



Deaconess
Illinois
CROSSROADS

COMMUNITY HEALTH NEEDS ASSESSMENT
June 24, 2024

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INTRODUCTION

Deaconess Illinois Deaconess Illinois Crossroads is a 47-bed acute care hospital in Mt. Vernon, in the heart of Southern Illinois. Employing 300+ employees and 263 Medical staff members, it represents 23 fields of medicine, including family medicine, inpatient and outpatient surgeries, inpatient and outpatient care, diagnostic imaging, emergency services, and robust specialist provision. Deaconess Illinois Crossroads is accredited by the Joint Commission.

In 2020, Deaconess Illinois Crossroads became a part of the esteemed 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 our hospital. The system comprises twelve hospitals, a fully integrated primary care and specialty physicians, a freestanding cancer center, urgent care facilities, a network of preferred hospitals and doctors at more than 70 care sites, and multiple partnerships with other regional health care providers. This affiliation ensures that our community receives the best possible healthcare, right here in Mt. Vernon.

In 2022, Deaconess Illinois Crossroads was recognized as the Best Hospital Women's Choice Award for Emergency Care and The Best Hospital Women's Choice Award for Orthopedics. These awards indicate care within the top 10% of 4700+ hospitals reviewed. CMS (Centers for Medicare and Medicaid Services) recognized Deaconess Illinois Crossroads as a Five-Star Hospital.

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). CHNA is a systematic process involving the community in identifying and analyzing community health needs, assets, and resources to plan and act on priority community health needs.

This assessment process results in a CHNA report, which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN). ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 to share resources and education, promote operational efficiencies, and improve healthcare services for member critical access and rural hospitals and their communities.

With 60 member hospitals, ICAHN 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 Mt. Vernon and the surrounding area. The CHNA process was coordinated by the Chief Executive Officer of Deaconess Illinois and the Director of Marketing and Communications.

Deaconess Illinois Crossroads elected to conduct a community survey to collect input and identify health concerns and needs in delivering healthcare and health services to improve wellness and reduce chronic illness for all residents. The survey was sent to targeted community members and posted for the community at large via their social media channels. The study and the full results are available in the Deaconess Illinois Crossroads Data Document.

Two community group sessions were held at Deaconess Illinois Crossroads in April 2024. In these sessions, the attendees were asked to identify the strengths, opportunities, and aspirations for the Deaconess Illinois Crossroads facility and community. Thirty-three community members, not including the Deaconess Illinois Crossroads staff members, attended these sessions. The Deaconess Illinois Crossroads Data Document includes a full list of attendees and complete session data. In June, the survey findings and secondary data analyzed by the consultant were presented to a focused group to identify and prioritize 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

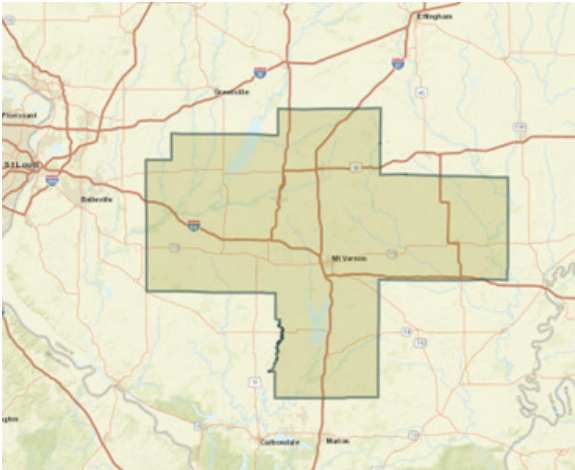
The group addressed the needs with the following strategies:

- 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 Crossroads service offerings to the community through educational sessions, screenings, podcasts, etc.

BACKGROUND

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

AREA SERVED BY DEACONESS ILLINOIS CROSSROADS



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

A total of 95,232 people live in the 1354.67 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2018 22 5 year estimates. The population density for this area, estimated at 71 persons per square mile, is less than the national average population density of 94 persons per square mile.

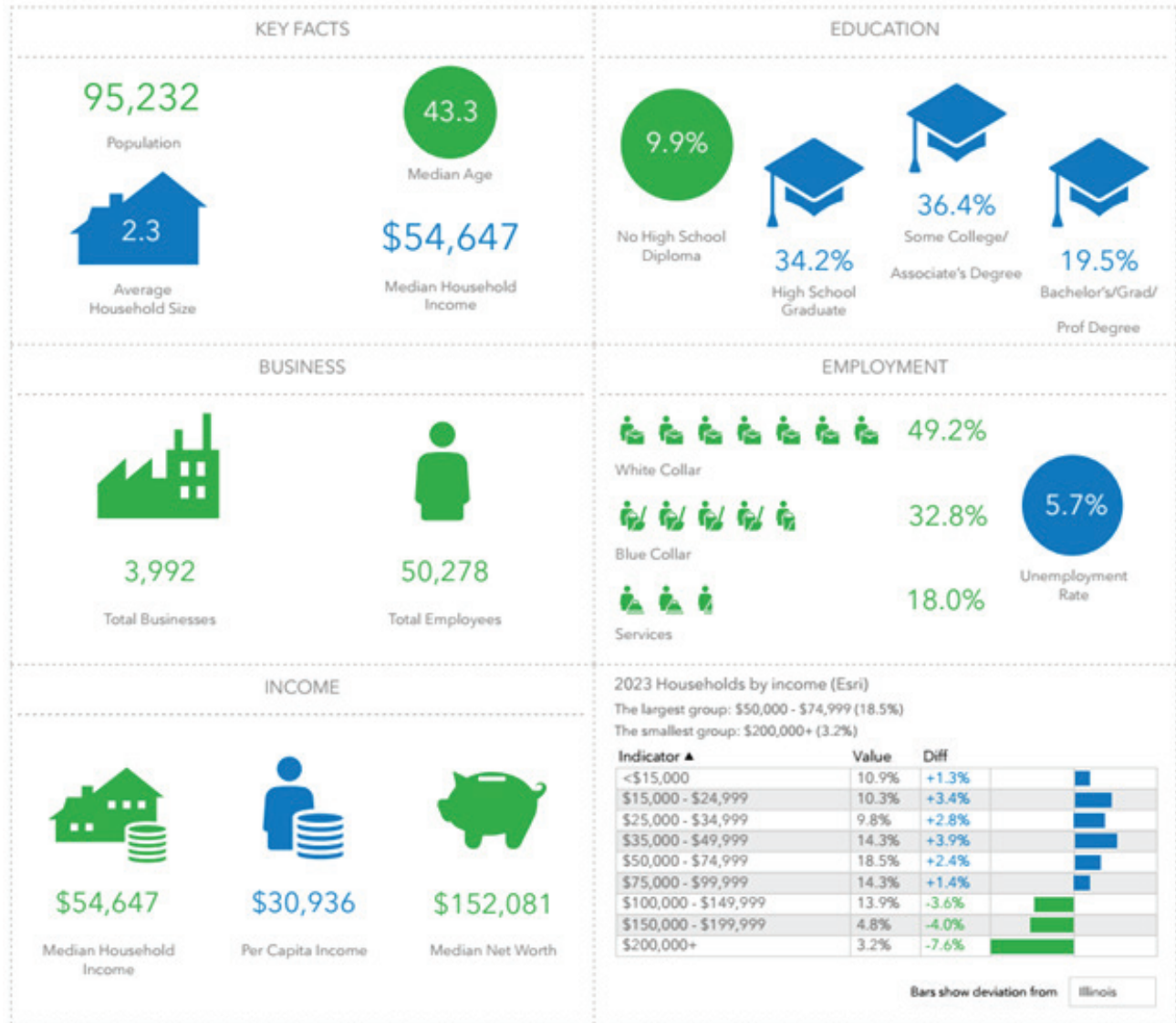
The service area, defined by zip code data, includes the following rural communities:

Mt. Vernon	Waltonville	Bluford	Woodlawn	Bell Rive	Ina
Dix	Bonnie	Texico	Carlyle	Centralia	Nashville
Ashley	Fairfield	Wayne City	Keenes	Benton	Buckner
Royalton	Opdyke	Thompsonville			

The average household size of the area, at 2.3, is lower than both Illinois and the U.S. The median age is 43.3 years, higher than in Illinois and the U.S. The largest education segment is high school graduates, followed by those with some college. 9.9% of the population has no high school diploma or GED, and 34.2% of the community's population has only a high school degree. Unemployment at the time of writing was 4.1% (April 2024 data), which is lower than the Illinois average (4.4%) but higher than the United States unemployment rate average (3.5%).

As in much of rural Illinois, the average household income in the service area, \$74,161, is lower than the statewide or national average.

KEY FACTS

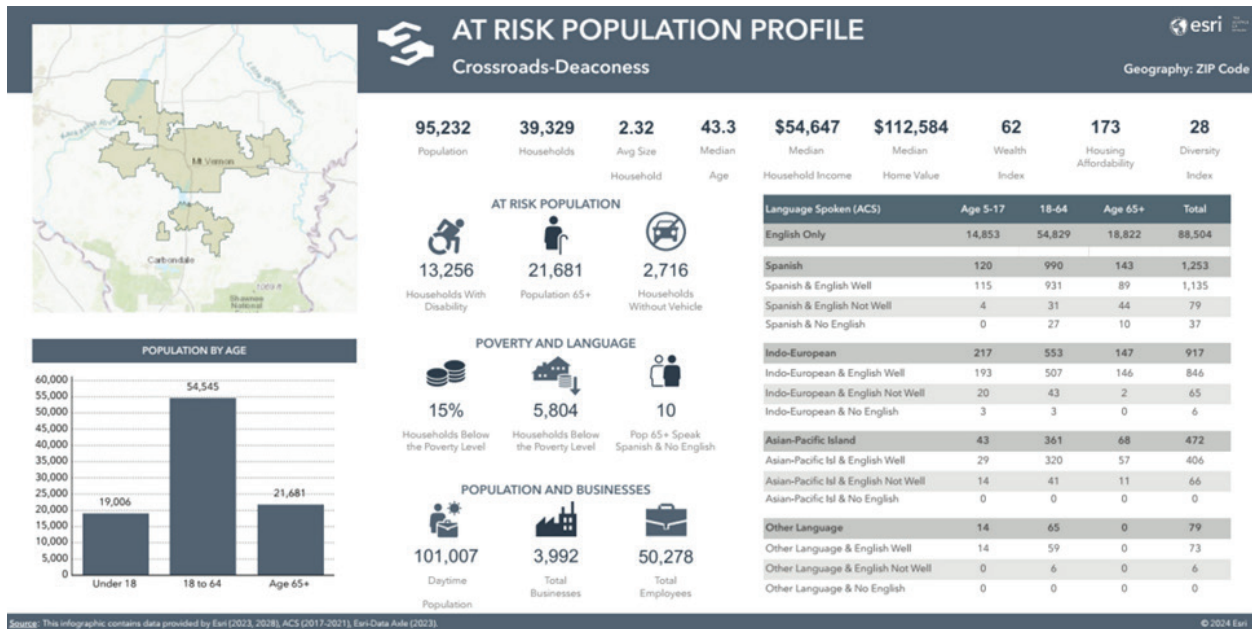


Source: This infographic contains data provided by Esri (2023, 2028), Esri-Data Axle (2023). © 2024 Esri

SOCIAL DETERMINANTS OF HEALTH (SDoH)

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

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 Deaconess Illinois Crossroads 2024 Secondary Data document.

Primary Data

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

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

PROCESS

ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Data Collection

STRENGTHS: (Top 4)

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

OPPORTUNITIES (Top 4)

- 1. Entity improvement/additional services - **Additional services desired** (Endocrinology, Neurology, Rheumatology, OB, Oncology, Pediatrics; Dental, especially for Medicaid children; Social work in the hospital/clinics) and **Process improvements** (Consistent patient experience, Less paper, Improve timeliness of being seen, Fewer transfers, Insurance acceptance concerns, Home Health payer concerns)
- 2. Mental Health Services - Services for adults and children, including medication management, counseling, psychologist evaluations, and specialized services (ex., Trauma, sexual trauma, victim, etc.)
- 3. Wellness and health education - Overall wellness and prevention focus, Parenting, including healthy foods/food preparation, Financial Health, Available resources in the community and Uses of technology
- 4. Community resource coordination - Senior Assistance, Community case management, Concerns with childcare availability & affordability and Systems coordination

ASPIRATIONS (Top 4)

- 1. Facility/health care improvements, including mental and physical health.
- 2. Basic needs are met for all citizens, including social needs.
- 3. There is a focus on education for all citizens, including the underprivileged and seniors, on primary health care and prevention, the needs of the aging population, and fundamental topics like parenting, budgeting, and healthy food preparation.

COMMUNITY SURVEY RESULTS

Fifty-six (56) community members completed the CHNA survey for Deaconess Illinois Crossroads. This was presented on the Deaconess Illinois Crossroads social media platforms and was open for approximately sixty days beginning in late March 2024. The participants were from four counties in the Deaconess Illinois Crossroads service market area: Jefferson, Franklin, Marion, and Wayne. 80% 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. 42.86% of the respondents say their general health is good overall but rate the community's overall health as fair (46.43%). 91% say they have seen a healthcare provider in six months. 100% of the respondents state they have a provider they consider their personal doctor/healthcare provider. 16% state there have been times in the past 12 months that they needed prescription medications but did not get them because they could not afford them.

