



Crawford Memorial Hospital

Crawford County, Illinois

2025

Community Health Needs Assessment

Approved by Board: *June 18th, 2025*



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Executive Summary

Crawford Memorial Hospital (“CMH” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;
- 5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The Significant Health Needs in Crawford County identified by this assessment are:

Cancer



Mental Health



Healthcare Affordability



In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of healthcare in the region
- Support community organizations for collaborations

CHNA Process



Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

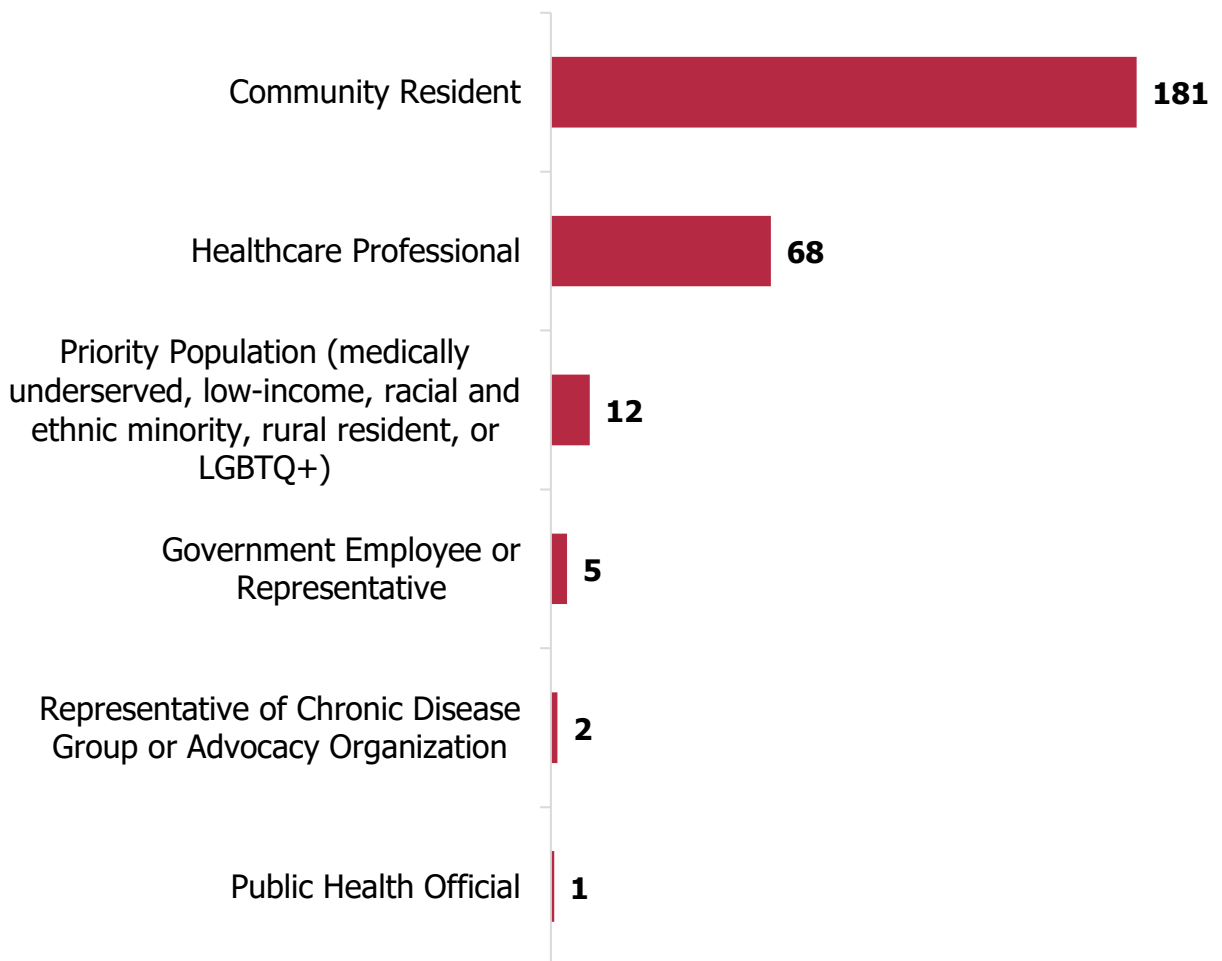
- County Health Rankings 2025 Report
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
- Health Resources & Services Administration – HRSA

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's economic, racial, and geographically diverse population. Two hundred twenty-seven (227) survey responses from community members were gathered between February and March 2025.

Community Input

Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

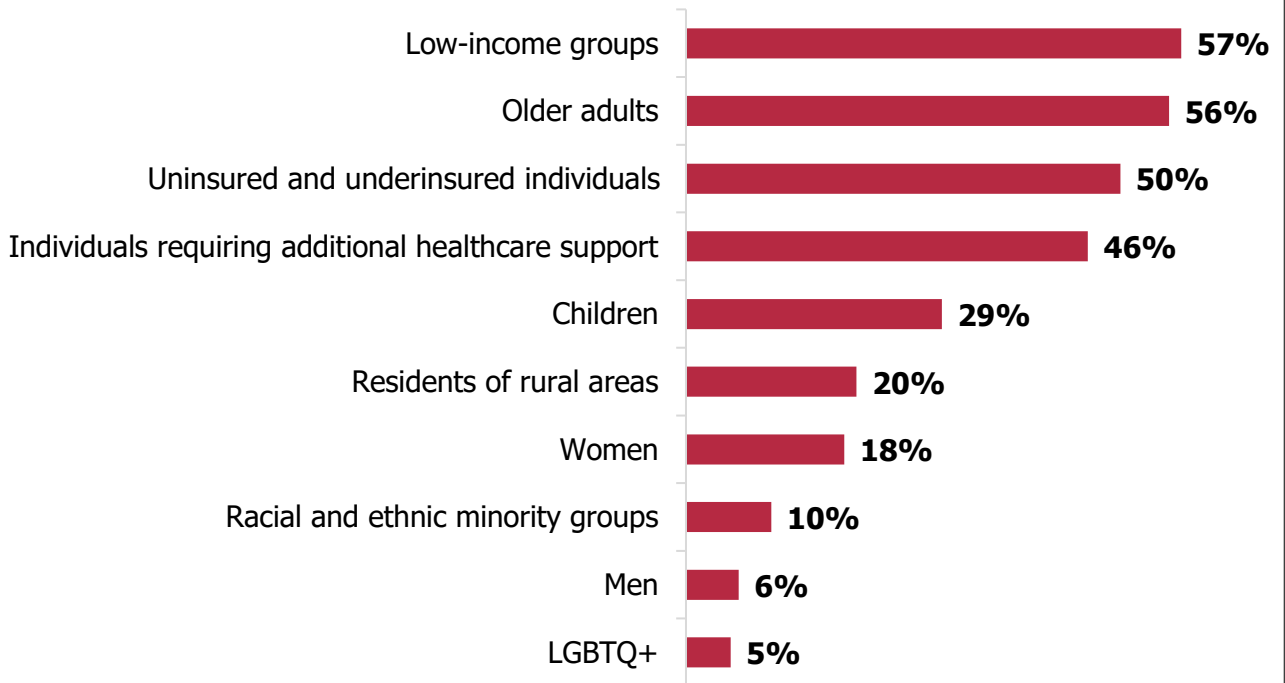
Survey Question: Please select all roles that apply to you (n=226)



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, older adults (65+), and uninsured/underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Affordable
Healthcare

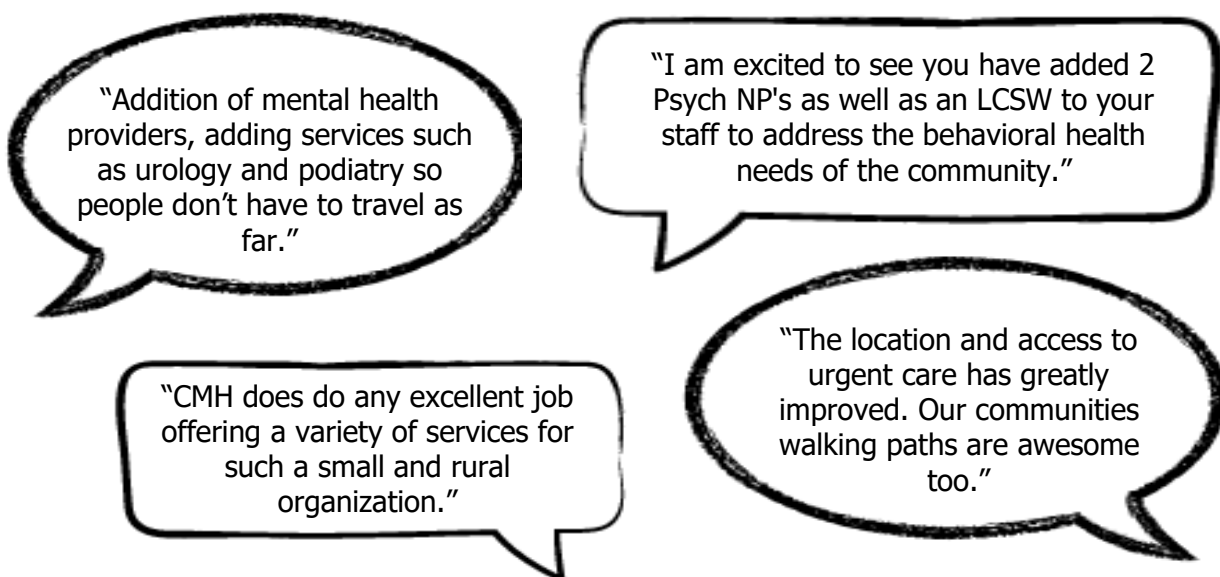
Lack of
Transportation

Access to
Specialists

Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by CMH since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below, along with a selection of survey responses.

- **Behavioral Health:**
Mental Health & Drug/Substance Use
- **Chronic Disease Management:**
Cancer, Obesity, & Diabetes
- **Accessibility/Affordability**
- **Prevention/Wellness**



Impact of Actions to Address the 2022 Significant Health Needs

- CMH has continuously recruited providers and expanded local availability of services, including Behavioral Health, Podiatry, Family Medicine, Oncology, and more.
- Wellness Workshops and Lunch & Learns were implemented for a range of health topics and service promotion.
- Expanded affordable care access and education through Medicare Lunch & Learns, adding BlueCross BlueShield Medicare and Medicaid product line, and launching a VA contract.
- Participated in community outreach initiatives including Mammogram Day for Marathon employees and the Crawford & Lawrence County Infant Safety Expo.

