ORIGINAL

12-089

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

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HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Riverside Medical Center d/b/a Riverside Medical Center North Campus at Frankfort
Street Address: 23100 South LaGrange Road
City and Zip Code: Frankfort, Illinois 60423
County: Will Health Service Area IX Health Planning Area: 9

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Riverside Medical Center
Address:350 North Wall Street Kankakee, Illinois 60901
Name of Registered Agent: Phillip Kambic
Name of Chief Executive Officer: Phillip Kambic
CEO Address: 350 North Wall Street Kankakee, Illinois 60901
Telephone Number: 815-935-7549

Type of Ownership of Applicant/Co-Applicant

- ■ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: Maggie Frogge
Title: Senior Vice President of Corporate Strategy
Company Name: Riverside Medical Center
Address: 350 N. Wall Street Kankakee, Illinois 60901
Telephone Number: 815-935-7060
E-mail Address: Margaret-frogge@riversidehealthcare.net
Fax Number:815-933-0798

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Michael I. Copelin
Title: President
Company Name: Copelin Health Care Consulting, Inc.
Address:42 Birch Lake Drive Sherman, Illinois 62684
Telephone Number: 217-496-3712
E-mail Address:Micbball@aol.com
Fax Number: 217-496-3097

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: Maggie Frogge
Title: Senior Vice President of Corporate Strategy
Company Name: : Riverside Medical Center
Address: 350 N. Wall Street Kankakee, Illinois 60901
Telephone Number: 815-935-7060
E-mail Address: : Margaret-frogge@riversidehealthcare.net
Fax Number: :815-933-0798

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Riverside Medical Center
Address of Site Owner: 350 N. Wall Street Kankakee, Illinois 60901
Street Address or Legal Description of Site: 23100 South LaGrange Road Frankfort, Illinois 60423 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Riverside Medical Center
Address: 350 N. Wall Street Kankakee, Illinois 60901

■	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 **(http://www.hfsrb.illinois.gov)**.

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:	Part 1120 Applicability or Classification: [Check one only.]
■ Substantive	☐ Part 1120 Not Applicable
☐ Non-substantive	☐ Category A Project
	■ Category B Project
	☐ DHS or DVA Project

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms, NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The proposed project calls for the establishment of a Freestanding Emergency Center to be located in new construction at 23100 South LaGrange Road in Frankfort, Illinois.

The Center will have 6 emergency treatment stations with one procedure room, one ultra sound room, one general X-ray unit, one CT scanner, one room for EKGs and a small laboratory.

In addition to the Emergency Center, the building will contain space for two physicians' offices with the requisite exam space.

The building will have a total of 10,768 GSF.

This is a substantive project because it calls for the development of a new licensed health care facility.

The total estimated project cost is $10,301,278. The clinical portion of the project cost totals $7,699,135, while the non-clinical portion of the project cost totals $2,602,143.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

	Project Costs and Sources of Funds		
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	$92,446	$56,654	$149,100
Site Survey and Soil Investigation	4,211	2,581	6,792
Site Preparation	182,378	111,780	294,158
Off Site Work	527,000	323,000	850,000
New Construction Contracts	2,559,514	1,568,735	4,128,249
Modernization Contracts			
Contingencies	255,951	156,873	412,824
Architectural/Engineering Fees	197,083	317,875	317,876
Consulting and Other Fees	248,000	152,000	400,000
Movable or Other Equipment (not in construction contracts)	3,632,552	109,727	3,742,279
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$7,699,135	$2,602,143	$10,301,278
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$7,699,135	$2,602,143	$10,301,278
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$7,699,135	$2,602,143	$10,301,278

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ■ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
■ Yes ☐ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ **256,270.00**.

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
■ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): **March 31, 2015**

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
■ Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

State Agency Submittals

Are the following submittals up to date as applicable:

■ Cancer Registry
■ APORS
■ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
■ All reports regarding outstanding permits

Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: Riverside Medical Center		**CITY: Kankakee**			
REPORTING PERIOD DATES:		**From: January 1, 2011 to: December 31, 2011**			
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	162	6,919	29,915	0	162
Obstetrics	30	1,141	2,618	0	30
Pediatrics	24	562	1,585	0	24
Intensive Care	40	2,113	6,789	0	40
Comprehensive Physical Rehabilitation	19	395	4,450	0	19
Acute/Chronic Mental Illness	50	1,327	11,629	0	50
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

**This Application for Permit is filed on the behalf of Riverside Medical Center *
in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.**

SIGNATURE

Phillip M. Kambic
PRINTED NAME

President + CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 05 day of November 2013

Signature of Notary

Seal

OFFICIAL SEAL
PAMELA S. HULL
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 3-4-2013

SIGNATURE

Margaret Frogge
PRINTED NAME

SVP Corporate Strategy
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 5 day of November, 2013

Signature of Notary

Seal

OFFICIAL SEAL
PAMELA S. HULL
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 3-4-2013

*Insert EXACT legal name of the applicant

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost;

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::

    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;

    c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE. APPLICATION FORM.

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF tot be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
   a. Requirements of governmental or certification agencies; or
   b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
   a. Historical utilization for the area for the latest five-year period for which data are available; and
   b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES:

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

S. Freestanding Emergency Center Medical Services

These criteria are applicable only to those projects or components of projects involving the freestanding emergency center medical services (FECMS) category of service.

A. Criterion 1110.3230 – ESTABLISHMENT OF FREESTANDING EMERGENCY CENTER (MEDICAL SERVICES

Read the criterion and provide the following information:

1. Utilization – Provide the projected number of patient visits per day for each treatment station in the FEC based upon 24-hour availability, including an explanation of how the projection was determined.

2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data.

3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated.

4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status.

5. Certification signed by two authorized representative(s) of the applicant entity(s) that they have reviewed, understand and plan to comply with both of the following requirements:
   A) The requirements of becoming a Medicare provider of freestanding emergency services; and
   B) The requirements of becoming licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].

6. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the proposed FEC:
   A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the proposed site, indicating how the travel time was calculated.
   B) Provide a list of the projected patient volume for the proposed FEC, categorized by zip code. Indicate what percentage of this volume represents residents from the proposed FEC's service area.
   C) Provide either of the following:
      a) Provide letters from authorized representatives of hospitals, or other FEC facilities, that are part of the Emergency Medical Services System (EMSS) for the defined service area, that contain patient origin information by zip code, (each letter shall contain a certification by the authorized representative that the representations contained in the letter are true and correct. A complete set of the letters with original notarized signatures shall accompany the application for permit), or
      b) Patient origin information by zip code from independent data sources (e.g.,Illinois Hospital Association CompData or IDPH hospital discharge data), based upon the patient's legal residence, for patients receiving services in the existing service area's facilities' emergency departments (EDs), verifying that at least 50% of the ED patients

Freestanding Emergency Center Medical Services (continued)

served during the last 12-month period were residents of the service area.

7. Area Need; Service Demand – Historical Utilization
   A) Provide the annual number of ED patients that have received care at facilities that are located in the FEC's service area for the latest two-year period prior to submission of the application
   B) Provide the estimated number of patients anticipated to receive services at the proposed FEC, including an explanation of how the projection was determined.

8. Area Need; Service Accessibility - Document the following (using supporting documentation as specified in accordance with the requirements of 77 IAC 1110.3230(b)(4)(B) Supporting Documentation):
   i) The absence of the proposed ED service within the service area;
   ii) The area population and existing care system exhibit indicators of medical care problems,
   iii) All existing emergency services within the 30-minute normal travel time meet or exceed the utilization standard specified in 77 IAC 1100.

9. Unnecessary Duplication - Document that the project will not result in an unnecessary duplication by providing the following information:
   A) A list of all zip code areas (in total or in part) that are located within 30 minutes normal travel time of the project's site;
   B) The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and
   C) The names and locations of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide emergency medical services.

10. Unnecessary Maldistribution - Document that the project will not result in maldistribution of services by documenting the following:
   A) Historical utilization (for the latest 12-month period prior to submission of the application) for existing ED departments within 30 minutes travel time of the applicant's site that is below the utilization standard established pursuant to 77 I AC 1100.800; or
   B) Insufficient population to provide the volume or caseload necessary to utilize the ED services proposed by the project at or above utilization standards.

11. Unnecessary Duplication/Maldistribution – Document that, within 24 months after project completion, the proposed project will not lower the utilization of other service area providers below, or further below, the utilization standards specified in 77 Ill. Adm. Code 1100 (using supporting documentation in accordance with the requirements of 77 IAC 1110.3230(c)(4)).

12. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.3230(e)).

B. Criterion 1110.3230 – EXPANSION OF EXISTING FREESTANDING EMERGENCY CENTER MEDICAL SERVICES

Read the criterion and provide the following information:

1. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data.

Freestanding Emergency Center Medical Services (continued)

2. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated.

3. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status.

4. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements:
   A) The requirements of being a Medicare provider of freestanding emergency services; and
   B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].

5. Area Need; Service to Area Residents - Document the proposed service area and projected patient volume for the expanded FEC:
   A) Provide a map of the proposed service area, indicating the boundaries of the service area, and the total minutes travel time from the expanded FEC, indicating how the travel time was calculated.
   B) Provide a list of the historical (latest 12-month period) patient volume for the existing FEC, categorized by zip code, based on the patient's legal residence. Indicate what percentage of this volume represents residents from the existing FEC's service area, based on patient's legal residence.

6. Staffing Availability - Document that a sufficient supply of personnel will be available to staff the service (in accordance with the requirements of 1110.3230(e)).

C. Criterion 1110.3230 – MODERNIZATION OF EXISTING FREESTANDING EMERGENCY CENTER MEDICAL SERVICES) CATEGORY OF SERVICE

Read the criterion and provide the following information:

1. The historical number of visits (based on the latest 12-month period) for the existing FEC.

2. The identification of the municipality of the FEC and FECMS and the municipality's population as reported by the most recently available U.S. Census Bureau data.

3. The identification of the hospital that owns or controls the FEC and the distance of the proposed FEC from that hospital, including an explanation of how that distance was calculated.

4. The identification of the Resource Hospital affiliated with the FEC, the distance of the proposed FEC from that Resource Hospital, (including an explanation of how that distance was calculated), and identification of that Resource Hospital's EMS system, including certification of the hospital's Resource Hospital status.

5. Provide copies of Medicare and EMS licensure, in addition to certification signed by two authorized representative(s) of the applicant entity(s), indicating that the existing FEC complies with both of the following requirements:
   A) The requirements of being a Medicare provider of freestanding emergency services; and
   B) The requirements of being licensed under the Emergency Medical Services Systems Act [210 ILCS 50/32.5].

Freestanding Emergency Center Medical Services (continued)

6. Category of Service Modernization - Document that the existing treatment areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to; high cost of maintenance, non-compliance with licensing or life safety codes, changes in standards of care, or additional space for diagnostic or therapeutic purposes. Documentation shall include the most recent IDPH Centers for Medicare and Medicaid Services (CMMS) Inspection reports, and Joint Commission on Accreditation of Healthcare Organizations reports. Other documentation shall include the following, as applicable to the factors cited in the application; copies of maintenance reports, copies of citations for life safety code violations, and other pertinent reports and data.

APPEND DOCUMENTATION AS ATTACHMENT-38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The following Sections DO NOT need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- **Section 1120.120 Availability of Funds – Review Criteria**
- **Section 1120.130 Financial Viability – Review Criteria**
- **Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)**

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
		TOTAL FUNDS AVAILABLE

APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. **"A" Bond rating or better**
2. **All of the projects capital expenditures are completely funded through internal sources**
3. **The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent**
4. **The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.**

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	**Category A or Category B (last three years)**			**Category B (Projected)**
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

1) That the selected form of debt financing for the project will be at the lowest net cost available;

2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. **Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE

Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot		Gross Sq. Ft.		Gross Sq. Ft.		Const. $ (A x C)	Mod. $ (B x E)	
	New	Mod.	New	Circ.*	Mod.	Circ.*			
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information MUST be furnished for ALL projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

CHARITY CARE			
	Year	**Year**	**Year**
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
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3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	30
5	Flood Plain Requirements	31-33
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8	Obligation Document if required	36
9	Cost Space Requirements	37
10	Discontinuation	N/A
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14	Size of the Project	259-267
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16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
18	Master Design Project	N/A
19	Mergers, Consolidations and Acquisitions	N/A
	Service Specific:	
20	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
21	Comprehensive Physical Rehabilitation	N/A
22	Acute Mental Illness	N/A
23	Neonatal Intensive Care	N/A
24	Open Heart Surgery	N/A
25	Cardiac Catheterization	N/A
26	In-Center Hemodialysis	N/A
27	Non-Hospital Based Ambulatory Surgery	N/A
28	General Long Term Care	N/A
29	Specialized Long Term Care	N/A
30	Selected Organ Transplantation	N/A
31	Kidney Transplantation	N/A
32	Subacute Care Hospital Model	N/A
33	Post Surgical Recovery Care Center	N/A
34	Children's Community-Based Health Care Center	N/A
35	Community-Based Residential Rehabilitation Center	N/A
36	Long Term Acute Care Hospital	N/A
37	Clinical Service Areas Other than Categories of Service	N/A
38	Freestanding Emergency Center Medical Services	270-298
	Financial and Economic Feasibility:	
39	Availability of Funds	299-317
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43	Safety Net Impact Statement	321
44	Charity Care Information	322-354

File Number 3882-598-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

RIVERSIDE MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1959, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 19TH *day of* SEPTEMBER *A.D.* 2012 .

Jesse White

SECRETARY OF STATE

Authentication #: 1226301822

Authenticate at: http://www.cyberdriveillinois.com

Attachment # 1

Attachment # 1

23055KB

WARRANTY DEED

Mail to:
Mr. Thomas J. McFadden
525 West Monroe St.
Suite 1600
Chicago, IL 60661-3693

Name & Address of Taxpayer:
RIVERSIDE MEDICAL CENTER
350 N. WALL STREET
KANKAKEE, IL 60901

LAURIE MCPHILLIPS 4P R 2005033237
Will County Recorder Page 1 of 4

LEH Date 02/25/2005 Time 14:38:05
Recording Fees: 18.00

THE GRANTOR LLOYD CHRISTIANSEN , a married person of 31245 S. Elevator Rd., Peotone, IL 60468 and WAYNE CHRISTIANSEN, an unmarried person of 309 S. Kankakee St., Wilmington, IL 60481, for and in consideration of Ten ($10.00) Dollars and other good and valuable consideration, in hand paid, the receipt and sufficiency of which is hereby acknowledged;

CONVEY(S) and WARRANT(S) to RIVERSIDE MEDICAL CENTER, an Illinois not-for-profit corporation of 350 N. WALL STREET, KANKAKEE, IL 60901 , County of KANKAKEE, State of Illinois the following described Real Estate situated in the County of Will, in the State of Illinois, to wit:

SEE ATTACHED

TICOR TITLE

Subject to 2004 Real Estate Taxes and subsequent years, covenants, conditions and easements and restrictions of record, drainage tiles, feeders and laterals, if any, roads and highways, if any.

THIS IS NOT HOMESTEAD PROPERTY OF THE GRANTOR OR GRANTOR'S SPOUSE, IF ANY

P.I.N. 13-05-100-002-0000, 13-05-100-011-0000 and 13-06-200-009-0000

ADDRESS OF REAL ESTATE: SOUTHWEST CORNER OF RT. 45 AND STEGER RD., FRANKFORT, IL 60423

DATED this 22nd day of Feb, 2005.

Lloyd Christiansen
LLOYD CHRISTIANSEN

Wayne Christiansen
WAYNE CHRISTIANSEN

1 of 4

STATE OF ILLINOIS)
) SS
COUNTY OF WILL)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that LLOYD CHRISTIANSEN AND WAYNE CHRISTIANSEN is/are personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument as his/her free and voluntary act, for the uses and purposes therein set forth.
Given under my hand and notarial seal, this 22nd day of February, 2005.

Debra M Ritze
Notary Public

"OFFICIAL SEAL"
DEBRA M. RITZE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/27/06

MUNICIPAL TRANSFER STAMP (If Required) COUNTY/ILLINOIS TRANSFER STAMP

2, 642, 000.00

STATE & COUNTY TAX

STATE OF ILLINOIS
FEB.25.05
WILL COUNTY

0000013831

REAL ESTATE TRANSFER TAX
0396.00
FP326702

NAME AND ADDRESS OF PREPARER:
KENNETH A. GREY
MCKEOWN LAW FIRM
28 KANSAS ST.
FRANKFORT, IL 60423

EXEMPT under provisions of paragraph ____ Section 31-45, Real Estate Transfer Tax Law.

Date: _____

_____
Buyer, Seller or Representative

LEGAL DESCRIPTION:

PARCEL 1:
THAT PART OF THE NORTHWEST 1/4, NORTH OF THE INDIAN BOUNDARY LINE, OF SECTION 5, LYING WEST OF THE CENTER OF THE HIGHWAY RUNNING IN A NORTHEASTERLY AND SOUTHWESTERLY DIRECTION THROUGH SAID NORTH FRACTION OF THE NORTHWEST 1/4 OF SAID SECTION 5, TOWNSHIP 34 NORTH, RANGE 12, EAST OF THE THRID PRINCIPAL MERIDIAN, WILL COUNTY, ILLINOIS

PARCEL 2:
THAT PART OF THE NORTHWEST 1/4, SOUTH OF THE INDIAN BOUNDARY LINE OF SAID SECTION 5, LYING WEST OF THE CENTER OF THE HIGHWAY RUNNING IN A NORTHEASTERLY AND SOUTHWESTERLY DIRECTION THROUGH SAID SOUTH FRACTION, OF THE NORTHWEST 1/4 OF SECTION 5, TOWNSHIP 34 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, WILL COUNTY, ILLINOIS

PARCEL 3:
THE EAST FRACTIONAL 1/2 OF THE NORTHEAST 1/4, SOUTH OF THE INDIAN BOUNDARY LINE OF SECTION 6, (EXCEPT THE SOUTH 82.50 FEET THEREOF) AND (EXCEPT THE SOUTH 30 ACRES OF THAT PART OF SAID EAST FRACTIONAL 1/2 LYING NORTH OF THE SOUTH 82.50 FEET THEREOF), TOWNSHIP 34 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, WILL COUNTY, ILLINOIS

PARCEL 4:
THREE-FOURTHS OF AN ACRE OF LAND OFF THE EAST SIDE OF THE NORTHEAST FRACTIONAL 1/4, NORTH OF THE INDIAN BOUNDARY LINE, OF SAID SECTION 6, ALL IN TOWNSHIP 34 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN WILL COUNTY, ILLINOIS

EXCEPTING FROM PARCELS 1, 2, 3, AND 4, THAT PART OF THE EAST FRACTIONAL 1/2 OF THE NORTHEAST 1/4 (SOUTH OF THE INDIAN BOUNDARY LINE OF SECTION 6, AND THE NORTHWEST 1/4 (SOUTH OF THE INDIAN BOUNDARY LINE) OF SECTION 5, DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE EAST LINE OF SAID SECTION 6 AT THE NORTH LINE OF THE SOUTH 30 ACRES OF THAT PART OF SAID EAST FRACTIONAL 1/2 OF THE NORTHEAST 1/4 (SOUTH OF THE INDIAN BOUNDARY LINE) OF SECTION 6 WHICH LIES NORTH OF THE SOUTH 82.50 FEET OF SAID EAST FRACTIONAL 1/2; THENCE WEST ALONG SAID NORTH LINE OF THE SOUTH 30 ACRES; 1248.67 FEET TO THE INDIAN BOUNDARY LINE; THENCE NORTHEASTERLY ALONG SAID LINE, 602.60 FEET; THENCE EAST PARALLEL WITH SAID NORTH LINE OF THE SOUTH 30 ACRES, 821.58 FEET, MORE OR LESS, TO THE CENTER LINE OF U.S. ROUTE 45; THENCE SOUTH ALONG THE CURVING CENTER LINE OF THE ROAD, 116.51 FEET TO A POINT OF TANGENCY; THENCE SOUTH 304.84 FEET TO THE POINT OF BEGINNING, ALL IN TOWNSHIP 34 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN WILL COUNTY, ILLINOIS

AND ALSO EXCEPTING FROM PARCELS 1, 2, 3, AND 4, THAT PART OF THE NORTHWEST FRACTIONAL QUARTER NORTH AND SOUTH OF THE INDIAN BOUNDARY LINE OF SECTION 5 AND THE NORTHEAST FRACTIONAL QUARTER NORTH AND SOUTH OF THE INDIAN BOUNDARY LINE OF SECTION 6, TOWNSHIP 34 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: COMMENCING AT A POINT ON THE EAST LINE OF SAID SECTION 6, AT THE NORTH LINE OF THE SOUTH 30 ACRES OF THAT PART OF THE EAST FRACTIONAL HALF OF THE NORTHEAST 1/4 (SOUTH OF THE INDIAN BOUNDARY LINE) OF SECTION 6, WHICH LIES NORTH OF THE SOUTH 82.50 FEET OF SAID EAST FRACTIONAL HALF; THENCE NORTH 0 DEGREES 11 MINUTES 30 SECONDS EAST ALONG SAID EAST LINE OF SECTION 6, 304.84 FEET TO A POINT OF TANGENCY IN THE CENTERLINE OF U.S. ROUTE NO. 45 (LAGRANGE ROAD) THENCE NORTHEASTERLY ALONG A CURVE CONVEX WESTERLY AND HAVING A RADIUS OF 2,864.93, 116.51 FEET TO THE POINT OF BEGINNING; THENCE CONTINUING ALONG SAID CURVE 277.84 FEET THENCE SOUTH 90 DEGREES WEST PARALLEL WITH AFORESAID NORTH LINE OF SOUTH 30 ACRES, 799.00 FEET TO A POINT 23.11 FEET WEST OF THE EAST LINE OF THE NORTHEAST FRACTIONAL QUARTER NORTH OF THE INDIAN BOUNDARY LINE OF SECTION 6, ALSO BEING ON THE WEST LINE OF A CERTAIN THREE QUARTER ACRE PARCEL OF LAND OFF SAID EAST LINE OF SECTION 6; THENCE SOUTH 0 DEGREES 36 MINUTES 49 SECONDS EAST ALONG SAID LINE, 227.00 FEET TO AFORESAID INDIAN BOUNDARY LINE, THENCE SOUTH 45 DEGREES 38 MINUTES 35 SECONDS WEST ALONG THE INDIAN BOUNDARY LINE, 70.87 FEET, ; THENCE NORTH 90 DEGREES EAST, 821.58 FEET TO THE POINT OF BEGINNING, IN WILL COUNTY, ILLINOIS.

AFFIDAVIT - METES AND BOUNDS
(FILE WITH RECORDER OF DEEDS IN WILL COUNTY)

STATE OF ILLINOIS
COUNTY OF WILL, SS DOCUMENT NO. _____

LLOYD CHRISTIANSEN, BEING DULY SWORN ON OATH, STATES THAT HE RESIDES AT 31245 S. ELEVATOR RD., PEOTONE, IL 60468 . THAT THE ATTACHED DEED IS NOT IN VIOLATION OF 765 ILCS 205/0.01 *et seq.* FOR ONE OF THE FOLLOWING REASONS:

1. The division or subdivision of land into parcels or tracts of 2.5 acres or more in size which does not involve any new streets or easements of access.
2. The division of lots or blocks of less than 1 acre in any recorded subdivision which does not involve any new streets or easements of access.
3. The sale or exchange of parcels of land between owners of adjoining and contiguous land.
4. The conveyance of parcels of land or interests therein for use as right of way for railroads or other public utility facilities, which does not involve any new streets or easements of access.
5. The conveyance of land owner by a railroad or other public utility which does not involve any new streets or easements of access.
6. The conveyance of land for highway or other public purposes or grants or conveyances relating to the dedication of land for public use or instruments relating to the vacation of land impressed with a public use.
7. Conveyances made to correct descriptions in prior conveyances.
8. The sale or exchange of parcels or tracts of land existing on the date of the amendatory act (7/17/59) into no more than 2 parts and not involving any new streets or easements of access.
9. The sale of a single lot of less than 2.5 acres from a larger tract when a survey is made by a registered surveyor; provided, that this exemption shall not apply to the sale of any subsequent lots from the same larger tract of land, as determined by the dimensions and configuration of the larger tract on October 1, 1973, and provided also that this exemption does not invalidate any local requirements applicable to the subdivision of land. Amended by P.A. 80-318,1, eff. Oct. 1, 1977.
10. The conveyance is of land described in the same manner as title was taken by Grantor(s).

CIRCLE NUMBER ABOVE WHICH IS APPLICABLE TO ATTACHED DEED

Affiant further states that he makes this affidavit for the purpose of inducing the Recorder of Deeds of Will County, Illinois, to accept the attached deed for recording.

Lloyd Christiansen
LLOYD CHRISTIANSEN

Subscribed and Sworn to before me
this 22nd day of February, 2005.

Debra M Ritze
Notary Public

"OFFICIAL SEAL"
DEBRA M. RITZE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/27/06

Attachment # 2

File Number 3882-598-4

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

RIVERSIDE MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 1959, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 19TH *day of* SEPTEMBER *A.D.* 2012 .

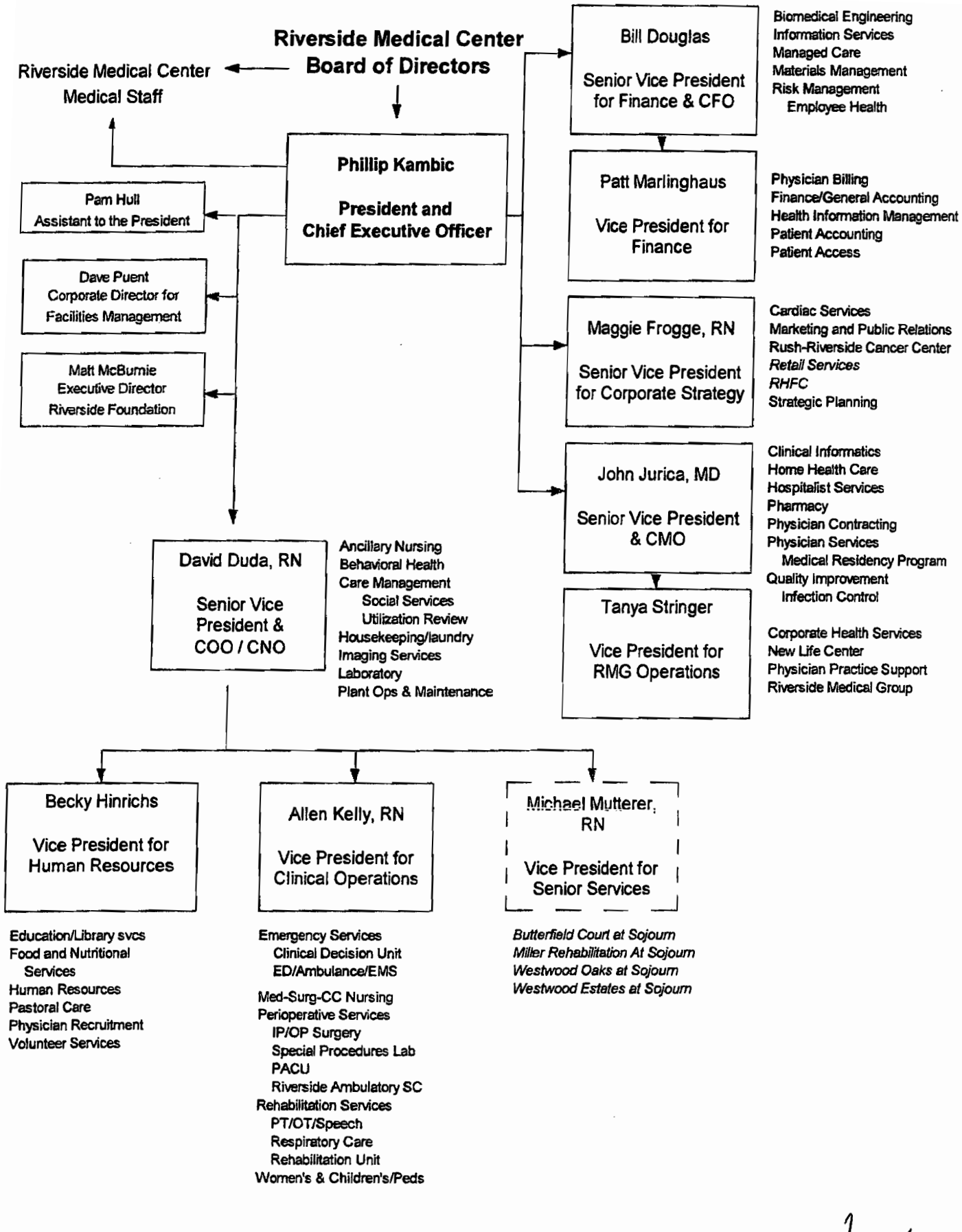
Jesse White

SECRETARY OF STATE

Authentication #: 1226301822

Authenticate at: http://www.cyberdriveillinois.com

ATTACHMENT 3



RIVERSIDE
Medical Center

10 - Sept - 2011
Date

President & CEO

Attachment # 4 -30-

NOTES TO USERS

This map is for use in administering the National Flood Insurance Program. It does not necessarily identify all areas subject to flooding, particularly from local drainage sources of small size. The community map repository should be consulted for possible updated or additional flood hazard information.

To obtain more detailed information in areas where Base Flood Elevations (BFEs) and/or floodways have been determined, users are encouraged to consult the Flood Profiles and Floodway Data and/or Summary of Stillwater Elevations tables contained within the Flood Insurance Study (FIS) report that accompanies this FIRM. Users should be aware that BFEs shown on the FIRM represent rounded whole-foot elevations. These BFEs are intended for flood insurance rating purposes only and should not be used as the sole source of flood elevation information. Accordingly, flood elevation data presented in the FIS report should be utilized in conjunction with the FIRM for purposes of construction and/or floodplain management.

Coastal Base Flood Elevations shown on this map apply only landward of 0.0' North American Vertical Datum of 1988 (NAVD 88). Users of this FIRM should be aware that coastal flood elevations are also provided in the Summary of Stillwater Elevations table in the Flood Insurance Study report for this jurisdiction. Elevations shown in the Summary of Stillwater Elevations table should be used for construction and/or floodplain management purposes when they are higher than the elevations shown on this FIRM.

Boundaries of the floodways were computed at cross sections and interpolated between cross sections. The floodways were based on hydraulic considerations with regard to requirements of the National Flood Insurance Program. Floodway widths and other pertinent floodway data are provided in the Flood Insurance Study report for this jurisdiction.

In the State of Illinois, any portion of a stream or watercourse that lies within the floodway fringe of a studied (A1) stream may have a state regulated floodway. The FIRM may not display these state regulated floodways.

Floodplains restricted by anthropogenic features such as bridges and culverts are drawn to reflect notional conditions and may not agree with the model computed widths listed in the Floodway Data table in the Flood Insurance Study report.

Unstable topographic sources may have been used in the delineation of Special Flood Hazard Areas. See Flood Insurance Study report for details on source identification and geographic extent.

Certain areas not in Special Flood Hazard Areas may be protected by flood control structures. Refer to Section 2.4 "Flood Protection Measures" of the Flood Insurance Study report for information on flood control structures for this jurisdiction.

The projection used in the preparation of this map was Universal Transverse Mercator (UTM) zone 16. The horizontal datum was NAD 83, GRS80 spheroid. Differences in datum, spheroid, projection or UTM zones used in the production of FIRMs for adjacent jurisdictions may result in slight positional differences in map features across jurisdiction boundaries. These differences do not affect the accuracy of this FIRM.

Flood elevations on this map are referenced to the North American Vertical Datum of 1988. These flood elevations must be converted to structure and ground elevations referenced to the same vertical datum. For information regarding conversion between the National Geodetic Vertical Datum of 1929 and the North American Vertical Datum of 1988, visit the National Geodetic Survey website at www.ngs.noaa.gov or contact the National Geodetic Survey at the following address:

NGS Information Services, NOAA, NNGS13
National Geodetic Survey SSMC-3, #9202
1315 East-West Highway
Silver Spring, Maryland 20910-3282
(301) 713-3242

To obtain current elevation, description, and/or location for bench marks shown on this map, please contact the Information Services Branch of the National Geodetic Survey at (301) 713-3242, or visit its website at www.ngs.noaa.gov.

Base map information shown on this FIRM was provided in digital format by the United States Geological Survey. Digital orthophotography with a spatial resolution of 0.3 meter (ground sample distance) were photogrammetrically compiled from aerial photography acquired during the April 1st period of spring 2005.

This map reflects more detailed and up-to-date stream channel configurations than those shown on the previous FIRM for this jurisdiction. The Special Flood Hazard Areas and floodways that were transferred from the previous FIRM may have been adjusted to conform to these new stream channel configurations. As a result, the Flood Profiles and Floodway Data tables in the Flood Insurance Study report (which reflects hydraulically adjusted data) may reflect stream channel distances that differ from what is shown on this map.

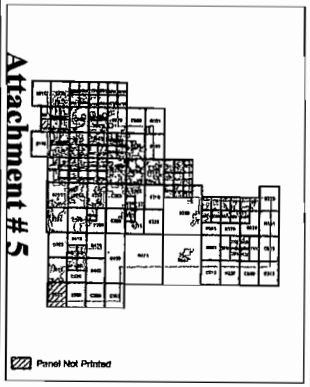
Corporate limits shown on this map are based on the best data available at the time of publication. Because changes due to annexations or de-annexations may have occurred after this map was published, map users should contact appropriate community officials to verify current corporate limit locations.

Please refer to the separately printed Map Index for an overview map of the county showing the layout of map panels; community map repository addresses; and a Listing of Communities table containing National Flood Insurance Program dates for each community as well as a listing of the panels on which each community is located.

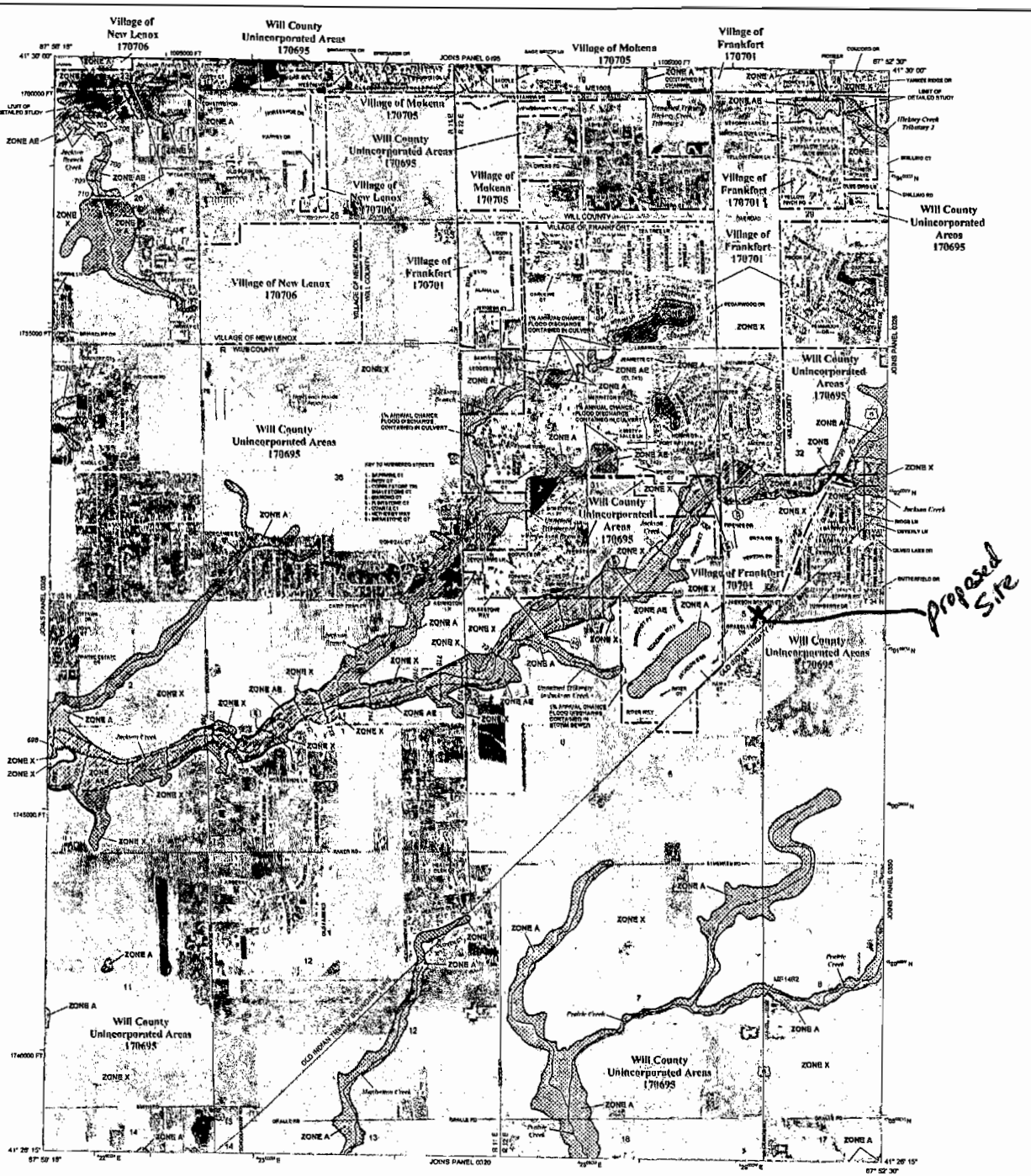
Contact the FEMA Map Service Center at 1-800-358-9616 for information on available products associated with this FIRM. Available products may include previously issued Letters of Map Change, a Flood Insurance Study report, and/or digital versions of this map. The FEMA Map Service Center may also be reached by fax at 1-800-358-9620 and its website at www.msc.fema.gov.

If you have questions about this map or questions concerning the National Flood Insurance Program in general, please call 1-877-FEMA MAP (1-877-336-2627) or visit the FEMA website at www.fema.gov/business/nfip.

PANEL INDEX



Attachment # 5



LEGEND

SPECIAL FLOOD HAZARD AREAS (SFHAs) SUBJECT TO INUNDATION BY THE 1% ANNUAL CHANCE FLOOD

The 1% annual chance flood (100-year flood), also known as the base flood, is the flood that has a 1% chance of being equaled or exceeded in any given year. The Special Flood Hazard Area is the area subject to flooding by the 1% annual chance flood. Areas of Special Flood Hazard include Zones A, AE, AH, AO, AR, A99, V, and VE. The Base Flood Elevation is the water-surface elevation of the 1% annual chance flood.

ZONE A — No Base Flood Elevations determined.
ZONE AE — Base Flood Elevations determined.
ZONE AH — Flood depths of 1 to 3 feet (usually areas of ponding); Base Flood Elevations determined.
ZONE AO — Flood depths of 1 to 3 feet (usually sheet flow on sloping terrain); average depths determined. For area of alluvial fan flooding, velocities also determined.
ZONE AR — Special Flood Hazard Area formerly protected from the 1% annual chance flood by a flood control system that was subsequently decertified. Zone AR indicates that the former flood control system is being restored to provide protection from the 1% annual chance or greater flood.
ZONE A99 — Area to be protected from 1% annual chance flood by a Federal flood protection system under construction; no Base Flood Elevations determined.
ZONE V — Coastal flood zone with velocity hazard (wave action); no Base Flood Elevations determined.
ZONE VE — Coastal flood zone with velocity hazard (wave action); Base Flood Elevations determined.

FLOODWAY AREAS IN ZONE AE

The floodway is the channel of a stream plus any adjacent floodplain areas that must be kept free of encroachment so that the 1% annual chance flood can be carried without substantial increases in flood heights.

OTHER FLOOD AREAS

ZONE X — Areas of 0.2% annual chance flood; areas of 1% annual chance flood with average depths of less than 1 foot or with drainage areas less than 1 square mile; and areas protected by levees from 1% annual chance flood.

OTHER AREAS

ZONE X — Areas determined to be outside the 0.2% annual chance floodplain.
ZONE D — Areas in which flood hazards are undetermined, but possible.

COASTAL BARRIER RESOURCES SYSTEM (CBRS) AREAS

OTHERWISE PROTECTED AREAS (OPAs)

CBRS areas and OPAs are normally located within or adjacent to Special Flood Hazard Areas.

1% annual chance floodplain boundary
0.2% annual chance floodplain boundary
Floodway boundary
Zone D boundary
CBRS and OPA boundary
Boundary dividing Special Flood Hazard Areas of different Base Flood Elevations, flood depths or flood velocities.
513 — Base Flood Elevation line and value; elevation in feet*
(EL 987) — Base Flood Elevation value where uniform within zone; elevation in feet*

*Referenced to the North American Vertical Datum of 1988

A — A — Cross section line
23 — 23 — Transect line
97° 07' 30", 32° 22' 30" — Geographic coordinates referenced to the North American Datum of 1983 (NAD 83)
1602000 FT — 1000-meter Universal Transverse Mercator grid values, zone 16
5000-foot grid ticks: Illinois State Plane Coordinate System, West Zone (FIPSZONE 1201) Transverse Mercator
DX510000 — Bench mark (see explanation in Notes to Users section of this FIRM panel)
MP — River Mile

MAP REPOSITORIES
Refer to Map Repositories list on Map Index

EFFECTIVE DATE OF COUNTYWIDE FLOOD INSURANCE RATE MAP
SEPTEMBER 6, 1989

EFFECTIVE DATE(S) OF REVISION(S) TO THIS PANEL
November 6, 2000

For community map revision history prior to countywide mapping, refer to the Community Map History table located in the Flood Insurance Study report for this jurisdiction.

To determine if flood insurance is available in this community, contact your insurance agent or call the National Flood Insurance Program at 1-800-638-6620.

MAP SCALE 1" = 1000'
1000 0 1000 2000 FEET
300 0 300 600 METERS

NATIONAL FLOOD INSURANCE PROGRAM

PANEL 0310G

FIRM

FLOOD INSURANCE RATE MAP

WILL COUNTY, ILLINOIS AND INCORPORATED AREAS

PANEL 310 OF 505

(SEE MAP INDEX FOR FIRM PANEL LAYOUT)

CONTAINS:

COMMUNITY	NUMBER	PANEL	SUFFIX
FRANKFORT, VILLAGE OF	170701	0310	G
MOKENA, VILLAGE OF	170705	0310	G
NEW LENOX, VILLAGE OF	170706	0310	G
WILL COUNTY	170231	0310	G

PRELIMINARY

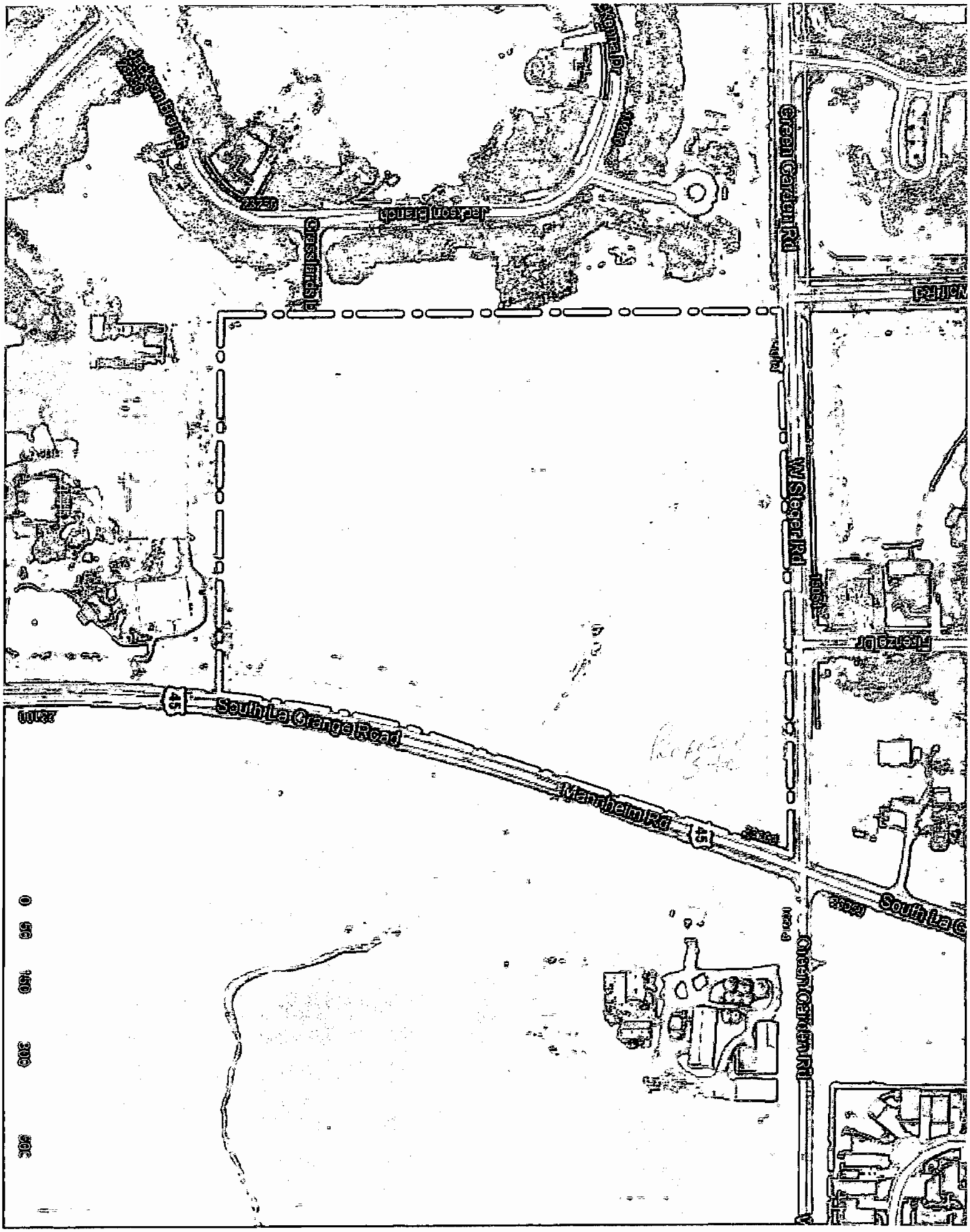
Notice to User: The Map Number shown below should be used when placing map orders; the Community Number shown above should be used on insurance applications for the subject community.

MAP NUMBER
17197C0310G

MAP REVISED
to be determined

Federal Emergency Management Agency

-31-



Attachment # 5

Attachment # 5

Illinois Historic Preservation Agency

1 Old State Capitol Plaza • Springfield, Illinois 62701-1512 • www.illinois-history.gov

Will County
Green Garden Township
SW of Steger Road and US Route 445
Section:36-Township:34N-Range:12E
IEPA, MARS-1674
New construction, Riverside Medical Center

PLEASE REFER TO: IHPA LOG #007091912

RECEIVED
SEP 24 2012
McSHANE CONSTRUCTION COMPANY

September 20, 2012

Mathew Dougherty
McShane Construction Company, LLC
9550 West Higgins Road, Suite 200
Rosemont, IL 60018

Dear Mr. Dougherty:

The Illinois Historic Preservation Agency is required by the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420, as amended, 17 IAC 4180) to review all state funded, permitted or licensed undertakings for their effect on cultural resources. Pursuant to this, we have received information regarding the referenced project for our comment.

Our staff has reviewed the specifications under the state law and assessed the impact of the project as submitted by your office. We have determined, based on the available information, that no significant historic, architectural or archaeological resources are located within the proposed project area.

According to the information you have provided concerning your proposed project, apparently there is no federal involvement in your project. However, please note that the state law is less restrictive than the federal cultural resource laws concerning archaeology. If your project will use federal loans or grants, need federal agency permits, use federal property, or involve assistance from a federal agency, then your project must be reviewed under the National Historic Preservation Act of 1966, as amended. Please notify us immediately if such is the case.

This clearance remains in effect for two (2) years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the IL Human Skeletal Remains Protection Act (20 ILCS 3440).

Please retain this letter in your files as evidence of compliance with the Illinois State Agency Historic Resources Preservation Act.

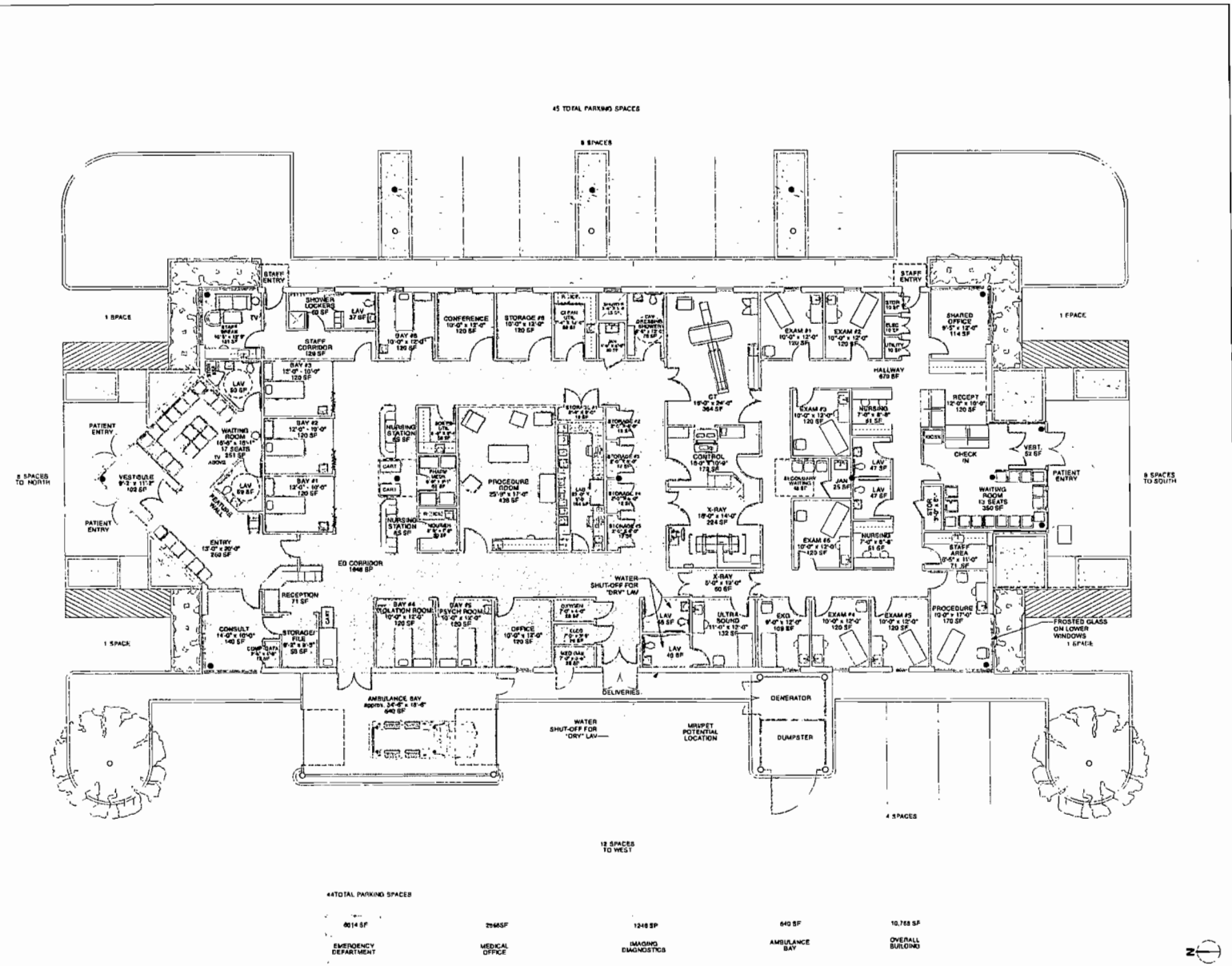
Sincerely,

Anne E. Haaker

Anne E. Haaker
Deputy State Historic
Preservation Officer

Attachment # 6

Preplanning Costs			**$ 149,100**
Market study	$	57,983	
Feasibility analysis	$	47,397	
Legal and document review	$	43,720	
Site Survey and Soil Investigation			**$ 6,792**
Village engineering expenses	$	6,792	
Site Preparation			**$ 294,157**
Grading	$	165,352	
Asphalt	$	128,805	
Off Site Work			**$ 850,000**
Exterior utilities	$	294,531	
Landscaping	$	53,000	
Curb improvements	$	172,391	
Traffic access configuration	$	330,078	
Consulting and Other Fees			**$ 400,000**
Development fee	$	250,000	
Pre development consulting/oversight and Phase 1 project management	$	150,000	
Movable or Other Equipment (not in construction contracts)			**$ 3,742,279**
CT scanner	$	1,500,000	
Medical equipment	$	876,636	
Digital xray unit	$	350,000	
Ultrasound unit	$	168,000	
Portable CR xray	$	100,000	
Furniture	$	98,229	
ED/Rad reading station	$	85,000	
Chemistry analyzer	$	75,000	
Portable ultrasound	$	60,000	
Signage	$	60,000	
CT injector	$	55,000	
Security monitors, cameras and intercom	$	49,220	
Information services cabling and hardware	$	41,600	
Call light system	$	30,000	
Coag analyzer	$	30,000	
Defibrillator units	$	30,000	
Hematology unit	$	30,000	
Computer equipment, printers, scanners	$	29,594	
EKG units	$	26,000	
Ventilator	$	18,000	
Artwork/decorations	$	15,000	
BiPap machine	$	15,000	



1 Scale 1/8"=1'-0"
FIRST FLOOR PLAN

IDPH REQUIREMENTS

Source: Joint Committee on Administrative Rules, Administrative Code
Title 77: Public Health, Chapter I: Department of Public Health Subchapter f: Emergency Services and Highway Safety
Part 518: Freestanding Emergency Center Code

PATIENT ENTRY
Section 518.2240: c: 1: A

AMBULANCE BAY & ASSOCIATED ENTRY
Section 518.2240: c: 1: A
Section 518.2240: d: 3

WAITING ROOM (17 SEATS;
Section 518.2240: c: 2: A, C
Section 518.2240: d: 3

PUBLIC TOILETS (M, W)
Section 518.2240: c: 2: D

RECEPTION, OFFICE, CONSULT/COMMUN, COMP/DATA
Section 518.2240: c: 2: B, C
Section 518.2240: c: 3, 4, 5, 6, 7
Section 518.2240: m

PROCEDURE ROOM (17'-0"X25'-9")
Section 518.2240: d: 1: A, B

PHARMACEDS
Section 518.2240: d: 4

NURSES' WORK STATION
Section 518.2240: d: 5

RADIOLOGY

EKG (9'-0"X12'-0")
Section 518.2240: e: 1: A

ULTRASOUND (11'-0"X12'-0)
Section 518.2240: e: 1: A

X-RAY (15'-0"X14'-0")
Section 518.2240: e: 1 A

CONTROL (15'-0"X10'-0")
Section 518.2240: e: 1: B
Section 518.2240: e: 3

CT (15'-0"X24'-0")
Section 518.2240: e: 1: A

LAV
Section 518.2240: e: 1: C

LAV/DRESSING SHOWER
Section 518.2240: e: 5

LAB (23'-0"X9'-0")
Section 518.2240: f

STAFF AREA (INCLUDES LAV, LOCKERS, CONFERENCE AREA)
Section 518.2240: g

JANITORIAL
Section 518.2240: h

CLEAN UTIL (7'-4"X12'-0")
Section 518.2240: f: 1: A, B, C, D, E, F
Section 518.2240: i

SOILED UTIL (5'-4"X6'-8")
Section 518.2240: f: 2: A, B, C, D, E
Section 518.2240: i

NOURISH (8'-0"X7'-4")
Section 518.2240: k: 1,2,3,4,5

BAYS & LAV (5 UNITS + 1 ISOLATION BAY, each 10'-0"X12'-0")
Section 518.2240: l

GENERATOR
Section 518.2230: i

RIVERSIDE *Medical Center*
FRANKFORT DEVELOPMENT PROJECT

OED

WEPING DEEGAN STUDIOS

KURMANCKI & ASSOCIATES, INC.

PORKO ENGINEERING, LLC.

SUBMISSION #	DATE	DESCRIPTION
	09.22.10	CON SUBMISSION

SCALE: AS NOTED
DATE: AS NOTED
DRAWING TITLE: FIRST FLOOR PLAN
DRAWING NO: A-1.0

ATTACHMENT 8

-36-

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Freestanding Emergency Center	$3,240,910	0	5,613	5,613	0	0	0
Laboratory	$106,240	0	184	184	0	0	0
Diagnostic Radiology	$657,074	0	1,138	1,138	0	0	0
EKG	$62,358	0	108	108	0		0
Clinical Equipment	$3,632,552						
Total Clinical	$7,699,135	0	7,043	7,043	0	0	0
NON REVIEWABLE							
Staff Facilities	$145,196	0	217	217	0	0	0
Ambulance Bay	$428,227	0	640	640	0	0	0
Physicians' Offices	$1,918,993	0	2,868	2,868	0	0	0
Non-Clinical Equipment	$109,727						
Total Non-clinical	$2,602,143	0	3,725	3,725	0	0	0
TOTAL	**$10,301,278**	**0**	**10,768**	**10,768**	**0**	**0**	**0**

Background of Applicant

1. The applicant for this project is Riverside Medical Center. Riverside is a licensed and accredited hospital located in Kankakee, Illinois in Kankakee County. The applicant is a part owner in the Riverside Ambulatory Surgery Center and the Center for Digestive Health Ambulatory Surgical Treatment Center, of which both are located in Bourbonnais, Illinois.

2. The applicant does not own or operate any other health care facilities.

3. A statement from the CEO of the hospital certifying that there has been no adverse action taken against the applicant during the three year period prior to the filing of this application is appended to this attachment. The applicant's letter also authorizes the HFSRB and IDPH access to any information deemed necessary to verify information pertinent to the project.

4. A copy of the hospital license and the Certificate of Accreditation by the Joint Commission are appended to this attachment.

Signature: _____

Phillip M. Kambic, its
President & CEO

Notarization:
Subscribed and sworn to before me this
22 Day of October, 2012.

_____
Signature of Notary

OFFICIAL SEAL
PAMELA S. HULL
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 3-4-2013

Seal

RIVERSIDE
HealthCare

October 31, 2012

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

Please accept this letter as attestation that neither Riverside Medical Center, nor any facility owned by Riverside Medical Center has been the recipient of any adverse actions taken by IDPH or DHHS during the past three years.

Furthermore, the Illinois Health Facilities Planning Board and/or its staff is herein granted authorization to review the records of Riverside Medical Center and it's affiliated organizations as related to licensure and certification.

Sincerely,

Phillip Kambic
President & CEO

Notarized:

OFFICIAL SEAL
PAMELA S. HULL
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 3-4-2013

Attachment - 11

State of Illinois 2065075
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

CRAIG CONOVER, M.D.
ACTING DIRECTOR

Issued under the authority of
The State of Illinois
Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/12	EGBU	0002014

FULL LICENSE

GENERAL HOSPITAL

EFFECTIVE: 01/01/12

BUSINESS ADDRESS

RIVERSIDE MEDICAL CENTER
350 NORTH WALL STREET
KANKAKEE IL 60901

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

Attachment - 11

Riverside Medical Center

Kankakee, IL

has been Accredited by

The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the

Hospital Accreditation Program

May 14, 2011

Accreditation is customarily valid for up to 36 months.

Isabel V. Hoverman, MD, MACP
Chair, Board of Commissioners

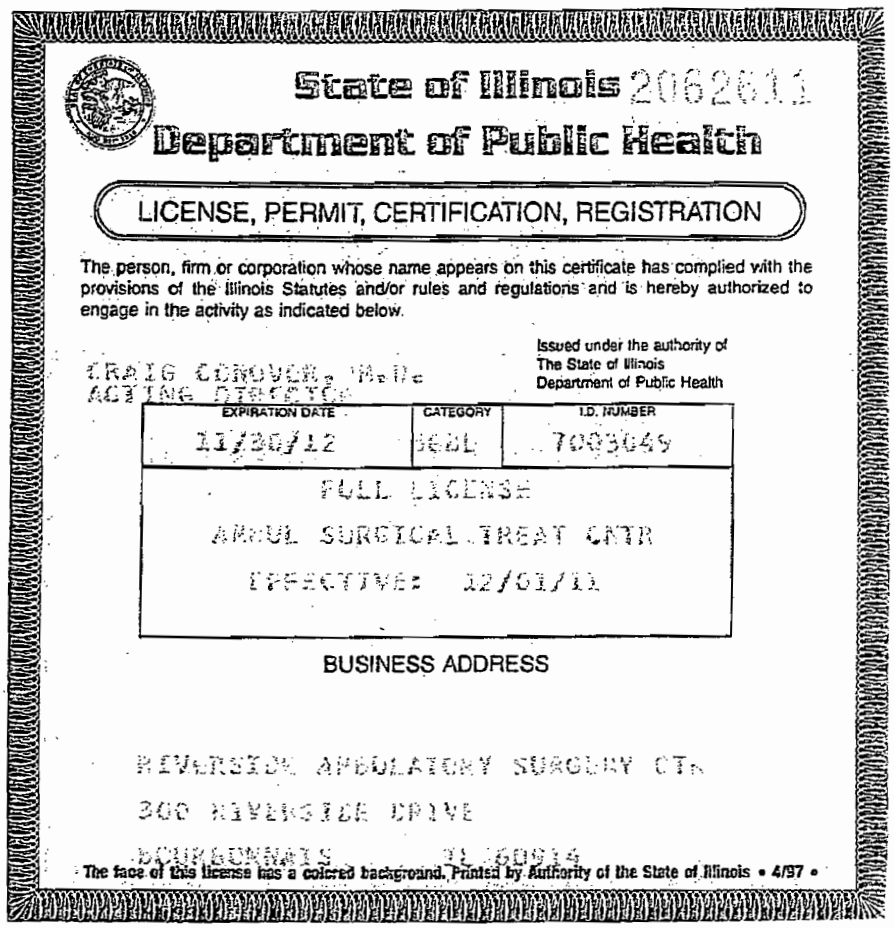
Organization ID #: 7366
Print/Reprint Date: 08/15/11

Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit, national body that oversees the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.

This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

Attachment # 11



State of Illinois 2062611

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of
The State of Illinois
Department of Public Health

CRAIG CONOVER, M.D.
ACTING DIRECTOR

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/30/12	060L	7003049

FULL LICENSE

ANNUAL SURGICAL TREAT CNTR

EFFECTIVE: 12/01/11

BUSINESS ADDRESS

REVERSION AMBULATORY SURGERY CTR

300 RIVERSIDE DRIVE

BOURBONNAIS IL 60914

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

Attachment - 11

ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

April 11, 2011

Organization #:	**70608**
Organization:	**Riverside Ambulatory Surgery Center**
Address:	**300 Riverside Dr., Suite 1100**
City, State, Zip:	**Bourbonnais, IL 60914-4997**
Survey Contact:	**Carrie Stauffenberg, RN**

The Accreditation Association for Ambulatory Health Care (AAAHC) is pleased to provide your organization the Survey Report from your March 21-22, 2011 survey. Your organization is to be congratulated on achieving accreditation, as awarded in the decision letter, which expires March 31, 2014.

Members of your organization should take time to review the enclosed Survey Report:

- Any standard marked "PC" (Partially Compliant) or "NC" (Non-Compliant) must be corrected promptly. Subsequent surveys by the AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
- The Summary Table provides an overview of compliance for each chapter applicable to the organization. Emphasis for attention should be given to chapters marked "PC" (Partially Compliant) or "NC" (Non-Compliant).
- As a guide to the ongoing process of self-evaluation, periodically review the Survey Report to ensure the organization's ongoing compliance with the standards throughout the term of accreditation.
- Statements in the "Consultative Comments" sections of the report represent the educational component of the survey. Such comments may provide suggested approaches for correcting identified deficiencies.

We hope the survey has been beneficial to your organization in identifying its strengths and opportunities to improve. AAAHC trusts that you will continue to find the accreditation experience meaningful, not only from the benefit of having carefully reviewed your own operation, but also from the recognition brought forth by your participation in this survey process.

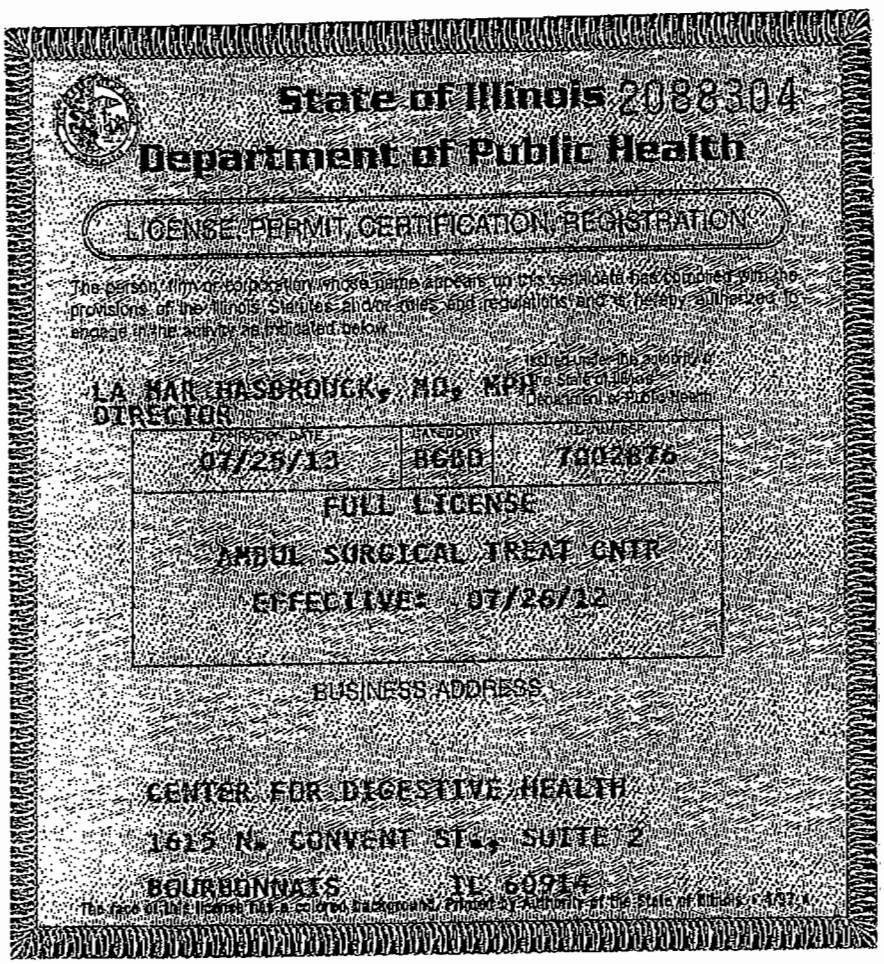
If you have any questions or comments, please contact AAAHC at (847) 853-6060.