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

Substance abuse: tobacco, alcohol, meth, prescription drugs	80.36%
Mental/behavioral health: depression, stress, anxiety	78.57%
Basic needs: food, shelter, safety, transportation, access to care	73.21%
Chronic diseases: diabetes, cancer, heart disease, etc.	69.64%
Obesity: eating unhealthy foods, lack of healthy foods	69.64%

The full results of the Deaconess Illinois Crossroads 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 Crossroads 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, deaconessillinoiscrossroads.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 Crossroads'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 Crossroads in May/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 internal and external resources available to address the 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, their anticipated impact, the resources the hospital wants to commit to, and the external collaborators the hospital plans to cooperate with to address the need were identified.

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 primary care, 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 Crossroads and the community.
- Evaluate internal processes within Deaconess Illinois Crossroads to ensure the best customer experience.

Indicators that support this priority

- Access to specialty care services was among the top five identified problems in the community related to health or a healthy lifestyle. Additional services desired included Endocrinology, Neurology, Rheumatology, OB, Oncology, Pediatrics, and social work in the hospital/clinics.
- Chronic diseases such as diabetes, cancer, and heart disease were identified by the community survey participants (69.64%) as one of the top five community needs.
- 20% of the overall population is aged 65+, indicating a potentially increased need for additional healthcare specialties. Over 55% of households have someone aged 65+ living in them.
- 18.4% of the overall population is considered disabled, and approximately 34% of households have someone with a disability. This is a strong indicator for additional specialties.
- A slightly higher percentage of the population (7.86%) are veterans. This indicates the potential for additional specialty services needed in the area.

PLANNING PROCESS & IMPLEMENTATION STRATEGY

Anticipated impacts of these actions

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

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

- Chief Executive Officer
- Specialty Clinic Practice Manager
- Primary care medical staff
- Marketing resources, including advertising and social media platforms

Planned collaboration between the hospital and other facilities or organizations:

- Deaconess Health
- Independent Health Care Providers

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

Actions the hospital intends to take to address the health need

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

Indicators that support this priority

- The onsite community group listed Resource/Community Coordination as one of the top five opportunities.
- There are fewer than the state or national rate of grocery stores supplying healthy foods for the service market area.
- Low-income areas have lower access to food. 22.63% of low-income patients in the service area also have low food access, compared to 16.57% in Illinois and 19.41% in the U.S.
- 47% of the population lives in a USDA-recognized food desert (13 census tracts).
- Almost 15 community survey participants had needed or used a food pantry in the past 12 months.
- 16% of the community survey respondents stated they had not gotten needed prescription drugs due to a cost they could not afford.
- 12% of the community survey respondents stated they had received or needed financial help in the previous 12 months.
- 24% of the community survey respondents stated they needed help with their health insurance in the previous 12 months. 15% of those could not find or did not know where to look for this assistance.

PLANNING PROCESS & IMPLEMENTATION STRATEGY

Anticipated impacts of these actions

- Community members will be able to find the resources they need to live a better life.
- Community groups can share resources, function at their highest levels, and maximize their dollars and people.

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

- Chief Executive Officer
- Marketing Resources

Planned collaboration between the hospital and other facilities or organizations:

- Community healthcare and social service partners
- Civic Organizations
- Food pantries
- Local churches

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 Crossroads.
- 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.
- Focus on men's and women's health prevention core in primary care offices.
- Smoking cessation
- Stroke awareness

PLANNING PROCESS & IMPLEMENTATION STRATEGY

Indicators that support this priority

- The onsite group listed Wellness and Health Education as one of the top opportunities.
- Almost half of the community survey participants had not participated in cancer screenings in the past year.
- Chronic disease/disease management was listed as one of the community survey's top five most important health issues.
- 33.5% of this community has only a high school diploma. Additionally, there are pockets of increased high school dropout rates in the service market area – as high as 12.0% in Wayne County and 8.0% in the overall area. The state average is 5.1%. These two indicators may indicate a greater need for intentional education to improve understanding of health.
- There is a higher-than-average number of preventable condition hospitalizations: 3447 per 100,000 Medicare beneficiaries compared to 3283 in Illinois and 2752 in the U.S. Inpatient hospitalization rates for heart disease and stroke were higher than the state or national comparison.
- The data shows a larger-than-normal percentage of Medicare beneficiaries with Mental Health and Substance Abuse conditions (36% compared to less than 33% for the state and nation.) Chronic depression among Medicare beneficiaries was also higher than the state or national rates.
- Cancer screening rates for breast cancer (mammography), cervical (PAP), and GI (colonoscopy or sigmoidoscopy) were all below the state and national norms. Conversely, the incidences of cancer were higher than the state or nation in all categories: all sites, breast, colorectal, lung, and prostate. Mortality from these cancers was also higher than the state or nation.
- Completion of the Medicare Annual Wellness Exam (27%) was lower than the state (37%) and nation (36%).
- Completing core preventative services for males and females fell below the state and national norm.

Anticipated impacts of these actions

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

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

- Chief Executive Officer
- Marketing team
- Health Educators
- Primary care offices

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 Crossroads Area Hospital Board of Directors on ____, 2024, and approved as presented.

Notes:

1. Statistics may vary slightly depending on the resource.

DATA

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

Healthy People 2030 was developed by the U.S. Department of Health and Human Services, Office of Disease Prevention, and Health Promotion 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: Access to insurance, insurance types, access to primary and dental care, primary care utilization including prevention services, hospital and ED utilization, and healthy behaviors will be included in the dataset.
- Neighborhood and Physical Environment: This includes housing and transportation costs, environmental hazards, access to broadband and computers, access to fitness/exercise opportunities, and overall access to food.

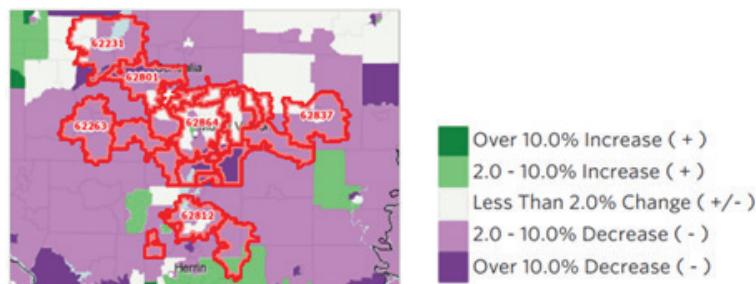
Each community determines how to best extract their secondary data either by zip codes or counties defined as the entity primary/secondary service areas.

DEMOGRAPHIC DATA

DEMOGRAPHICS DATA

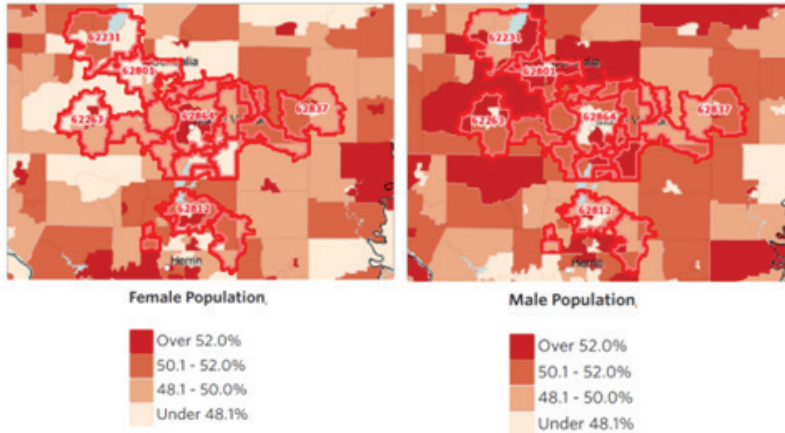
- TOTAL POPULATION CHANGE, 2010-2020

Report Area	Total Population 2010	Total Population 2020	Percentage Change
Crossroads	101,960	96,687	-5.175
Illinois	12,830,633	12,812,508	-0.14%
United States	312,471,161	334,735,155	7.13%



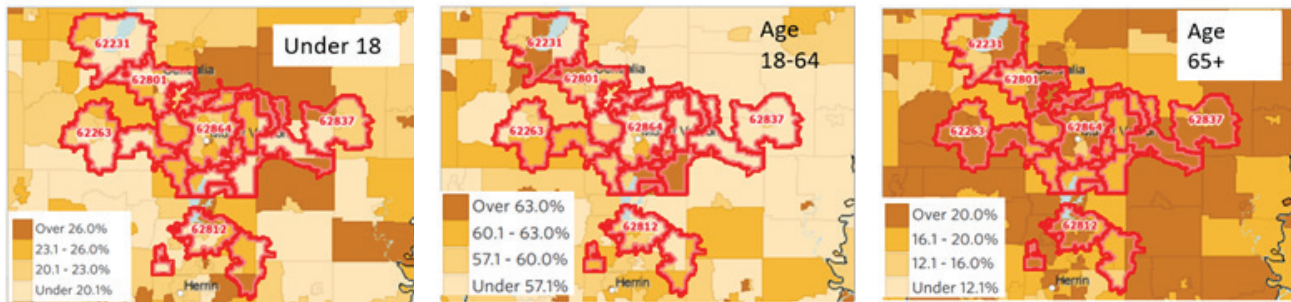
• POPULATION BY GENDER

Report Area	Male	Male %	Female	Female %
Crossroads	49,008	51.42%	46,296	48.58%
Illinois	6,332,176	49.39%	6,489,637	50.61%
United States	163,206,615	49.50%	166,518,866	50.50%

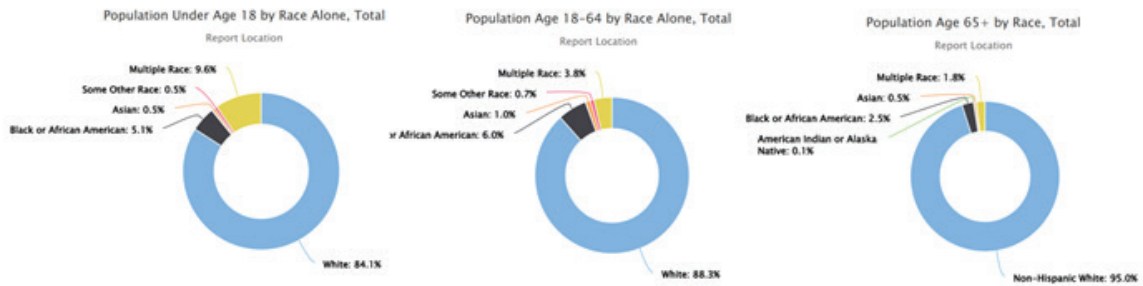


• PERCENTAGE OF POPULATION, BY AGE GROUPS

Report Area	< 18	18 – 64	65+
Crossroads	21.59%	58.29%	20.11%



• TOTAL POPULATION BY AGE, BY RACE: Percentage total may be more than 100, due to reporting methods



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

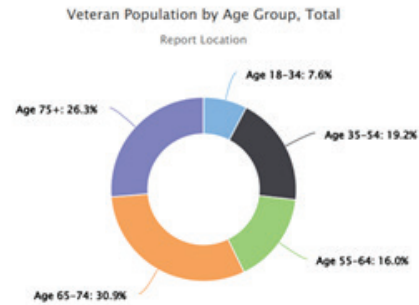
Report Area	% with a Disability
Crossroads	18.41%
Illinois	11.27%
United States	12.64%

Report Area	Under 18	18-64	65+
Crossroads	6.92%	16.05%	38.19%
Illinois	3.66%	8.97%	31.73%
United States	4.41%	10.32%	33.36%

Report Area	Hearing	Vision	Cognitive	Ambulatory	Self-Care	Independent Living
Crossroads	5.5%	3.68%	7.65%	9.84%	3.11%	7.86%

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

Service Area	Veterans %
Crossroads	7.86%
Illinois	5.23%
United States	6.64%



PRIMARY DATA

This data was collected at on-site meetings held in May 2024. Community members, providers, leaders, and employees of Deaconess Illinois Crossroads contributed to this data.

The Community Survey Data was collected using Survey Monkey. A link to the survey was open for approximately 60 days and distributed to the community using Crossroad's social media channels. 56 community members completed the survey.

SESSION 1 - 19 participants (not including Deaconess Illinois Crossroads staff)

CASA	South Central Transit	Mt. Vernon City Schools D80
Jefferson County Health	Amy Schulz Child Advocacy Center	United Way
Rend Lake College	Jefferson Co. Chamber of Commerce	Family Medicine M.D.
State Farm Insurance	Comprehensive Connections	
Angels on Assignment	Mt. Vernon Township High School 201	

SESSION 2 - 14 participants

Crosswalk CAA West Frankfort	District 80 Superintendent, retired	CCH Auxiliary
NAACP	Jefferson County Sheriff	Men in White Painting
Opportunities for Access	Housing Authority of Jackson County	CCH board

The attendees were polled at the facilitated meetings using the SOAR analysis tool.