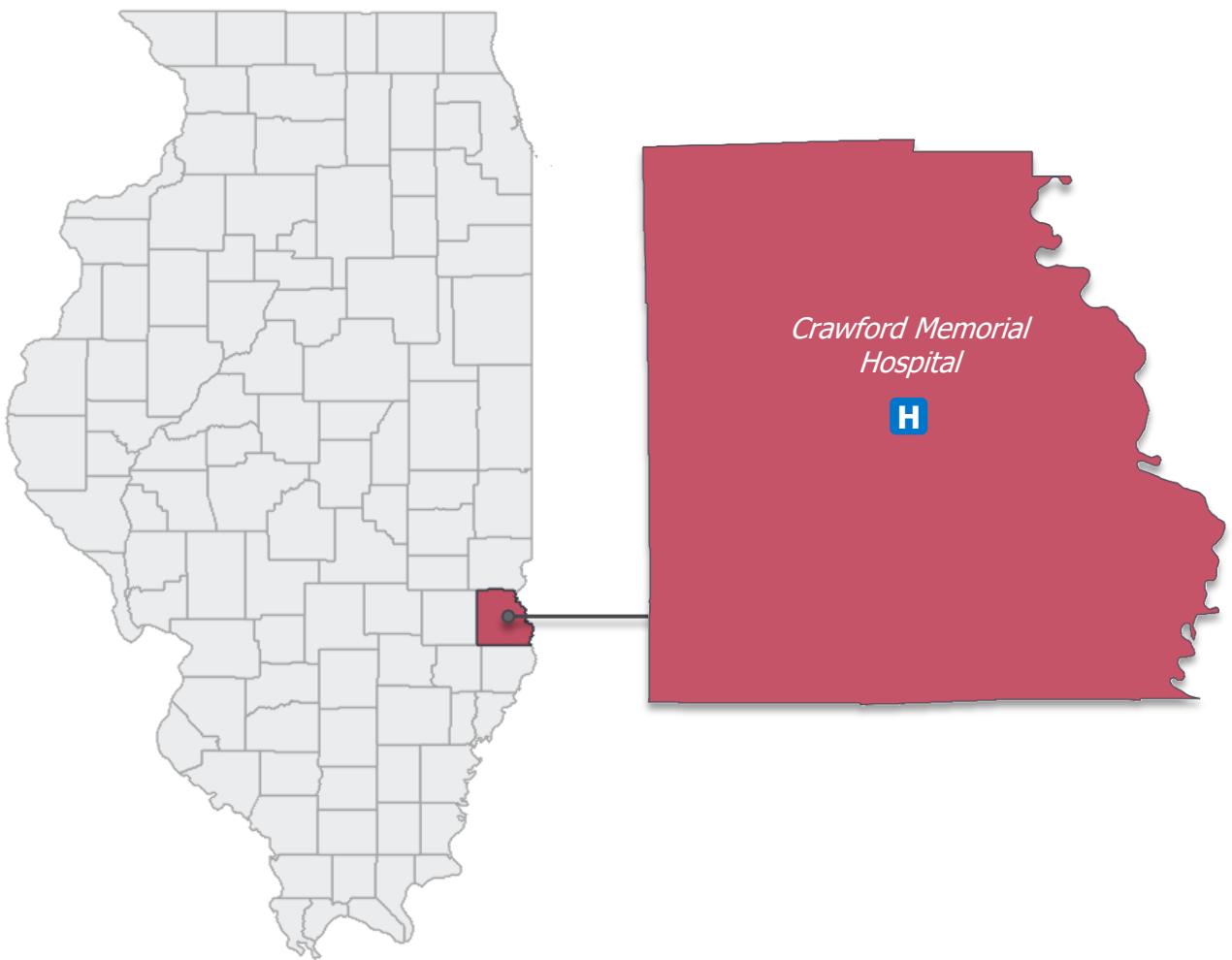
Community Served

The service area in this assessment is defined as Crawford County, Illinois. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, CMH is centrally located within Crawford County and serves as the county's sole hospital, making it the primary healthcare provider for residents in the region.

Service Area

Crawford County, Illinois

Total Population: **18,300**



Source: ArcGIS

Service Area Demographics

	Crawford County	Illinois
Demographics		
Total Population	18,300	12,549,689
Age		
Below 18 Years of Age	19.7%	21.6%
Ages 19 to 64	59.9%	60.9%
65 and Older	20.4%	17.6%
Race & Ethnicity		
Non-Hispanic White	90.2%	58.8%
Non-Hispanic Black	4.8%	14.0%
American Indian or Alaska Native	0.4%	0.6%
Asian	0.6%	6.3%
Native Hawaiian or Other Pacific Islander	0.1%	0.1%
Hispanic	2.8%	19.0%
Gender		
Female	47.6%	50.6%
Male	52.4%	49.4%
Geography		
Rural	67.2%	13.1%
Urban* (Non-Rural)	32.8%	86.9%
Income		
Median Household Income	\$64,168	\$80,346

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units
Source: County Health Rankings 2025 Report*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



227 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



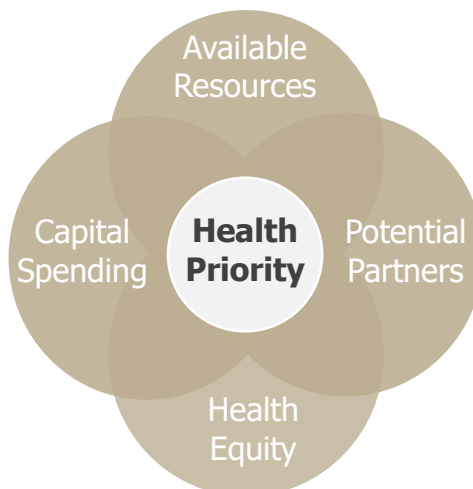
Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

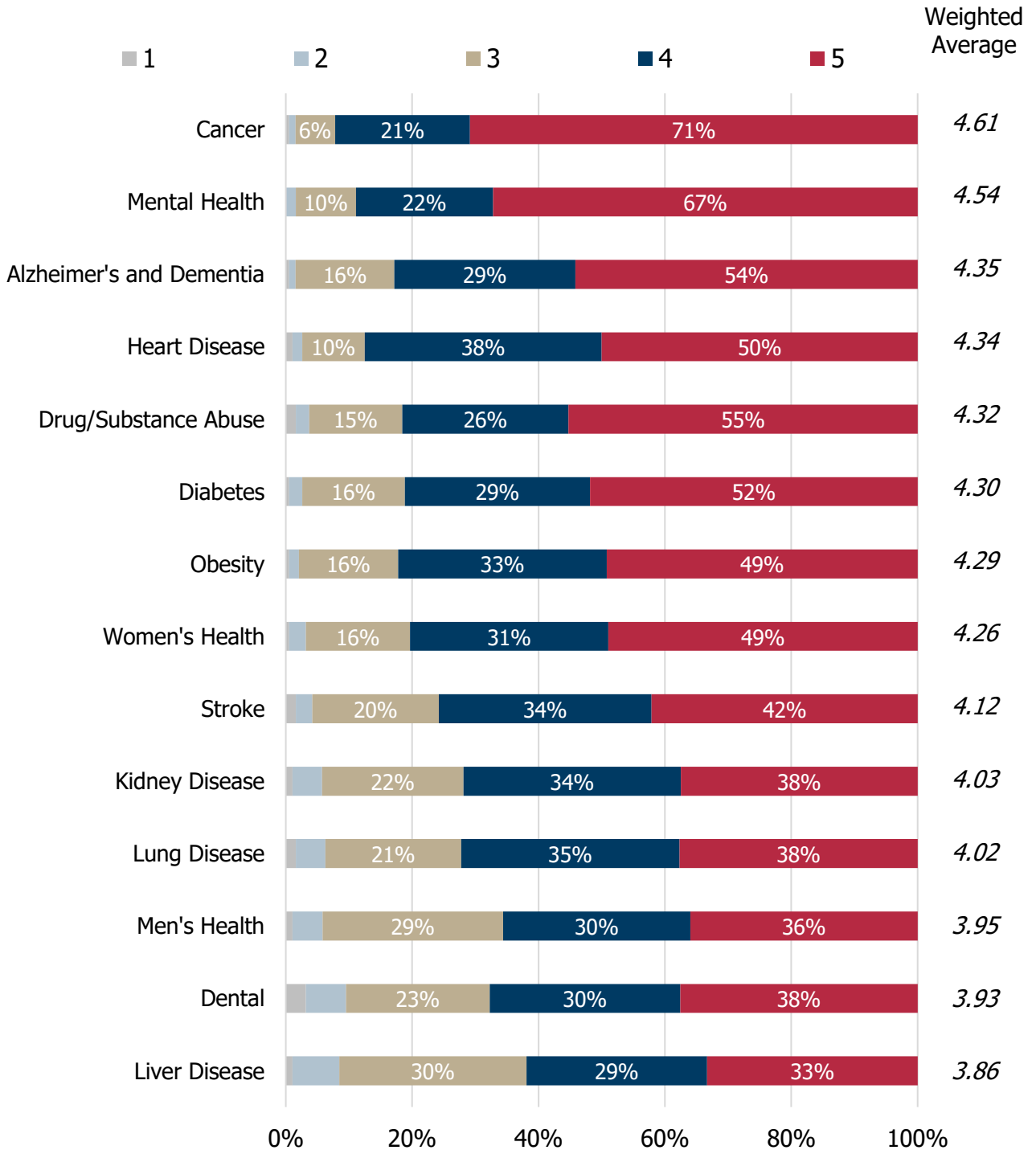
The health priority ranking process included an evaluation of health factors, community factors, and behavioral factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

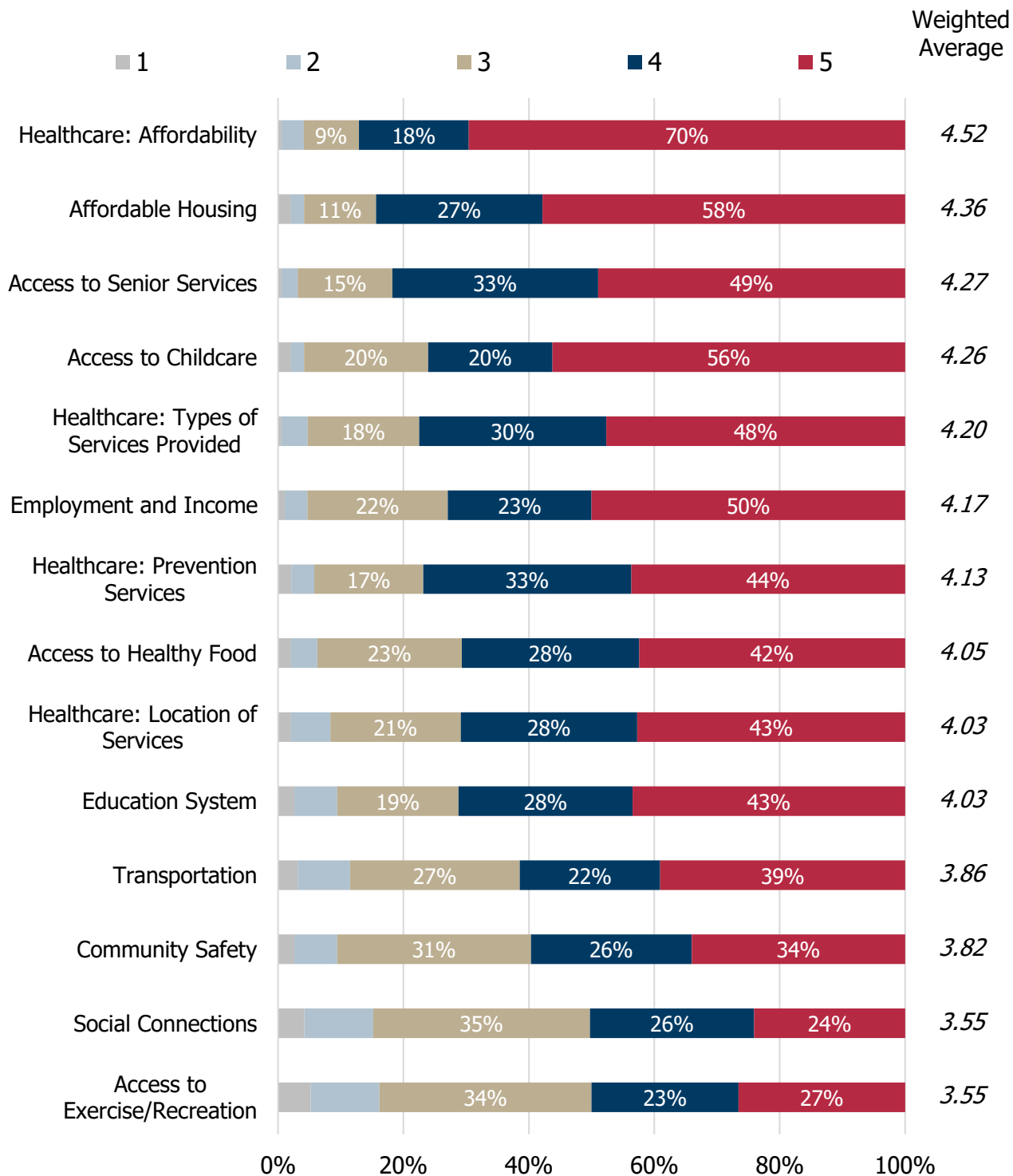
Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).