Sincerely,

Meg Gravesmill

Meg Gravesmill, MBA
Senior Director, Accreditation Services

Improving Health Care Quality Through Accreditation
9933 Old Orchard Road, Suite 200
Skokie, Illinois 60077
TEL (847) 853-6060
FAX (847) 853-9028
www.aaahc.org
info@aaahc.org



State of Illinois 2088304

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of the State of Illinois Department of Public Health

LA MAR HASBROUCK, MD, MPH
DIRECTOR

EXPIRATION DATE	CATEGORY	ID NUMBER
07/25/13	BGBD	7002876

FULL LICENSE

AMBUL SURGICAL TREAT CNTR

EFFECTIVE: 07/26/12

BUSINESS ADDRESS

CENTER FOR DIGESTIVE HEALTH

1615 N. CONVENT ST., SUITE 2

BOURBONNAIS IL 60914

The face of this license has a colored background. Printed by Authority of the State of Illinois - 4/97 -

Attachment - 11

ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

January 26, 2011

Organization #:	**65640**	**Accreditation Expires:**	**February 26, 2014**
Organization:	**The Center for Digestive Health**		
Address:	**1615 North Convent Street, Suite 2**		
City, State, Zip:	**Bourbonnais, IL 60914**		
Decision Recipient:	**Christina O'Connor**	Survey Chair:	**Paul Bennett, Colonel (Ret), USAF, NC, RN, MS, CNS**
Survey Contact:	**Christina O'Connor**	Survey Team Member:	**Kasia Rossi, RN, MSN, MBA-HCA, LHRM**
Survey Dates:	**January 10-11, 2011**		

It is a pleasure to inform you that the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) Accreditation Committee has awarded **The Center for Digestive Health, a three-year term of accreditation.**

Granting accreditation reflects confidence, based on evidence from this recent survey that you meet, and will continue to demonstrate throughout the accreditation term, the attributes of an accreditable organization as reflected in the standards found in the *Accreditation Handbook for Ambulatory Health Care*. The dedication and effort necessary for an organization to be accredited is substantial and the compliance with those standards implies a commitment to continual self-evaluation and continuous improvement.

Members of your organization should take time to review your Survey Report, which may arrive separately:

- Any standard marked "PC" (Partially Compliant) or "NC" (Non-Compliant) must be corrected promptly. Subsequent surveys by the AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
- The Summary Table provides an overview of compliance for each chapter applicable to the organization. Emphasis for attention should be given to chapters marked "PC" (Partially Compliant) or "NC" (Non-Compliant).
- As a guide to the ongoing process of self-evaluation, periodically review the Survey Report to ensure the organization's ongoing compliance with the standards throughout the term of accreditation.
- Statements in the "Consultative Comments" sections of the report represent the educational component of the survey. Such comments may provide suggested approaches for correcting identified deficiencies.

AAAHC policies and procedures and standards are revised on an annual basis, such revisions become effective March 1 each year. Accredited organizations are required to maintain their operations in compliance with the current AAAHC standards and policies. Therefore, the organization is encouraged to visit the AAAHC website, www.aaahc.org, for information pertaining to any revisions to AAAHC policies and procedures and standards.

We hope the survey has been beneficial to your organization in identifying its strengths and opportunities to improve. AAAHC trusts that you will continue to find the accreditation experience meaningful, not only from the benefit of having carefully reviewed your own operation, but also from the recognition brought forth by your participation in this survey process.

If you have any questions or comments about any portion of the accreditation process, please contact the AAAHC Accreditation Services department at (847) 853-6060.

5250 Old Orchard Road, Suite 200
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PURPOSE OF PROJECT

The purpose of the proposed project is to improve access to emergency services for the residents of the service area as defined on the map included in this attachment. The service area includes those cities and areas surrounding and adjacent to Interstate Route 57. The service area is also supported by access via IL Route 45 and IL Route 6.

Riverside Medical Center has strongly held to a primary goal of improving access to health care for the communities it serves by bringing health care services and supports close to its constituents. Over the past several decades, Riverside has developed primary care clinics, rural health clinics, ambulatory care campuses, and outreach ambulance services throughout its geographic service area. The map entitled "Key Strategy: Geographic Access" shows where current health care facilities and services are located to achieve the goal of providing care closer to the residents.

The proposed project will further that important goal of Riverside's to provide necessary health care services within easy access for area residents. The proposal was developed after many discussions with the community leaders and residents of the communities within the proposed service area and subsequently Riverside learned that those residents felt their greatest needs were for emergency services within a shorter drive time of their homes and for more primary care providers nearby.

The proposed service area consists primarily of southeastern Will County and northeastern Kankakee County. Both areas have experienced significant population growth in the past ten years and are projected to have further growth in the next 10 years.

A study conducted in 2011 by The Robert Woods Johnson Foundation found that Kankakee County ranked number 80 of the 104 Illinois Counties for Morbidity and that Kankakee County ranked number 59 for Mortality. Will County fared better in the same study but was ranked number 43 for Morbidity. Both counties have significant health challenges. Improved access to care, health care services, and additional physicians could improve these health outcomes. [Attachment 12(a)]

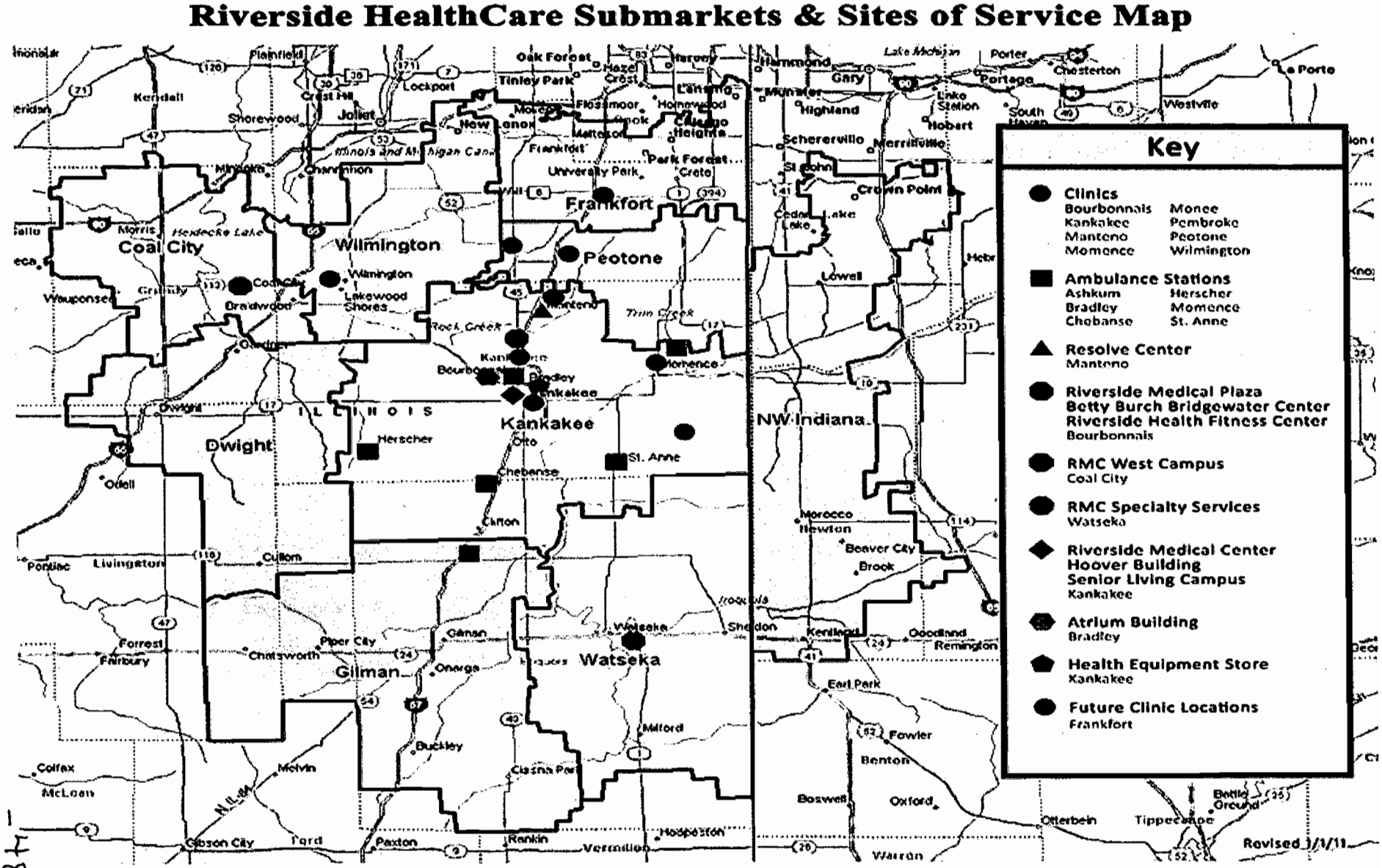
The population growth in both counties was significant and particularly in the immigrant population groups as shown in the attached reports from their respective Community Health Assessments. Those groups have historically been underinsured and have more difficulty accessing the healthcare system. Riverside Medical Center has developed its extensive and geographically dispersed outreach network so that all population groups are well served and the services are available regardless of the payor status of the patient. [Attachments 12(b) and 12(c)]

With the current legislation slated to improve healthcare insurance access for the vast majority of the population in this country, studies are predicting there will be an accelerated demand for emergency services and a significant increase in emergency room visits. This proposed Freestanding Emergency Center project would likely be opened in the time frame that will match the accelerated demand and provide care close to residents' homes.

PURPOSE OF PROJECT

The measurable outcomes of this project are to increase access to care by reducing distance and drive times for the service area residents to both emergency care and primary care physician services. The applicants plan is to reduce the residents travel time by 40-50% for ED services in the first three years of the Freestanding Emergency Center's operation.

Key Strategy: Geographic Access



ATTACHMENT 12

County Health Rankings & Roadmaps
A Healthier Nation County by County

	Will County	Error Margin	National Benchmark*	Illinois	Trend	Rank (of 102)
Health Outcomes						**16**
Mortality						9
Premature death	5,493	5,303-5,683	5,466	6,728		
Morbidity						43
Poor or fair health	12%	10-15%	10%	16%		
Poor physical health days	3.2	2.8-3.6	2.6	3.3		
Poor mental health days	3.3	2.9-3.7	2.3	3.2		
Low birthweight	7.6%	7.4-7.8%	6.0%	8.4%		
Health Factors						**31**
Health Behaviors						51
Adult smoking	19%	17-22%	14%	20%		
Adult obesity	31%	27-34%	25%	27%		
Physical inactivity	25%	22-28%	21%	25%		
Excessive drinking	22%	19-25%	8%	19%		
Motor vehicle crash death rate	10	9-11	12	11		
Sexually transmitted infections	248		84	469		
Teen birth rate	27	26-28	22	40		
Clinical Care						49
Uninsured	12%	11-12%	11%	15%		
Primary care physicians	1,706:1		631:1	778:1		
Preventable hospital stays	88	86-91	49	77		
Diabetic screening	83%	81-85%	89%	82%		
Mammography screening	66%	63-68%	74%	66%		
Social & Economic Factors						19
High school graduation	86%			84%		
Some college	67%	66-69%	68%	65%		
Unemployment	10.4%		5.4%	10.3%		
Children in poverty	12%	11-14%	13%	19%		
Inadequate social support	20%	17-23%	14%	21%		
Children in single-parent households	21%	19-22%	20%	31%		
Violent crime rate	203		73	532		
Physical Environment						84
Air pollution-particulate matter days	0		0	3		
Air pollution-ozone days	2		0	4		
Access to recreational facilities	10		16	10		
Limited access to healthy foods	6%		0%	4%		
Fast food restaurants	58%		25%	51%		

* 90th percentile, i.e., only 10% are better
Note: Blank values reflect unreliable or missing data

2012

Source: http://www.countyhealthrankings.org/print/county/snapshots/2012/17/091

Attachment 12(a)

County Health Rankings & Roadmaps
A Healthier Nation, County by County

	Kankakee County	Error Margin	National Benchmark*	Illinois	Trend	Rank (of 102)
Health Outcomes						**74**
Mortality						59
Premature death	7,697	7,134-8,259	5,466	6,728		
Morbidity						80
Poor or fair health	19%	14-25%	10%	16%		
Poor physical health days	3.9	3.0-4.8	2.6	3.3		
Poor mental health days	3.2	2.3-4.0	2.3	3.2		
Low birthweight	8.4%	7.9-9.0%	6.0%	8.4%		
Health Factors						**95**
Health Behaviors						95
Adult smoking	26%	19-33%	14%	20%		
Adult obesity	31%	26-36%	25%	27%		
Physical inactivity	29%	23-35%	21%	25%		
Excessive drinking	15%	10-20%	8%	19%		
Motor vehicle crash death rate	18	15-21	12	11		
Sexually transmitted infections	428		84	469		
Teen birth rate	47	44-49	22	40		
Clinical Care						77
Uninsured	15%	13-16%	11%	15%		
Primary care physicians	1,523:1		631:1	778:1		
Preventable hospital stays	82	77-87	49	77		
Diabetic screening	82%	77-86%	89%	82%		
Mammography screening	64%	59-68%	74%	66%		
Social & Economic Factors						90
High school graduation	81%			84%		
Some college	58%	55-61%	68%	65%		
Unemployment	13.1%		5.4%	10.3%		
Children in poverty	20%	15-25%	13%	19%		
Inadequate social support	18%	13-25%	14%	21%		
Children in single-parent households	38%	35-42%	20%	31%		
Violent crime rate	369		73	532		
Physical Environment						58
Air pollution-particulate matter days	0		0	3		
Air pollution-ozone days	0		0	4		
Access to recreational facilities	16		16	10		
Limited access to healthy foods	13%		0%	4%		
Fast food restaurants	55%		25%	51%		

* 90th percentile, i.e., only 10% are better
Note: Blank values reflect unreliable or missing data

2012

Source: http://www.countyhealthrankings.org/print/county/snapshots/2012/17/091

Attachment 12(a)

2011

KANKAKEE COUNTY COMMUNITY HEALTH STATUS ASSESSMENT

Prepared by the Illinois Public Health Institute

Kankakee County Community Health Status Assessment

prepared for

Kankakee County Health Department

Provena St. Mary's Hospital

Riverside Medical Center

United Way of Kankakee County

by the

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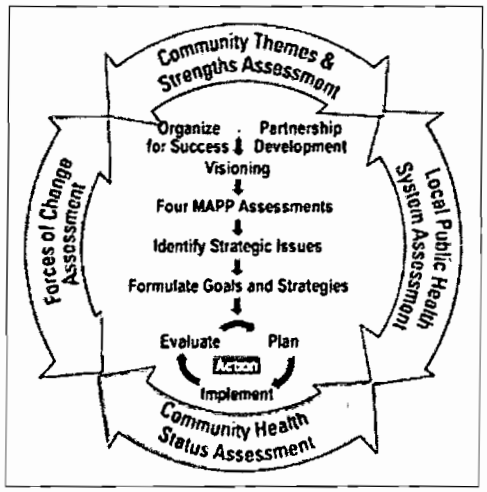
INTRODUCTION

In early Spring 2011, a broad array of public health stakeholders from Kankakee County convened as the *Partnership for a Healthy Community*, a collaborative whose vision is to build a strong, healthy and safe community. In the following months, *Partnership for a Healthy Community* worked towards its mission to create "a healthy community through comprehensive assessments and the implementation of effective action plans" by participating in the Mobilizing for Action through Planning and Partnerships (MAPP) process.

MAPP is a community-driven strategic planning framework that assists communities in developing and implementing efforts around the prioritization of public health issues and the identification of resources to address them as defined by the *10 Essential Public Health Services*. The MAPP process includes four assessment tools of which this *Kankakee County Community Health Status Assessment* is one.



MAPP Model, *Achieving Healthier Communities through MAPP User's Handbook*
http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf

This report comprises comprehensive data describing who resides in Kankakee County, the community's health status and strengths and risks that may be contributing to residents' wellbeing. Through the review of the *2007 Kankakee County Analysis of Community Health Needs* and collaborative decision-making and local guidance by the *Partnership for a Healthy Community's* Kankakee County Community Health Status Assessment Sub-Committee, more than 100 key health indicators were identified for this report. Indicators include population demographics, household characteristics, education, employment, income and poverty statistics, birth and death rates and health status and resource information.

Each page of this document represents specific health indicators, including data for Kankakee County and, where available, Illinois and/or national data comparisons. For the reader's convenience and where applicable, symbols are presented to indicate whether Kankakee County is doing better (+),

INTRODUCTION CONTINUED

worse (-), or about the same (=) as compared to that same indicator for the state and/or nationally and to the *2007 Kankakee County Analysis of Community Health Needs* data. Data sources, hyperlinks to these sources and a brief data summary are also available on each page.

This report is intended for both community dissemination and use in informing the *Partnership for a Healthy Community* as they seek to identify community health and quality of life needs for Kankakee County. Through the MAPP process, this *Kankakee County Community Health Status Assessment* will help to establish a system to support continuous health status monitoring and to identify challenges and opportunities to shape the health of Kankakee County residents' for the future.

EXECUTIVE SUMMARY

Population

The population of Kankakee County has grown 9.3% from 2000 to 2010. The population is approximately divided among the 0-20, 20-40, 40-60 and over 60 age groups; the average age is 36.7. Males and females are roughly in equal proportion, with the gender ratio leaning towards males until age 60. Bourbonnais and Bradley have grown faster than the county, at 22% and 24% respectively, while Kankakee has remained essentially the same. Cabery and Chebanse Villages also grew over 100%. By township, Manteno had the most population growth, 40%, while Pembroke and Aroma each lost 10% of their population.

Race, Ethnicity, Language and Ancestry

Kankakee County is predominantly white (77.6%). This percentage fell slightly since 2000, while the black population stayed constant at 15.1% and the Hispanic population increased to 9%. Most of the Hispanic population is Mexican. While Bourbonnais and Bradley reflect the county pattern, Kankakee is less than 50% white, 40% black and almost 20% Hispanic. In Kankakee County, the white population is older (median age 39.8) compared to the black (median age 29.5) and Hispanic (median age 23.1) population. This suggests that the population will continue to shift. Most of the population, 95.5%, is native-born.

School districts overall mirror the county make-up. However, Kankakee #111 and Pembroke #259 are predominantly black, and St. Anne HS #256 has equal white and black populations. This suggests the black population is highly concentrated in certain areas.

Household Characteristics, Marital Status and Marriage/Divorce

The average family in Kankakee County is 3.13 persons and the average household is 2.61, similar to 2005. Almost 70% of households are families; about 8% of households are single-females with children, and about 4% are single-males with children. However, about 30% of children live with a single-female householder, up from 21% in 2000; only 61% live in a family with married parents. Over 50% of the over 65 population are living with family, though 20% are females living alone. About 8% of the over 65 over population are living in group quarters. Unmarried partners are rare (6.6%) but increased from 5.1% in 2000; male-male and female-female households make up only 0.3% of households.

About 50% of the population is married, 40% never married, 10% divorced and 7% widowed; females are much more likely than males to be widowed. The number of marriages each year has been decreasing over the past two decades; there was a sharp increase in divorces in 2007 through 2008.

Housing

Kankakee County has a lower rate of vacant housing units compared to the state and national rates. About a third of housing in Kankakee County is rented. Whites are more likely to be homeowners than blacks or Hispanics; the percent of blacks owning homes decreased slightly while the percent of Hispanics increased slightly since 2000.

The median owner-occupied house value increased by 64% from 2000 to 2010, while the median gross rent increased 31%. Forty-seven percent of renters have unaffordable housing (more than 30% of income), up from 37% in 2000; and 27% of owners have unaffordable housing. Again, Bradley and Bourbonnais mirror the county rates, while Kankakee actually has slightly more renters (50%) than owners (49%).

EXECUTIVE SUMMARY CONTINUED

Education and Employment

About 36% of the county population had a high school degree (or equivalent) as their highest educational level by age 25 and that percentage has not changed since 2000. However, only 9.4% earned a bachelor's degree, also the same since 2000, and only half the Illinois rate. Similarly, only 16.1% earned a bachelor's degree or higher, compared to 30.8% in IL and 28.2% across the country. High school graduation rates vary greatly by race and school district.

Overall, 62% of the over 16 population is in the labor force, which is similar to the Illinois and U.S. rates. While overall 72% of females are in the labor force, 79% of females with children under 6 years old are in the labor force, which is an almost 10 point increase from 2000. Kankakee County tends to have less of the labor force in management/business/science compared to Illinois and slightly more in service, construction/maintenance and production/transportation occupations.

Kankakee County's unemployment rate has remained at or above the Illinois rate for the past three decades. As in Illinois and the U.S. in general, there has been a large increase in the unemployment rate since 2007; that rate now stands at 13% in Kankakee County. Blacks are twice as likely to be unemployed than whites. Unemployment is also highest in the 16-19 year old age group, among those with less than a high school degree and those living in Kankakee.

Income and Poverty

Both whites and Hispanics have median incomes above the county median, while blacks have a lower median income. Likewise, single-female parent households tend to be below the household median income. The overall poverty rate is 14%; it is higher for those under 18, blacks, Hispanics, female-headed households and residents of Kankakee.

Slightly fewer children are on state medical assistance compared to the total Illinois population, but slightly more of the adult population is enrolled in state medical assistance.

Natality

Kankakee County's natality rates for all races are very similar to state rates. Births by race are similar to the racial composition of the county, though proportionally somewhat higher for blacks and slightly lower for Hispanics – 76% are white, 23% black and 12% Hispanic. Kankakee County tends to have younger mothers than Illinois – almost 40% of mothers were younger than 24 years old, compared with 30% in Illinois. Kankakee County has a higher teen birth rate than Illinois. This rate has been increasing since 2005; currently 13.5% of births are to teens. Similarly, the rate of births to unmarried mothers (never married or divorced) is higher than Illinois and has been increasing since 2003. Although data was not available for some years, the current rate is 50.9%.

Kankakee County is similar to Illinois in terms of low and very low birth weight babies; however, the rates for blacks are much higher than for whites – 16.4% low and 3.2% very low for Kankakee blacks compared to 7.3% low and 1.6% very low for Kankakee whites. Perhaps related, fewer Kankakee County residents are receiving adequate prenatal care compared to Illinois –only 22% get adequate plus care and 17% get inadequate care. Kankakee County mothers are more likely to smoke but less likely to drink while pregnant than Illinois mothers in general.

There was an increase in cardiovascular defects in newborns to almost 140 per 10,000 live births, which is higher than the rate of 110 for Illinois. The rate of induced pregnancy terminations for Kankakee County has been much lower than the Illinois rate for the past decade and currently stands at 80.9 per 1000 live births.

EXECUTIVE SUMMARY CONTINUED

Mortality

Kankakee County's age-adjusted mortality rate is higher than the Illinois rate; in 2007, it was 891.5 per 100,000 population. The rate is higher in Kankakee County compared to Illinois among the 1-4, 10-14, 20-24, 35-33 and over 65 age groups. The leading causes of mortality are heart disease and cancer, both of which affect men at a higher rate than women. Kankakee County also has a high rate of Alzheimer's, particularly in men, compared to Illinois; specifically, the rate was 73.7 per 100,000 for Kankakee County men, compared to a 16.8 for Illinois men.

Heart disease and cancer are the leading causes of age-adjusted mortality for both blacks and whites; the rates are higher than the Illinois rate for both white and blacks and higher in blacks than whites. Blacks also had a higher rate of stroke compared to whites in Kankakee County. However, the leading causes of premature mortality for whites are malignant neoplasm, accidents and perinatal conditions, compared to accidents, perinatal conditions and homicide for blacks.

Health Status

Kankakee County is higher than the Illinois in terms of reports of arthritis and high blood pressure and similar in terms of asthma and diabetes. About 28% of the adults in Kankakee County are obese and physically inactive. Breast cancer incidence is similar to the state overall, but much higher among black women – 179.5 per 100,000 compared to 119.2 for the state. Cancer screening rates are similar between Kankakee County and Illinois. Kankakee County is similar to the state in terms of children's blood lead levels and vaccinations.

Rates of chlamydia and gonorrhea in Kankakee County are at or above Illinois averages, which include Chicago; on the other hand, syphilis rates are at or below state averages. Among other communicable diseases, chicken pox and meningitis (both bacterial and viral) have decreased from 2005 to 2010. 2006 seemed to have unusually high rates of shigellosis and TB. In 2010, there were six cases of rabies and eight cases of HIV.

Diseases of the circulatory and respiratory systems are the top two diagnoses related to hospitalization and have been decreasing since 2008. Of the over 65 population, 33% report a disability, most commonly ambulatory or independent-living disabilities.

Mental Health and Substance Abuse

In terms of mental health since 2000, the suicide rate in Kankakee County remains slightly above that of Illinois (9.2 versus 7.8 per 100,000). The percentage reporting poor mental health has decreased from 2001 to 2009 and is now slightly below the state rate. However, 19% of the population reported more than 8 days of poor mental health in the last month, and 26% reported 1-7 days.

Kankakee County is similar to Illinois in terms of binge drinking (which is currently at about 16%), DUI arrests (435 per 100,000) and smoking; about 25% of adults are current smokers in Kankakee County and 23% are former smokers. Drug offense arrests were lower in 2009 than in previous years; this could reflect changes in crime or in police staffing/procedures.

Health Resources

Overall, 88% of Kankakee County residents responded that they have health care and have a place to go when sick. Twenty-four percent were on Medicare. However, 13% did not go to a doctor in the past year or get medication when needed due to costs.

EXECUTIVE SUMMARY CONTINUED

Health Resources Continued

Mental health providers in Kankakee County are responsible for almost three times as many residents as the state average, while primary care physicians are responsible for about twice as many residents as the state average. However, Kankakee County has 143.6 total physicians per 100,000 residents compared to a national average of 87.6.

Crime and Violence

The overall rate of index crimes is 3000 per 100,000 for Kankakee County in 2009; Bradley, Kankakee, Momence and St. Anne were above average. The index crime rate has declined since 2007. Domestic violence reports vary from year to year, with about 600 per year. Elder abuse reports have generally been between 110 and 120 per year, though higher in 2008 and 2009. Reports of child abuse and sex abuse against children are slightly higher than the Illinois rate, at 35.7 per 1000 and 3.6 per 1000 respectively.

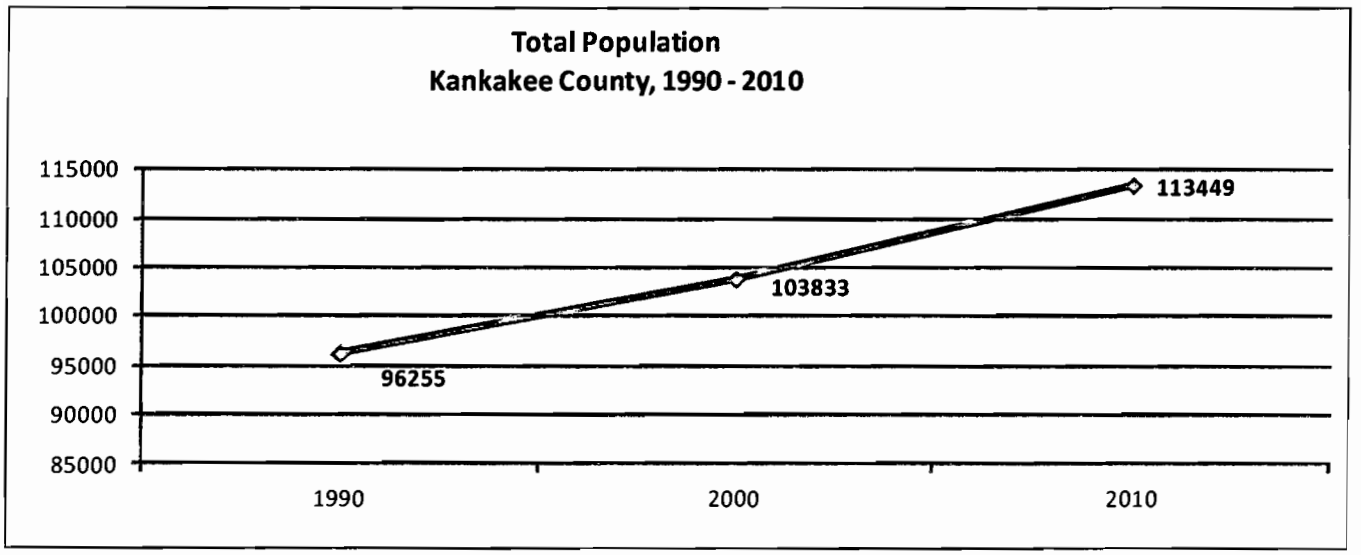
CHAPTER 1

POPULATION

KANKAKEE COUNTY POPULATION

The population of Kankakee County grew steadily from a total of 96,255 in 1990 to 113,449 in 2010. This growth was 3 times the rate in Illinois over the time period 2000 to 2010.

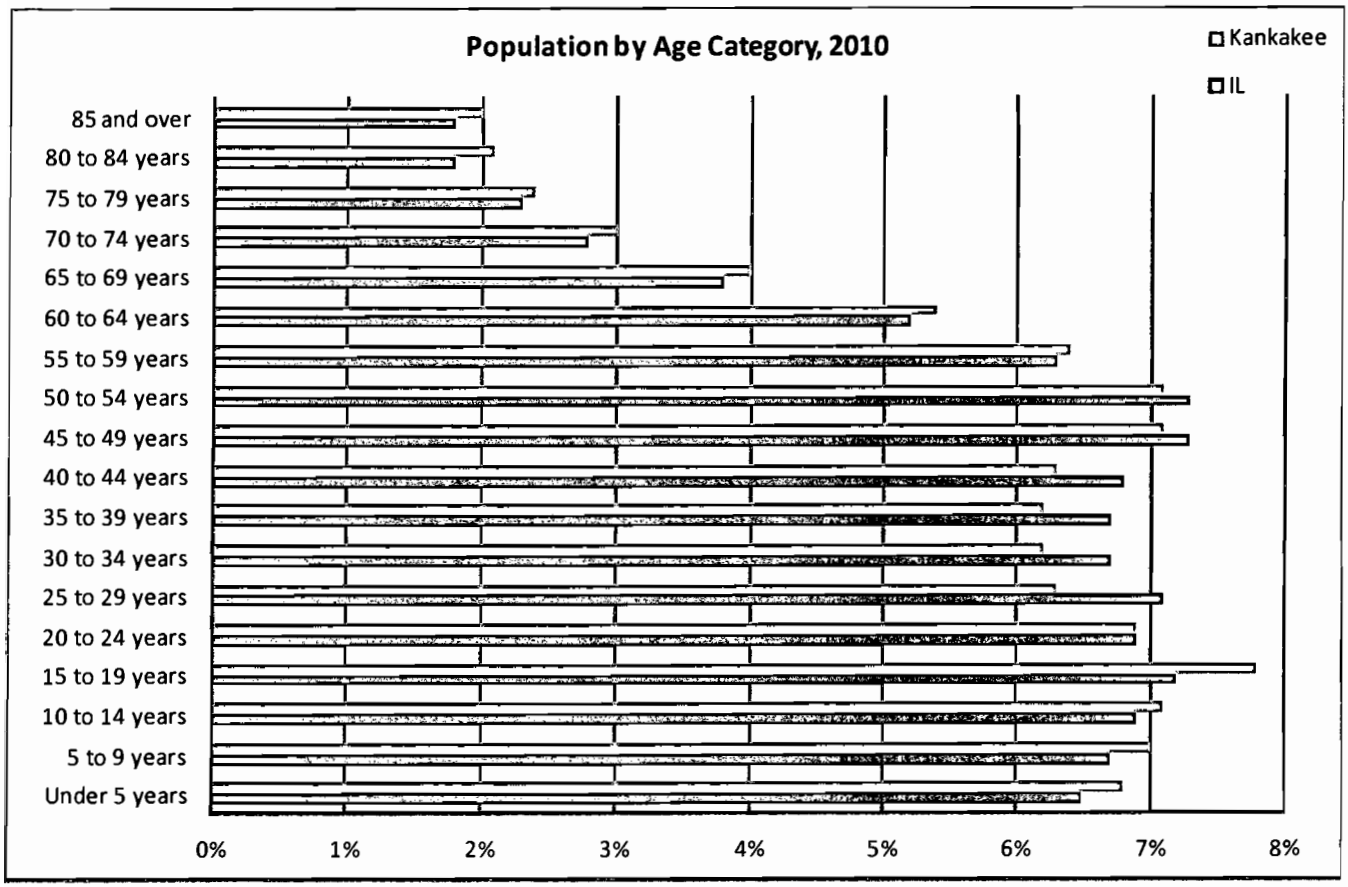
Data Source	US Census Bureau
Data Source URL	http://www.census.gov/popfinder/

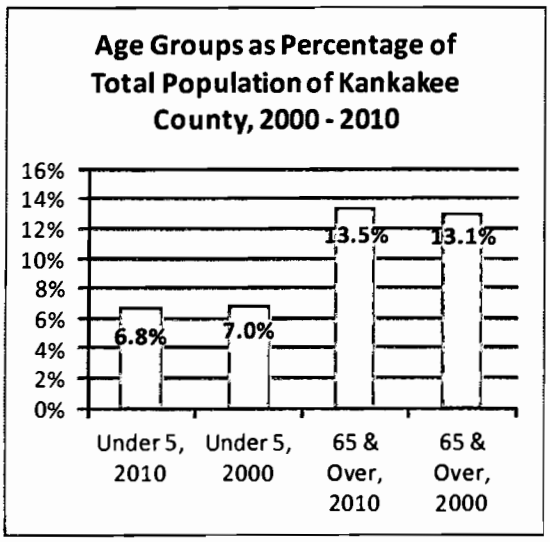


KANKAKEE COUNTY POPULATION BY AGE

The population by age category for 2010 is presented below. From 2000 to 2010 the percentage of the population in the 65 and Over category increased slightly from 13.1% to 13.5% while the Under 5 categories have reduced slightly from 7.0% to 6.8%.

Data Source	US Census Bureau
Data Source URL	http://www.census.gov/popfinder/





KANKAKEE COUNTY POPULATION BY AGE AND SEX

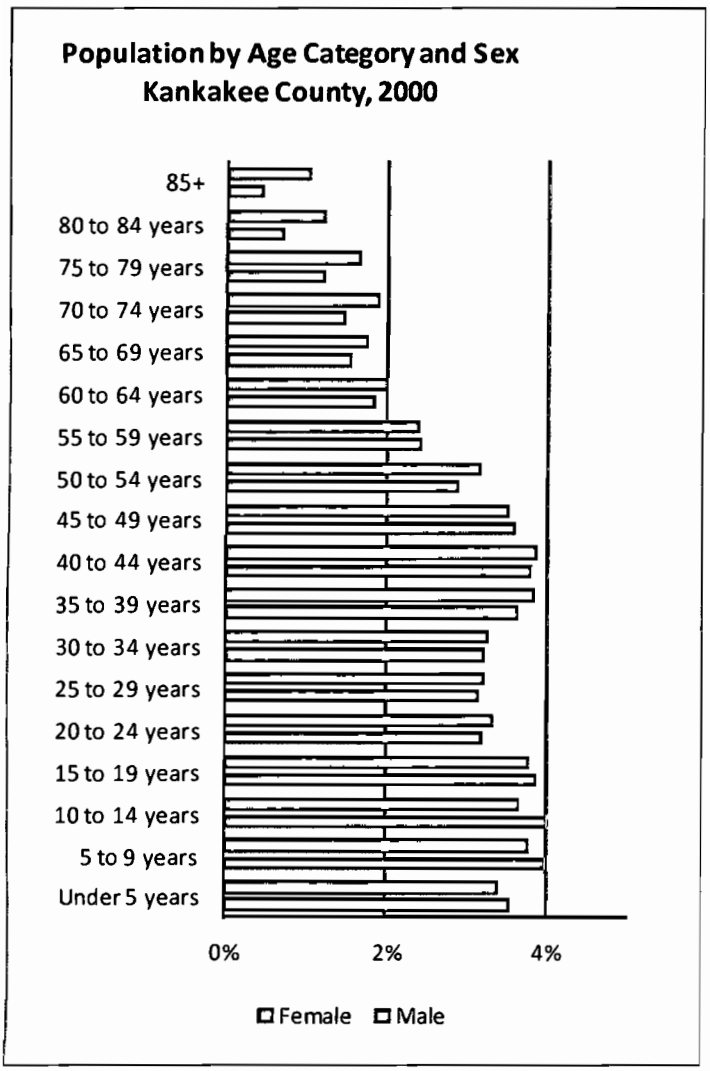
The figure below provides data on the population by age and sex. The greatest differences can be seen in the older age categories (60 years and above) where females represent a greater percentage of every age category.

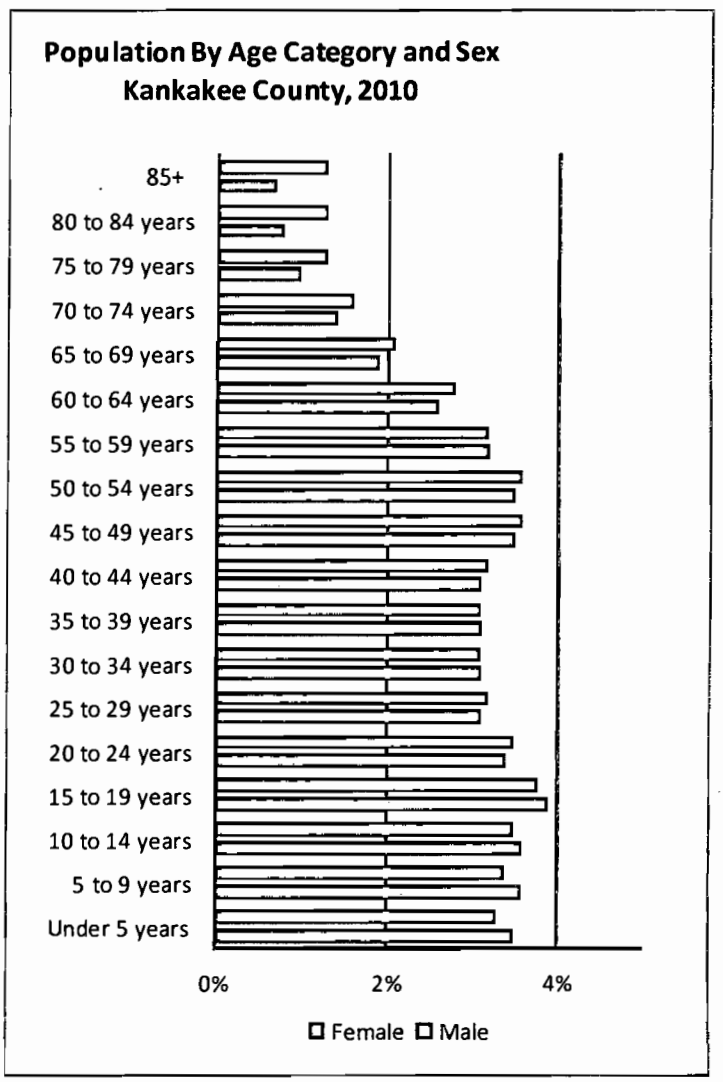
The median age was 35.2 in 2000; the median age was 36.7 in 2010.

Males represented 49.1% of the population in 2010, up from 48.9% in 2000; the female percentage decreased from 51.1% to 50.9%.

The median age for males in 2010 was 35.5; the median age for females was 37.8.

Data Source	US Census Bureau
Data Source URL	http://www.census.gov/popfinder/

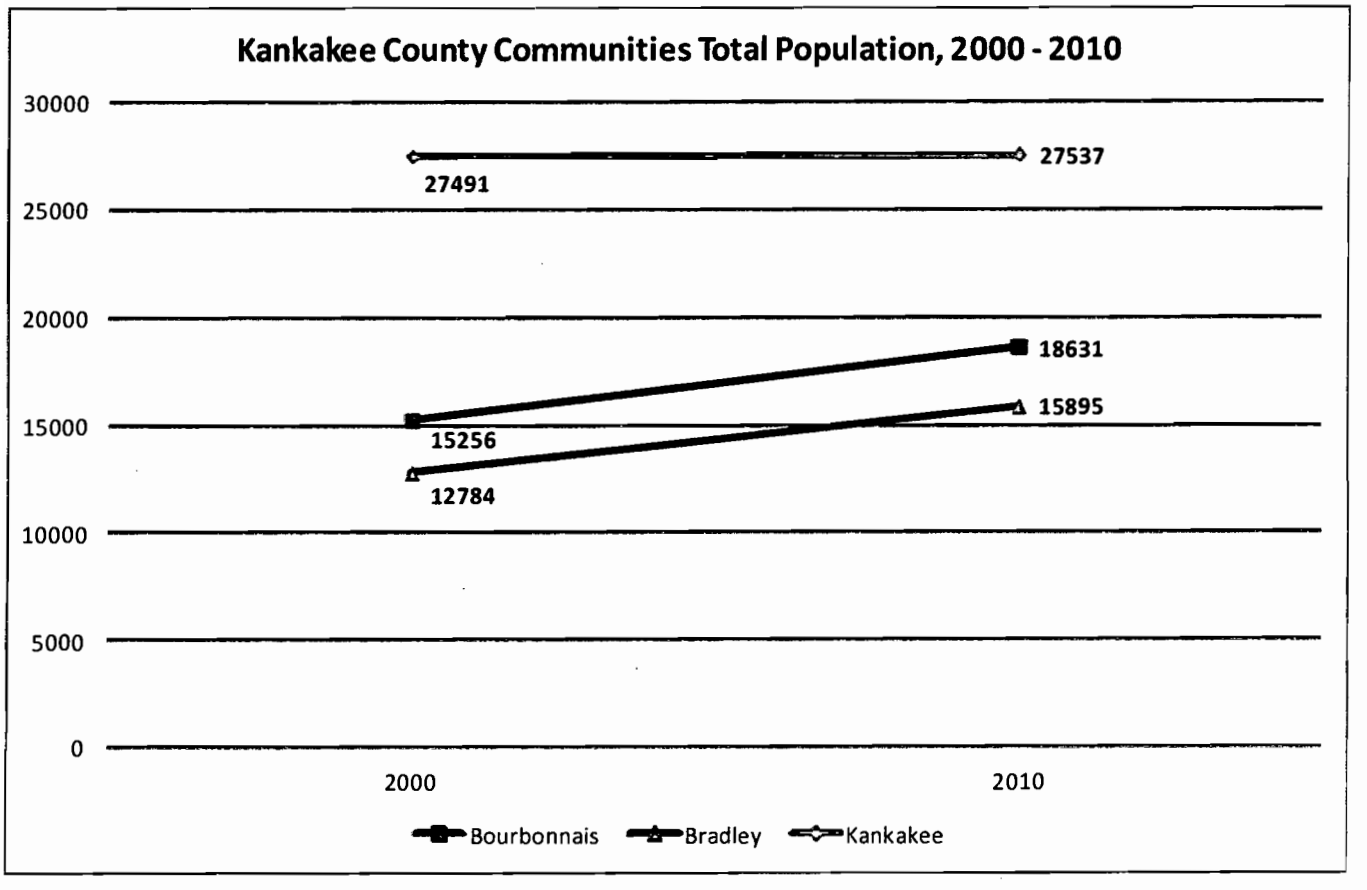




POPULATION OF LARGER KANKAKEE COUNTY COMMUNITIES

The populations of Bourbonnais and Bradley grew during the last decade; Bourbonnais from 15,265 in 2000 to 18,631 in 2010; Bradley from 12,784 In 2000 to 15,895 in 2010. The population of Kankakee township remained relatively steady, from 27,491 in 2000 to 27,537 in 2010.

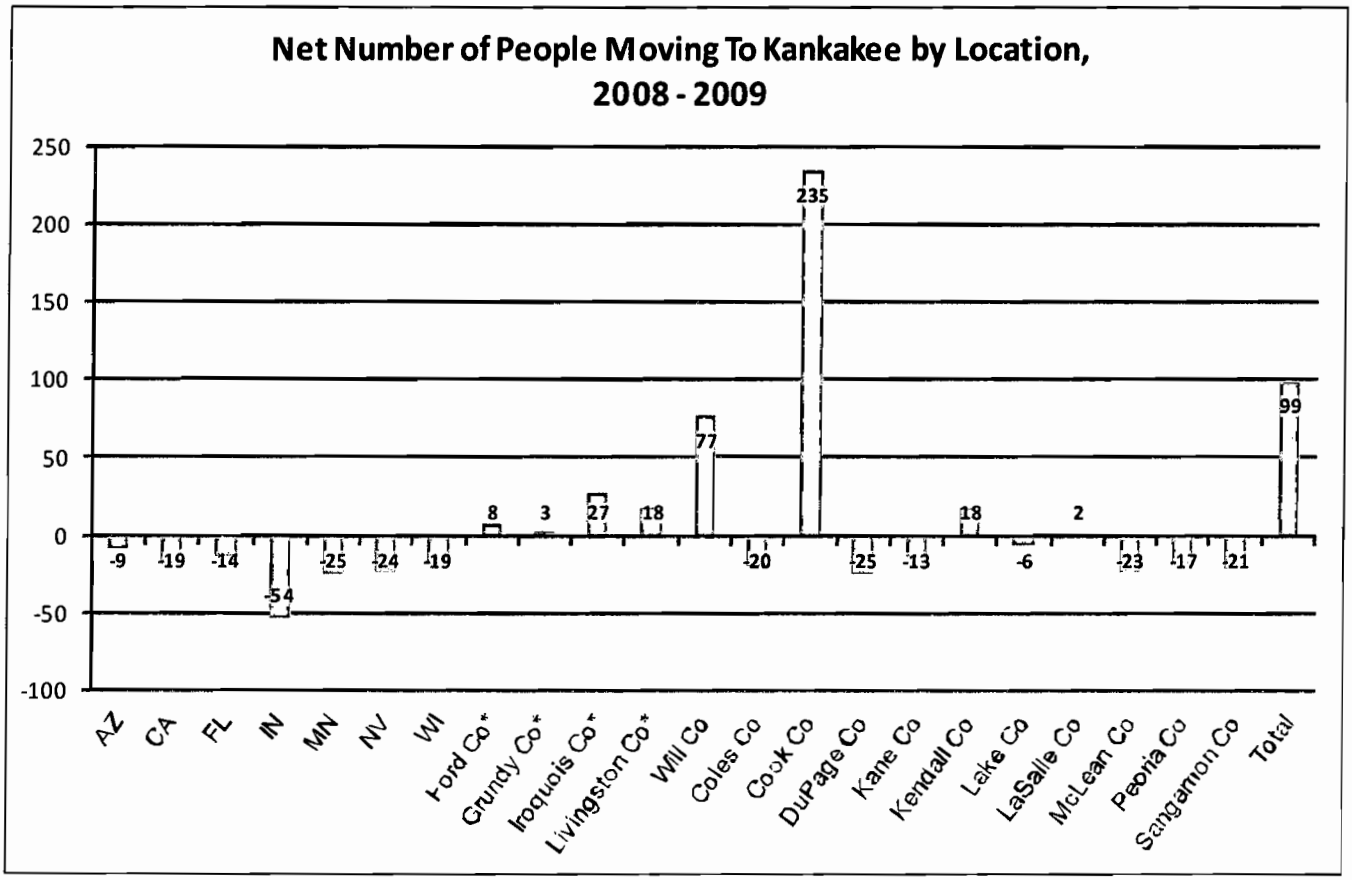
Data Source	US Census Bureau, 2010 Census
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table

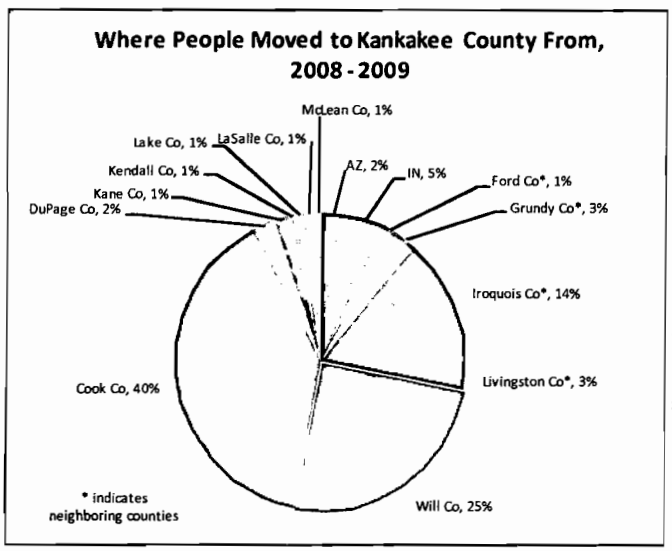


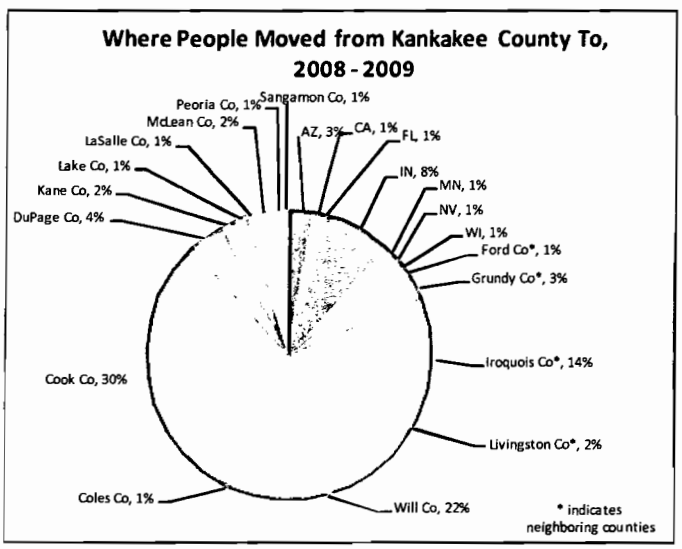
MIGRATION

The greatest rates of migration to and from Kankakee County from 2008 to 2009 were from Cook County (40%) and Will County (25%) Illinois.

Data Source	US Internal Revenue Service
Data Source URL	http://www.irs.gov/pub/irs-soi/countyinflow0809.csv





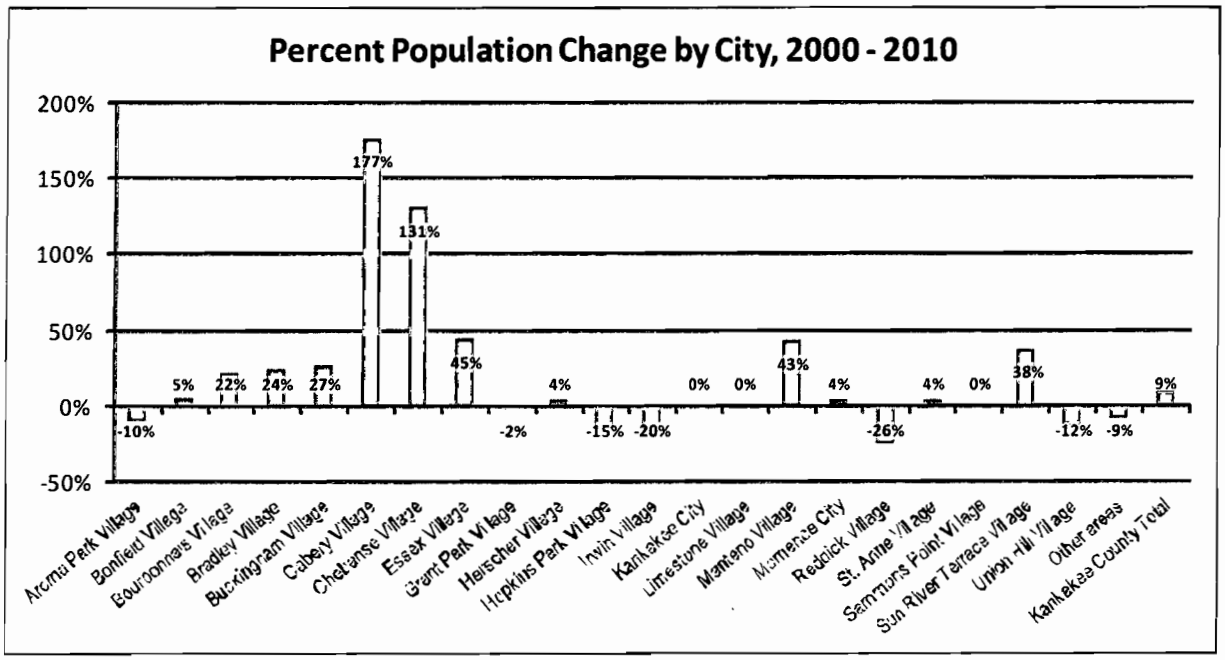


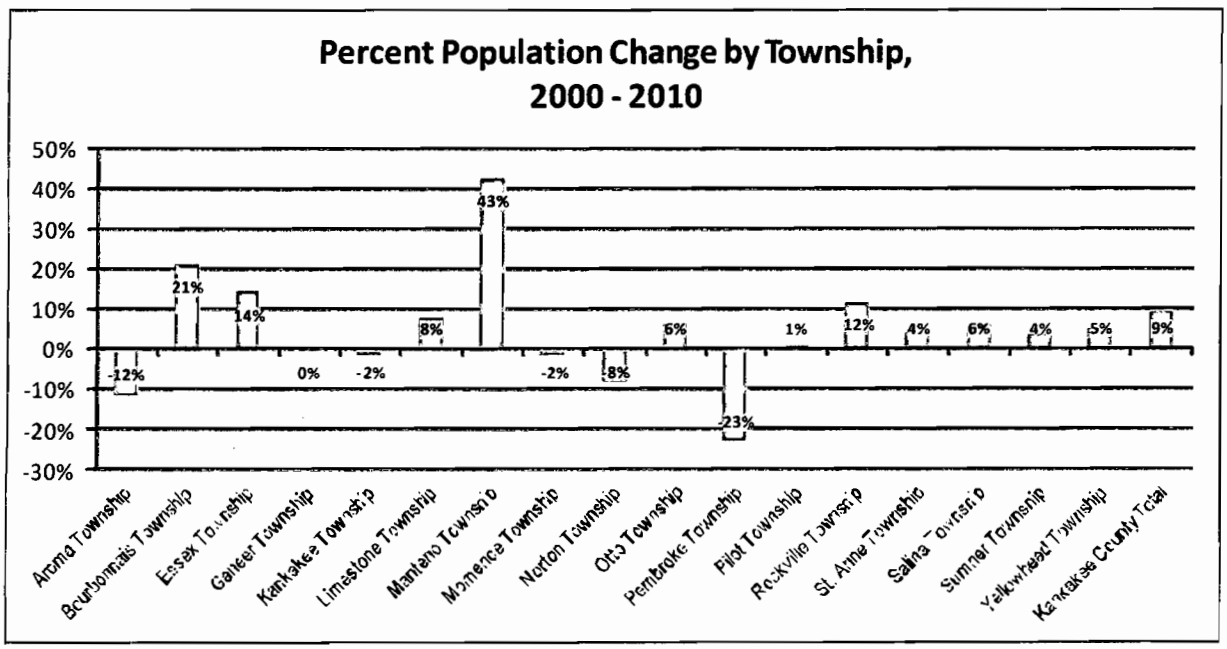
POPULATION CHANGE

The greatest population change by city was seen in Cabery Village (over 150% increase) and Chebanese Village (nearly a 150% increase) followed by smaller gains in Manteno and Sun River Terrace with nearly 50% increase each.

Manteno Township grew by nearly 40% while Pembroke Township fell by over 20%.

Data Source	US Census Bureau, 2010 Census
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table

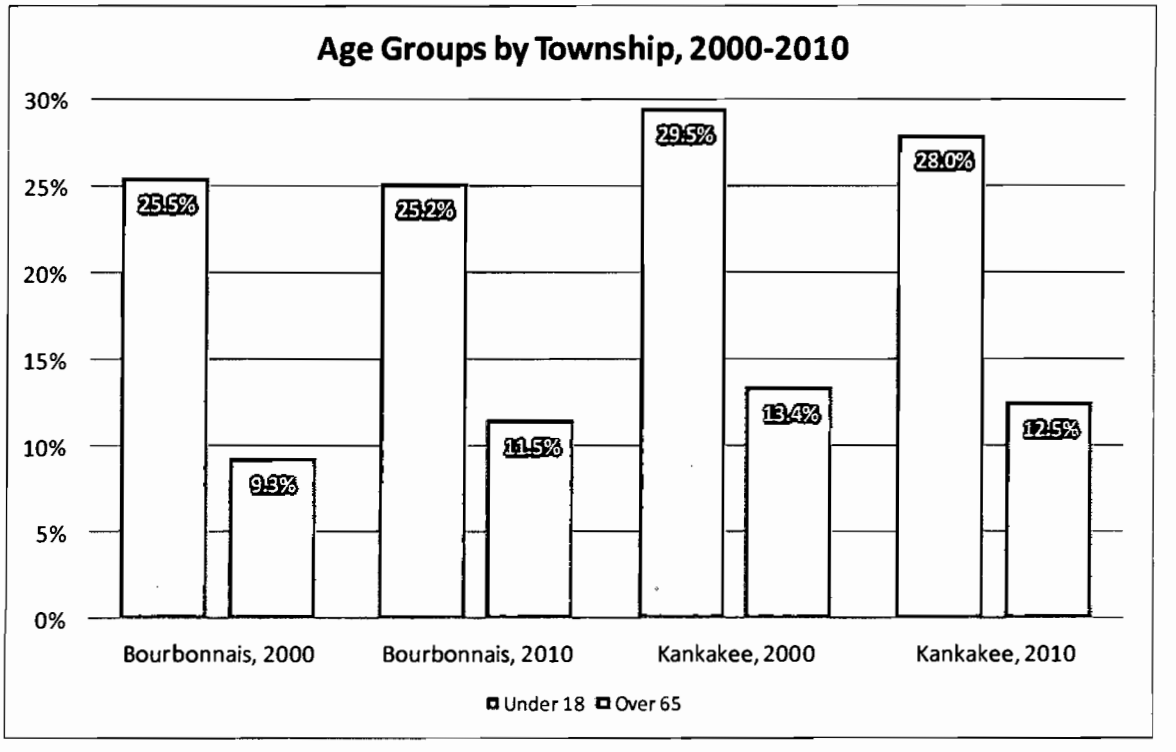


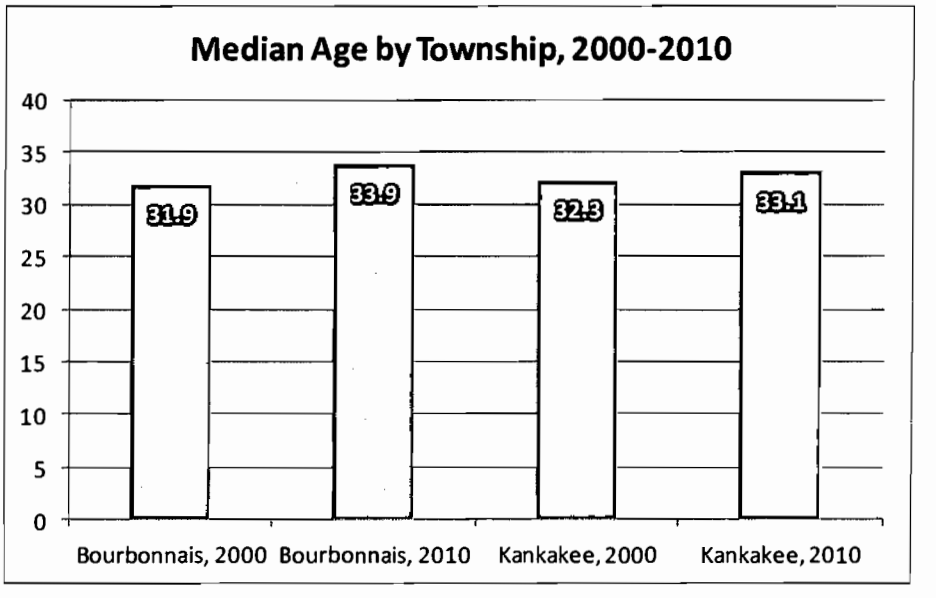


AGE CHARACTERISTICS OF KANKAKEE COUNTY TOWNSHIPS

The percentage of both the under 18 and over 65 segments of the population shrank slightly in Kankakee from 2000 to 2010. The under 18 population went from 29.5% to 28.0% while the over 65 group went from 13.4% to 12.5%. in Bourbonnais, the under 18 population decreased from 25.5% to 25.2% while the Over 65 population increased form 9.3% to 11.5%. The median age in both townships increased slightly from years 2000 to 2010.

Data Source	US Census Bureau
Data Source URL	http://www.census.gov/popfinder/

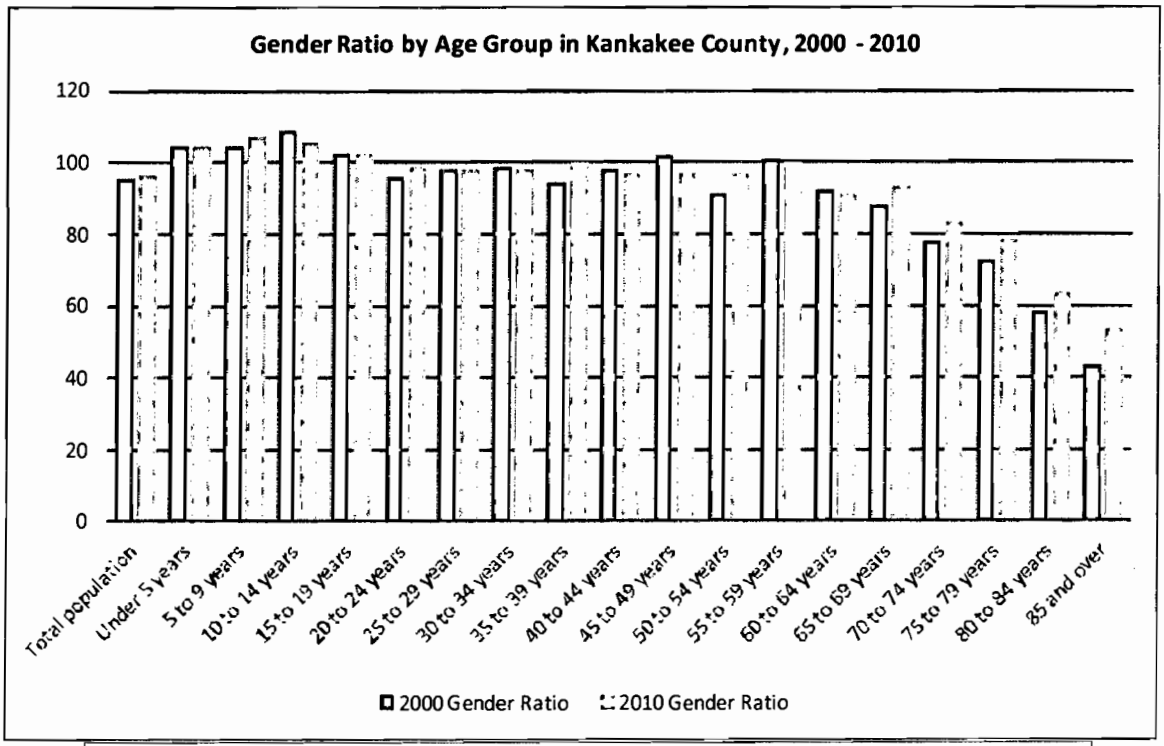


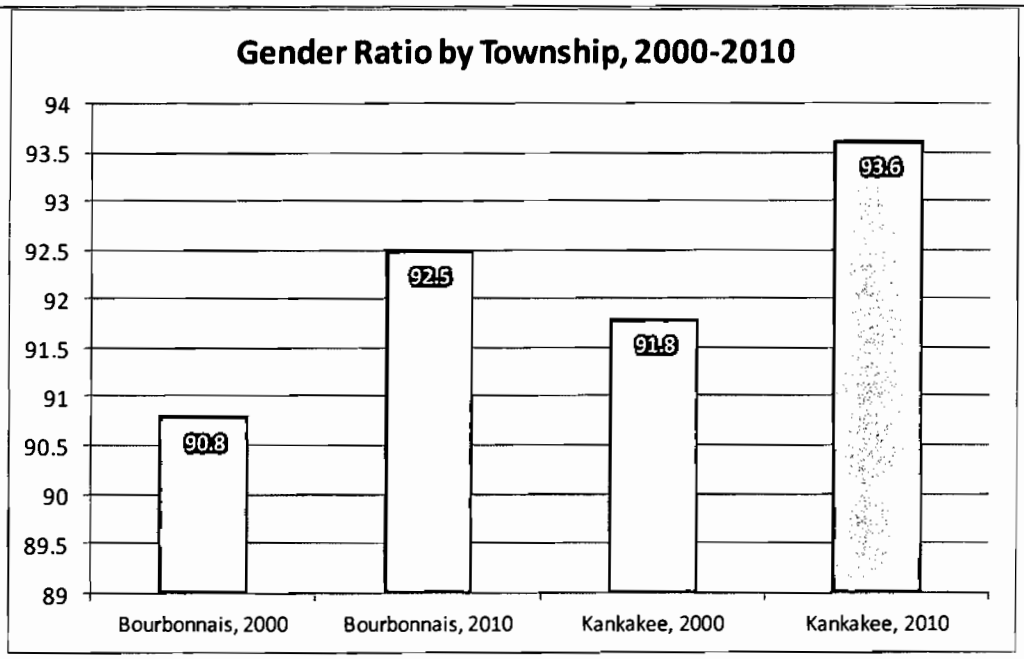


GENDER RATIO

The gender ratio is defined as the number of males per 100 females. So a ratio of 92 means there are 92 males for every 100 females. The biggest change in the gender ratio of any group in Kankakee County was in the 85 and Older category. In the townships there has been an increase in the ratio of men to women from the years 2000 to 2010.

