & Implementation Strategy	11
Data	15
Demographic Data	16
Primary Data	18
Education Access & Quality	34
Economic Stability	36
Community & Social Context	39
Healthcare Access & Quality	42
Neighborhood & Build Environment	51

INTRODUCTION

Deaconess Illinois Union County is a 25-bed critical access hospital located in Anna, Illinois. It has four affiliated facilities: Deaconess Illinois Union County Podiatry Clinic, Deaconess Illinois Union County General Surgery Clinic, Convenient Care Clinic/Family Practice and Deaconess Illinois Union County Pain Management Solutions. Deaconess Illinois Union County offers complete inpatient and outpatient care, including emergency, medical and surgical services.

The Joint Commission has recognized Deaconess Illinois Union County as a “Top Performer” in key quality measures. The Illinois Department of Public Health has designated it an Emergent Stroke Ready Hospital and the Centers for Medicare and Medicaid Services (CMS) has rated it four stars for quality and safety.

In 2022, Deaconess Illinois Union County 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, 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 our community receives the best possible healthcare locally in the Anna, Illinois community.

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 CHNA 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 serve best the emerging health needs of Anna and the surrounding area. The CHNA process was coordinated by the Chief Executive Officer of Deaconess Illinois and the Director of Marketing and Communications.

A community focus group met to discuss overall health and wellness in the Deaconess Illinois Union County 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 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 Deaconess Illinois Deaconess Illinois Union County service offerings to the community through educational sessions, screenings, podcasts, etc. Rebrand the facility to the community under Deaconess ownership and change it to a non-profit.

BACKGROUND

The Community Health Needs Assessment (CHNA) Process is conducted every three years. Deaconess Illinois Union County recently converted to a not-for-profit organization after joining Deaconess Illinois, so this is their first CHNA.

AREA SERVED BY DEACONESS ILLINOIS UNION COUNTY



For this CHNA, Deaconess Illinois Union County defined its primary service area and population as the general population within the geographic area of Anna, Illinois, as defined below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

A total of 15,950 people live in the 298 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2010-20 10-year Estimate. The population density for this area, estimated at 55 persons per square mile, is less than the national average population density of 94 persons per square mile.

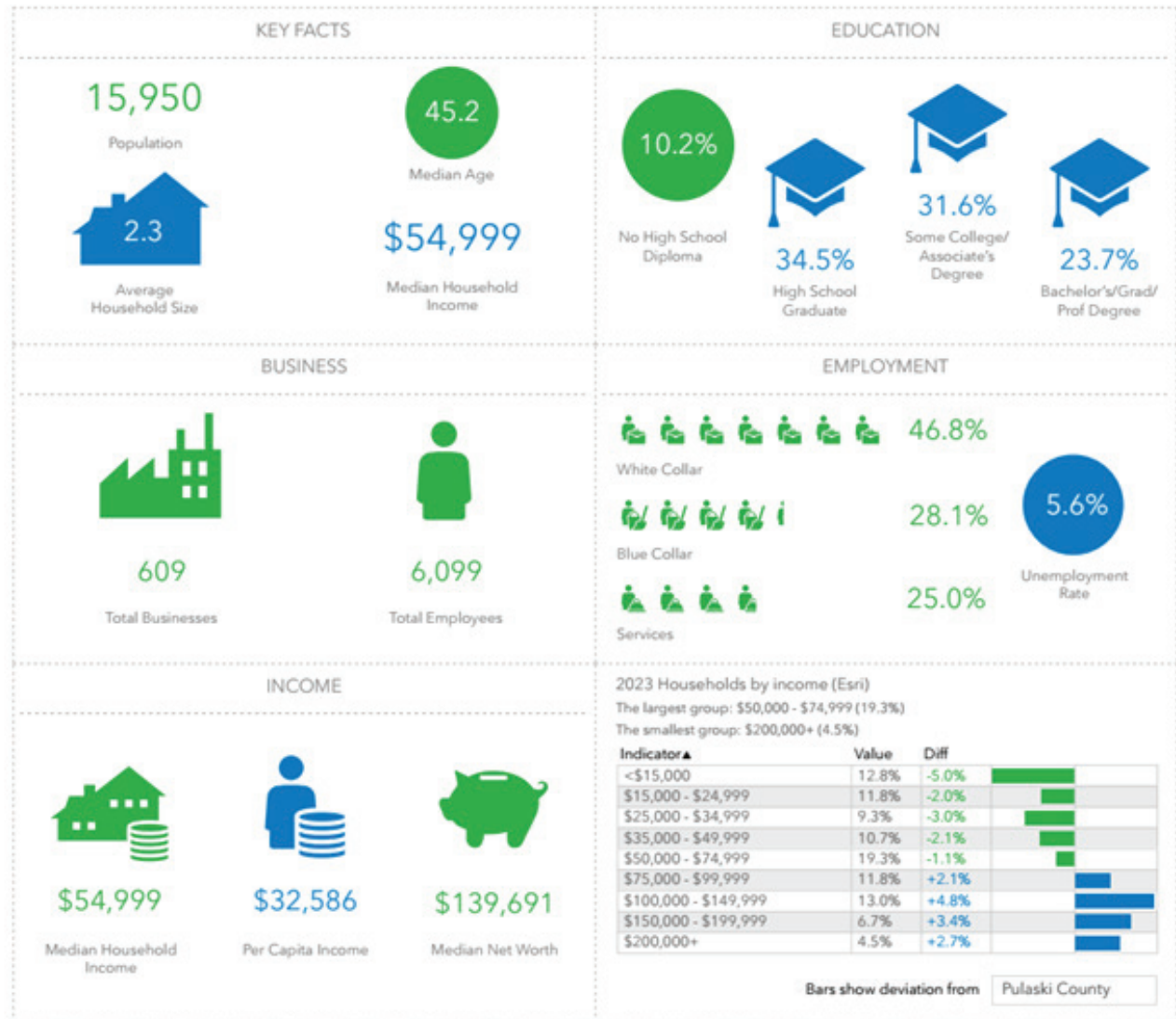
The service area, defined by zip code data, includes the following rural communities:

Anna Mill Creek Cobden Dongola Jonesboro Alto Pass

The average household size of the area, at 2.31, is lower than both Illinois and the U.S. The median age is 45.2 years, higher than Illinois and the U.S. The largest education segment is high school graduates, followed by those with some college. 10.2% of the population has no high school diploma or GED and 34.5% of the community's population has only a high school degree. Unemployment at the time of writing was 4.5%, equivalent to the Illinois state average and higher than the United States unemployment rate average (3.5%).

As in much of rural Illinois, the average household income in the service area, \$69,910, is lower than the statewide and national average. Median household income also fell behind the state and national averages.

KEY FACTS



Source: This infographic contains data provided by Esri (2023, 2028), Esri-Data Axle (2023). © 2024 Esri

SOCIAL DETERMINANTS OF HEALTH (SDoH)

The data and discussion on the following pages will investigate the social determinants in the Deaconess Illinois Union County 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 Deaconess Illinois Union County.

KEY FACTS



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. The 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 document entitled Deaconess Illinois Union County Regional 2024 Secondary Data.

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

- 1. Deaconess Illinois Union County provides excellent healthcare services with exceptional staff and a focus on customer service.
- 2. The community is very tight knit. They are engaged and generous.

OPPORTUNITIES

- 1. Access to specialty care services, including mental health and addiction services, surgery and specialists.
- 2. Access to social service providers: a rising homeless population, substandard housing, appropriate referrals, food insecurity/food access, etc.
- 3. Internal facility service opportunities: assistance with understanding bills, overall cost of care, consistent experiences and quality and pay scale improvement to attract qualified healthcare professionals.

ASPIRATIONS

- 1. Keeping high-quality, compassionate healthcare available locally, including primary and specialty care services.
- 2. Everyone in the community has basic living needs met, including access to affordable housing, healthy foods, healthcare and tools for assisting people experiencing homelessness.
- 3. Improved relationships exist between healthcare entities.

COMMUNITY SURVEY RESULTS

Twenty-five (25) community members completed the CHNA survey for Deaconess Illinois Union County. This was presented on the Deaconess Illinois Union County social media platforms and opened for about sixty days in late March 2024. 89% of participants were from Deaconess Illinois Union County. 92% of the respondents were female and 96% were white. A wide range of ages were represented, from birthdates before 1950 to birthdates in the 1990s. 40% of the respondents say their general health is good overall and rate the community's overall health as fair (40%). 80% say they have seen a healthcare provider in six months. 92% of the respondents state they have a provider they consider their personal doctor/healthcare provider. 16% of the respondents said 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, 12% 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	83.3%
Chronic diseases: diabetes, cancer, heart disease, etc.	75.0%
Basic needs: food, shelter, safety, transportation, access to care	70.8%
Obesity: eating unhealthy foods, lack of healthy foods	66.7%
Substance abuse: tobacco, alcohol, meth, prescription drugs	66.7%

The full results of the Deaconess Illinois Union County 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 Deaconess Illinois Union County service area:

- 1. ACCESS TO CARE:** : Improve access to care by continuing to recruit and retain providers for primary care, 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, deaconessillinoisunioncounty.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 Deaconess Illinois Union County'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 Deaconess Illinois Union County in June 2024. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They also considered the potential of internal and external resources 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 Deaconess Illinois Union County and the community.
- Evaluate internal processes within Deaconess Illinois Union County to ensure the best customer experience.