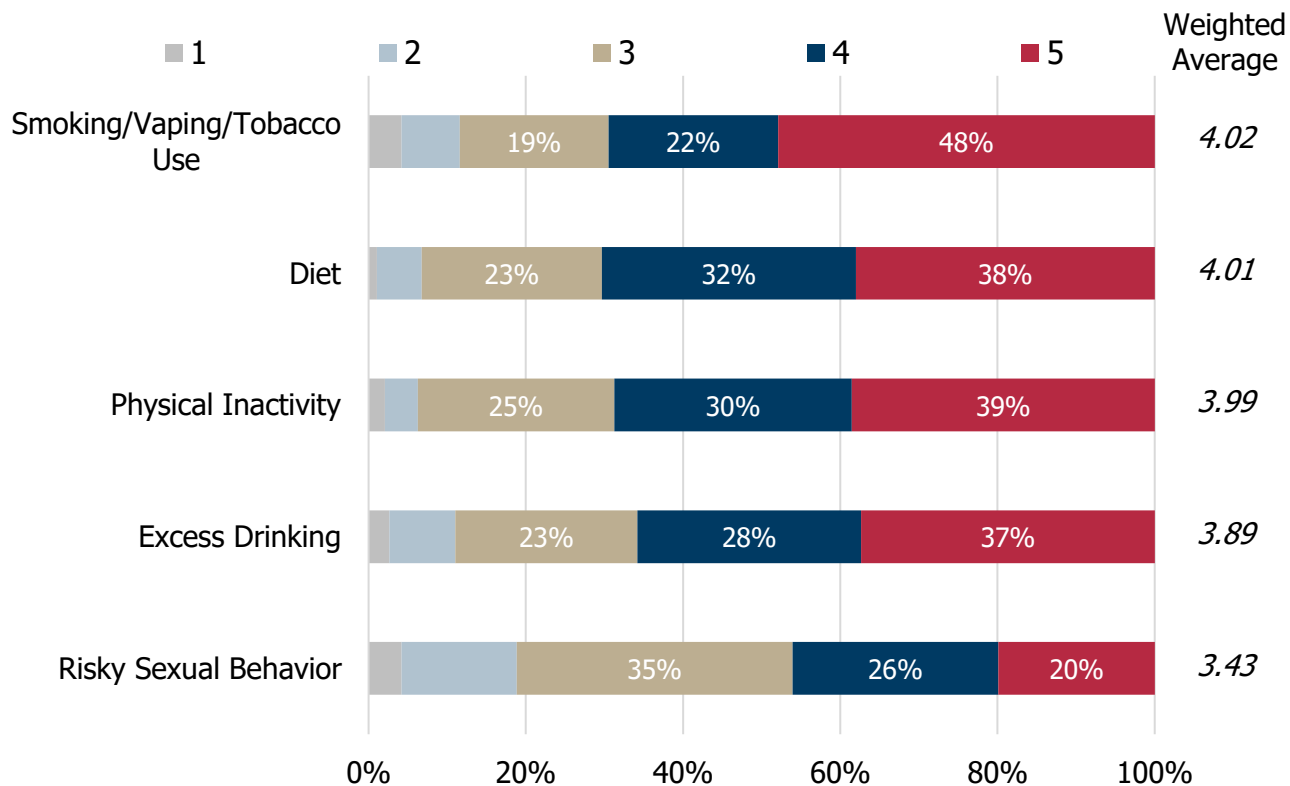
Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Cancer	4.61	92.2%
Mental Health	4.54	88.9%
Healthcare: Affordability	4.52	87.1%
Affordable Housing	4.36	84.4%
Alzheimer's and Dementia	4.35	82.8%
Heart Disease	4.34	87.5%
Drug/Substance Abuse	4.32	81.6%
Diabetes	4.30	81.2%
Obesity	4.29	82.2%
Access to Senior Services	4.27	81.8%
Women's Health	4.26	80.3%
Access to Childcare	4.26	76.0%
Healthcare: Types of Services	4.20	77.5%
Employment and Income	4.17	72.9%
Healthcare: Prevention Services	4.13	76.8%
Stroke	4.12	75.8%
Access to Healthy Food	4.05	70.7%
Kidney Disease	4.03	71.9%
Education System	4.03	71.2%
Healthcare: Location of Services	4.03	70.8%
Lung Disease	4.02	72.3%
Smoking/Vaping/Tobacco Use	4.02	69.5%
Diet	4.01	70.3%
Physical Inactivity	3.99	68.8%
Men's Health	3.95	65.6%
Dental	3.93	67.7%
Excess Drinking	3.89	65.8%
Liver Disease	3.86	61.9%
Transportation	3.86	61.5%
Community Safety	3.82	59.7%
Access to Exercise/Recreation	3.55	50.0%
Social Connections	3.55	50.3%
Risky Sexual Behavior	3.43	46.1%

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Crawford County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of Crawford County to that of Illinois can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #2 community-identified health priority with 89% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Crawford County is 15.7 which is lower than the Illinois average (CDC Final Deaths 2021).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups and residents of rural areas due to a lack of access to providers and an inclusive behavioral health workforce (NAMI).

While it’s difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Crawford County	Illinois
Suicide Mortality Rate per 100,000 (2021)	15.7	17.0
Poor Mental Health Days past 30 days (2022)	5.4	4.5
Population per 1 Mental Health Provider (2024)	416:1	297:1

Source: CDC Final Deaths, County Health Rankings 2025 Report

Drug, Substance, and Alcohol Use

Drug/substance abuse was identified as the #7 priority with 82% of survey respondents rating it as an important factor to address in the community. Additionally, 66% of respondents think excessive drinking and 69% think that smoking and tobacco use are major issues in the community.

Crawford County has a lower rate of drug overdose deaths compared to the state. The county's rate of excessive drinking is higher than Illinois's (22% and 19% respectively) and its smoking rate is higher than the state's (18% and 13% respectively).

	Crawford County	Illinois
Drug-Related Overdose Deaths per 100,000 (2020-2022)	18.0	29.5
Excessive Drinking (2022)	21.9%	19.3%
Alcohol-Impaired Driving Deaths (2018-2022)	23.1%	26.4%
Adult Smoking (2022)	18.2%	12.8%

Source: County Health Rankings 2025 Report

Chronic Diseases

Cancer

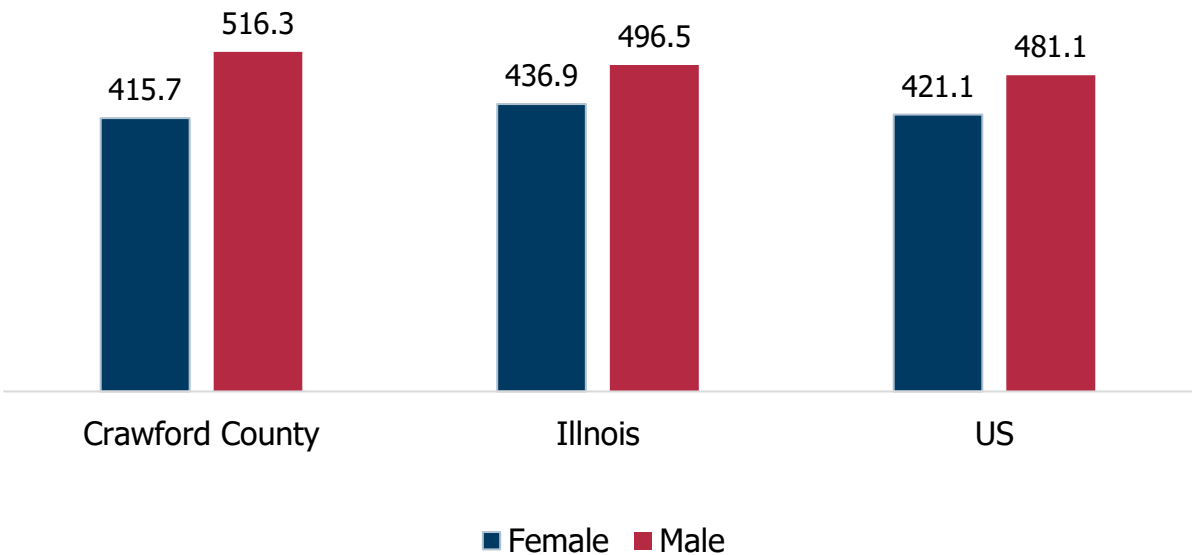
Cancer was identified as the #1 community health issue with 92% of survey respondents rating it as important to address in the community. Cancer is the second leading cause of death in Crawford County (CDC Final Deaths). Additionally, 48% of survey respondents said they would like to see additional access to cancer care in Crawford County.