Data Source	US Census Bureau
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP1&prodType=table





CHAPTER 2

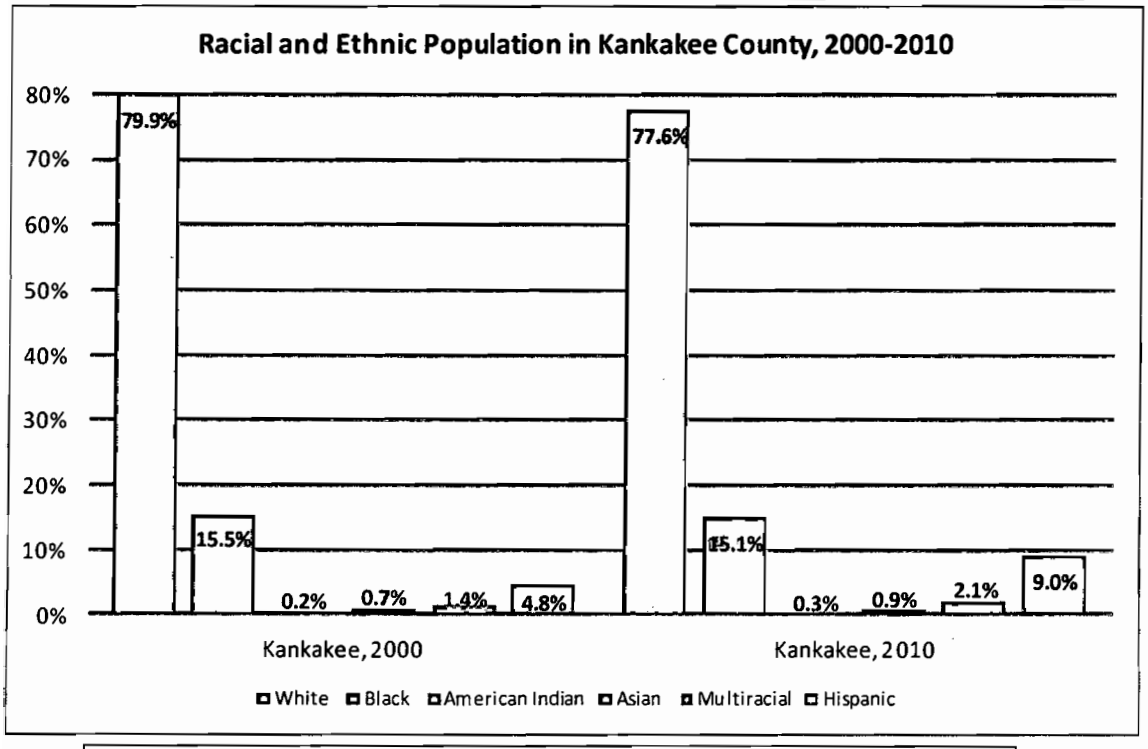
RACE, ETHNICITY,

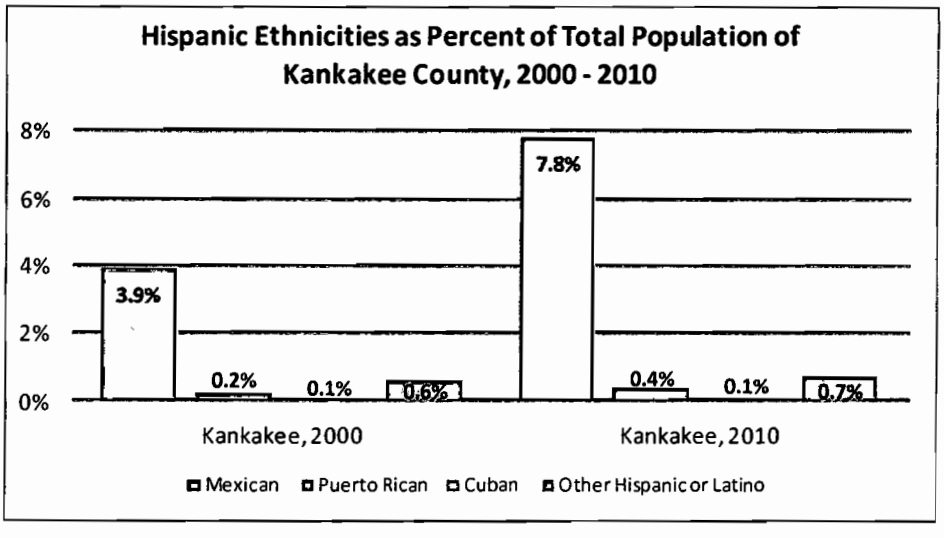
LANGUAGE AND ANCESTRY

RACIAL AND ETHNIC COMPOSITION OF KANKAKEE COUNTY POPULATION

The changes in the racial composition of the Kankakee County population between 2000 and 2010 are presented in the figures below. The percentage of the population that is white fell from 83% in 2000 to 77.6% in 2010. The black population remained almost unchanged (15.0% in 2000; 15.1% in 2010). The Hispanic population in the county almost doubled from the years 2000 to 2010, increasing from 4.8% to 9.0%. The greatest increases within the Hispanic population were in the Mexican population, going from 3.9% to 7.8%, and the Puerto Rican population, which doubled from 0.2% to 0.4%.

Data Source	US Census Bureau, 2010 Census
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table

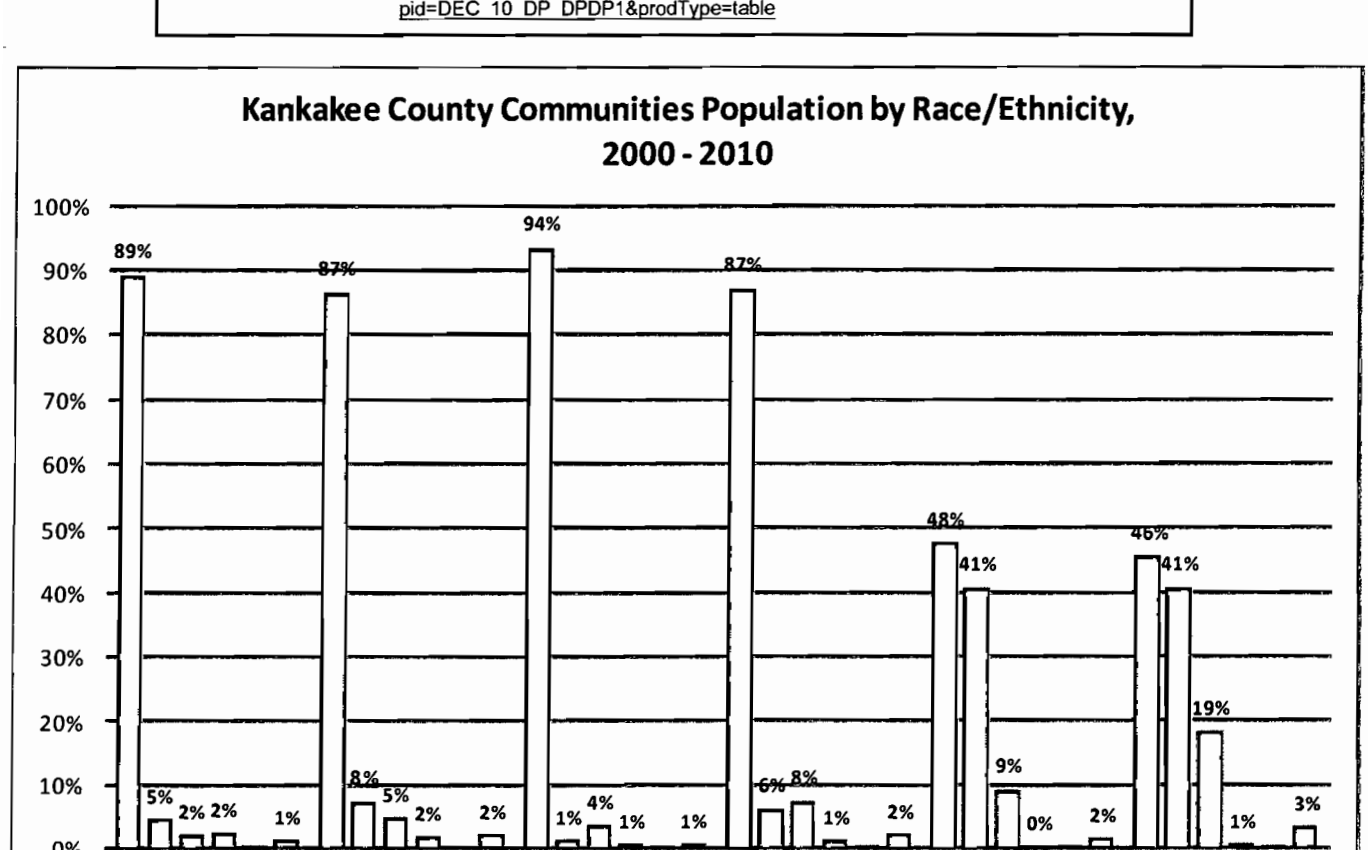




RACIAL AND ETHNIC COMPOSITION OF KANKAKEE COUNTY COMMUNITIES

The populations of Bourbonnais and Bradley are overwhelmingly white, with percentages at or near 90%. This percentage changed little between 2000 and 2010. Kankakee's population is much more diverse, with blacks making up nearly 40% of the population and Hispanics accounting for nearly 20%. The percentage of blacks in Kankakee changed very little between 2000 and 2010 while the percentage of Hispanics increased more than 10% during that same time.

Data Source	US Census Bureau
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table

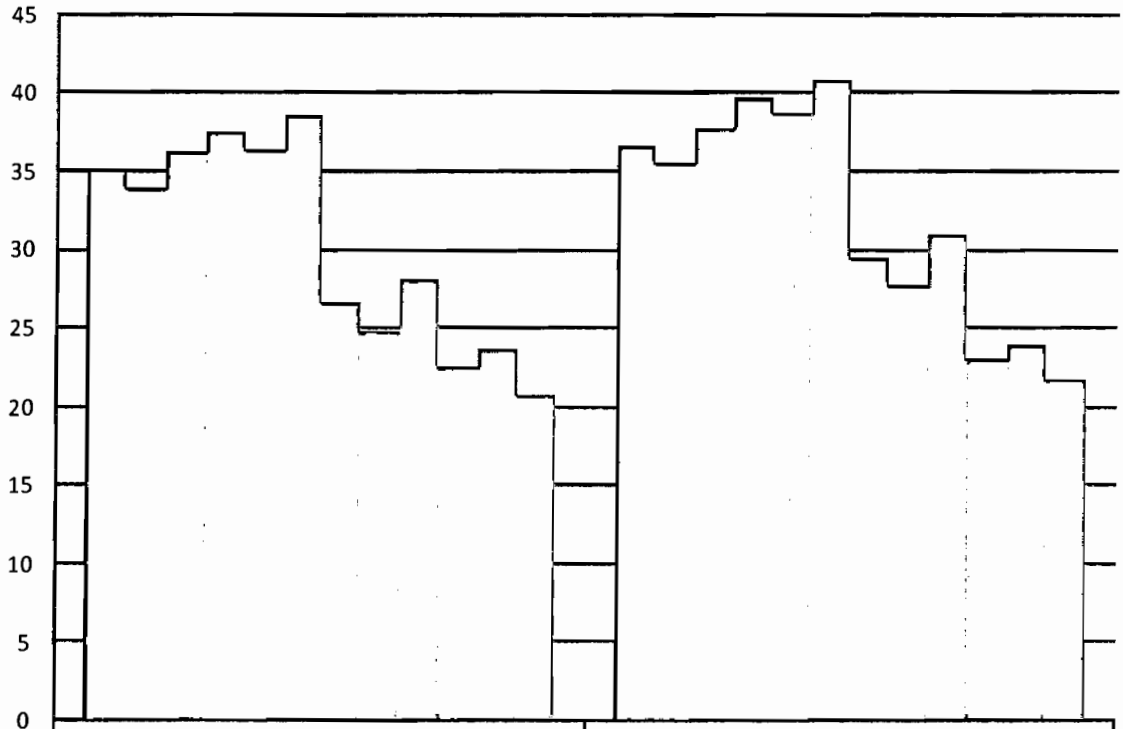


MEDIAN AGE BY SEX, RACE AND ETHNICITY

Every age/race category showed an increase in median age from 2000 to 2010. The median age for the total population went up from 35.2 to 36.7 for 2000 to 2010 (males from 34.0 to 35.5; females from 36.3 to 37.8).

Data Source	US Census Bureau
Data Source URL	http://www.census.gov/popfinder/

Median Age by Sex, Race & Ethnicity, 2000 - 2010



	Kankakee, 2000	Kankakee, 2010
Total Population	35.2	36.7
Total Males	34.0	35.5
Total Females	36.3	37.8
Total White	37.5	39.8
White Males	36.4	38.7
White Females	38.6	40.9
Total Black	26.7	29.5
Black Males	24.8	27.8
Black Females	28.1	31.0
Total Hispanic	22.6	23.1
Hispanic Males	23.7	24.0
Hispanic Females	20.8	21.7

RACIAL AND ETHNIC COMPOSITION

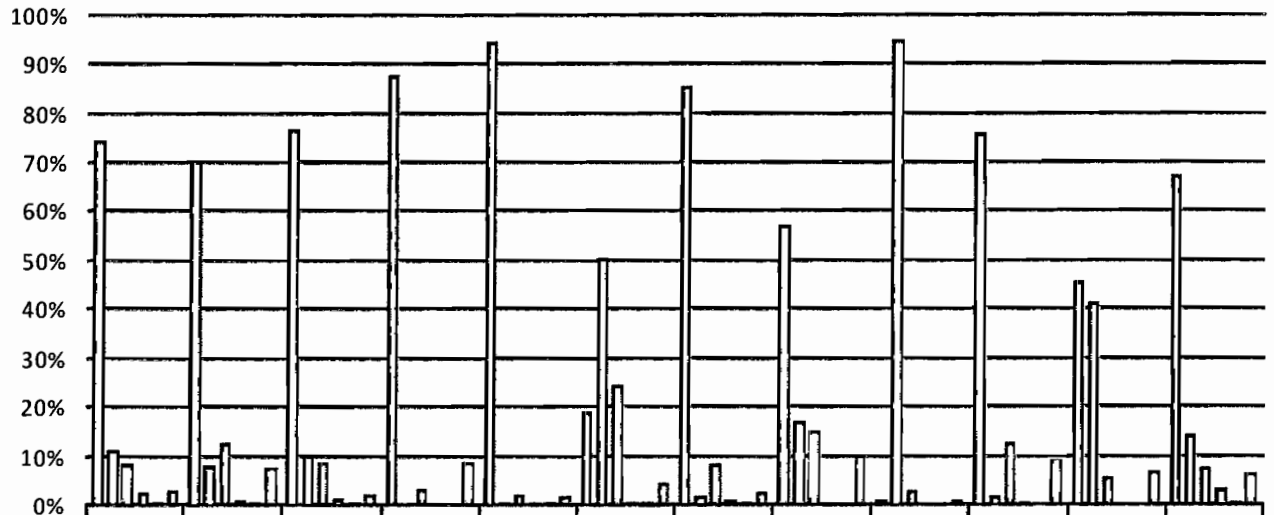
OF STUDENT POPULATION

Nine of the 12 school districts have populations that are overwhelmingly white. Kankakee #111 and Pembroke #259 have majority black populations while St. Anne has a nearly equal distribution of black and white students. Four school districts, Bradley #61, Kankakee #111, Momence #1 and St. Anne #256 have Hispanic populations over 10%.

- K to 12 school include: #s111, 1, 5, 6 and 2
- Grade schools only include: #s 61, 53, 256, 258, 61 and 259
- High Schools only include : #s 302 and 307

Data Source	Illinois State Board of Education
Data Source URL	http://www.isbe.net/research/htmls/fall_housing.htm

Student Race and Ethnicity by School District, 2010

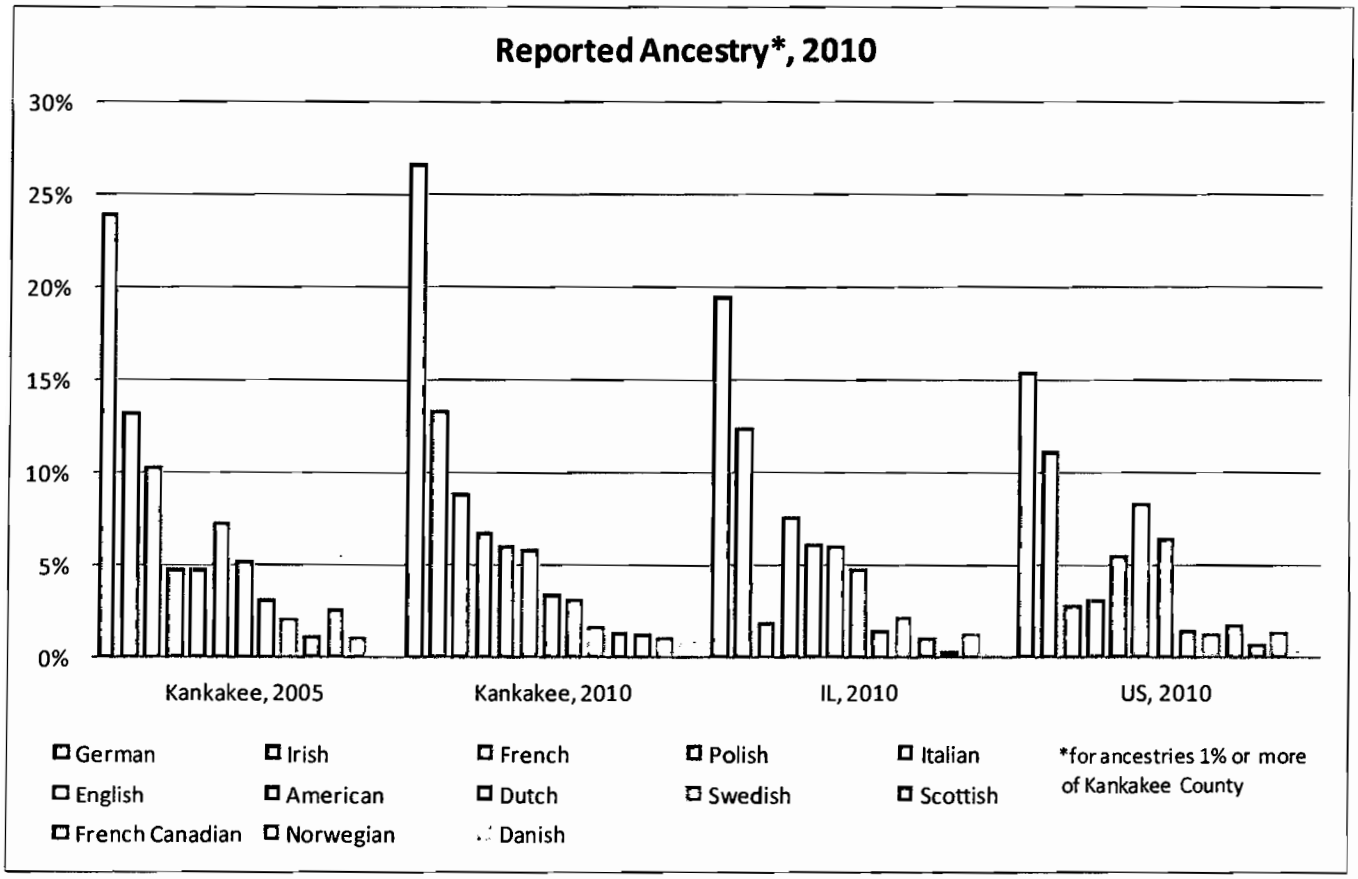


	Bourbonnais #53	Bradley #61	Bradley-Bourbonnais #307	Grant Park #6	Herscher #2	Kankakee #111	Manteno #5	Momence #1	Pembroke #259	St. Anne #256	St. Anne HS #302	St. George #258
White	75%	70%	77%	88%	95%	19%	86%	57%	1%	76%	46%	68%
Black	11%	8%	10%	0%	1%	51%	2%	17%	95%	2%	41%	15%
Hispanic	8%	13%	9%	3%	2%	25%	9%	15%	3%	13%	6%	8%
Asian	3%	1%	2%	0%	1%	1%	1%	1%	0%	0%	0%	3%
American Indian	0%	0%	1%	0%	0%	0%	1%	0%	0%	0%	0%	0%
Multiracial	3%	8%	2%	9%	2%	5%	3%	10%	1%	9%	7%	6%

ANCESTRY

There was an increase in persons of German and Italian ancestry from 2000 to 2010 in Kankakee County along with decreases in the proportion of English and French ancestry. The largest group is German, constituting just under a quarter of the population in 2000 and increasing to just over a quarter in 2010.

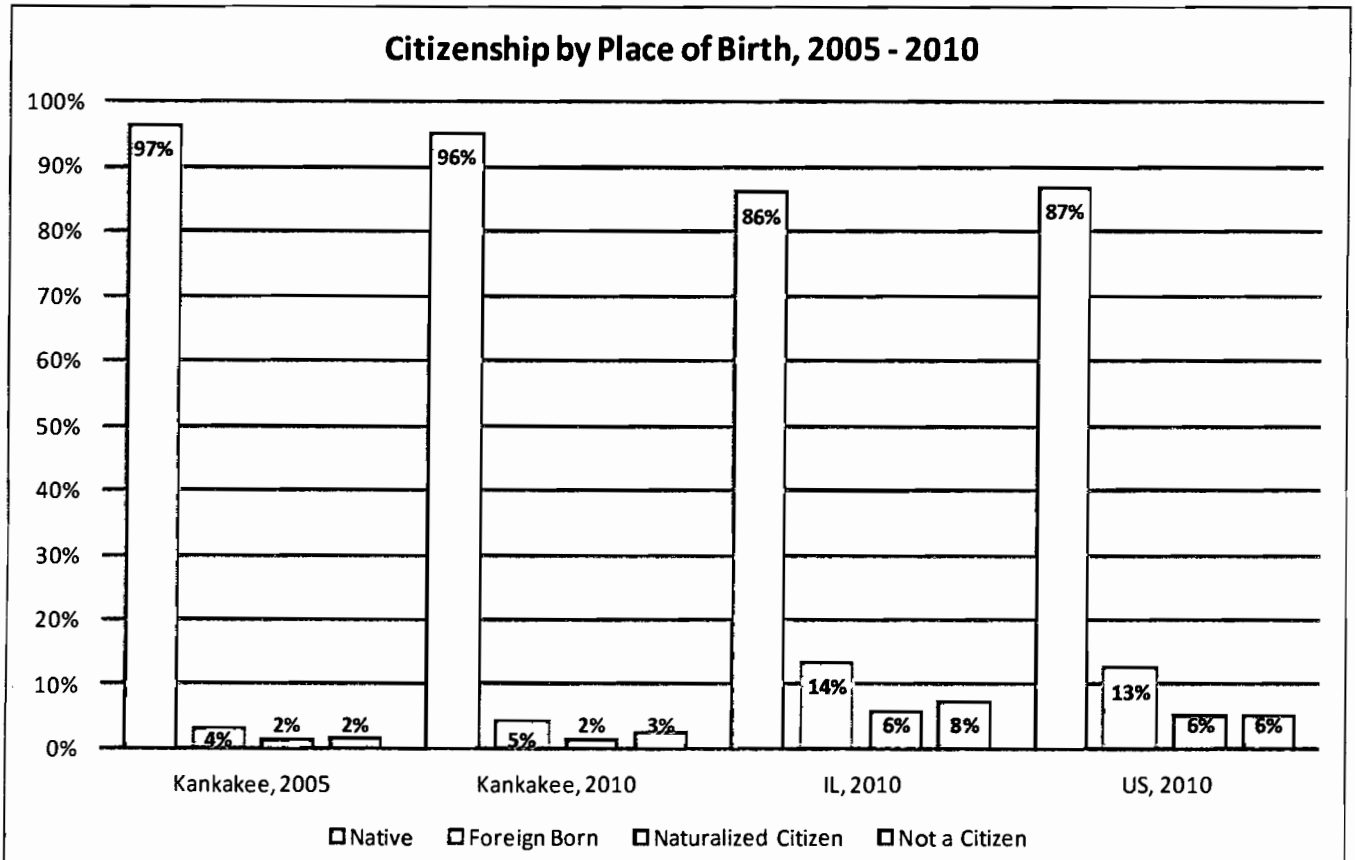
Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table



FOREIGN BORN

While the US saw increases in foreign born residents, the percentages in Kankakee County remained relatively unchanged from 2005 to 2010. The native population went down slightly from 96.5% to 95.5%; the foreign born went up from 3.5% to 4.5%; and those who are not a citizen went from 2.0% to 2.9%.

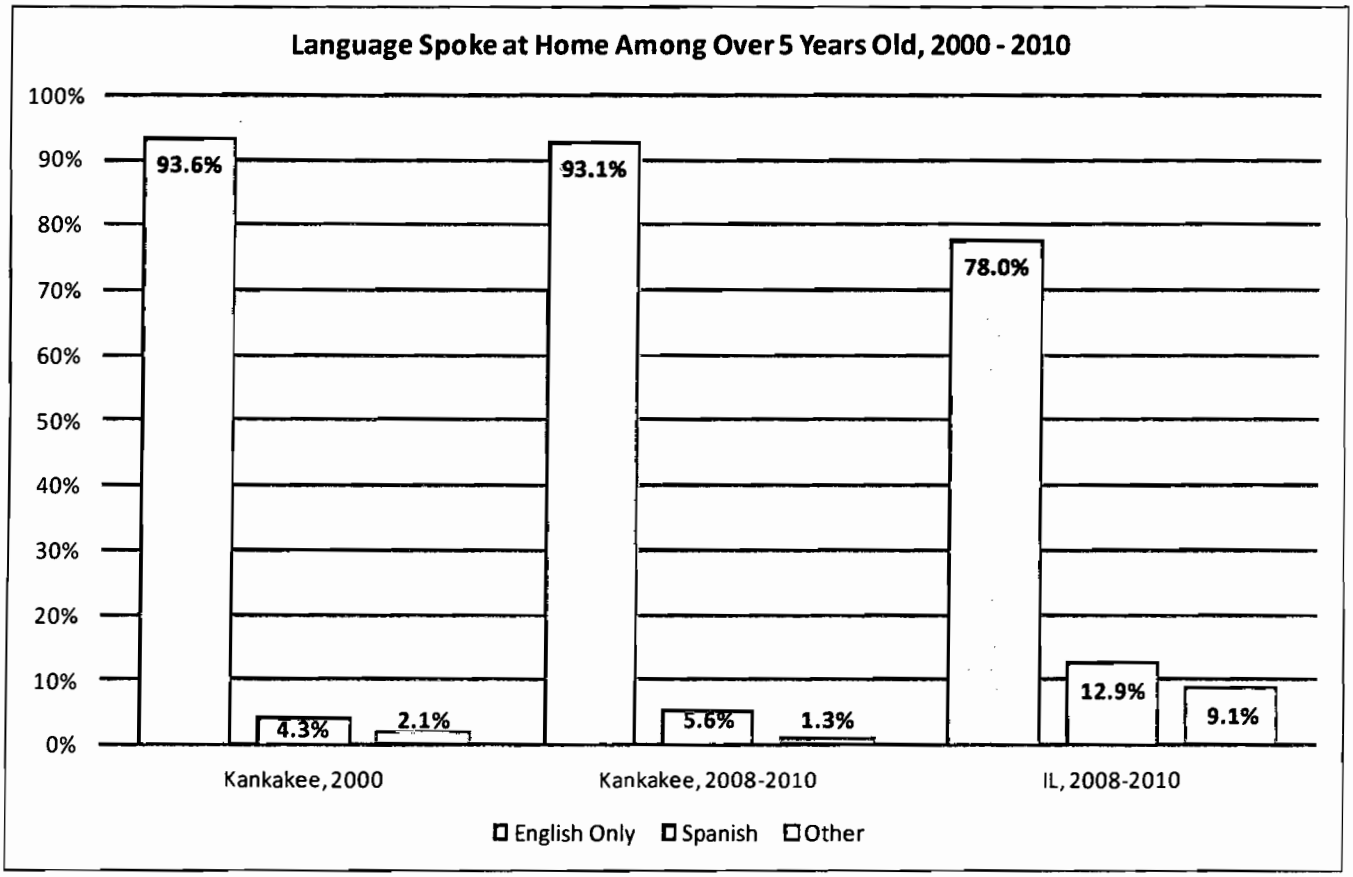
Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table



LANGUAGE

English is by far the most commonly spoken language by individuals over 5 years old in Kankakee County (93.6% in 2000; 93.1% in 2008-2010). These percentages are considerably above the percentage in Illinois (78%). The percentage of Spanish speakers in Kankakee County, while still relatively small, has increased from 4.3% to 5.6% and the Other language category has gone down from 2.1% to 1.3%. Both of these percentages are far below the percentages for the state.

Data Source	US Census, 2008 - 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_DP02&prodType=table



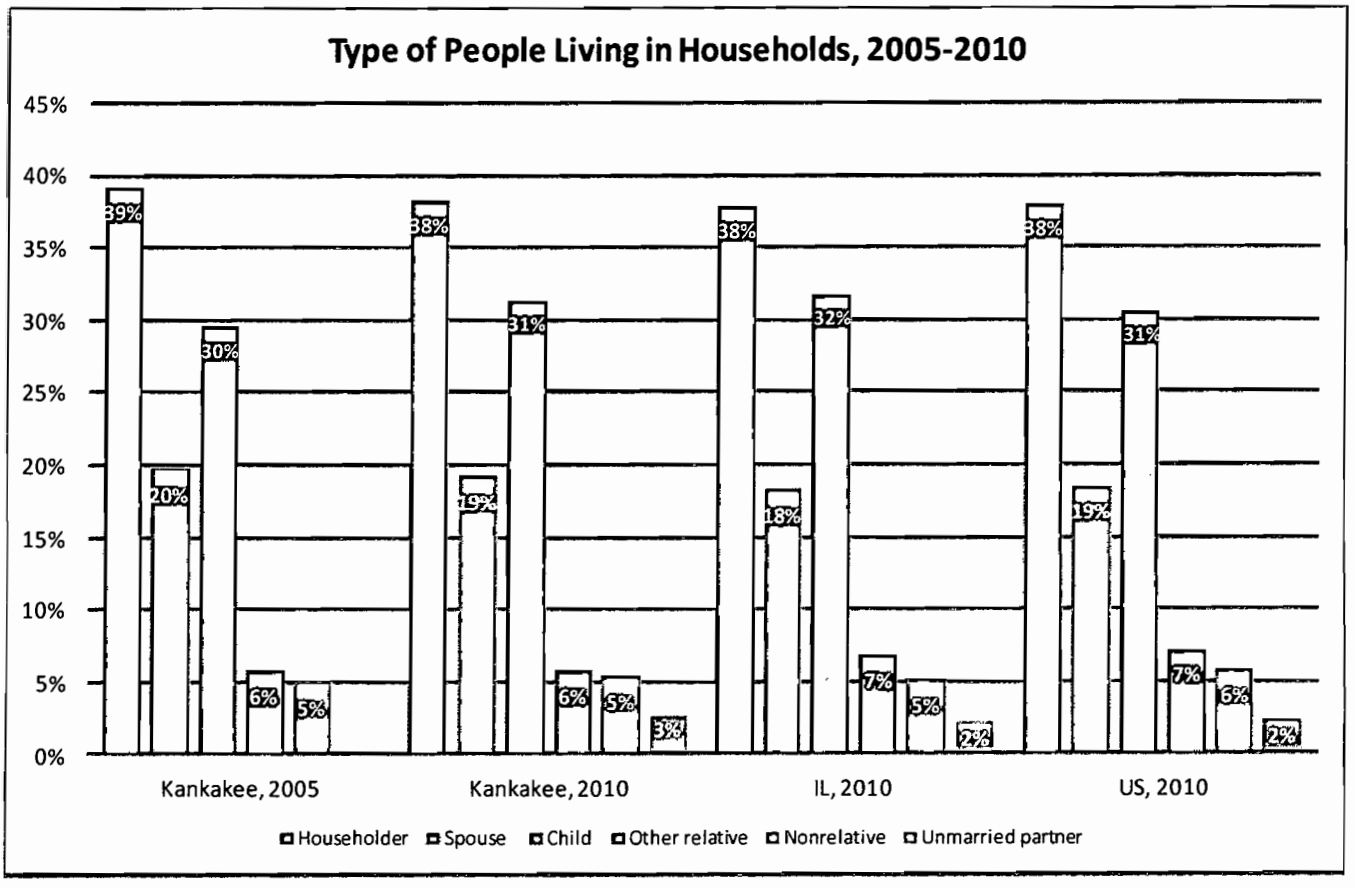
CHAPTER 3

HOUSEHOLD CHARACTERISTICS, MARITAL STATUS AND MARRIAGE/DIVORCE

HOUSEHOLD RELATIONSHIPS

The percentage of children in households increased slightly in Kankakee County from 29.6% in 2005 to 31.4% in 2010. Overall, percentages in Kankakee County are similar to those in Illinois and the U.S.

Data Source	US Census Bureau
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table

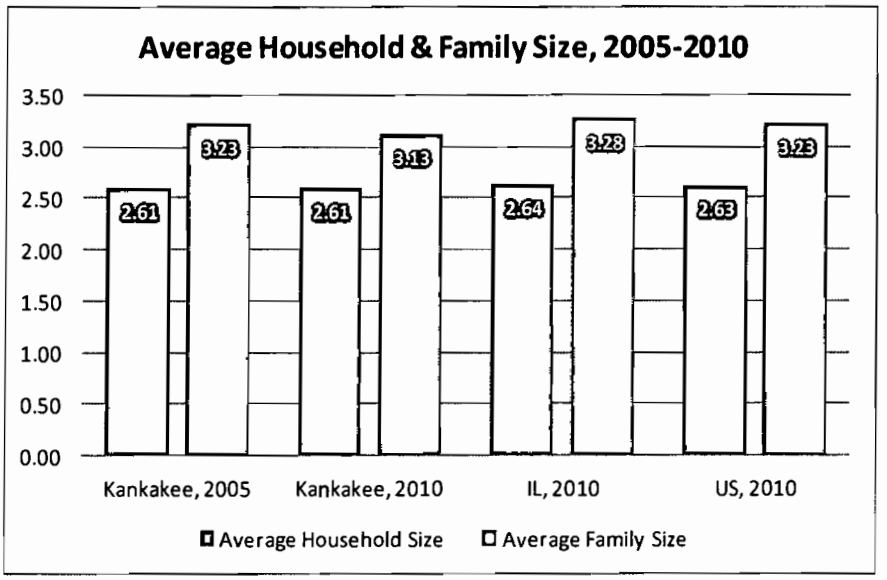


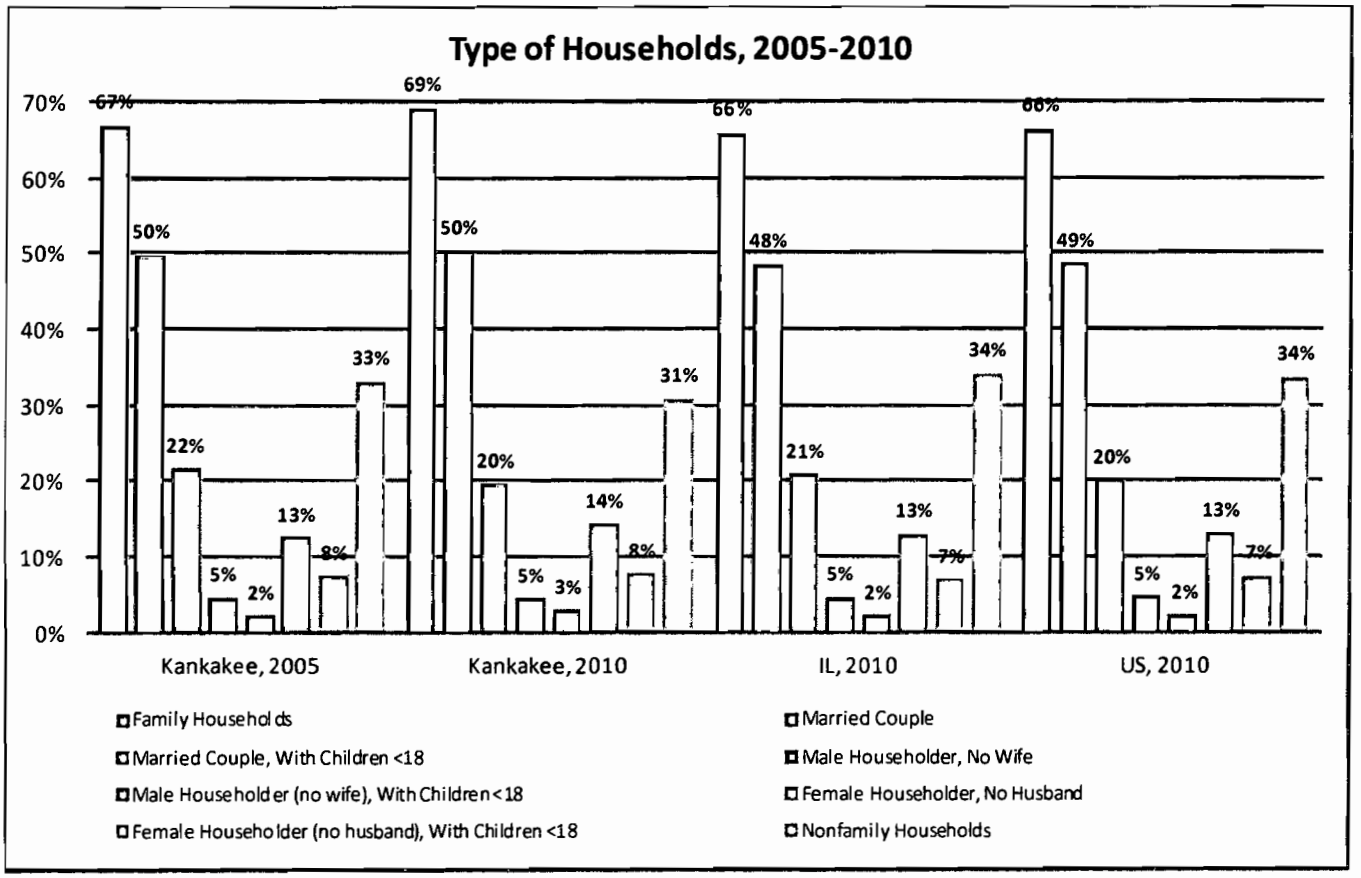
HOUSEHOLD STRUCTURE

The percentage of households headed by a female increased from 2005 to 2010 in Kankakee County as is slightly above the percentages for Illinois and the U.S.

Average household size has stayed relatively unchanged from 2005 to 2010 in Kankakee County, while the average family size went from 3.23 to 3.13.

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table



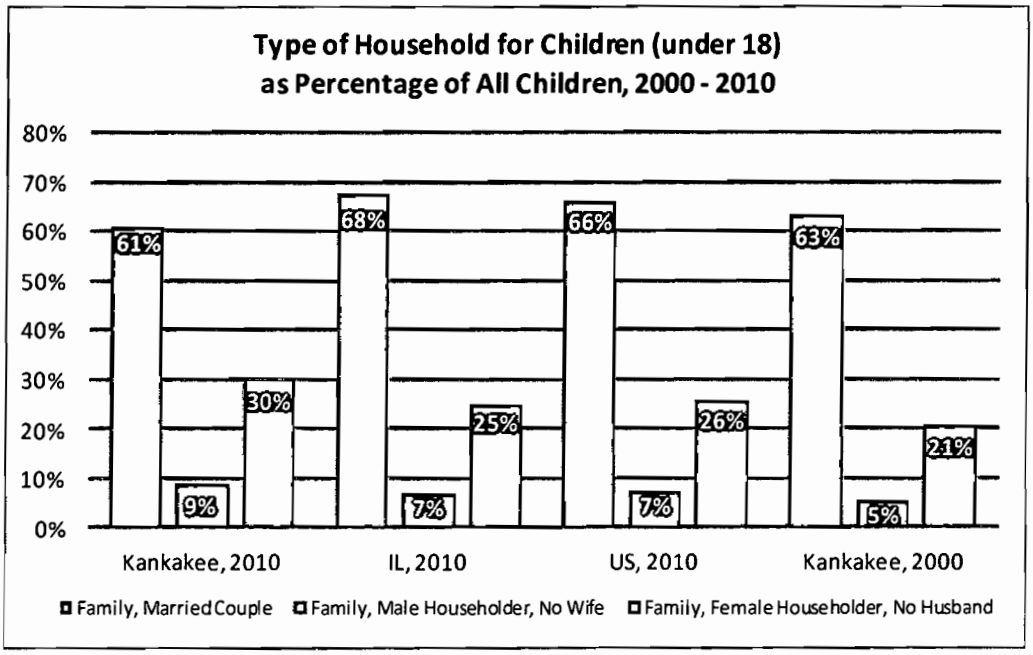


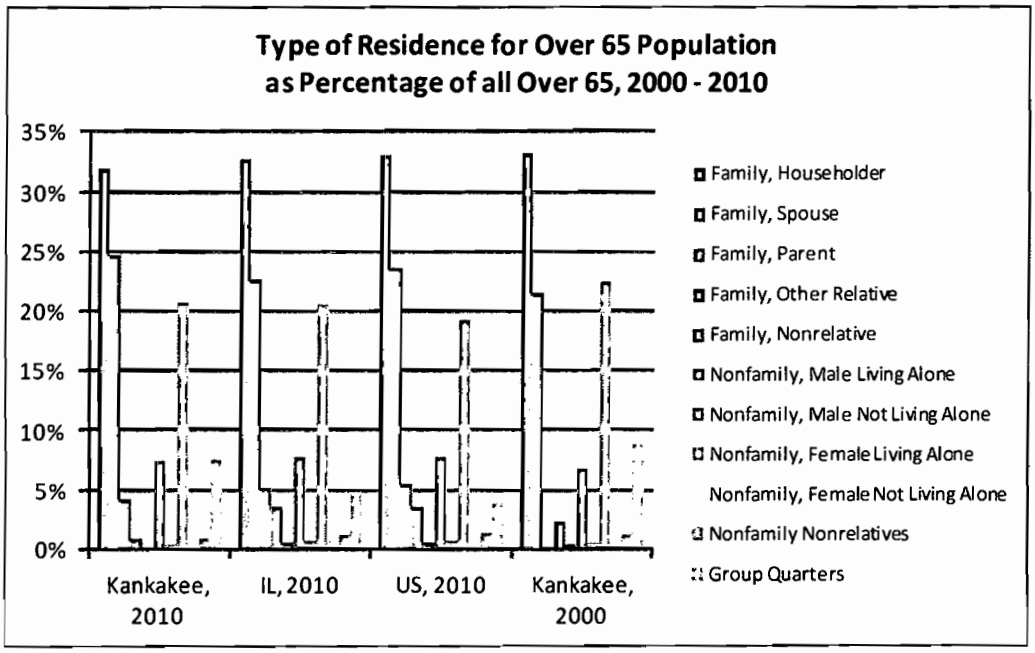
HOUSEHOLD STRUCTURE - CHILDREN AND ELDERLY

For households with children under 18, the percentage headed by a female increased in Kankakee County from 21% to 30% from 2000 to 2010. This percentage is higher than that of both Illinois and the U.S.

The type of residence for the Over 65 population in Kankakee County remained relatively unchanged from 2000 to 2010. The percentages in 2010 are similar to the Illinois and U.S. percentages except for the group quarters category, where Kankakee is higher.

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_B09005&prodType=table



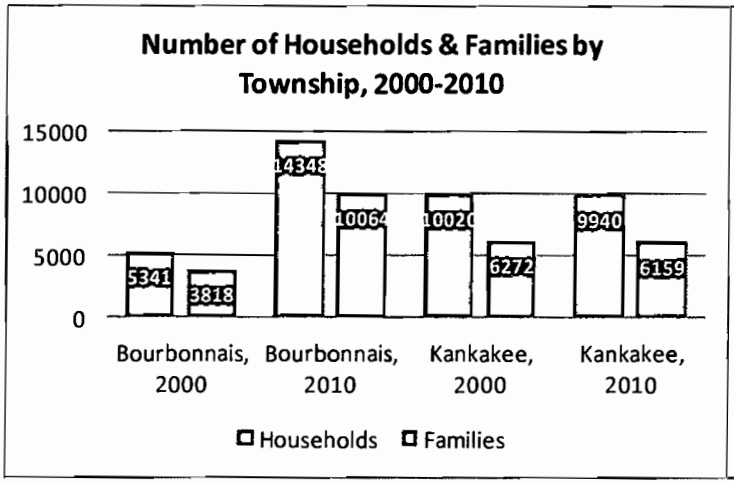


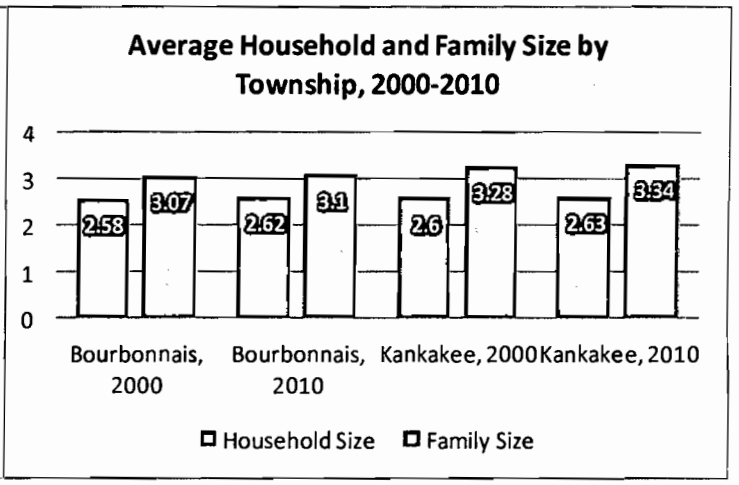
HOUSEHOLD CHARACTERISTICS OF KANKAKEE COUNTY TOWNSHIPS

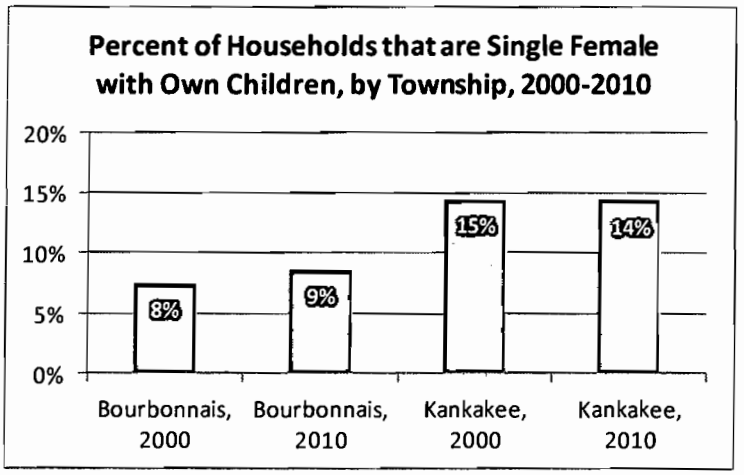
The number of households and families increased in Bourbonnais from 2000 to 2010 while Kankakee stayed relatively stable. Average household and family size stayed remained relatively unchanged in both townships.

Bourbonnais saw an increase in single female households from 2000 to 2010, going from 7.5% to 8.6%.

Data Source	US Census Bureau, 2010 Census
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP11&prodType=table



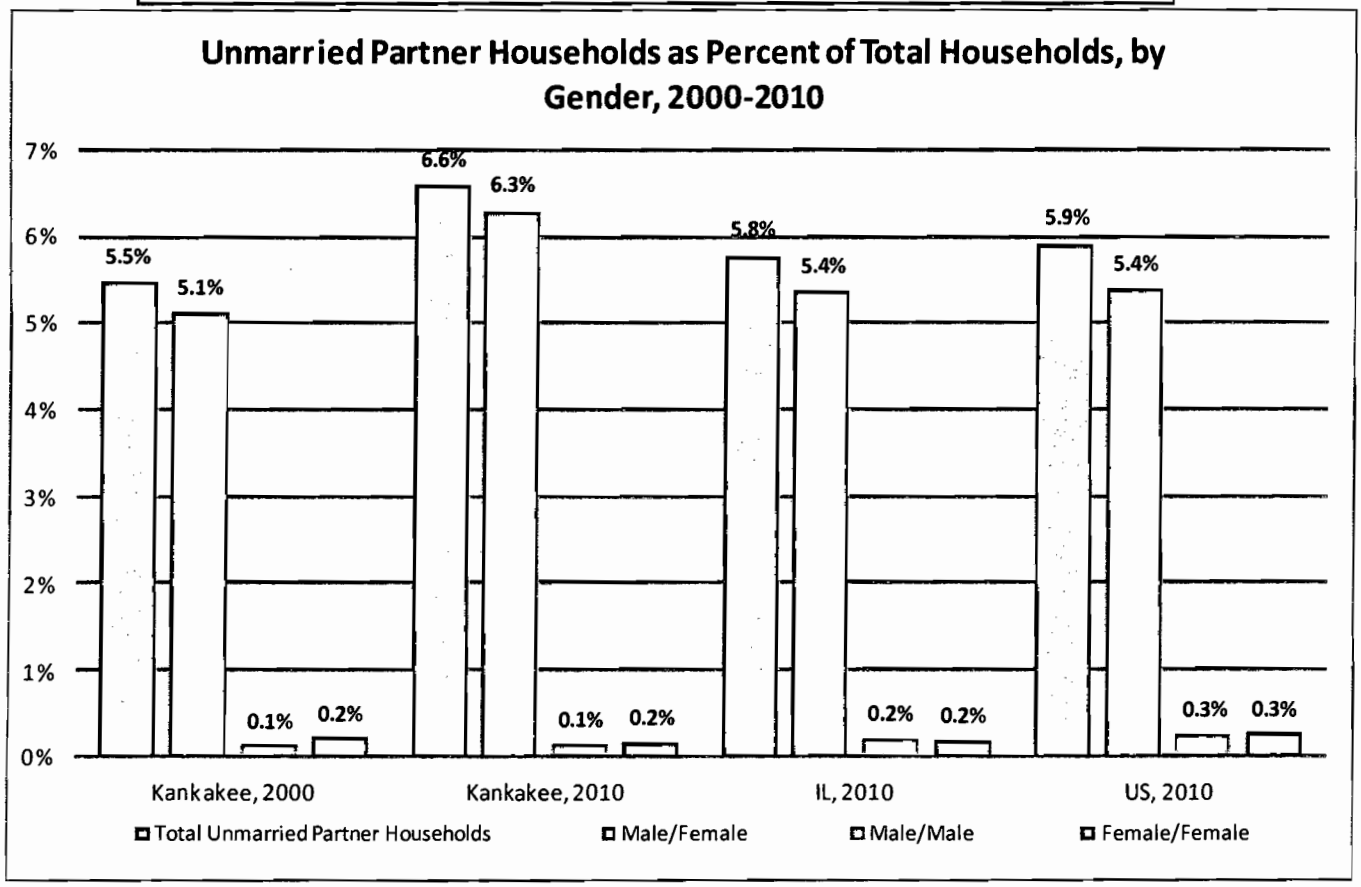




UNMARRIED PARTNER HOUSEHOLDS

Kankakee County saw an increase in unmarried partner households from 2000 to 2010 going from 5.5% to 6.6%. The percentage in 2010 was higher than that for Illinois and the U.S.

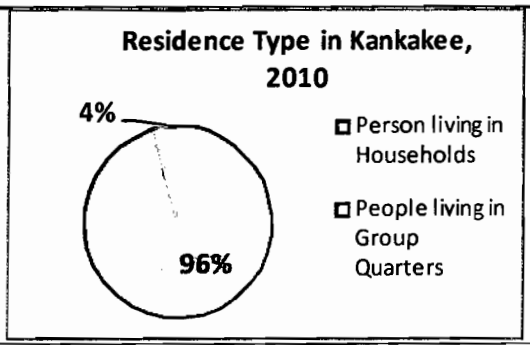
Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_B11009&prodType=table

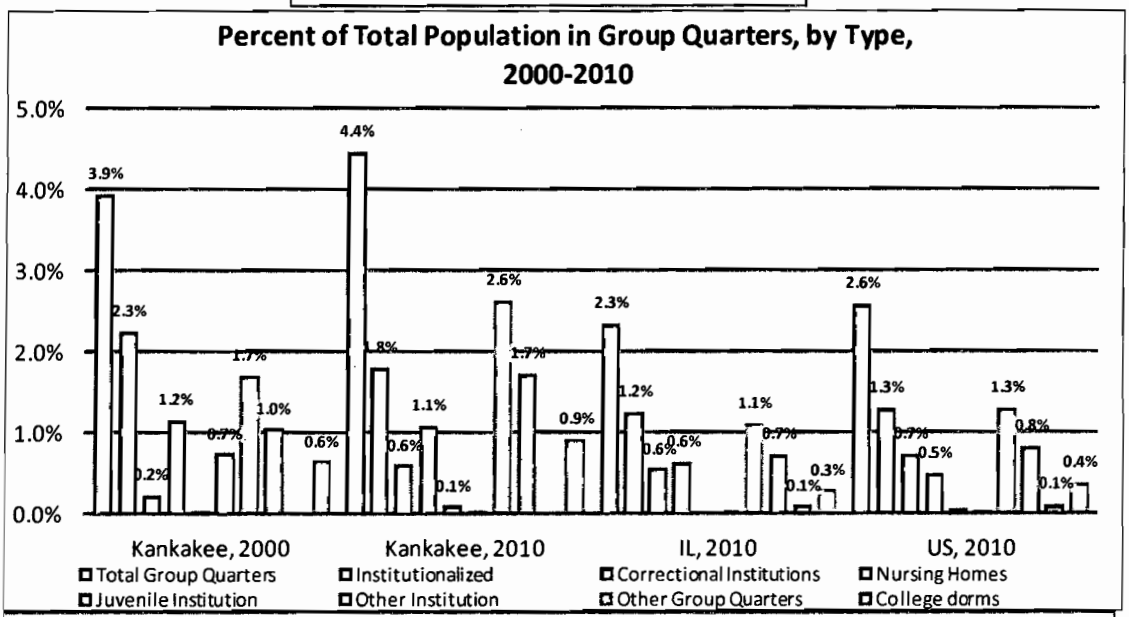


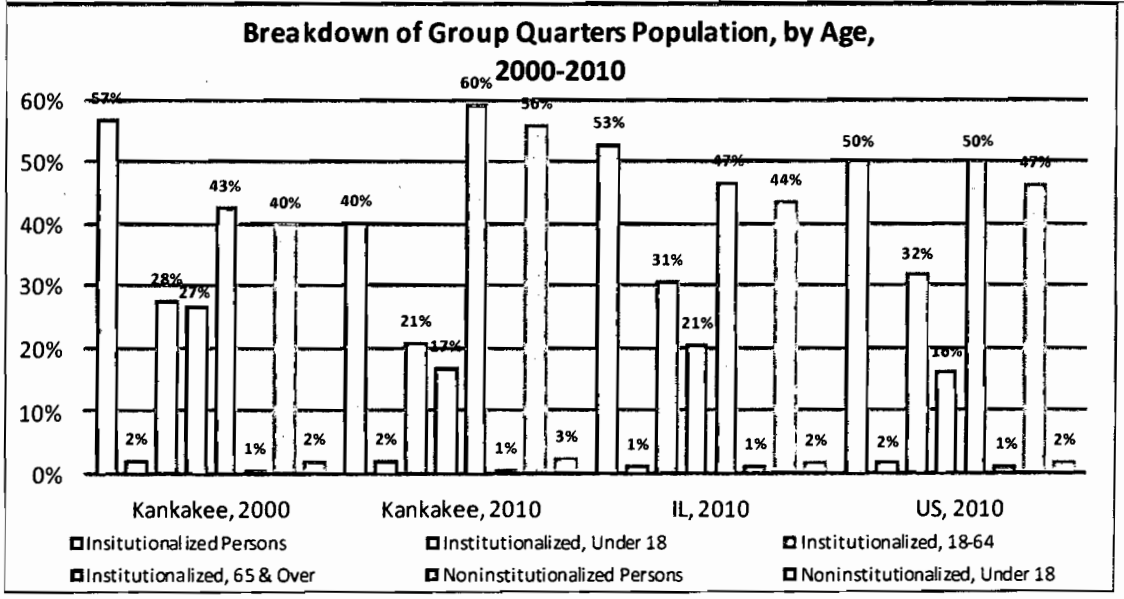
PERSONS IN GROUP QUARTERS

Four percent of Kankakee residents lived in group quarters in 2010. The percentage of persons living in group quarters in Kankakee County increased from 3.9 % in 2000 to 4.4% in 2010. This is above the Illinois percentage of 2.3% and 2.6%. The biggest change from 2000 to 2010 by age was in the non-institutionalized 18 to 64 group, going from 40% to 56%.

Data Source	US Census Bureau, 2010 Census
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP13&prodType=table



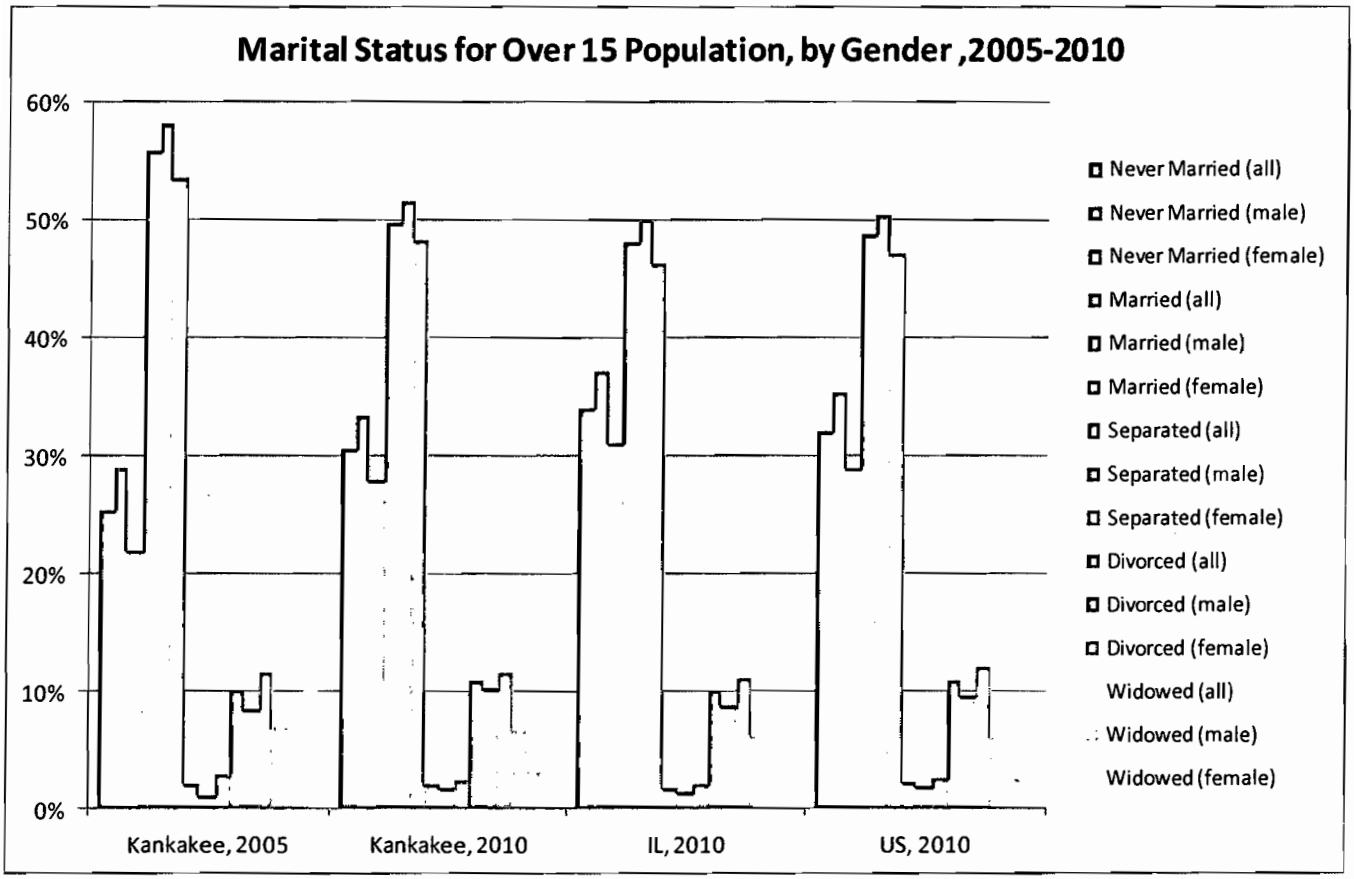




MARITAL STATUS

The percentages in the Never Married categories for both males and females increased from 25.3% in 2000 to 30.6% in 2010. All categories are relatively similar to those for Illinois and the U.S. in 2010.

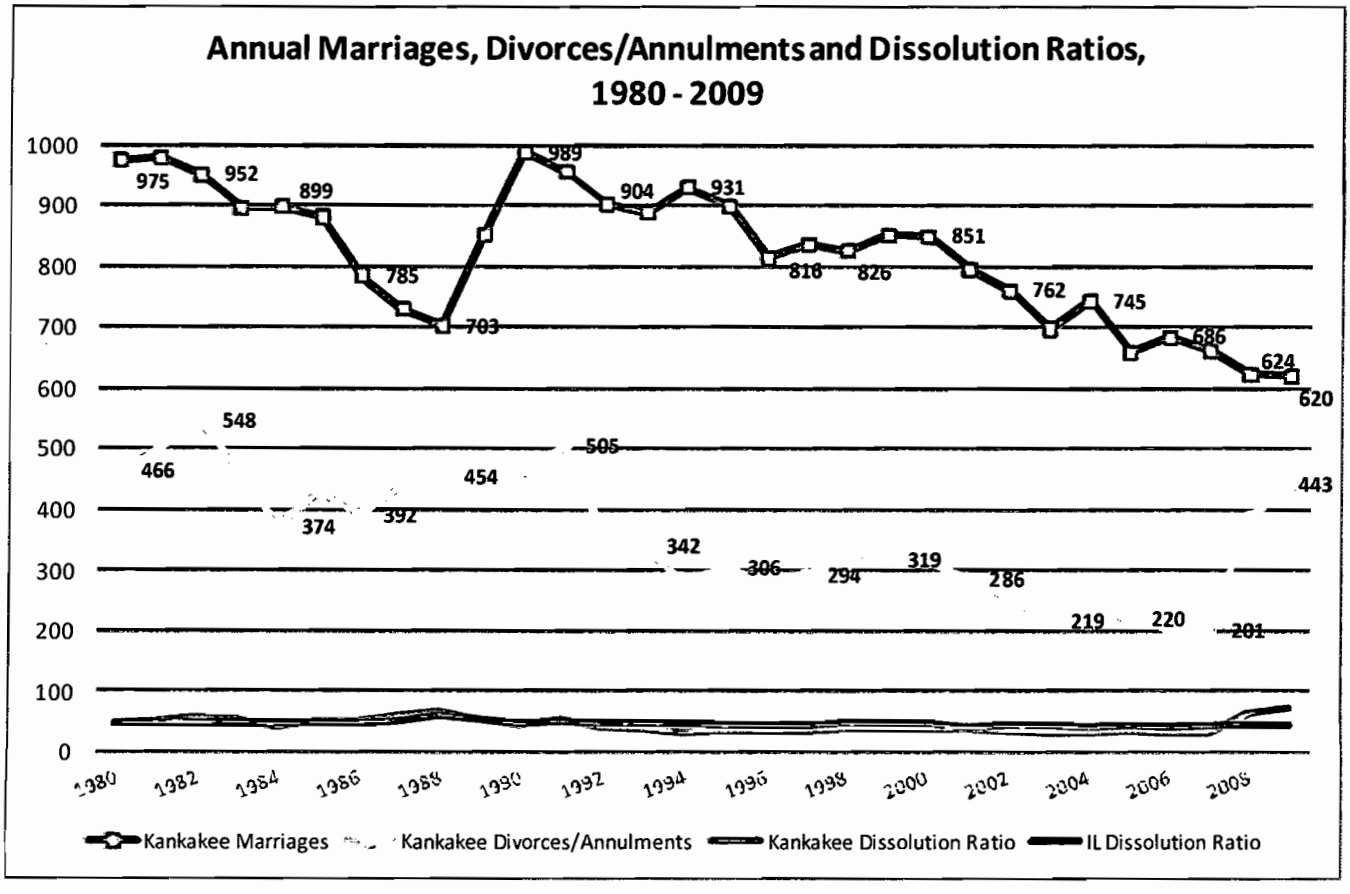
Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table



MARRIAGE AND DIVORCE

Both marriages and divorces have been on a downward trajectory from 1980 to 2007, with a recent increase in divorces. In the latest year of data available there were 620 marriages and 443 divorces.