STRENGTHS

Community partners work well together/support each other - 13

- Resources are available
- Churches area strong partners
- Numerous social service agencies
- Angels on Assignment 12,000 served by food pantry, financial assistance to 600+
- Low-income housing options
- Public transportation: 8000 trips/mo in Jefferson Co, 22 vehicles

Community responds to resource needs - 8

- Communication is good
- Community support for facility
- Active outreach
- Community is generous
- Charity service
- Business and economic community focus

Workforce: diverse/hard working - 5

- Go above & beyond for patients
- Varying degrees of experience
- Good name/reputation

Variety of services - 8

- Surgical skill
- 2 hospitals with many services
- New urgent care opened, options for emergent care
- Good ER access
- Health awareness seminars
- Growth in services and accessibility

Good processes - 1

OPPORTUNITIES IDENTIFIED

Additional HC services - 11

- Home health – payer concerns
- Endocrinology/child endo, neurology, rheumatology, OB, oncology
- Peds
- Dental esp. in Medicaid children
- Social work on site
- Primary care availability

Mental Health Services - 10

- Psych for adults & children; medication management
- Mental health counseling
- Psychologist for evaluations
- Specialized services: trauma, sexual trauma, victim

Wellness/Health Education - 9

- Overall wellness & prevention
- Parenting
- Healthy foods/prep – decline in SNAP
- Support groups
- Financial health
- Technology
- POA
- Resources available in this community

Resource/Community Coordination - 9

- Senior assistance
- Systems coordination
- Community case management
- Concerns with childcare & affordability

Entity process improvement - 8

- Accessible exam rooms for special needs
- Retention of specialists/teammates
- Stable consistent experience
- Less paper in pt care visits
- Improve the timeliness of being seen
- Fewer transfers – more patients seen locally
- New staff orientation/access to information/communication
- Insurance acceptance (OP services)

Transportation - 6

- No community transport on weekends

Housing/homelessness - 3

Volunteer utilization - 2

- Bring in youth volunteers to encourage HC
- Allow auxiliary vols to assist within hospital departments

ASPIRATIONS

Facility/Healthcare improvements including mental & physical health - 25

- Pediatric care
- Specialty care
- Aqua therapy
- Mental health/substance abuse services (Medical detox, Crisis stabilization beds, Addiction services)
- Provider stabilization
- Women's health services
- Trauma
- Oncology/cancer care
- Universal healthcare
- Additional employment opportunities
- Focus on wellness/screenings/prevention
- Home Health
- Telehealth options
- Local providers who respect the community/values

Basic needs met for all citizens including social needs - 13

- Housing, food
- Affordable childcare
- Transportation

Recreational center - 3

- Medical regardless of ability to pay
- Parenting education

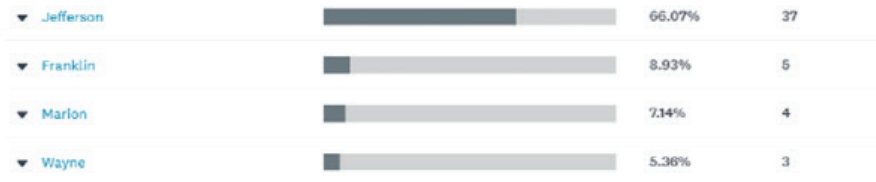
Education - 5

- Educational support for underprivileged
- Food, budgeting, parenting
- Senior needs – aging population
- Focus on HC basics – the proper way to take antibiotics for example
- Lead this community with prevention/compassion/resources

DEACONESS ILLINOIS CROSSROADS QUESTIONNAIRE

Q1 In what county do you live?

Answered: 56 Skipped: 0



Q2 What is the zip code of your residence?

Answered: 56 Skipped: 0

62864 28
62894 3
62801 2
62812 2
62830 2
62872 2
62895 2

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

Answered: 56 Skipped: 0

One 11
Two 24
Three 9
Four 3
Five 4
Six 3

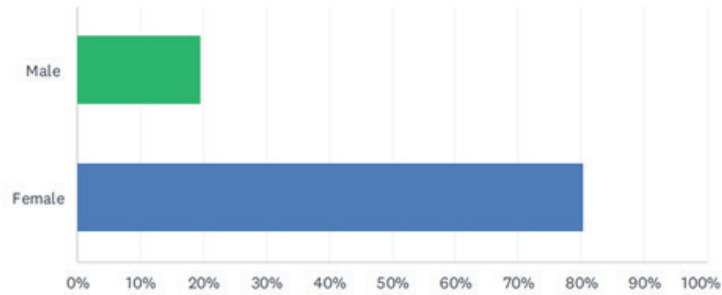
Q4 How many children younger than 18 years of age live in your household?

Answered: 55 Skipped: 1

None 42
One 8
Two 0
Three 5
Four 1

Q5 What is your sex?

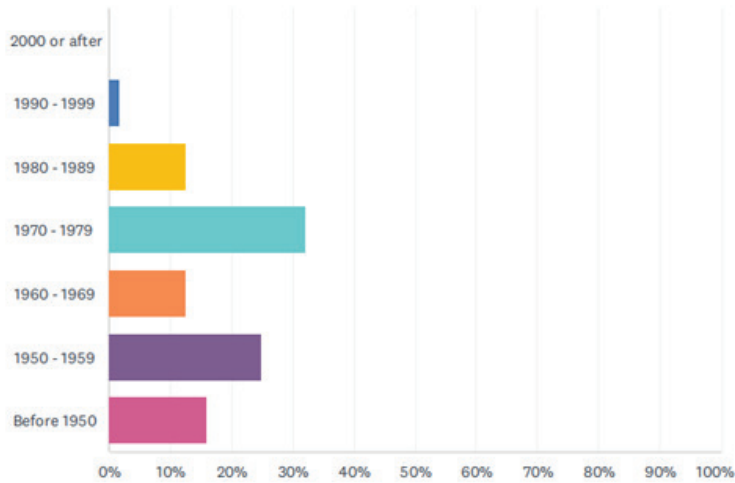
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
Male	19.64%	11
Female	80.36%	45
TOTAL		56

Q6 What is your year of birth?

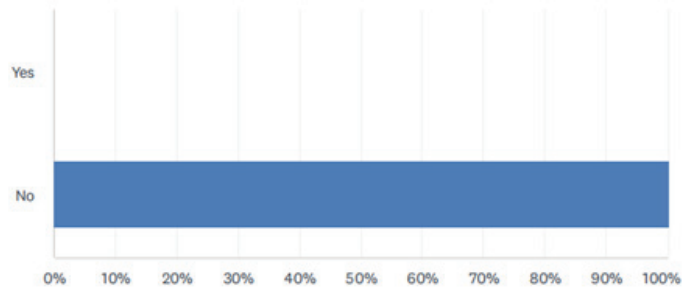
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
2000 or after	0.00%	0
1990 - 1999	1.79%	1
1980 - 1989	12.50%	7
1970 - 1979	32.14%	18
1960 - 1969	12.50%	7
1950 - 1959	25.00%	14
Before 1950	16.07%	9
TOTAL		56

Q7 Are you of Hispanic, Latino or Spanish origin?

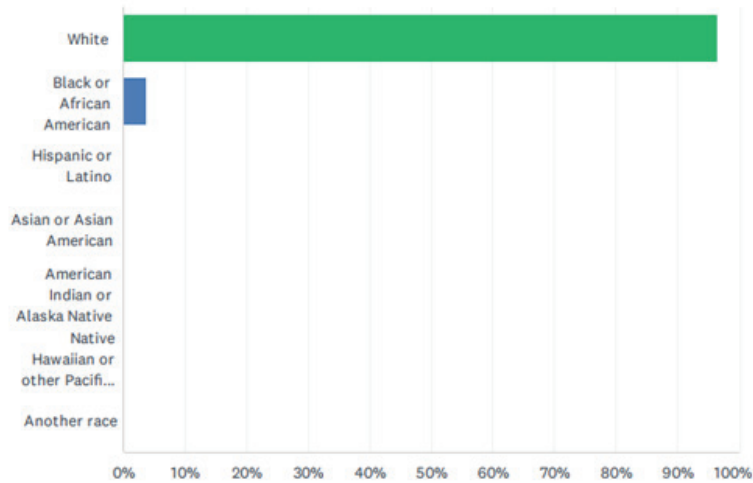
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	56
TOTAL		56

Q8 What is your race?

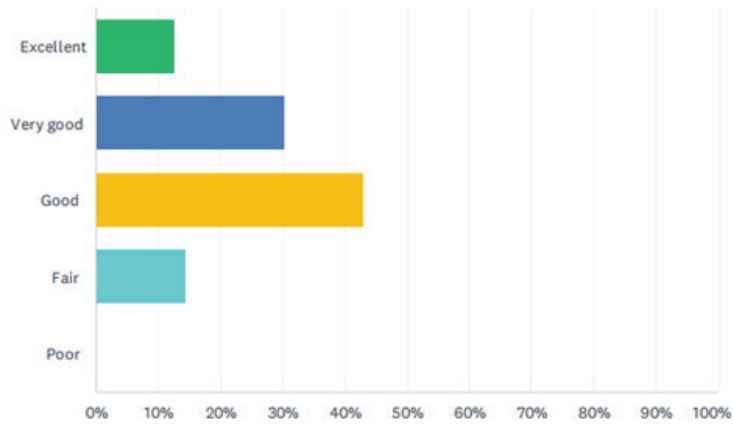
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
White	96.43%	54
Black or African American	3.57%	2
Hispanic or Latino	0.00%	0
Asian or Asian American	0.00%	0
American Indian or Alaska Native	0.00%	0
Native Hawaiian or other Pacific Islander	0.00%	0
Another race	0.00%	0
TOTAL		56

Q9 Would you say your overall general health is

Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	12.50%	7
Very good	30.36%	17
Good	42.86%	24
Fair	14.29%	8
Poor	0.00%	0
TOTAL		56

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

Answered: 56 Skipped: 0

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	TOTAL	WEIGHTED AVERAGE
Your physical health is...	8.93% 5	26.79% 15	48.21% 27	12.50% 7	3.57% 2	56	2.75
Your mental health is...	21.43% 12	39.29% 22	33.93% 19	5.36% 3	0.00% 0	56	2.23
Your social well-being is...	17.86% 10	35.71% 20	37.50% 21	8.93% 5	0.00% 0	56	2.38

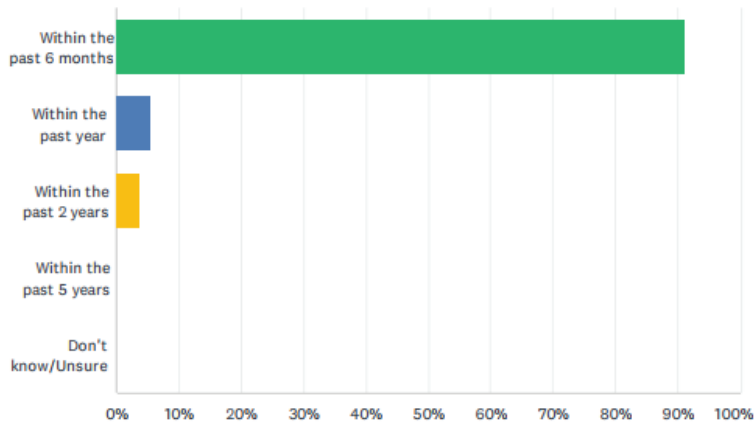
Q11 Do you currently have any of the following types of healthcare coverage? Please make a selection for EACH row.

Answered: 56 Skipped: 0

	YES	NO	DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
Medicaid	10.00% 5	90.00% 45	0.00% 0	50	1.90
Medicare	38.46% 20	61.54% 32	0.00% 0	52	1.62
Private (employer based, self-insured)	75.47% 40	24.53% 13	0.00% 0	53	1.25
Public (Marketplace, Obamacare)	8.51% 4	87.23% 41	4.26% 2	47	1.96

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

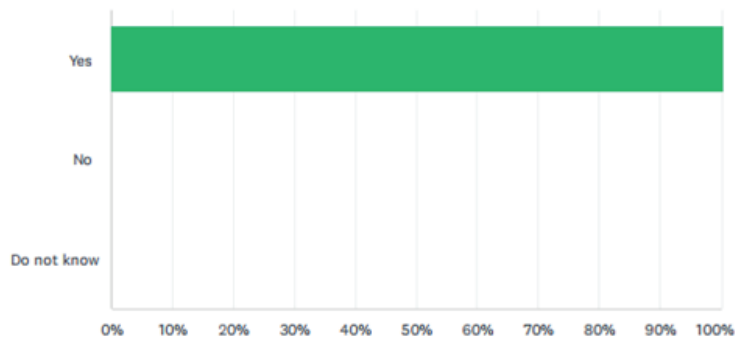
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
Within the past 6 months	91.07%	51
Within the past year	5.36%	3
Within the past 2 years	3.57%	2
Within the past 5 years	0.00%	0
Don't know/Unsure	0.00%	0
TOTAL		56

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

Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	56
No	0.00%	0
Do not know	0.00%	0
TOTAL		56

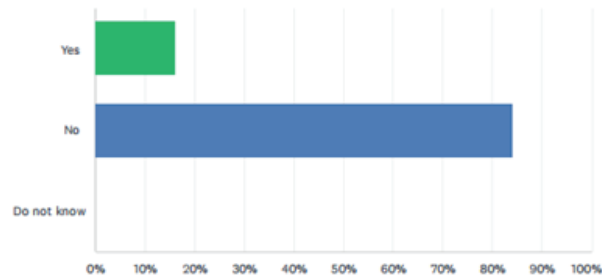
Q14 Within the past 12 months, have you received any of the following health-related services? Select one answer for EACH row.)