While the cancer incidence rate is lower in Crawford County than in Illinois, the county has a higher mortality rate compared to the state. When evaluating health equity across genders, men have higher incidence rates of cancer compared to women in Crawford County, Illinois, and the US. This disparity can be due to a multitude of factors including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

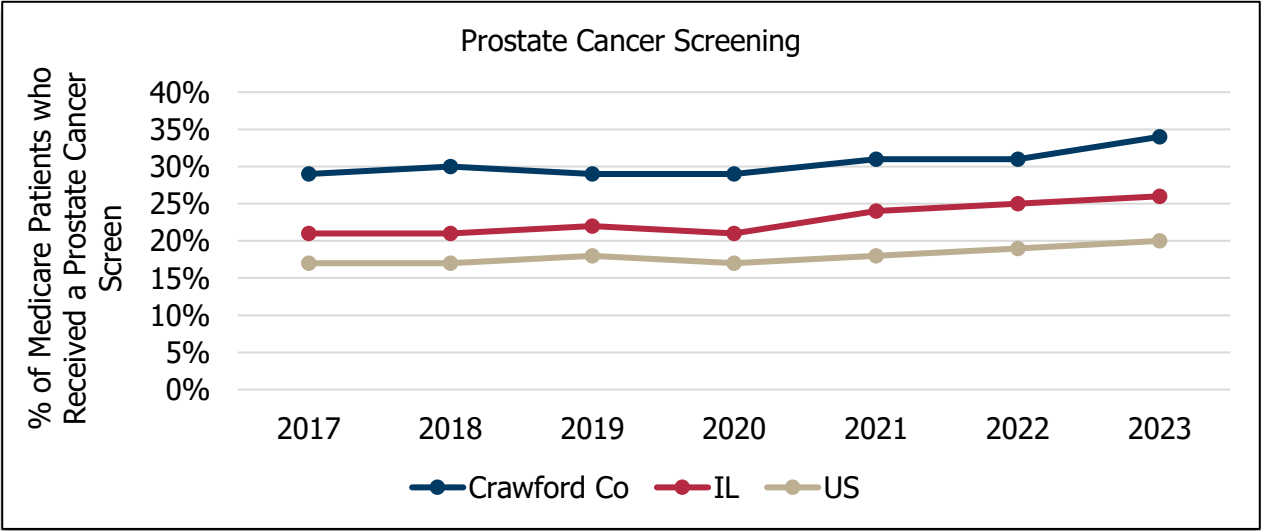
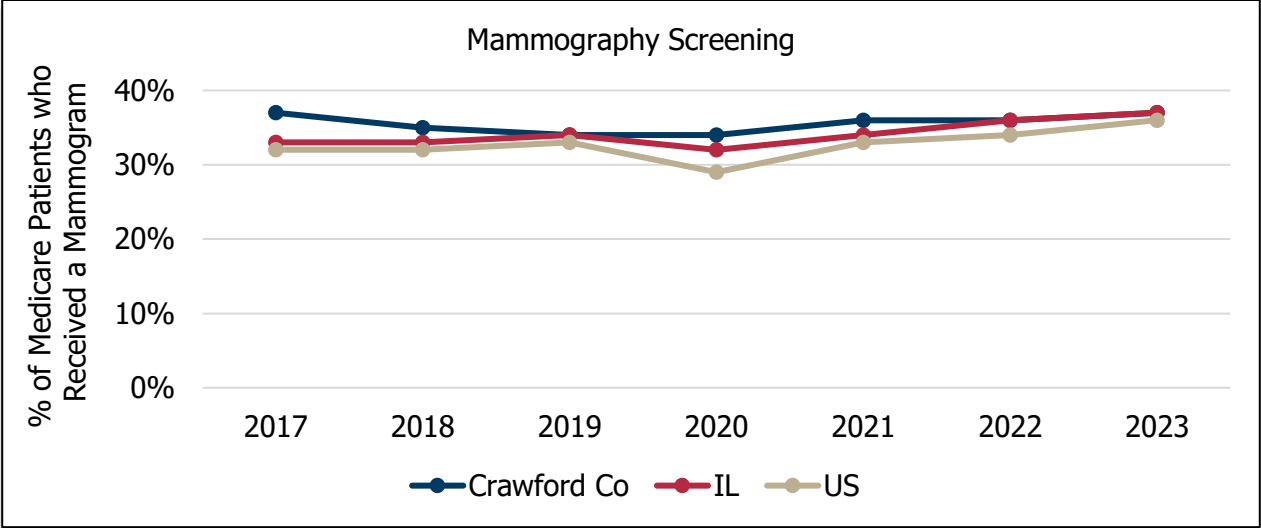
	Crawford County	Illinois
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	449.5	459.2
Cancer Mortality Rate per 100,000 (2022)	188.8	150.0

Source: CDC, National Cancer Institute

Cancer Incidence Rates by Gender (per 100,000)



The rate of Medicare enrollees (women age 65+) in Crawford County who have received a mammogram in the past year is similar to both the Illinois and US averages. These rates have been increasing in recent years after a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Crawford County has had a higher prostate cancer screening rate in the past year compared to both the state and the US overall with rates increasing in recent years.

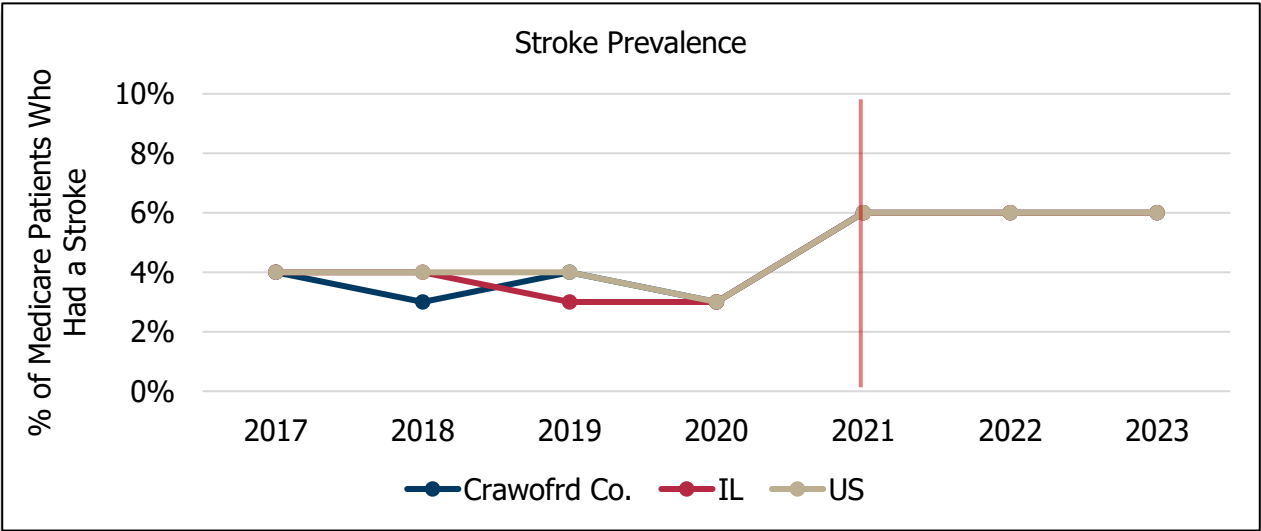
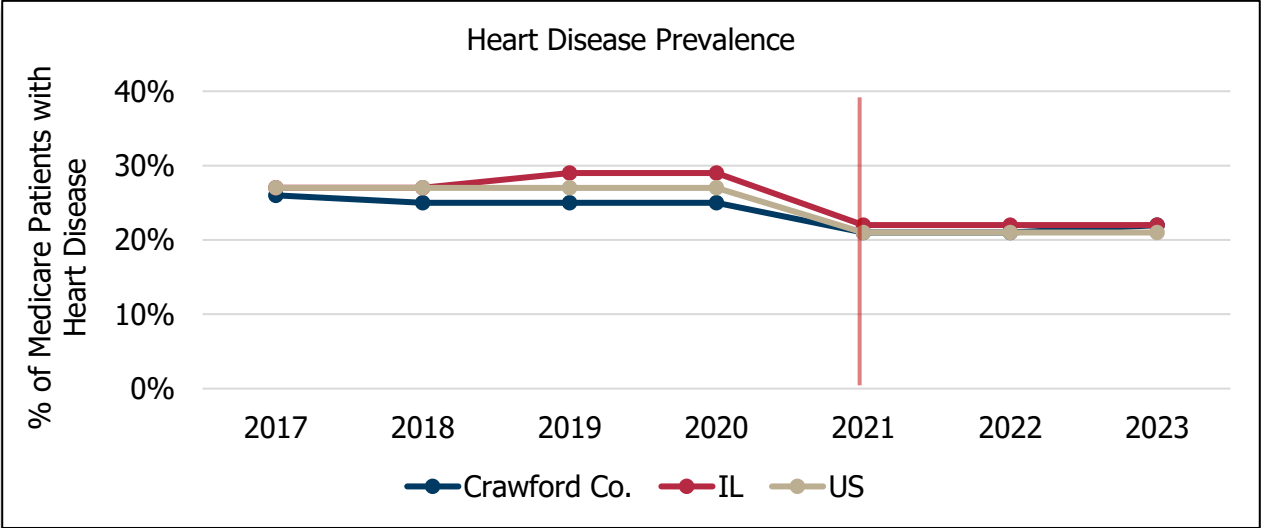


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in Crawford County and the county has a mortality rate higher than the state (234.8 compared to 169.8 per 100,000 respectively) (CDC Final Deaths). Stroke is the 3rd leading cause of death in Crawford County with a mortality rate of 62.9 per 100,000 compared to 44.1 in the state (CDC Final Deaths).

In the Medicare population, Crawford County has a similar prevalence of both heart disease and stroke to the Illinois average. In the community survey, 41% of respondents said they would like to see additional cardiology services available locally.



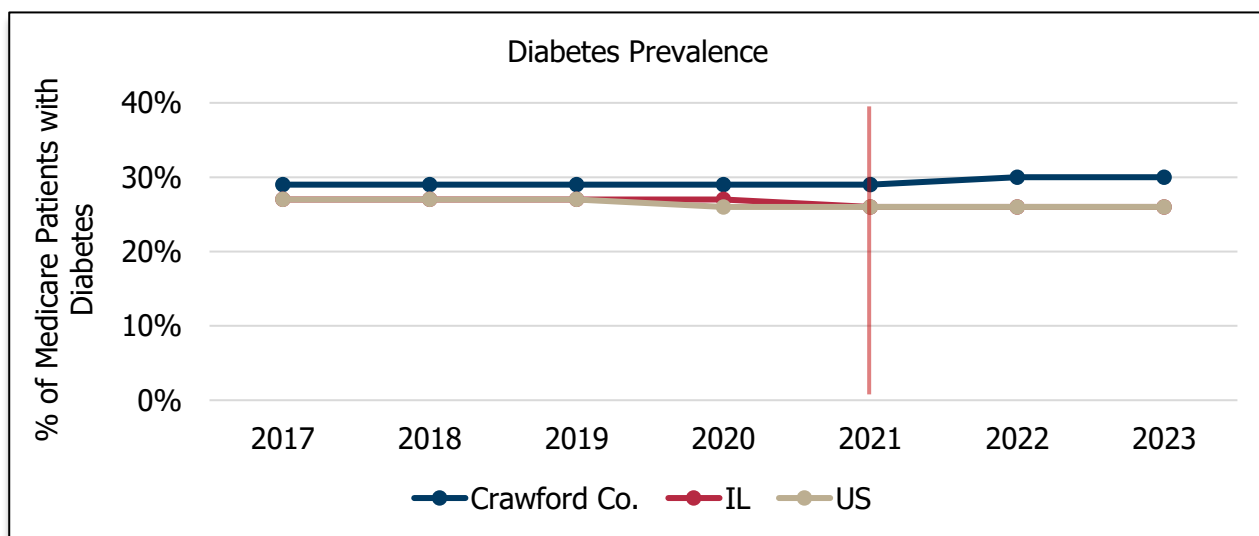
Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Crawford County is lower than Illinois and the county sees a diabetes mortality rate lower than the state (CDC Final Deaths). When evaluating the Medicare population, Crawford County has a higher prevalence of diabetes compared to the state and rates have remained stable over the past decade.