Data Source	Illinois Department of Public Health
Data Source URL	http://www.idph.state.il.us/health/bdmd/divorce00_09.htm; http://www.idph.state.il.us/health/bdmd/marr00_09.htm



CHAPTER 4

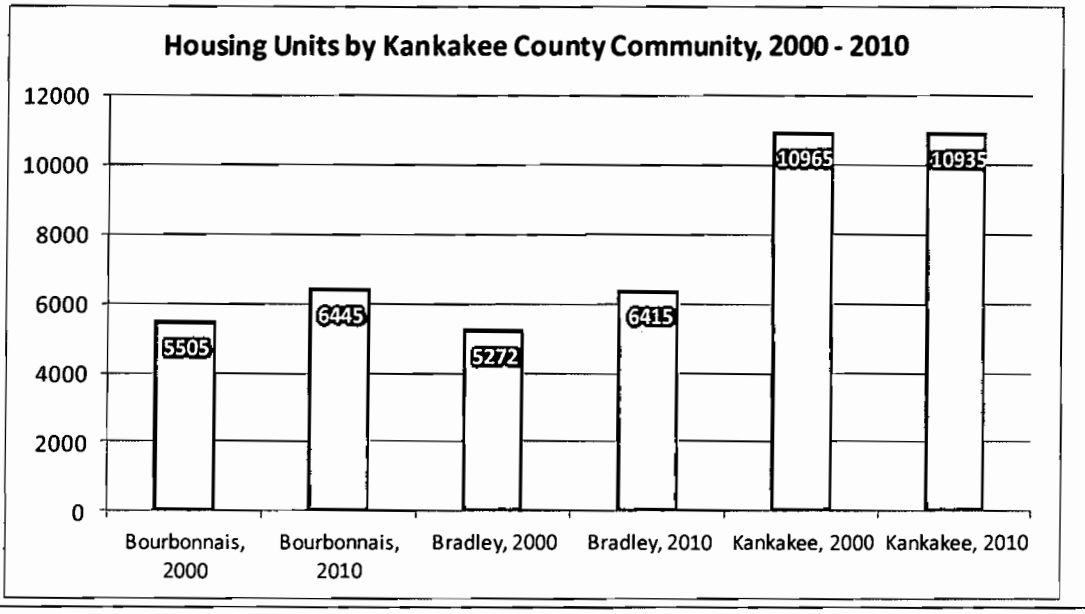
HOUSING

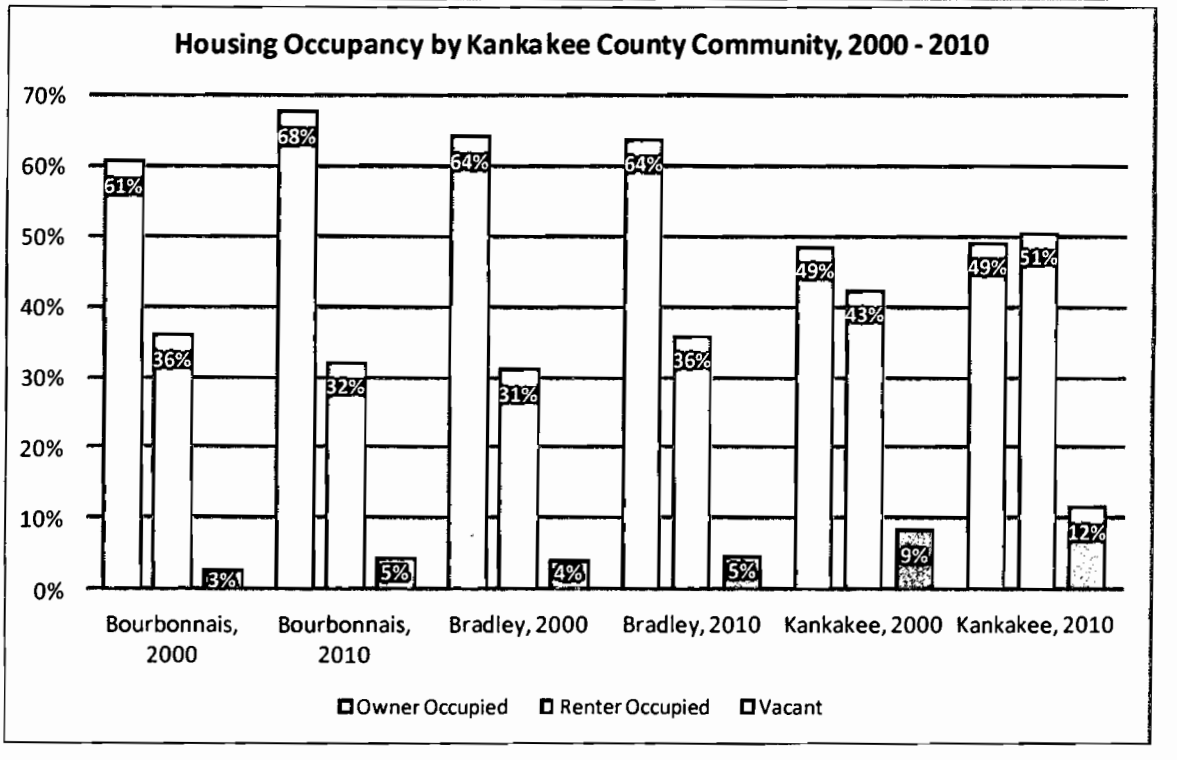
HOUSING UNITS AND OCCUPANCY

The number of housing units in Kankakee township held relatively steady from 2000 (10,965) to 2010 (10,935), while the number of units increased from 5,272 to 6,415 in Bradley, and from 5,505 to 6,445 in Bourbonnais.

The percentage of renter-occupied housing units increased in both Kankakee (42.6% to 50.7%) and Bradley (31.3% to 36.1%) but decreased slightly in Bourbonnais (36.2% to 32.2%) between 2000 and 2010.

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_B25064&prodType=table

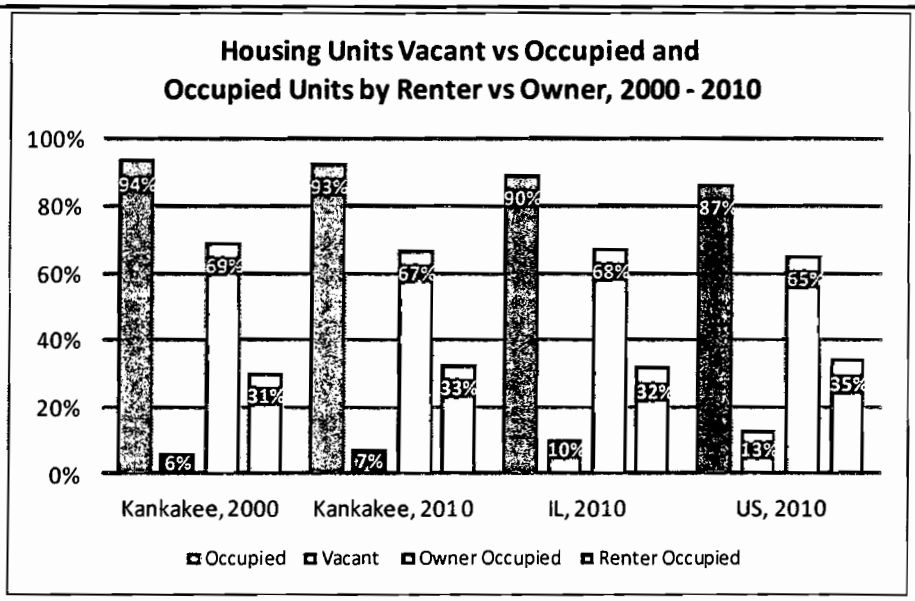


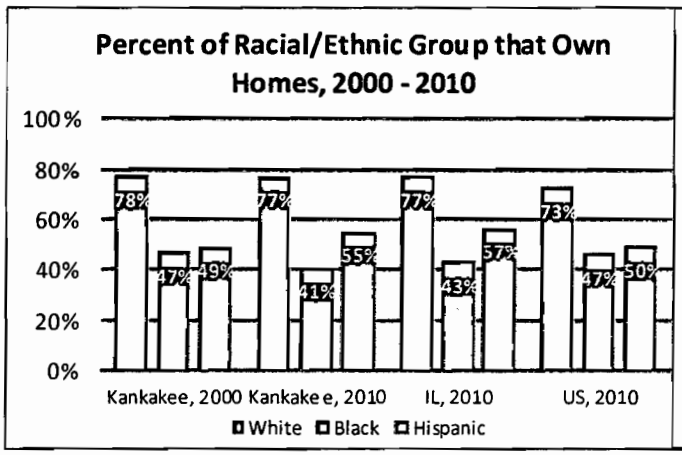


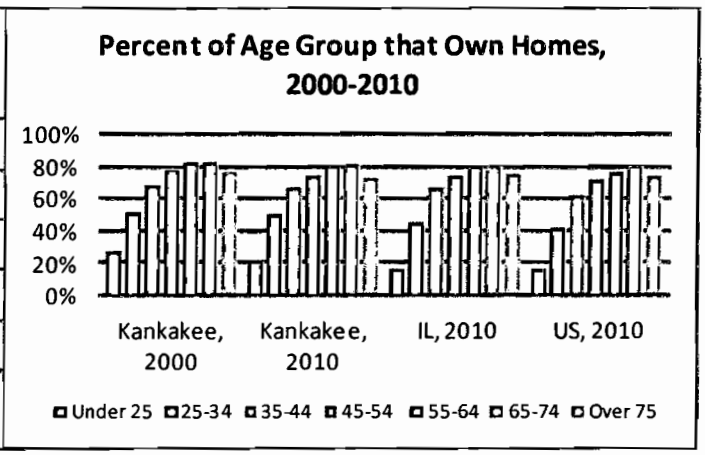
TENURE

The percentage of occupied homes went from 94.0% to 92.9% in the county from 2000 to 2010. Renter occupied homes increased from 30.6% to 33.0%; owner-occupied homes decreased from 69.4% to 67.0%.

Data Source	US Census Bureau, 2010 Census
Data Source URLs	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_H17&prodType=table and http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTH1&prodType=table
Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP04&prodType=table



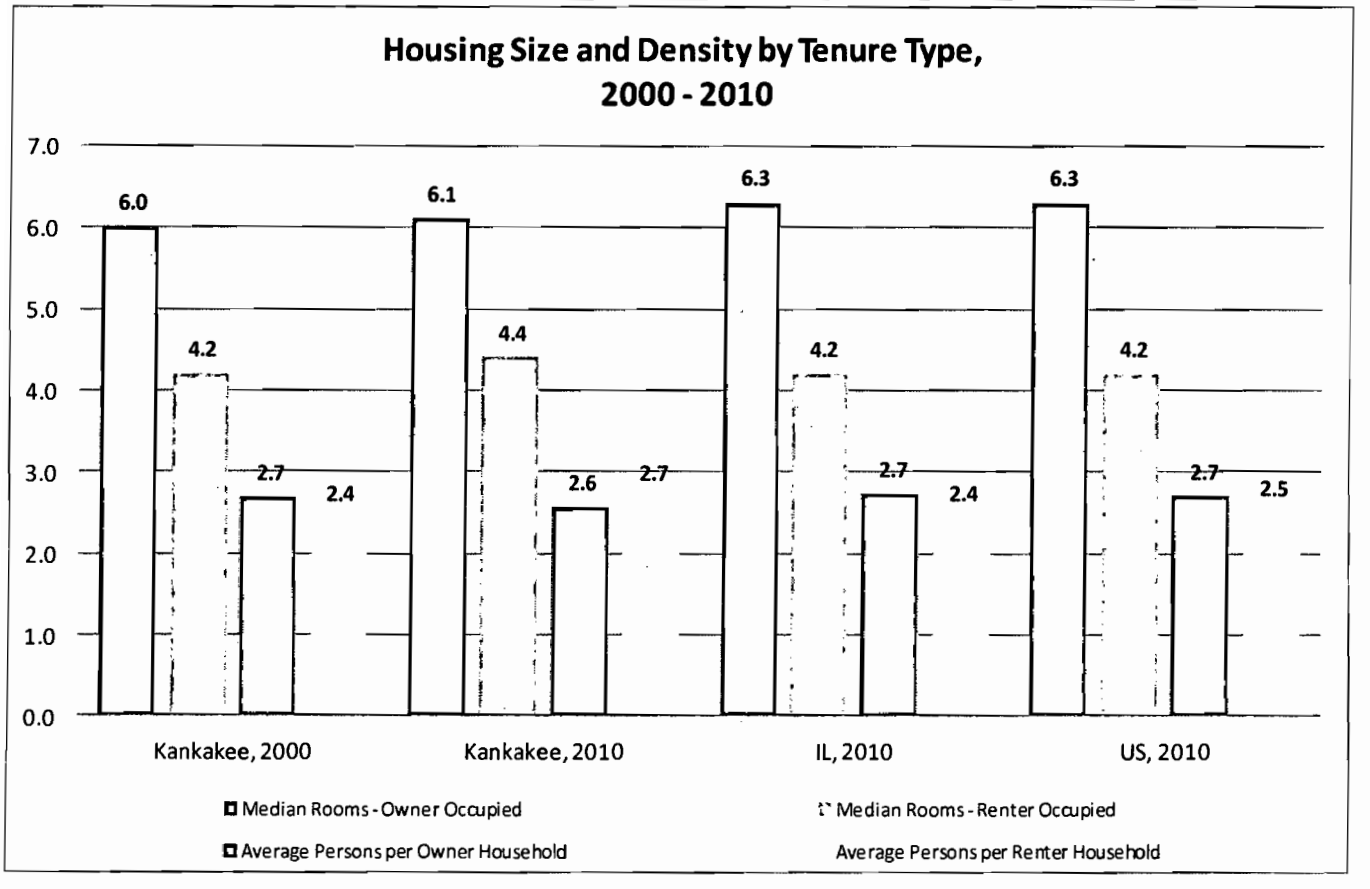




ROOMS AND OCCUPANTS

The average number of persons per owner-occupied household went down from 2.7 to 2.6 while the average number of persons per rented household increased from 2.4 to 2.7.

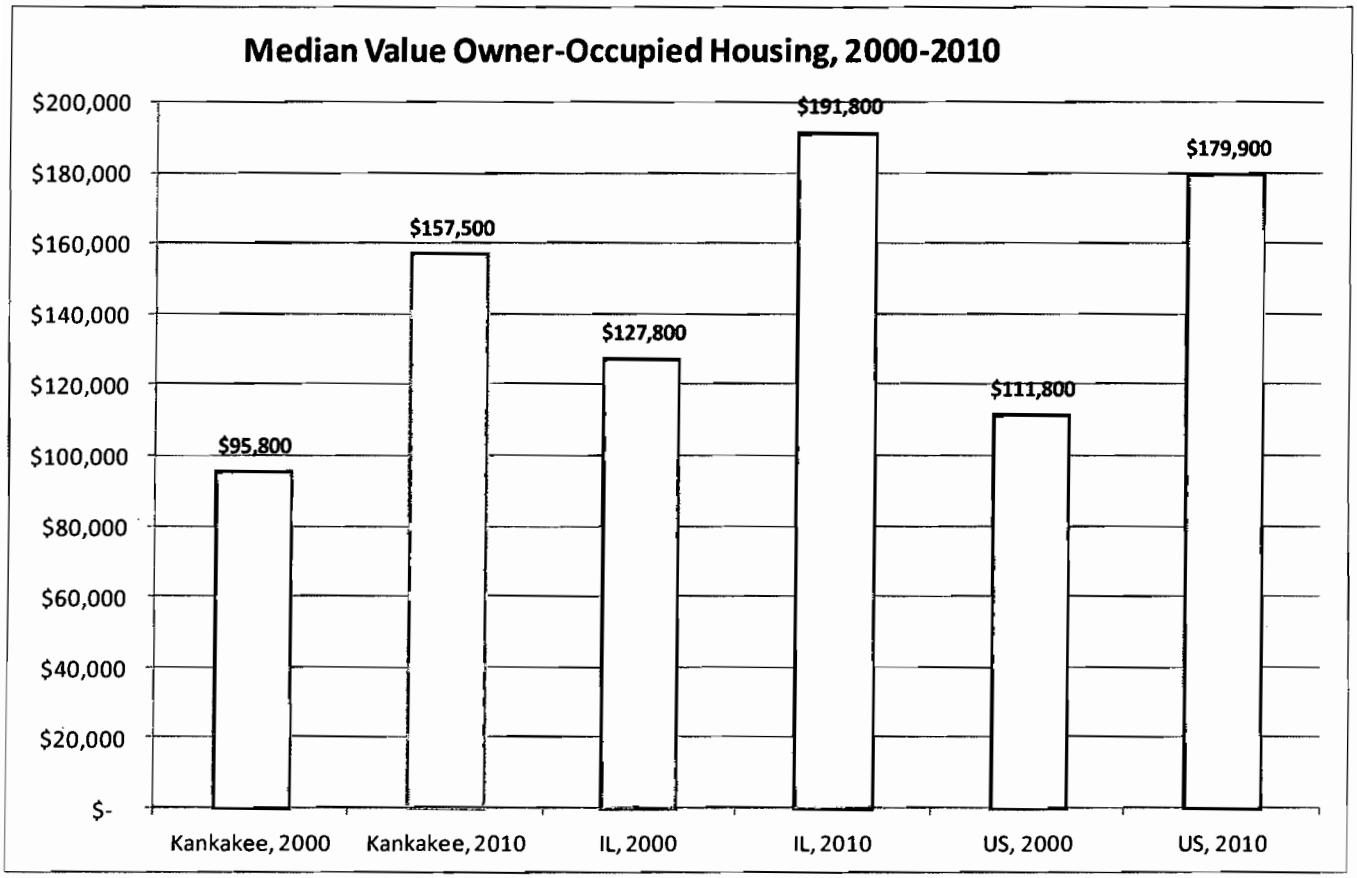
Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_B25021&prodType=table



HOME VALUE

Median home value in Kankakee County went from $95,800 in 2000 to $157,500 in 2010, an increase of nearly 60%. The percentage increase in the Illinois values was about 41%.

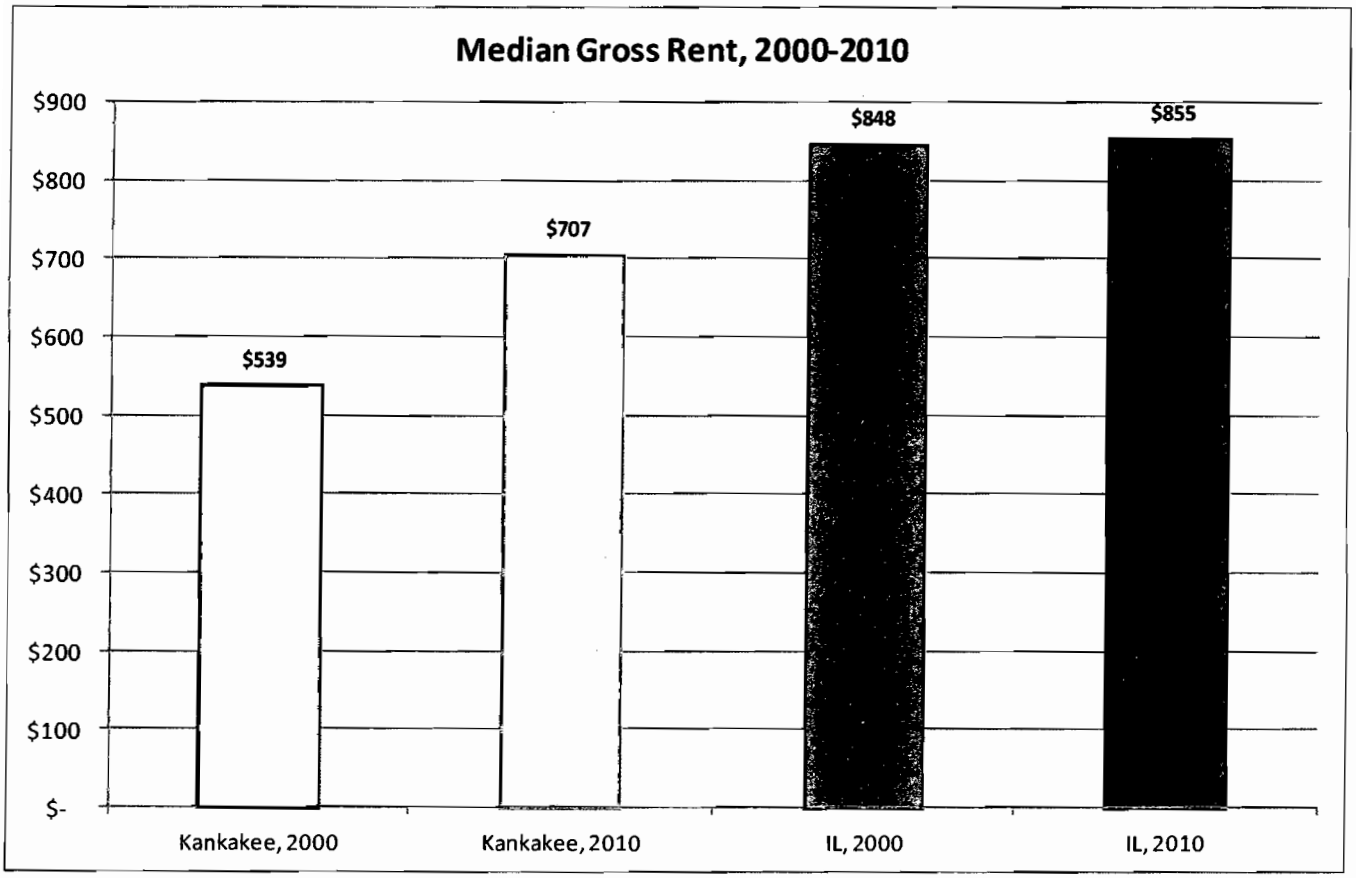
Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP04&prodType=table



RENT

The median gross rent increased by 31% from $539 to $707 in Kankakee County from 2000 to 2010 but was still considerably below the Illinois median of $848 or the U.S. median of $855.

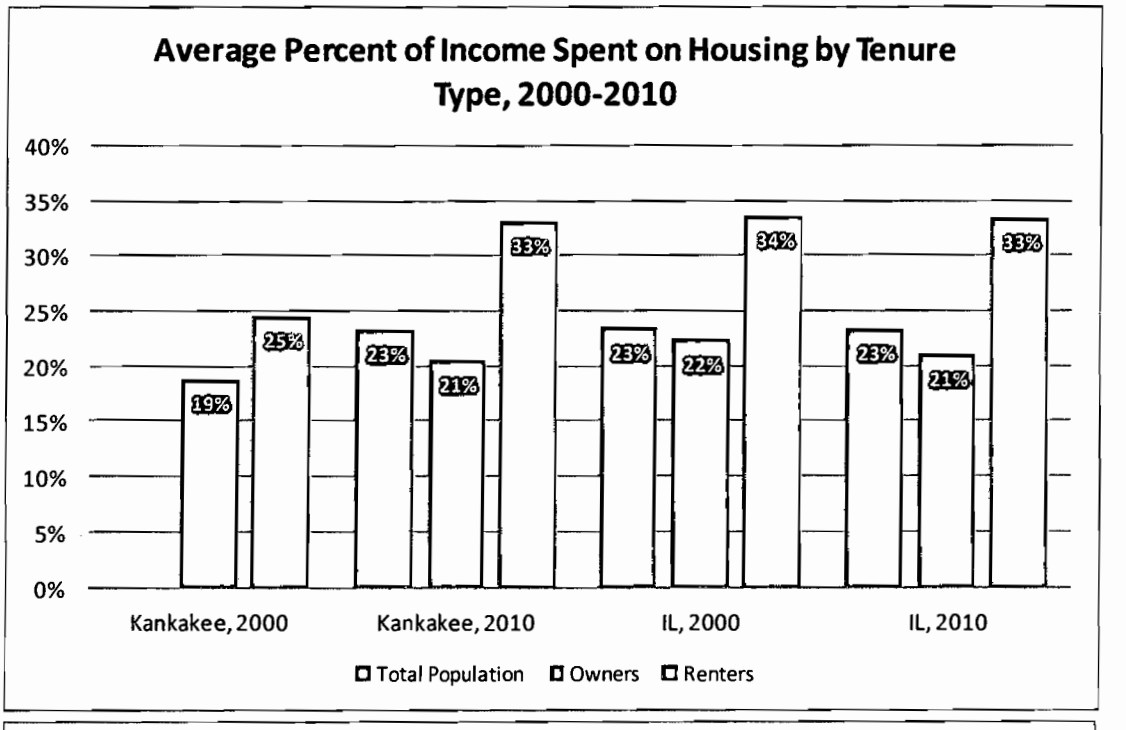
Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP04&prodType=table

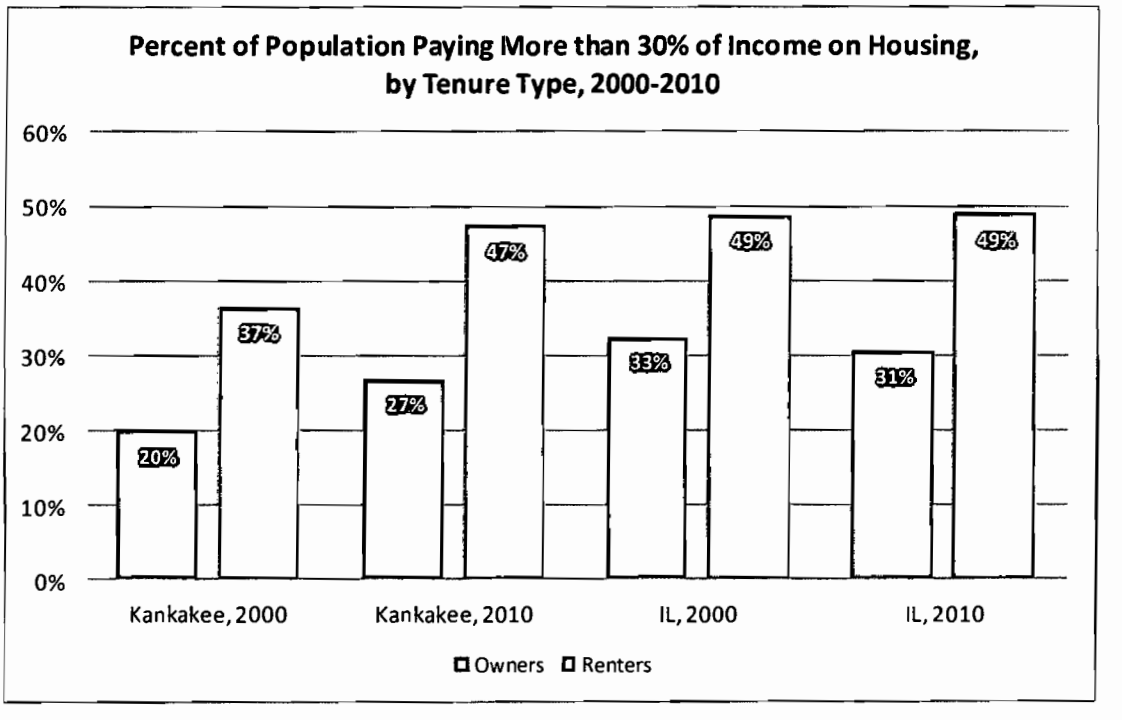


HOUSING COSTS RELATED TO INCOME

Kankakee does well on affordable housing compared to Illinois and the U.S. as a whole; however, almost 50% of renters have unaffordable housing, along with over 25% of home owners.

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP04&prodType=table

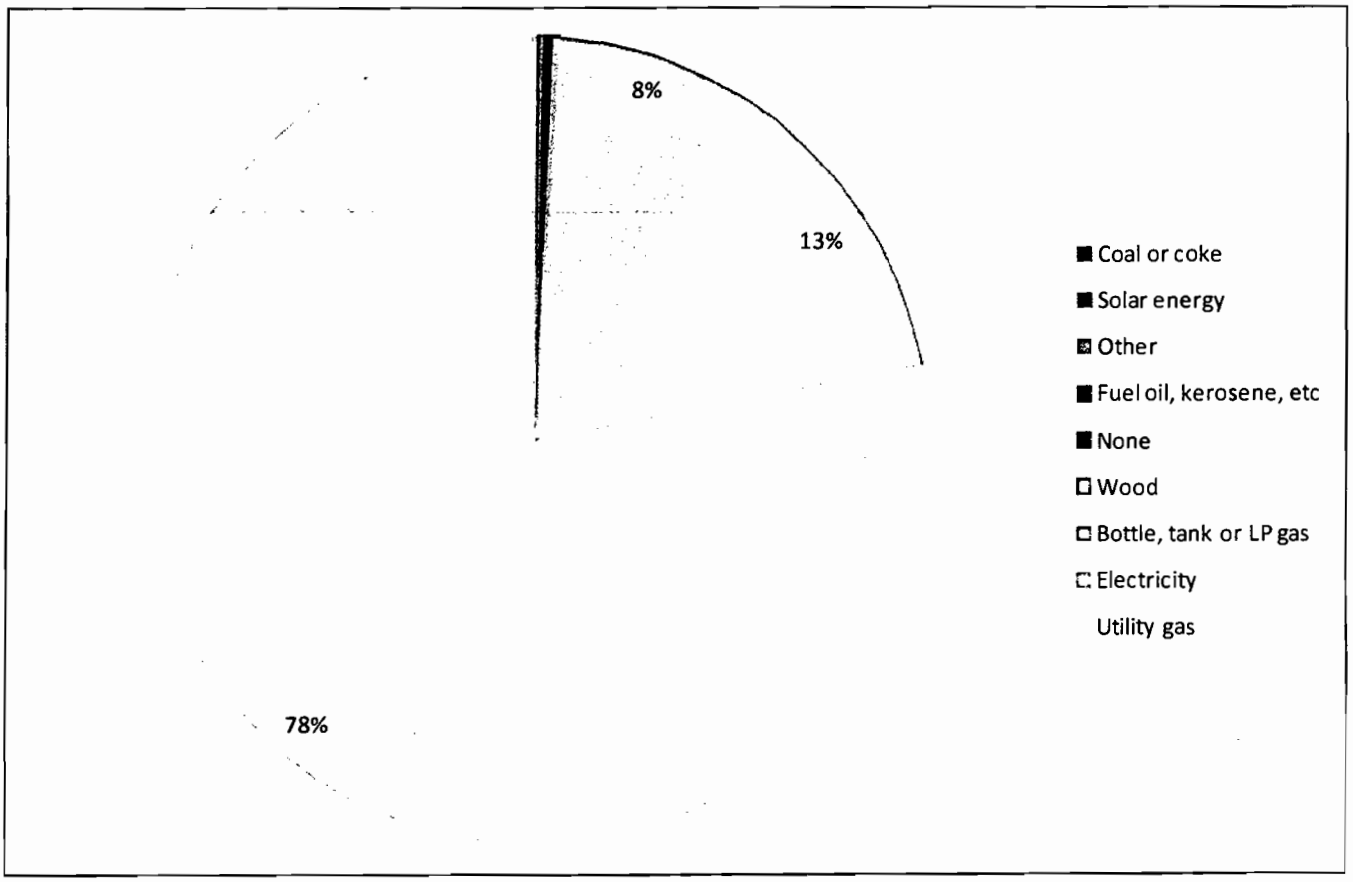




HOME HEATING FUEL

Over three quarters of homes in Kankakee County rely on utility gas (78%), while 13% rely on electric and 8% on LP gas.

Data Source	US Census Bureau, 2008 - 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_B25040&prodType=table

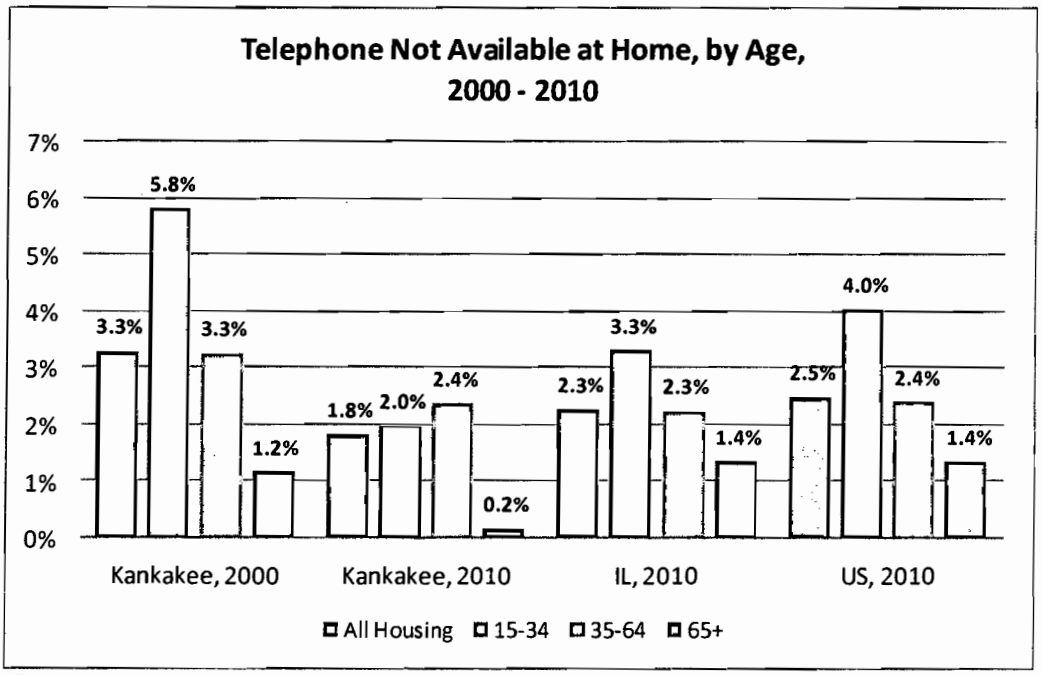


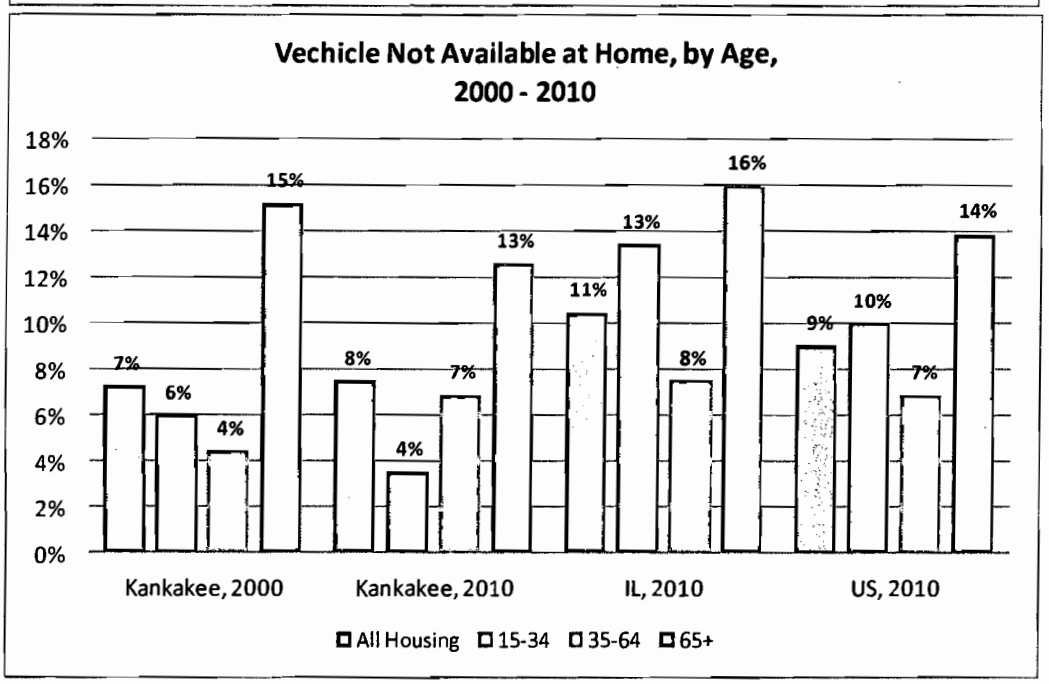
TELEPHONE AND VEHICLE AVAILABILITY

The percentage of homes in areas with no available telephone service decreased in Kankakee County from 3.3% to 1.8% during the time period 2000 to 2010, as it did in Illinois and the U.S.

From 2000 to 2010, homes without a vehicle in Kankakee County decreased from 15.0% to 13.0% in the Over 65 age group and 6.0% to 4.0% in the 15 - 34 age group, but went up from 4.0% to 7.0% in the 35 - 64 age group.

Data Source	US Census, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_B25043&prodType=table





CHAPTER 5

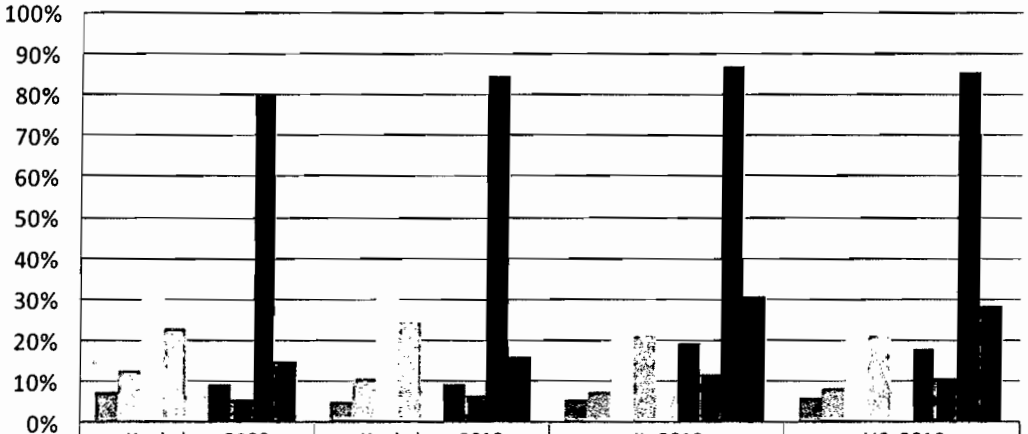
EDUCATION AND EMPLOYMENT

EDUCATIONAL ATTAINMENT

The percentage of individuals with a high school degree or higher increased in Kankakee County from 79.8% in 2000 to 84.4% in 2010, as did the percentage with a bachelor's degree or higher (15.0% to 16.1%). The percentages for both of those categories are lower than those for Illinois and the U.S. in 2010.

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table

Educational Attainment Among Population over 25, 2000-2010



	Kankakee, 2000	Kankakee, 2010	IL, 2010	US, 2010
Less than 9th grade	7.5%	5.0%	5.6%	6.1%
9-12th grade, no diploma	12.7%	10.6%	7.5%	8.3%
HS Graduate or GED	35.8%	35.9%	27.6%	28.5%
Some college, no degree	22.8%	24.6%	21.3%	21.3%
Associate degree	6.3%	7.9%	7.2%	7.6%
Bachelor's degree	9.4%	9.4%	19.2%	17.7%
Graduate or professional degree	5.6%	6.6%	11.5%	10.5%
High School Graduate or higher	79.8%	84.4%	86.9%	85.6%
Bachelor's degree or higher	15.0%	16.1%	30.8%	28.2%

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HIGH SCHOOL GRADUATION RATES

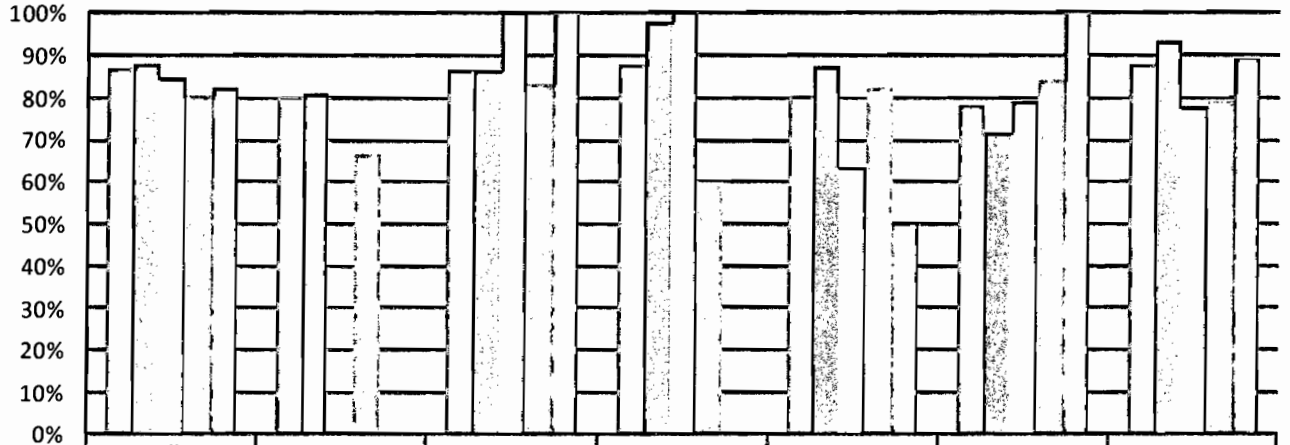
OVERALL AND BY RACIAL/ETHNIC COMPOSITION

Only one Kankakee school, Manteno, equaled the average Illinois graduation rate for all students (both at 87.8%) and for white students (97.9% and 93.3%, respectively). On the other hand, all but one school exceeded the average Illinois graduation rate of 78.0% for black students (Momence at 63.6%). Four schools had better than average Hispanic graduation rates, while Grant Park and Momence did much worse (66.7% and 60%, respectively). There is a great deal of variability between schools and within schools. Only two schools reported Asian populations (not shown); both exceeded the state average.

- K to 12 school include: #s111, 1, 5, 6 and 2
- Grade schools only include: #s 61, 53, 256, 258, 61 and 259
- High Schools only include : #s 302 and 307

Data Source	Illinois State Board of Education
Data Source URL	http://webprod.isbe.net/ereportcard/publicsite/getsearchcriteria.aspx

High School Graduation Rates by School and Race and Ethnicity, 2010



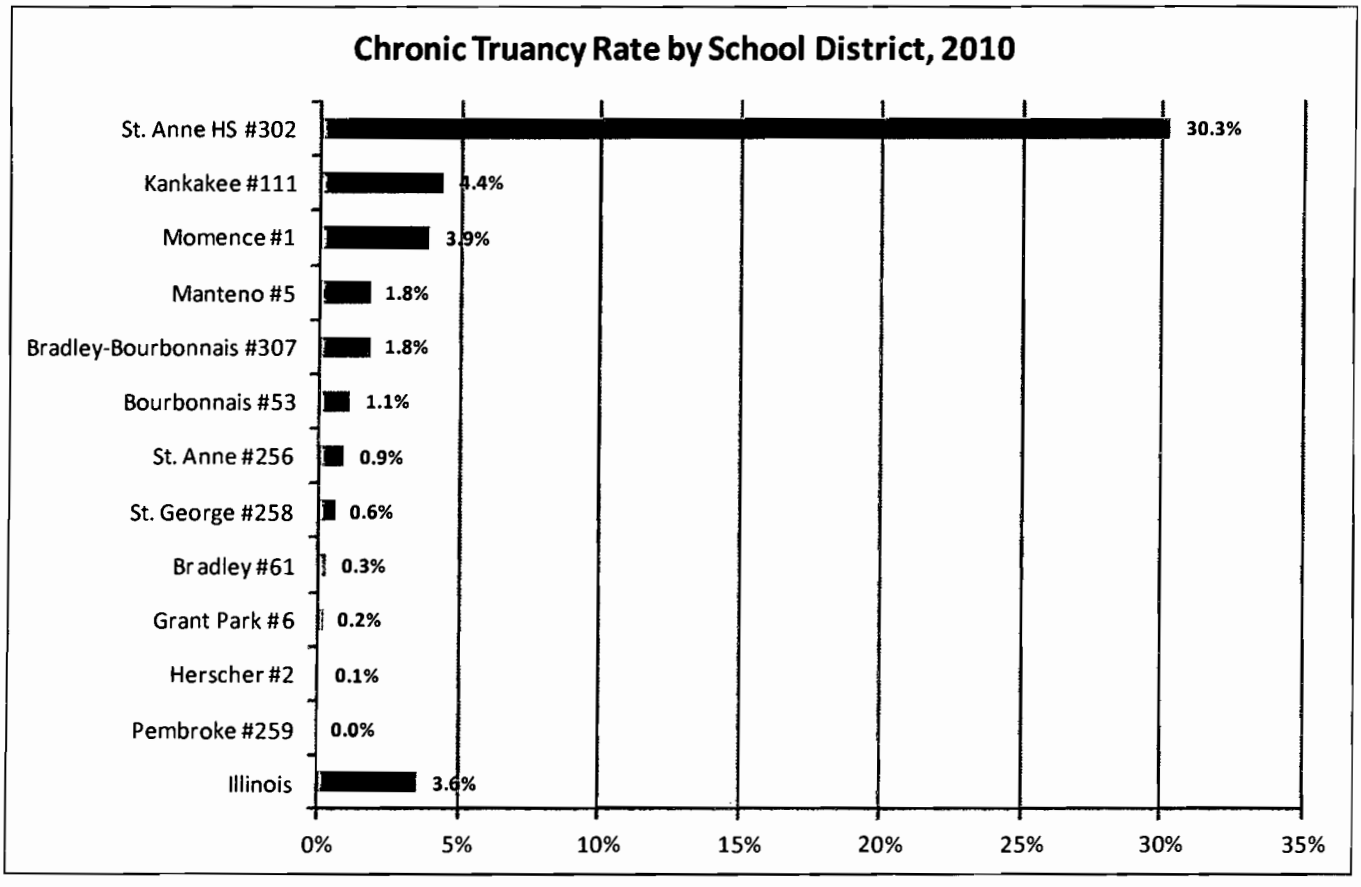
	Bradley-Bourbonnais #307	Grant Park #6	Herscher #2	Manteno #5	Momence #1	Kankakee #111	IL
Overall	87.2%	80.0%	86.5%	87.8%	80.6%	78.4%	87.8%
White	88.0%	80.9%	86.5%	97.9%	87.5%	71.7%	93.3%
Black	84.6%		100.0%	100.0%	63.6%	79.3%	78.0%
Hispanic	80.6%	66.7%	83.3%	60.0%	82.4%	84.3%	79.4%
Multiracial	82.6%		100.0%		50.0%	100.0%	89.5%

TRUANCY

All school districts show chronic truancy rates in 2010 that were below the Illinois rate of 3.6% except Kankakee # 111 at 4.4%, Momence # 1 at 3.9% and St. Anne #302, which was far above all others at 30.3%

- K to 12 schools include: #s111, 1, 5, 6 and 2
- Grade schools only include: #s 61, 53, 256, 258, 61 and 259
- High Schools only include : #s 302 and 307

Data Source	Illinois State Board of Education
Data Source URL	http://webprod.isbe.net/ereportcard/publicsite/getsearchcriteria.aspx



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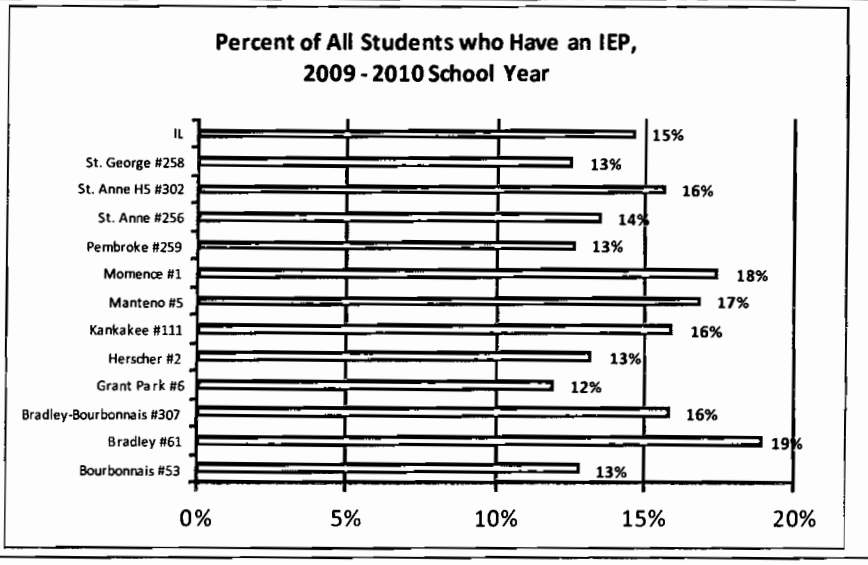
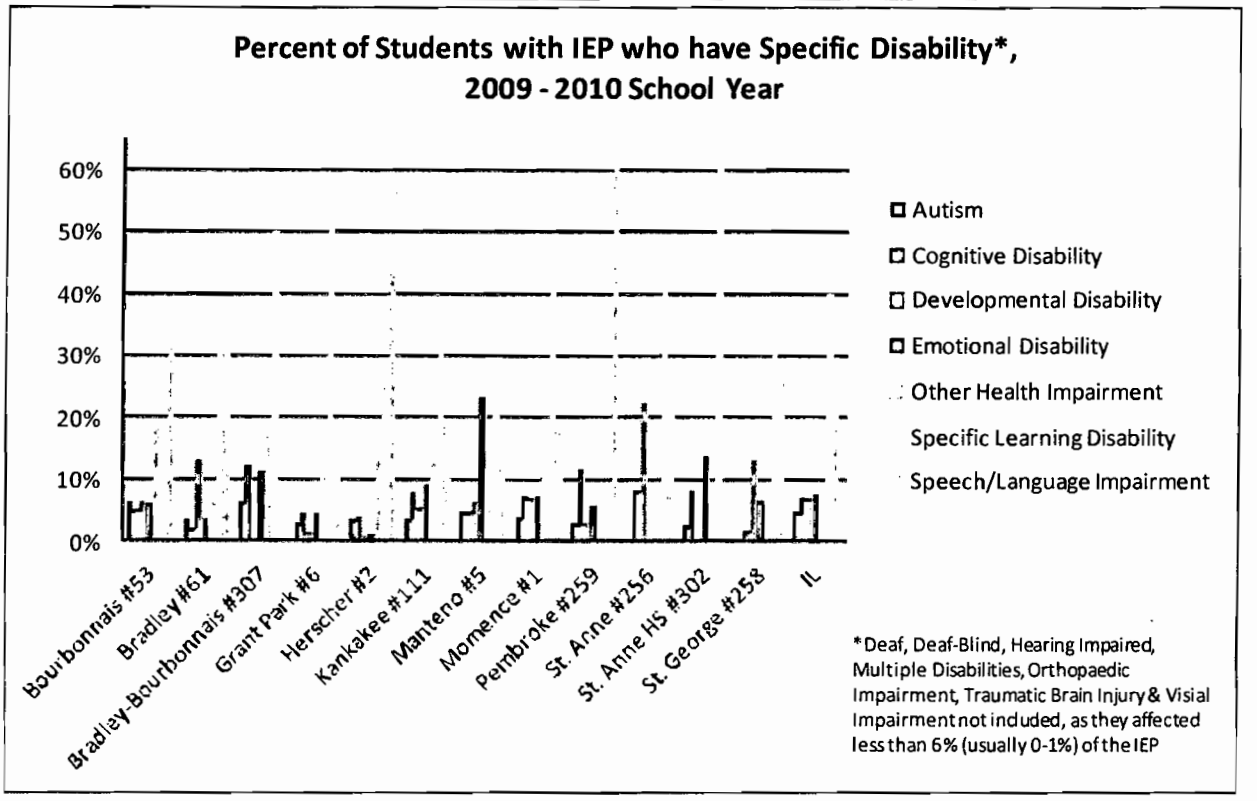
SPECIAL EDUCATION ENROLLMENT

Six Kankakee County schools had a percentage of students with Individualized Education Programs (IEPs) that were higher than the Illinois percentage. For four of those six schools (Bradley-Bourbonnais # 307, Grant Park # 6 Monmence #1 and St. Anne's #302) the difference was driven mostly by higher rates in the category of Specific Learning Disabilities, while for the other two schools (Herscher # 2 and Pembroke # 259) the difference was driven mostly by higher rates in the Speech/Language Impairment category.

Data Source	Illinois Board of Education,
Data Source URL	http://webprod.isbe.net/ereportcard/publicsite/searchBySchool.aspx?searchby=districtName&language=english&year=2011&keyword=kankakee&type=card&rcds=320461110

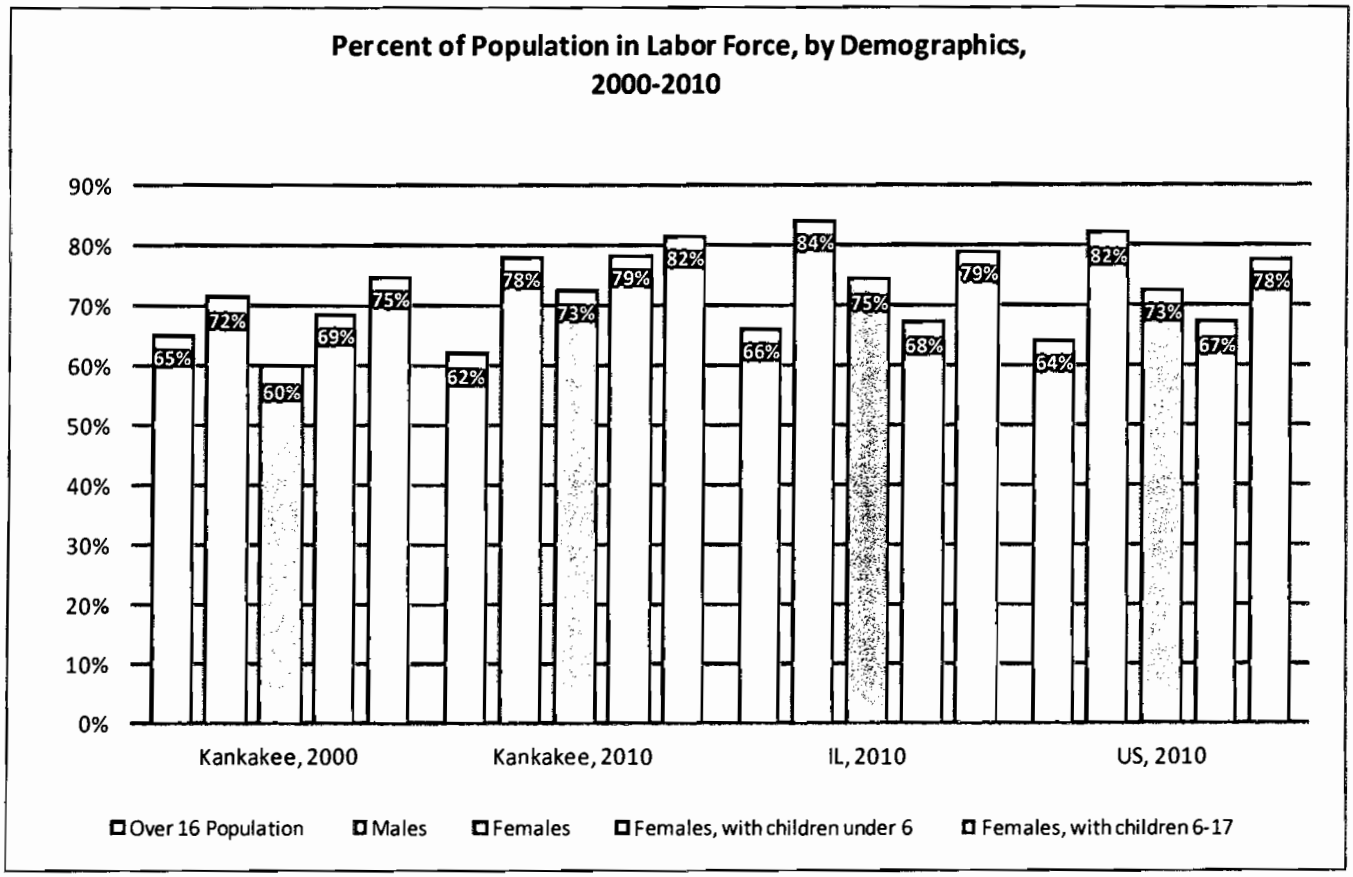




EMPLOYMENT PARTICIPATION

The percentages of females and males in the labor force in Kankakee County increased from 2000 to 2010 (females from 59.7% to 72.7%; males from 71.6% to 78.3%). The Over16 population in the labor force contracted slightly from 65.4% to 62.3%. In the categories of Females with children under 6 and Females with children 6 - 17, the percentage in the labor force increased in Kankakee County from 2000 to 2010 with Females with children under 6 increasing the percentage went from 68.9% to 78.5%. For women with children 6 to 17 the percentage increased from 75.0% to 81.7%.

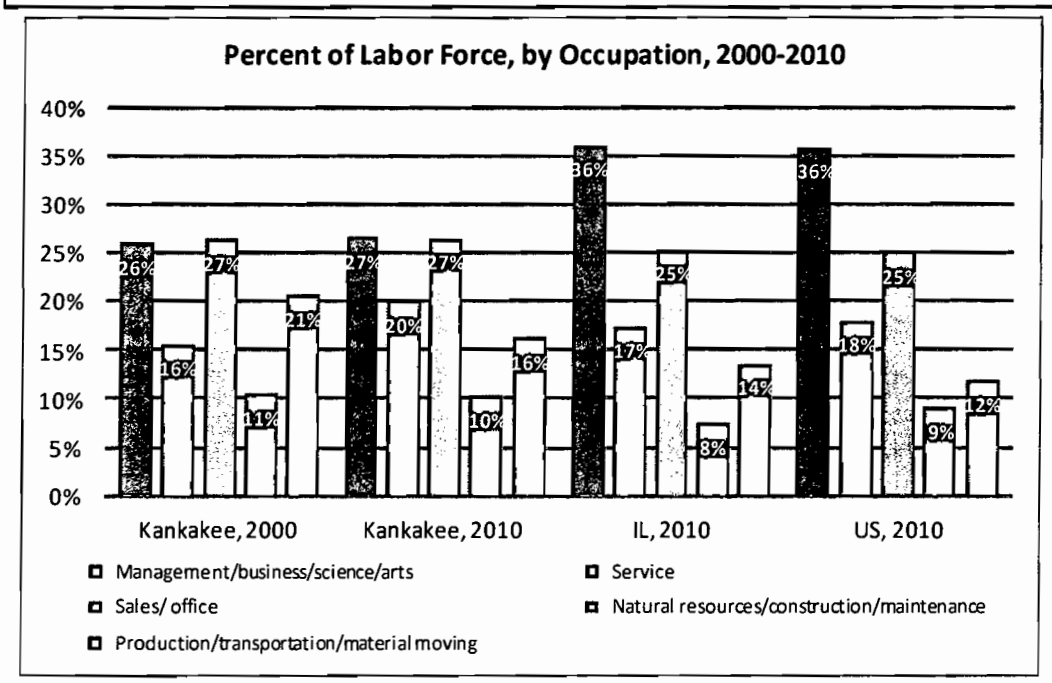
Data Source	US Census Bureau, 2010 American Community Survey
Data Source URLs	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S2301&prodType=table and http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_B23003&prodType=table

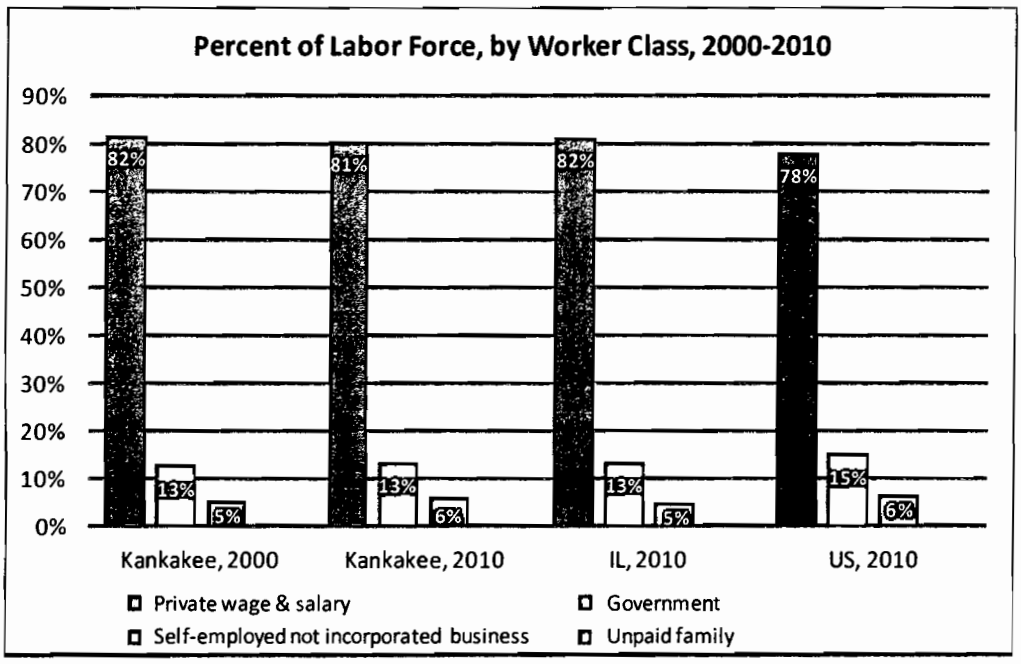


EMPLOYMENT STRUCTURE

The percentages of Kankakee County residents in the five occupational categories represented below remained relatively unchanged from 2000 to 2010. The percentage of Kankakee County residents in the management, business, science and arts category is well below the percentages for Illinois and the U.S. Within Kankakee there was a shift from production/transportation to service occupations from 2000 to 2010. The percentage of private wage workers changed very little, decreasing from 81.8% in 2000 to 80.7% in 2010. These percentages are very similar to those for Illinois and a few percentage points above the U.S. The percentage of government workers increased from 12.9% to 13.4%.

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP03&prodType=table



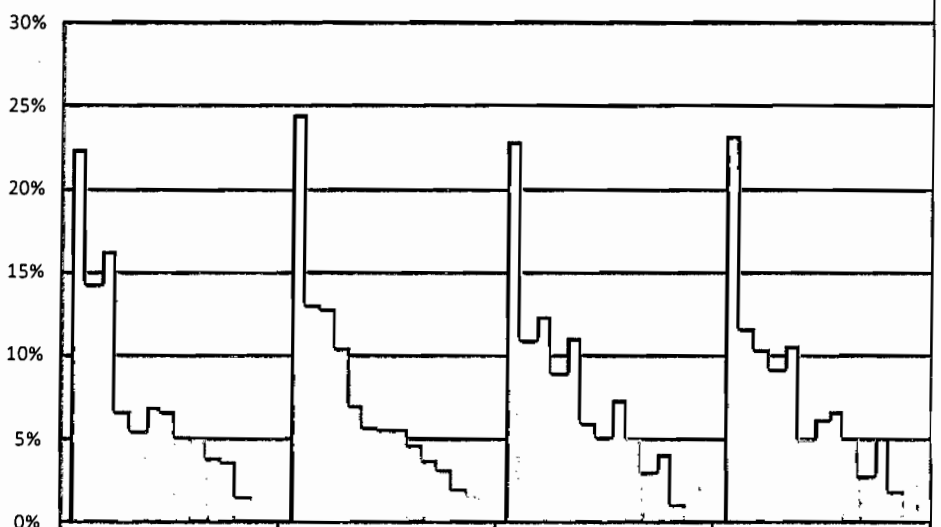


EMPLOYMENT STRUCTURE

From 2000 to 2010 the categories showing the greatest increase in Kankakee County were 1) educational services, health care and social services (22.4% to 24.5%) and 2) arts, entertainment and recreation, and accommodation and food services (6.7% to 10.5%). The two categories that showed the greatest decrease were 1) manufacturing (16.3% to 12.8%) and 2) retail trade (14.3% to 13.0%).

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP03&prodType=table

Percent of Labor Force, by Industry, 2000-2010



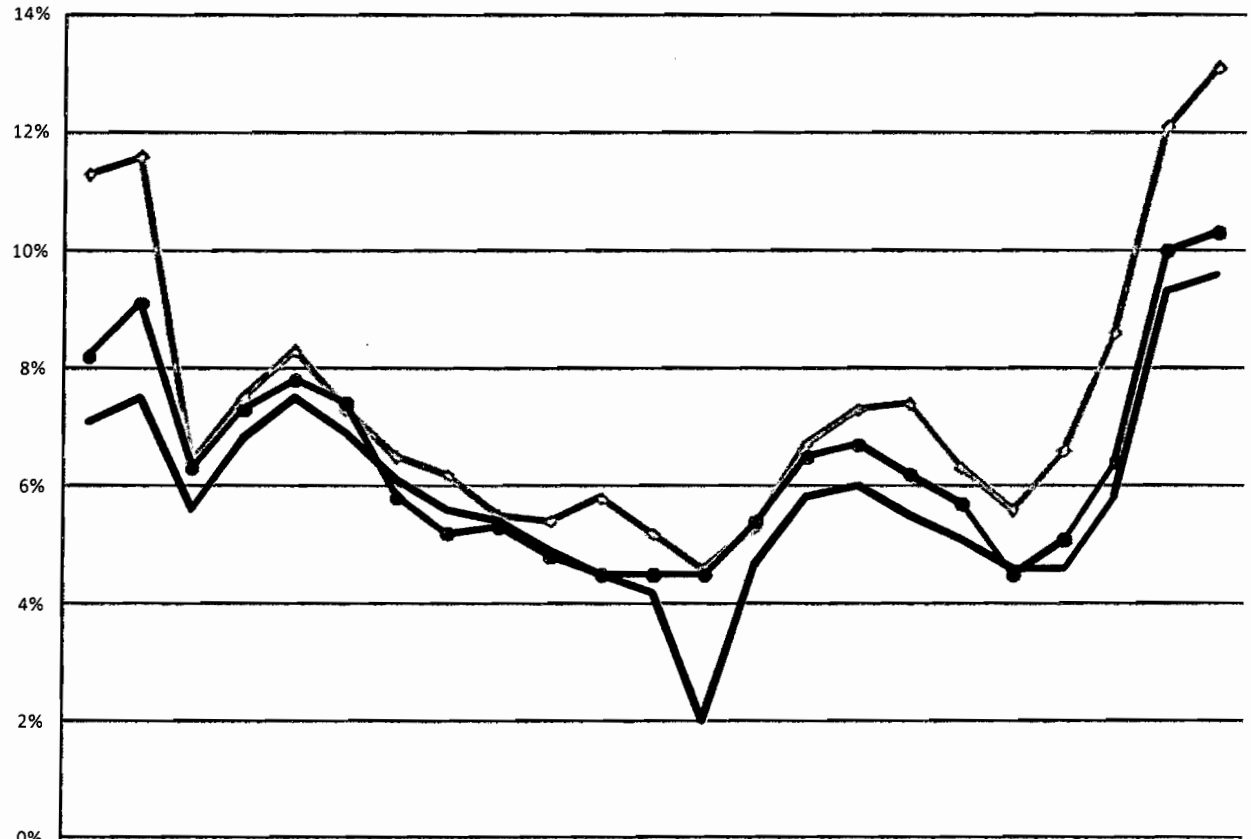
	Kankakee, 2000	Kankakee, 2010	IL, 2010	US, 2010
Educational services/health care/social assistance	22%	25%	23%	23%
Retail trade	14%	13%	11%	12%
Manufacturing	16%	13%	12%	10%
Arts/entertainments/recreation/accommodation /food service	7%	11%	9%	9%
Professiona/scientific/management/administrative /waste management	6%	7%	11%	11%
Transportation/warehousing/utilities	7%	6%	6%	5%
Construction	7%	6%	5%	6%
Finance/insurance/real estate	5%	6%	7%	7%
Other services, except public administration	5%	5%	5%	5%
Wholesale trade	4%	4%	3%	3%
Public administration	4%	3%	4%	5%
Agriculture/forestry/fishing/hunting/mining	2%	2%	1%	2%
Information	2%	2%	2%	2%

UNEMPLOYMENT

The unemployment rate in Kankakee County has been above the Illinois and U.S. rates from 2006 to 2010, when all three rates climbed steeply. In 2010, the unemployment rate in Kankakee County was 13.1%, compared to 10.3% in Illinois and 9.6% in the U.S.