Answered: 56 Skipped: 0

	YES	NO	DO NOT KNOW	TOTAL	WEIGHTED AVERAGE
Dental care	66.07% 37	33.93% 19	0.00% 0	56	1.34
Mental health care	14.55% 8	85.45% 47	0.00% 0	55	1.85
Drug or alcohol treatment	0.00% 0	100.00% 55	0.00% 0	55	2.00
Tobacco/smoking cessation	1.82% 1	98.18% 54	0.00% 0	55	1.98
Getting prescription medications	89.29% 50	10.71% 6	0.00% 0	56	1.11
Getting immunizations, such as a flu shot or others	76.79% 43	23.21% 13	0.00% 0	56	1.23
Care related to birth control	7.27% 4	92.73% 51	0.00% 0	55	1.93
Prenatal or well-baby care	0.00% 0	100.00% 55	0.00% 0	55	2.00
Women, Infants & Children (WIC) supported services	5.45% 3	94.55% 52	0.00% 0	55	1.95
Food Stamps or SNAP	3.64% 2	96.36% 53	0.00% 0	55	1.96
Chronic disease care, such as for diabetes or heart disease	29.09% 16	70.91% 39	0.00% 0	55	1.71
Acute care, such as for an ear infection, cough, injury or fall	42.86% 24	55.36% 31	1.79% 1	56	1.59
Annual routine physical examination	87.27% 48	12.73% 7	0.00% 0	55	1.13

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

Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	16.07%	9
No	83.93%	47
Do not know	0.00%	0
TOTAL		56

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

Answered: 56 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	85.71% 48	8.93% 5	5.36% 3	0.00% 0	56	1.20
Availability of transportation	69.81% 37	26.42% 14	0.00% 0	3.77% 2	53	1.38
Access to parks, trails or outdoor activities	53.70% 29	38.89% 21	1.85% 1	5.56% 3	54	1.59
Access to community recreational centers	48.15% 26	42.59% 23	1.85% 1	7.41% 4	54	1.69
Access to public libraries	29.09% 16	69.09% 38	0.00% 0	1.82% 1	55	1.75
Access to churches or faith based organizations	56.36% 31	41.82% 23	1.82% 1	0.00% 0	55	1.45
Access to providers (doctors, clinics, etc.) in my community	90.91% 50	7.27% 4	1.82% 1	0.00% 0	55	1.11
Availability of fresh fruits and vegetables at stores near me, community gardens or markets	87.27% 48	5.45% 3	3.64% 2	3.64% 2	55	1.24
Access to workplace or employee wellness	45.45% 25	43.64% 24	1.82% 1	9.09% 5	55	1.75
Availability of family support services, such as those related to domestic or relationship violence or family social services	37.74% 20	60.38% 32	0.00% 0	1.89% 1	53	1.66

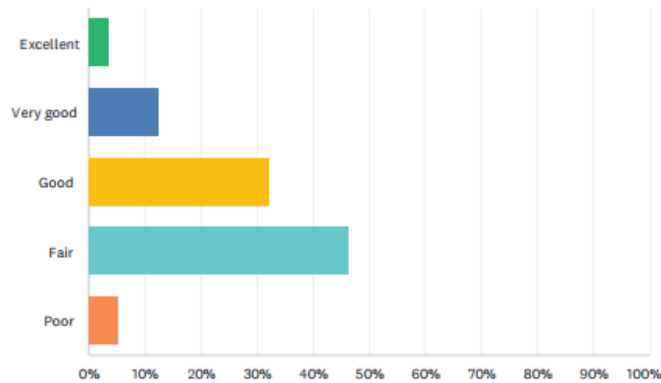
Q17 Please indicate whether you have engaged in any of the following behaviors in the past 12 months. Please select one answer for EACH row.

	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.	41.07% 23	25.00% 14	17.86% 10	16.07% 9	0.00% 0	56
I tried to maintain/keep a healthy weight.	42.86% 24	28.57% 16	16.07% 9	12.50% 7	0.00% 0	56
I smoked or used tobacco products daily or on most days of the week.	9.09% 5	0.00% 0	0.00% 0	90.91% 50	0.00% 0	55
I smoked vapor/e-cigarettes daily or most days of the week.	3.64% 2	0.00% 0	0.00% 0	96.36% 53	0.00% 0	55
I was physically active daily or most days of the week.	41.82% 23	12.73% 7	20.00% 11	25.45% 14	0.00% 0	55
I got an average of 7 or more hours of sleep most days of the week.	46.43% 26	21.43% 12	21.43% 12	10.71% 6	0.00% 0	56
I ate home cooked meals daily or on most days of the week.	52.73% 29	10.91% 6	20.00% 11	16.36% 9	0.00% 0	55
I ate fruits and vegetables with most of my meals daily or on most days of the week.	40.00% 22	20.00% 11	18.18% 10	18.18% 10	3.64% 2	55
I consumed sugar sweetened drinks daily or on most days of the week. (ex. regular soda, Kool-Aid, etc.)	25.00% 14	14.29% 8	12.50% 7	48.21% 27	0.00% 0	56
I drank at least 2 or more alcoholic drinks daily or on most days of the week. (Includes beer, wine or any liquor).	5.45% 3	3.64% 2	9.09% 5	81.82% 45	0.00% 0	55
I used medication at least once that was not my own.	1.79% 1	1.79% 1	3.57% 2	92.86% 52	0.00% 0	56
I sought medical services in the emergency department.	7.14% 4	8.93% 5	8.93% 5	75.00% 42	0.00% 0	56
I sought medical services in an urgent care clinic.	12.73% 7	21.82% 12	12.73% 7	52.73% 29	0.00% 0	55
I participated in cancer screening. (Include any cancer screening: mammogram, occult blood, etc.)	16.36% 9	21.82% 12	25.45% 14	36.36% 20	0.00% 0	55
I was injured from a fall.	5.45% 3	7.27% 4	5.45% 3	81.82% 45	0.00% 0	55

I met with social groups or friends in my community.	50.00% 28	7.14% 4	12.50% 7	30.36% 17	0.00% 0	56
I engaged in unprotected sex. (Do not include your mate.)	0.00% 0	0.00% 0	0.00% 0	100.00% 54	0.00% 0	54
I shared needles with another person for medication or drugs.	0.00% 0	0.00% 0	0.00% 0	100.00% 55	0.00% 0	55
I had sexual activity with another person (not my mate) while under the influence of alcohol.	0.00% 0	0.00% 0	0.00% 0	100.00% 55	0.00% 0	55
I received the flu shot.	10.71% 6	30.36% 17	28.57% 16	30.36% 17	0.00% 0	56
I received vaccines other than a flu shot.	8.93% 5	14.29% 8	21.43% 12	55.36% 31	0.00% 0	56

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

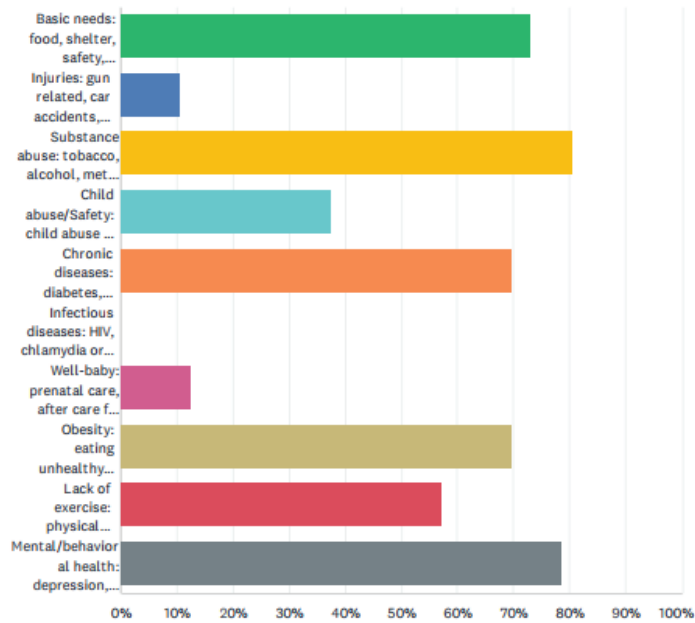
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
Excellent	3.57%	2
Very good	12.50%	7
Good	32.14%	18
Fair	46.43%	26
Poor	5.36%	3
TOTAL		56

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

Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES
Basic needs: food, shelter, safety, transportation, access to medical care	73.21% 41
Injuries: gun related, car accidents, 4-wheeler accidents, falls	10.71% 6
Substance abuse: tobacco, alcohol, meth, heroin, prescription drugs	80.36% 45
Child abuse/Safety: child abuse or neglect	37.50% 21
Chronic diseases: diabetes, cancer, heart disease, stroke, high blood pressure, high cholesterol	69.64% 39
Infectious diseases: HIV, chlamydia or other STDs, Hepatitis, food poisoning	0.00% 0
Well-baby: prenatal care, after care for mother and newborns, teen pregnancy, unintended or unplanned pregnancy	12.50% 7
Obesity: eating unhealthy foods, lack of healthy foods	69.64% 39
Lack of exercise: physical inactivity, poor access to walking paths, sidewalks, parks, recreational activities	57.14% 32
Mental/behavioral health: depression, stress, anxiety	78.57% 44
Total Respondents: 56	

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

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT VERY IMPORTANT	NOT AT ALL IMPORTANT	TOTAL
Clean outdoor air	50.91% 28	40.00% 22	5.45% 3	3.64% 2	55
Clean indoor air	65.45% 36	23.64% 13	9.09% 5	1.82% 1	55
Clean recreational water	78.18% 43	18.18% 10	1.82% 1	1.82% 1	55
Recycling programs	46.30% 25	50.00% 27	1.85% 1	1.85% 1	54
Access to healthy or fresh foods	89.09% 49	10.91% 6	0.00% 0	0.00% 0	55
Available and accessible mental health services	83.93% 47	14.29% 8	1.79% 1	0.00% 0	56
Teen pregnancy interventions	58.18% 32	38.18% 21	1.82% 1	1.82% 1	55
Domestic violence prevention	83.64% 46	12.73% 7	1.82% 1	1.82% 1	55
Child abuse prevention	92.73% 51	5.45% 3	1.82% 1	0.00% 0	55
Youth violence prevention	87.27% 48	9.09% 5	1.82% 1	1.82% 1	55
Illegal prescription drug use prevention	90.91% 50	5.45% 3	3.64% 2	0.00% 0	55
Tobacco use prevention	50.00% 27	40.74% 22	7.41% 4	1.85% 1	54
Drug use or addiction services	89.09% 49	10.91% 6	0.00% 0	0.00% 0	55
Meth and heroin use prevention programs	92.86% 52	5.36% 3	1.79% 1	0.00% 0	56
Impaired driving prevention	82.14% 46	16.07% 9	0.00% 0	1.79% 1	56
Access to healthcare	92.73% 51	7.27% 4	0.00% 0	0.00% 0	55
Access to birth control	69.64% 39	23.21% 13	5.36% 3	1.79% 1	56
Access to safe recreational opportunities	67.86% 38	26.79% 15	3.57% 2	1.79% 1	56
Pest management	38.18% 21	47.27% 26	12.73% 7	1.82% 1	55
Access to trails and walking paths	41.82% 23	43.64% 24	14.55% 8	0.00% 0	55
Affordable housing	75.00% 42	21.43% 12	3.57% 2	0.00% 0	56
Food availability	89.09% 49	7.27% 4	3.64% 2	0.00% 0	55
Food safety	81.82% 45	12.73% 7	3.64% 2	1.82% 1	55
Bike lanes or paths	25.45% 14	49.09% 27	23.64% 13	1.82% 1	55
Services for aging	82.14% 46	16.07% 9	1.79% 1	0.00% 0	56
Services for homeless	78.57% 44	17.86% 10	3.57% 2	0.00% 0	56
Disaster/emergency preparedness or response	75.00% 42	21.43% 12	3.57% 2	0.00% 0	56
Access to good internet services	58.93% 33	33.93% 19	5.36% 3	1.79% 1	56