	Crawford County	Illinois
Diabetes Mortality Rate per 100,000 (2022)	19.6	21.8
Diabetes Prevalence (2022)	10.1%	10.7%

Source: CDC Final Deaths, County Health Rankings 2025 Report



Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Crawford County, adults have higher rates of obesity than in Illinois on average. Additionally, the county sees higher rates of physical inactivity than the state, as well as lower rates of access to exercise opportunities (proximity to a park or recreation facility). This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Crawford County	Illinois
Adult Obesity (2022)	36.8%	33.0%
Limited Access to Healthy Foods (2019)	2.4%	4.8%
Physical Inactivity (2022)	23.0%	22.1%
Access to Exercise Opportunities (2024)	58.3%	90.6%

Source: County Health Rankings 2025 Report

Healthcare Access

Access & Affordability

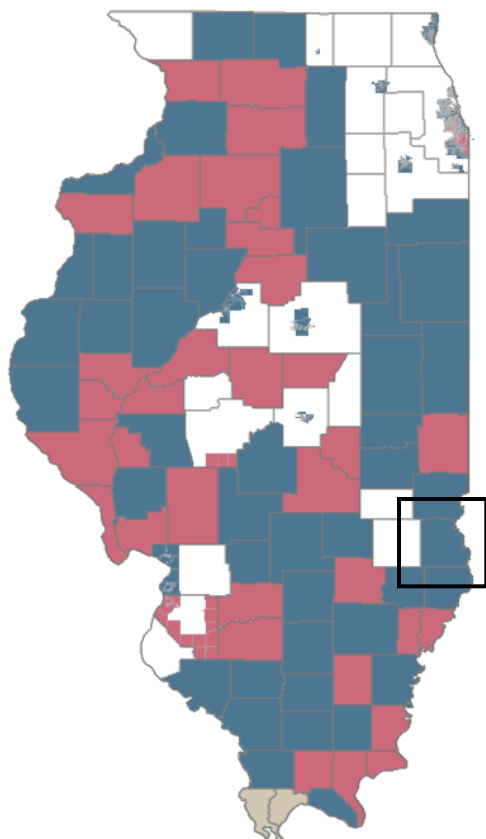
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. Crawford County has a lower household income than the Illinois average and also has a lower uninsured population than the state. Additionally, Crawford County has less access to primary care physicians, mental health providers, and dentists as shown in the following provider ratios and health professional shortage areas (HPSA).

	Crawford County	Illinois
Uninsured Population (2022)	7.0%	9.4%
Population per 1 Primary Care Physician (2021)	2,073:1	1,264:1
Population per 1 Primary Care Provider (APP) (2024)	1,220:1	827:1
Population per 1 Dentist (2022)	2,317:1	1,189:1

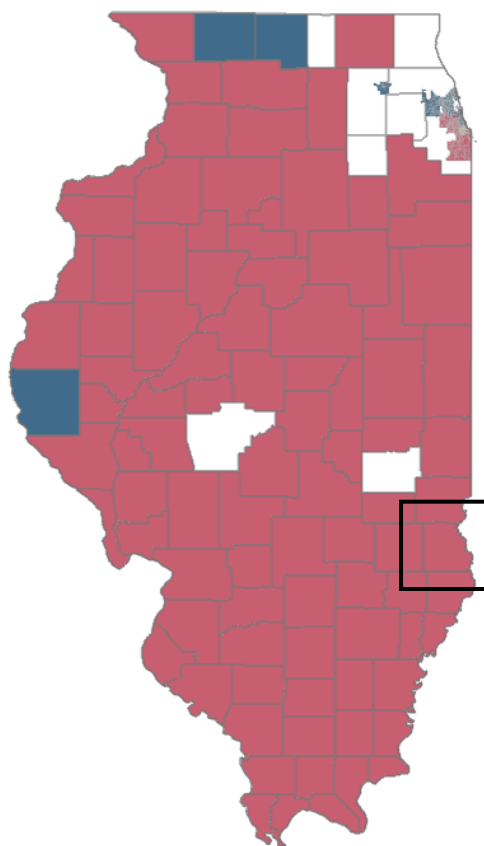
Source: County Health Rankings 2025 Report




Illinois Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health

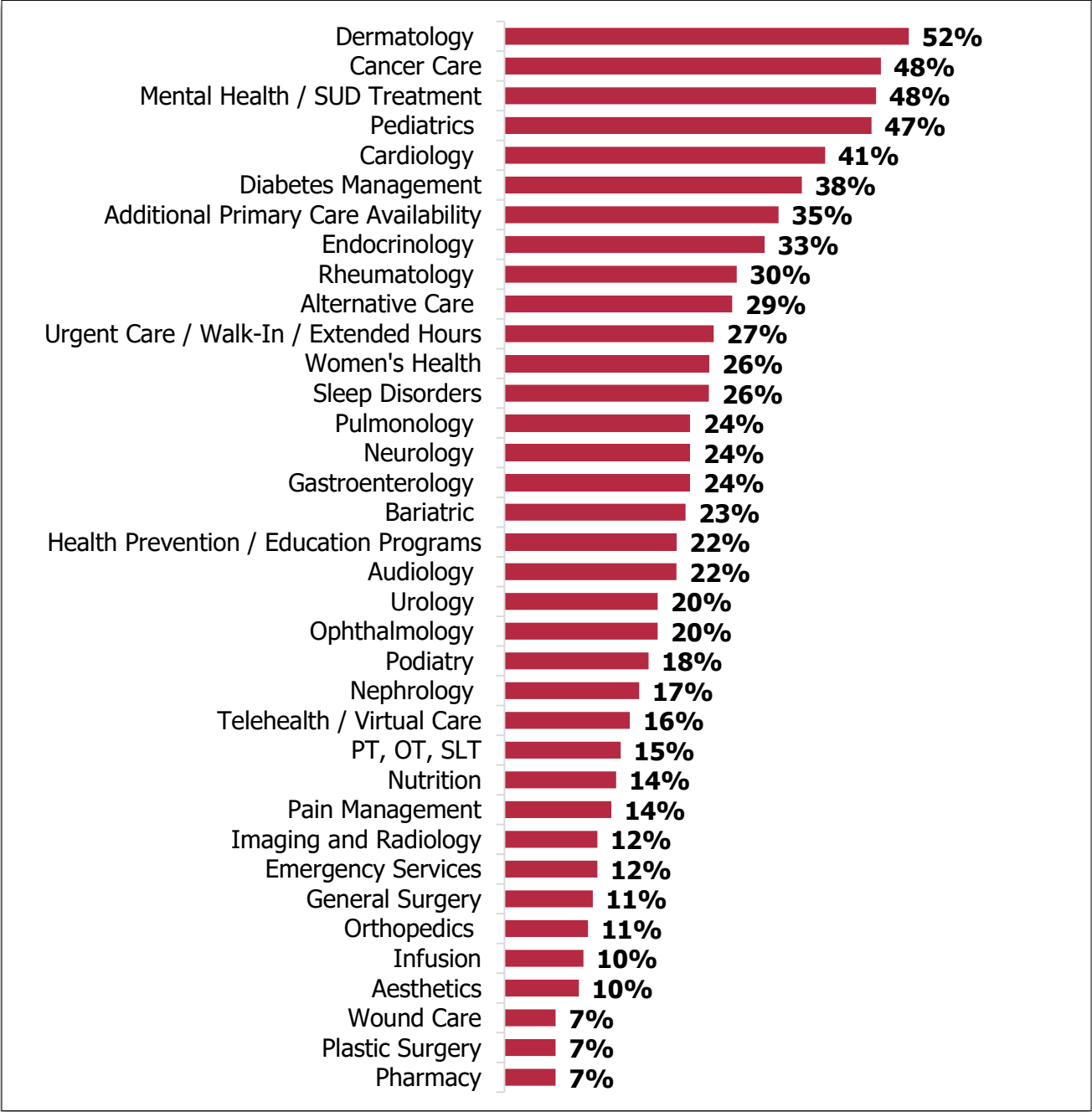


-  HPSA Population: *a shortage of services for a specific population subset within an established geographic area*
-  Geographic HPSA: *a shortage of services for the entire population within an established geographic area*
-  High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

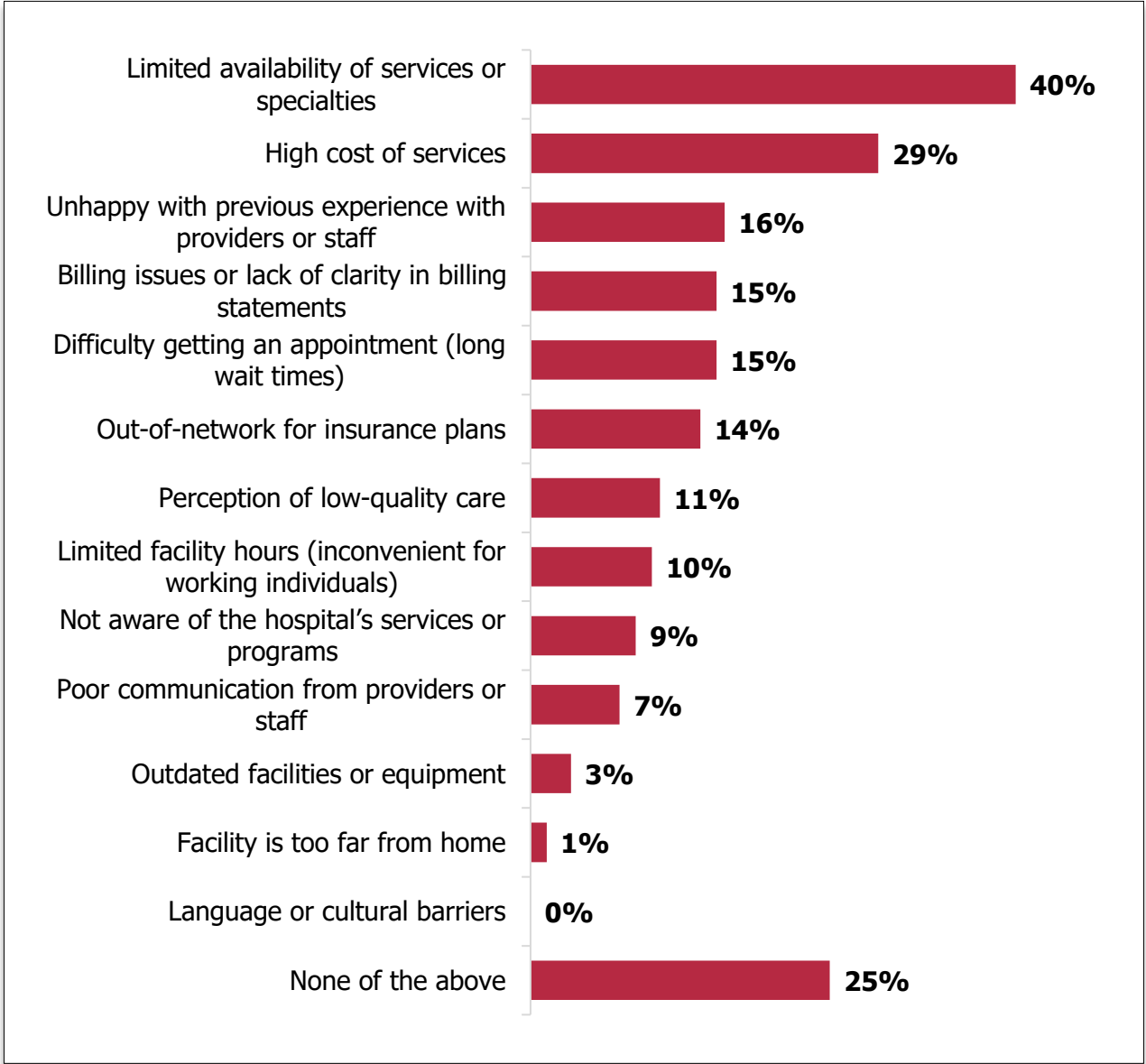
In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Dermatology was the top identified service need with 52% of respondents saying they would like to see it available in Crawford County followed by cancer care (48%) and mental health/substance abuse treatment (48%).