Data Source	Illinois Department of Employment Security
Data Source URL	http://lmi.ides.state.il.us/laus/historicalMonthly.htm

Unemployment Rate, 1980 - 2010

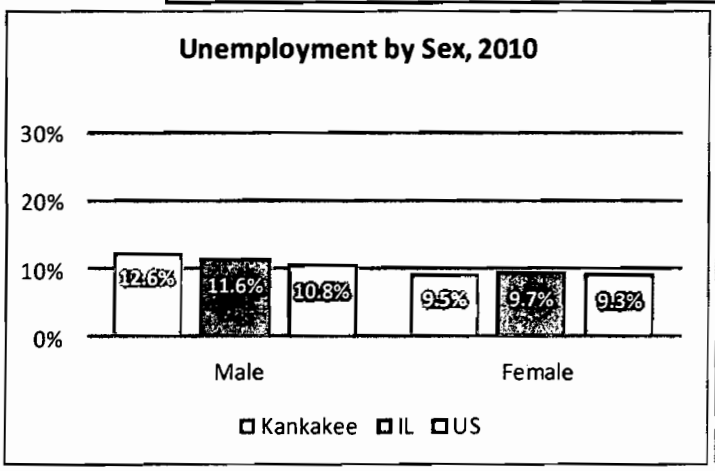


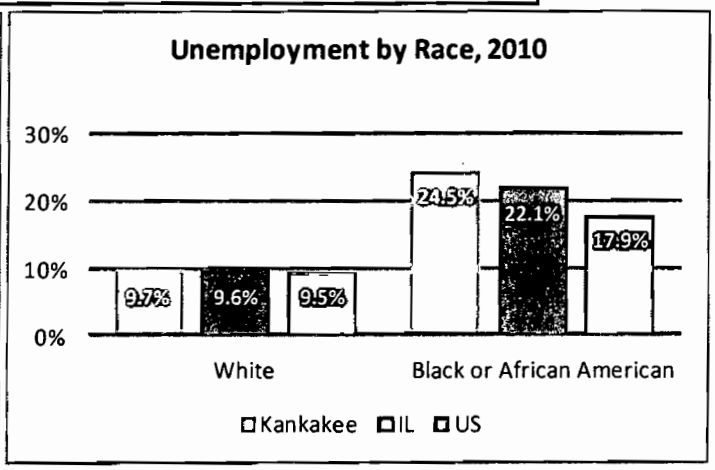
	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Kankakee	11.3%	11.6%	6.4%	7.5%	8.3%	7.3%	6.5%	6.2%	5.5%	5.4%	5.8%	5.2%	4.6%	5.3%	6.7%	7.3%	7.4%	6.3%	5.6%	6.6%	8.6%	12.1%	13.1%
IL	8.2%	9.1%	6.3%	7.3%	7.8%	7.4%	5.8%	5.2%	5.3%	4.8%	4.5%	4.5%	4.5%	5.4%	6.5%	6.7%	6.2%	5.7%	4.5%	5.1%	6.4%	10.0%	10.3%
US	7.1%	7.5%	5.6%	6.8%	7.5%	6.9%	6.1%	5.6%	5.4%	4.9%	4.5%	4.2%	2.0%	4.7%	5.8%	6.0%	5.5%	5.1%	4.6%	4.6%	5.8%	9.3%	9.6%

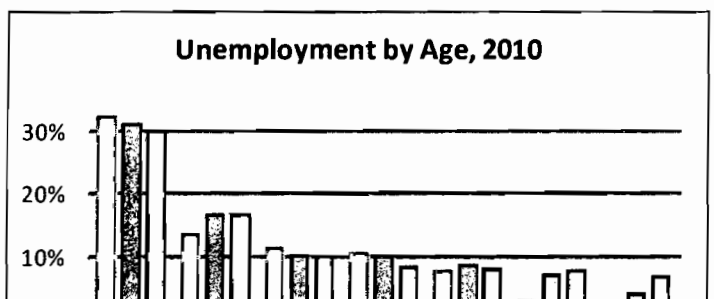
UNEMPLOYMENT CHARACTERISTICS

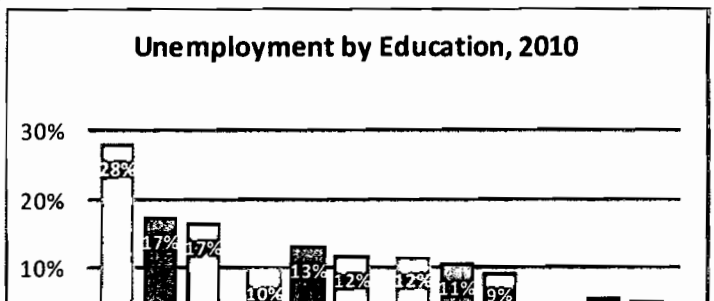
The unemployment rates for males in Kankakee County in 2010 was 12.6%, compared to 11.6% and 10.8% in Illinois and the U.S. respectively. The female rate was slightly lower that the state and national rates. Blacks in Kankakee County had an unemployment rate of 24.5% compared to 22.1% for Illinois and 17.9% for the US. Kankakee County had slightly higher rates of unemployment in the 16 - 19, 25 - 44 and 45 - 64 age categories than the state and national rates in 2010. Kankakee residents with less than a high school education had a considerably higher unemployment rate than in Illinois and the U.S.

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S2301&prodType=table





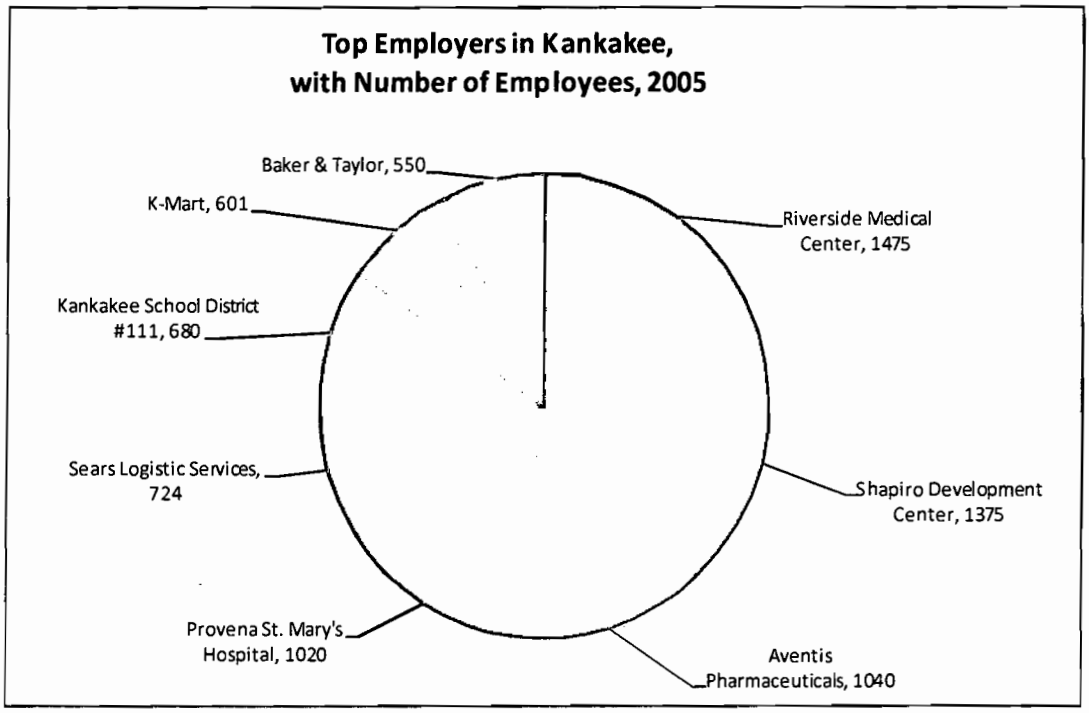


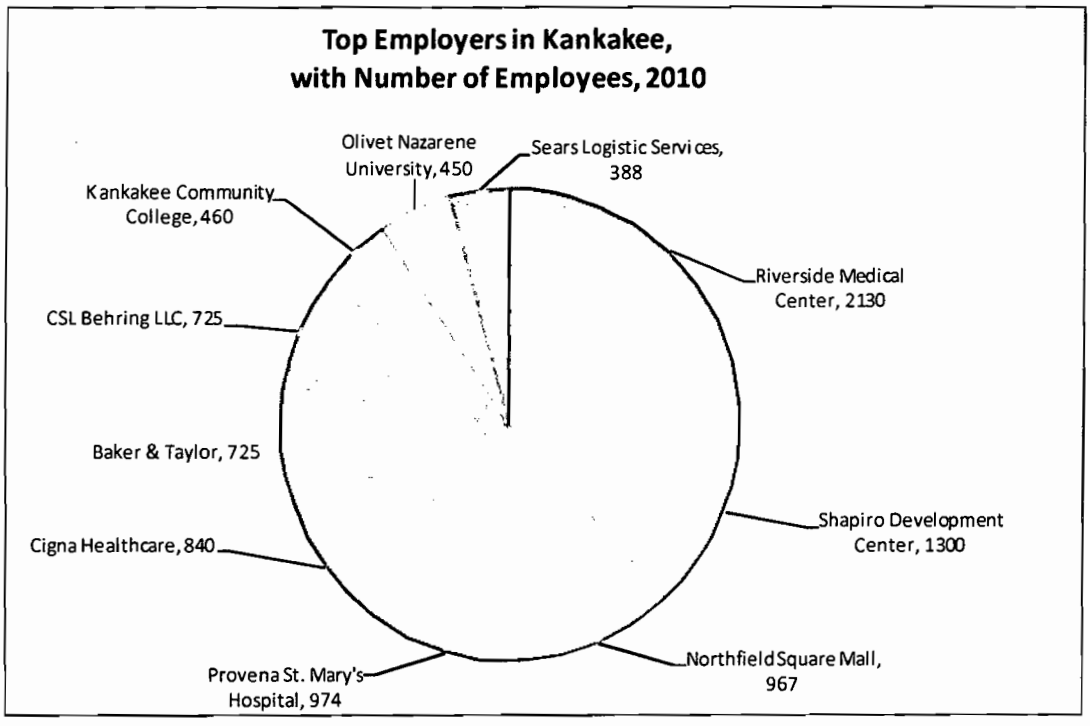


LEADING EMPLOYERS

The figures below provide data on the leading employers in Kankakee County for both 2005 and 2010. Riverside Medical increased from 1,475 to 2,130 employees, while Sear Logistics went down from 724 to 388 employees. The company listed in 2005 as Aventis appears in the 2010 chart as CSL Behring. A new Cigna processing center opened and appears in the 2010 chart with 840 employees.

Data Source	Kankakee Regional Chamber of Commerce
Data Source URL	http://www.kankakee.org/Relocation/Major_Employers.aspx





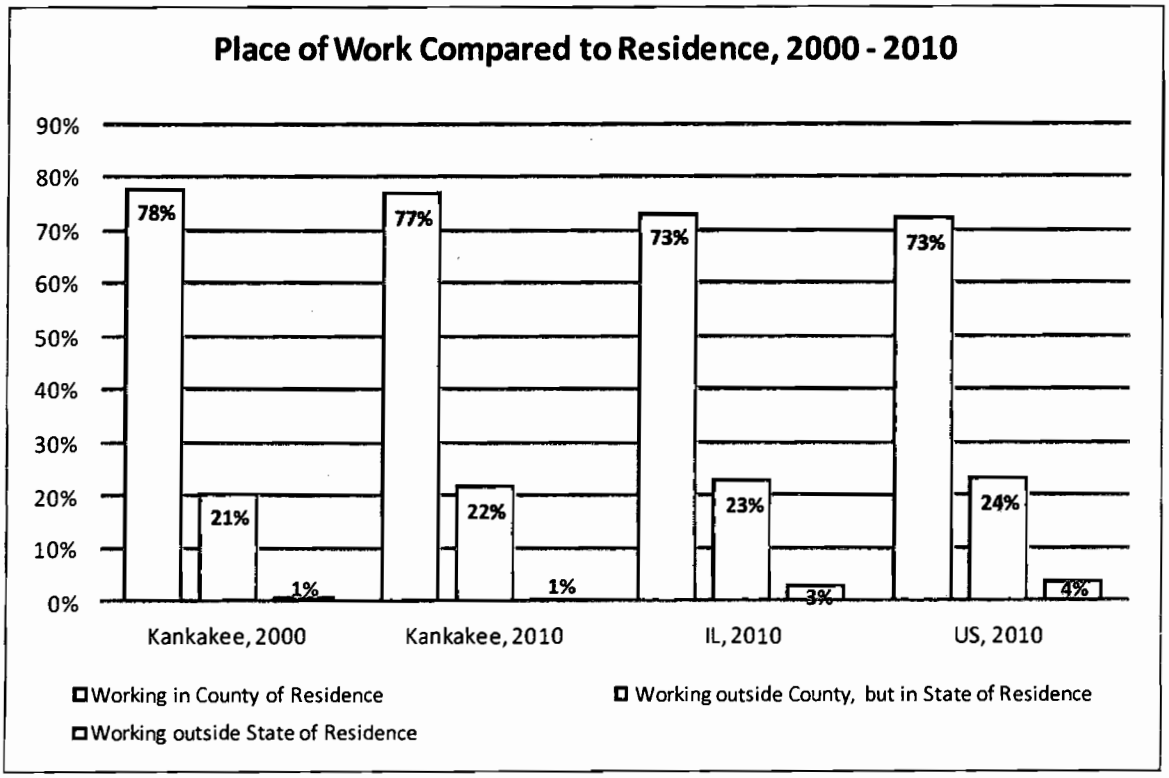
COMMUTING PATTERNS

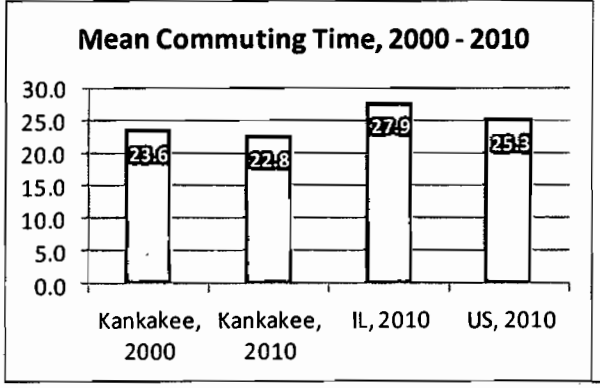
In 2010 77.3% of Kankakee residents worked in the county, compared to 78.2% in 2000. The 2010 percentage is higher than the state (73.4%) and the US (72.6%).

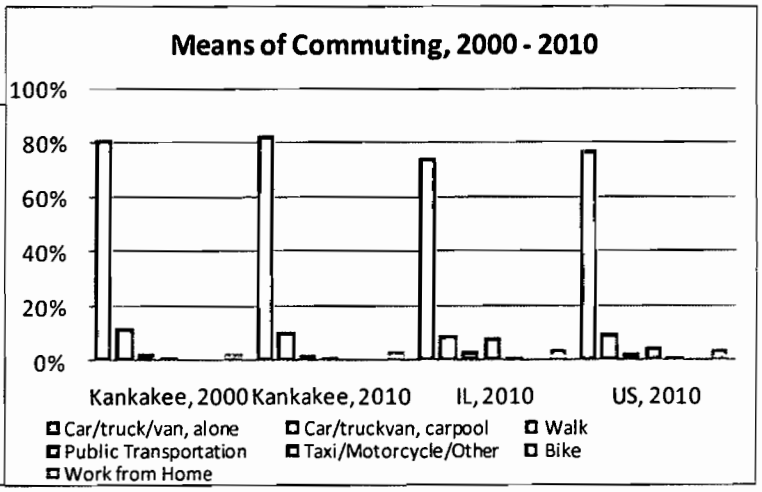
There was little change in commuting patterns in Kankakee County from 2000 to 2010, with mean commuting time decreasing from 23.6 to 22.8 minutes compared to 25.3 for the US.

The means of commuting was almost unchanged from 2000 to 2010 with about eight out of every ten people using a car or truck.

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S0801&prodType=table



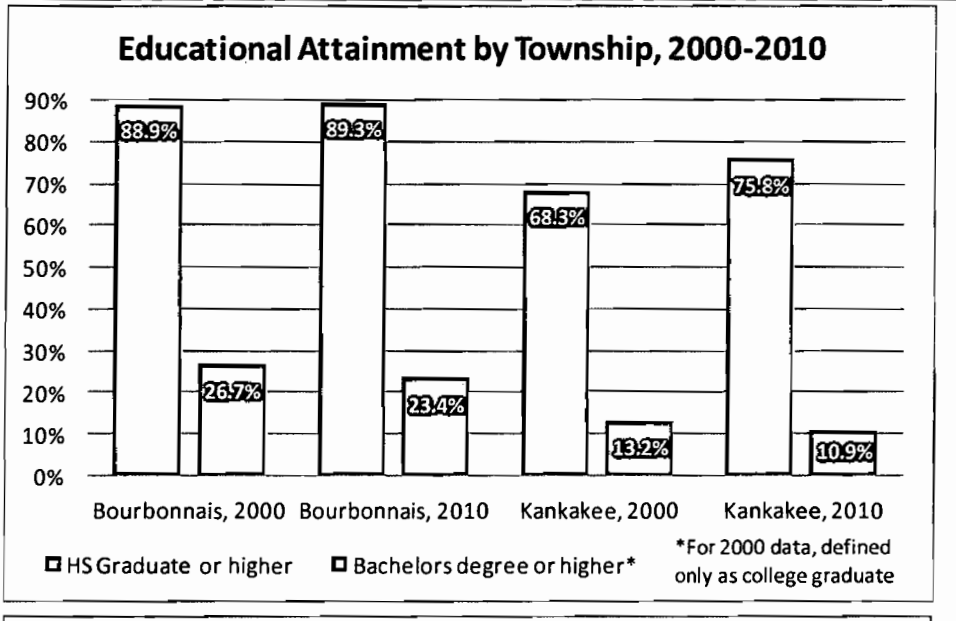


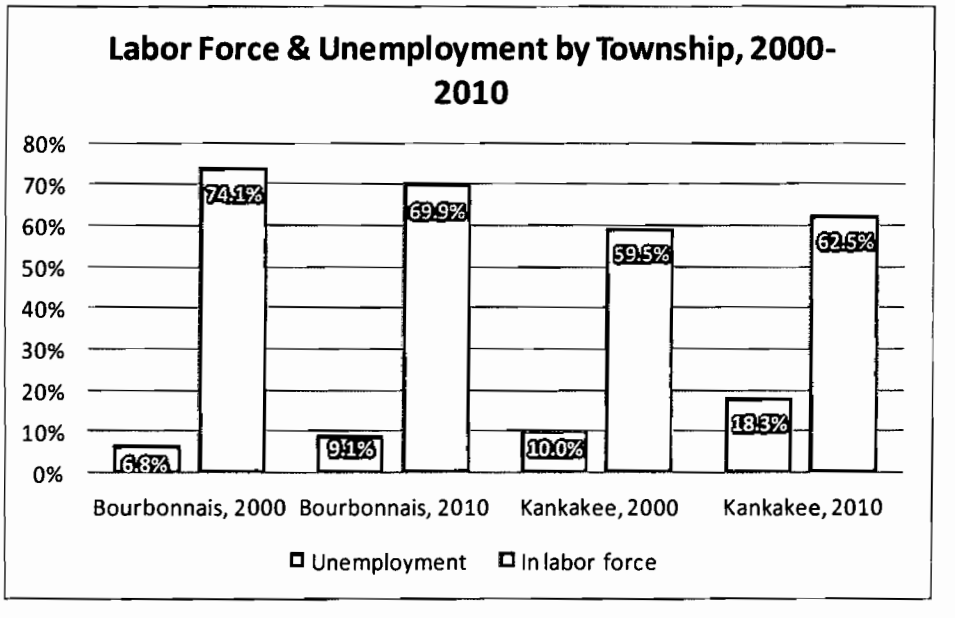


EDUCATION AND EMPLOYMENT BY TOWNSHIP

The percentage of persons in Kankakee Township with a high school degree or higher increased from 68.3% to 75.8% from 2000 to 2010. The percentage with a bachelor's degree or higher decreased from 13.2% to 10/9%. In Bourbonnais, the percentage of persons with a high school degree or higher also increased slightly during this period (from 88.9% to 89.3%), but the percentage with a bachelor's degree or higher decreased from 26.7% to 23.4%. Unemployment rates increased in both communities, with Kankakee increasing from 13.2% to 10.9% and Bourbonnais increasing from 6.8% to 9.1%. The percentage of persons in the labor force in Kankakee increased from 59.5% to 62.5%, but decreased from 74.1% to 69.9% in Bourbonnais during this period.

Data Source	US Census Bureau, 2008 - 2010 American Community Survey
Data Source URLs	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_DP03&prodType=table and http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_S1501&prodType=table





CHAPTER 6

INCOME AND POVERTY

MEDIAN INCOME BY FAMILY,

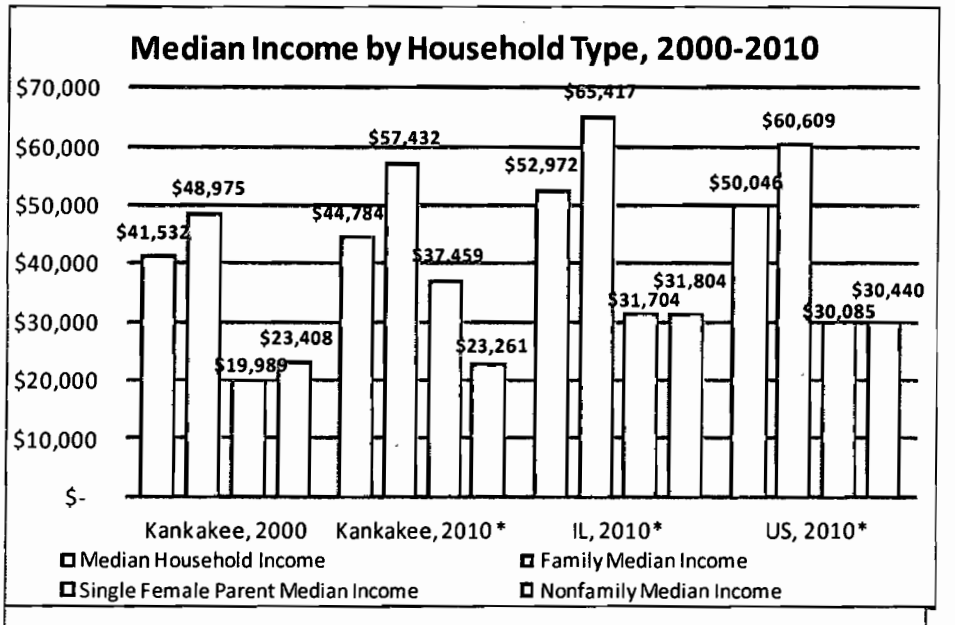
HOUSEHOLD, RACE AND ETHNICITY

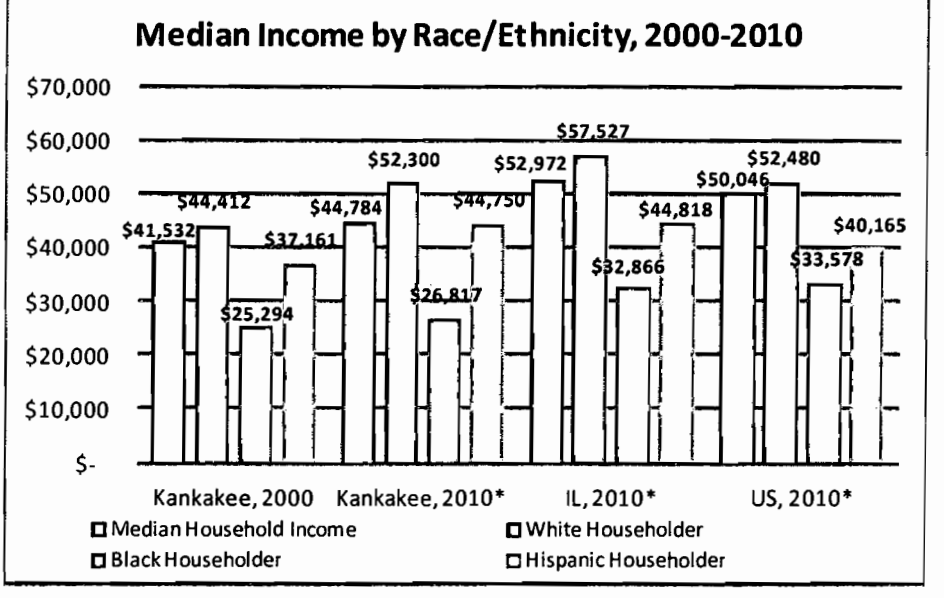
Median household income for Kankakee County increased from $41,532 to $44,784 between 2000 and 2010. The 2010 median income is below the median for Illinois ($52,972) and the U.S. ($50,046). Median income increased both for whites (from $44,412 to $52,300) and Hispanics (from $37,161 to $44,750) during this time. Median income for blacks increased from $25,294 to $26,817 in 2010, lower than the median income for both Illinois and the U.S. ($32,866 and $33, 578, respectively).

Median income in Kankakee County increased for three of the four categories represented in the second graph, with non-family median income remained almost constant. With the exception of single female parents, the median income for Kankakee County households was lower than Illinois and the U.S. for all categories

* in 2010 US inflation adjusted dollars.

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1903&prodType=table

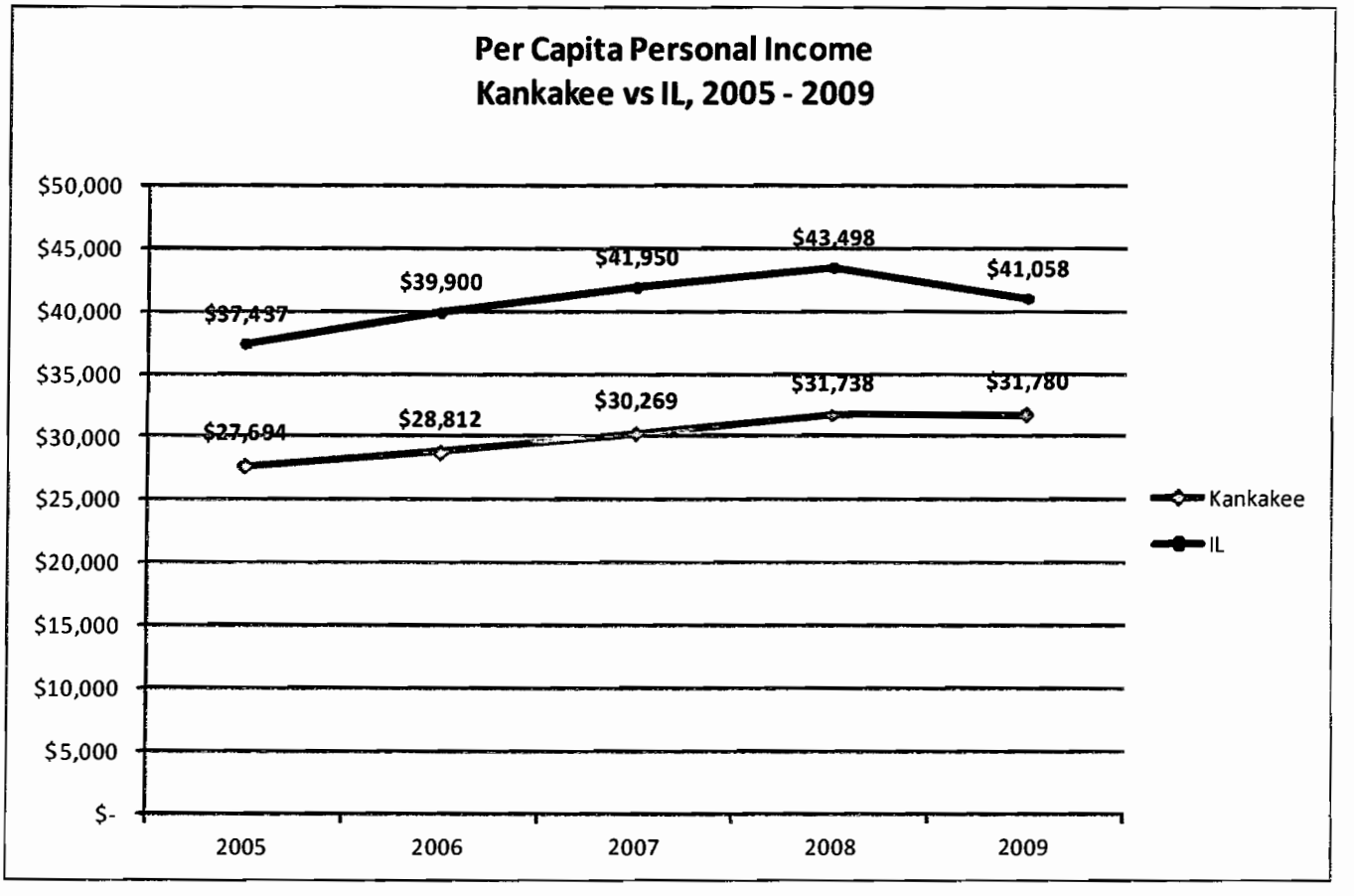




PER CAPITA PERSONAL INCOME

Per capita personal income in Kankakee County has been on a trajectory that mirrors that of the state over the 2005 to 2009 time period though about $10,000 below the Illinois number each year. The Illinois number decreased by over $2,000 from 2008 ($43,498) to 2009 ($41, 058) while the Kankakee number remained almost unchanged ($31, 738 to $31,780).

Data Source	US Department of Commerce Bureau of Economic Analysis
Data Source URL	http://www.bea.gov/iTable/iTable.cfm?ReqID=70&step=1



+/-

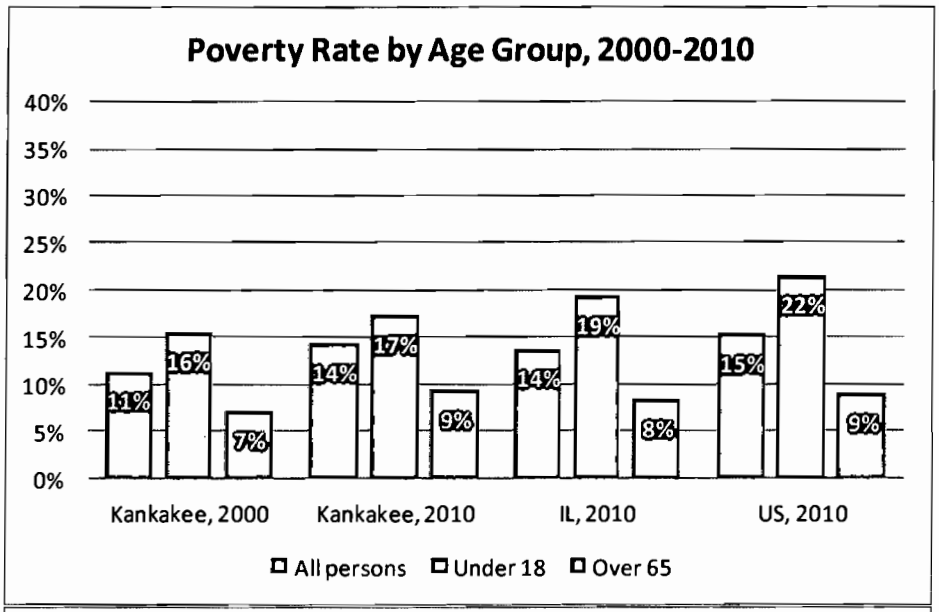
POVERTY BY AGE AND RACE/ETHNICITY

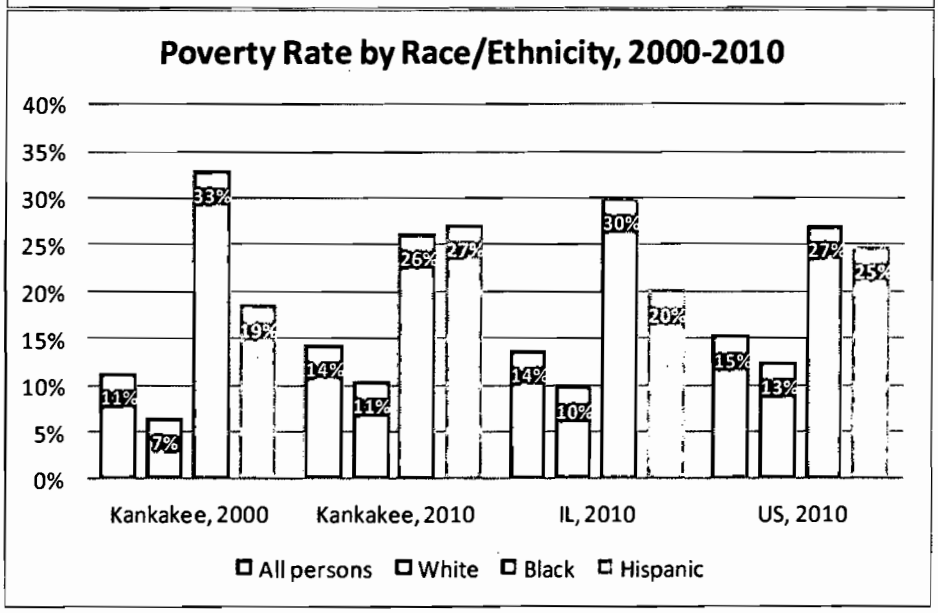
The overall poverty rate in Kankakee County increased from 11% in 2000 to 14% in 2010. In 2010, the poverty rate for both all persons and persons under 18 were lower than the rates for Illinois and the U.S. The 2010 poverty rate for those over 65 in Kankakee County was slightly higher than the state and the same as the nation (9%).

Between 2000 and 2010, the poverty rate for whites increased from 7% to 11% and the rate for Hispanics increased from 19% to 27%. The rate for blacks decreased from 33% to 26% during that same period.

The 2010 poverty rate for blacks in Kankakee County was lower than in Illinois and the U.S., while the rate for Hispanics was higher than that for the state and the nation. The 2010 poverty rate for whites was very similar to the Illinois and U.S. rates.

Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1701&prodType=table

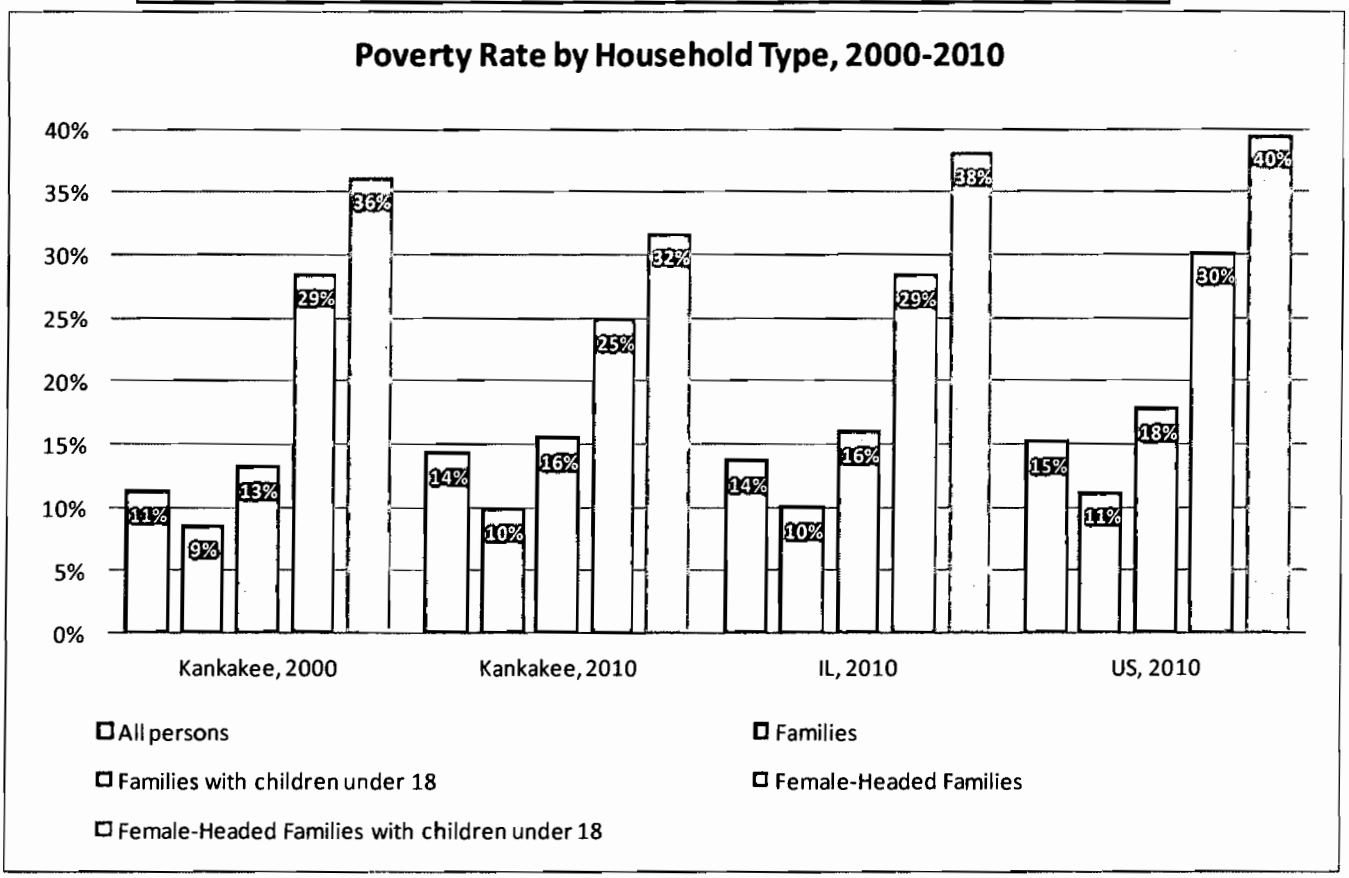




POVERTY BY HOUSEHOLD TYPE

The poverty rates for female-headed households and female-headed households with children under 18 both declined from 2000 to 2010 in Kankakee County, going from 29% to 25%, and 36% to 32%, respectively. The rates for all families and for families with children under 18 increased from 9% to 10% and 13% to 16%, respectively. The poverty rates for all family types were below or very near the rates for both Illinois and the U.S. in 2010.

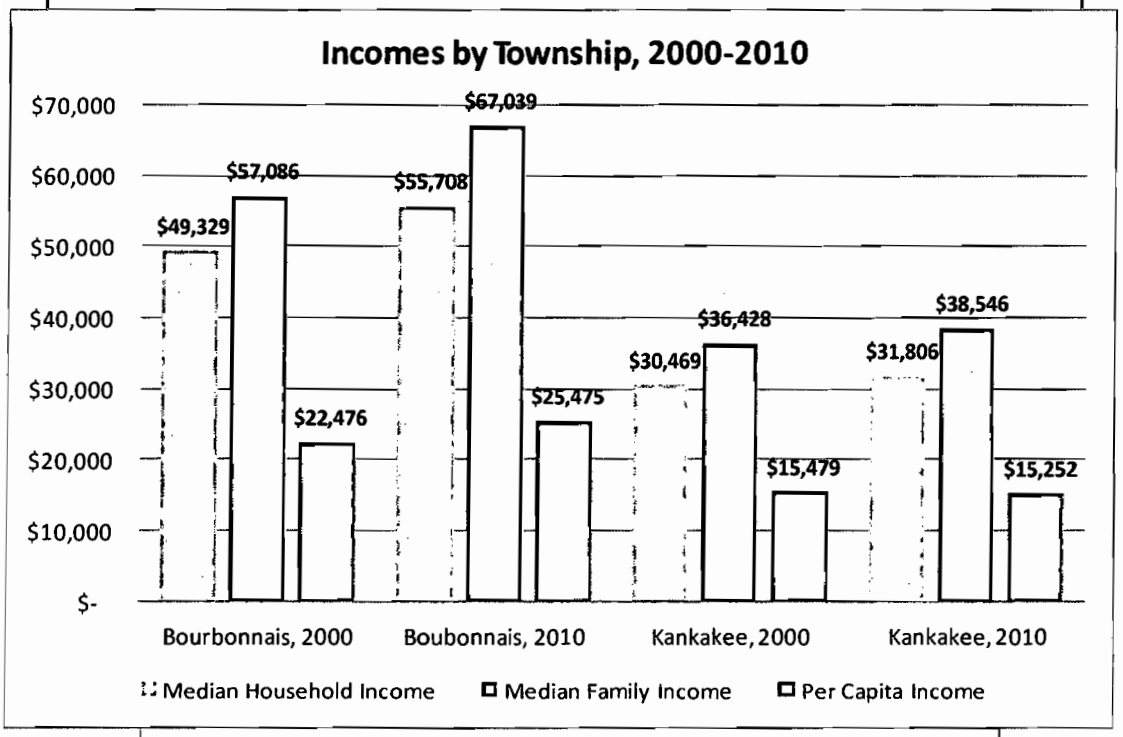
Data Source	US Census Bureau, 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1701&prodType=table

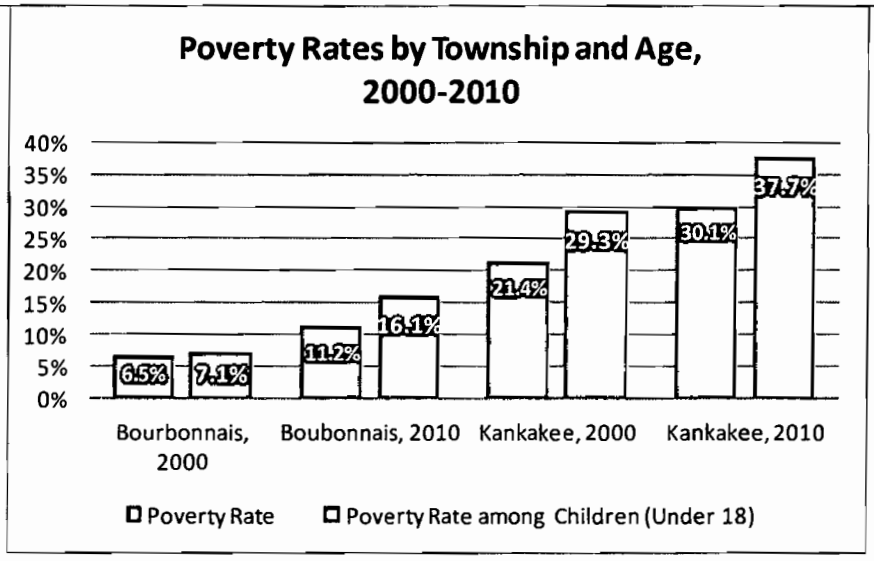


INCOME AND POVERTY BY TOWNSHIP

Median household income, median family income and per capita income increased from 2000 to 2010 in Bourbonnais and Kankakee townships. The poverty rate for all individuals increased in both townships from 2000 to 2010 (6.5% to 11.2% in Bourbonnais and 21.4% to 30.1% in Kankakee). The poverty rate for children under 18 also increased over this time period (7.1% to 16.1% in Bourbonnais and 29.3% to37.7% in Kankakee).

Data Source	US Census Bureau, 2008 - 2010 American Community Survey
Data Source URLs	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_S1903&prodType=table and http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_S1701&prodType=table

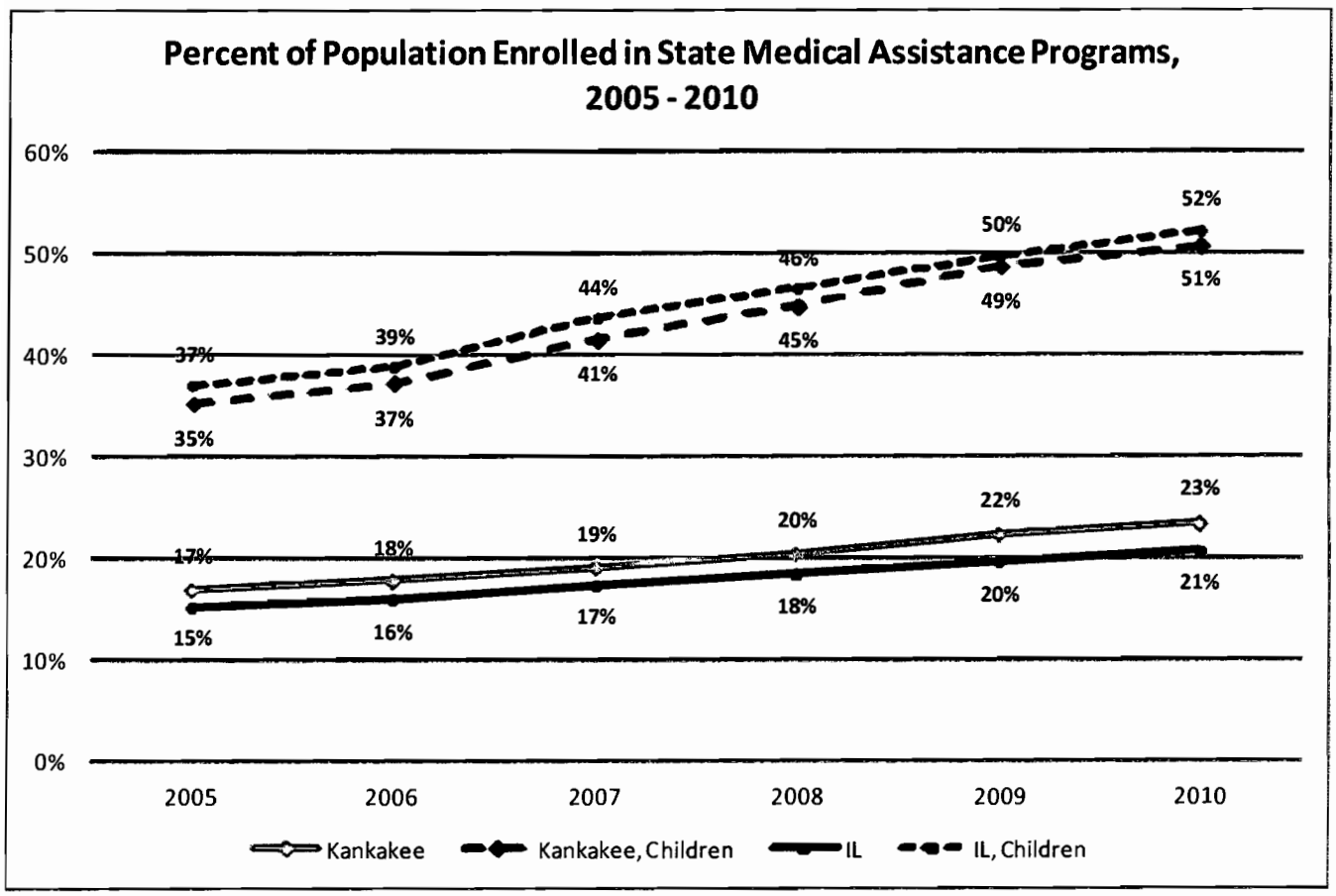




MEDICAID RECIPIENTS

During the period from 2005 to 2010, the percentage of all residents of Kankakee County and the percentage of children enrolled in Medicaid were both slightly higher than the Illinois average, following the same upward trend. In 2010, the percentage of Kankakee County children enrolled was 51%, compared to 52% for the state. The percentage of Kankakee County adults enrolled in Medicaid was 23%, compared to 21% for Illinois.

Data Source	Illinois Department of Healthcare and Family Services
Data Source URL	http://www2.illinois.gov/hfs/agency/Program%20Enrollment/Pages/kankakee.aspx



CHAPTER 7

NATALITY

BIRTHS AND FERTILITY

The birth rate per 1,000 women from 2000 to 2006 was very similar between whites in Kankakee County (77.1 in 2010) and Illinois (77.0 in 2010).

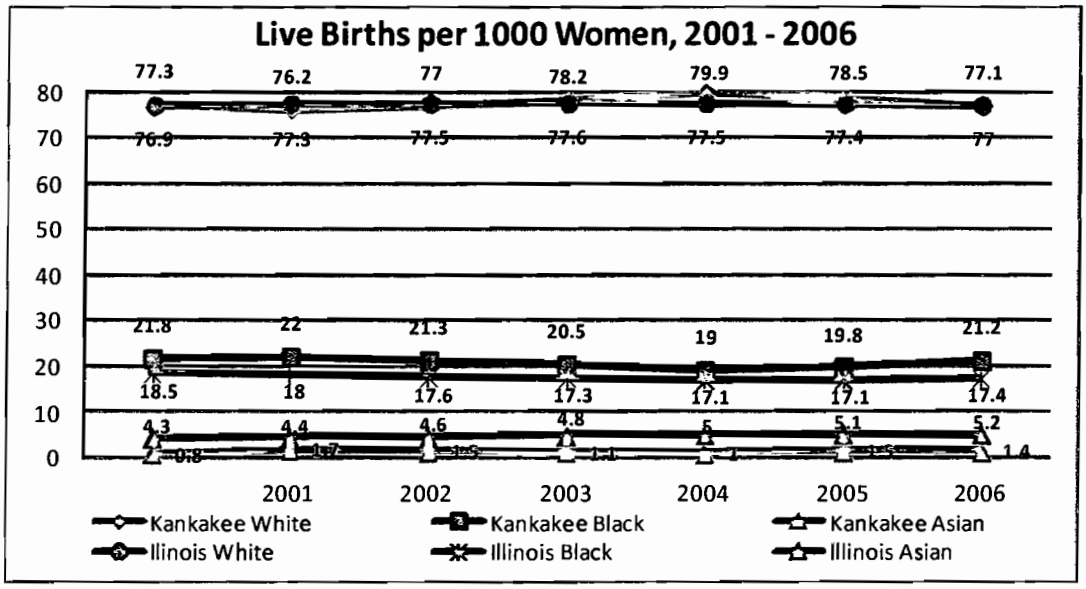
For the period 2001 to 2006, the rate for Kankakee blacks was slightly higher than the statewide rate for blacks, while the rate for Asians in Kankakee County was somewhat lower than the statewide rate for Asians.

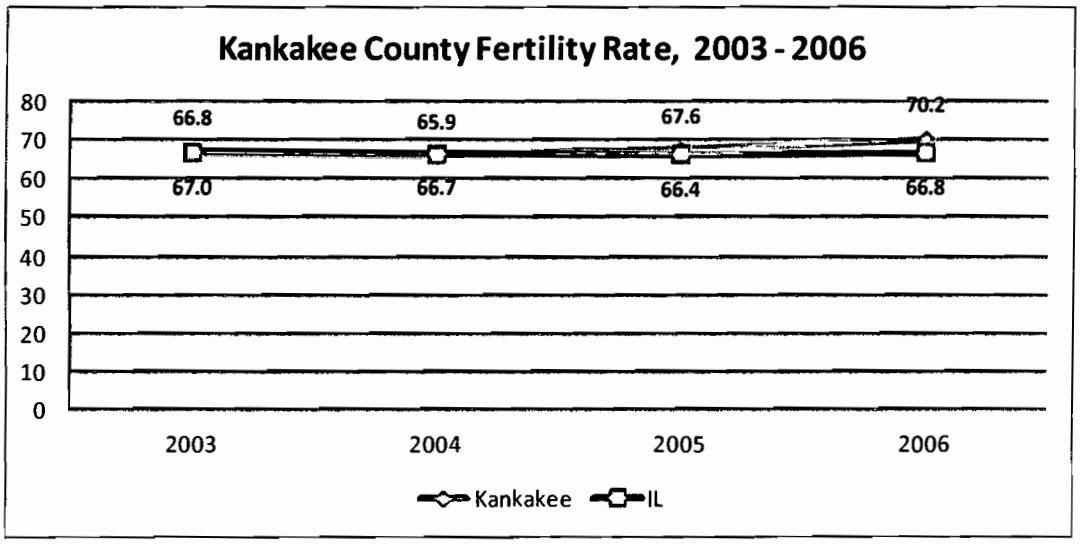
In 2010, the birth rate for blacks in Kankakee was 21.2, compared to 17.4 in Illinois. The birth rate for Asians was 1.4, compared to 5.2 for the state.

The fertility rate for Kankakee County women was similar to the Illinois rate in 2003 and 2004. The Kankakee rate increased to 67.6 and 70.2 in 2005 and 2006 respectively, while the Illinois rate remained relatively steady at 66.4 and 66.8 for those years.

The fertility rate is defined as the number of births per 1,000 women of childbearing years (ages 15 - 44).

Data Source	CDC Wonder– Natality data only available through 2006
Data Source URL	http://wonder.cdc.gov/natality.html

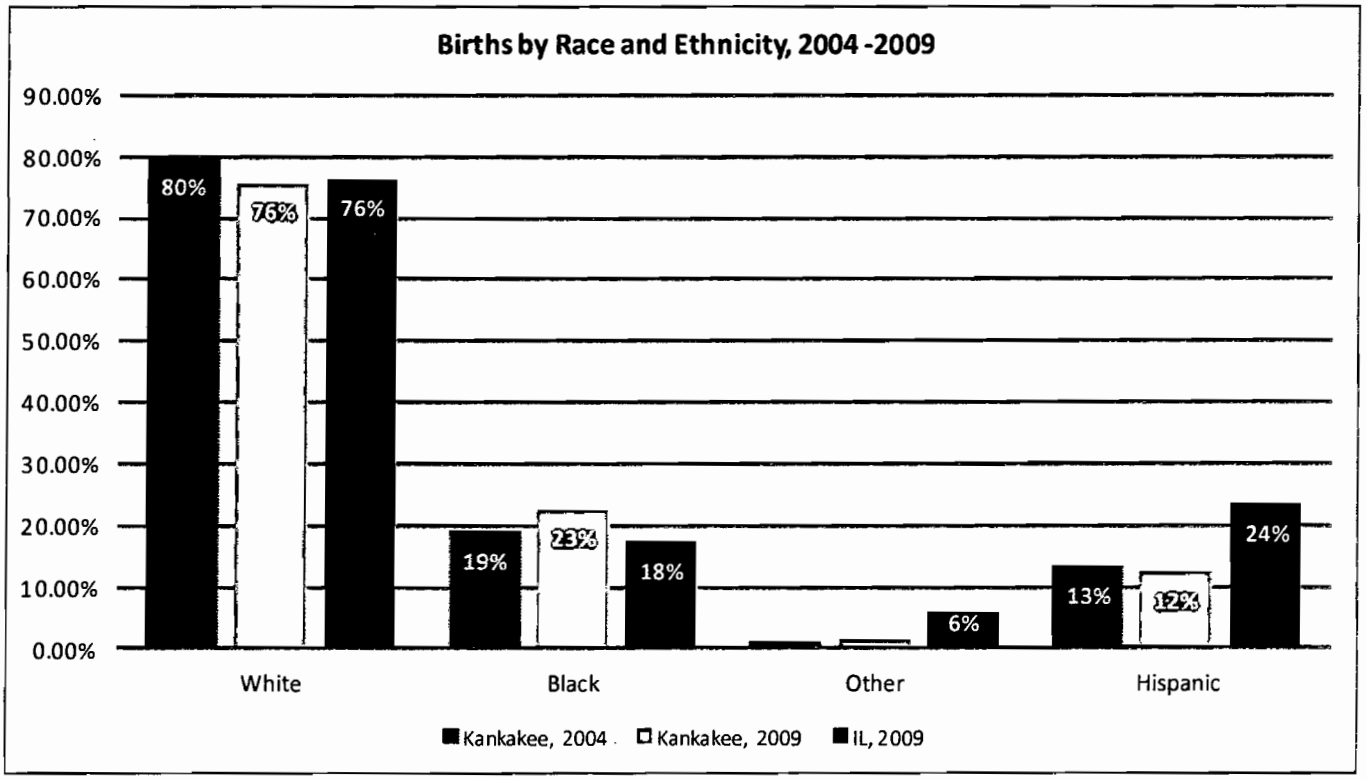




BIRTHS BY RACE AND ETHNICITY

The percentage of Kankakee County births to whites fell from 80% in 2004 to 76% in 2009. The percentage of births to blacks increased from 19% in 2004 to 23% in 2009 and was slightly above the Illinois rate of 18% in 2009. The percentage of births to Hispanics went down slightly from 13% in 2004 to 12% in 2009 and was considerably below the state percentage (24%).

Data Source	Illinois Department of Public Health
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1

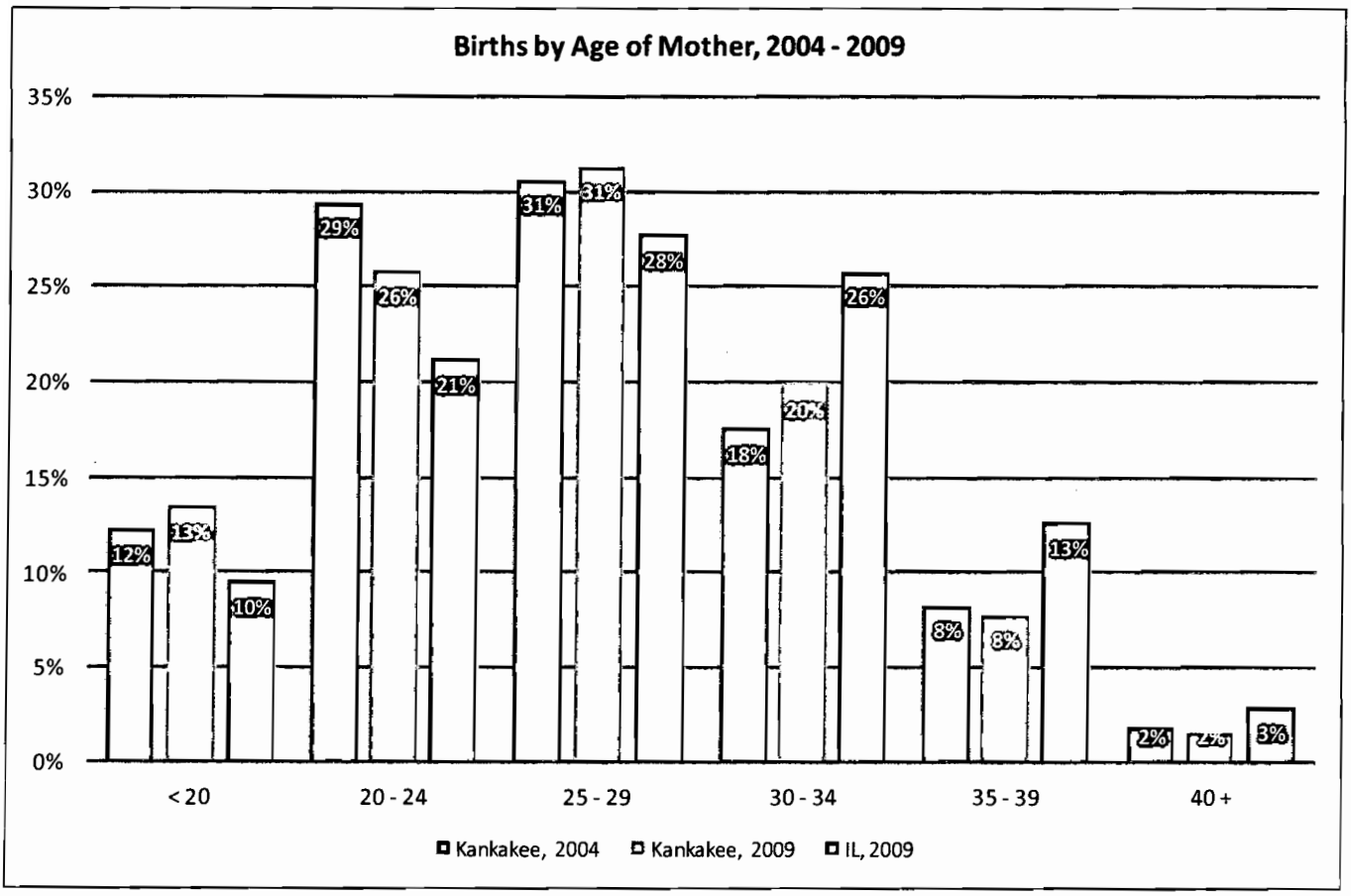


BIRTHS BY AGE OF MOTHER

For the three youngest age categories (younger than 20, ages 20 - 24, and ages 25 - 29) Kankakee had higher birth rates in both 2004 and 2009 than the rate for Illinois in 2009. The Illinois birth rates were higher for each of the older age categories.

The 2009 birth rate for mothers younger than 20 was 13% and 12% for Kankakee and Illinois, respectively. The rate for the 20 - 24 age group was 26% in Kankakee and 29% statewide; for the 25 - 29 age group, 31% in Kankakee and 28% statewide; for the 30 - 34 age group, 20% in Kankakee and 26% statewide; for the 35 - 39 age group, 8% in Kankakee and 13% statewide; for the 40+ age group, 2% in Kankakee and 3% statewide.

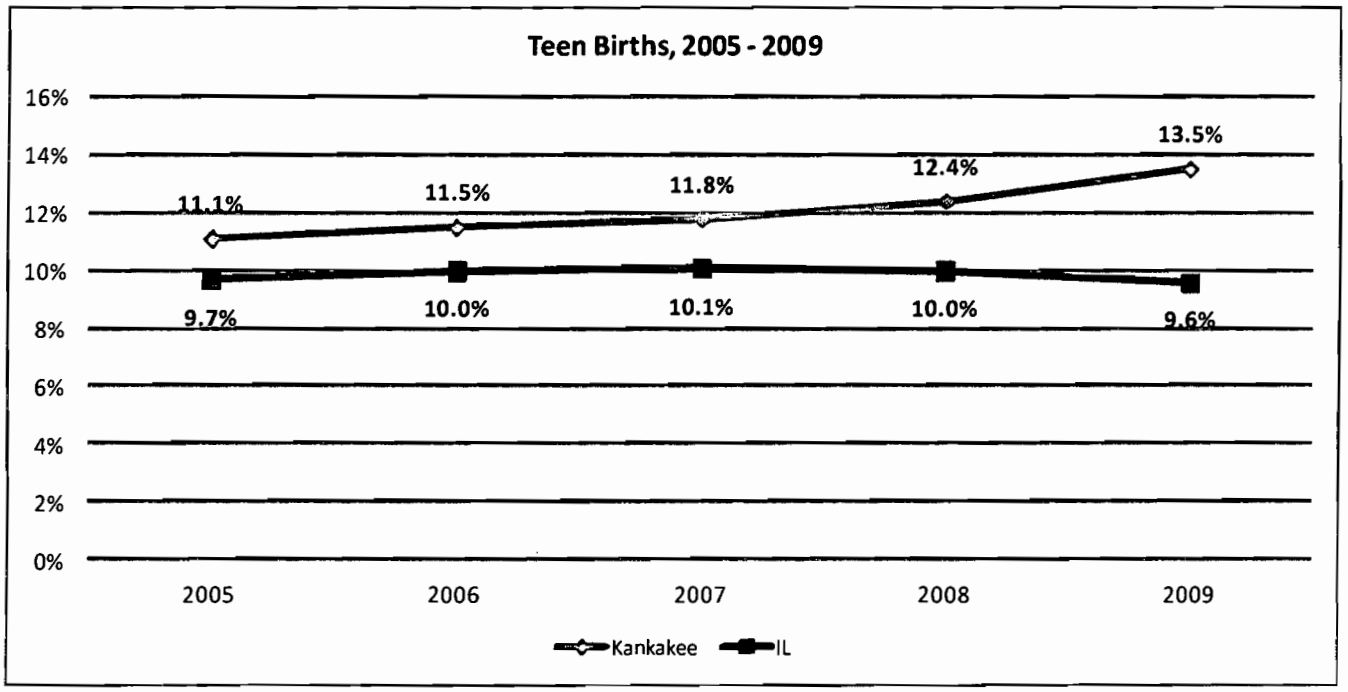
Data Source	Illinois Department of Public Health
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1



TEEN BIRTHS

The percentage of births to teens in Kankakee County was consistently one to two points above the Illinois percentage from 2005 to 2009. Moreover, while the state percentage held steady before declining slightly in 2009, the Kankakee percentage increased to 13.5% in 2009, 3.9 points above the Illinois rate of 9.6%.

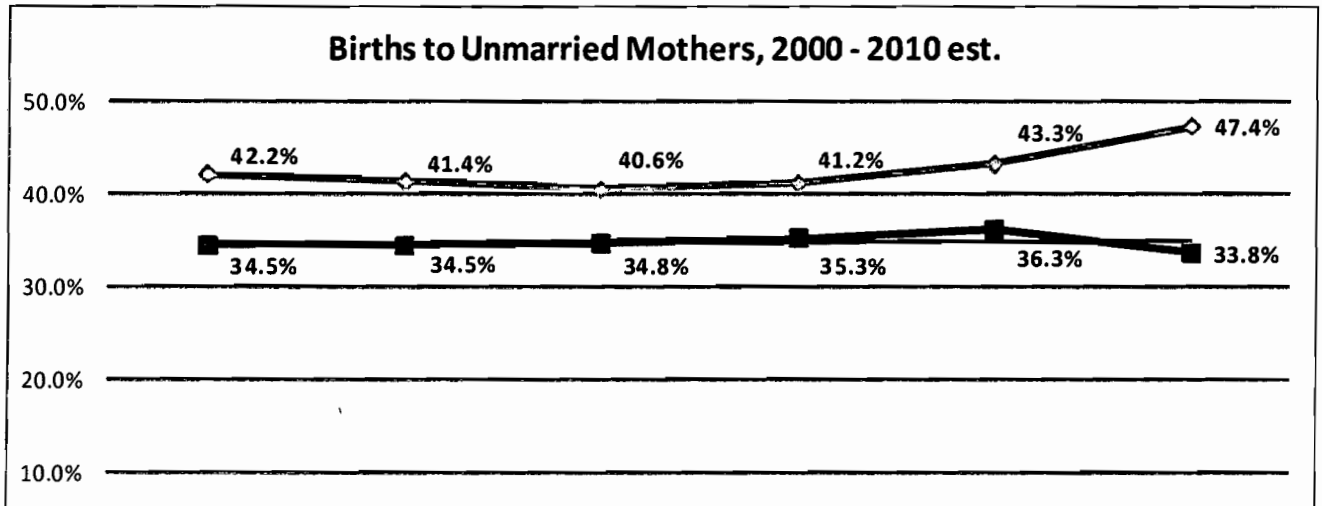
Data Source	Illinois Department of Public Health
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1



BIRTHS TO UNMARRIED MOTHERS

The percentage of births to unmarried mothers in Kankakee County was constantly 5.8 to 7.7 points above the Illinois percentage from years 2000 to 2004. The IPLAN Data System is missing data for 2005 and 2006, therefore the final data point in the graph represents a 5 year estimate over the years 2006 to 2010 calculated by the American Community Survey.