Indicators that support this priority

- Access to specialty care services was the top identified problem in the community related to health or a healthy lifestyle. Additional services desired included surgical services, specialists, mental health services, especially for children and dental services for low-income children.
- The onsite community group identified workforce concerns and internal facility service opportunities, such as understanding billing and communicating results.
- Chronic diseases such as diabetes, cancer and heart disease were identified by the community survey participants (75%) as one of the top five community needs.
- 7/25 community survey participants (28%) sought or needed help seeking mental health or substance abuse resources. The participants rate their mental as 44% “good” and 24% “very good.”
- Secondary data sources showed a higher-than-expected percentage of Medicare recipients suffering from substance use disorders (36%) than the state (33%) or nation (32%). Access to mental health professionals was lower than the state or national average.
- 24% of the overall population is aged 65+, indicating a potentially increased need for additional healthcare specialties.

PLANNING PROCESS & IMPLEMENTATION STRATEGY

- 20.67% of the overall population is considered disabled. Almost 40% of the population over 65 has some disability. Approximately 34% of households have someone with a disability. These are solid indicators for additional specialties.
- A slightly higher percentage of the population (7.15%) 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 (4.8%) were higher than the state (3.7%) or national (4.1%) norm.

Anticipated impacts of these actions

- Patients will be able to see needed specialists in the community, including physical and mental health providers.
- Patients will seek their care at Deaconess Illinois Union County versus another facility.

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

- Chief Administrative 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 homelessness. 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.

Indicators that support this priority

- Access to social service providers: homelessness, substandard housing, appropriate referrals, food insecurity/food access, etc., were among the top 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.
- 20% of survey participants stated they had needed or received assistance from a food pantry in the past 12 months.

PLANNING PROCESS & IMPLEMENTATION STRATEGY

- There is a growing homeless population in the community. On the day of the onsite meetings, the organization's CEO reported there had been a homeless person on their campus that day, sleeping near their ER entrance. He states that this is becoming more commonplace. Choate Mental Health Center is in this community. When patients are discharged from Choate, they may not have access to resources within the community and no tangible way to leave, so they end up homeless.
- Homeless children and youth were noted at 6.3% compared to less than 3% in the state and national norm.

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 Administrative 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
- Homeless shelters/resources

3. HEALTH EDUCATION: Improve the overall health education of the community 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 Deaconess Illinois Union County.
- 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
- 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

PLANNING PROCESS & IMPLEMENTATION STRATEGY

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 37% 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 “fair” (40%).
- 48% of survey participants had not participated in a cancer screening in the past year.
- Women reporting having had the recommended cervical cancer screening (79.1%) were under the state (81%) and national (83.7%) levels.
- GI screenings completed (66.4%) also fell below expected levels for the state (69.1%) and nation (72.4%).
- Cancer incidents for all sites (651/100,000 population) are 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. Lung cancer rates (105.4/100,000) are significantly higher than the state (59.3) or nation (54.0). Cancer mortality rates were also higher in the Deaconess Illinois Union County service area.
- Tobacco usage/current smokers over the age of 18 (19.4%) is higher than in Illinois or the U.S.
- The air toxin/cancer risks are higher in the service area.
- Medicare recipients complete their annual wellness exam (24%) at a rate lower than the state or national average.
- Women and men receiving the recommended core preventative services (flu and pneumococcal vaccine, GI screening and prostate/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 Administrative Officer
- Health Educators
- Marketing Team
- Primary care medical staff

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 Deaconess Illinois Union County Board of Directors on _____, 2024 and approved as presented.

Notes:

1. Statistics may vary slightly depending on the resource.

DATA

Data is essential to 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, to create 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 focus areas 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: The dataset will include access to insurance, insurance types, access to primary and dental care, utilization of primary care, including prevention services, utilization of hospitals and EDs, and healthy behaviors.
- 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.

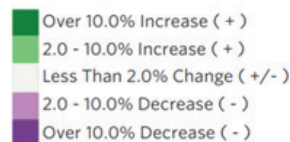
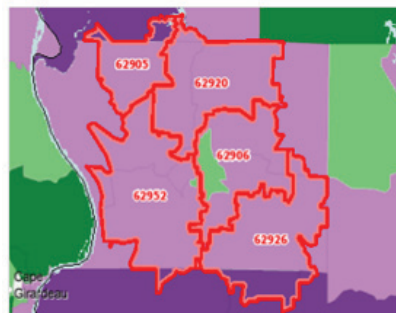
Each community determines how to best extract their secondary data either by zip codes or counties defined as the entity primary/secondary service areas.

DEMOGRAPHIC DATA

DEMOGRAPHICS DATA

- TOTAL POPULATION CHANGE, 2010-2020

Report Area	Total Population 2010	Total Population 2020	Percentage Change
Union County	16,935	16,353	-3.44%
Illinois	12,830,633	12,812,508	-0.14%
United States	312,471,161	334,735,155	7.13%

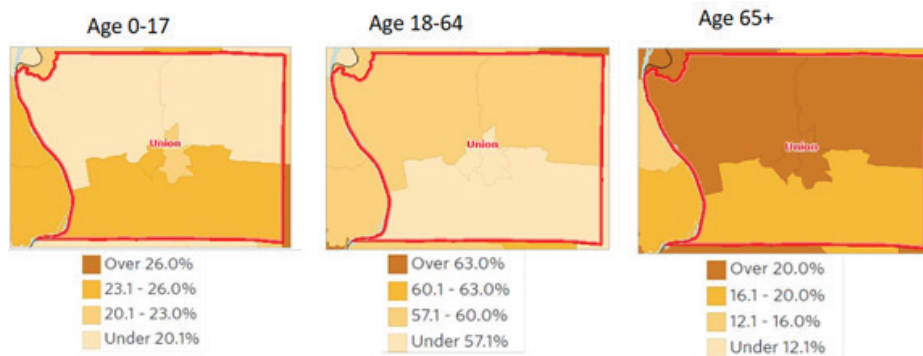


• POPULATION BY GENDER

Report Area	Male	Male %	Female	Female %
Union County	8266	51.16%	7853	48.84%
Illinois	6,332,176	49.39%	6,489,637	50.61%
United States	163,206,615	49.50%	166,518,866	50.50%

• PERCENTAGE OF POPULATION, BY AGE GROUPS

Report Area	< 18	18 – 64	65+
Union County	20.84%	55.26%	23.89%



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

Report Area	% with a Disability
Union County	20.67%
Illinois	11.57%
United States	12.86%

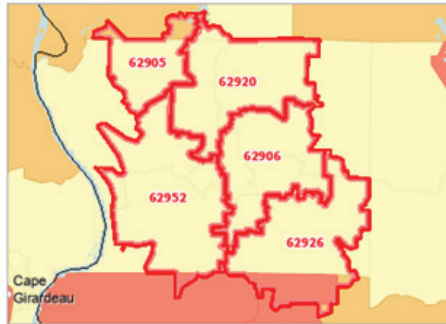
Report Area	Under 18	18-64	65+
Union Co	5.91%	15.23%	39.97%
Illinois	3.66%	8.97%	31.73%
United States	4.41%	10.32%	33.36%

• DISABILITY PROFILE

Report Area	Hearing	Vision	Cognitive	Ambulatory	Self-Care	Independent Living
Union Co.	4.64%	2.43%	7.25%	13.92%	4.90%	12.28%
Illinois	3.02%	2.09%	4.49%	6.18%	2.37%	5.50%
United States	3.55%	2.38%	5.30%	6.69%	2.57%	5.82%

- VETERAN POPULATION: the percentage of the population > age 18 that served but are not currently on active duty.

Service Area	Veterans %
Union Co.	7.15%
Illinois	5.23%
United States	6.64%



PRIMARY DATA

This data was collected at on-site meetings held in May 2024. Deaconess Illinois Union County employees, community members, providers, leaders, and employees contributed to it.

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 Deaconess Illinois Union County’s social media channels. Twenty-five community members completed the survey.

Attendees to the onsite meeting: 9 total (not including staff)

Rural Health
Anna City Commissioner

Jonesboro Elementary School
Voyage Senior Living

Jonesboro CUSD #43
Integrity Healthcare of Anna

STRENGTHS

Tight-knit community - 4

- Bonded - we know the history
- The city/community is engaged
- The community donates supplies, food, etc., as needed

Care/Facility - 7

- Great care
- Therapy department
- Care for adults and children - clinic & hospital
- Swing bed for rehab
- Clean & well managed
- Quick TAT for referrals and acceptance
- Established relationships with outside entities

OPPORTUNITIES

Experience consistency/quality - 2

Home rehab/home health services - 3

- Pay scale improvement for the facility to attract staff
- Transportation for non-emergent needs
- Work with schools to provide physicals, vaccination clinics, etc.

More service offerings - 5

- Surgery
- Specialist providers
- Psych/mental health for kids
- Dental services for kids

Lower cost of care - improve payment options 2

- Assistance with understanding bills

ASPIRATIONS

Partner with local schools on courses that lead to HC careers
Homeless housing, services

Improved relationships with post-acute care facilities - 2

Home health services
Insurance concerns
Managed care denials for care
Access to overall services, including prevention

Programs and opportunities for young people - 2

Including mental health programs

DEACONESS ILLINOIS UNION COUNTY QUESTIONNAIRE

Q1

In what county do you live?

Answered: 25 Skipped: 0

89% Deaconess Illinois Union County


Q2

What is the zip code of your residence?

Answered: 25 Skipped: 0

62906	36%
62952	28%
62920	16%


Q3

 Save as ▼

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: 25 Skipped: 0

Q4

 Save as ▼

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

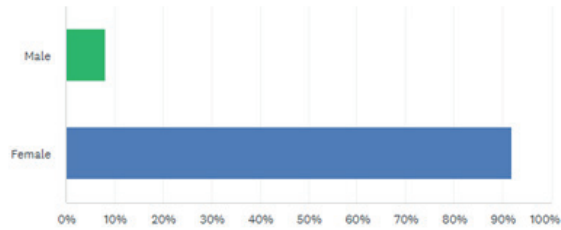
Answered: 24 Skipped: 1

Q5

Customize Save as

What is your sex?

Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Male	8.00%	2
Female	92.00%	23
TOTAL		25

Q6

What is your year of birth?