Survey Question: What additional services/offerings would you like to see available in Crawford County? (select all that apply)



When survey respondents were asked about their barriers to care, limited availability of services or specialties was the top barrier identified by 40% of respondents, followed by high cost of services by 29% of respondents.

Survey Question: What keeps you from seeking service at CMH? (select all that apply)



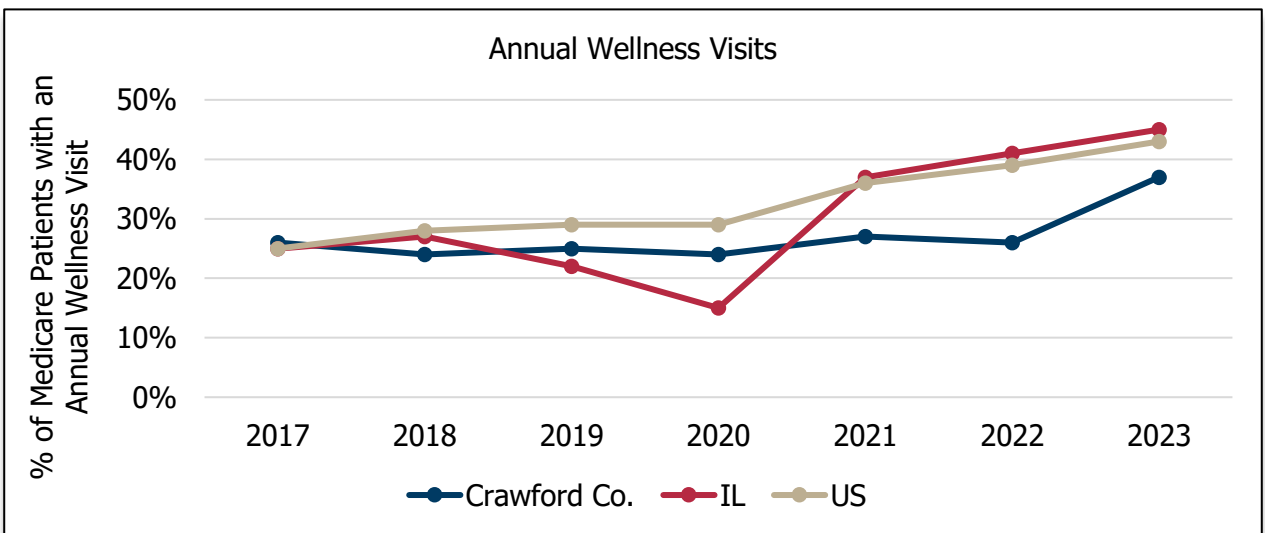
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 22% of respondents said they would like to see additional health prevention and education programs available in the community.

Crawford County has the same annual mammography screening rate as the state but a lower flu vaccine adherence rate. The county also sees lower rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). While the rate of annual wellness visits in the Medicare population is lower in Crawford County than in the state, rates have been increasing in recent years.

	Crawford County	Illinois
Preventable Hospital Stays per 100,000 (2022)	2,719	3,239
Mammography Screening (2022)	45.0%	45.0%
Flu Vaccination (2022)	45.0%	51.0%

Source: County Health Rankings 2025 Report



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Access to Senior Services

Access to senior services was identified as the #10 priority with 82% of survey respondents rating it as an important factor to address in the community. Older adults were identified as the top priority population in the community making access to senior services an important need. Over 20% of Crawford County residents are aged 65 or older and this population is projected to grow over the next five years.

	Crawford County	Illinois
Population 65+ (2023)	20.4%	17.6%
Life Expectancy (2019-2021)	76.7	77.5

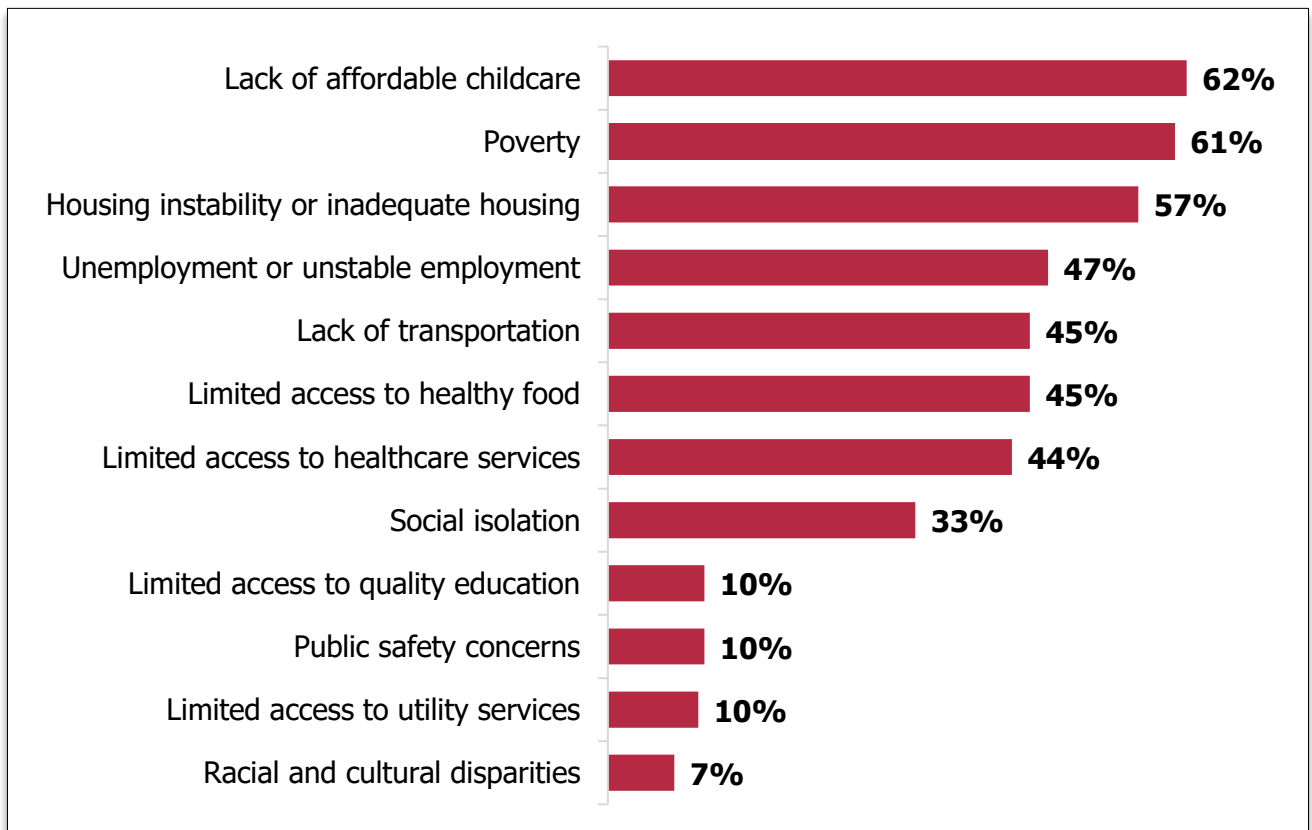
Source: County Health Rankings 2025 Report

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Crawford County. The top SDoH identified was lack of affordable childcare with 62% of survey respondents identifying it as negatively impacting the community's health followed by poverty and housing instability.

Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Crawford County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, nearly 9% of Crawford County residents spend 50% or more of their household income on housing.

	Crawford County	Illinois
Severe Housing Problems (2017-2021)	10.5%	15.6%
Severe Housing Cost Burden (2019-2023)	8.5%	14.0%
Broadband Access (2019-2023)	88.6%	89.4%

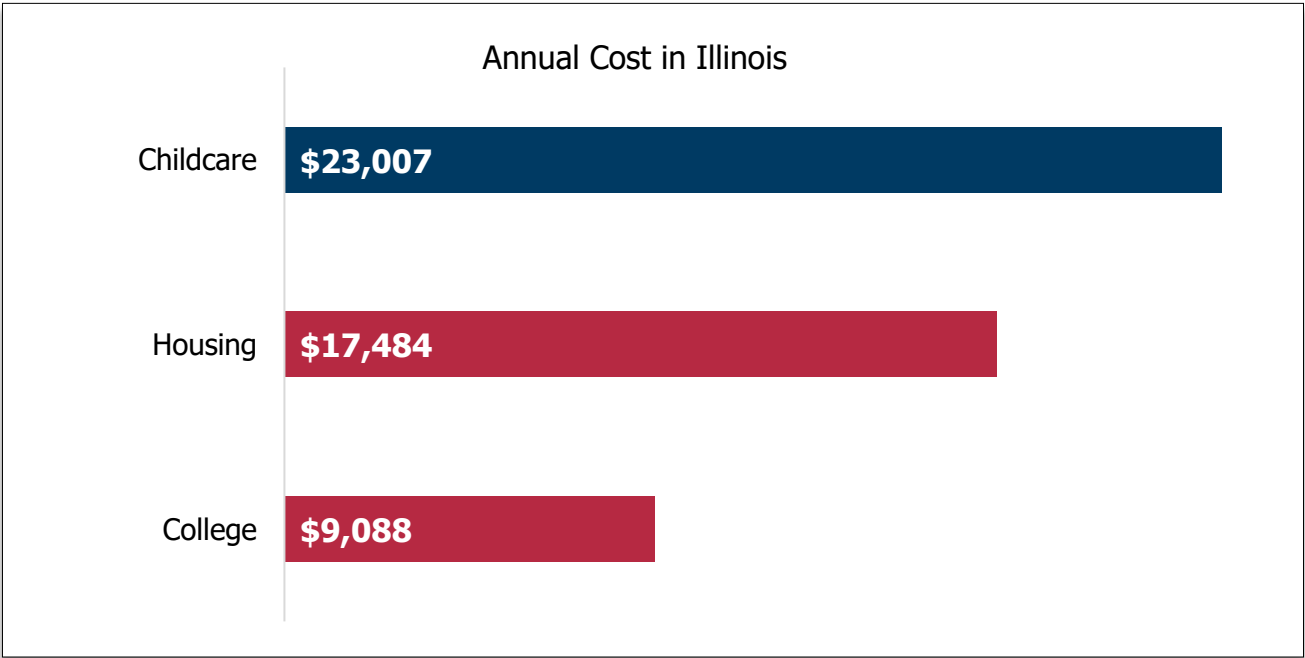
Source: County Health Rankings 2025 Report

Access to Childcare

The average yearly cost of infant care in Illinois is \$16,373. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family’s income (Economic Policy Institute). In Crawford County, 31% of household income is required for childcare expenses and there are 3 childcare centers for every 1,000 children under age 5 in the county.