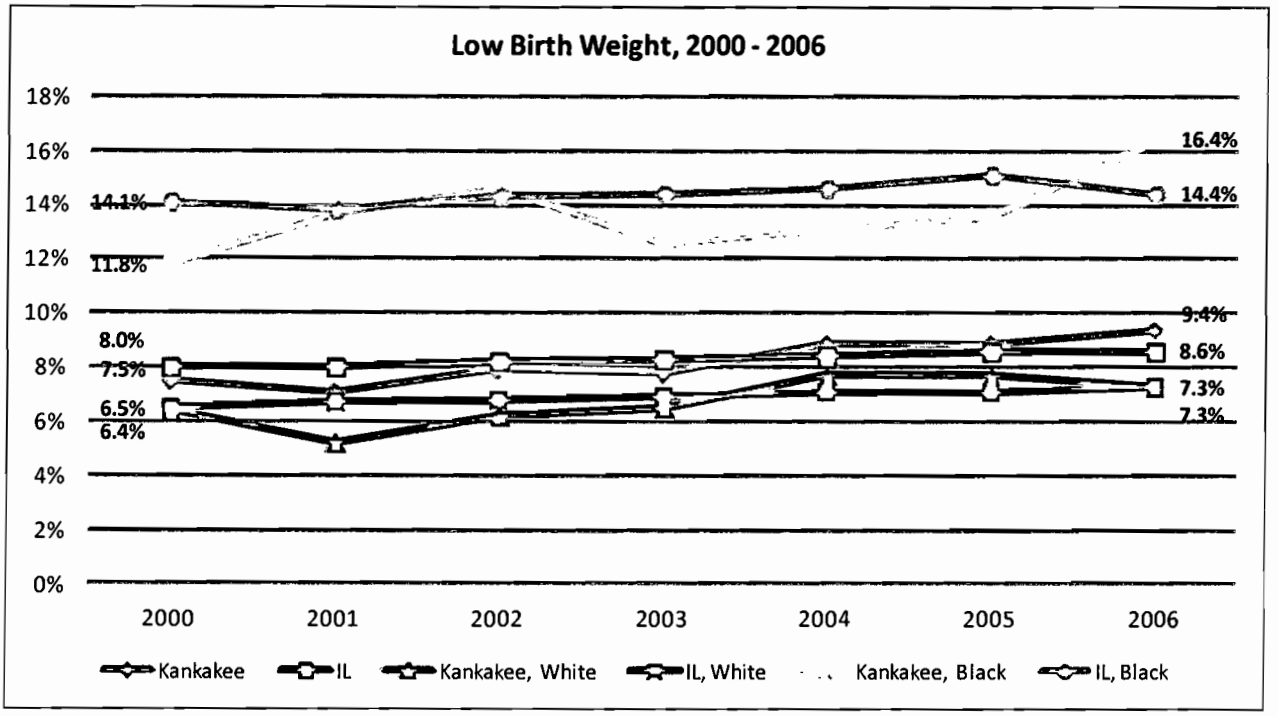
Data Source	IPLAN Data System; Kankakee Analysis
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1
Data Source	US Census Bureau, 2006 - 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_S1301&prodType=table

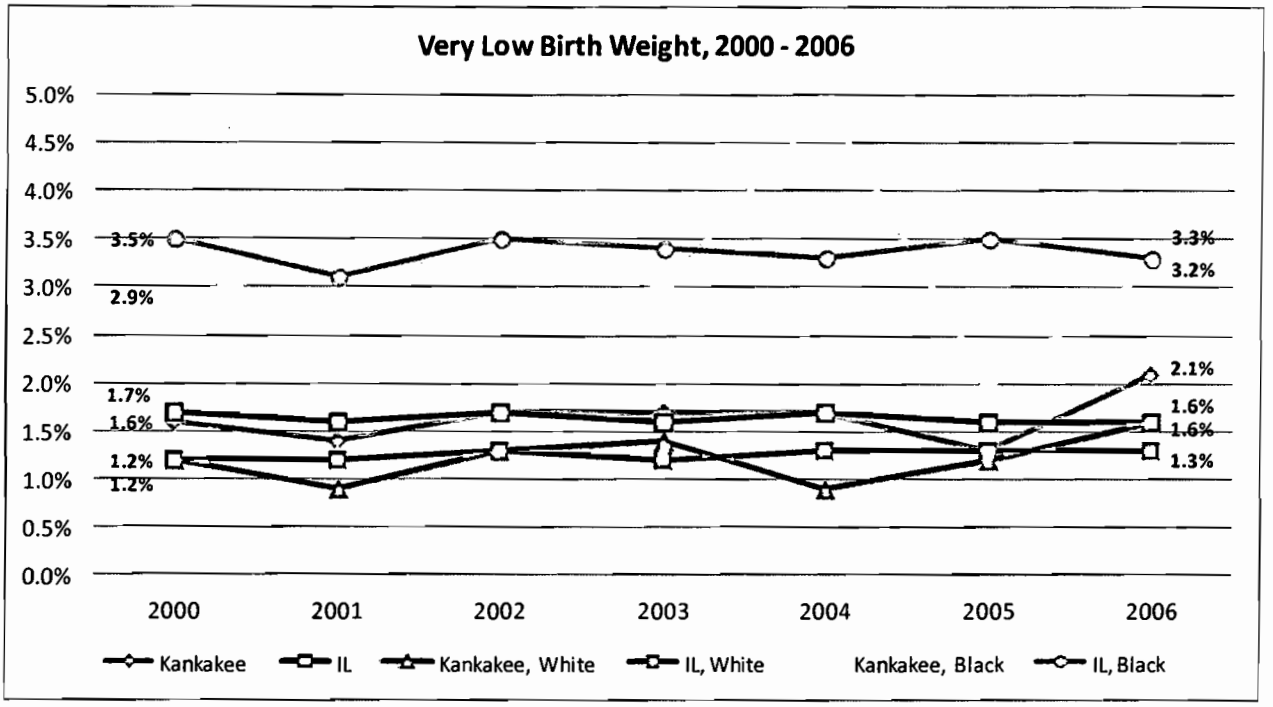


LOW AND VERY LOW BIRTH WEIGHT

Low Birth Weight refers to infants weighing less than 2500 grams at birth. The Low Birth Weight percentage for the black population in Kankakee County was 16.4%, compared to 14.4% for the state and 7.3% for the Kankakee white population. Very Low Birth Weight refers to infants weighing less than 1500 grams at birth. The Very Low Birth Weight percentages in Kankakee County are similar to the percentages for Illinois. The percentages of Very Low Birth Weight infants are higher in the black population in both Kankakee County and Illinois.

Data Source	Illinois Department of Public Health
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1



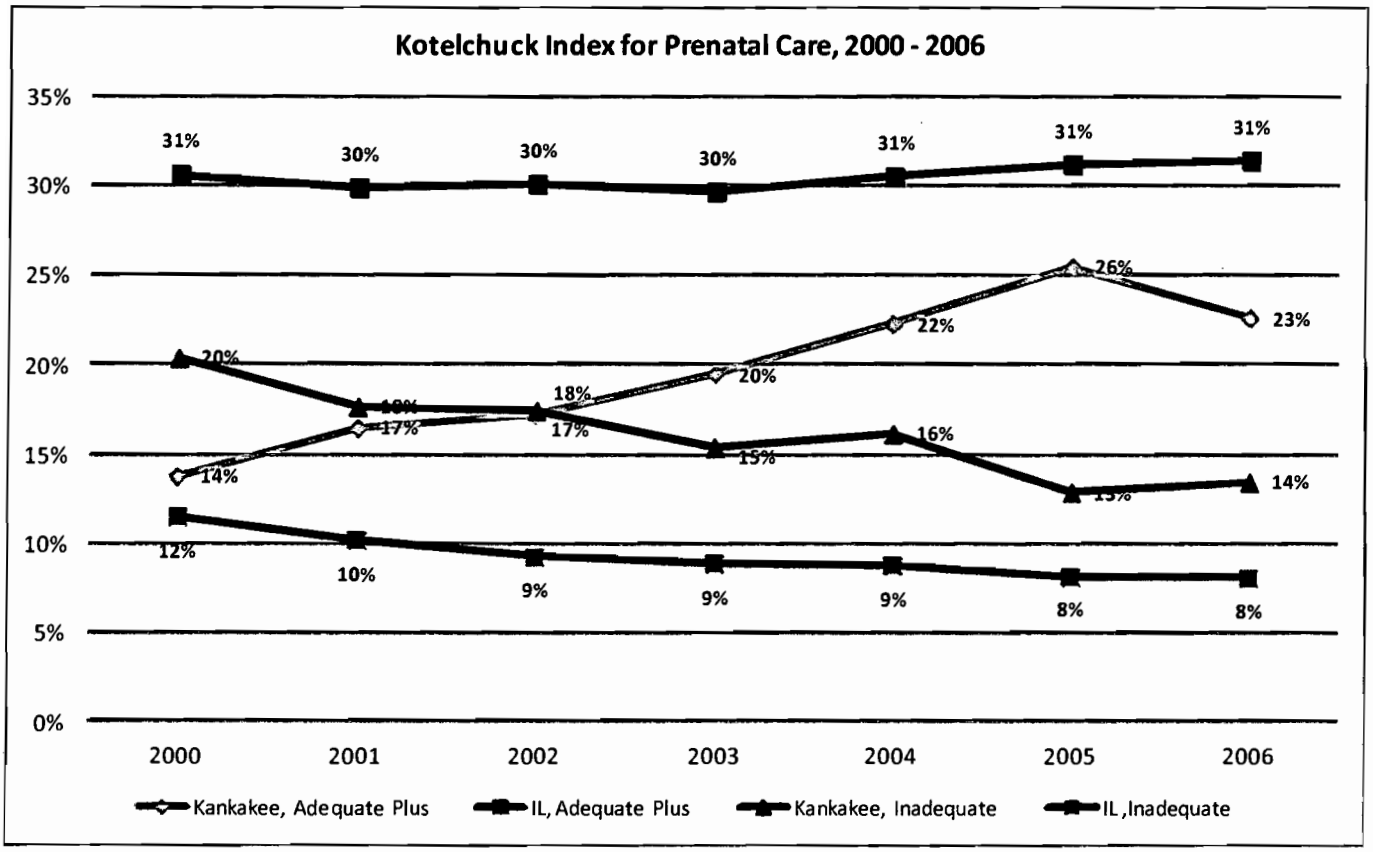


PRENATAL CARE

The Kotelchuck Index attempts to characterize prenatal care (PNC) utilization on two independent and distinctive dimensions - namely, adequacy of initiation of PNC and adequacy of received services (once PNC has begun). This index does not assess quality of the prenatal care that is delivered, only its utilization. The data for calculating the Kotelchuck Index is extracted from birth certificates.

The percentage of Kankakee County women receiving Adequate Plus care on the Kotelchuck Index was well below the state percentage of 31% in 2006, although it steadily improved from 14% in 2000 to 23% in 2006. The percentage of Kankakee County women receiving Inadequate care has been above the Illinois percentage though it has been steadily declining. In 2006, the Kankakee percentage was 14%, compared to the Illinois percentage of 8%.

Data Source	IPLAN Data System
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1

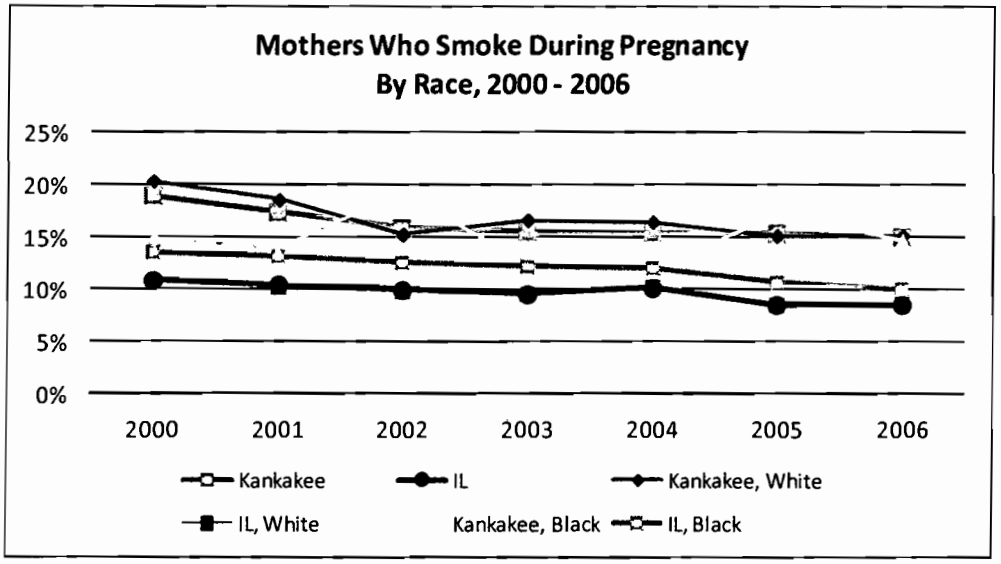


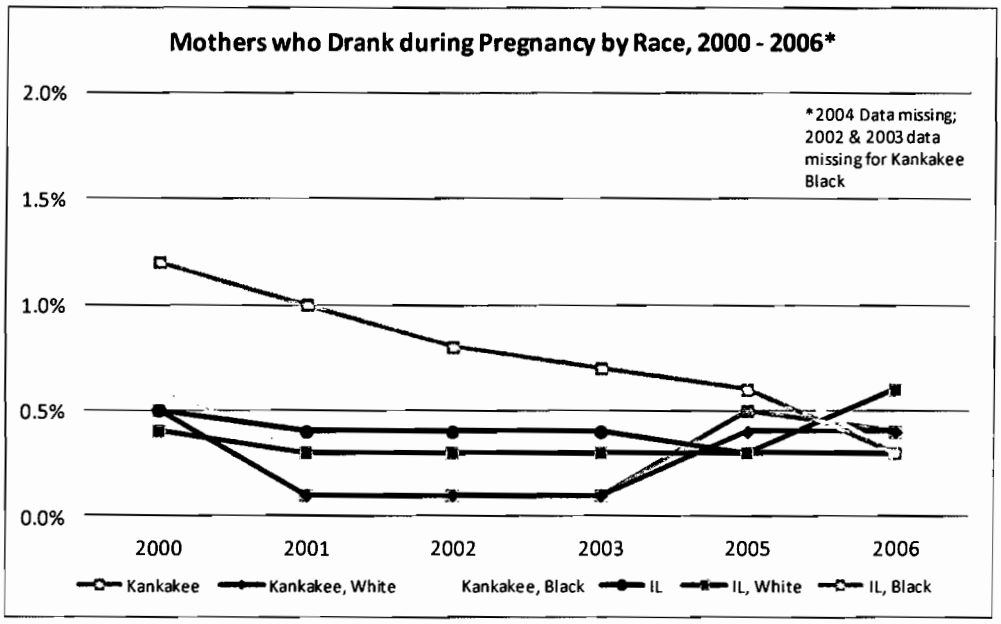
RISK BEHAVIOR DURING PREGNANCY

The percentage of Kankakee County women who smoked during pregnancy declined from 19% in 2000 to 15% in 2006, but was higher than the Illinois rate for that period. In 2006, the percentage of white pregnant women who smoked during pregnancy in Kankakee was 15%, well above the Illinois rate of 9%. The percentage of black women who smoked during pregnancy was more variable over this period, but also stood at 15% in 2006.

The percentage of Kankakee County women who drank during pregnancy was below the Illinois percentage, but increased in recent years to 0.5% in 2005 and 0.4% in 2006, compared to 0.3% in 2005 and 0.6% in 2006 in Illinois. The percentage of Kankakee County white women who drank during pregnancy was below the Illinois percentage for most of this period but increased by 2006 to 0.4%, compared to 0.3% for Illinois. Percentages for black women in Kankakee and Illinois were almost identical in 2005 and 2006.

Data Source	IPLAN Data System
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1

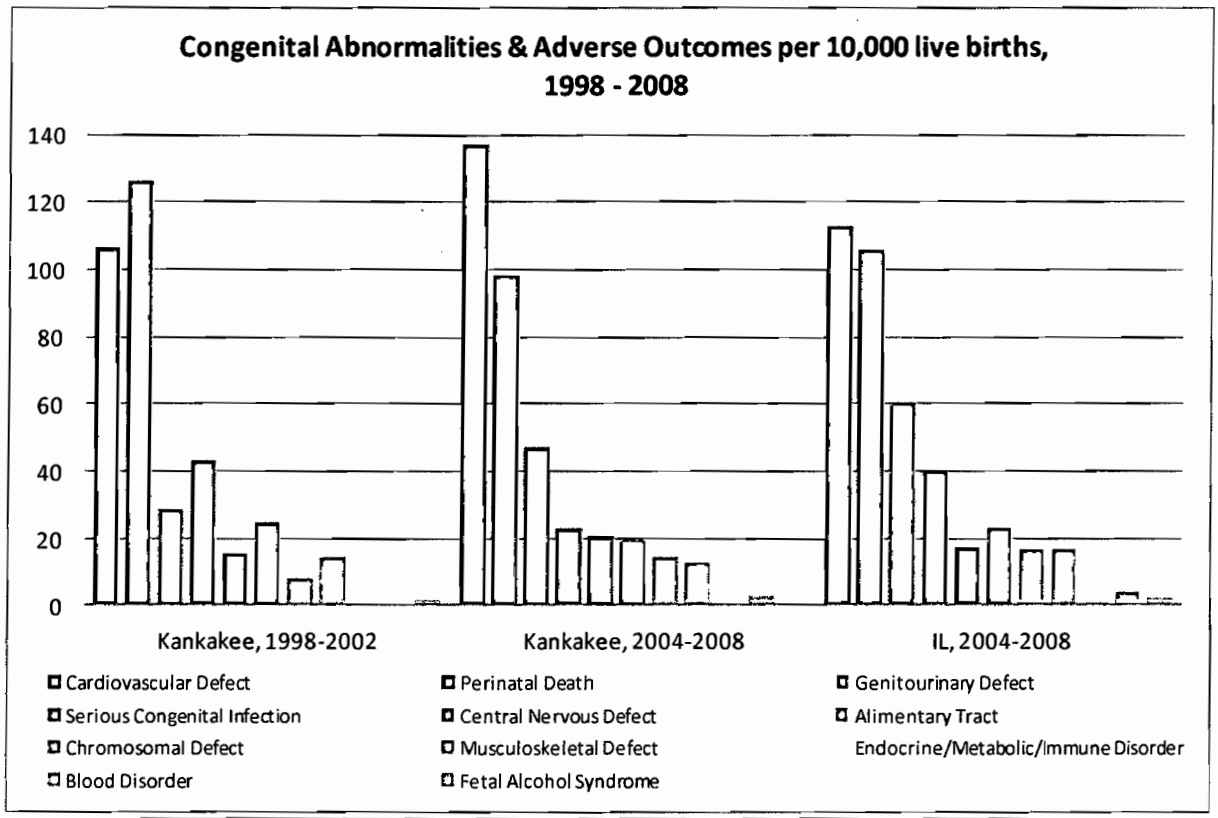


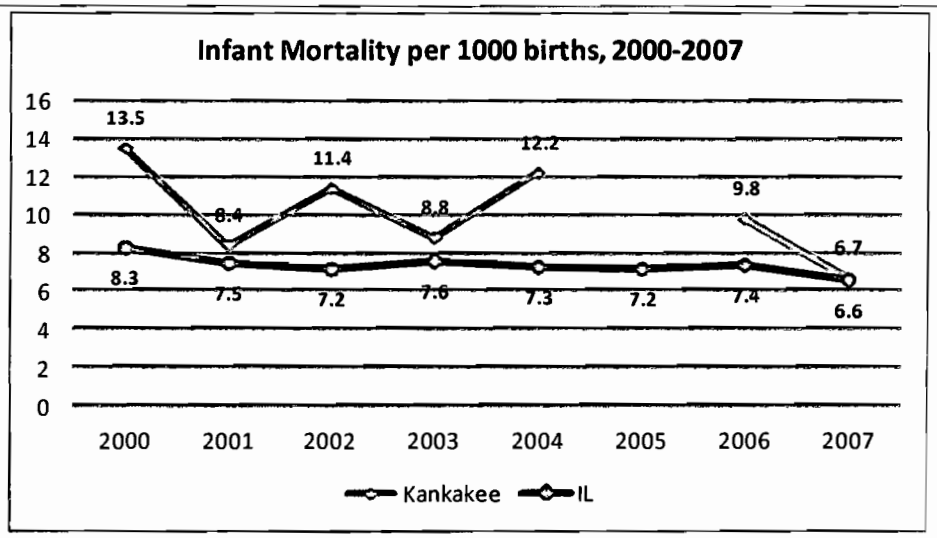


INFANT MORTALITY AND BIRTH DEFECTS

The leading cause of congenital abnormalities and adverse outcomes was cardiovascular defects, which increased in Kankakee County from 106.8 per 10,000 live births in the period 1998 to 2002 to 137.0 in the period 2004 to 2008. This compares with the state rate in 2004 to 2008 of 112.9. The second adverse outcome was perinatal death, which decreased in Kankakee County from 126.3 to 98.6 compared to 105.7 for the state. The Infant Mortality Rate for Kankakee County was higher than that for the state in each year from 1998 to 2006, though in 2007 the two rates were practically identical at 6.7% for Kankakee and 6.6% for Illinois.

Data Source	Illinois Department of Public Health– County data not available for 2005
Data Source URL	http://www.idph.state.il.us/about/epi/pdf/ERS_11-05_APORS_2004-2008.pdf http://app.idph.state.il.us/iplandatasystem.asp?menu=1

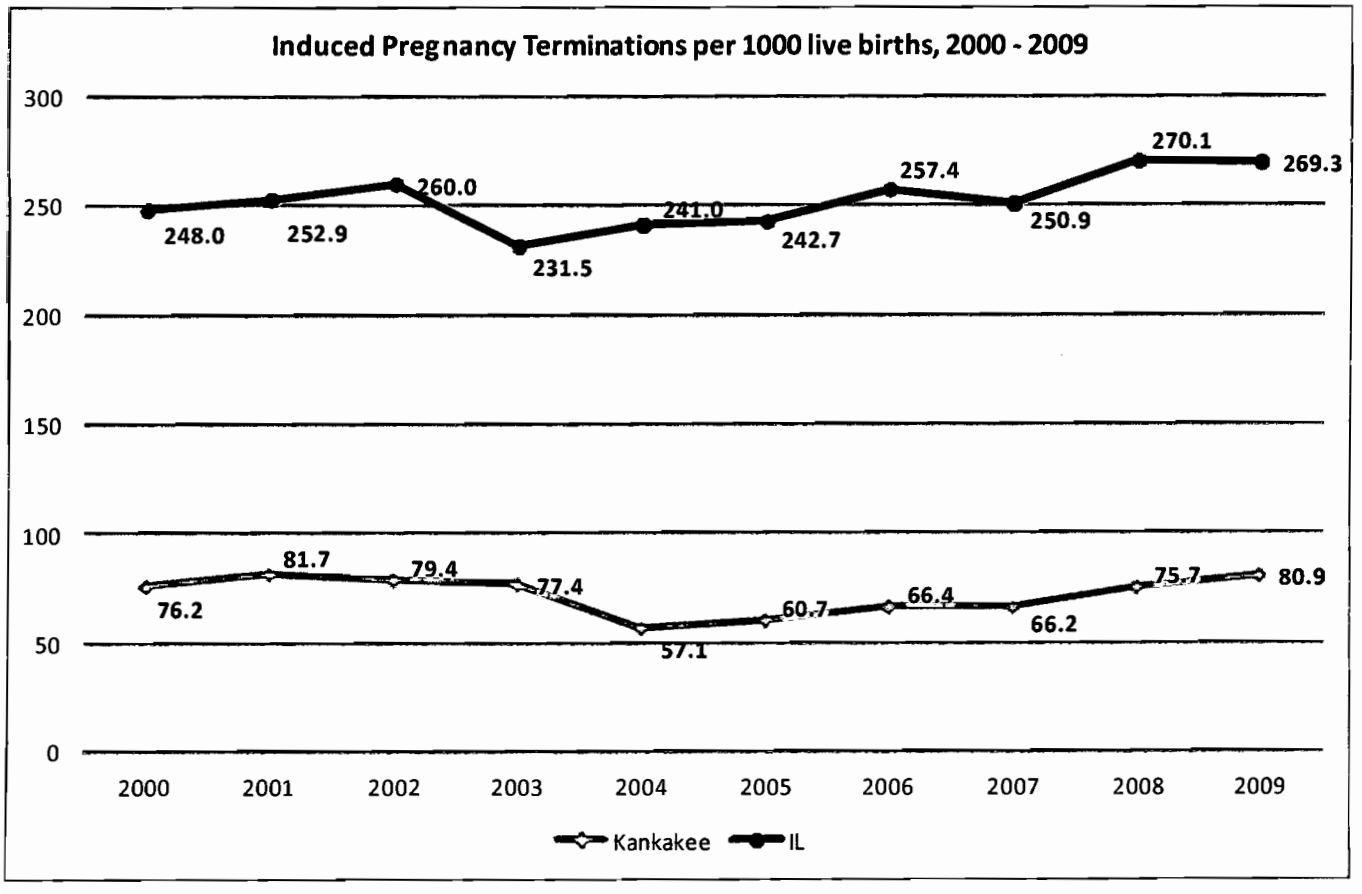




PREGNANCY TERMINATIONS

The number of terminated pregnancies in Kankakee County was far below that for the state from 2005 to 2009. Kankakee numbers per 1000 live births ranged from 76.2 in 2000 to 80.9 in 2009, while the Illinois rate ranged from 248.0 to 269.3 during that same period.

Data Source	Illinois Department of Public Health
Data Source URL	http://www.idph.state.il.us/health/abortion/abort09.htm



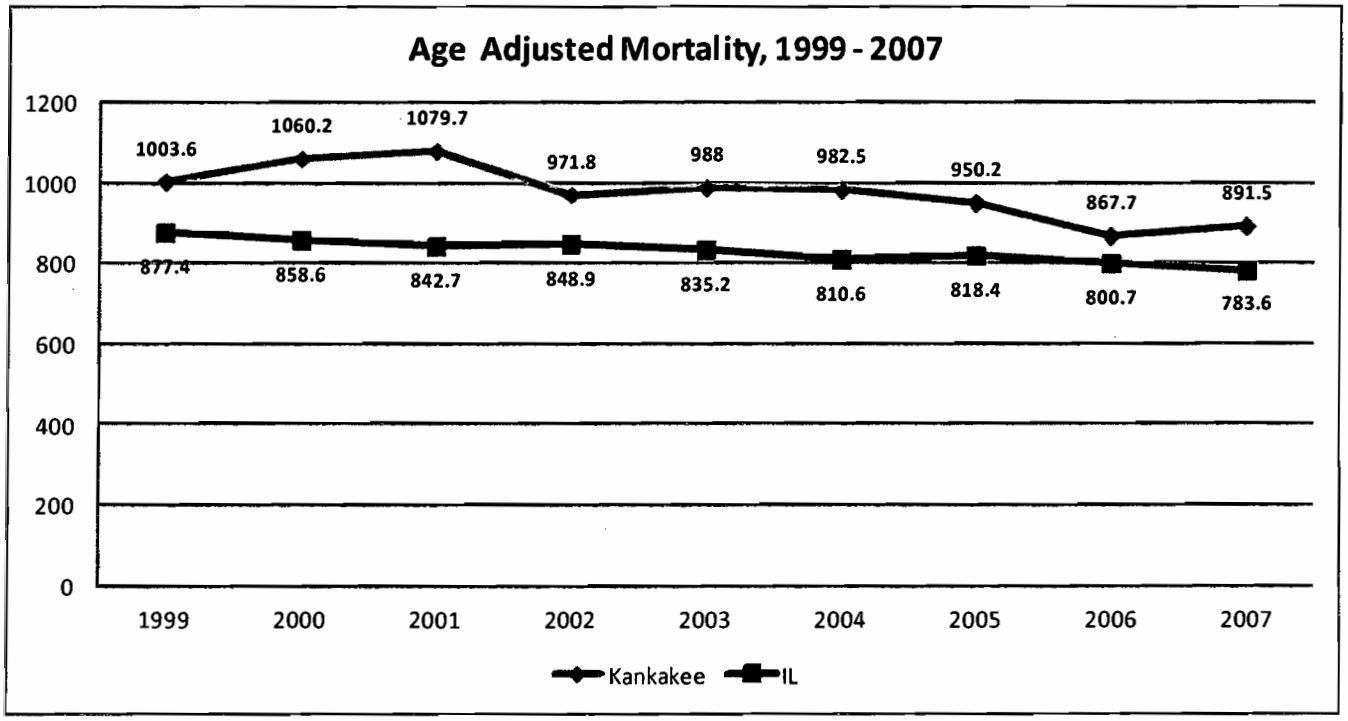
CHAPTER 8

MORTALITY

DEATHS

The age adjusted mortality rate for the overall population in Kankakee County was higher than the Illinois rate every year from 2000 to 2007, with the difference ranging from a low of 67 per 100,000 in 2006 to a high of 201 per 100,000 in 2001. In 2007, the Kankakee rate was 891.5 per 100,000 compared to 783.6 per 100,000 for the state, a difference of 107.9 per 100,000.

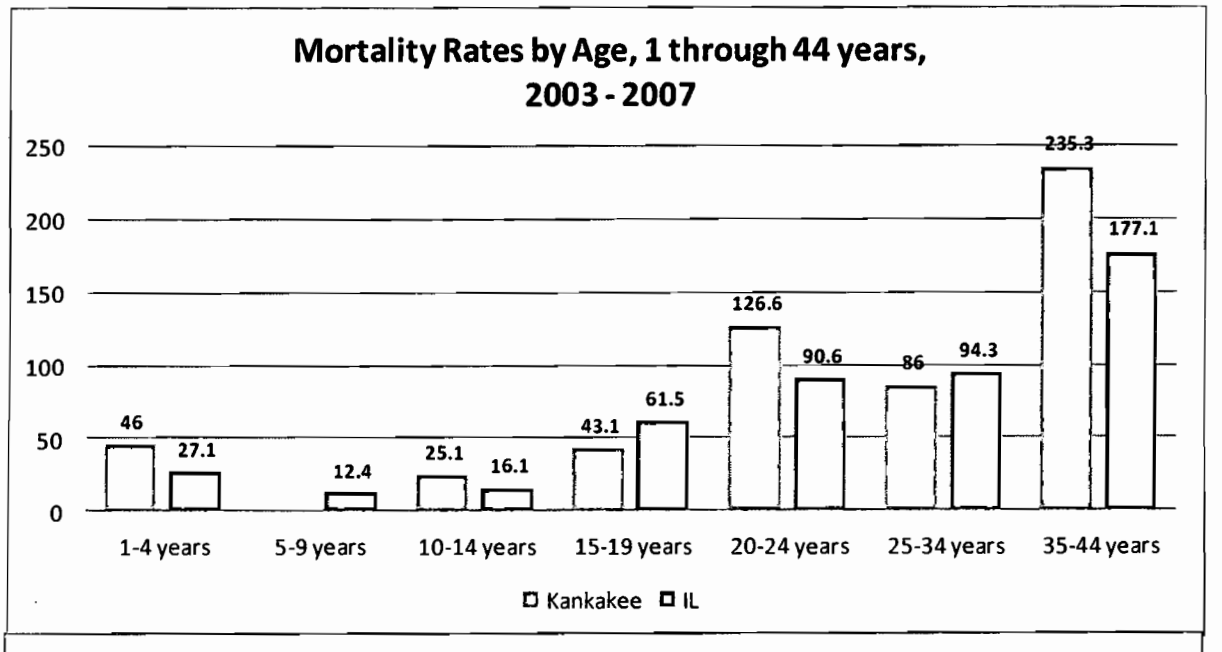
Data Source	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html

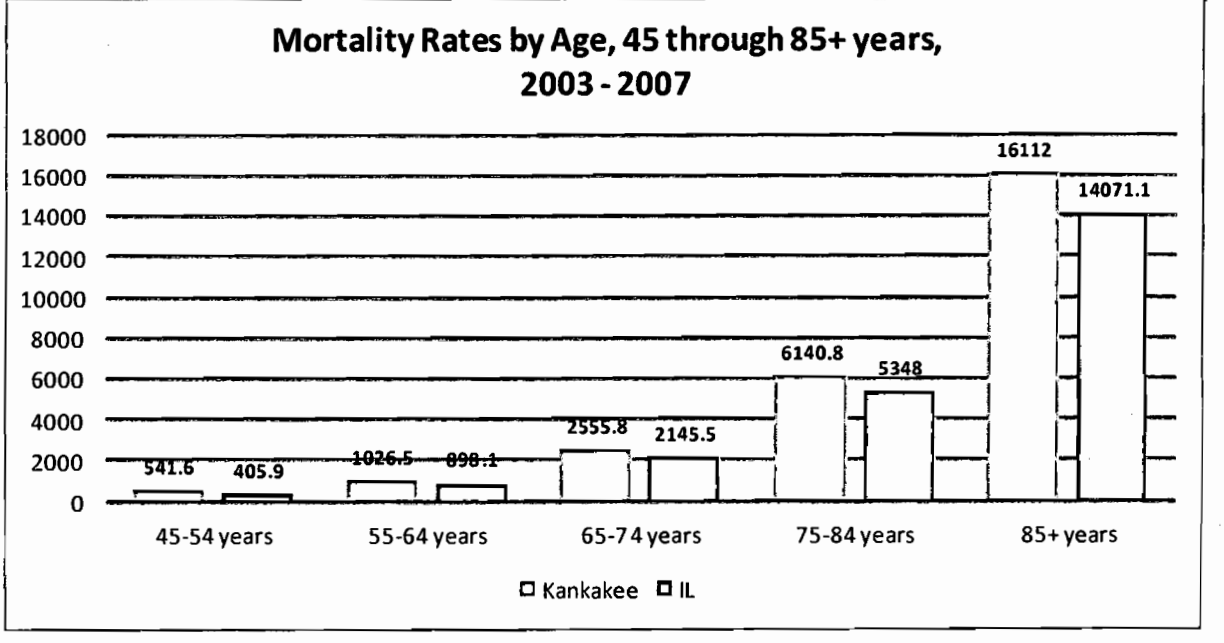


DEATHS BY AGE

Because of the relatively low numbers of deaths in some of the age categories for Kankakee County, it was necessary to aggregate five years worth of data. Even so, the rate for the 5 - 9 age category was suppressed (no data) and the rates for the age categories 1 - 4 years, 10 - 14 years and 15 - 19 years are considered unreliable by CDC standards. Because there is such great variance across the age categories two graphs are displayed below to keep the much higher rates associated with the older age categories from overwhelming the data in the other categories. In the younger age categories, Kankakee County has higher rates than Illinois in all but one category (20 to 24) with the biggest difference in the 35 to 44 category where Kankakee is at 235.3 and Illinois is at 177.1. In the older age categories, mortality is just slightly higher in each category with the largest difference in the 85 and over category where Kankakee is at 16,112 and Illinois is at 14,071.

Data Source	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html





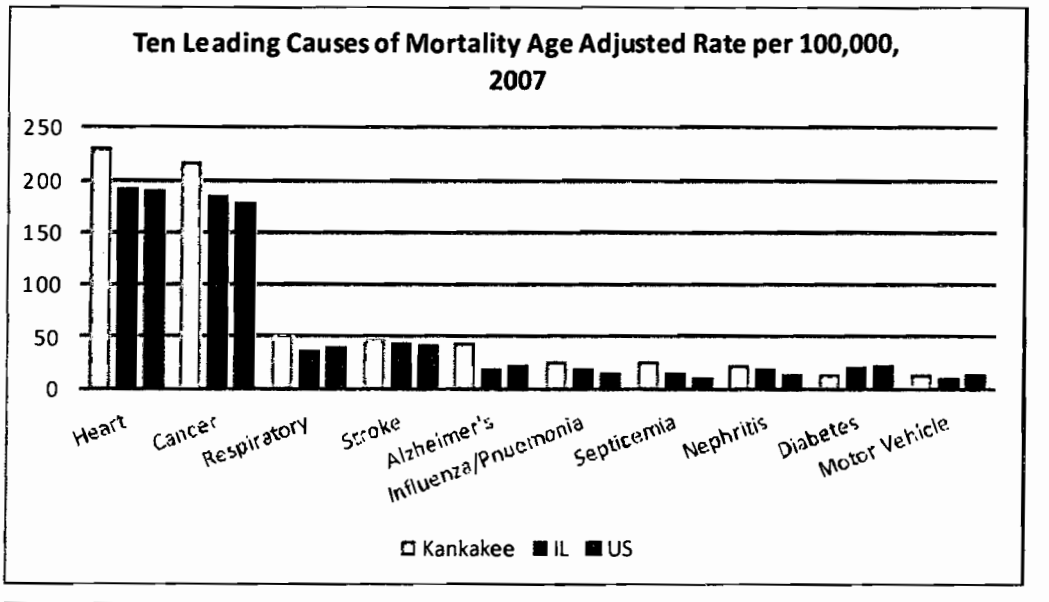
LEADING CAUSES OF MORTALITY

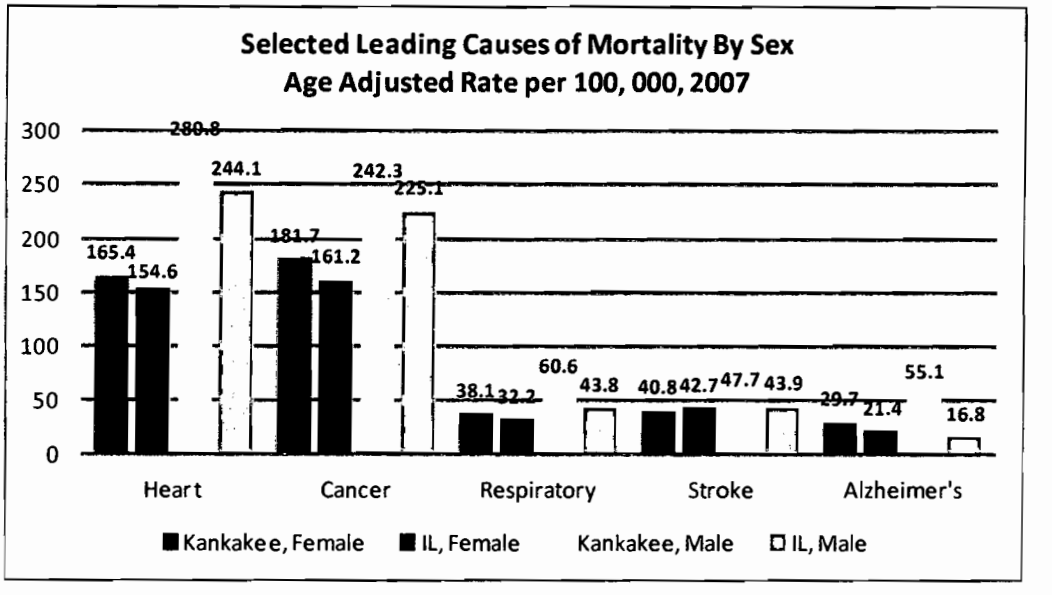
OVERALL AND BY SEX

The age-adjusted rates for ten leading causes of mortality are presented below in the rank that they appear for Kankakee County. The Kankakee rate is higher than the Illinois rate for nine of these ten categories, and higher than the U.S. rate for eight of the ten. For the leading cause, heart disease, the Kankakee rate was 231.2, compared to 192.9 for the state; for cancer, Kankakee was 217.3, compared to 186.0 for Illinois; and for respiratory disease, Kankakee was 50.7 compared to 36.7 for the state.

Overall, Kankakee males have higher rates of mortality than Kankakee females for five of the leading causes and Kankakee County males rate higher for all causes than Illinois males. Kankakee females have higher rates than Illinois females for 4 of the 5 causes, with Stoke being the exception, though the rates for stroke are almost identical. For heart disease Kankakee males had a rate of 280.8 compared to 165.4 for females. For cancer males had a rate of 242.3, the female rate was 181.7.

Data Source	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html

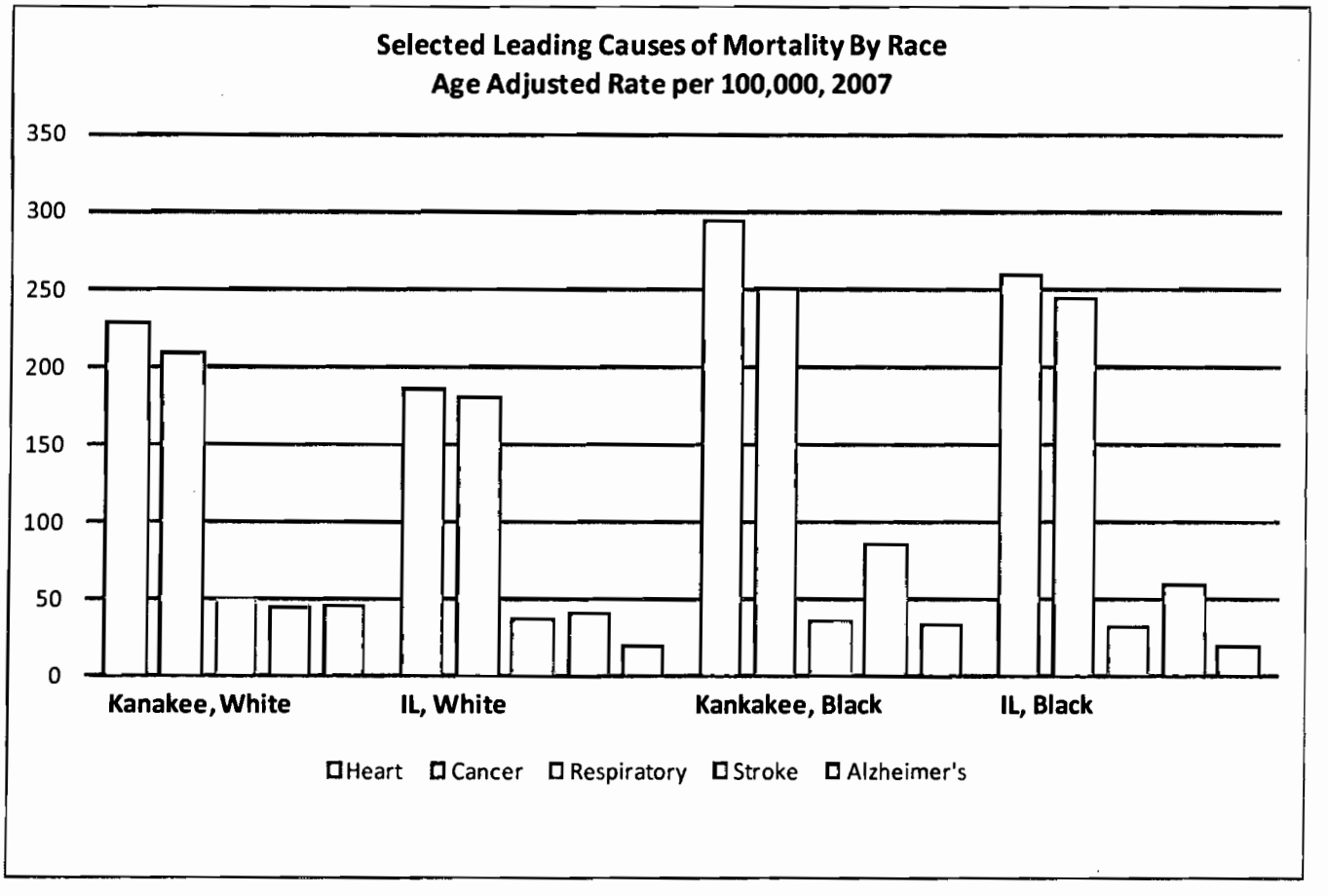




LEADING CAUSES OF MORTALITY BY RACE

The graph below shows that both whites and blacks in Kankakee County have higher mortality rates for the leading causes than their Illinois counterparts, the one exception being a slightly lower rate for Kankakee blacks for Alzheimer's disease. Within Kankakee County blacks have much higher rates than whites for heart disease (black 295.5; white 228.4); cancer (black 251.2; white 210.2) and Stroke (black 86.8; white 45.6). Whites have higher rates for respiratory disease and Alzheimer's disease, though these differences are much smaller.

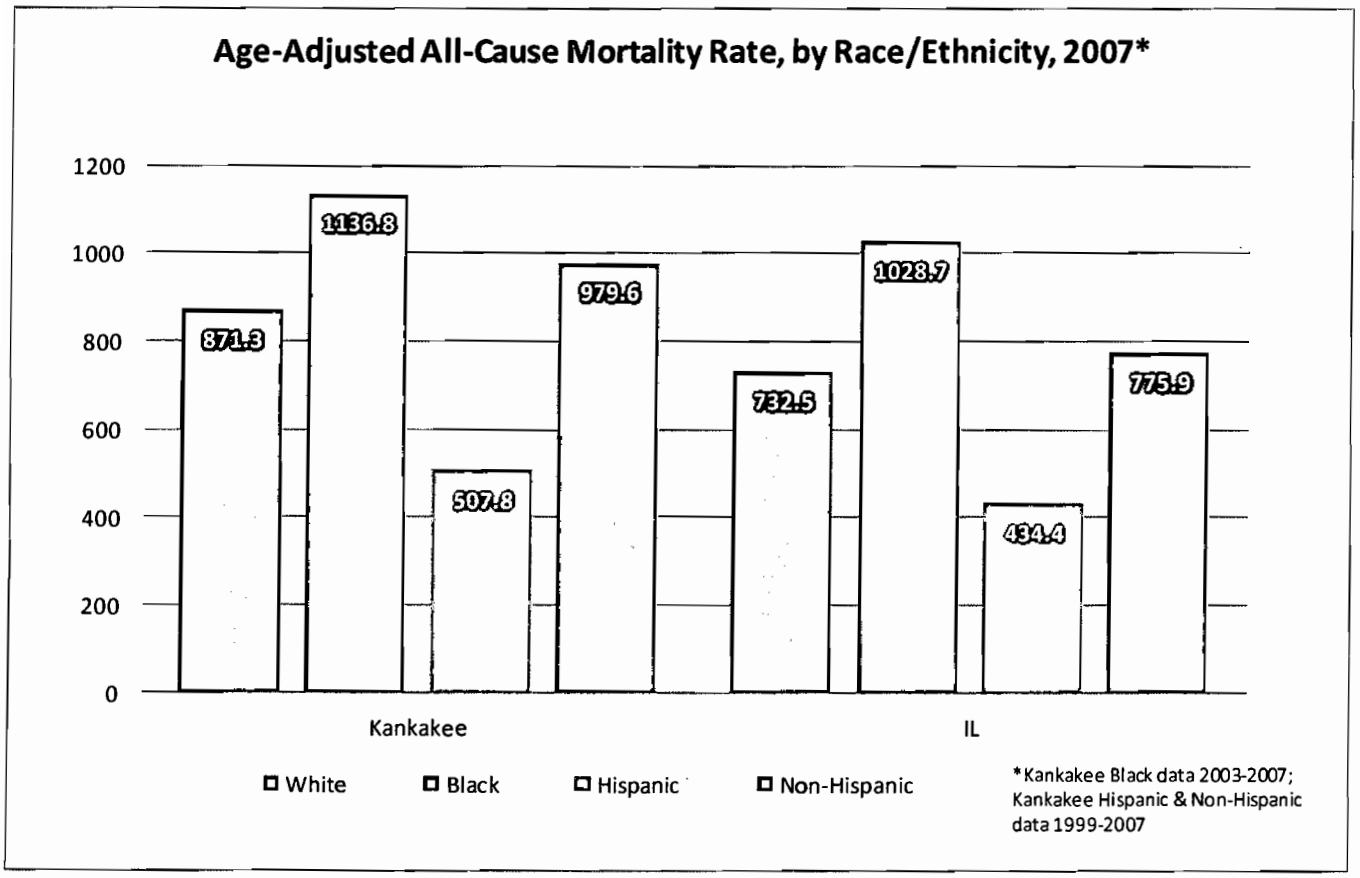
Data Source	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html



LEADING CAUSES OF MORTALITY BY ETHNICITY

Kankakee County residents had higher age adjusted mortality for all race and ethnic categories. Because of small numbers in some categories different periods of time had to be aggregated for different groups with 2007 as the latest comparison data. Kankakee whites had a rate of 871.3, compared to 732.5 for the state; Kankakee blacks had a rate of 1136.8, compared to 1028.7; Kankakee Hispanics had a rate of 507.8, compared to 434.4; Kankakee Non-Hispanics had a rate of 979.6 compared to 775.9.

Data Source	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html

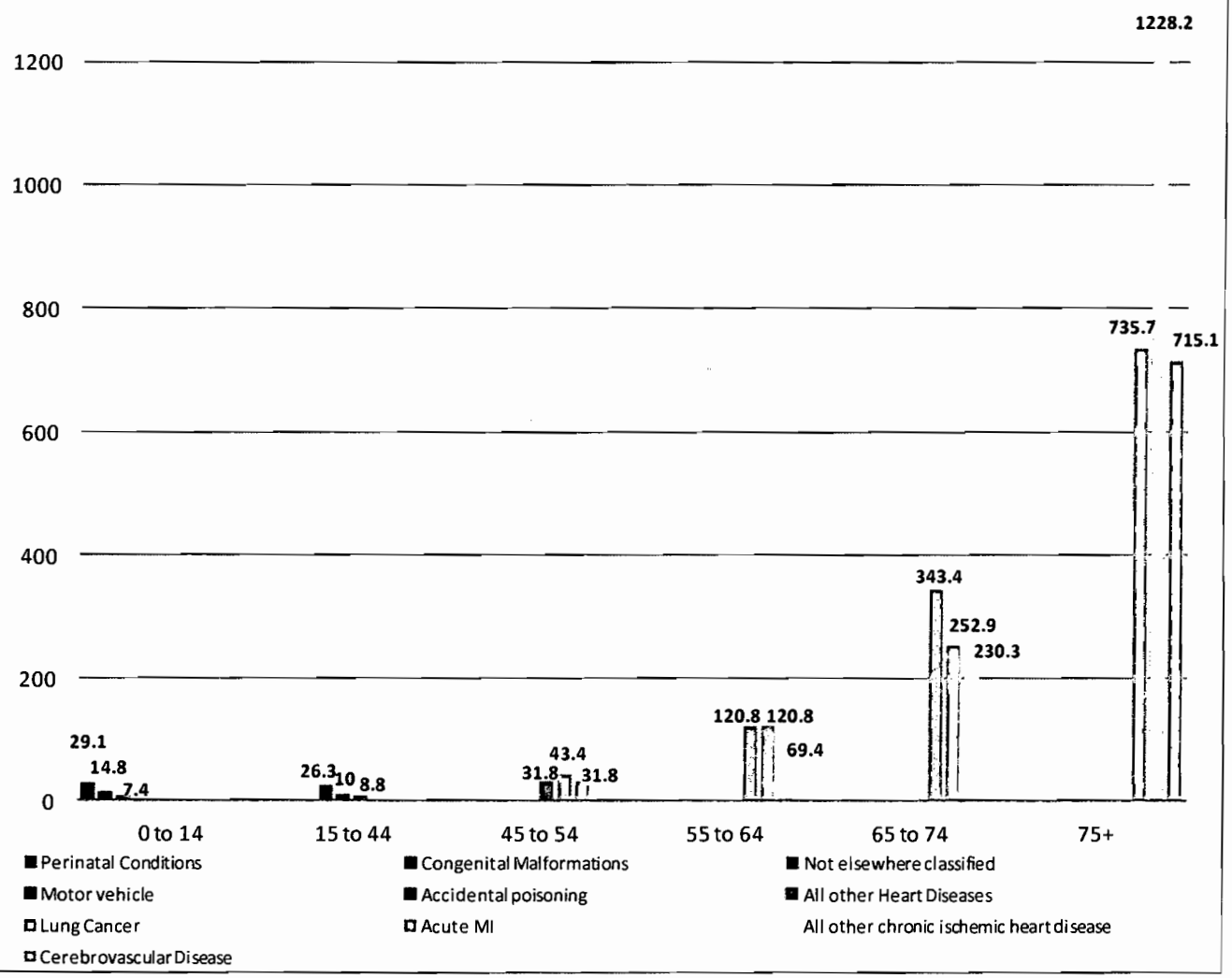


LEADING CAUSES OF MORTALITY BY AGE

The leading causes of mortality in Kankakee County are presented in the table below by age categories. Because of the relatively small numbers that result when looking at age categories at the county level and the suppression of small numbers as a result, the data has been aggregated over the period 2001 to 2007. The three leading causes for each age group are presented.

Data Source	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html

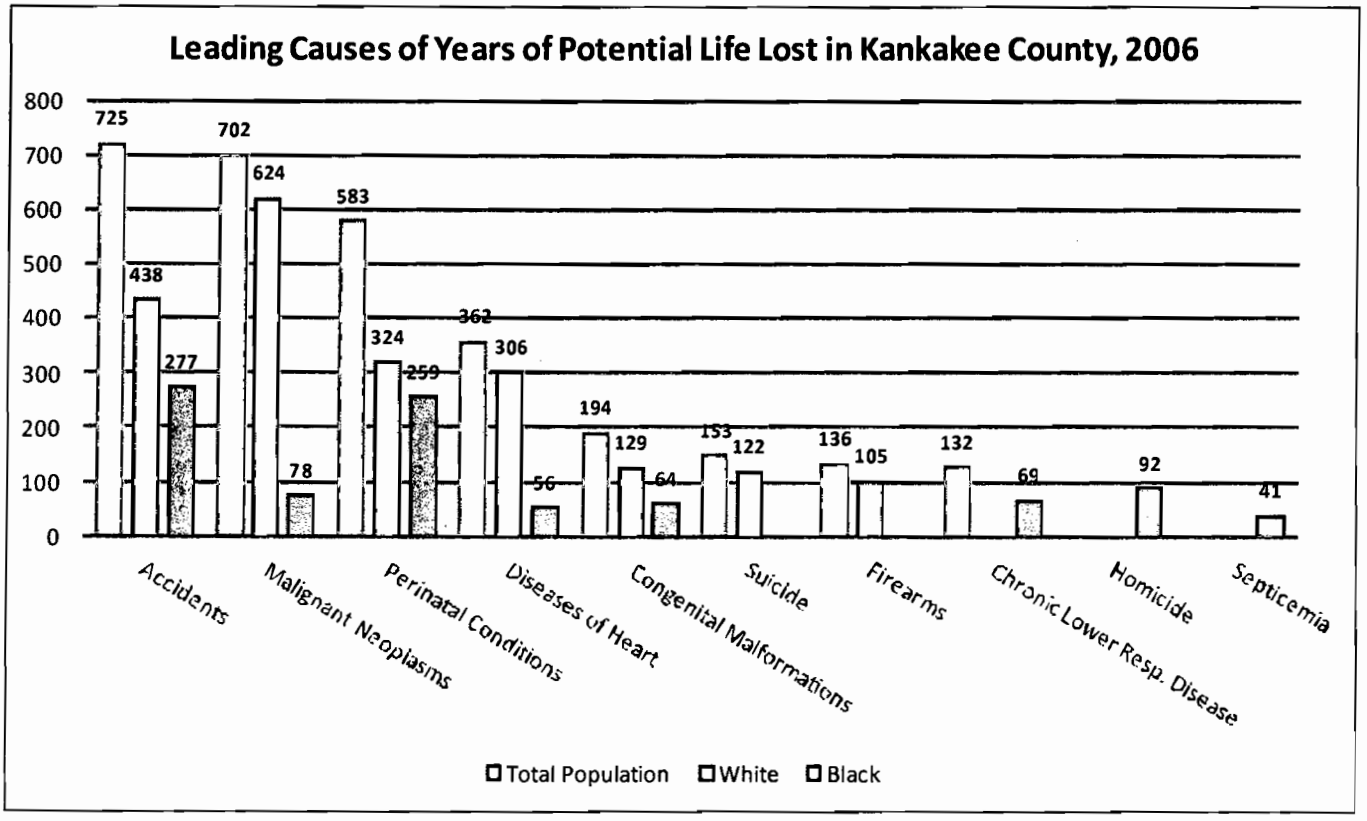
Crude Mortality per 100,000 by Leading Cause per Age Group, Kankakee County, 2001-2007



PREMATURE MORTALITY

The graph below presents data on the eight leading causes of Years of Potential Life Lost for the total population, the top seven categories for whites and the top eight categories for blacks in 2006. These data show that the profile for the total population and the two racial categories vary quite a bit. For example, homicide and septicemia appear in the top eight causes for blacks but not for the total population or whites, while suicide is one of the leading causes for whites and the total population but not for blacks. The leading cause overall was for accidents at 725. The leading cause for whites was cancer (malignant neoplasm) at 624. The leading cause for blacks was accidents at 277 followed closely by perinatal conditions at 259.

Data Source	IPLAN Data System
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1



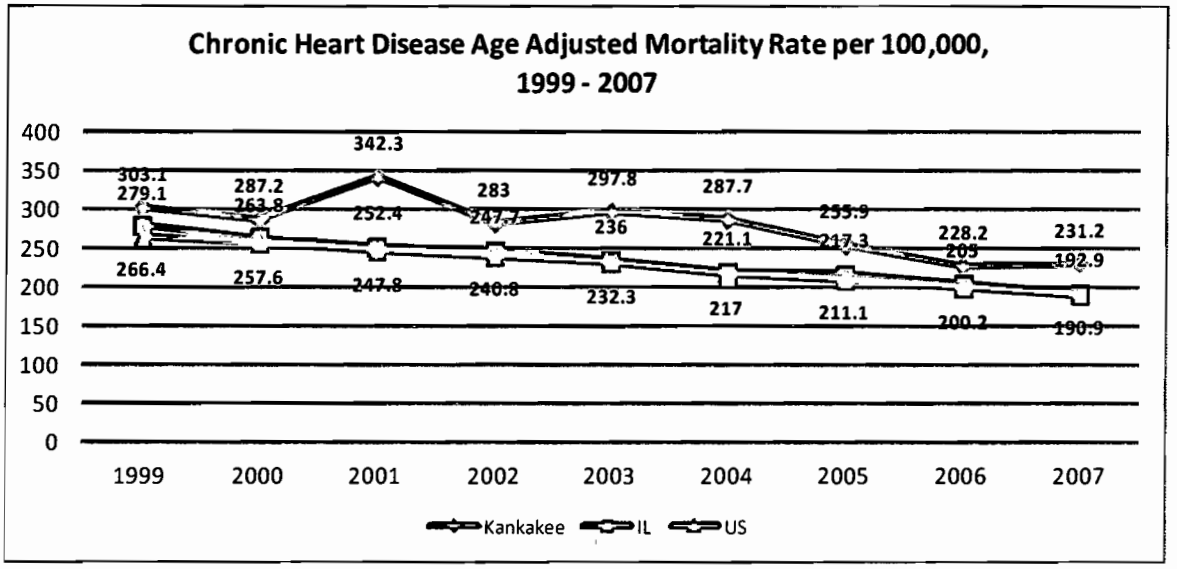
Firearm deaths can be due to different causes or intentions, specifically homicide, suicide, unintentional injuries, and undetermined injury (i.e., not determined if the death was due to homicide, suicide or accident)

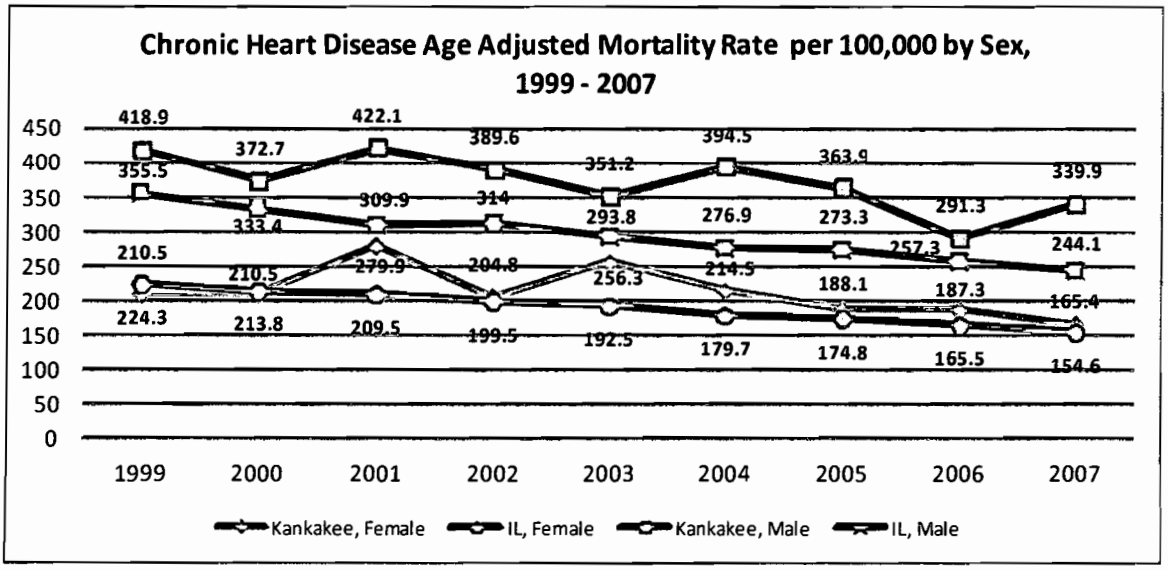
CHRONIC HEART DISEASE MORTALITY

OVERALL AND BY SEX

The Kankakee rate for chronic heart disease mortality was higher than the state and national rate for the period 1999 to 2007. In 2007, the Kankakee rate was 231.2, compared to the state at 192.9 and the U.S. at 190.9. The rate for Kankakee males was above the state rate while the Kankakee and Illinois rates for females was much more similar. In 2007, Kankakee males had a rate of 339.9 compared to 244.1 for the state; Kankakee females had a rate of 165.4 compared to 154.6 for Illinois.

Data Source	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html



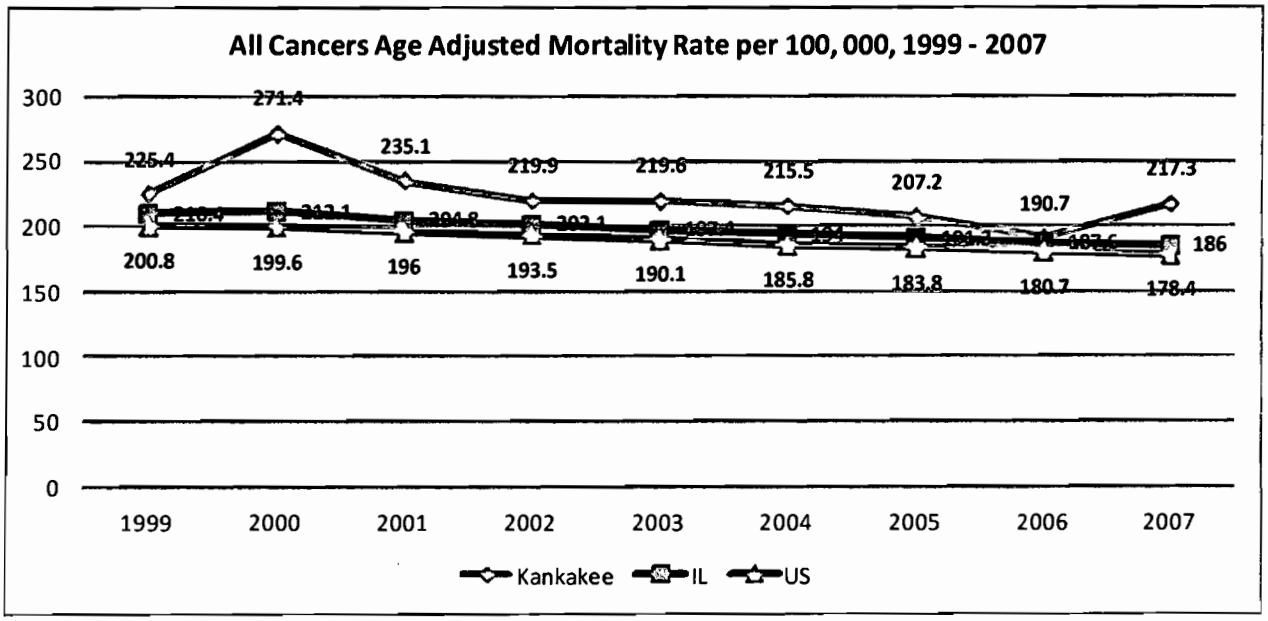


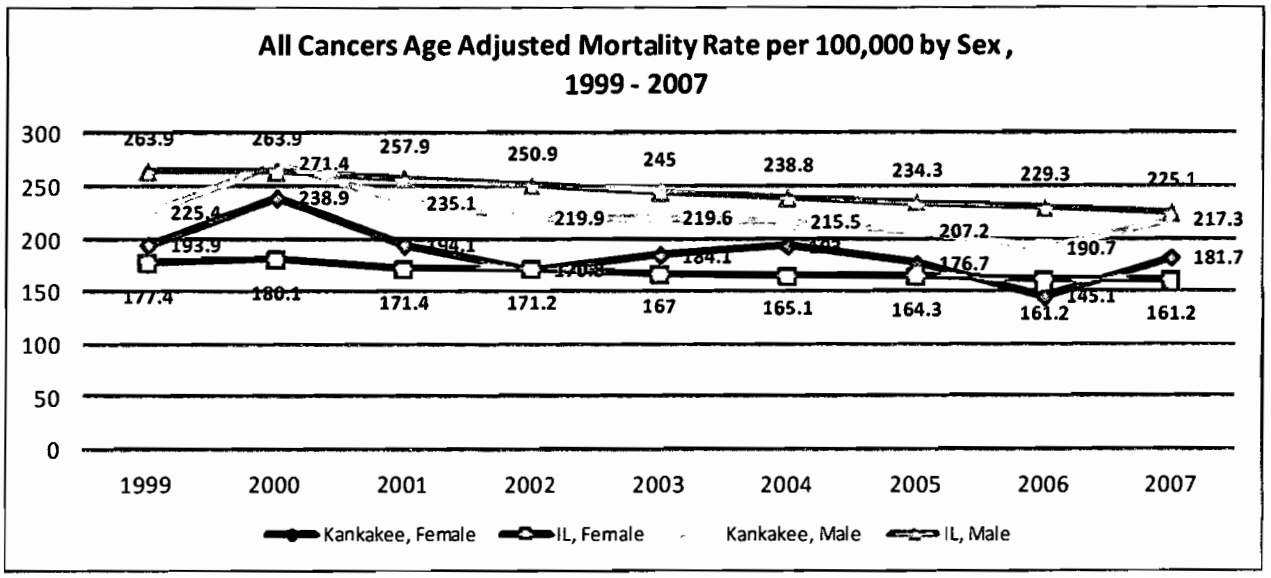
ALL CANCERS MORTALITY

OVERALL AND BY SEX

The Kankakee mortality rate for all cancers was slightly higher than the state and national rate for the period 1999 to 2007. In 2007 the Kankakee rate was 217.3, the state rate was 186.0 and the U.S. rate was 178.4. The Kankakee rates for males and females were similar to the Illinois rates. In 2007 Kankakee males had a rate of 217.3 compared to the state rate of 225.1. Kankakee females had a 2007 rate of 181.7 compared to the state rate of 161.2.