Answered: 25 Skipped: 0

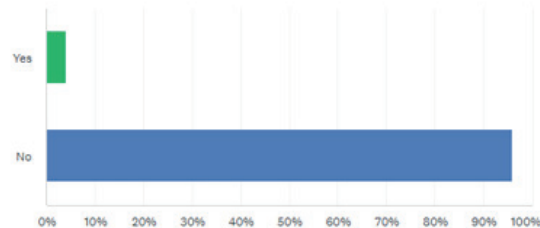
ANSWER CHOICES	RESPONSES	
2000 or after	4.00%	1
1990 - 1999	16.00%	4
1980 - 1989	12.00%	3
1970 - 1979	20.00%	5
1960 - 1969	24.00%	6
1950 - 1959	20.00%	5
Before 1950	4.00%	1
TOTAL		25

Q7

Customize Save as

Are you of Hispanic, Latino or Spanish origin?

Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	4.00%	1
No	96.00%	24
TOTAL		25

Q8

What is your race?

Answered: 25 Skipped: 0

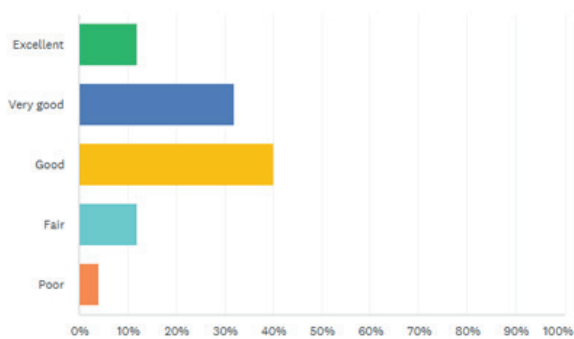
ANSWER CHOICES	RESPONSES	
White	96.00%	24
Black or African American	0.00%	0
Hispanic or Latino	4.00%	1
Asian or Asian American	0.00%	0
American Indian or Alaska Native	0.00%	0
Native Hawaiian or other Pacific Islander	0.00%	0
Another race	0.00%	0
TOTAL		25

Q9

[Customize](#) [Save as](#)

Would you say your overall general health is

Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	12.00%	3
Very good	32.00%	8
Good	40.00%	10
Fair	12.00%	3
Poor	4.00%	1
TOTAL		25

Q10

[Customize](#) [Save as](#)

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

Answered: 25 Skipped: 0

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	TOTAL	WEIGHTED AVERAGE
Your physical health is...	8.00% 2	24.00% 6	48.00% 12	16.00% 4	4.00% 1	25	2.84
Your mental health is...	20.00% 5	32.00% 8	36.00% 9	8.00% 2	4.00% 1	25	2.44
Your social well-being is...	24.00% 6	24.00% 6	44.00% 11	4.00% 1	4.00% 1	25	2.40

Q11

Customize Save as

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

	YES	NO	DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
Medicaid	9.09% 2	90.91% 20	0.00% 0	22	1.91
Medicare	26.09% 6	73.91% 17	0.00% 0	23	1.74
Private (employer based, self-insured)	84.00% 21	16.00% 4	0.00% 0	25	1.16
Public (Marketplace, Obamacare)	15.79% 3	84.21% 16	0.00% 0	19	1.84

Q12

Customize Save as

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

Answered: 25 Skipped: 0

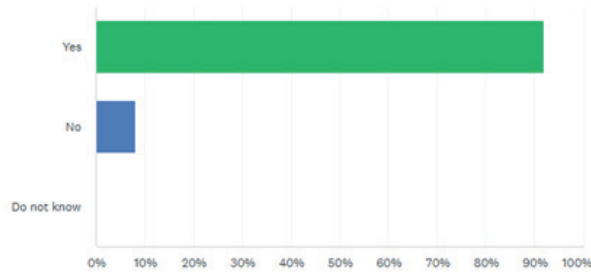
ANSWER CHOICES	RESPONSES
Within the past 6 months	80.00% 20
Within the past year	12.00% 3
Within the past 2 years	4.00% 1
Within the past 5 years	0.00% 0
Don't know/Unsure	4.00% 1
TOTAL	25

Q13

Customize Save as

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

Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	92.00% 23
No	8.00% 2
Do not know	0.00% 0
TOTAL	25

Q14

Customize Save as

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

Answered: 25 Skipped: 0

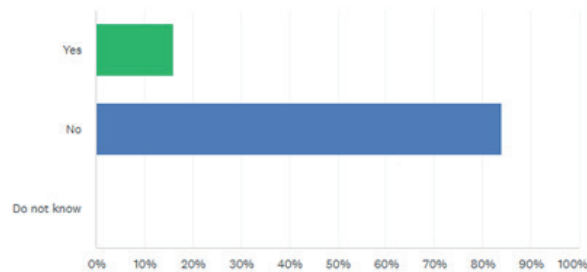
	YES	NO	DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
Dental care	52.00% 13	48.00% 12	0.00% 0	25	1.48
Mental health care	8.00% 2	92.00% 23	0.00% 0	25	1.92
Drug or alcohol treatment	4.35% 1	95.65% 22	0.00% 0	23	1.96
Tobacco/smoking cessation	8.33% 2	91.67% 22	0.00% 0	24	1.92
Getting prescription medications	96.00% 24	4.00% 1	0.00% 0	25	1.04
Getting immunizations, such as a flu shot or others	58.33% 14	41.67% 10	0.00% 0	24	1.42
Care related to birth control	8.00% 2	92.00% 23	0.00% 0	25	1.92
Prenatal or well-baby care	4.17% 1	95.83% 23	0.00% 0	24	1.96
Women, Infants & Children (WIC) supported services	8.33% 2	91.67% 22	0.00% 0	24	1.92
Food Stamps or SNAP	4.17% 1	95.83% 23	0.00% 0	24	1.96
Chronic disease care, such as for diabetes or heart disease	37.50% 9	62.50% 15	0.00% 0	24	1.63
Acute care, such as for an ear infection, cough, injury or fall	48.00% 12	52.00% 13	0.00% 0	25	1.52
Annual routine physical examination	72.00% 18	28.00% 7	0.00% 0	25	1.28

Q15

Customize Save as

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: 25 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	16.00% 4
No	84.00% 21
Do not know	0.00% 0
TOTAL	25

Q16

Customize Save as

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: 25 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	56.00% 14	24.00% 6	16.00% 4	4.00% 1	25	1.68
Availability of transportation	64.00% 16	32.00% 8	4.00% 1	0.00% 0	25	1.40
Access to parks, trails or outdoor activities	68.00% 17	20.00% 5	4.00% 1	8.00% 2	25	1.52
Access to community recreational centers	52.00% 13	28.00% 7	4.00% 1	16.00% 4	25	1.84
Access to public libraries	28.00% 7	72.00% 18	0.00% 0	0.00% 0	25	1.72
Access to churches or faith based organizations	52.00% 13	44.00% 11	4.00% 1	0.00% 0	25	1.52
Access to providers (doctors, clinics, etc.) in my community	80.00% 20	12.00% 3	4.00% 1	4.00% 1	25	1.32
Availability of fresh fruits and vegetables at stores near me, community gardens or markets	87.50% 21	8.33% 2	4.17% 1	0.00% 0	24	1.17
Access to workplace or employee wellness	58.33% 14	29.17% 7	0.00% 0	12.50% 3	24	1.67
Availability of family support services, such as those related to domestic or relationship violence or family social services	32.00% 8	56.00% 14	4.00% 1	8.00% 2	25	1.88

Q17

Customize Save as



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: 25 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.	40.00% 10	16.00% 4	20.00% 5	24.00% 6	0.00% 0	25
I tried to maintain/keep a healthy weight.	28.00% 7	16.00% 4	28.00% 7	28.00% 7	0.00% 0	25
I smoked or used tobacco products daily or on most days of the week.	8.00% 2	0.00% 0	0.00% 0	88.00% 22	4.00% 1	25
I smoked vapor/e-cigarettes daily or most days of the week.	8.00% 2	0.00% 0	0.00% 0	88.00% 22	4.00% 1	25
I was physically active daily or most days of the week.	52.00% 13	0.00% 0	12.00% 3	32.00% 8	4.00% 1	25
I got an average of 7 or more hours of sleep most days of the week.	40.00% 10	20.00% 5	20.00% 5	20.00% 5	0.00% 0	25
I ate home cooked meals daily or on most days of the week.	52.00% 13	20.00% 5	16.00% 4	12.00% 3	0.00% 0	25
I ate fruits and vegetables with most of my meals daily or on most days of the week.	56.00% 14	8.00% 2	8.00% 2	28.00% 7	0.00% 0	25
I consumed sugar sweetened drinks daily or on most days of the week. (ex. regular soda, Kool-Aid, etc.)	24.00% 6	8.00% 2	12.00% 3	52.00% 13	4.00% 1	25
I drank at least 2 or more alcoholic drinks daily or on most days of the week. (Includes beer, wine or any liquor).	20.00% 5	16.00% 4	8.00% 2	56.00% 14	0.00% 0	25