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

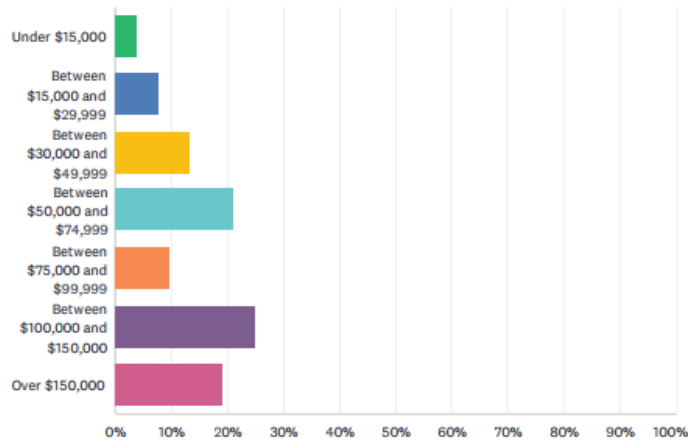
	OFTEN	SOMETIMES	SELDOM	NEVER	TOTAL
I have been able to talk with a healthcare provider in the language that I am most comfortable with.	89.29% 50	7.14% 4	3.57% 2	0.00% 0	56
I have felt discriminated against by healthcare providers because of my race, ethnicity or culture.	1.79% 1	5.36% 3	10.71% 6	82.14% 46	56
Healthcare providers have communicated with me in a clear and respectful manner.	87.27% 48	7.27% 4	5.45% 3	0.00% 0	55
I have felt discriminated against by a healthcare worker because of my age.	5.36% 3	12.50% 7	3.57% 2	78.57% 44	56

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

	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	83.64% 46	7.27% 4	1.82% 1	7.27% 4	55	1.33
Homeless shelter	98.15% 53	1.85% 1	0.00% 0	0.00% 0	54	1.02
Free or emergency childcare help	96.36% 53	3.64% 2	0.00% 0	0.00% 0	55	1.04
Domestic abuse services	98.18% 54	1.82% 1	0.00% 0	0.00% 0	55	1.02
Employment services	92.73% 51	3.64% 2	3.64% 2	0.00% 0	55	1.11
Prenatal programs or breast feeding support	100.00% 55	0.00% 0	0.00% 0	0.00% 0	55	1.00
Mental/behavioral health programs	78.18% 43	3.64% 2	5.45% 3	12.73% 7	55	1.53
Rural transit or city bus services	89.09% 49	5.45% 3	1.82% 1	3.64% 2	55	1.20
Walk in clinic	52.73% 29	3.64% 2	1.82% 1	41.82% 23	55	2.33
Financial help with bills (utility bills, etc.)	87.27% 48	9.09% 5	0.00% 0	3.64% 2	55	1.20
Legal help	87.04% 47	1.85% 1	3.70% 2	7.41% 4	54	1.31
STI/STD testing, treatment or prevention	98.18% 54	0.00% 0	0.00% 0	1.82% 1	55	1.05
Help with my health insurance (regardless of how it is provided)	74.55% 41	10.91% 6	5.45% 3	9.09% 5	55	1.49
Substance abuse services	98.18% 54	0.00% 0	0.00% 0	1.82% 1	55	1.05

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

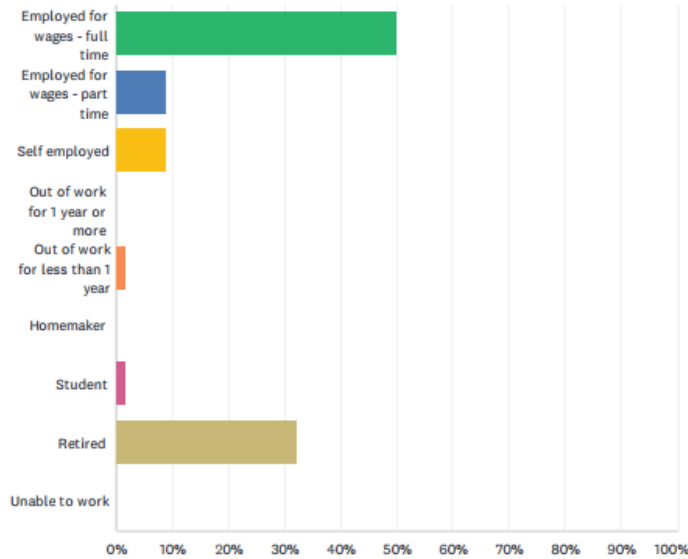
Answered: 52 Skipped: 4



ANSWER CHOICES	RESPONSES	
Under \$15,000	3.85%	2
Between \$15,000 and \$29,999	7.69%	4
Between \$30,000 and \$49,999	13.46%	7
Between \$50,000 and \$74,999	21.15%	11
Between \$75,000 and \$99,999	9.62%	5
Between \$100,000 and \$150,000	25.00%	13
Over \$150,000	19.23%	10
TOTAL		52

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

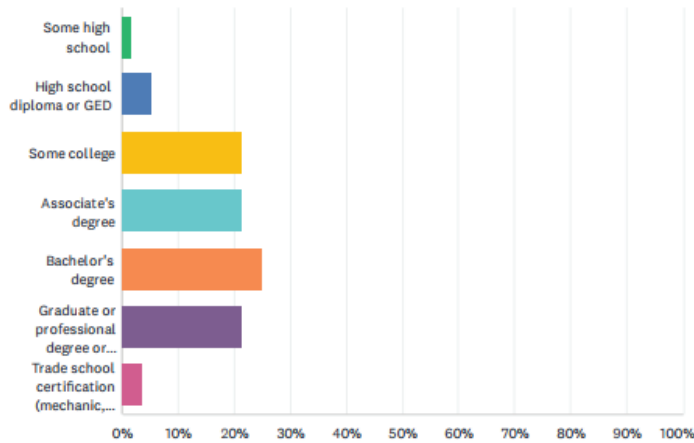
Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
Employed for wages - full time	50.00%	28
Employed for wages - part time	8.93%	5
Self employed	8.93%	5
Out of work for 1 year or more	0.00%	0
Out of work for less than 1 year	1.79%	1
Homemaker	0.00%	0
Student	1.79%	1
Retired	32.14%	18

Q25 Which best describes your highest level of education completed?

Answered: 56 Skipped: 0



ANSWER CHOICES	RESPONSES	
Some high school	1.79%	1
High school diploma or GED	5.36%	3
Some college	21.43%	12
Associate's degree	21.43%	12
Bachelor's degree	25.00%	14
Graduate or professional degree or beyond	21.43%	12
Trade school certification (mechanic, hairdresser, plumber, etc.)	3.57%	2
TOTAL		56

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

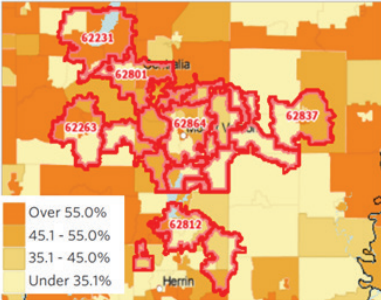
	OFTEN	SOMETIMES	SELDOM	NEVER	N/A - I DO NOT HAVE ACCESS TO WEBSITES VIA MY CELL PHONE OR ON A COMPUTER.	TOTAL	WEIGHTED AVERAGE
Google, Bing, Yahoo	54.55% 30	32.73% 18	10.91% 6	0.00% 0	1.82% 1	55	1.56
Facebook or other social media platforms	37.50% 21	25.00% 14	16.07% 9	21.43% 12	0.00% 0	56	2.21
Medical sites (WebMD, American Cancer Society, etc.)	33.93% 19	39.29% 22	21.43% 12	5.36% 3	0.00% 0	56	1.98
Local hospital website	10.71% 6	35.71% 20	25.00% 14	26.79% 15	1.79% 1	56	2.69

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

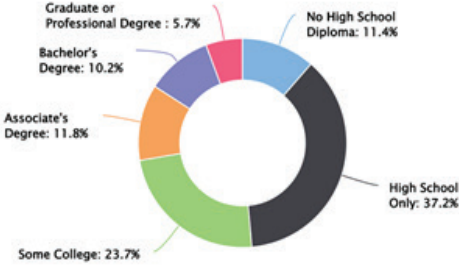
Report Area	Pop. Age 3-4 Enrolled In School
Crossroads	50.33%
Illinois	52.15%
United States	45.93%



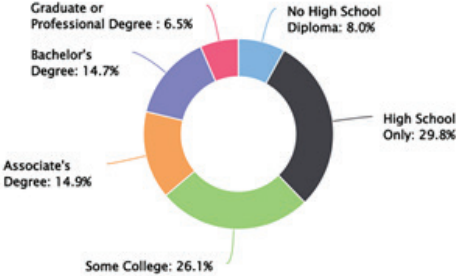
- EDUCATIONAL ATTAINMENT: This indicator shows the distribution of the highest level of education achieved in the report area

Report Area	No High School Diploma	High School Only	Some College	Associate's Degree	Bachelor's Degree	Graduate Degree
Crossroads	9.70%	33.50%	24.92%	13.35%	12.42%	6.10%
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%

Educational Attainment by Gender – Male
Report Location

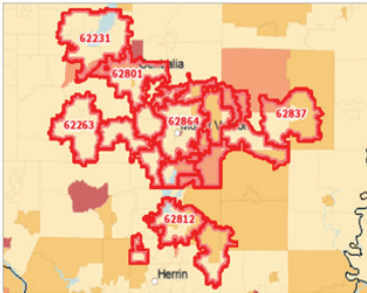


Educational Attainment by Gender – Female
Report Location



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

Population with No High School Diploma (Age 25+)



- HIGH SCHOOL DROPOUT RATES BY COUNTY

Service Area	Total Graduates	Dropouts	Percentage
Crossroads	1773	141	8.0%
Jefferson Co	263	20	5.5%
Clinton Co	303	11	3.6%
Marion Co	445	51	11.5%
Washington Co	131	8	6.1%
Wayne Co	158	19	12.0%
Franklin Co	374	32	8.6%
Illinois	138,463	7077	5.1%

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

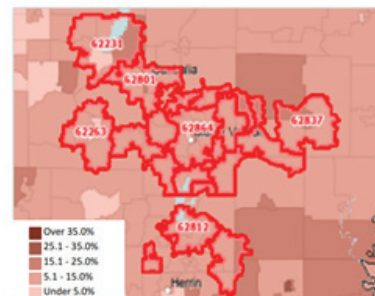
Report Area	Chronic Absence Rates
Crossroads	15.14%
Illinois	16.61%
United States	15.87%

- 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
Crossroads	70.6%	65.1%
Illinois	81.9%	77.7%
United States	63.9%	60.1%

- P- HOUSEHOLDS WITH NO COMPUTER

Report Area	% of Households with No Computer
Crossroads	9.50%
Illinois	7.35%
United States	6.95%

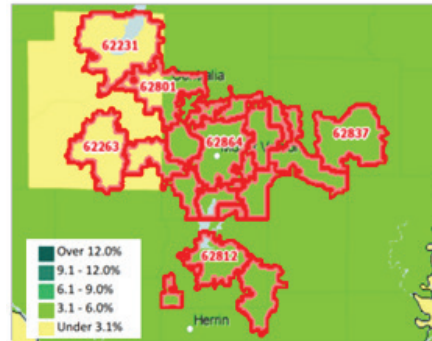


ECONOMIC STABILITY

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

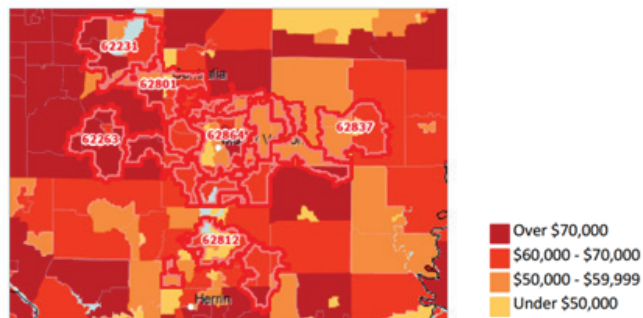
- In the US, 1 in 10 people live in poverty.
- People with steady employment are less likely to live in poverty.
- People with disabilities, injuries, or medical conditions may be more limited in the work they can do.
- Underemployed people may not be able to afford the things they need to stay healthy.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

Report Area	Unemployment Rate
Crossroads	4.1%
Illinois	5.0%
United States	3.9%



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

Report Area	Median Household Income
Crossroads	\$74,161
Illinois	\$100,719
United States	\$97,196

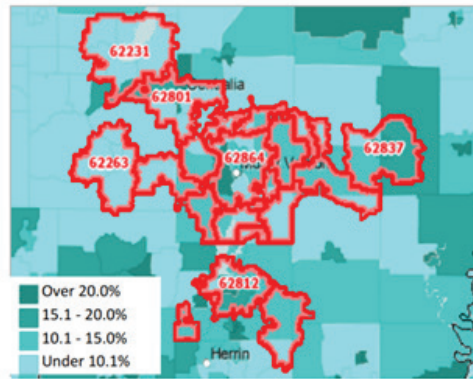


- HOUSEHOLDS BY HOUSEHOLD INCOME LEVELS, PERCENT

Report Area	Under \$25,000	\$25,000 - \$49,000	\$50,000 - \$99,000	\$100,000 - \$199,999	\$200,000+
Crossroads	20.52%	23.06%	32.18%	20.77%	3.47%
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
Crossroads	14.36%
Illinois	11.84%
United States	12.63%