Data Source	CDC Wonder-- Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html





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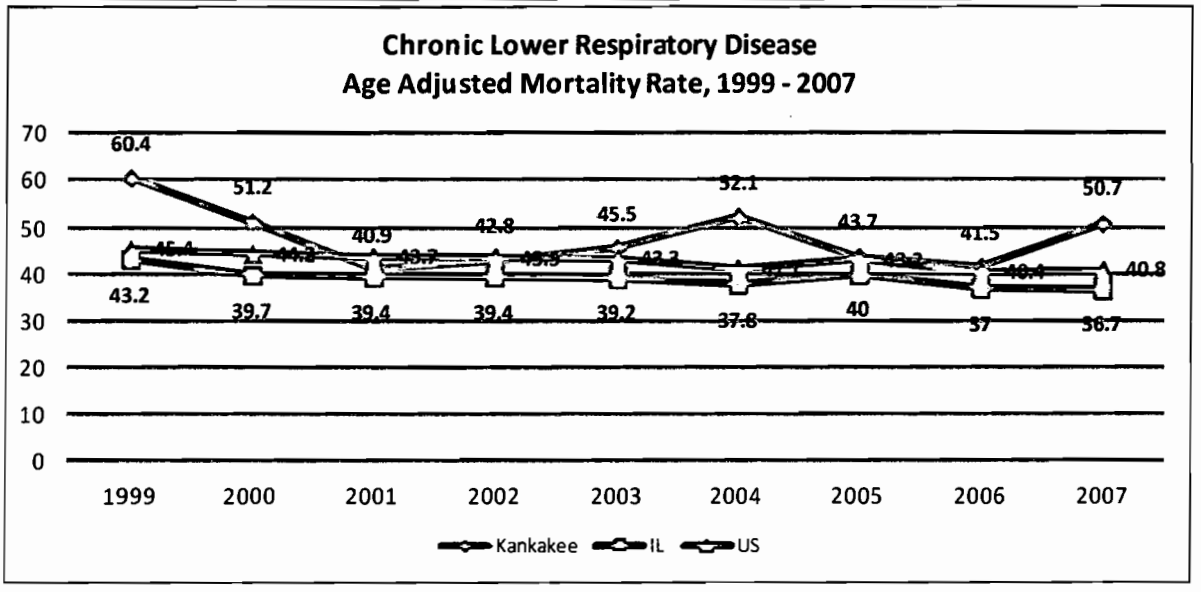
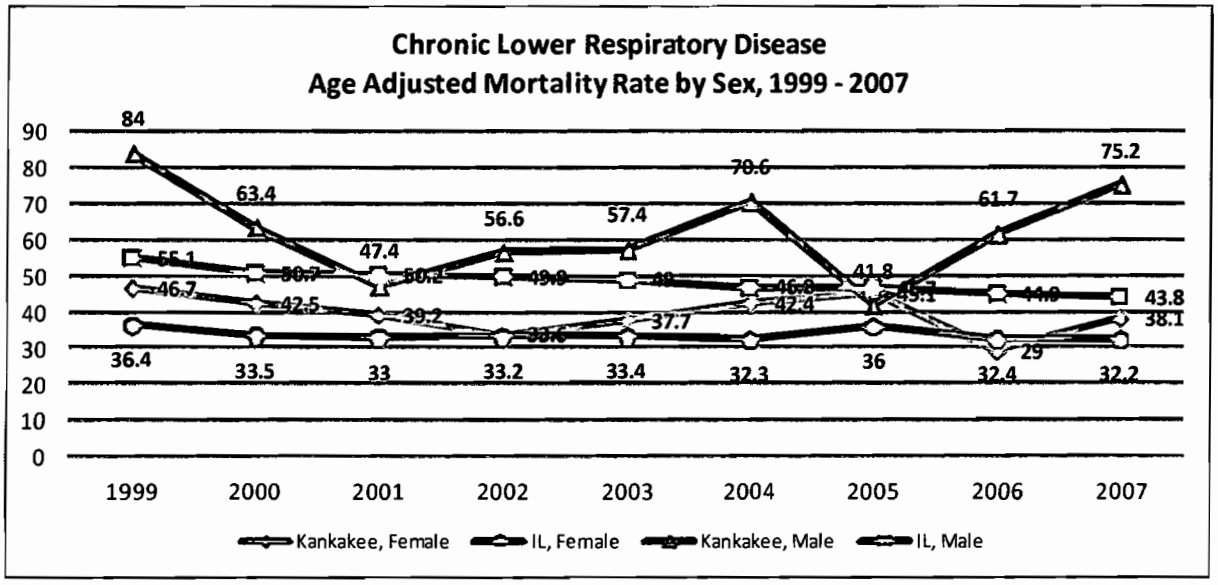
CHRONIC LOWER RESPIRATORY DISEASE

MORTALITY OVERALL AND BY SEX

The age-adjusted mortality rates due to Chronic Lower Respiratory Disease are presented below for Kankakee County, Illinois and the U.S. and by sex for Kankakee County and the state. The Kankakee County rate was above the Illinois and U.S. rates for most years during the period from 1999 to 2007. The Kankakee rate in 2007 was 50.7, compared to 36.7 for the state and 40.8 for the U.S. The rates for both males and females were above the Illinois rates for seven of the nine years in this period. In 2007 the rate for Kankakee males was 75.2 compared to 43.8 for the state; the rate for Kankakee females was 38.1, compared to 32.2 for the state.

Data Source	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html

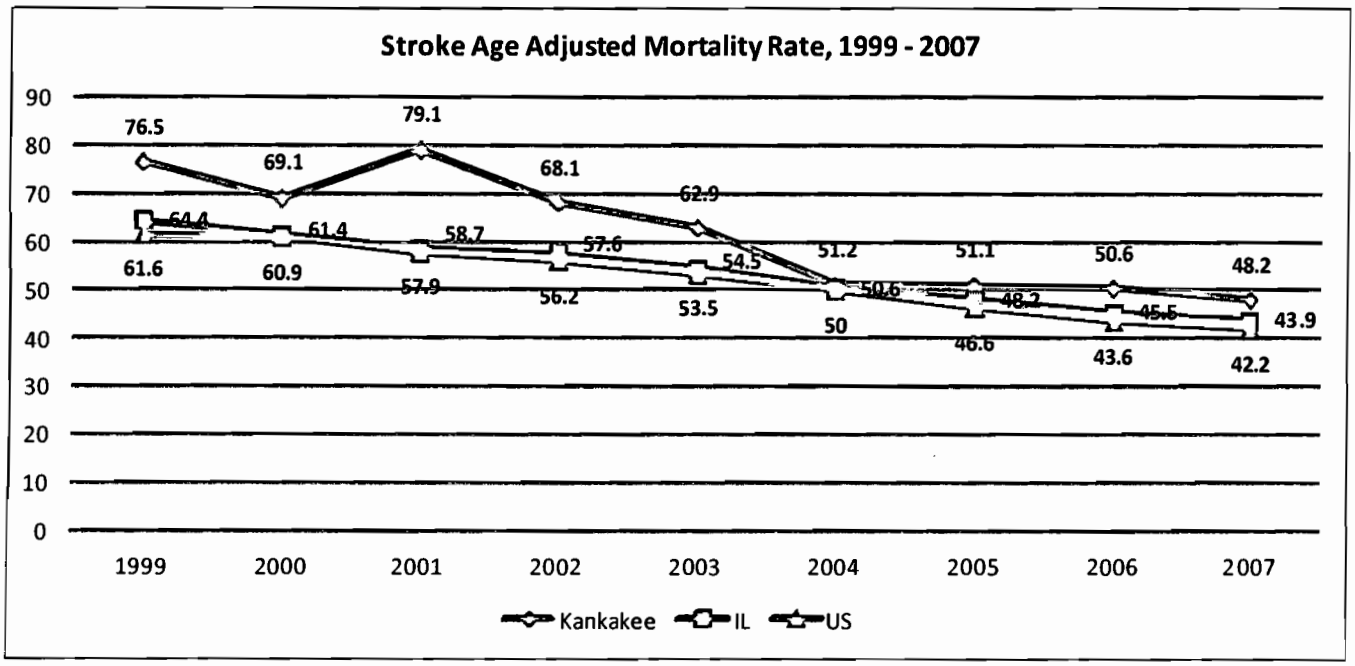


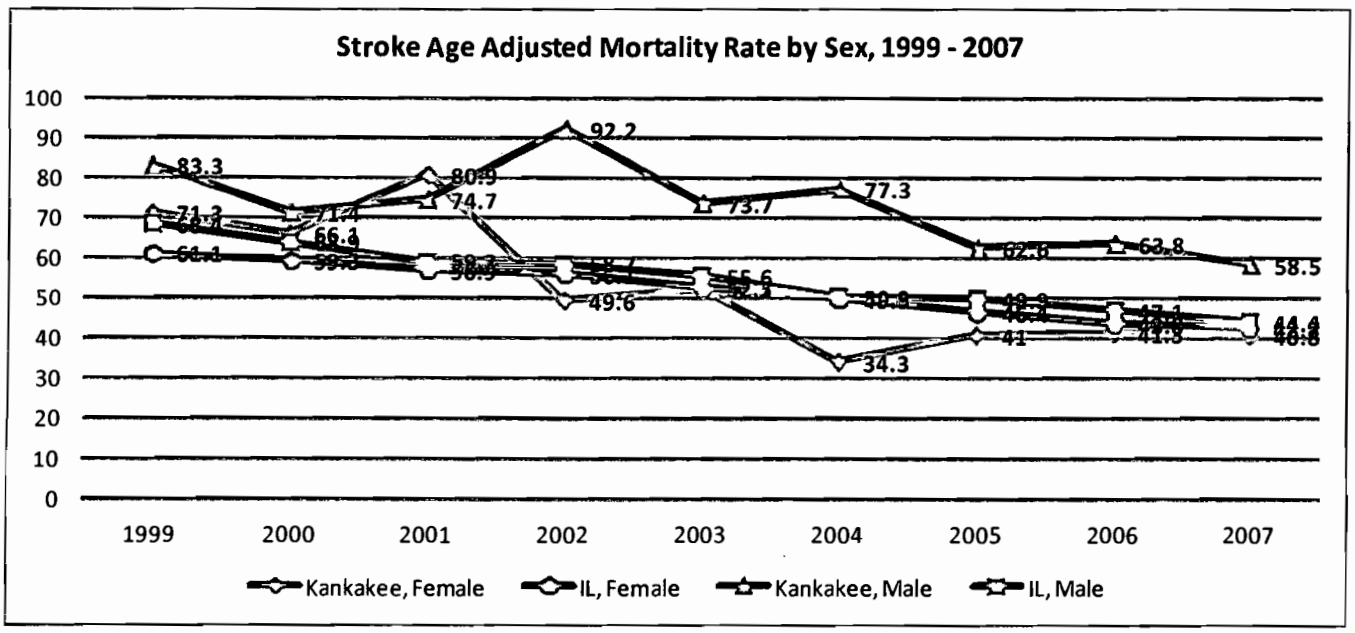


STROKE MORTALITY OVERALL AND BY SEX

The figures below provide data on the age adjusted mortality rate due to stroke in Kankakee County and Illinois for the total population and by sex. The Kankakee County rate for the total population was above the Illinois rate every year but one since 1999, although the differences have been small in recent years. In 2007, the Kankakee rate was 48.2 compared to 43.9 for the state and 42.2 for the U.S. The rates for Kankakee County males were above the Illinois male rates every year during this time period. In 2007, the rate for Kankakee County males was 58.5 compared to 44.4 for the state. Kankakee females had a rate of 40.8 while Illinois females had a rate of 42.7.

Data Source	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html

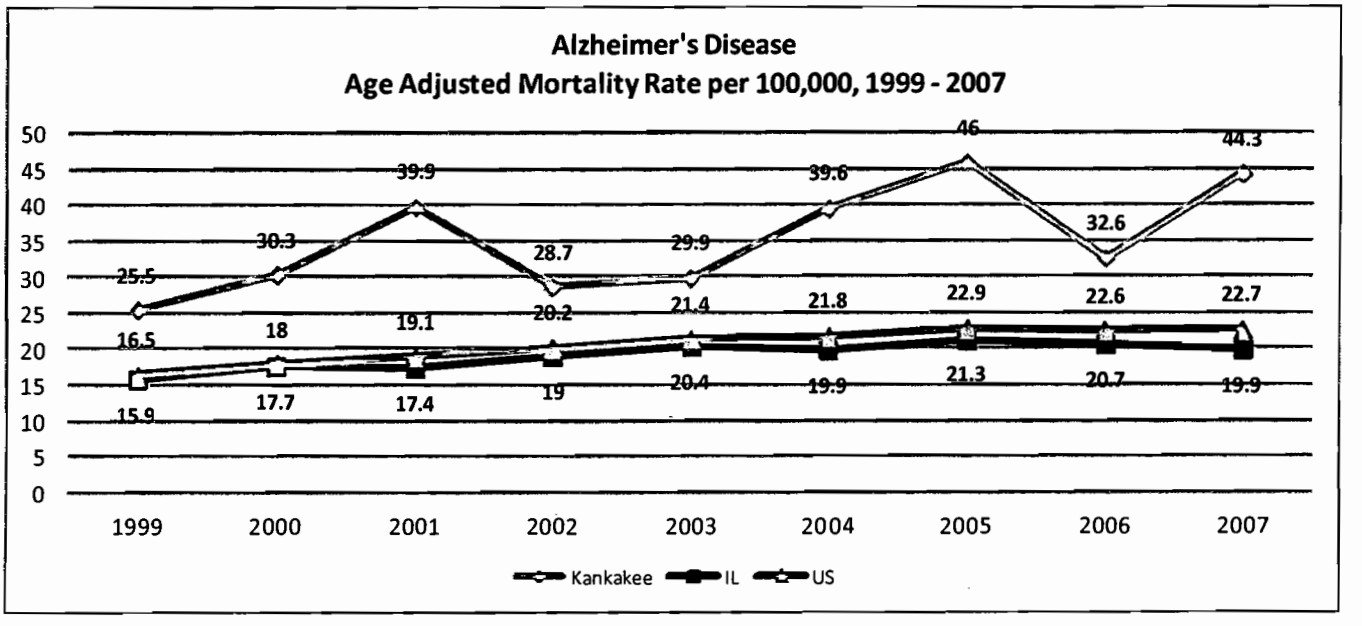


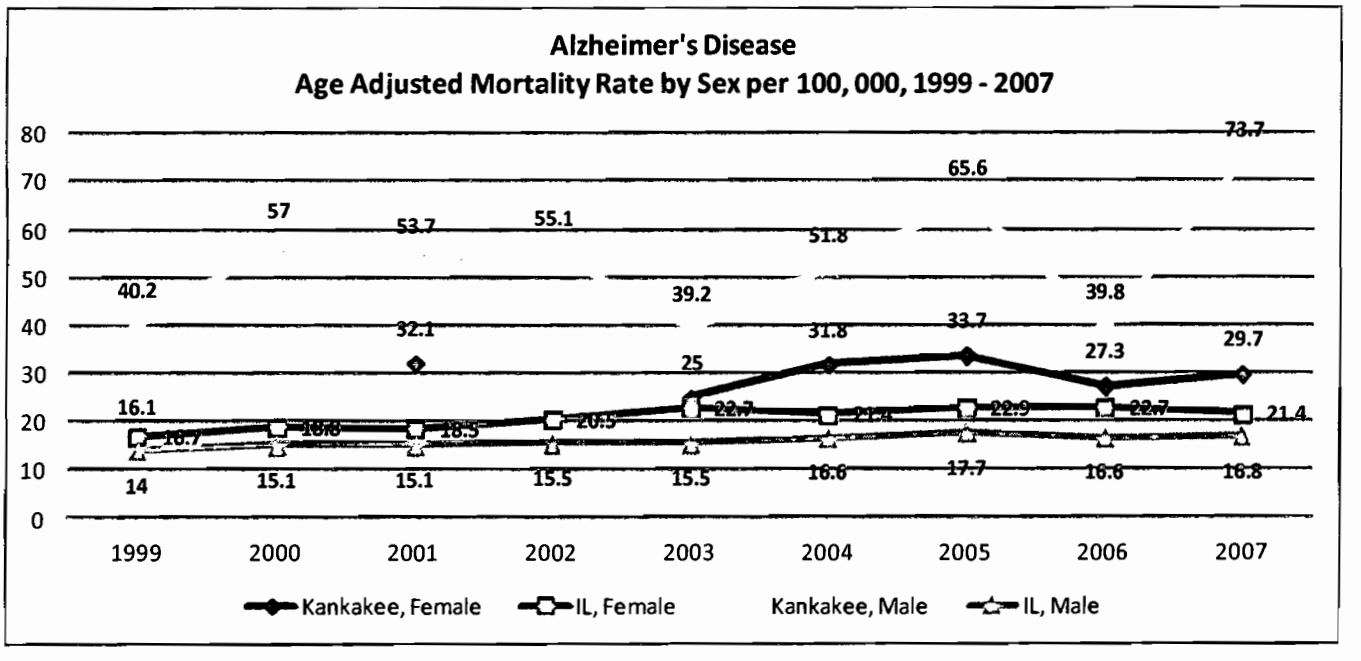


ALZHEIMER'S DISEASE OVERALL AND BY SEX

The data for the age-adjusted mortality rate due to Alzheimer's disease for Kankakee County, Illinois and the U.S. are presented below for the total population and by sex. The Kankakee County rate was considerably higher than the Illinois and U.S. rates over this period. In 2007, Kankakee had a rate of 44.3 compared to 19.9 for Illinois and 22.7 for the US. The rate for males in Kankakee County was well above the state rate from 1999 to 2007. Kankakee males had a rate of 73.7 in 2007, compared to 16.8 for the state while Kankakee females had a rate of 29.7 compared to 21.4 for the state.

Data Source	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007
Data Source URL	http://wonder.cdc.gov/cmf-icd10.html

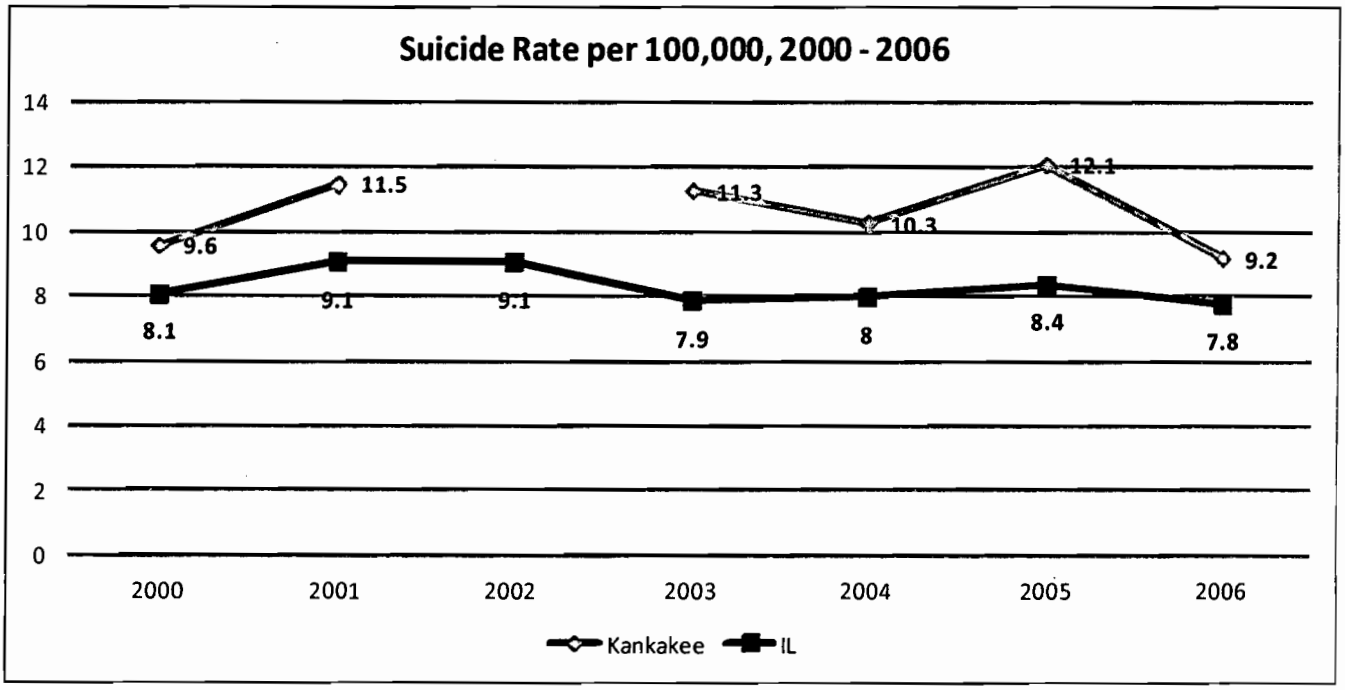




SUICIDE

The suicide rate in Kankakee County was higher than the rate for Illinois from 2000 to 2006. In 2006, the Kankakee rate was 9.2 per 100,000, compared to the state rate of 7.8 per 100, 000.

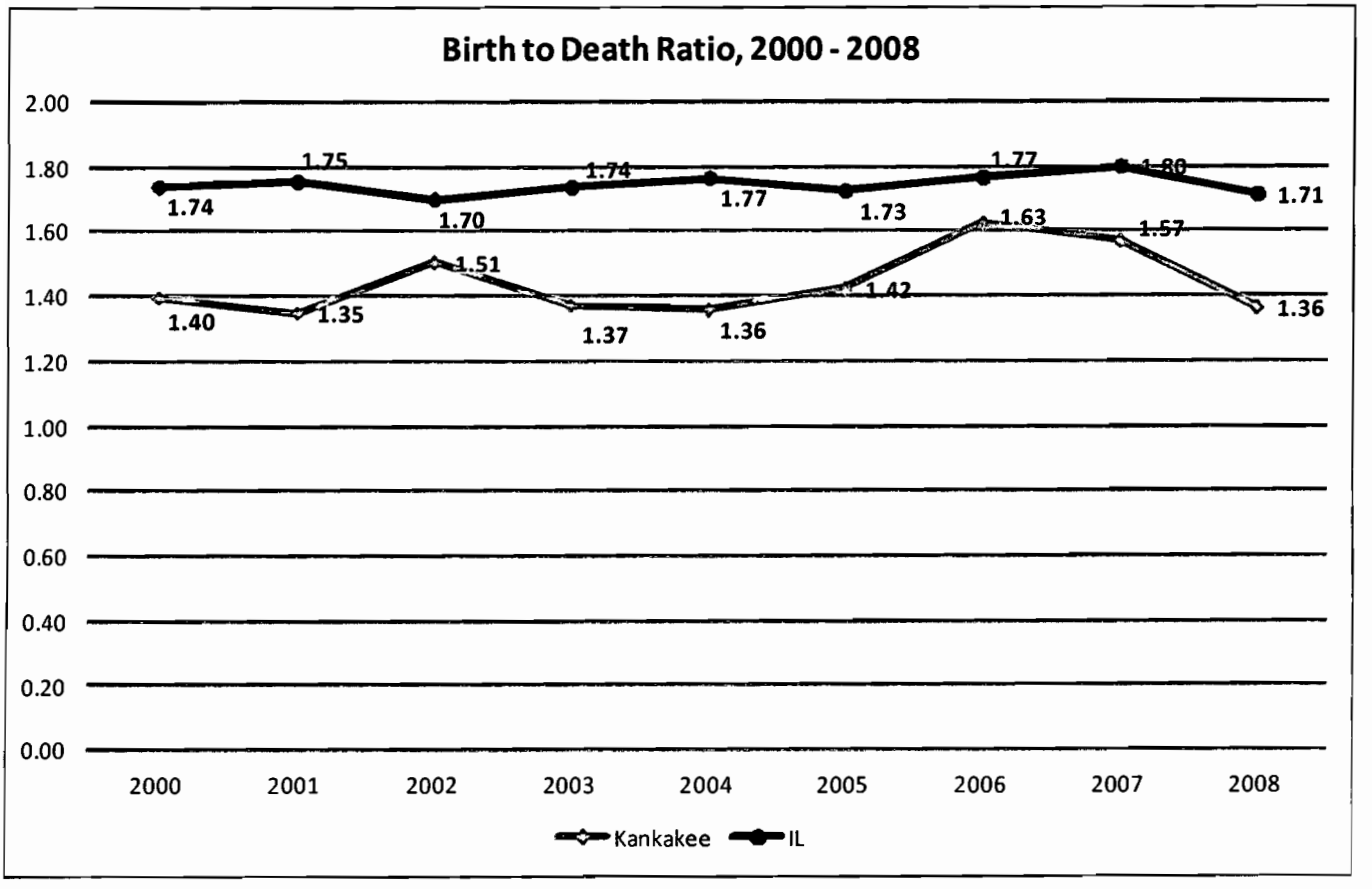
Data Source	Illinois Department of Public Health– Data missing in 2004 for Kankakee County
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1



BIRTH TO DEATH RATIO

The ratio of births to deaths fluctuated from a low of 1.35 in 2001 to a high of 1.63 in 2006. For 2008, the most recent year of data, the ratio was 1.36.

Data Source	IPLAN Data System
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1



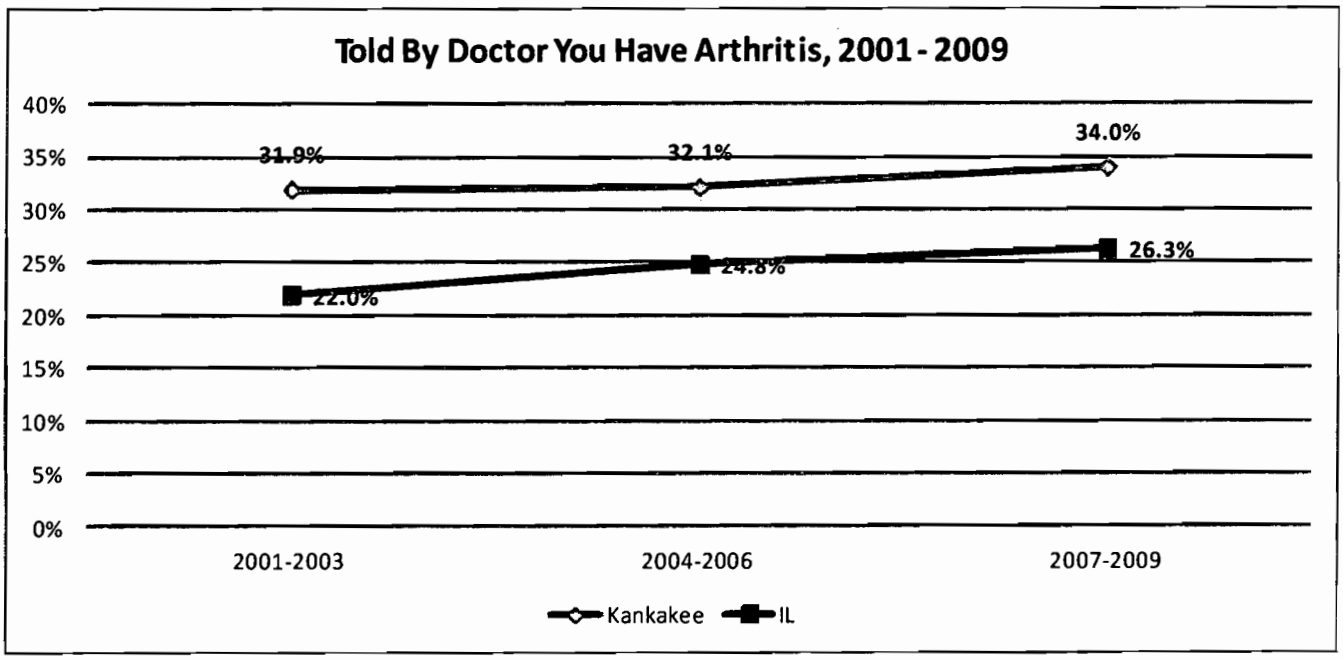
CHAPTER 9

HEALTH STATUS

ARTHRITIS

The percentage of Kankakee residents who reported that they had been told by a doctor that they have arthritis was higher than the percentage for Illinois from 2001 to 2009. The Kankakee percentage in the last round of data collection was 34.0 with the Illinois percentage at 26.3.

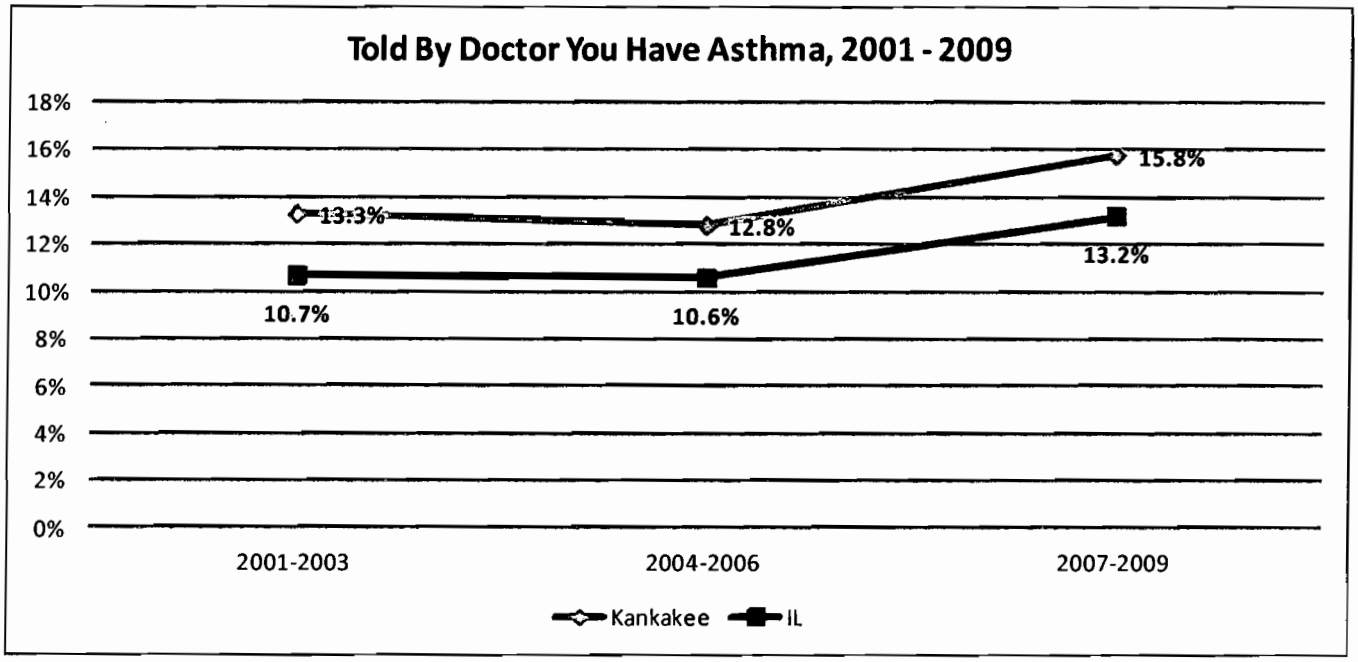
Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/countydata.asp



ASTHMA

The percentage of Kankakee residents who reported that they had been told by a doctor that they have asthma has been higher than the percentage for Illinois from 2001 to 2009. The Kankakee percentage in the last round of data collection was 15.8 with the Illinois percentage at 13.2.

Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/countydata.asp

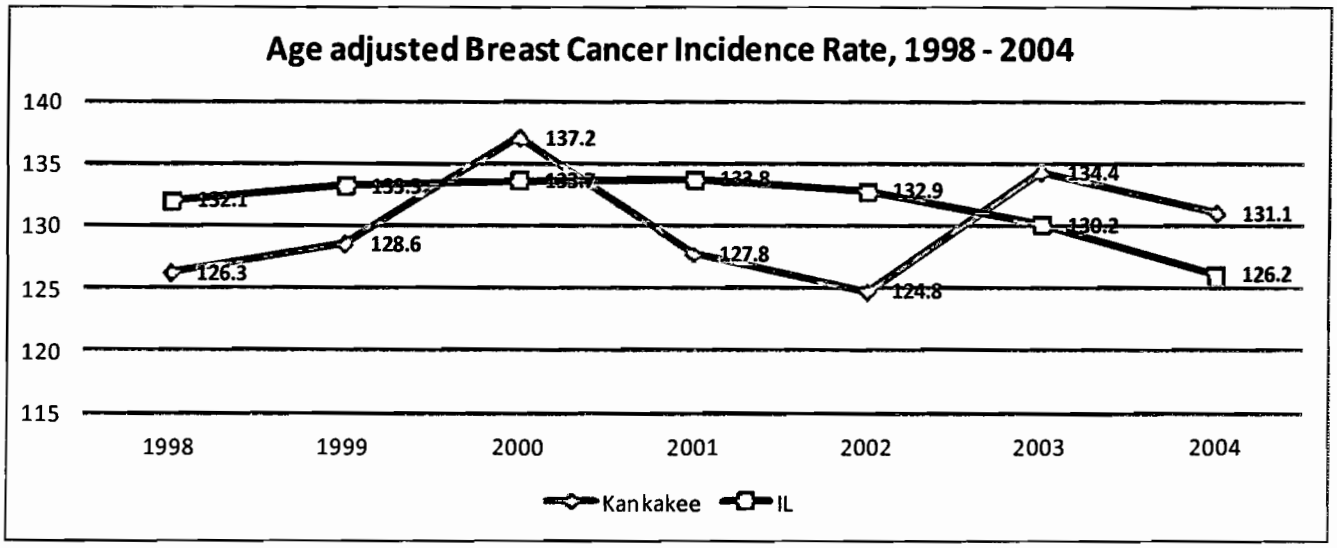


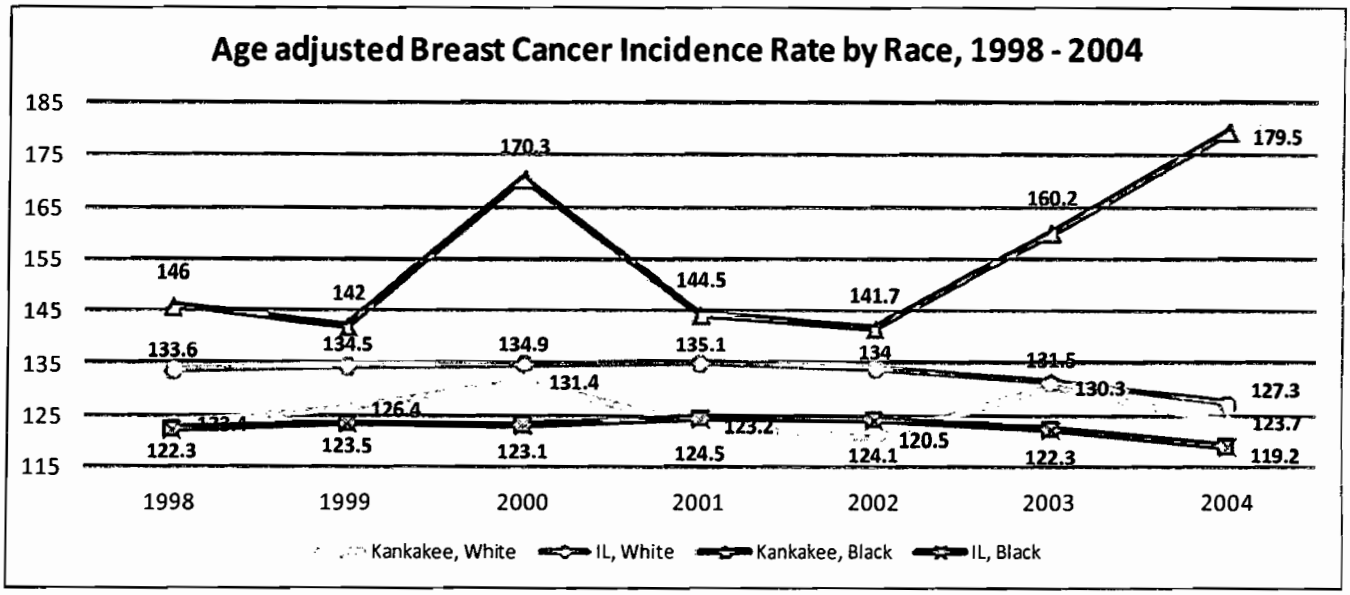
BREAST CANCER INCIDENCE

OVERALL AND BY RACE

The breast cancer incidence rate for Kankakee was both high and lower than the state rate between 1998 and 2004. The Kankakee rate in 2004 was 131.2 compared to the state at 126.2. The rate for Kankakee blacks was considerably higher than those for any other category. In 2004, Kankakee blacks had a rate of 179.5 compared to 123.7 for Kankakee whites, 119.2 for Illinois blacks and 127.3 for Illinois whites.

Data Source	IPLAN Data System
Data Source URL	http://app.idph.state.il.us/iplandatasystem.asp?menu=1

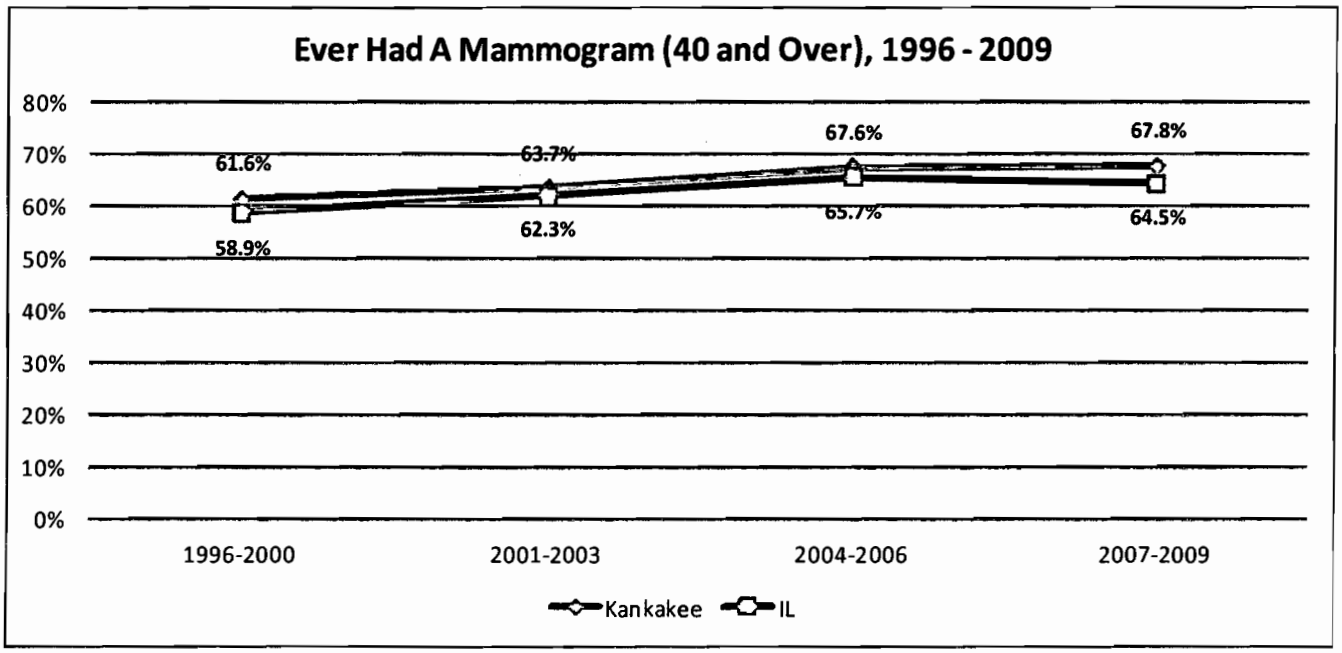


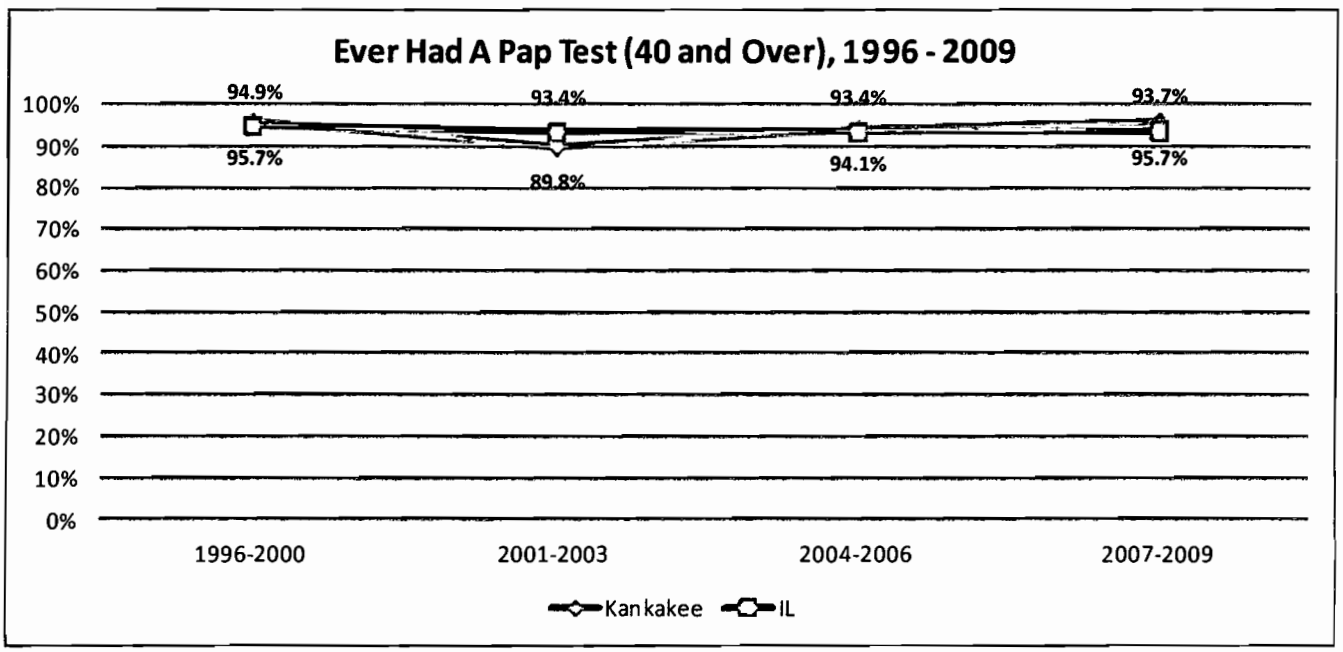


BREAST AND CERVICAL CANCER SCREENING USE

The rates for Kankakee women who have ever had a mammogram or a pap test were very similar over the four waves of the Behavioral Risk Factor Surveillance System (BRFSS) data collection period. In the last wave of data the Kankakee rate for mammograms was 67.8%, compared to 64.5% for the state. The Kankakee percentage for ever having a Pap test was 95.7 compared to 93.7 for

Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/countydata.asp

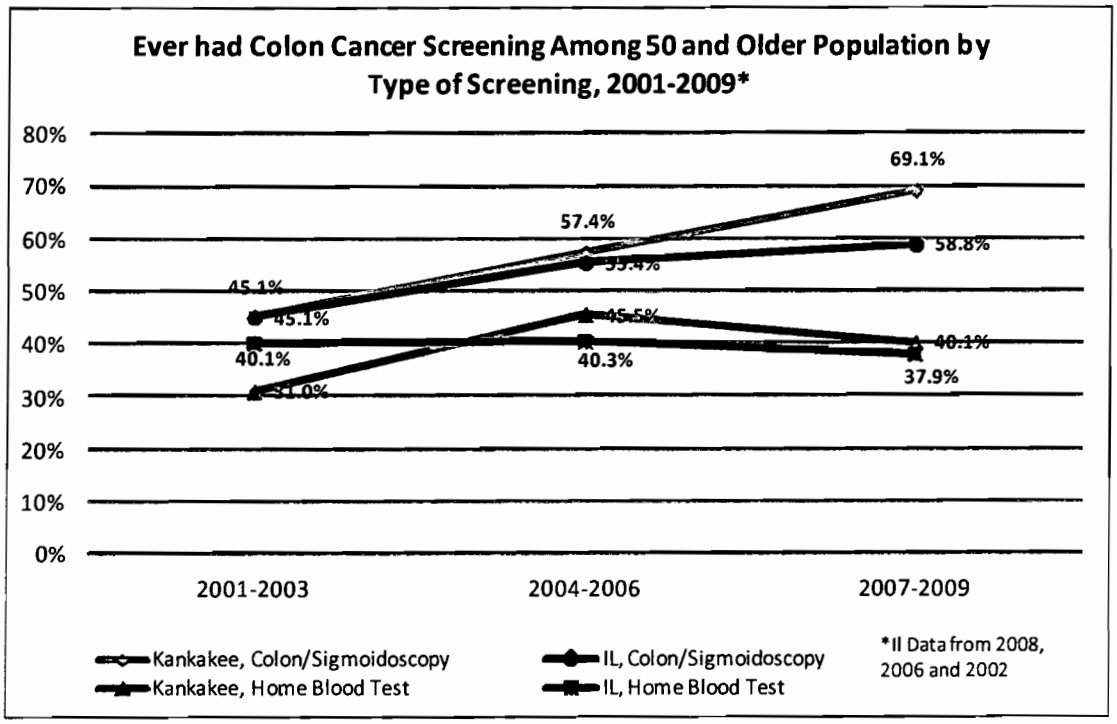


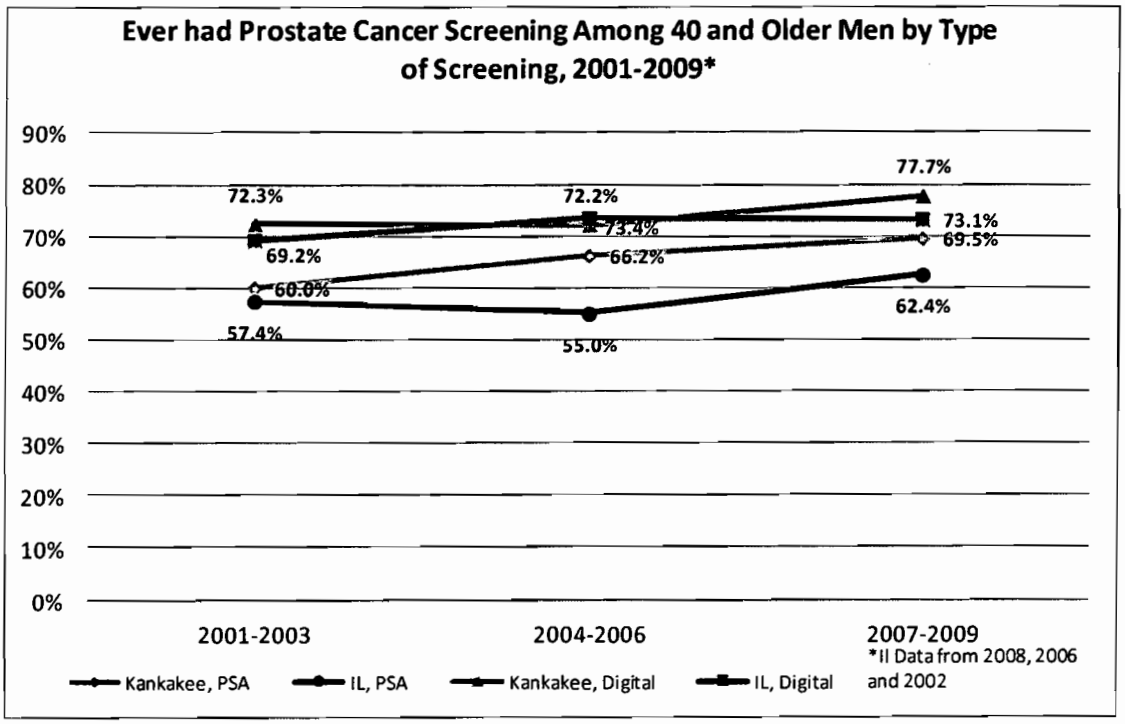


COLON AND PROSTATE CANCER SCREENING USE

The rate for ever having a colonoscopy was 45.1% for both Kankakee and the state in the most recent wave of data. The Kankakee rate for having had a home blood test was 31.0%, compared to 40.1% for the state. The rate for PSA for Kankakee males was 60.0%, compared to 57.4% for the state. The rate for digital rectal exams for Kankakee was 72.3%, compared to 69.2% for the state.

Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/countydata.asp

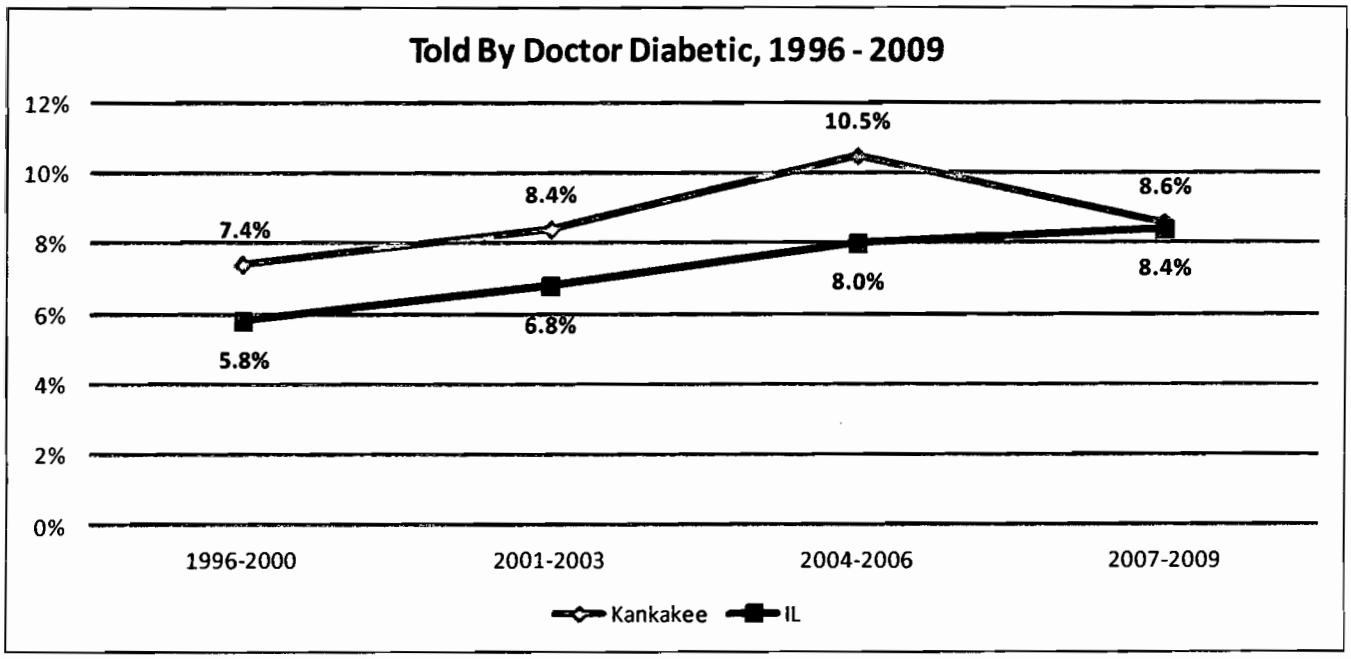




DIABETES

The percentage of individuals reporting that their doctor had told them they were diabetic has been higher in Kankakee than the state in each wave of the Behavioral Risk Factor Surveillance System (BRFSS). From 2007 - 2009, the Kankakee rate was 8.6% compared to the state rate of 8.4% this is the closest the two rates have been since 1996 - 2000 (at 7.4% and 5.8%, respectively).

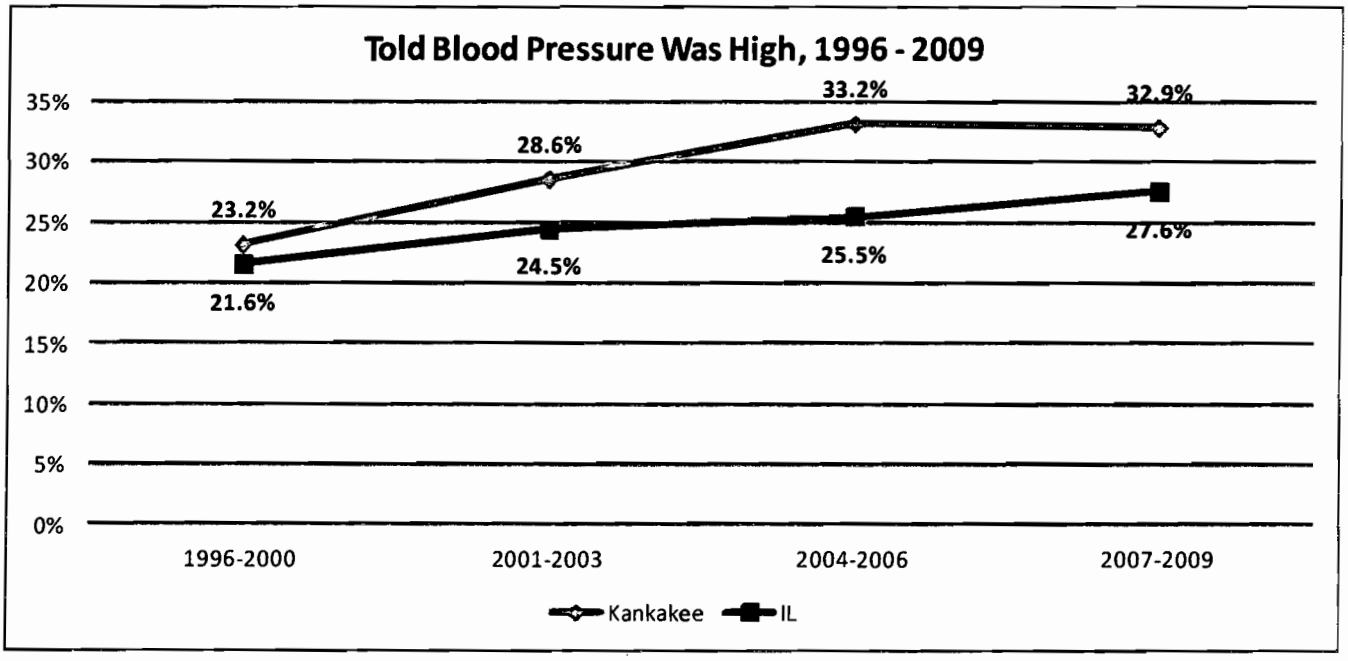
Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/countydata.asp



HYPERTENSION

The percentage of individuals reporting that their doctor had told them they had high blood pressure has been higher in Kankakee than the state in each wave of the Behavioral Risk Factor Surveillance System (BRFSS). In the most recent wave, 2007 - 2009, the Kankakee rate was 32.9%, compared to the state rate of 27.6%.

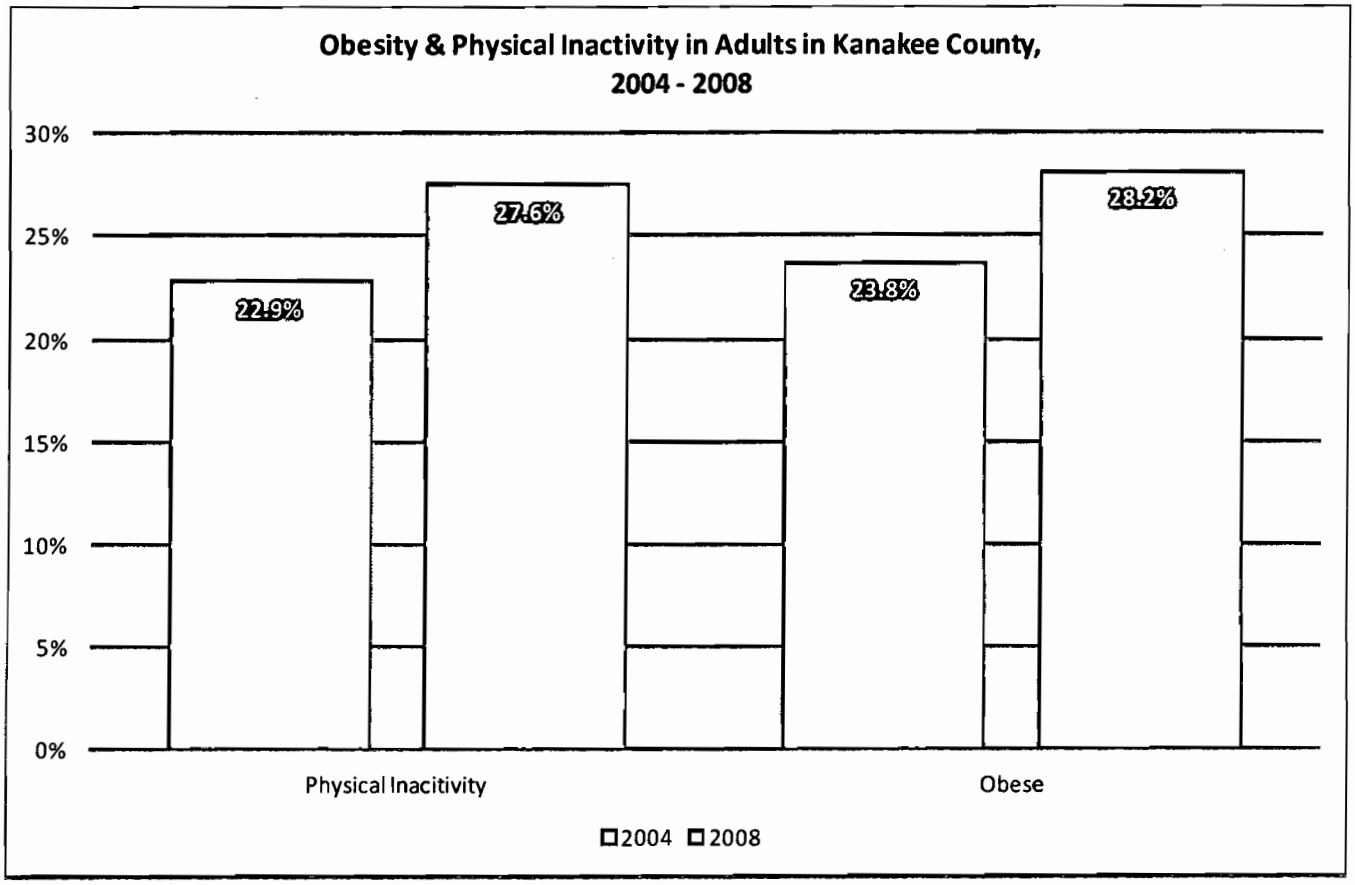
Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/countydata.asp



OBESITY AND PHYSICAL INACTIVITY

The percentage of Kankakee County adults who reported being obese or physically inactive increased from the years 2004 to 2008. In 2004, 22.9% reported being physically inactive. In 2008, that percentage increased to 27.6%. In 2004, 23.8% of adults were obese, with that percentage increasing to 28.2% in 2008.

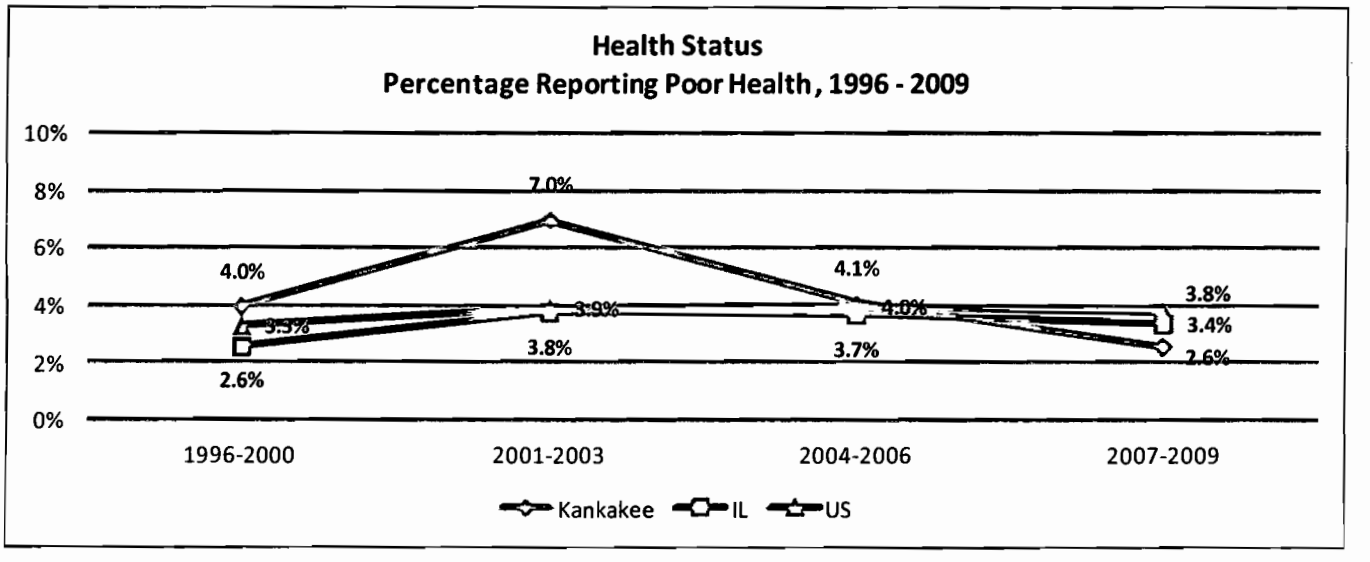
Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/countydata.asp

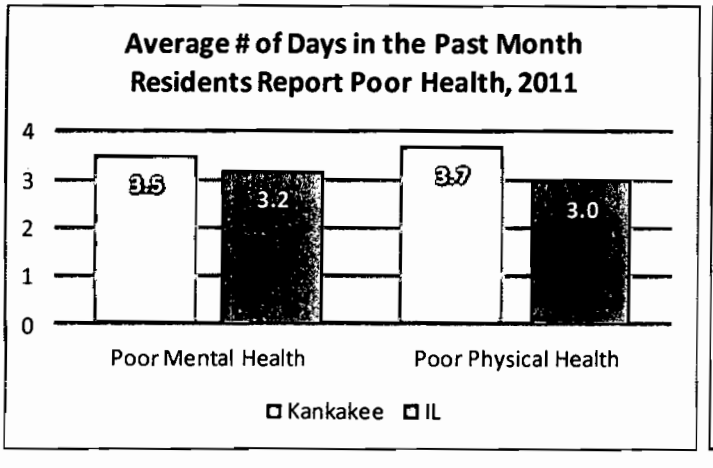


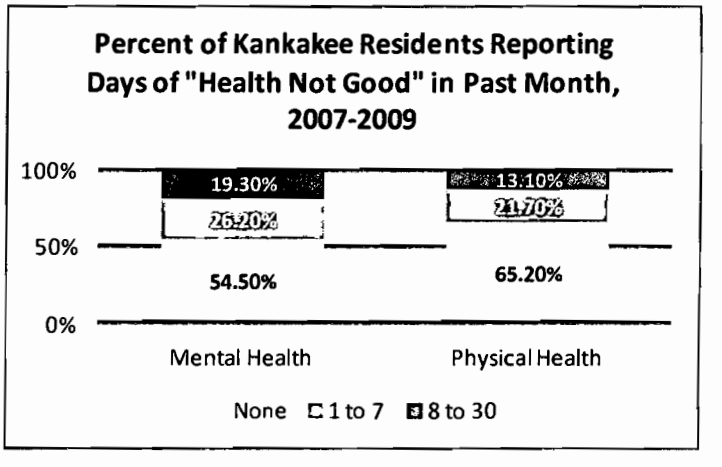
PERCEPTION OF POOR HEALTH

The Behavioral Risk Factor Surveillance System (BRFSS) includes an item in which the respondent answers the question "Would you say that in general your health is" with the response options: Excellent; Very good; Good; Fair; Poor. The figure below provides the data for the percentage of individuals who responded with Poor for Kankakee County, Illinois and the U.S. The percentage of Kankakee County residents reporting poor health status was slightly above both the Illinois and U.S. percentages during the period 1996 to 2006. In the most recent survey the Kankakee rate was 2.6%, compared to 3.4% for the state and 3.8% for the U.S.

Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/default.asp







COMMUNICABLE DISEASE CASES

The data on communicable disease for Kankakee County from 2005 to 2010 is presented in the table below. The top communicable disease cases in 2010 were: Hepatitis C (50), salmonella (34), HIV (8) and chicken pox, rabies, Shigellosis and Strep A at 6 cases each.