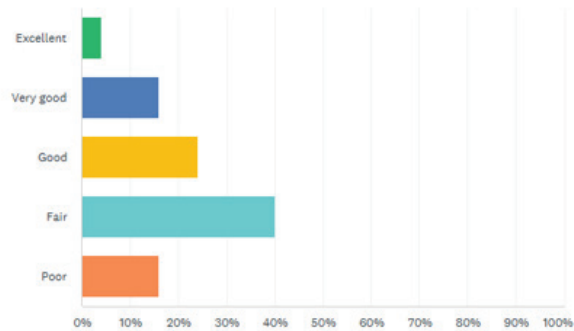
▼ I used medication at least once that was not my own.	12.00% 3	0.00% 0	0.00% 0	84.00% 21	4.00% 1	25
▼ I sought medical services in the emergency department.	24.00% 6	4.00% 1	4.00% 1	64.00% 16	4.00% 1	25
▼ I sought medical services in an urgent care clinic.	12.00% 3	20.00% 5	20.00% 5	44.00% 11	4.00% 1	25
▼ I participated in cancer screening. (Include any cancer screening: mammogram, occult blood, etc.)	8.00% 2	24.00% 6	20.00% 5	44.00% 11	4.00% 1	25
▼ I was injured from a fall.	12.00% 3	0.00% 0	0.00% 0	84.00% 21	4.00% 1	25
▼ I met with social groups or friends in my community.	36.00% 9	28.00% 7	20.00% 5	16.00% 4	0.00% 0	25
▼ I engaged in unprotected sex. (Do not include your mate.)	12.50% 3	4.17% 1	0.00% 0	79.17% 19	4.17% 1	24
▼ I shared needles with another person for medication or drugs.	4.17% 1	0.00% 0	0.00% 0	91.67% 22	4.17% 1	24
▼ I had sexual activity with another person (not my mate) while under the influence of alcohol.	8.33% 2	0.00% 0	0.00% 0	87.50% 21	4.17% 1	24
▼ I received the flu shot.	0.00% 0	40.00% 10	20.00% 5	40.00% 10	0.00% 0	25
▼ I received vaccines other than a flu shot.	4.00% 1	8.00% 2	20.00% 5	64.00% 16	4.00% 1	25

Q18

 Customize  Save as ▼

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

Answered: 25 Skipped: 0



ANSWER CHOICES	RESPONSES	
▼ Excellent	4.00%	1
▼ Very good	16.00%	4
▼ Good	24.00%	6
▼ Fair	40.00%	10
▼ Poor	16.00%	4
TOTAL		25

Q19

[Customize](#) [Save as](#)

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

Answered: 24 Skipped: 1

ANSWER CHOICES	RESPONSES
Basic needs: food, shelter, safety, transportation, access to medical care	70.83% 17
Injuries: gun related, car accidents, 4-wheeler accidents, falls	20.83% 5
Substance abuse: tobacco, alcohol, meth, heroin, prescription drugs	66.67% 16
Child abuse/Safety: child abuse or neglect	20.83% 5
Chronic diseases: diabetes, cancer, heart disease, stroke, high blood pressure, high cholesterol	75.00% 18
Infectious diseases: HIV, chlamydia or other STDs, Hepatitis, food poisoning	12.50% 3
Well-baby: prenatal care, after care for mother and newborns, teen pregnancy, unintended or unplanned pregnancy	4.17% 1
Obesity: eating unhealthy foods, lack of healthy foods	66.67% 16
Lack of exercise: physical inactivity, poor access to walking paths, sidewalks, parks, recreational activities	41.67% 10
Mental/behavioral health: depression, stress, anxiety	83.33% 20
Total Respondents: 24	

Q20

[Customize](#) [Save as](#)



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: 25 Skipped: 0

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT	TOTAL
Clean outdoor air	52.00% 13	36.00% 9	8.00% 2	4.00% 1	25
Clean indoor air	60.00% 15	28.00% 7	8.00% 2	4.00% 1	25
Clean recreational water	72.00% 18	16.00% 4	8.00% 2	4.00% 1	25
Recycling programs	48.00% 12	36.00% 9	8.00% 2	8.00% 2	25
Access to healthy or fresh foods	92.00% 23	4.00% 1	0.00% 0	4.00% 1	25
Available and accessible mental health services	80.00% 20	16.00% 4	0.00% 0	4.00% 1	25
Teen pregnancy interventions	68.00% 17	28.00% 7	0.00% 0	4.00% 1	25
Domestic violence prevention	64.00% 16	28.00% 7	4.00% 1	4.00% 1	25
Child abuse prevention	72.00% 18	20.00% 5	8.00% 2	0.00% 0	25
Youth violence prevention	68.00% 17	20.00% 5	12.00% 3	0.00% 0	25
Illegal prescription drug use prevention	76.00% 19	12.00% 3	4.00% 1	8.00% 2	25
Tobacco use prevention	48.00% 12	28.00% 7	12.00% 3	12.00% 3	25
Drug use or addiction services	76.00% 19	12.00% 3	4.00% 1	8.00% 2	25
Meth and heroin use prevention programs	79.17% 19	8.33% 2	4.17% 1	8.33% 2	24
Impaired driving prevention	68.00% 17	20.00% 5	4.00% 1	8.00% 2	25
Access to healthcare	80.00% 20	12.00% 3	0.00% 0	8.00% 2	25
Access to birth control	72.00% 18	20.00% 5	4.00% 1	4.00% 1	25
Access to safe recreational opportunities	56.00% 14	28.00% 7	8.00% 2	8.00% 2	25
Pest management	29.17% 7	54.17% 13	12.50% 3	4.17% 1	24

▼ Access to trails and walking paths	32.00% 8	48.00% 12	12.00% 3	8.00% 2	25
▼ Affordable housing	62.50% 15	25.00% 6	8.33% 2	4.17% 1	24
▼ Food availability	80.00% 20	12.00% 3	4.00% 1	4.00% 1	25
▼ Food safety	72.00% 18	16.00% 4	4.00% 1	8.00% 2	25
▼ Bike lanes or paths	28.00% 7	40.00% 10	24.00% 6	8.00% 2	25
▼ Services for aging	69.57% 16	17.39% 4	4.35% 1	8.70% 2	23
▼ Services for homeless	64.00% 16	28.00% 7	4.00% 1	4.00% 1	25
▼ Disaster/emergency preparedness or response	64.00% 16	24.00% 6	4.00% 1	8.00% 2	25
▼ Access to good internet services	60.00% 15	36.00% 9	0.00% 0	4.00% 1	25

Q21



 Customize  Save as ▼

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

Answered: 25 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.	88.00% 22	8.00% 2	0.00% 0	4.00% 1	25
▼ I have felt discriminated against by healthcare providers because of my race, ethnicity or culture.	4.00% 1	0.00% 0	4.00% 1	92.00% 23	25
▼ Healthcare providers have communicated with me in a clear and respectful manner.	84.00% 21	12.00% 3	0.00% 0	4.00% 1	25
▼ I have felt discriminated against by a healthcare worker because of my age.	4.00% 1	12.00% 3	0.00% 0	84.00% 21	25

Q22


 Customize  Save as ▼

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

Answered: 25 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	80.00% 20	4.00% 1	4.00% 1	12.00% 3	25	1.48
▼ Homeless shelter	96.00% 24	0.00% 0	4.00% 1	0.00% 0	25	1.08
▼ Free or emergency childcare help	95.83% 23	0.00% 0	4.17% 1	0.00% 0	24	1.08
▼ Domestic abuse services	95.83% 23	0.00% 0	4.17% 1	0.00% 0	24	1.08
▼ Employment services	92.00% 23	0.00% 0	8.00% 2	0.00% 0	25	1.16
▼ Prenatal programs or breast feeding support	96.00% 24	0.00% 0	0.00% 0	4.00% 1	25	1.12
▼ Mental/behavioral health programs	76.00% 19	12.00% 3	12.00% 3	0.00% 0	25	1.36
▼ Rural transit or city bus services	88.00% 22	0.00% 0	8.00% 2	4.00% 1	25	1.28
▼ Walk in clinic	48.00% 12	8.00% 2	12.00% 3	32.00% 8	25	2.28
▼ Financial help with bills (utility bills, etc.)	80.00% 20	8.00% 2	12.00% 3	0.00% 0	25	1.32
▼ Legal help	80.00% 20	12.00% 3	4.00% 1	4.00% 1	25	1.32
▼ STI/STD testing, treatment or prevention	92.00% 23	4.00% 1	0.00% 0	4.00% 1	25	1.16
▼ Help with my health insurance (regardless of how it is provided)	72.00% 18	20.00% 5	4.00% 1	4.00% 1	25	1.40
▼ Substance abuse services	96.00% 24	0.00% 0	0.00% 0	4.00% 1	25	1.12

Q23


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

Answered: 25 Skipped: 0

Under \$15,000	0.00%	0
Between \$15,000 and \$29,999	8.00%	2
Between \$30,000 and \$49,999	8.00%	2
Between \$50,000 and \$74,999	20.00%	5
Between \$75,000 and \$99,999	32.00%	8
Between \$100,000 and \$150,000	20.00%	5
Over \$150,000	12.00%	3
TOTAL		25

Q24


 Customize Save as ▼

Which of the following best describes your current employment status?

Answered: 25 Skipped: 0

ANSWER CHOICES	RESPONSES	
Employed for wages - full time	60.00%	15
Employed for wages - part time	12.00%	3
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	4.00%	1
Student	4.00%	1
Retired	24.00%	6
Unable to work	4.00%	1
Total Respondents: 25		

Q25


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Which best describes your highest level of education completed?