	Crawford County	Illinois
Children in Single-Parent Households (2019-2023)	17.5%	24.9%
Child Care Cost Burden - % of HHI used for childcare (2024)	30.8%	30.4%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	3.1	3.5

Source: County Health Rankings 2025 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
Source: Child Care Aware (2023)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Crawford County	Illinois
Median Household Income (2023)	\$64,168	\$80,346
High School Completion (2019-2023)	88.2%	90.3%
Some College – includes those who had and had not attained degrees (2019-2023)	62.1%	71.4%
Unemployment (2023)	4.0%	4.5%
Children in Poverty (2023)	16.9%	14.7%

Source: County Health Rankings 2025 Report

Evaluation & Selection Process

Worse than Benchmark Measure



Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or U.S. averages

Identified by the Community



Health needs expressed in the online survey and/or mentioned frequently by community members

Feasibility of Being Addressed



Growing health needs where interventions are feasible, and the Hospital could make an impact

Impact on Health Equity



Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Cancer	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Healthcare: Affordability		✓	✓	✓
Affordable Housing		✓		✓
Alzheimer's and Dementia		✓	✓	✓
Heart Disease	✓	✓	✓	✓
Drug/Substance Abuse		✓	✓	✓
Diabetes		✓	✓	✓
Obesity	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓

Implementation Plan

Implementation Plan Framework

Based on the findings of the Community Health Needs Assessment, Crawford Memorial Hospital identified three top community health priorities: Cancer, Mental Health, and Healthcare Affordability. These priorities were determined through a combination of community input, health data analysis, and facilitated conversations with hospital stakeholders. This plan outlines goals, objectives, and summarizes existing programs and services that support each priority, ensuring continued alignment with the hospital's current work and a path forward to improving access and outcomes. CMH has focused this action plan on the healthcare needs of the community and relies on partner organizations in the community to lead action plans for other community needs like education, housing, and transportation.



Cancer

Goal: Improve cancer outcomes in the community through prioritizing early detection, screening, and local access to cancer care.



Mental Health

Goal: Enhance access to mental health services to improve behavioral health outcomes in the community.



Healthcare Affordability

Goal: Provide healthcare that can be accessed by all community members

Cancer

CMH Services and Programs Committed to Respond to This Need

- Infusion Center: The Infusion Center offers chemotherapy and other infusion services for patients to access locally.
- Consulting Services: The Consulting Clinic offers a range of visiting and telemedicine specialties including Oncology, Hematology, and Chemotherapy.
- Screening: A range of state-of-the-art screening technologies are available including digital mammography and low-dose CT lung scan.
- Community Outreach: CMH staff provide community education and awareness of cancer screening services and partner with local employers to promote mammography utilization.

Goals and Future Actions to Address this Significant Health Need

Goal: Improve cancer outcomes in the community through prioritizing early detection, screening, and local access to cancer care.

Objectives:

- Implement oncology service line with access to an Oncologist, Oncology Nurse Practitioners, and Oncology Nurse Navigator.
- Increase utilization of cancer screening services through patient reminders and community outreach.

Impact of Actions and Access to Resources

- Increase access to cancer care:
 - Oncology appointment utilization
- Increase cancer screening utilization:
 - Mammography utilization
 - Low-dose CT lung scan utilization

Other Local Organizations Available to Respond to This Need

- Crawford Memorial Hospital Foundation
- Crawford County Health Department

Mental Health

CMH Services and Programs Committed to Respond to This Need

- Outpatient Mental Health Care: CMH employs two Mental Health Nurse Practitioners to provide diagnosis, medication management, and referrals, and also has a Licensed Clinical Social Worker (LCSW) integrated into its Rural Health Clinics to provide counseling and navigation to community resources.
- Routine Behavioral Health Screenings: Depression screenings and substance abuse screening tools are integrated into primary care visits to identify patients who may need connection to additional behavioral health services.
- Community Mental Health Collaboration: CMH actively works with community behavioral health workers to provide education, referrals, and access to 24/7 crisis care at Lawrence County Behavioral Health

Goals and Future Actions to Address this Significant Health Need

Goal: Enhance access to mental health services to improve behavioral health outcomes in the community.

Objectives:

- Continue to recruit LCSWs to expand access to behavioral health appointments and services locally.
- Improve education and outreach to the community of mental health services provided at CMH to ensure awareness and utilization of services.

Impact of Actions and Access to Resources

- Increase access to mental health services:
 - Recruited LCSWs
 - Psychiatric consult utilization

Other Local Organizations Available to Respond to This Need

- Crawford County Health Department
- Haven Therapy Practice
- Lawrence County Behavioral Health
- Prevail Illinois

Healthcare Affordability

CMH Services and Programs Committed to Respond to This Need

- Walk-in Clinic: The Walk-In Clinic offers access to convenient care 7 days a week and is open for extended hours.
- Rural Health Clinics: CMH offers three different Rural Health Clinic locations to provide convenient access to patients across Crawford County.
- CMH Consulting Clinic: CMH offers a wide range of visiting specialty care services to limit patients' need to travel far for care. Visiting specialties include: Cardiology, Nephrology, Urology, Neurology, and more.
- Financial Assistance: Financial assistance policies are available for patients at the Hospital and Rural Health Clinics with an assistance scale up to 400% of the federal poverty line.

Goals and Future Actions to Address this Significant Health Need

Goal: Provide healthcare that can be accessed by all community members

Objectives:

- Grow service offerings to provide access to convenient, local care and limit patients' need to travel for healthcare services.
- Continue to develop relationships with community organizations to address patients' barriers to care like poverty, childcare, and transportation.

Impact of Actions and Access to Resources

- Increase access to local and affordable healthcare services and resources
 - Financial assistance applications
 - Addition of local services/programs

Other Local Organizations Available to Respond to This Need

- Crawford County Health Department
- Rural Medical Education (RMED) Program, Rockford Medicine

Appendix

Community Data Tables

































Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Illinois's Top 15 Leading Causes of Death are listed in the tables below in Crawford County's rank order. Crawford County's mortality rates are compared to the Illinois state average, and whether the death rate was higher (**red**), or lower (**green**) compared to the state average.

	Crawford County	Illinois	U.S.
Heart Disease	234.8	169.8	173.8
Cancer	188.8	150.0	146.6
Stroke	62.9	44.1	41.1
Lung	47.1	31.5	34.7
Accidents	45.4	56.7	64.7
Flu - Pneumonia	26.7	14.9	10.5
Alzheimer's	25.4	26.6	31.0
Diabetes	19.6	21.8	25.4
Kidney	15.9	14.9	13.6
Suicide	15.7	17.0	14.1
Hypertension	11.4	13.1	10.7
Blood Poisoning	10.1	12.5	10.2
Parkinson's	9.9	10.8	9.8
Liver	5.5	11.9	14.5
Homicide	3.6	12.2	8.2

Source: worldlifeexpectancy.com, CDC (2022)

County Health Rankings

	Crawford	Illinois	US Overall
Length of Life			
Premature Death*	 7,129	7,921	8,400
Life Expectancy*	 77	77	77
Quality of Life			
Poor or Fair Health	 18%	16%	17%
Poor Physical Health Days	 4.3	3.8	3.9
Poor Mental Health Days	 5.4	4.5	5.1
Low Birthweight*	 8%	9%	8%
Health Behaviors			
Adult Smoking	 18%	13%	13%
Adult Obesity	 37%	33%	34%
Limited Access to Healthy Foods	 2%	5%	6%
Physical Inactivity	 23%	22%	23%
Access to Exercise Opportunities	 58%	91%	84%
Excessive Drinking	 22%	19%	19%
Alcohol-Impaired Driving Deaths	 23%	26%	26%
Drug Overdose Deaths*	 18	29	31
Sexually Transmitted Infections*	 378	569	495
Teen Births (<i>per 1,000 females ages 15-19</i>)	 22	13	16
Clinical Care			
Uninsured	 7%	9%	10%
Primary Care Physicians (MDs & DOs)	2073:1	1264:1	1,330:1
Other Primary Care Providers (APPs)	1220:1	827:1	710:1
Dentists	2317:1	1189:1	1,360:1
Mental Health Providers	416:1	297:1	300:1
Preventable Hospital Stays*	 2,719	3,239	2,666
Mammography Screening	 45%	45%	44%
Flu Vaccinations	 45%	51%	48%
Social & Economic Factors			
High School Completion	 88%	90%	89%
Some College	 62%	71%	68%
Unemployment	 4%	4%	3.6%
Children in Poverty	 17%	15%	16%
Children in Single-Parent Households	 18%	25%	25%
Injury Deaths*	 62	77	84
Child Care Cost Burden (<i>% of HHI used for childcare</i>)	 31%	30%	28%
Child Care Centers (<i>per 1,000 under age 5</i>)	 3	4	7
Physical Environment			
Severe Housing Problems	 11%	16%	17%
Long Commute - Driving Alone (<i>> 30 min. commute</i>)	 17%	41%	37%
Severe Housing Cost Burden (<i>50% or more of HHI</i>)	 9%	14%	15%
Broadband Access	 89%	89%	90%

***Per 100,000 Population**

Key (Legend)



Better than IL



Same as IL



Worse than IL

Source: County Health Rankings 2025 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	February 2025	2014-2024
CDC Final Deaths	15 top causes of death	February 2025	2022
Bureau of Labor Statistics	Unemployment rates	March 2025	2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	March 2025	2022
NIH National Cancer Institute	State cancer profiles; incidence rates	March 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	March 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	March 2025	2005
Centers for Disease Control and Prevention – CDC	Gender disparities in cancer prevalence	March 2025	2025
Health Resources & Services Administration – data.hrsa.gov	HPSA designated areas	March 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	March 2025	2015
Child Care Aware	Childcare costs	March 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	March 2025	2022

Survey Results

Based on 227 survey responses gathered between February and March 2025.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	80.09%	181
Healthcare Professional	30.09%	68
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	5.31%	12
Government Employee or Representative	2.21%	5
Representative of Chronic Disease Group or Advocacy Organization	0.88%	2
Public Health Official	0.44%	1
	Answered	226
	Skipped	1

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	98.67%	223
American Indian or Alaska Native	1.33%	3
Choose to not disclose	0.88%	2
Black or African American	0.44%	1
Hispanic or Latino	0.00%	0
Asian or Asian American	0.00%	0
Other (please specify)	0.88%	2
	Answered	226
	Skipped	1

Q3: Age group

Answer Choices	Responses	
18-24	0.44%	1
25-34	15.56%	35
35-44	14.67%	33
45-54	16.89%	38
55-64	19.56%	44
65+	32.44%	73
	Answered	225
	Skipped	2

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
62454	64.8%	142
62449	10.5%	23
62451	6.8%	15
62427	3.7%	8
62413	3.7%	8
62433	3.2%	7
62439	1.4%	3
62480	0.9%	2
62442	0.9%	2
62420	0.5%	1
62448	0.5%	1
47882	0.5%	1
62459	0.5%	1
62465	0.5%	1
62478	0.5%	1
47849	0.5%	1
62464	0.5%	1
62436	0.5%	1
	Answered	219
	Skipped	8

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	57.01%	122
Older adults	55.61%	119
Uninsured and underinsured individuals	50.00%	107
Individuals requiring additional healthcare support	46.26%	99
Children	29.44%	63
Residents of rural areas	19.63%	42
Women	18.22%	39
Racial and ethnic minority groups	9.81%	21
Men	6.07%	13
LGBTQ+	5.14%	11
	Answered	214
	Skipped	13

What do you believe to be some of the needs of the groups selected above?

- The limited availability of medical specialists.
- Lack of income or funds to pay for transportation to appointments.
- We need more pediatric focused physicians in our area.
- Mental health resources are a huge need for the community.
- Unawareness of services available or how to access.
- Lack of funds, transportation, and family support.
- The inability to access specialists in a timely manner (not having enough specialists) or the ability to have specialists in their communities.
- The ability to receive affordable Healthcare if not available thru employment and low-income guidelines.
- Health education, nutrition, and functional everyday tasks. As a retired educator I have seen children living in dysfunctional households. The parents need education on meal plans, basic hygiene, and cleaning homes.
- There is no support for the LGBTQ+ community in our rural area. Chicago is a far drive for appointments. It would be nice to see someone come here to support this group.
- Routine Healthcare for the low-income groups. More availability for quick/urgent care for children.