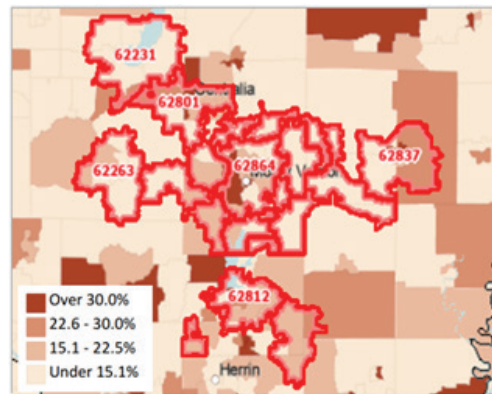


- POVERTY: PERCENT OF POPULATION IN POVERTY BY RACE/ETHNICITY

Report Area	Hispanic/Latino	Non-Hispanic White	Black or African American	Multiple Races
Crossroads	25.20%	13.01%	34.41%	19.75%
Illinois	14.16%	8.93%	24.69%	13.0%
United States	17.71%	10.29%	21.71%	17.89%

- 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
Crossroads	20.61%
Illinois	15.83%
United States	17.05%

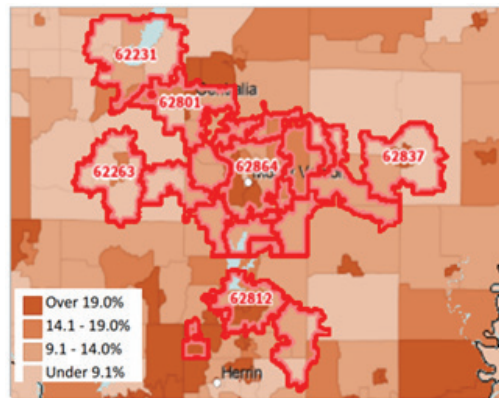


- CHILDREN IN POVERTY BY RACE/ETHNICITY

Report Area	Hispanic/Latino	Non-Hispanic White	Black or African American	Multiple Races
Crossroads	33.38%	18.15%	51.52%	23.39%
Illinois	19.2%	9.1%	35.5%	15.6%
United States	23.8%	10.4%	31.2%	17.7%

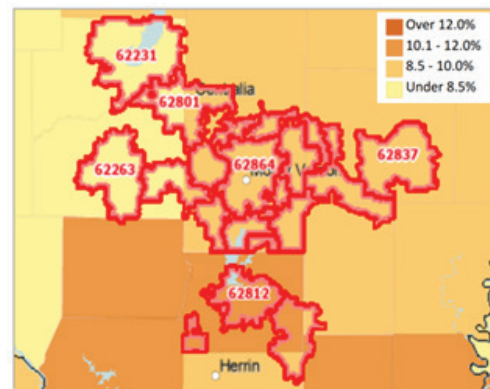
- SNAP BENEFITS: Households receiving Supplemental Nutritional Assistance Program benefits

Report Area	% of Households Receiving SNAP
Crossroads	17.41%
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
Crossroads	11.23%
Illinois	8.62%
United States	10.28%

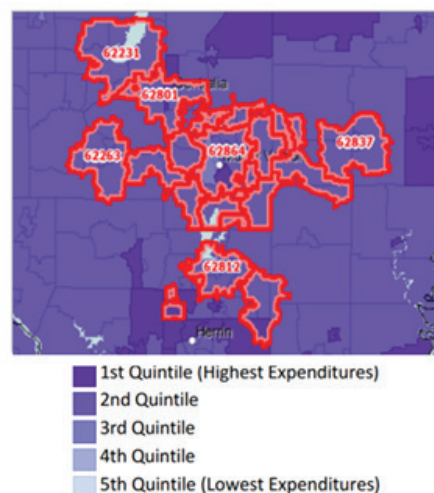


- FOOD INSECURE CHILDREN

Report Area	% of Food Insecure Children
Crossroads	5.5%
Illinois	10.67%
United States	13.30%

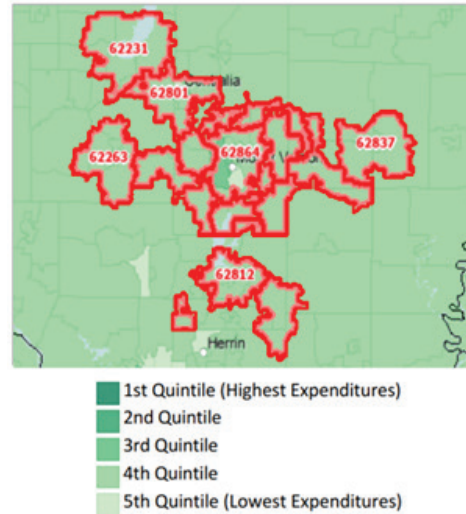
- SODA EXPENDITURES: estimated expenditures for carbonated beverages as a percentage of total at-home food expenditures.

Report Area	Soda as a % of Food-at-Home
Crossroads	4.46%
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
Crossroads	11.93%
Illinois	12.52%
United States	12.68%

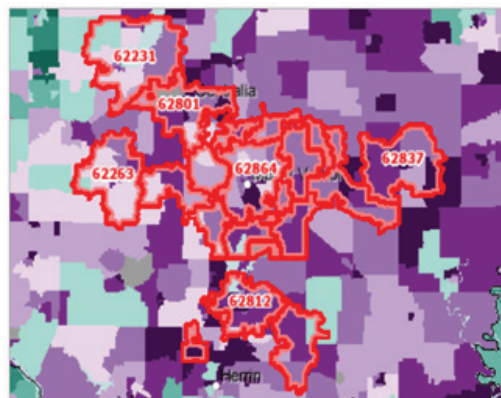


COMMUNITY & SOCIAL CONTEXT

GOAL: Increase social and community support

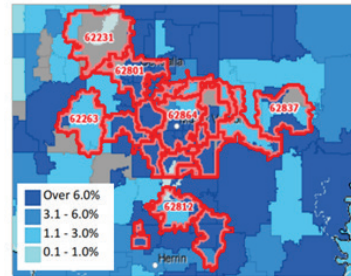
- People’s relationships and interactions with family, friends, and community members can majorly impact their health and well-being
- Many people face challenges and dangers they cannot control
 - Unsafe neighborhoods
 - Discrimination
 - Poverty
 - A spouse or parent who is incarcerated
- AREA DEPRIVATION 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
Crossroads	84	82
Illinois		51
United States		46



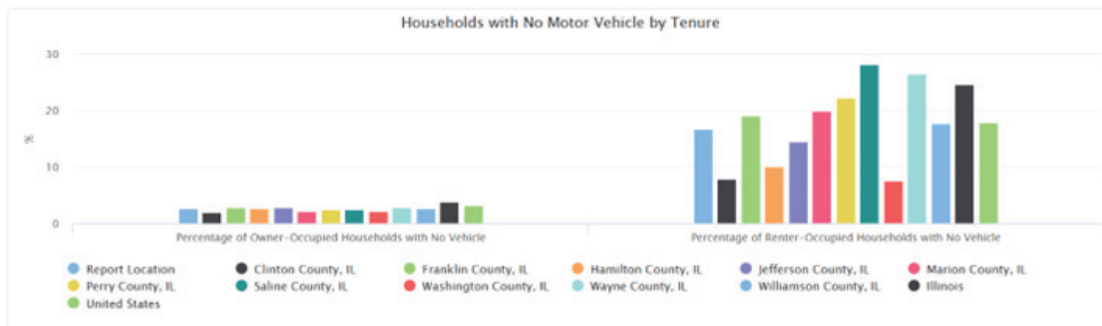
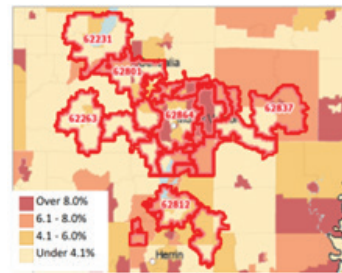
- *HOMELESS CHILDREN AND YOUTH: indicates the number of homeless youths attending public school in the 2019-2020 school year. Homelessness may be defined as sharing the household with others, living in motels/campgrounds, shelters, or maybe unsheltered.*

Report Area	Homeless Students
Crossroads	8.31%
Illinois	2.16%
United States	2.77%



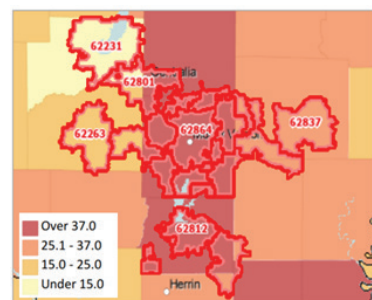
- *HOUSEHOLDS WITH NO MOTOR VEHICLE*

Report Area	Households with no Motor Vehicle	Homeowners with no Vehicle	Renters with no Vehicle
Crossroads	6.43%	2.75%	16.75%
Illinois	10.67%	3.84%	24.78%
United States	8.35%	3.14%	17.89%



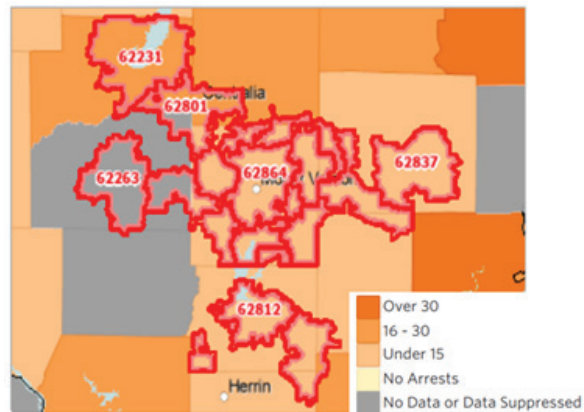
- *TEEN BIRTH RATES: this reports the seven-year average number of births per 1000 female population ages 15 - 19*

Report Area	Teen Birth/1000 females
Crossroads	33.7
Illinois	17.8
United States	19.3



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

Report Area	Juvenile Arrests/ 1000 Juveniles
Crossroads	12.33
Illinois	8.00
United States	18.50

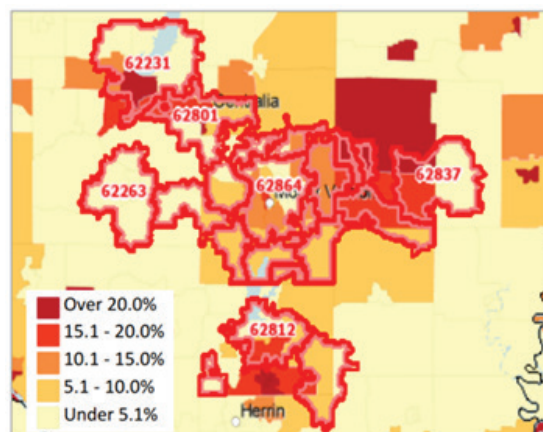


- *CRIME - TOTAL: includes homicide, rape, robbery, and aggravated assault per 100,000 population over three years of reporting. Others reported as the rate per 100,000 population.*

Report Area	Violent Crime Rate/ 100,000	Property Crime	Assault	Rape	Robbery
Crossroads	407.20	2017.6	317.40	43.70	40.90
Illinois	420.90	2022.6	242.50	40.20	130.00
United States	416.00	2466.1	261	38.60	110.90

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

Report Area	Pop. Age 16-19 Not in School and Not Employed
Crossroads	8.59%
Illinois	6.32%
United States	6.85%

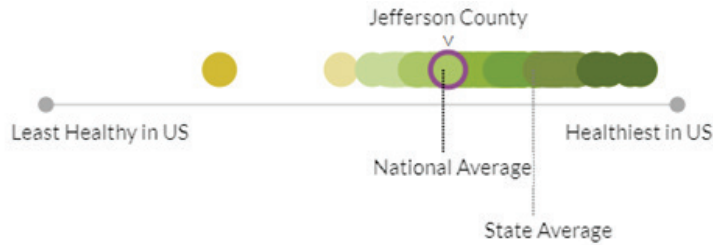


HEALTHCARE ACCESS & QUALITY

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

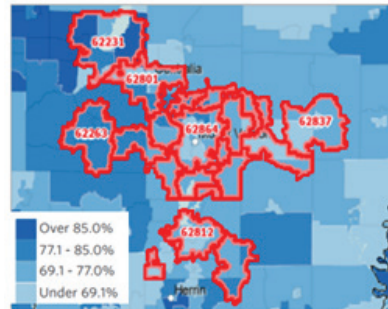
Many people in the United States do not get the healthcare services they need for a variety of reasons.

- 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 in a community while they are alive. Jefferson County is faring worse than the average county in Illinois for Health Outcomes, and better than the average county in the nation.