Answered: 25 Skipped: 0

ANSWER CHOICES	RESPONSES	
Some high school	8.00%	2
High school diploma or GED	4.00%	1
Some college	28.00%	7
Associate's degree	32.00%	8
Bachelor's degree	20.00%	5
Graduate or professional degree or beyond	8.00%	2
Trade school certification (mechanic, hairdresser, plumber, etc.)	0.00%	0
TOTAL		25

Q26

 Customize Save as ▼

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

Answered: 25 Skipped: 0

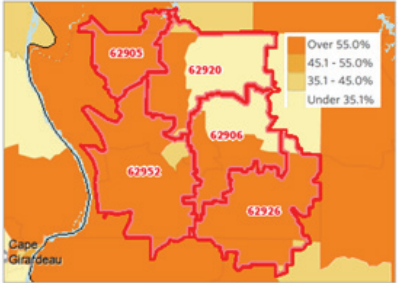
	OFTEN	SOMETIMES	SELDOM	NEVER	N/A - I DO NOT HAVE ACCESS TO WEBSITES VIA MY CELL PHONE OR ON A COMPUTER.	TOTAL	WEIGHTED AVERAGE
Google, Bing, Yahoo	56.00% 14	40.00% 10	0.00% 0	0.00% 0	4.00% 1	25	1.42
Facebook or other social media platforms	16.00% 4	20.00% 5	28.00% 7	32.00% 8	4.00% 1	25	2.79
Medical sites (WebMD, American Cancer Society, etc.)	41.67% 10	29.17% 7	20.83% 5	4.17% 1	4.17% 1	24	1.87
Local hospital website	12.00% 3	40.00% 10	20.00% 5	24.00% 6	4.00% 1	25	2.58

EDUCATION ACCESS & QUALITY

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

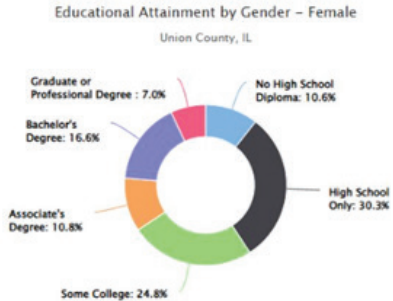
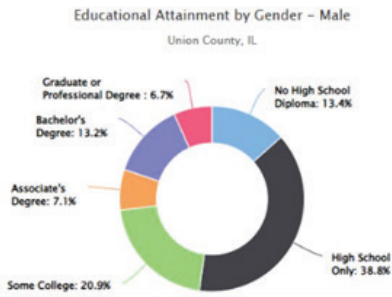
- People with higher levels of education are more likely to live long, healthy lives
- Children from low-income families, children with disabilities, and children who suffer social discrimination are more likely to struggle with math and reading
 - They are less likely to graduate from high school or 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
Union County	69.33%
Illinois	52.15%
United States	45.93%



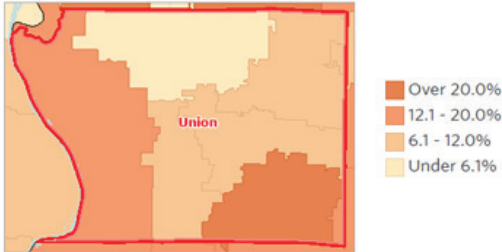
- EDUCATIONAL ATTAINMENT: This indicator shows the distribution of the highest level of education achieved in the report area

Report Area	No High School Diploma	High School Only	Some College	Associate's Degree	Bachelor's Degree	Graduate Degree
Union County	12.51%	34.06%	23.15%	9.00%	14.50%	6.79%
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%



- CHRONIC ABSENCE RATES: This indicator reports a chronic absenteeism rate, including students absent for 15 or more school days (in the most recent school year).

Report Area	Chronic Absence Rates
Union County	11.58%
Illinois	16.61%
United States	15.87%

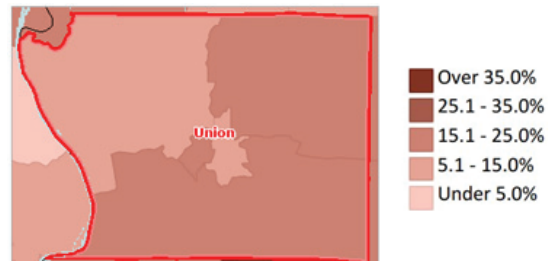


- PROFICIENCY: This indicator shows 4th-grade performance on standardized math and language arts testing.

Report Area	Students Scoring "Not Proficient" or Worse in Math	Students Scoring "Not Proficient" or Worse in Language Arts
Union County	88.5%	88.5%
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
Union County	18.14%
Illinois	7.35%
United States	6.95%



ECONOMIC STABILITY

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

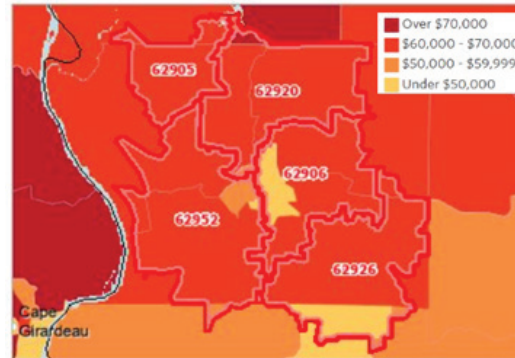
- In the US, 1 in 10 people live in poverty.
- People with steady employment are less likely to live in poverty.
- People with disabilities, injuries, or medical conditions may be more limited in the work they can do.
- Underemployed people may not be able to afford the things they need to stay healthy.
- UNEMPLOYMENT: Average monthly unemployment rate, April 2023 to April 2024

Report Area	Unemployment Rate
Union County	5.0%
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
Union County	\$69,910
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+
Union County	25.78%	23.48%	26.25%	20.15%	4.35%
Illinois	16.8%	18.4%	29.1%	25.6%	10.1%
United States	17.2%	19.6%	29.6%	24.1%	9.5%

- 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
Union County	20.88%
Illinois	11.76%
United States	12.53%

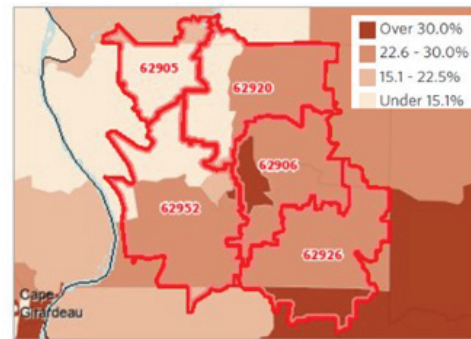


- POVERTY: PERCENT OF POPULATION IN POVERTY BY RACE/ETHNICITY

Report Area	Hispanic/Latino	Non-Hispanic White	Black or African American	Multiple Races
Union Co	37.83%	19.41%	79.07%	29.17%
Illinois	13.89%	8.70%	24.80%	12.77%
United States	17.24%	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
Union County	28.43%
Illinois	15.64%
United States	16.66%

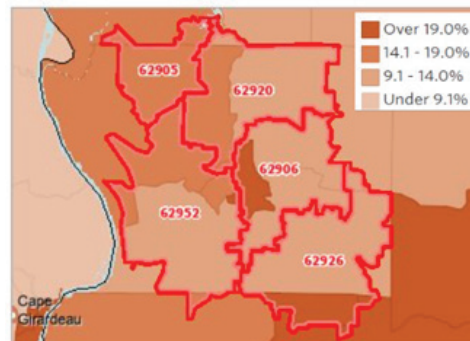


- CHILDREN IN POVERTY BY RACE/ETHNICITY

Report Area	Hispanic/Latino	Non-Hispanic White	Black or African American	Multiple Races
Union County	59.16%	24.40%	76.47%	47.96%
Illinois	18.84%	8.67%	35.63%	16.06%
United States	22.95%	10.21%	30.62%	17.68%

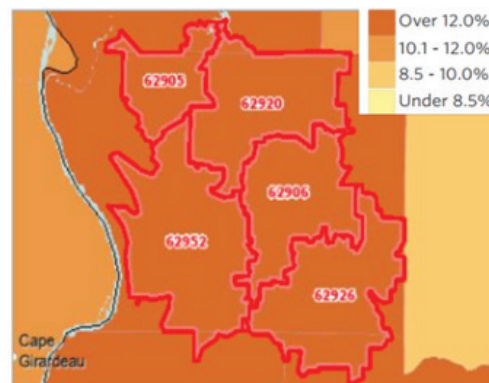
- SNAP BENEFITS: Households receiving Supplemental Nutritional Assistance Program benefits.

Report Area	% of Households Receiving SNAP
Union County	15.81%
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
Union County	13.01%
Illinois	8.62%
United States	10.28%

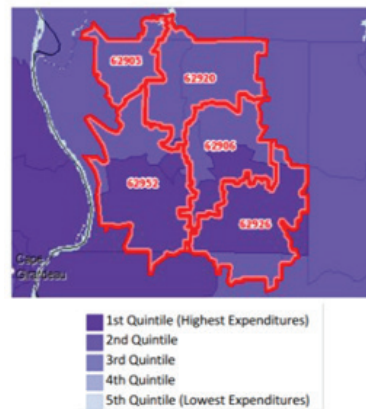


- FOOD INSECURE CHILDREN

Report Area	% of Food Insecure Children
Union County	24.7%
Illinois	10.76%
United States	13.30%

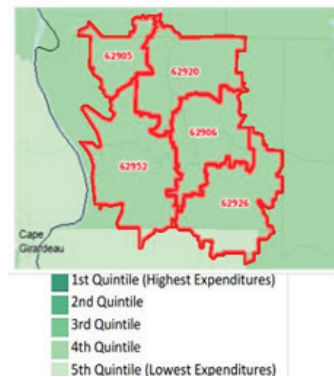
- SODA EXPENDITURES: estimated expenditures for carbonated beverages as a percentage of total at-home food expenditures.