Q6: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Cancer	1	2	12	41	136	192	4.61
Mental Health	0	3	18	41	127	189	4.54
Alzheimer's and Dementia	1	2	30	55	104	192	4.35
Heart Disease	2	3	19	72	96	192	4.34
Drug/Substance Abuse	3	4	28	50	105	190	4.32
Diabetes	1	4	31	56	99	191	4.30
Obesity	1	3	30	63	94	191	4.29
Women's Health	1	5	31	59	92	188	4.26
Stroke	3	5	38	64	80	190	4.12
Kidney Disease	2	9	43	66	72	192	4.03
Lung Disease	3	9	41	66	72	191	4.02
Men's Health	2	9	54	56	68	189	3.95
Dental	6	12	43	57	71	189	3.93
Liver Disease	2	14	56	54	63	189	3.86
Other (please specify)	10						
						Answered	194
						Skipped	33

Comments:

- Burn Treatment
- Migraines
- Elder Services
- Preventative Care
- Neurodivergence (autism, ADHD, etc.)
- Neurologic conditions (parkinson's, TBI, SCI)
- Children's health

Q7: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Healthcare: Affordability	1	7	17	34	135	194	4.52
Affordable Housing	4	4	22	51	111	192	4.36
Access to Senior Services	1	5	29	63	94	192	4.27
Access to Childcare	4	4	38	38	108	192	4.26
Healthcare: Types of Services Provided	1	8	34	57	91	191	4.20
Employment and Income	2	7	43	44	96	192	4.17
Healthcare: Prevention Services	4	7	33	63	83	190	4.13
Access to Healthy Food	4	8	44	54	81	191	4.05
Education System	5	13	37	53	83	191	4.03
Healthcare: Location of Services	4	12	40	54	82	192	4.03
Transportation	6	16	52	43	75	192	3.86
Community Safety	5	13	59	49	65	191	3.82
Access to Exercise/Recreation	10	21	65	45	51	192	3.55
Social Connections	8	21	66	50	46	191	3.55
Other (please specify)	5						
						Answered	194
						Skipped	33

Comments:

- Awareness of the programs available
- Access to Transportation
- Onsite Security 24/7

Q8: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Smoking/Vaping/Tobacco Use	8	14	36	41	91	190	4.02
Diet	2	11	44	62	73	192	4.01
Physical Inactivity	4	8	48	58	74	192	3.99
Excess Drinking	5	16	44	54	71	190	3.89
Risky Sexual Behavior	8	28	67	50	38	191	3.43
Other (please specify)	8						
						Answered	194
						Skipped	33

Comments:

- Drug/Substance Abuse
- Obesity
- Physical Inactivity

Q9: Please provide feedback on any actions you've seen taken by CMH to address the 2022 significant health needs in your community and what additional actions you would like to see.

- I believe that there needs to be a connection between the Health Department and the Hospital to help the Low income and Elderly with specific needs. Maybe we need a liaison that is called in to assist with specific needs of those that need added direction and assistance.
- Crawford county has been very fortunate to have the quality of the people who serve on the Crawford memorial hospital board and take responsibility for the operation of the hospital and the healthcare of Crawford County. It is my hope that we continue to be just as fortunate in the future, with the ability to obtain quality people to serve in those positions. We have a fine hospital for our community our size and the board continues to try to improve and expand the services which is greatly appreciated.
- The expansion of mental health services in our community has proven to be a significant advantage. However, the consulting clinic has diminished its specialty services, particularly in cardiology, which has made it increasingly difficult for patients to access care for chronic conditions.
- In instances where certain services are unavailable at CMH, it is imperative to enhance transportation options for individuals seeking necessary medical care. Currently, Rides Mass Transit is experiencing staffing shortages, leading to inadequate transportation for patients. This has resulted in missed appointments, delayed treatment, and worsening health conditions. Many patients are apprehensive about visiting the emergency department due to concerns over transportation home, fearing they may be left stranded. There have been numerous cases where patients have missed critical appointments, such as chemotherapy sessions and surgeries, due to Rides Mass Transit not arriving on the scheduled day. It is essential to address the transportation challenges faced by our community members. Implementing solutions to improve transportation access will be immensely beneficial to our community.
- CMH is striving to meet the needs of all in the community. Bringing in specialists even part time is a great asset.
- CMH has hired additional people to their behavioral health team. Specialists that used to consult at CMH have now gone back to their original communities and their patients now must travel hour(s) if they want to continue under their care. I wish we could retain specialists that would stay to promote continuity of care.

Q10: What additional services / offerings would you like to see available locally?
(select all that apply)

Answer Choices	Responses	
Dermatology (Skin)	51.79%	87
Cancer Care	48.21%	81
Mental Health / Substance Abuse Treatment	47.62%	80
Pediatrics (Children's Doctor)	47.02%	79
Cardiology (Heart)	41.07%	69
Diabetes Management	38.10%	64
Additional Primary Care Availability	35.12%	59
Endocrinology (Hormone and Diabetes)	33.33%	56
Rheumatology (Arthritis and Autoimmune Disease)	29.76%	50
Alternative Care (Massage, Chiropractic, Acupuncture)	29.17%	49
Urgent Care / Walk-In / Extended Hours	26.79%	45
Sleep Disorders	26.19%	44
Women's Health	26.19%	44
Gastroenterology (Digestive System/Stomach)	23.81%	40
Neurology (Brain and Nervous System)	23.81%	40
Pulmonology (Lung and Breathing)	23.81%	40
Bariatric (Weight Loss)	23.21%	39
Audiology (Hearing Specialist)	22.02%	37
Health Prevention / Education Programs	22.02%	37
Ophthalmology (Eye)	19.64%	33
Urology (Urinary System and Male Reproductive)	19.64%	33
Podiatry (Foot and Ankle)	18.45%	31
Nephrology (Kidney)	17.26%	29
Telehealth / Virtual Care	16.07%	27
Physical Therapy, Occupational Therapy, Speech-Language Therapy (Rehabilitation Services)	14.88%	25
Nutrition	14.29%	24
Pain Management	13.69%	23
Emergency Services	11.90%	20
Imaging and Radiology	11.90%	20
General Surgery	11.31%	19
Orthopedics (Bone and Joint)	10.71%	18
Infusion	10.12%	17
Aesthetics	9.52%	16
Pharmacy	6.55%	11
Plastic Surgery	6.55%	11
Wound Care	6.55%	11
Other (please specify)	9.52%	16
	Answered	168
	Skipped	59

Q11: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Lack of affordable childcare	62.34%	96
Poverty	61.04%	94
Housing instability or inadequate housing	57.14%	88
Unemployment or unstable employment	47.40%	73
Limited access to healthy food	45.45%	70
Lack of transportation	45.45%	70
Limited access to healthcare services	43.51%	67
Social isolation	33.12%	51
Public safety concerns	10.39%	16
Limited access to quality education	10.39%	16
Limited access to utility services	9.74%	15
Racial and cultural disparities	7.14%	11
Other (please specify)	5.19%	8
	Answered	154
	Skipped	73

Comments:

- Healthcare too expensive. Industry pollution.
- Poorly informed parents, drug use
- I believe there are some that due to family or lack of are falling through the cracks in several areas from general daily life to accessing any services that they may need due to being on their own and not knowing how or where to reach out
- Motivation of people to work.
- Transportation for seniors to appointments.

Q12: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	80.47%	136
Website/Internet	57.99%	98
Social Media	27.81%	47
Family or Friends	27.22%	46
Hospital	21.30%	36
Word of Mouth	20.12%	34
Workplace	15.38%	26
Newspaper/Magazine	10.65%	18
Television	8.28%	14
Radio	3.55%	6
School/College	2.37%	4
Other (please specify)	1.78%	3
	Answered	169
	Skipped	58

Comments:

- Continuing Education
- Insurance Company

Q13: What does Crawford Memorial Hospital do well as a healthcare provider in the community?

- They provide quality care and will send you on if you need more advanced care than they can provide. The staff is well-trained.
- Many great providers and a positive culture amongst staff. Always looking for opportunities for growth and improvement.
- Very modern facility. Improved access to basic and urgent medical services. Improved service-oriented culture to clients.
- Partnering with the community on sporting events to keep kids in them.
- Provides a consistent and safe environment for patients to be in whether they are coming for a runny nose or if they are having a stroke.
- We are very fortunate to have access to many types of doctors and CMH continues to improve facilities and offerings.
- The hospital continues to expand and provide services we would otherwise have to travel out of state for. The new MRI facility is one example.
- CMH listens to the community about what is needed and is working hard to bring more providers to the area with different specialties

Q14: What could Crawford Memorial Hospital do better to serve the needs of the community?

- Improve access to pediatric mental health providers that are able to prescribe.
- Extend walk-in hours and staff multiple providers in the walk-in to reduce wait times.
- Better communication between providers and patients.
- Primary/ ER doctors taking more time to get to the root of issues. They are always in a huge rush.
- Have additional specialties through the consulting clinic so residents don't have to go out of town and state to receive ongoing services.
- Rides to health care needs for people who can't drive and need services.
- Provided more mental health services and education to families on mental health solutions.
- I truly think we are in need of a pediatrician and more family doctors as the ones that are here are aging and could possibly retire in the next 5 years or so.

Q15: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

Answer Choices	Responses	
Limited availability of services or specialties	40.00%	60
High cost of services	28.67%	43
Unhappy with previous experience with providers or staff	16.00%	24
Difficulty getting an appointment (long wait times)	15.33%	23
Billing issues or lack of clarity in billing statements	15.33%	23
Out-of-network for insurance plans	14.00%	21
Perception of low-quality care	10.67%	16
Limited facility hours (inconvenient for working individuals)	10.00%	15
Not aware of the hospital's services or programs	8.67%	13
Poor communication from providers or staff	7.33%	11
Outdated facilities or equipment	3.33%	5
Facility is too far from home	1.33%	2
Language or cultural barriers	0.00%	0
Other (please specify)	9.33%	14
None of the above	24.67%	37
	Answered	150
	Skipped	77

Comments

- Certain services not offered here
- Elder care with accessible assistance with social and daily basics and Care that no family is available to help
- Insurance
- Radiology takes too long to read xrays
- I am very satisfied with the services provided at CMH. I would like to see Visiting physicians in urology and dermatology

Q16: Are there any specific areas of the CMH hospital facilities that you think need improvement? (select all that apply)

Answer Choices	Responses	
Emergency room	35.64%	36
Cafeteria and dining areas	17.82%	18
Parking and accessibility	16.83%	17
Privacy and confidentiality	16.83%	17
Signage and directions	15.84%	16
Patient room comfort and amenities: Medical/Surgical Unit	10.89%	11
Heating and air conditioning	8.91%	9
Registration area	8.91%	9
Safety and security features	8.91%	9
Technology and equipment	8.91%	9
General space issues/need for expansion	6.93%	7
Restroom facilities	6.93%	7
Waiting areas	5.94%	6
Outdoor spaces and landscaping	3.96%	4
Patient room comfort and amenities: Outpatient Surgery Unit	3.96%	4
Cleanliness and hygiene	2.97%	3
Patient room comfort and amenities: Obstetrics Unit	2.97%	3
Lighting	1.98%	2
Other (please specify)	24.75%	25
	Answered	101
	Skipped	126

Comments

- I think you are doing a great job
- Med/Surg is the most outdated part of CMH
- More private waiting areas.