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

Report Area	% with Private Health Insurance	% with Public Health Insurance
Crossroads	68.985	48.97%
Illinois	75.61%	36.21%
United States	74.32%	38.83%



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

Report Area	Employer or Union Provided	Direct Purchase	TRICARE or Military	Medicare	Medicaid	VA Health Care
Crossroads	54.67%	15.35%	2.63%	24.33%	27.81%	3.49%
Illinois	64.08%	13.71%	1.29%	17.90%	20.37%	1.77%
United States	60.78%	14.77%	2.97%	19.26%	22.19%	2.45%

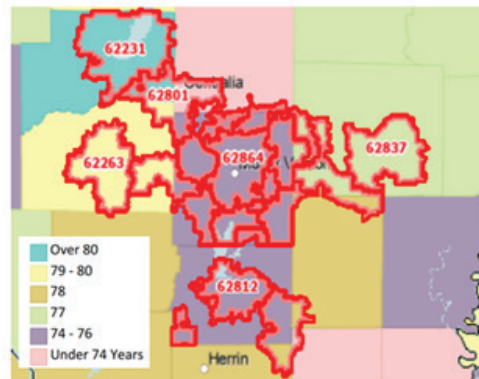
- *UNINSURED POPULATION: the lack of health insurance is a key driver of health status.*

Report Area	Uninsured Total Pop.	Under Age 18	Age 18-64	Age 65+
Crossroads	6.70%	5.03%	9.67%	0.36%
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
Crossroads	17.08%	6.14%	9.82%	8.31%
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 76.1 years, and in Illinois and the United States, 78.6 years.*



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

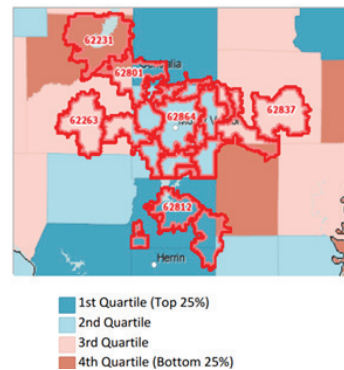
Report Area	MVA Deaths/ Alcohol Involved	Suicide	Drug Overdose	Opioid Overdose
Crossroads	2.2	19.3	26.4	19.5
Illinois	2.1	11.3	22.3	18.2
United States	2.6	14.3	22.4	16.0

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

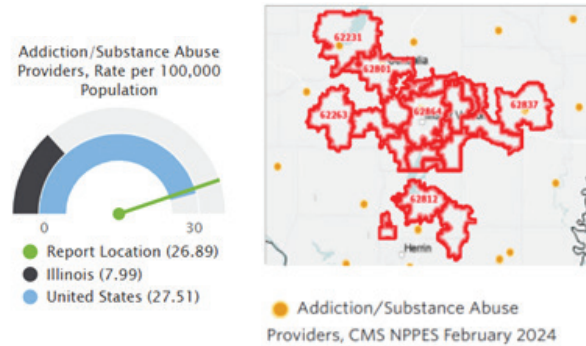
Report Area	Access to Primary Care Physicians	Access to Primary Care Advanced Practice	Access to Primary Care FQHCs
Crossroads	42.50	102.4	4.14
Illinois	81.15	56.44	3.14
United States	76.38	70.31	3.10

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

Report Area	Access to Mental Health Providers
Crossroads	310.5
Illinois	290
United States	295.7

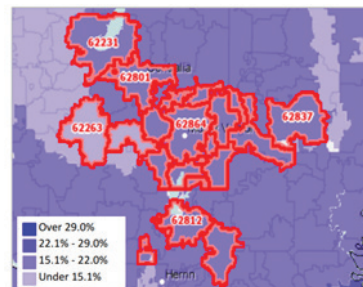


- *ACCESS TO ADDICTION AND SUBSTANCE ABUSE PROVIDERS: the number of providers who specialize in addiction or substance abuse treatments, rehabilitation, addiction medicine, or providing methadone.*



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

Report Area	Poor or Fair General Health
Crossroads	18.40%
Illinois	15.43%
United States	16.10%

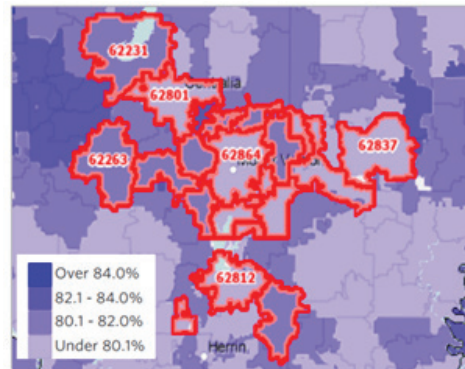


• *CLINICAL CARE AND PREVENTION: CANCER SCREENING, MAMMOGRAM*

Report Area	% Medicare Beneficiaries with Recent Mammogram	% Females Aged 50-74 with Recent Mammogram
Crossroads	35%	74.7%
Illinois	35%	75.1%
United States	33%	78.2%

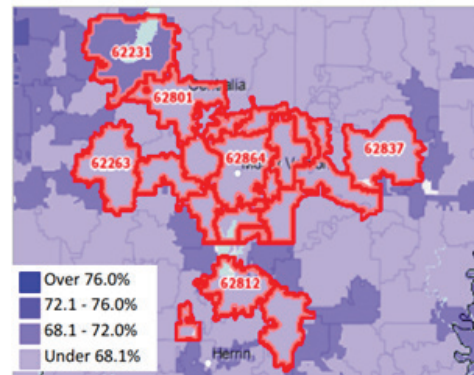
• *CLINICAL CARE AND PREVENTION: CERVICAL CANCER SCREENING: the percentage of females aged 21-65 who reported having had recommended cervical cancer screening in the past three years.*

Report Area	Females 21-65 Cervical Cancer Screening
Crossroads	79.3%
Illinois	81%
United States	83.7%

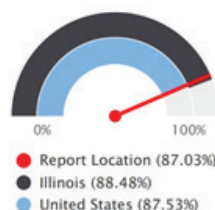


• *CLINICAL CARE AND PREVENTION: CANCER SCREENING - SIGMOIDOSCOPY OR COLONOSCOPY: the percentage of population aged 50-75 who reported having had 1) fecal occult blood tests (FOBT) within the past two years, 2) sigmoidoscopy within the past five years and FOBT within the past three years, or 3) colonoscopy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

Report Area	Cancer Screening - GI
Crossroads	66.0%
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.*



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

Report Area	Annual Wellness Exam
Crossroads	27%
Illinois	37%
United States	36%

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

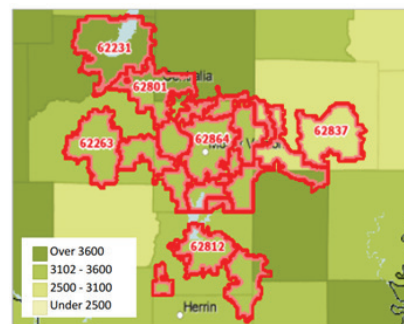


• *PREVENTION: CORE PREVENTATIVE SERVICES: the percentage of patients aged 65 and older who report they are up to date on preventative services including influenza vaccine within the past year, a pneumococcal vaccine ever, and either fecal occult blood tests within the past year, a sigmoidoscopy within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

Report Area	Males Core Preventative Complete	Female Core Preventative Complete
Crossroads	42.10%	36.4%
Illinois	42.15%	38.18%
United States	43.70%	37.90%

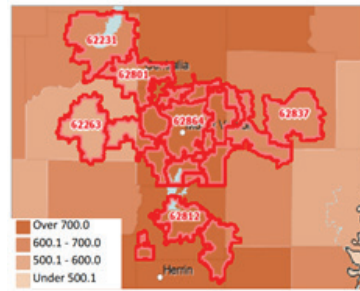
• *HOSPITALIZATION: PREVENTABLE CONDITIONS: this indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. This includes admission for diabetes with short-term complications, diabetes with long-term complications, chronic obstructive pulmonary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

Report Area	Preventable Hospitalizations
Crossroads	3447
Illinois	3283
United States	2752



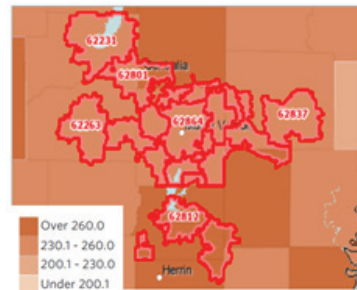
- *HOSPITALIZATION: EMERGENCY ROOM VISITS: this reports the rate of ER visits among Medicare beneficiaries aged 65 or older. The rate is calculated per 1000 beneficiaries.*

Report Area	ER Visits
Crossroads	725.9
Illinois	553.0
United States	535.0



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

Report Area	% of Beneficiaries with IP Stay	IP Stays/100,000 Beneficiaries
Crossroads	13.8%	266.8
Illinois	15.6%	248.0
United States	14.4%	223.0

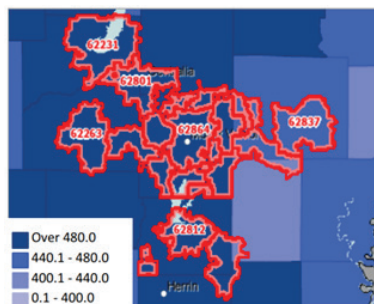


- *HOSPITALIZATION BY CHRONIC CONDITIONS: Medicare beneficiaries with IP stays rate/1000 beneficiaries. (2018-2020)*

Location	IP Stays	Heart Disease	Stroke
Crossroads	266.8	14.89	9.78
Illinois	248.0	11.6	8.8
United States	223.0	10.4	8.0

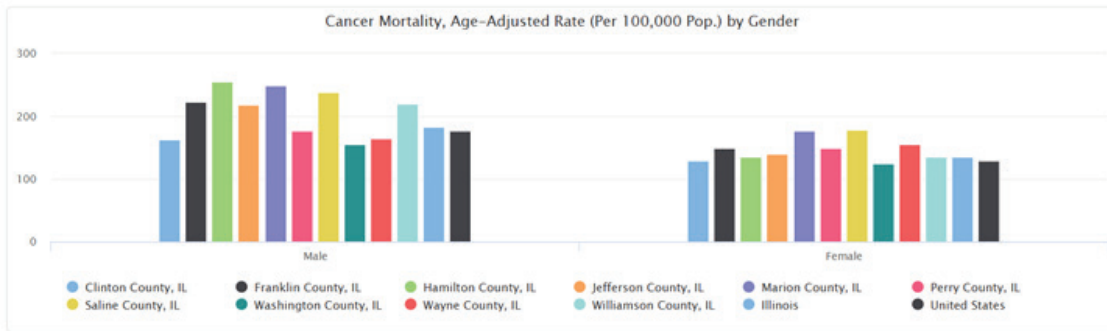
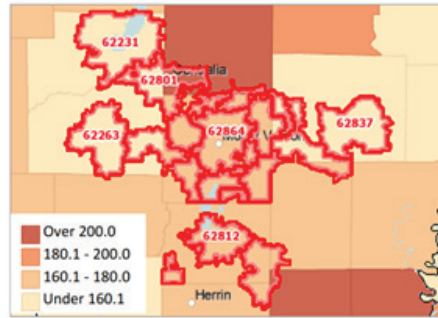
- *CANCER INCIDENCE - ALL TYPES: age-adjusted incident rates; cases/100,000 cancer population at all sites.*

Report Area	All Sites – Total	Breast	Colon-Rectum	Lung	Prostate
Crossroads	549.0	135.5	52.7	89.3	119.6
Illinois	459.7	132.6	39.8	59.3	115.1
United State	442.3	127.0	36.5	54.0	110.5



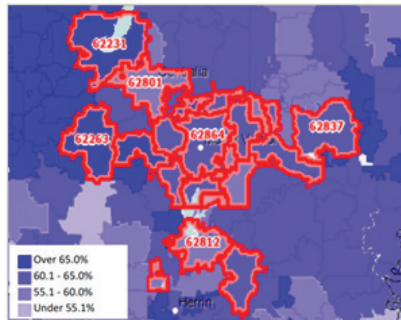
- **MORTALITY - CANCER:** this calculates the five-year (2016-2020) average of death due to malignant neoplasm/100,000 population.

Report Area	Death Due to Cancer/100,000 Pop.
Crossroads	178.4
Illinois	155.4
United States	149.4



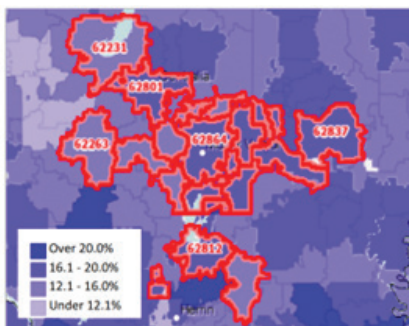
- **CLINICAL CARE AND PREVENTION: DENTAL CARE UTILIZATION:** the percentage of adults age >18 who report having been to the dentist or dental clinic the previous year.

Report Area	Dental Care
Crossroads	60.4%
Illinois	64.8%
United States	64.8%



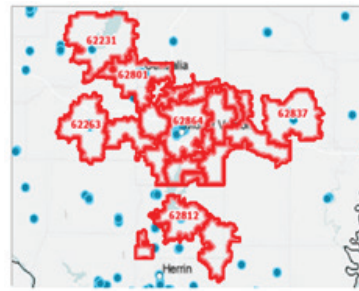
- **POOR DENTAL HEALTH - TOOTH LOSS:** the percentage of adults > age 18 who have lost all their natural teeth due to tooth decay or gum disease.