Report Area	Soda as a % of Food-at-Home
Union County	4.52%
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
Union County	11.95%
Illinois	12.52%
United States	12.68%

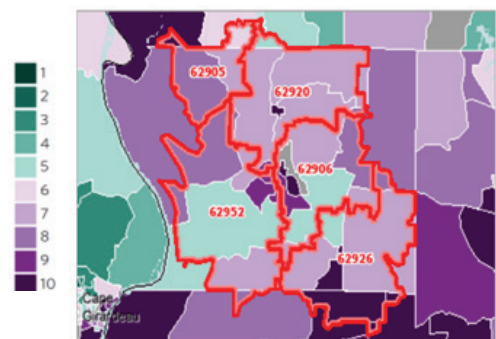


COMMUNITY & SOCIAL CONTEXT

GOAL: Increase social and community support

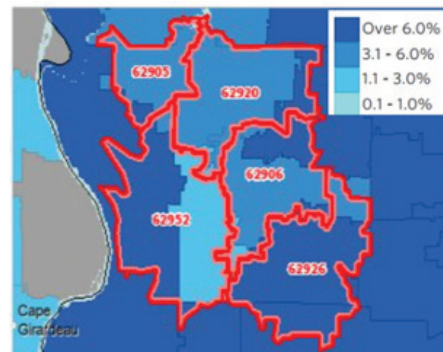
- People’s relationships and interactions with family, friends, and community members can majorly impact their health and well-being
- Many people face challenges and dangers they cannot control
 - Unsafe neighborhoods
 - Discrimination
 - Poverty
 - A spouse or parent who is incarcerated
- AREA DEPRIVATION 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
Union County	81	78
Illinois		50
United States		46



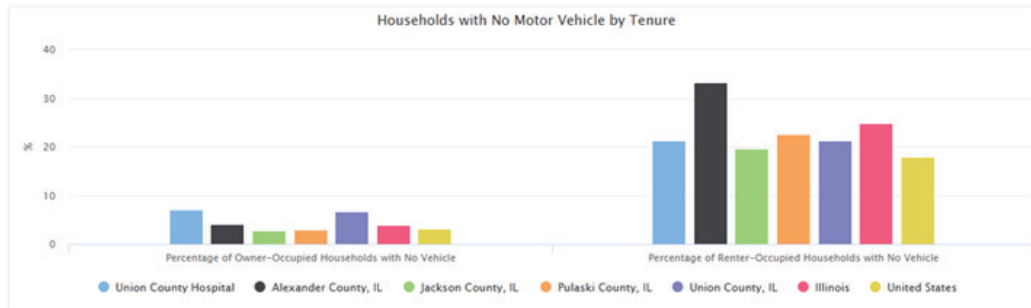
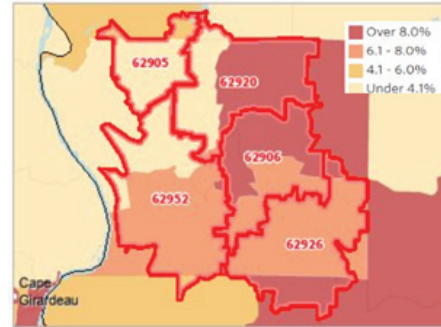
- *HOMELESS CHILDREN AND YOUTH: indicates the number of homeless youths attending public school in the 2019-2020 school year. Homelessness may be defined as sharing the household with others, living in motels/campgrounds, shelters, or maybe unsheltered.*

Report Area	Homeless Students
Union County	6.30%
Illinois	2.16%
United States	2.77%



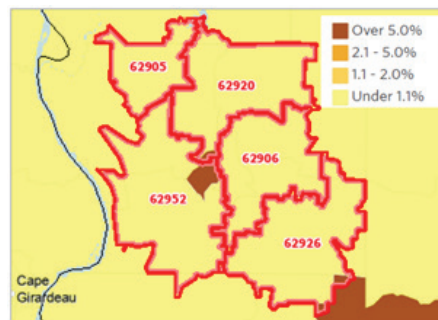
• HOUSEHOLDS WITH NO MOTOR VEHICLE

Report Area	Households with no Motor Vehicle	Homeowners with No Vehicle	Renters with No Vehicle
Union Co.	10.28%	7.10%	21.24%
Illinois	10.67%	3.84%	24.78%
United States	8.35%	3.14%	17.89%



• 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
Union County	24.54
Illinois	7.12
United States	9.63



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

Report Area	Chlamydia	Gonorrhea	HIV
Union County	281.14	43.69	45.38
Illinois	566.91	240.3	333.3
United States	495.5	214.0	382.2

• JUVENILE ARREST RATES: rate of delinquency cases per 1000 juveniles.

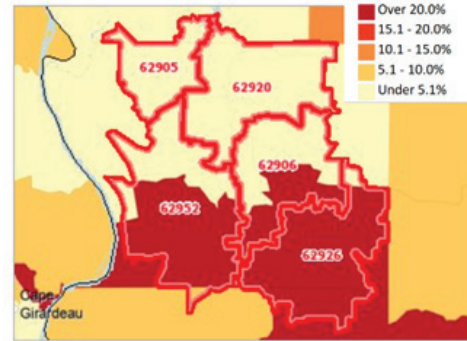
Report Area	Juvenile Arrests/ 1000 Juveniles
Union County	19.13
Illinois	5.00
United States	13.88

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

Report Area	Violent Crime Total	Property Crimes	Assault	Rape	Robbery
Union County	238.80	1486.7	167.20	56.10	9.80
Illinois	420.90	2022.6	242.50	40.20	130.0
United States	416.0	2466.1	261.20	38.60	110.9

- *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
Union County	8.30%
Illinois	6.32%
United States	6.85%

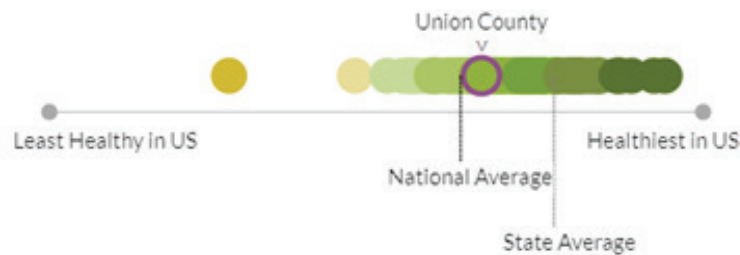


HEALTHCARE ACCESS & QUALITY

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 while they are alive. Union County's health outcomes are worse than the average county in Illinois but 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
Union County	61.41%	54.50%
Illinois	75.61%	36.21%
United States	74.32%	38.83%

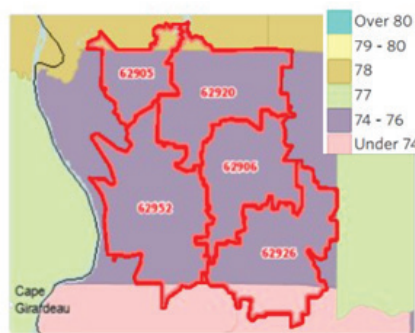
- *UNINSURED POPULATION: the lack of health insurance is a key driver of health status.*

Report Area	Uninsured Total Pop.	Under Age 18	Age 18-64	Age 65+
Union County	6.65%	4.09%	9.39%	1.44%
Illinois	7.00%	3.26%	10.06%	0.91%
United States	8.77%	5.30%	12.29%	0.80%

- *UNINSURED POPULATION BY RACE/ETHNICITY*

Report Area	Hispanic or Latino	White Non-Hispanic	Black or African American	Multiple Races
Union County	17.59%	5.67%	28.84%	13.75%
Illinois	15.51%	4.37%	8.14%	10.47%
United States	17.65%	5.97%	9.95%	11.99%

- *MORTALITY - LIFE EXPECTANCY: reports the average life expectancy at birth. Life expectancy in the service area is 75.2 years; in Illinois and the United States, it is 78.6 years.*



- *MORTALITY - BY CONDITION: this reports the crude rate of persons killed per 100,000 population. Deaths of despair are defined as deaths due to intentional harm by alcohol-related disease and drug overdose.*

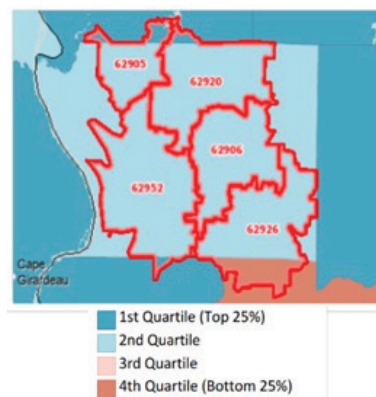
Report Area	MVA Deaths/Alcohol Involved	MVA Deaths	Suicide	Deaths of Despair	Drug Overdose
Union County	9.3	19.1	21.4	55.0	22.4
Illinois	2.1	8.9	10.9	42.3	22.3
United States	2.6	11.5	13.8	47.0	22.4

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

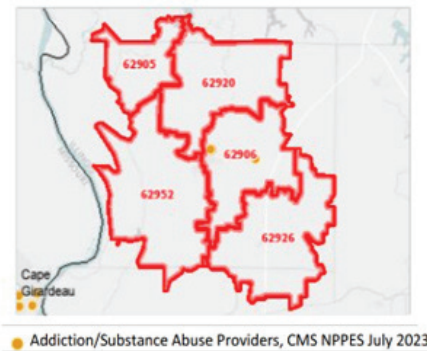
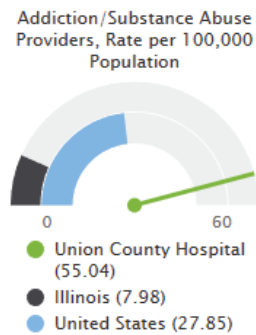
Report Area	Access to Primary Care Physicians	Access to Primary Care Advanced Practice	Access to Primary Care FQHCs
Union County	72.25	55.04	38.17
Illinois	81.15	56.80	3.14
United States	76.38	70.90	3.10

- *ACCESS TO MENTAL HEALTH: This metric is crucial as it reports the number of mental health providers per 100,000 population, providing a clear picture of the accessibility of mental health services.*

Report Area	Access to Mental Health Providers
Union County	212.1
Illinois	290
United States	295.7

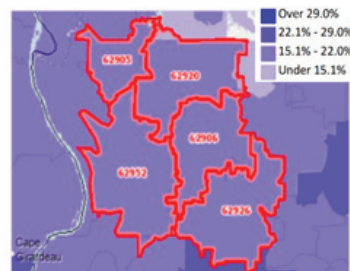


- *The VITAL ROLE OF ADDICTION AND SUBSTANCE ABUSE PROVIDERS: This indicator measures the number of providers who specialize in addiction or substance abuse treatments, rehabilitation, addiction medicine, or providing methadone, highlighting the importance of their services in our healthcare system.*



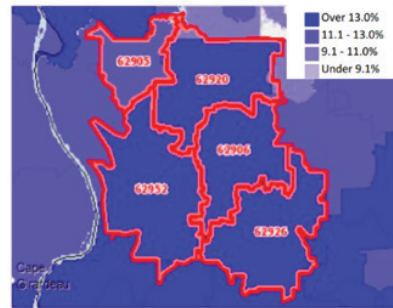
- *POOR OR FAIR HEALTH: This metric gauges the percentage of adults over 18 who self-report their general health status as "fair" or "poor," providing a direct insight into the overall health status of the population.*

Report Area	Poor or Fair General Health
Union County	18.70%
Illinois	15.43%
United States	16.10%



- **POOR OR FAIR HEALTH:** This metric gauges the percentage of adults over 18 who self-report their general health status as “fair” or “poor,” providing a direct insight into the overall health status of the population.

Report Area	% Reporting >14/30 Days Health Was Not Good
Union County	13.6%
Illinois	10.8%
United States	10.9%

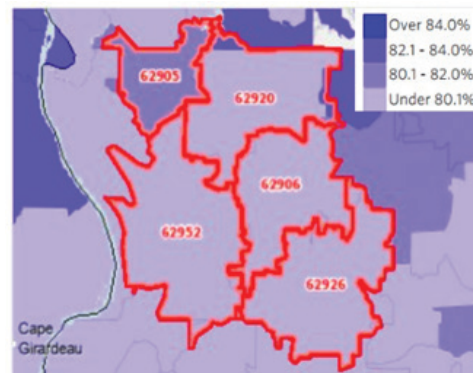


- **CLINICAL CARE AND PREVENTION: CANCER SCREENING, MAMMOGRAM**

Report Area	% Medicare Beneficiaries with Recent Mammogram	% Females Aged 50-74 with Recent Mammogram
Union County	37%	75.3%
Illinois	35%	75.1%
United States	33%	78.2%

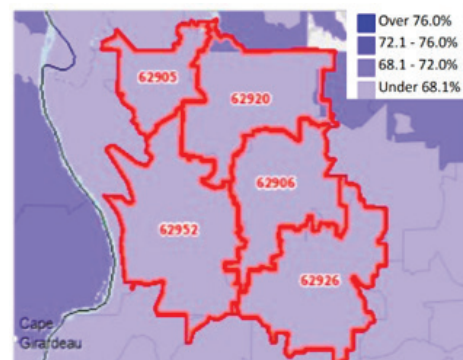
- **CLINICAL CARE AND PREVENTION: CERVICAL CANCER SCREENING:** The percentage of females aged 21-65 who reported having had cervical cancer screening recommended in the past three years.

Report Area	Females 21-65 Cervical Cancer Screening
Union County	79.10%
Illinois	81%
United States	83.7%



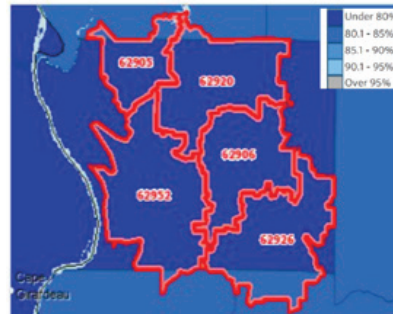
- **CLINICAL CARE AND PREVENTION: CANCER SCREENING - SIGMOIDOSCOPY OR COLONOSCOPY:** the percentage of population aged 50-75 who reported having had 1) fecal occult blood tests (FOBT) within the past two years, 2) sigmoidoscopy within the past five years and FOBT within the past three years, or 3) colonoscopy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

Report Area	Cancer Screening - GI
Union County	66.4%
Illinois	69.1%
United States	72.4%

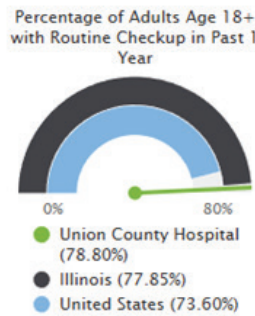


- *CLINICAL CARE AND PREVENTION: DIABETES MANAGEMENT - HEMOGLOBIN A1C (hA1c) TEST: the percentage of diabetic Medicare beneficiaries who have had a hA1c test administered by a healthcare provider within the past year.*

Report Area	Annual hA1C Completed
Union County	90.39%
Illinois	88.48%
United States	87.53%



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

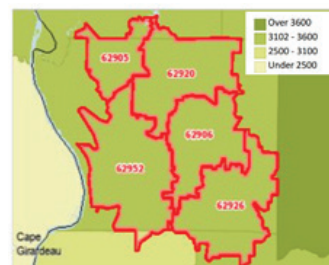


- *PREVENTION: CORE PREVENTATIVE SERVICES: the percentage of patients aged 65 and older who report they are up to date on preventative services, including influenza vaccine within the past year, a pneumococcal vaccine ever, and either a fecal occult blood tests within the past year, a sigmoidoscopy within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

Report Area	Males Core Preventative Complete	Female Core Preventative Complete
Union County	41.30%	36.10%
Illinois	42.15%	38.18%
United States	43.70%	37.90%

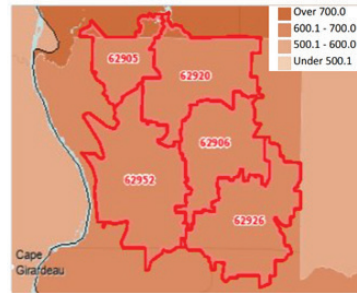
- *HOSPITALIZATION: PREVENTABLE CONDITIONS: This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. This includes admissions for diabetes with short-term complications, diabetes with long-term complications, chronic obstructive pulmonary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

Report Area	Preventable Hospitalizations
Union County	3207
Illinois	3283
United States	2752



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

Report Area	ER Visits
Union County	691.7
Illinois	553.0
United States	535.0



- *HOSPITALIZATIONS—INPATIENT STAYS: This report includes Medicare beneficiaries aged 65 or older who had an inpatient stay. The rate is calculated per 1000 beneficiaries.*

Report Area	% of Beneficiaries with IP Stay	IP Stays/100,000 Beneficiaries
Union County	10.8%	233.6
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)*

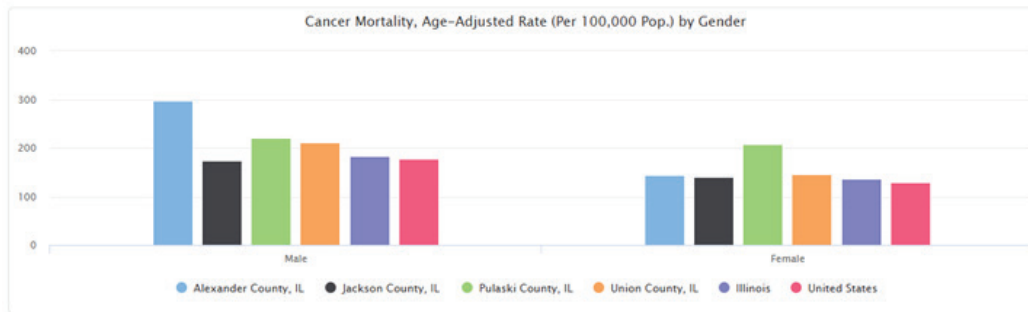
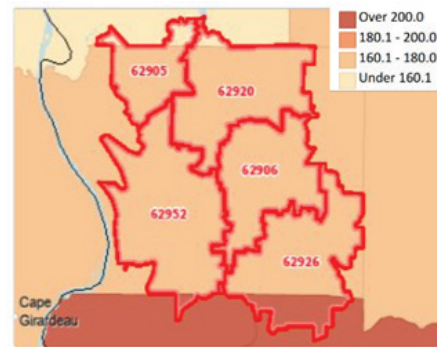
Location	IP Stays	Heart Disease	Stroke
Union County	233.6	10.36	8.68
Illinois	248.0	11.6	8.8
United States	223.0	10.4	8.0

- *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
Union County	651.0	180.7	49.6	105.4	132.0
Illinois	459.7	132.6	39.8	59.3	115.1
United States	442.3	127.0	36.5	54.0	110.5

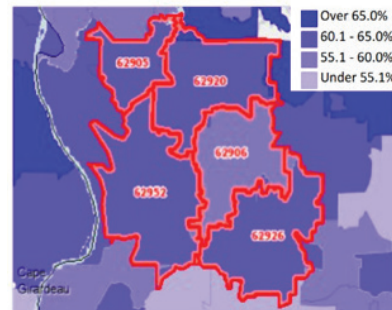
- **MORTALITY - CANCER:** this calculates the five-year (2016-2020) average of death due to malignant neoplasm/100,000 population.

Report Area	Death Due to Cancer/100,000 Pop.
Union County	165.1
Illinois	155.4
United States	149.4



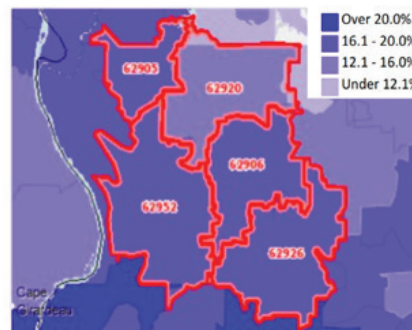
- **CLINICAL CARE AND PREVENTION: DENTAL CARE UTILIZATION:** the percentage of adults age >18 who report having been to the dentist or dental clinic the previous year.