Report Area	Tooth Loss Due to Disease
Crossroads	17.0%
Illinois	10.1%
United States	13.4%



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

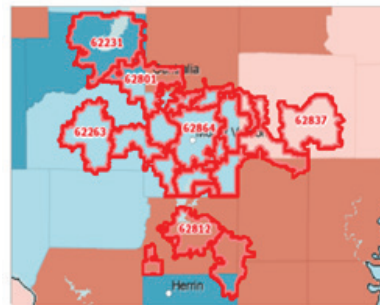
Dental Health Care Providers, Rate per 100,000 Population



Dental Health Care Providers, CMS NPPES February 2024

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

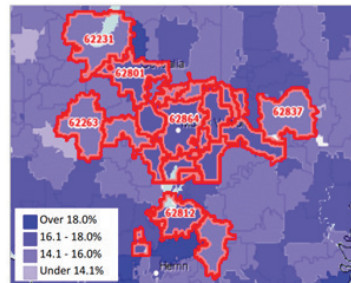
Report Area	Poor Mental Health Days/Month
Crossroads	3.9
Illinois	3.2
United States	4.4



1st Quartile (Top 25%)
2nd Quartile
3rd Quartile
4th Quartile (Bottom 25%)

- **POOR MENTAL HEALTH:** the percentage of adults aged 18 or older who report 14 or more days during the past 30 days in which their mental health was not good.

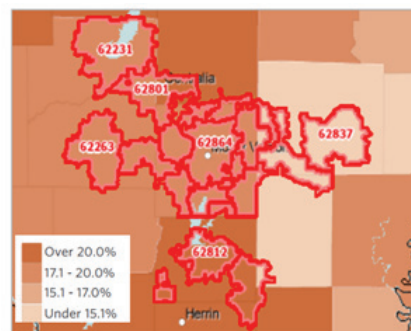
Report Area	% Experiencing Poor Mental Health
Crossroads	16.50%
Illinois	13.89%
United States	14.70%



Over 18.0%
16.1 - 18.0%
14.1 - 16.0%
Under 14.1%

- **CHRONIC CONDITIONS: DEPRESSION DEPRESSION (Medicare):** the percentage of Medicare fee for service population with depression.

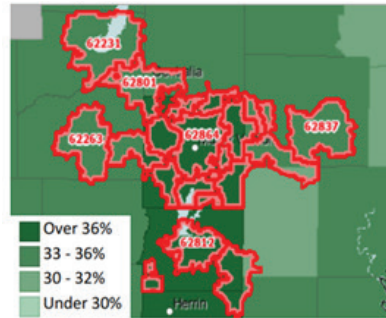
Report Area	Beneficiaries with Depression
Crossroads	19.1%
Illinois	16.7%
United States	18.4%



Over 20.0%
17.1 - 20.0%
15.1 - 17.0%
Under 15.1%

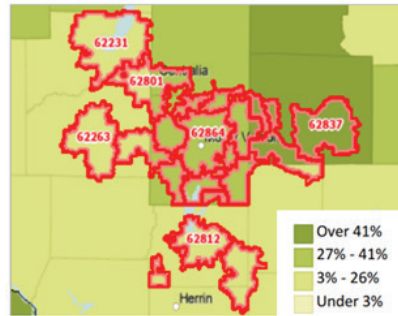
- *MENTAL HEALTH AND SUBSTANCE USE CONDITIONS: reports the rate of diagnoses for mental health and substance abuse conditions among Medicare beneficiaries.*

Report Area	Beneficiaries with Mental Health and Substance Use Conditions
Crossroads	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
Crossroads	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.*

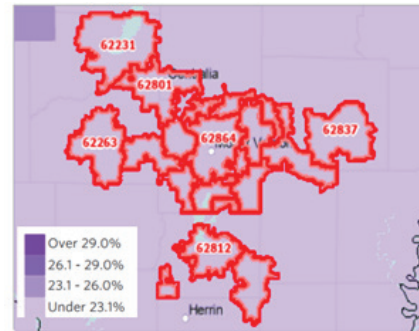
Report Area	Opioid Drug Claims as a Percentage of Total Drug Claims
Crossroads	3.7%
Illinois	3.7%
United States	4.1%

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

Report Area	Binge Drinking	Heavy Alcohol Consumption
Crossroads	15.90%	17.63%
Illinois	16.10%	15.3%
United States	15.50%	19.0%

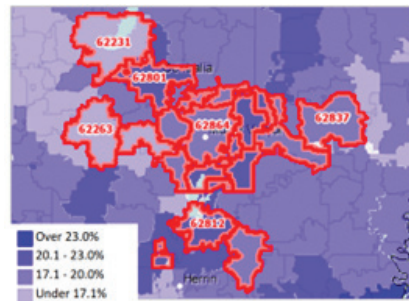
- *HEALTHY BEHAVIORS: PHYSICAL INACTIVITY: adults aged 20 or older that self-report no active leisure activities based on the question “During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening or walking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

Report Area	No Leisure Time Physical Activity
Crossroads	16.0%
Illinois	20.8%
United States	22.0%



- *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	Current Smokers
Crossroads	19.40%
Illinois	14.00%
United States	13.50%

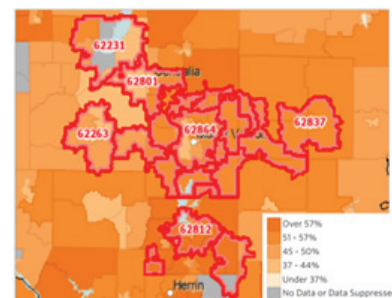


NEIGHBORHOOD & BUILD ENVIRONMENT

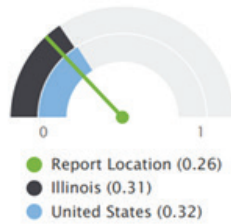
GOAL: Create neighborhoods and environments that promote health and safety.

- 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
Crossroads	46%	21%	25%
Illinois	45%	26%	19%
United States	48%	26%	21%



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



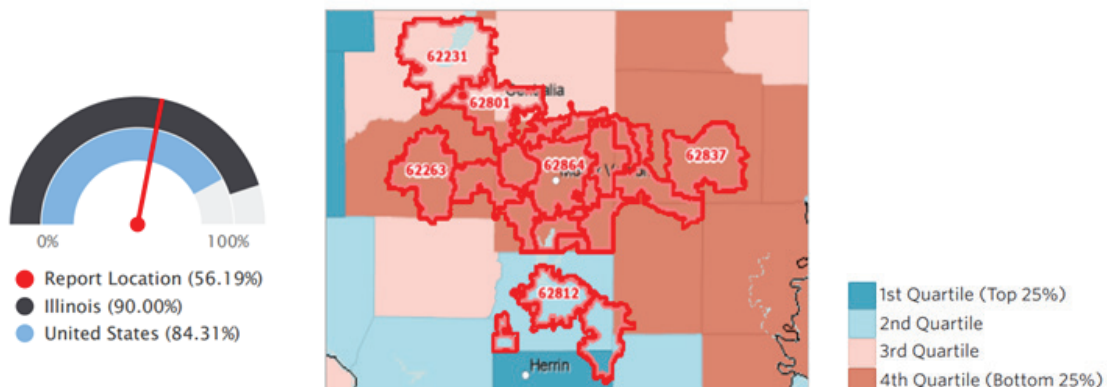
- *BROADBAND/COMPUTER ACCESS: reports the percentage of the population with access to high-speed internet. Population with no or slow internet access. Population with computer access but no internet access.*

Report Area	Access to High-Speed Internet	Households with No or Slow Internet	Households with No Computer	Households with a Computer but No Internet Subscription
Crossroads	83.58%	16.41%	9.50%	6.0%
Illinois	95.51%	13.08%	4.32%	5.05%
United States	93.82%	13.00%	4.31%	5.60%

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

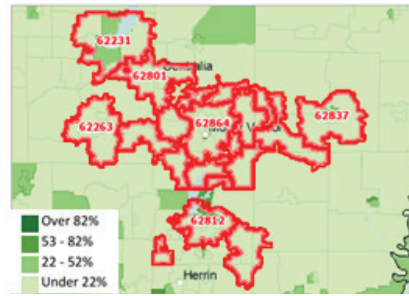
Report Area	Number of Fitness Facilities	Fitness Facilities/100,000 pop.
Crossroads	8	8.2
Illinois	1548	12.08
United States	39,592	11.94

- *ACCESS TO EXERCISE OPPORTUNITIES*



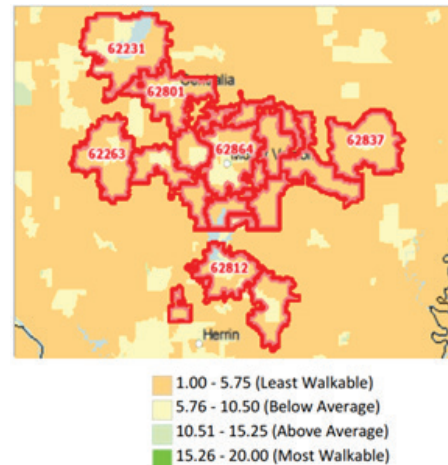
- **PARK ACCESS:** the percentage of the population living within ½ mile of a park.

Report Area	% Within Half Mile of a Park
Crossroads	13%
Illinois	59%
United States	46%



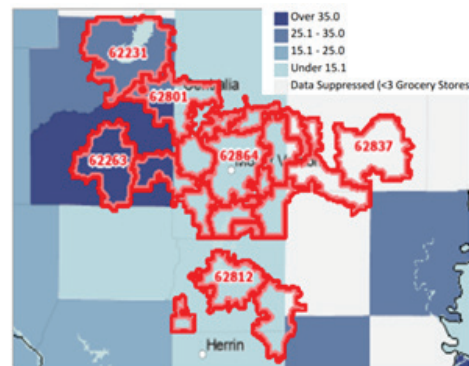
- **WALKABILITY ACCESS:** a nationwide index score developed by EPS that ranks the relative walkability using selected variables on density and diversity of land uses. The Walkability Index ranges from 1-20, where a higher score indicates a more walkable community.

Report Area	Walkability Index
Crossroads	6
Illinois	11
United States	10



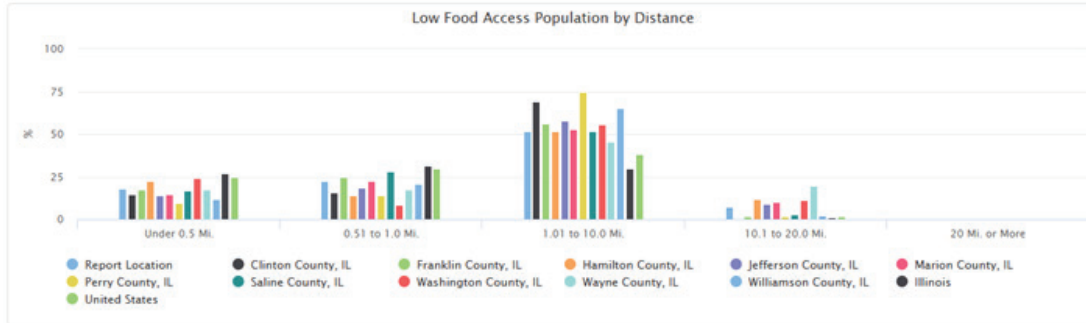
- **FOOD ENVIRONMENT—GROCERY STORES:** Access to healthy foods supports healthy dietary habits. Grocery stores—defined as supermarkets or smaller stores primarily retailing a general line of foods such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry—are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

Report Area	Establishments Rate/100,000 Pop.
Crossroads	16.29
Illinois	19.53
United States	18.79

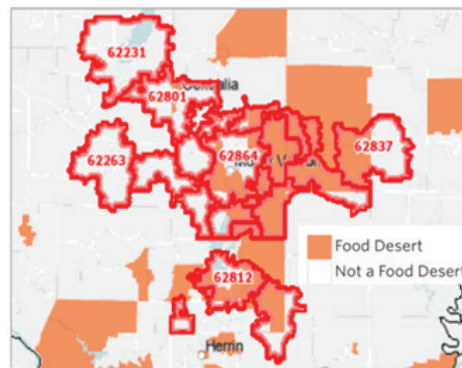


- **FOOD ENVIRONMENT—LOW FOOD ACCESS:** This indicator reports the percentage of the population with low food access, defined as living more than one mile (urban) or ten miles (rural) from the nearest supermarket or grocery store.

Report Area	Low Food Access	Low Income, Low Food Access
Crossroads	21.82%	22.63%
Illinois	20.19%	16.57%
United States	22.22%	19.41%

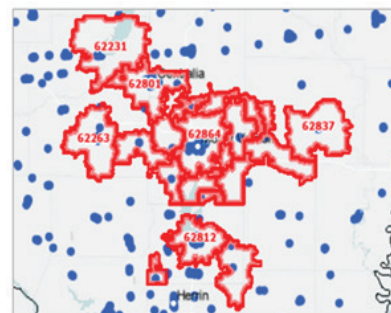


- **FOOD ENVIRONMENT: FOOD DESERT:** The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. The report area has 47% of the population of 48,057 living in food deserts and 13 census tracts classified as food deserts by the USDA.



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

Report Area	Establishment Rate/ 100,000 Pop.
Crossroads	12.05
Illinois	7.38
United States	7.47



● SNAP-Authorized Retailers, USDA March 2023