Report Area	Dental Care
Union County	60.70%
Illinois	64.8%
United States	64.8%



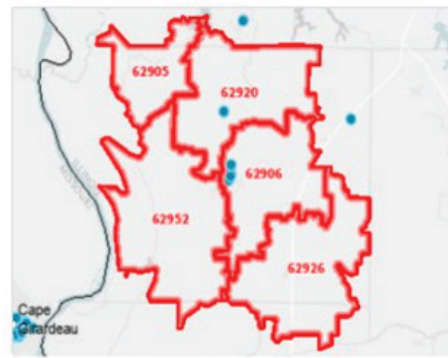
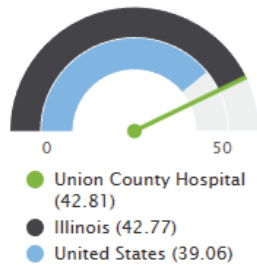
- **POOR DENTAL HEALTH - TOOTH LOSS:** the percentage of adults > age 18 who have lost all their natural teeth due to tooth decay or gum disease.

Report Area	Tooth Loss Due to Disease
Union County	17.30%
Illinois	10.1%
United States	13.4%



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

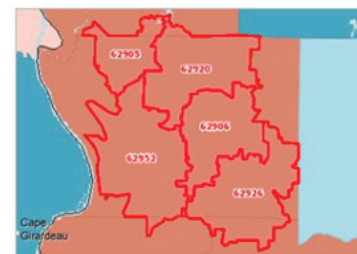
Dental Health Care Providers, Rate per 100,000 Population



Dental Health Care Providers, CMS NPPES July 2023

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

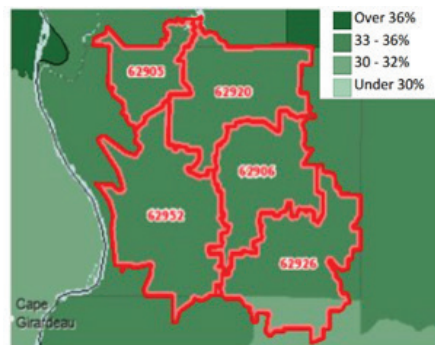
Report Area	Poor Mental Health Days/Month
Union County	4.0
Illinois	3.2
United States	4.4



4th Quartile (Bottom 25%)

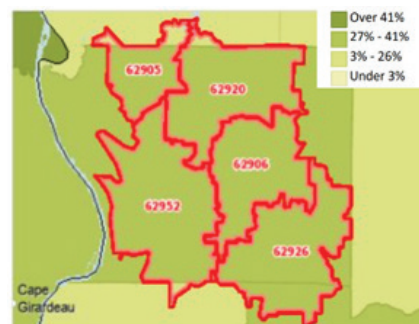
- *MENTAL HEALTH AND SUBSTANCE USE CONDITIONS: reports the rate of diagnoses for mental health and substance abuse conditions among Medicare beneficiaries.*

Report Area	Beneficiaries with Mental Health and Substance Use Conditions
Union County	36%
Illinois	33%
United States	32%



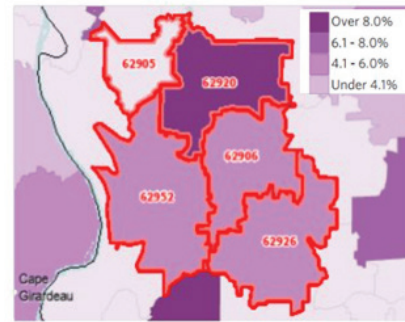
- *OPIOID USE DISORDERS: the rate of emergency department utilization for opioid use and opioid use disorders among the Medicare population/100,000 beneficiaries.*

Report Area	Opioid Use Disorder ER Utilization Rate
Union County	32
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
Union County	4.8%
Illinois	3.7%
United States	4.1%



- *CHRONIC CONDITIONS: DEPRESSION (MEDICARE POPULATION)*

Report Area	Depression %
Union County	20.7%
Illinois	16.7%
United States	18.4%

- *HEALTHY BEHAVIORS: HEAVY ALCOHOL CONSUMPTION/BINGE DRINKING: The percentage of adults who self-report having five or more drinks for men and four or more for women on at least one occasion in the past 30 days or adults who consume two or more drinks per day.*

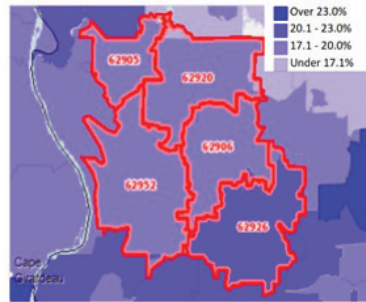
Report Area	Binge Drinking	Heavy Alcohol Consumption
Union County	15.30%	15.08%
Illinois	16.10%	15.3%
United States	15.50%	19.0%

- *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
Union County	15.3%
Illinois	20.8%
United States	22.0%

- **HEALTHY BEHAVIORS: TOBACCO USAGE, CURRENT SMOKERS:** the percentage of adults aged 18 or older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Report Area	Current Smokers
Union County	19.40%
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
Union County	52%	24%	28%
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
Union County	0.30
Illinois	0.31
United States	0.32

- **AIR TOXINS CANCER RISK:** This indicator reports the estimated lifetime inhalation cancer risk from the analyzed carcinogens in ambient outdoor air. The value of the indicator is persons per million lifetimes. Areas with higher air toxins cancer risk levels (i.e., more harmful to human health) are placed higher in the percentile (national ranking).

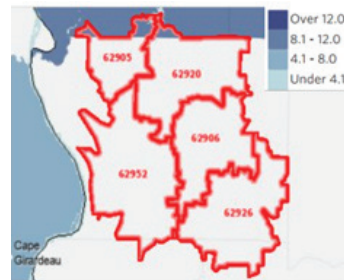
Report Area	Air Toxins Cancer Risk
Union County	30.0
Illinois	28.5
United States	28.8

- **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
Union County	75.68%	31.07%	17.80%
Illinois	95.51%	13.08%	4.32%
United States	93.82%	13.00%	4.31%

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

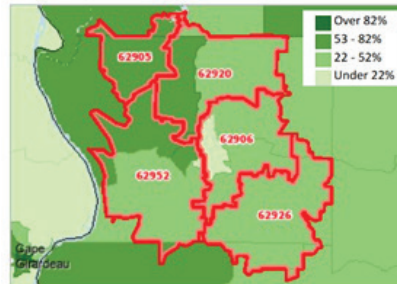
Report Area	Fitness Facilities/100,000 pop.
Union County	2.14
Illinois	12.08
United States	11.94



Indicates less than three centers

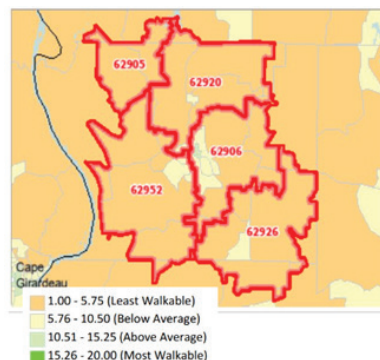
- **PARK ACCESS:** the percentage of the population living within ½ mile of a park.

Report Area	% Within Half Mile of a Park
Union County	37%
Illinois	59%
United States	46%



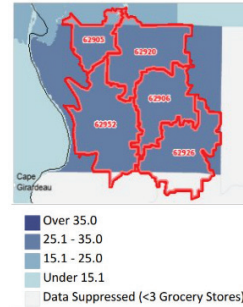
- **WALKABILITY ACCESS:** a nationwide index score developed by EPS that ranks the relative walkability using selected variables on density and diversity of land uses. The Walkability Index ranges from 1-20, where a higher score indicates a more walkable community.

Report Area	Walkability Index
Union County	5
Illinois	11
United States	10



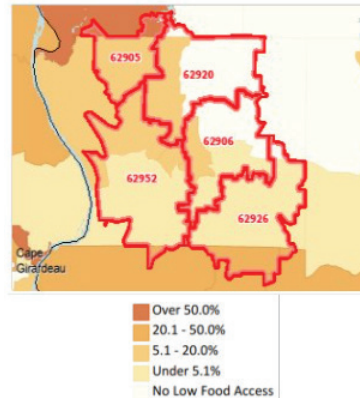
- **FOOD ENVIRONMENT – GROCERY STORES:** Healthy dietary habits are supported by access to healthy foods. Grocery stores – defined as supermarkets or smaller stores primarily retailing a general line of foods such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats,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

Report Area	Establishments Rate/100,000 Pop.
Union County	26.7
Illinois	19.53
United States	18.79

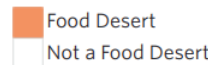
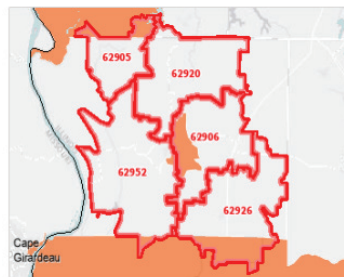


- **FOOD ENVIRONMENT—LOW FOOD ACCESS:** This indicator reports the percentage of the population with low food access, defined as living more than one mile (urban) or ten miles (rural) from the nearest supermarket or grocery store.

Report Area	Low Food Access	Low Income, Low Food Access
Union County	8.77%	8.68%
Illinois	20.19%	16.57%
United States	22.22%	19.41%

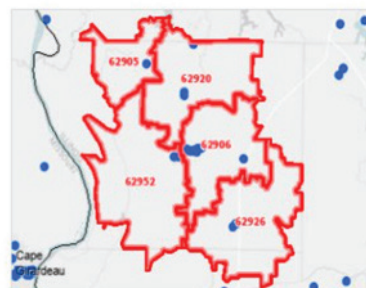


- **FOOD ENVIRONMENT: FOOD DESERT:** The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food resources due to income levels, distance to supermarkets, or vehicle access.



- **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.
Union County	11.44
Illinois	7.38
United States	7.47



● SNAP-Authorized Retailers, USDA March 2023