Data Source	Kankakee County Health Department 2010 Annual Report,
Data Source URL	http://www.kankakeehealth.org/files/annual%20report%202010.pdf

Communicable Disease	2005	2006	2007	2008	2009	2010
AIDS	2	2	0	2	0	1
Blastomycosis		2	1	0		
Campylobacter	6	13	7			
Chicken Pox	17	62	44	22	6	6
Encephalitis (non-bacterial)			1	2	0	
E. coli	13	8	1	0		
Giardiasis	2	4	1	1	2	0
Hantavirus	1	0				
HIV	5	1	1	7	1	8
Histoplasmosis	2	2	1	1	0	4
Hep A	75	113	63	57	1	4
Hep B					3	2
Hep C					60	50
Influenza, H1N1					77	1
Haemophilus Influenza	0	3	1	2	0	
Legionellosis	6	8	2	2	1	0
Listeriosis			1	1	1	0
Lyme Disease	0	1	1	1	1	0
Malaria		1	0	1	0	1
Meningitis (bacterial)	12	26			2	2
Meningitis (viral)			5	0		
Pertussis	1	1	2	0	1	1
Q Fever acute						1
Rabies						6
Rocky Mountain Spotted Fever						1
Salmonella	22	25	35	14	15	34
Shigellosis	7	79	22	3	1	6
Strep (group A)	10	6	1	1	3	6
Streptococcal Pneumonia	2	5	7	7	1	0
Toxic Shock Syndrome			1	1	0	1
Tuberculosis	3	27	0	1	1	3
Typhus Murine						1
West Nile Virus	3	1	0	0		
Yersiniosis		2	0	0		1

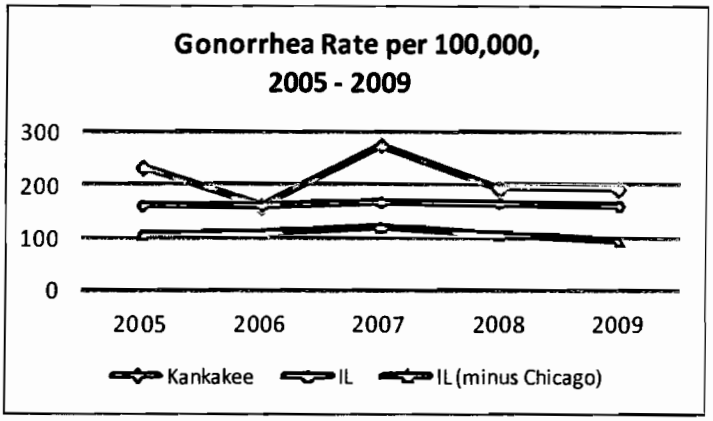
SEXUALLY TRANSMITTED INFECTION

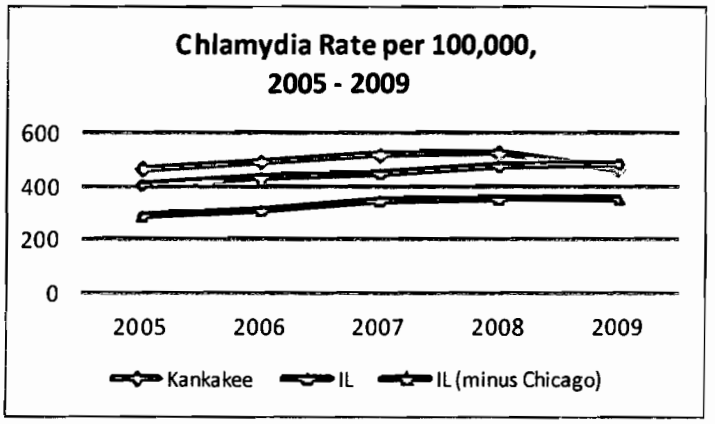
CASES AND RATES

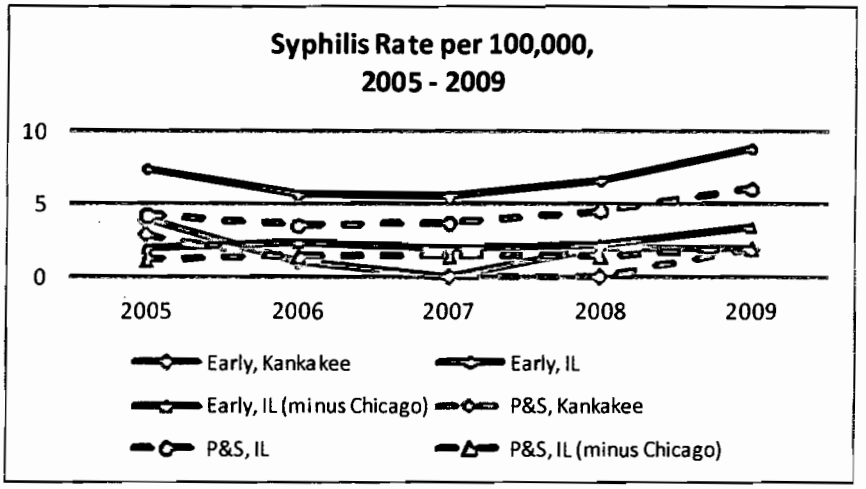
The number of cases of chlamydia has increased from a low of 409 in 2006 to a high of 566 in 2010, with the county rate being slightly higher than the state rate in most years. Gonorrhea cases and rates fluctuated from a high of 281 cases in 2007 to a low of 109 in 2006. During most of this time the Kankakee rate was slightly above the state rate. Syphilis cases and rates have been relatively low, with county rates lower than state rates for the most part and a high of five cases in 2006.

Data Source	Kankakee County Health Department 2010 Annual Report (Cases) Illinois Department of Public Health (Rates)
Data Source URLs	http://www.kankakeehealth.org/files/annual%20report%202010.pdf (Cases) http://www.idph.state.il.us/health/std/index.htm (Rates)

STIs	2005	2006	2007	2008	2009	2010
Chlamydia	490	409	520	505	449	566
Gonorrhea	215	109	281	186	185	204
Syphilis	4	5	0	1	1	4





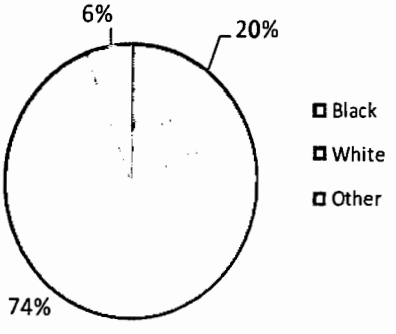


HOSPITALIZATION

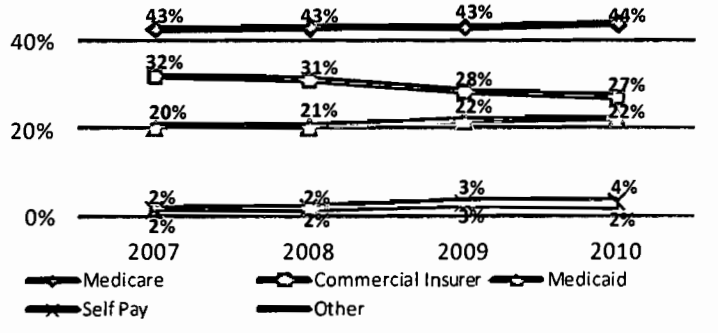
Blacks are slightly over-represented, making up 15% of the total population but 20% of hospital admissions. From 2007 to 2010, admissions with commercial insurance have decreased five percentage points, while self-pay and Medicaid admissions have each increased by two percentage points. The most common diagnosis related to admissions are diseases and disorders of the circulatory system, followed by the respiratory system. Both of these have been decreasing since 2008.

Data Source	COMPdata - Kankakee County
Data Source URL	Unavailable - Private Dataset

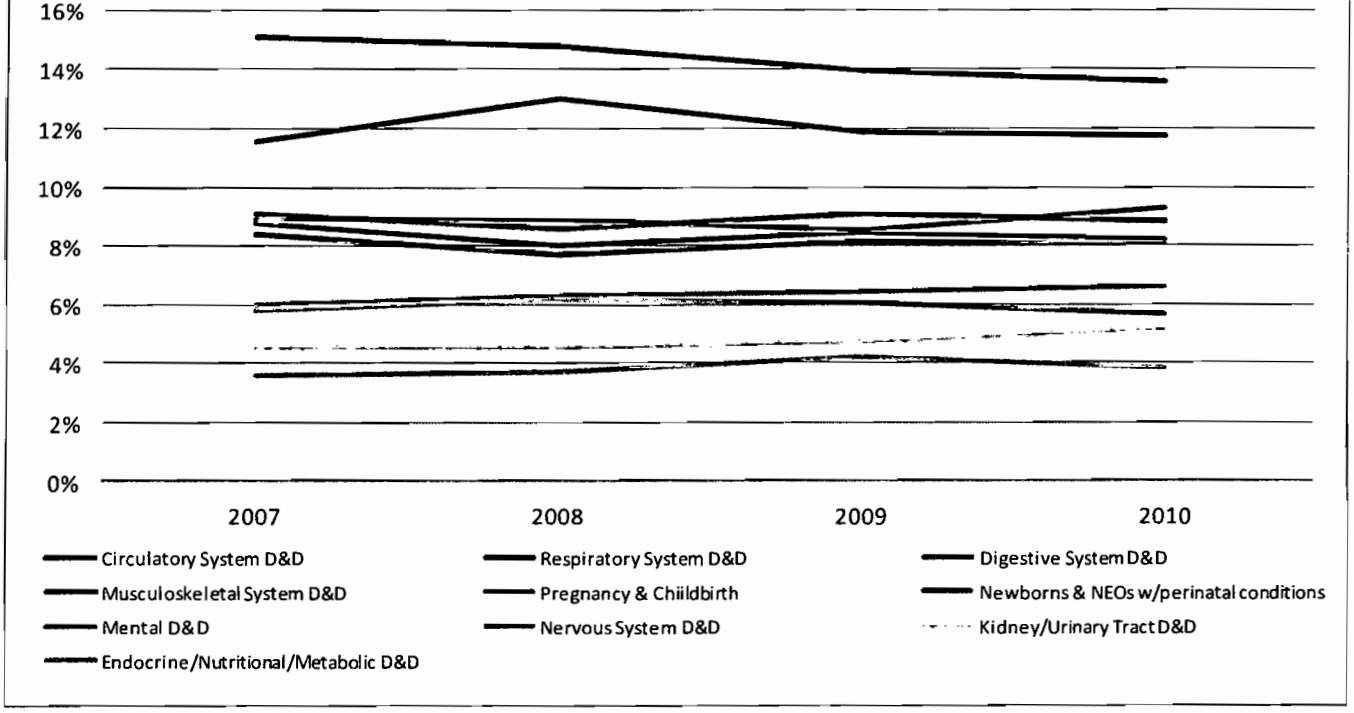
Total Hospital Admissions by Race, Kankakee County, 2010



Total Hospital Admissions by Insurance Type, Kankakee County, 2007 - 2010



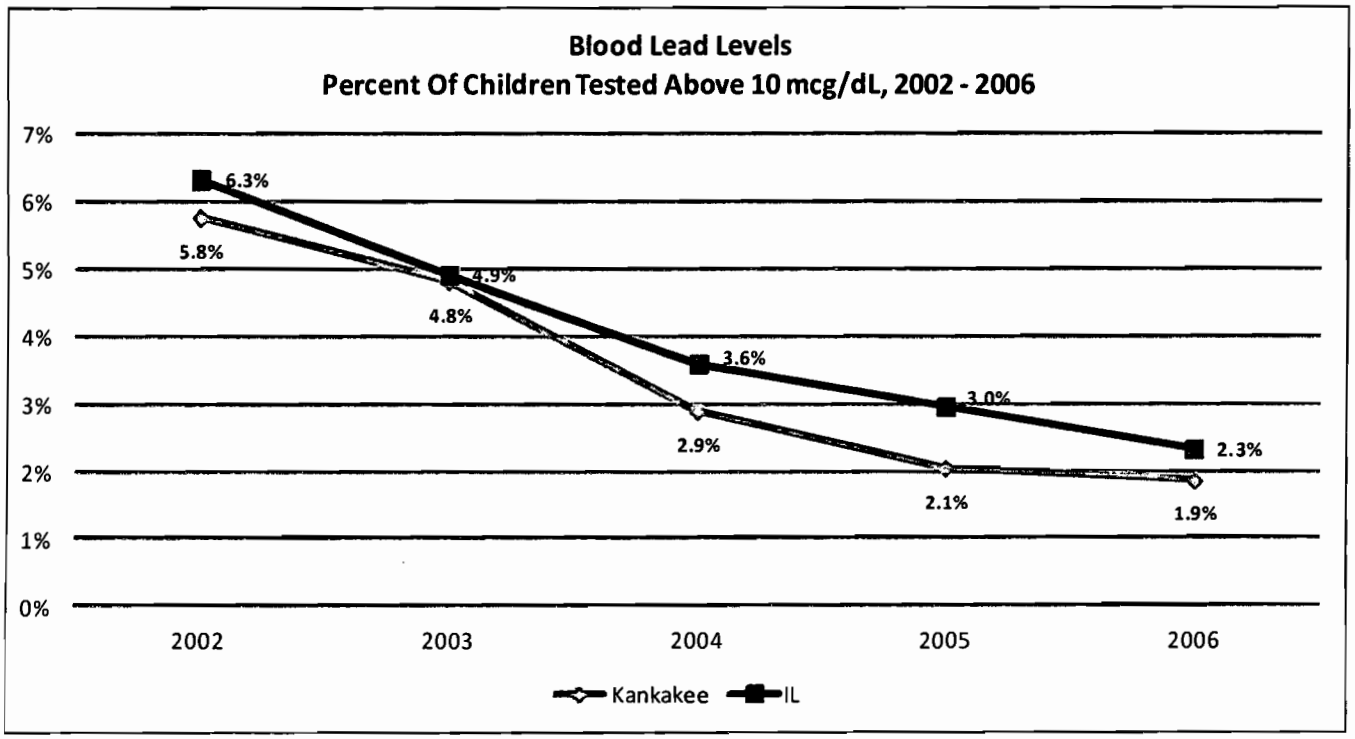
Total Hospital Admissions by Major Diagnostic Category, Kankake County, 2007 - 2010



CHILDHOOD BLOOD LEAD LEVELS

The percentage of children with blood lead levels above 10mcg/dL was very similar to, though a little below, the Illinois percentage during the period 2002 to 2006. The 2006 Kankakee percentage was 1.9%, compared to 2.3% for the state.

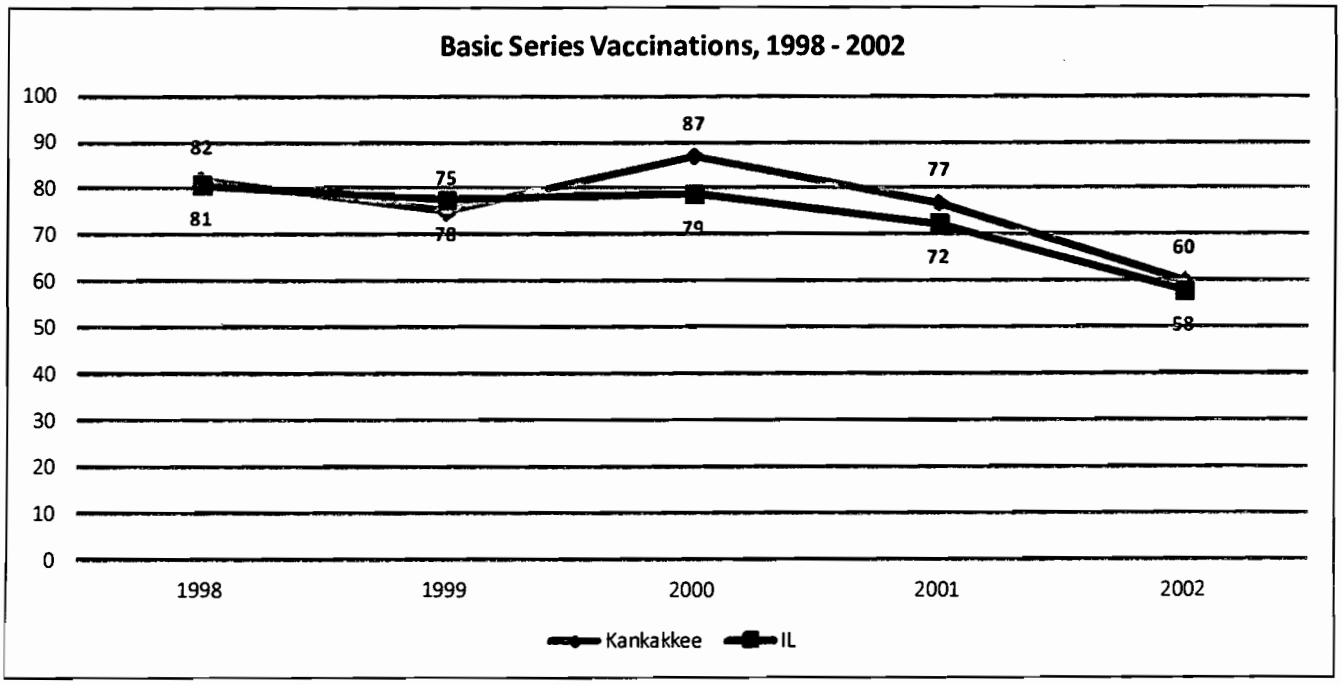
Data Source	Kids Count Data Center
Data Source URL	http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=IL&loc=2235



CHILDHOOD IMMUNIZATION

The percentage of children receiving the Basic Series Vaccinations from 1998 to 2002 was similar to the Illinois percentage, though slightly better than the state from 2000 to 2002. The Kankakee percentage in 2002 was 60%, compared to 58% for the state.

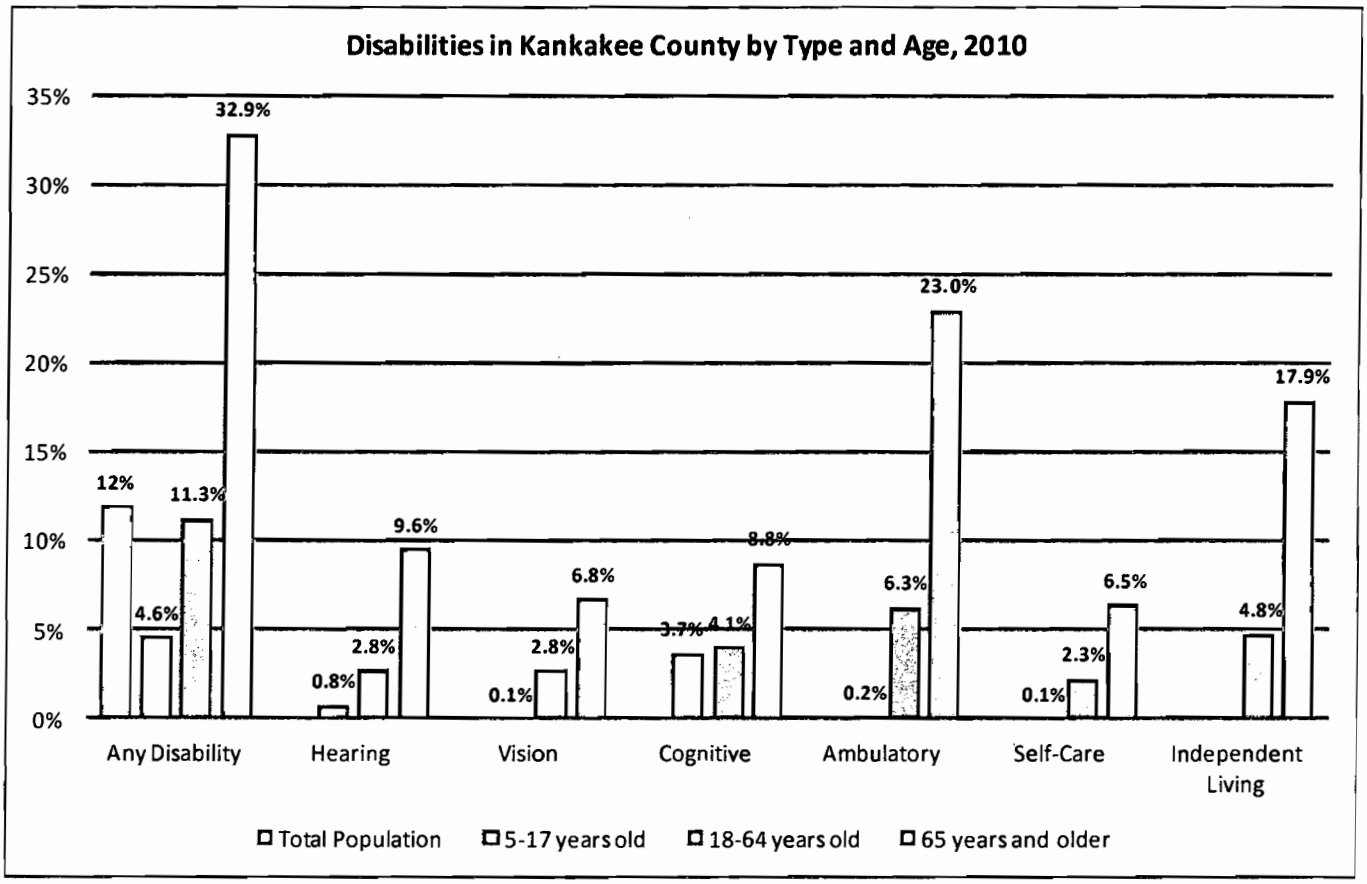
Data Source	IPLAN Data System
Data Source URL	http://app.idph.state.il.us/IPLANDataSystem.asp?menu=1



DISABILITY STATUS

The percentage of Kankakee County residents with any disability was 12% in 2010. Persons in the oldest age category (65 and over) had the highest percentage of disabilities, with 23% reporting an ambulatory disability and 17.9% reporting an independent living disability.

Data Source	US Census Bureau. 2010 American Community Survey
Data Source URL	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1810&prodType=table



CHAPTER 10

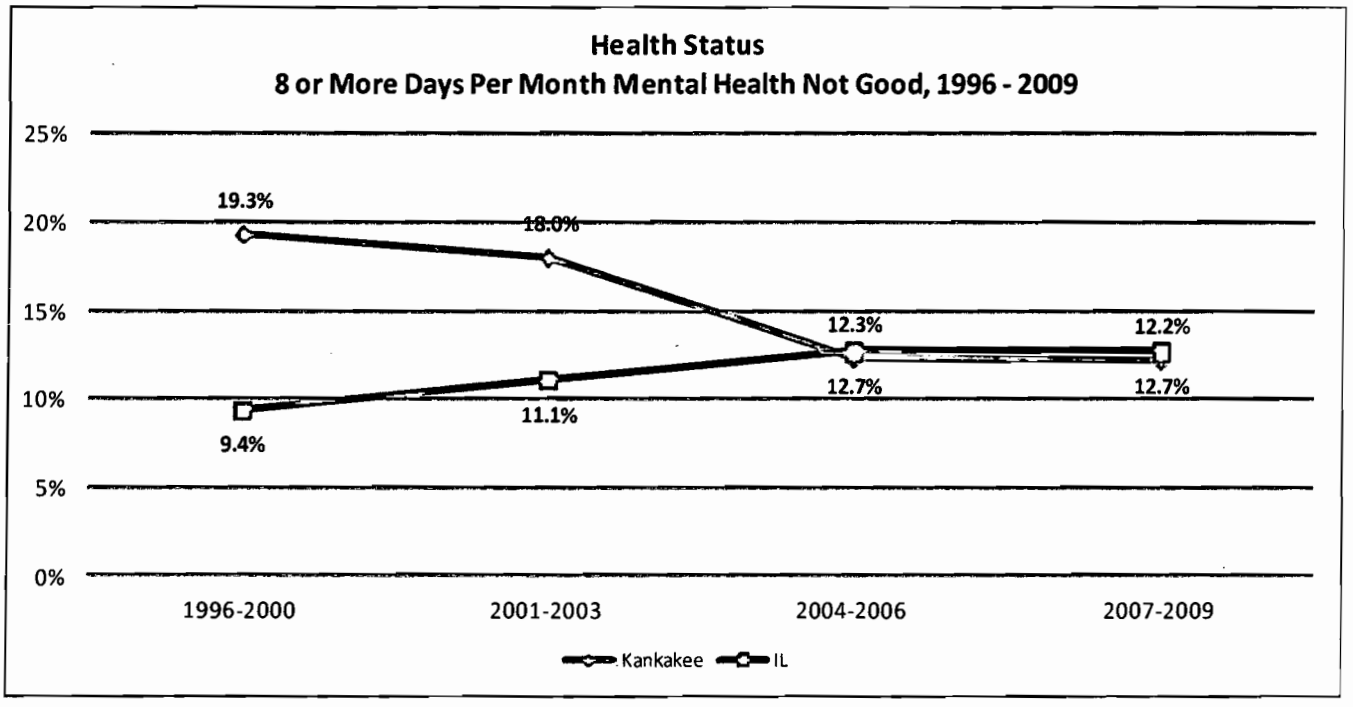
MENTAL HEALTH

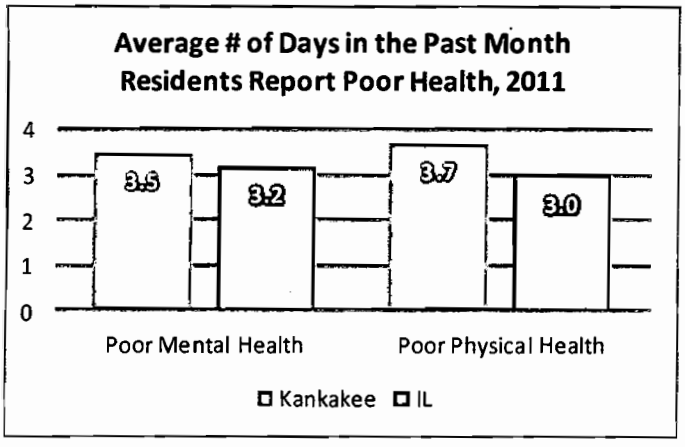
AND SUBSTANCE ABUSE

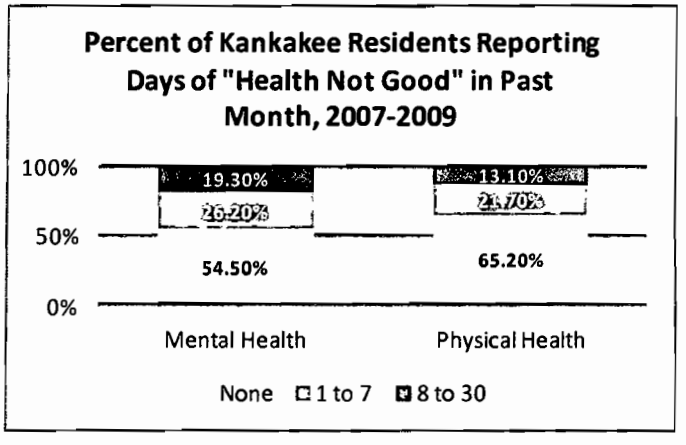
MENTAL HEALTH NOT GOOD

The Behavioral Risk Factor Surveillance System (BRFSS) includes an item in which the respondent answers the question "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not Good?" The figure below provides the data for the percentage of individuals who responded eight or more days Kankakee County and Illinois. The percentage of individuals in Kankakee reporting eight or more days mental health not good was much higher than the Illinois percentage in the period 1998 through 2003, but was very similar to the Illinois percentage in the period 2004 to 2009. In the latest wave of data, the Kankakee rate was 12.2%, compared to 12.7% for the state.

Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/default.asp





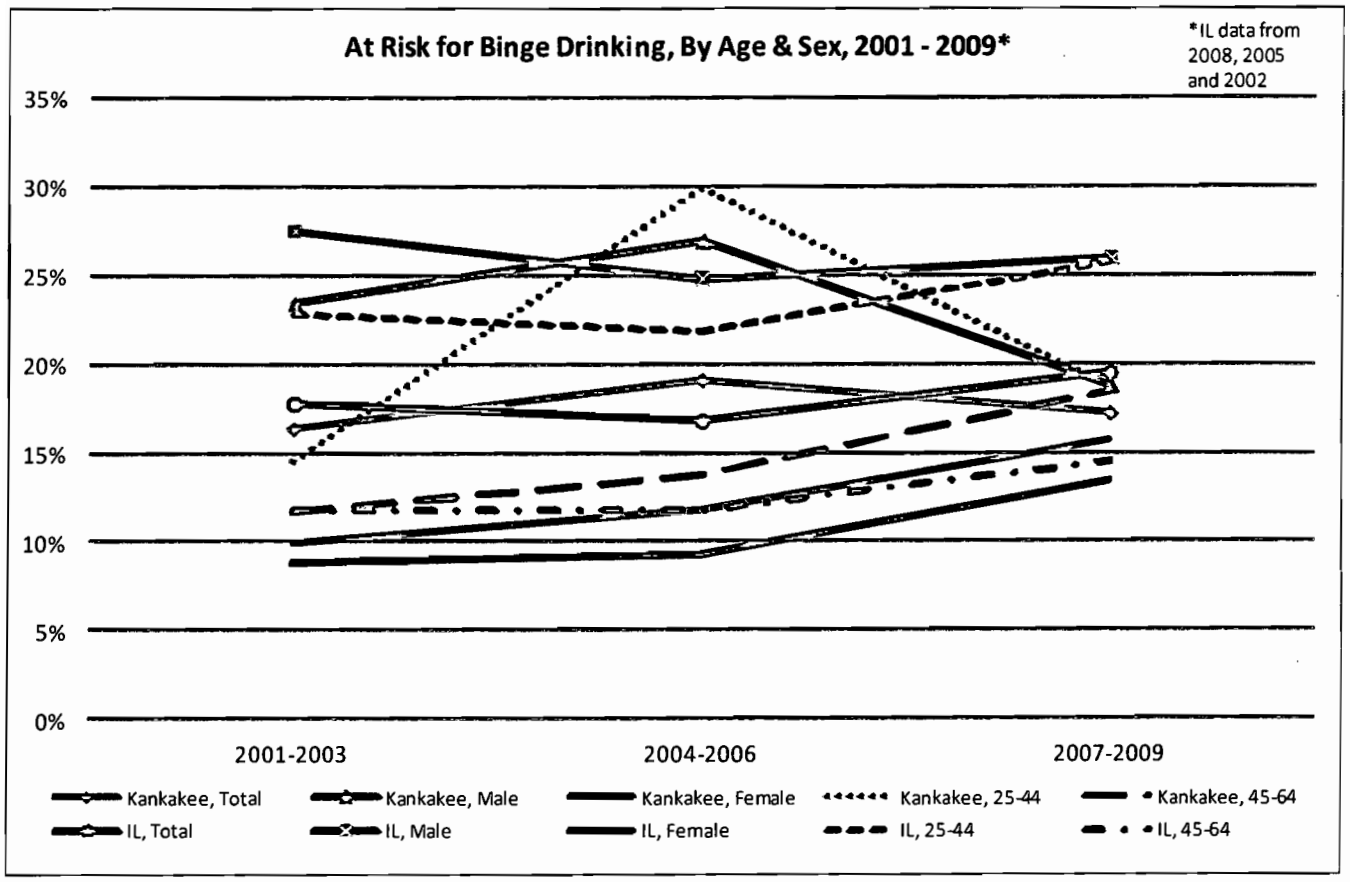


BINGE DRINKING

The percentage of individuals at risk for binge drinking in Kankakee County was very similar to the percentage for Illinois in recent years and was slightly lower than the state percentage in the latest wave of data, with Kankakee at 17.2% and the state at 19.5%.

The figures below provide data on individuals at risk for binge drinking by sex and by age. Males are consistently more likely to be at risk, although the difference narrowed in 2008, with males at 18.8% and females at 15.7%.

Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/default.asp

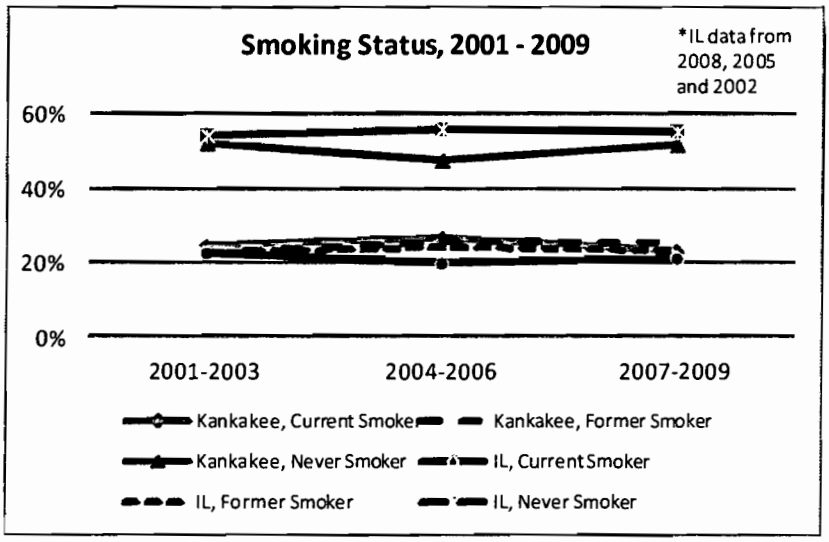


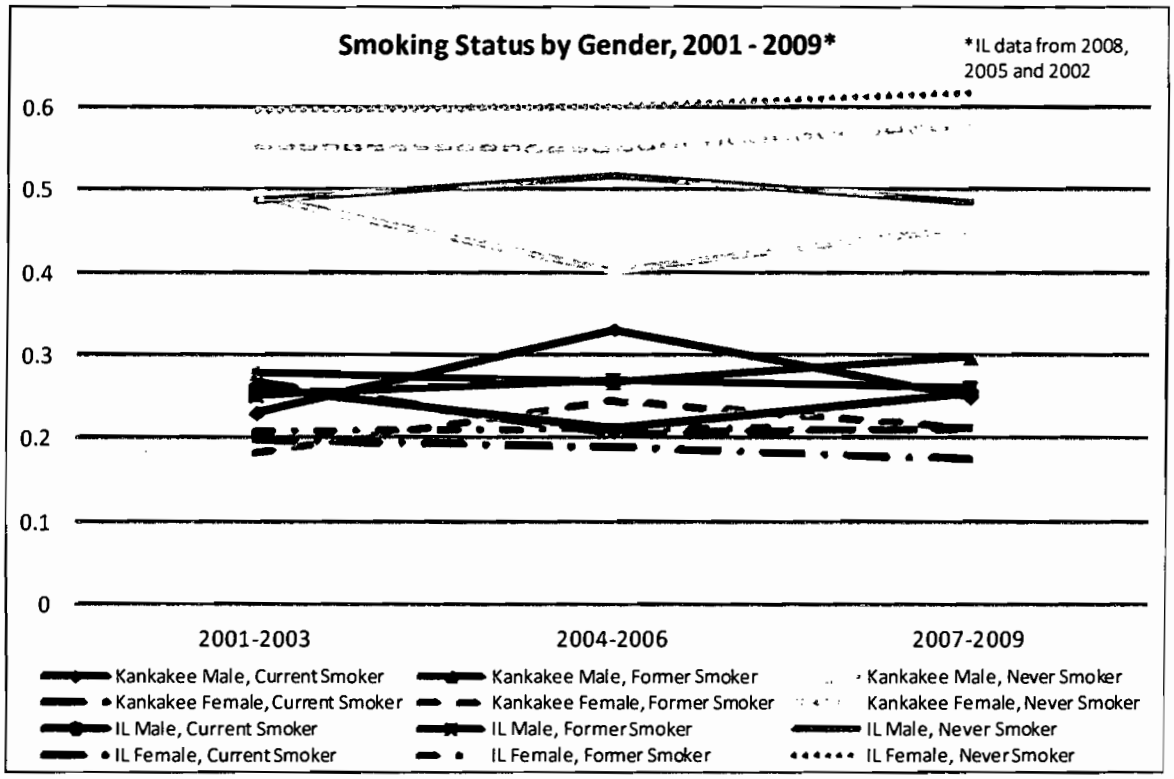
SMOKING STATUS

The percentage of Kankakee County residents who were current smokers fell from 1998 to 2008, but was slightly above the state rate for each year. In the latest wave of data current Kankakee smoking rate was 23.4%, compared to 21.3% for the state.

Smoking status is presented below for the overall population and by sex. Males are consistently more likely to be smokers in Kankakee County, although that trend was reversed in 2001 and the difference between sexes in 2008 was slight.

Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/default.asp

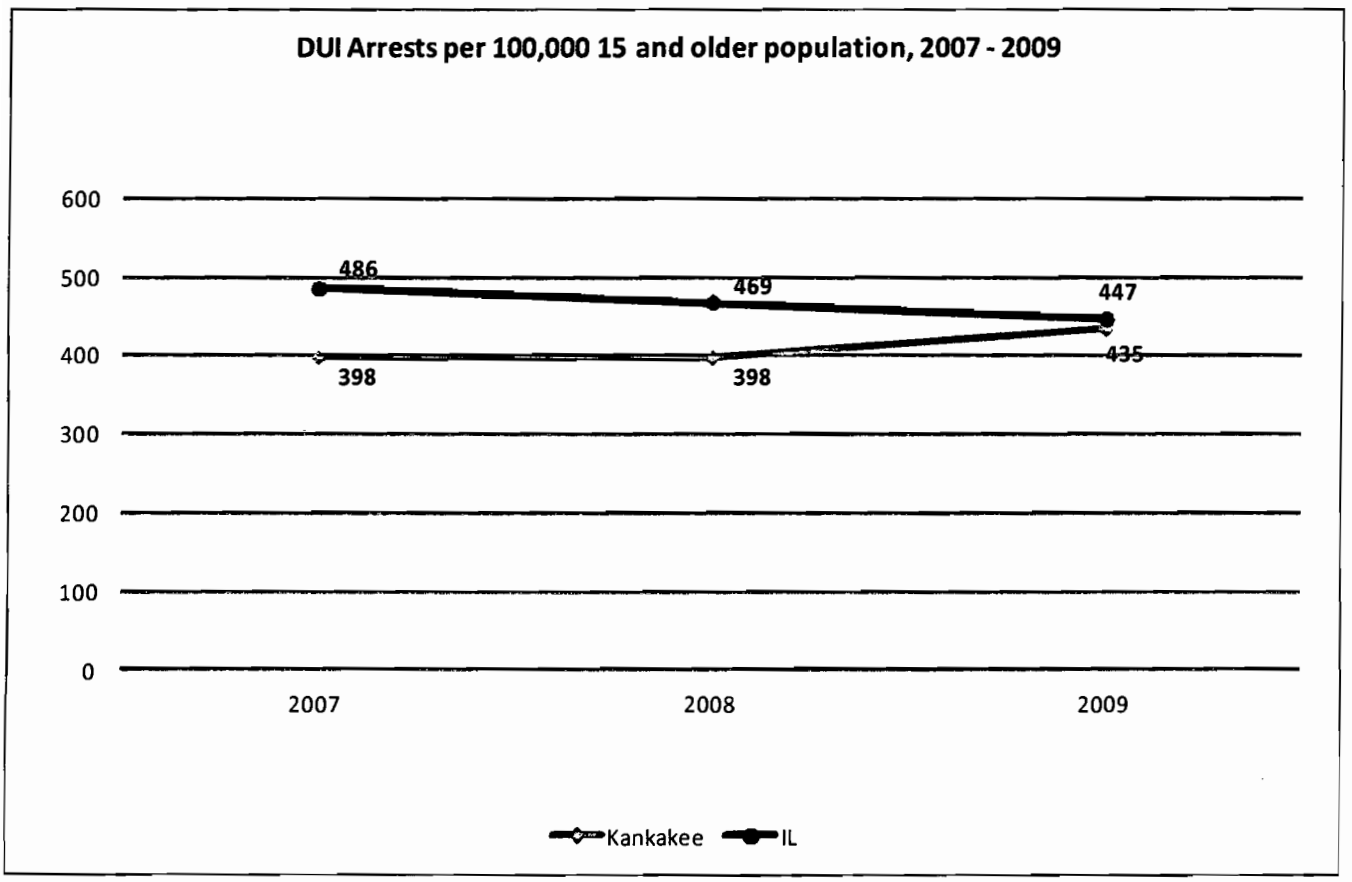




DRIVING UNDER THE INFLUENCE

The rate of DUI arrests in Kankakee County was below the Illinois rate from 2007 to 2009. The Kankakee rate in 2009 was 435 per 100,000, compared to 447 for the state.

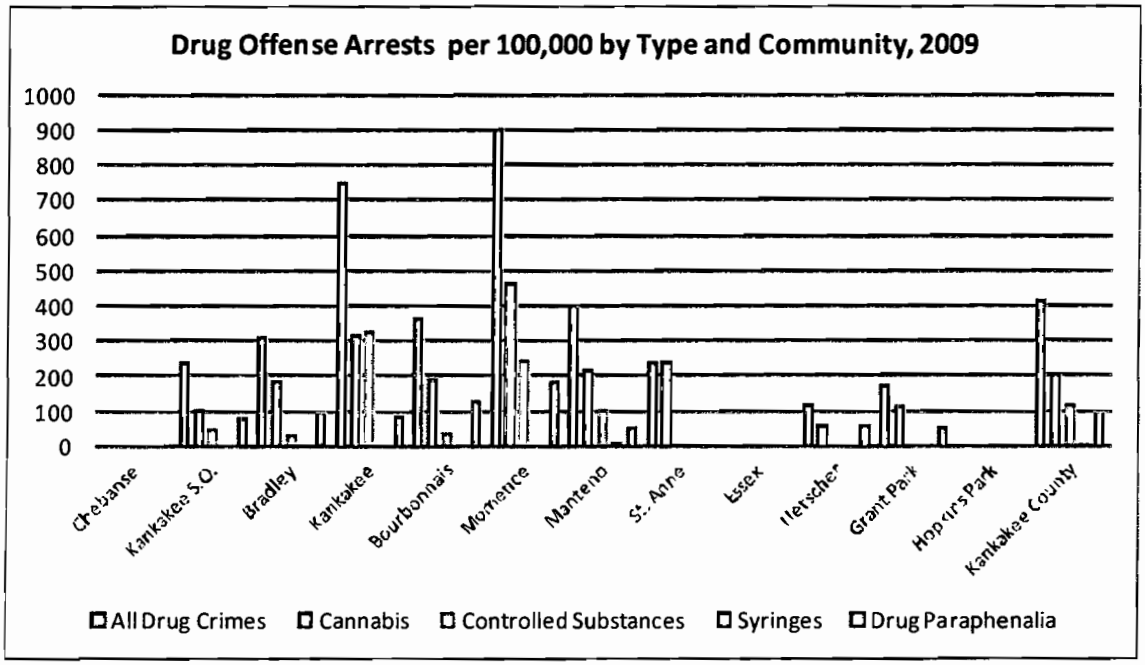
Data Source	IL Secretary of State
Data Source URL	http://www.cyberdriveillinois.com/publications/pdf_publications/dsd_a118.pdf

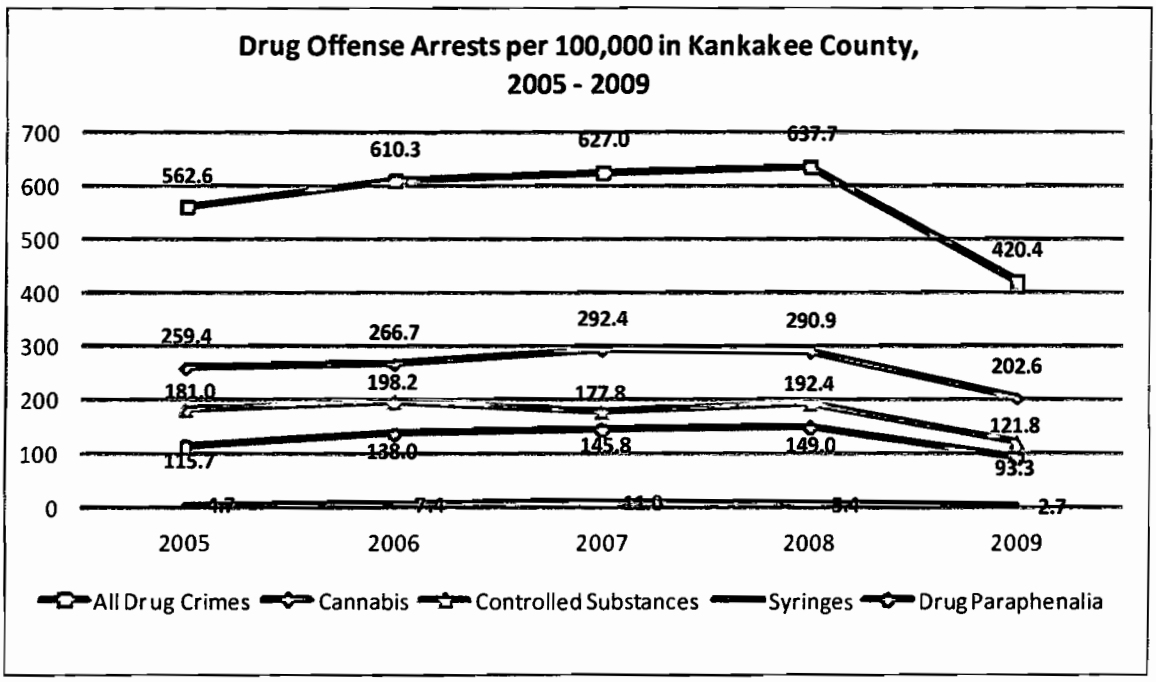


DRUG ARRESTS

The rate of drug arrests in Kankakee County was highest in Momence, Kankakee and Manteno in 2009. The rate of arrests for all types of drugs was 420.4 per 100,000 for the county, which represented a considerable drop from rates that ranged from 562.6 to 637.7 from 2005 to 2008. Cannabis was the drug with the single highest rate of arrests every year, with a rate of 202.6 in 2009.

Data Source	Illinois State Police
Data Source URL	http://www.isp.state.il.us/crime/cii2009.cfm





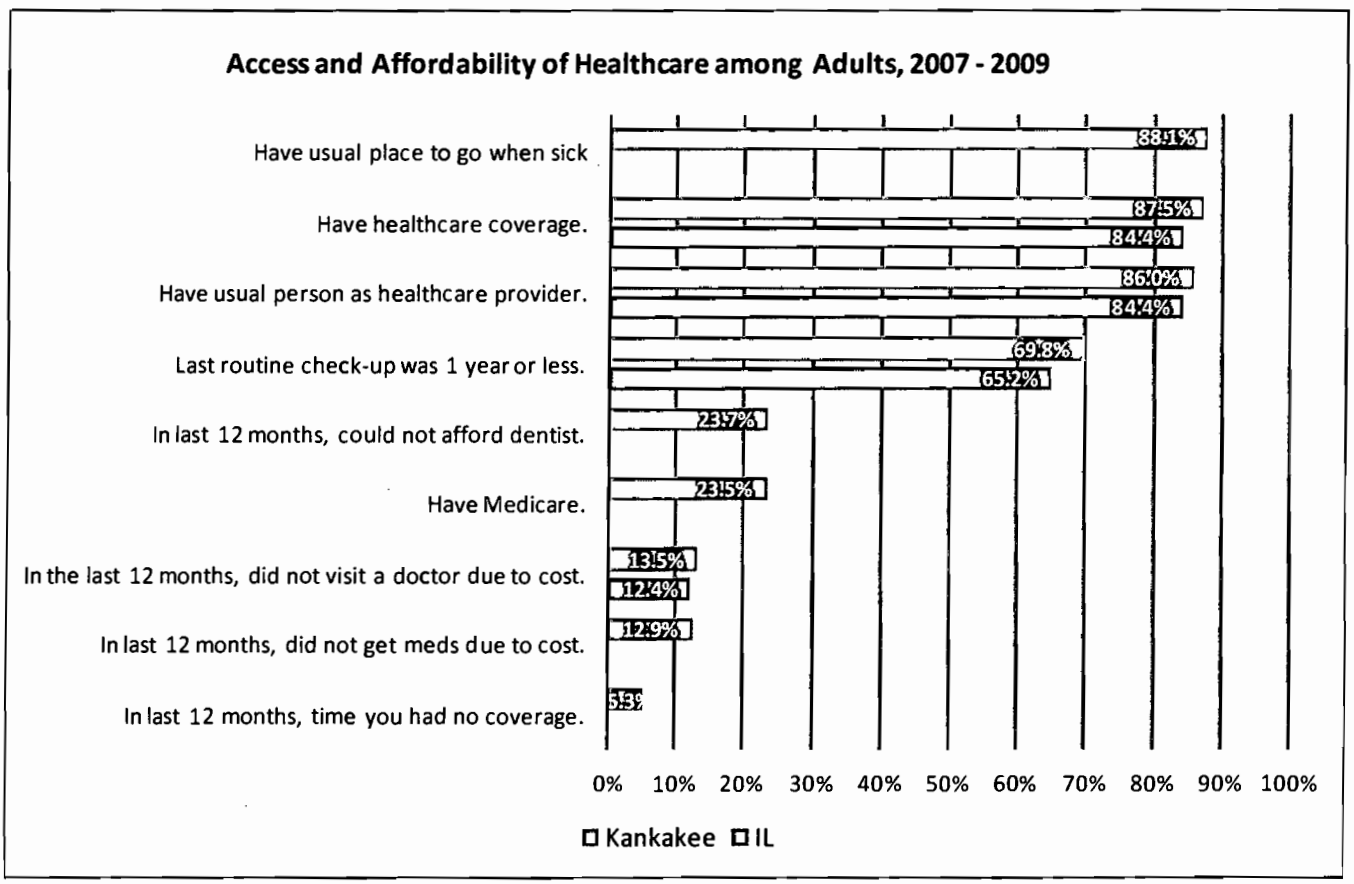
CHAPTER 11

HEALTH RESOURCES

HEALTHCARE - ACCESS AND AFFORDABILITY

For most of the healthcare access variables asked in the Behavioral Risk Factor Surveillance System (BRFSS), Kankakee County compares favorably with the state. Kankakee residents report having had a check up in the last year, healthcare coverage, and a usual healthcare provider, slightly more than in the state. Kankakee County residents were somewhat more likely to have not visited a doctor in the last year due to cost.

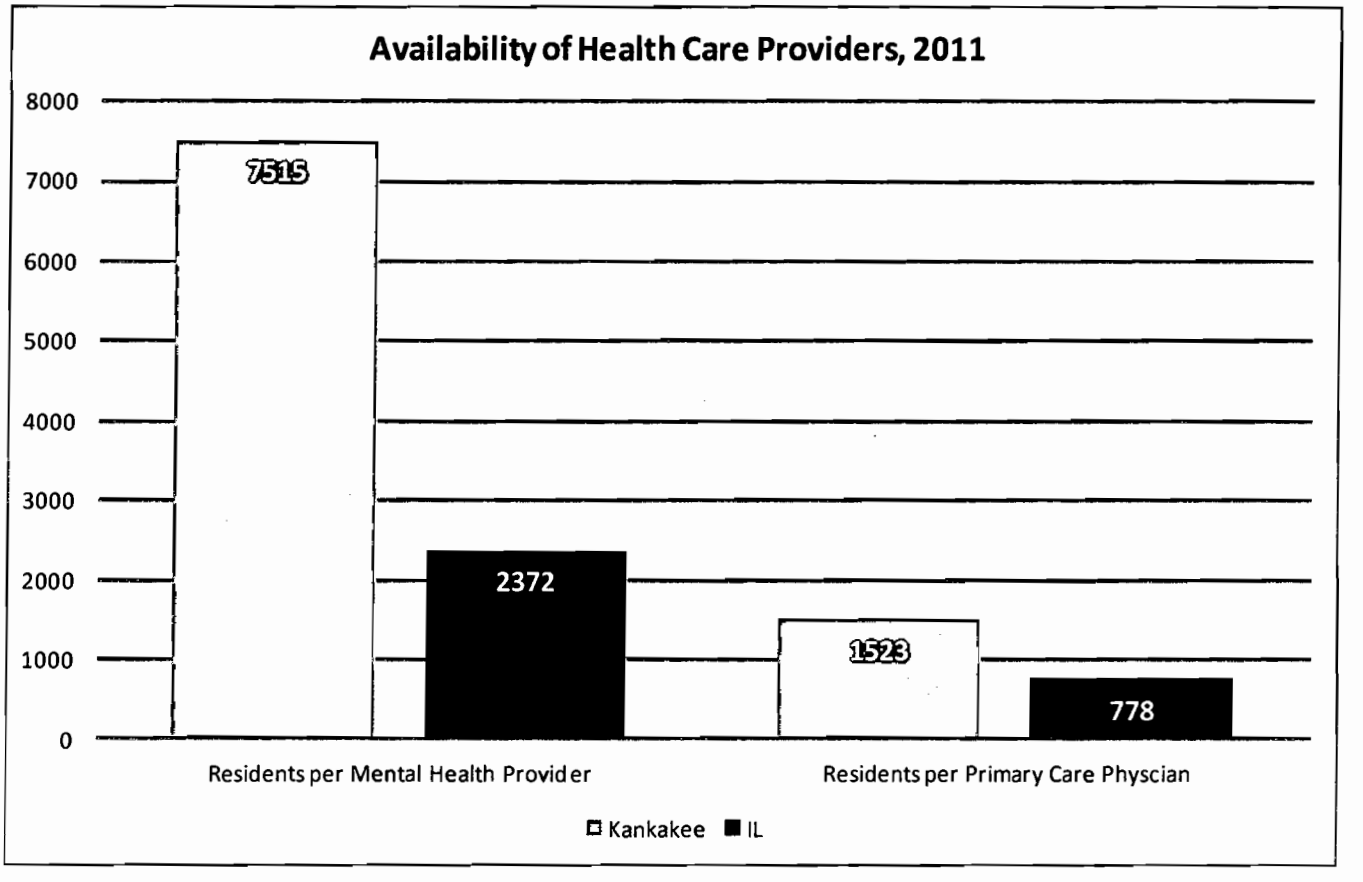
Data Source	IL Behavioral Risk Factor Surveillance System (BRFSS)
Data Source URL	http://app.idph.state.il.us/brfss/countydata.asp?areaCounty=Kankakee



AVAILABILITY OF HEALTH CARE PROVIDERS

Kankakee has fewer physicians per resident than the state (1523 residents per physician compared to 778 per physician for the state). The disparity between the county and the state is far greater when considering the number of mental health providers per resident (7515 residents per provider compared to 2372 per provider for the state).

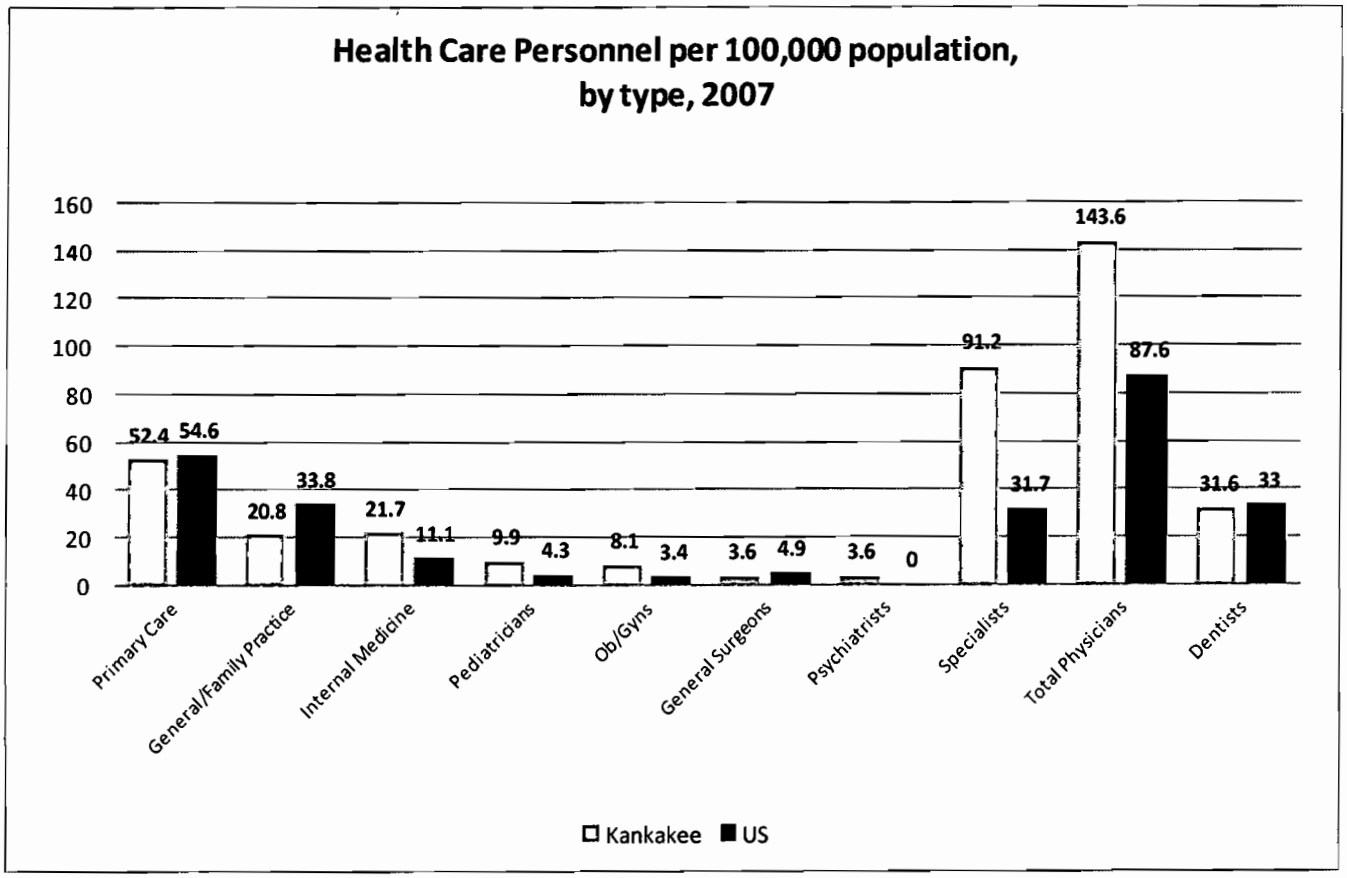
Data Source	County Health Rankings - Robert Wood Johnson Foundation
Data Source URL	http://www.countyhealthrankings.org/illinois/kankakee/other-measures



HEALTH PERSONNEL

The Health Resources and Services Administration's (HRSA) Area Resource File provides information on health personnel that allows for comparison to the national data and a selection of peer counties. Kankakee County has near the same number of primary care physicians and dentists per 100,000 population as the national median. Kankakee Count has a greater supply of internists, pediatricians and obstetricians/gynecologists than the national median. For total physicians and specialists in total, the Kankakee rate is considerably above the national median.

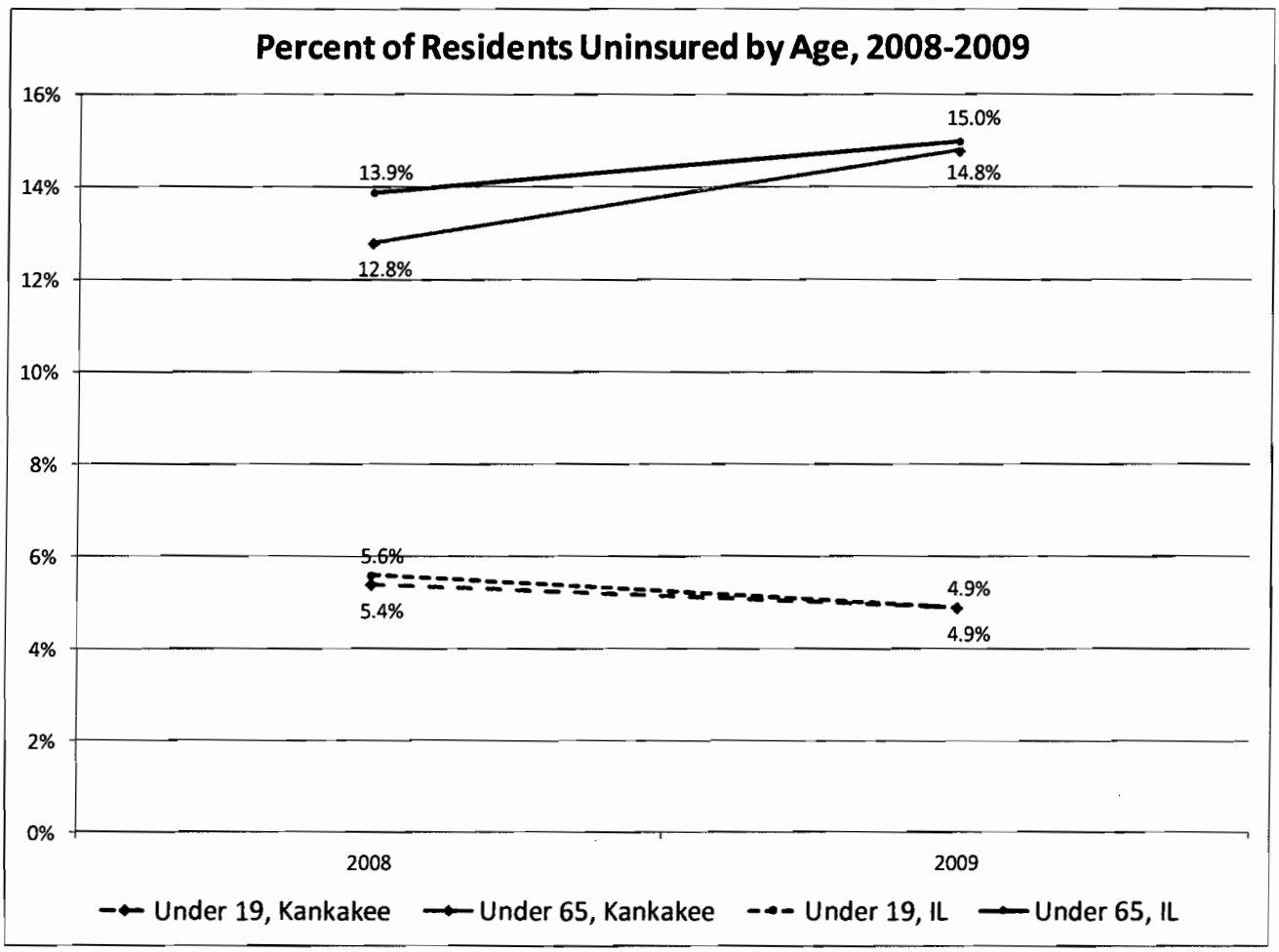
Data Source	Health Resources and Services Administration Area Resource File
Data Source URL	http://www.arf.hrsa.gov/arfwebtool/Counties_list.asp



UNINSURED ADULTS AND CHILDREN

For the Over 65 population, the rate of uninsurance in Kankakee County increased from 2008 to 2009. In 2009, the percentage for both the county and the state was 15%. The percentage of uninsured residents Under 19 in Kankakee followed the same downward trend seen in the state. In 2009, those percentages were precisely the same (5%).

Data Source	US Census Bureau, Small Area Health Insurance Estimates (SAHIE)
Data Source URL	http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=e7fbce89c7c49ff4357f1eb577139dc9&emailname=saeb@census.gov&filename=sahie09_county.hrml



Note 1: The Census' Small Area Health Insurance Estimates (SAHIE) methodology changed in 2008. The Census Bureau recommends against comparing 2008 or 2009 data with previous years.

NOTE 2: Certain subpopulations such as undocumented immigrants tend to be undercounted in these uninsurance estimates.

CHAPTER 12

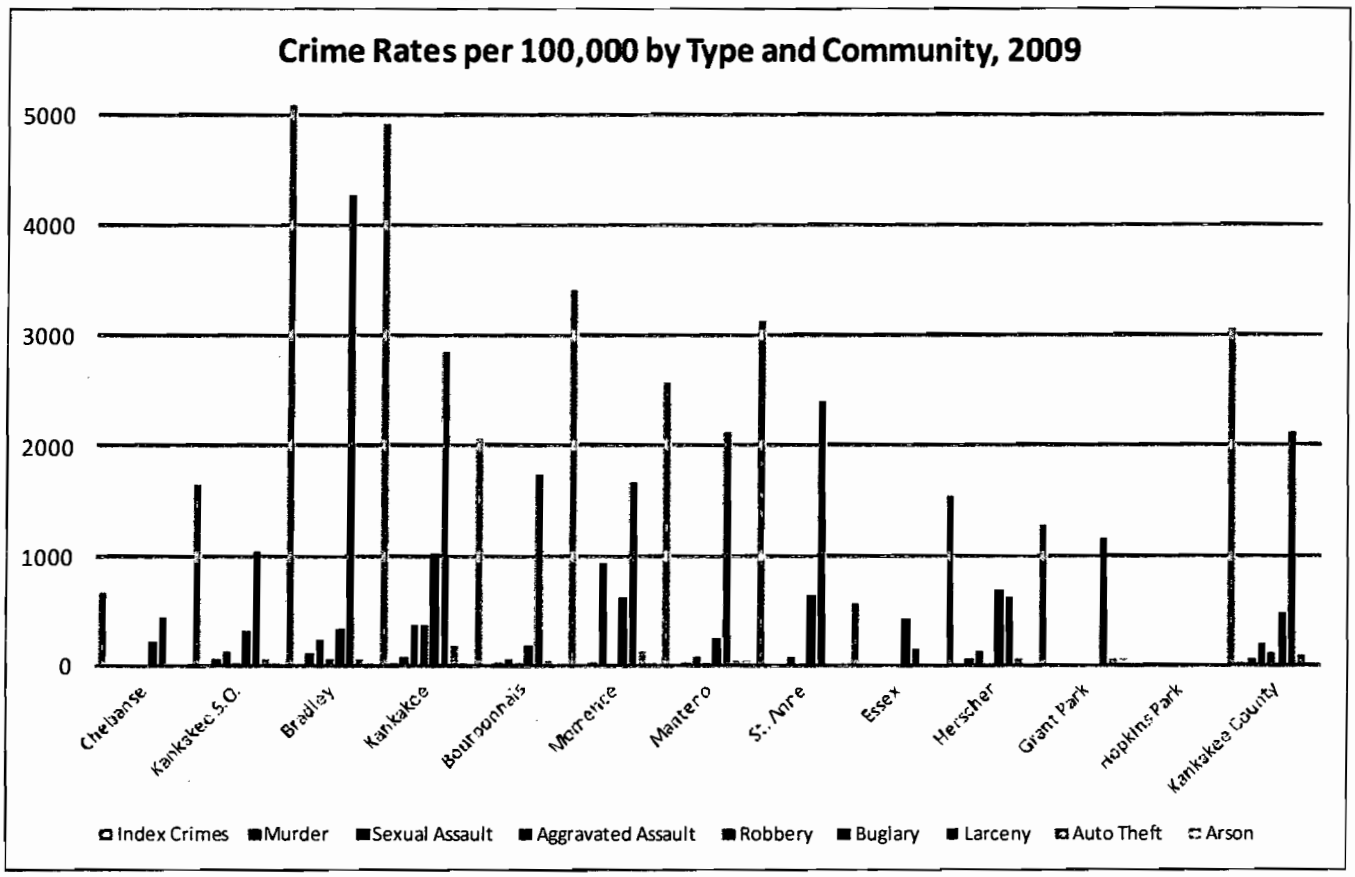
CRIME AND VIOLENCE

CRIME RATES BY TYPE AND COMMUNITY

The Crime Index has two categories: 1) Violent Crimes Against Persons, including: Murder and Non-negligent (i.e., willful) Manslaughter, Forcible Rape, Robbery, and Aggravated; and 2) Assault Crimes Against Property, including: Burglary, Theft, Motor Vehicle Theft and Arson. The crime rate indicates the prevalence of crime occurring across a given population. It is generally defined as the total number of index crimes per 100,000 inhabitants and is calculated as follows: Crime Index Count x 100,000.

The overall Index Crime rate per 100,000 people in the county was 3073 in 2009. Four Kankakee communities had Index Crime rates above 3000 per 100,000 population: Bradley at 5092; Kankakee at 4923; Momence at 3419; and St. Anne at 3127.

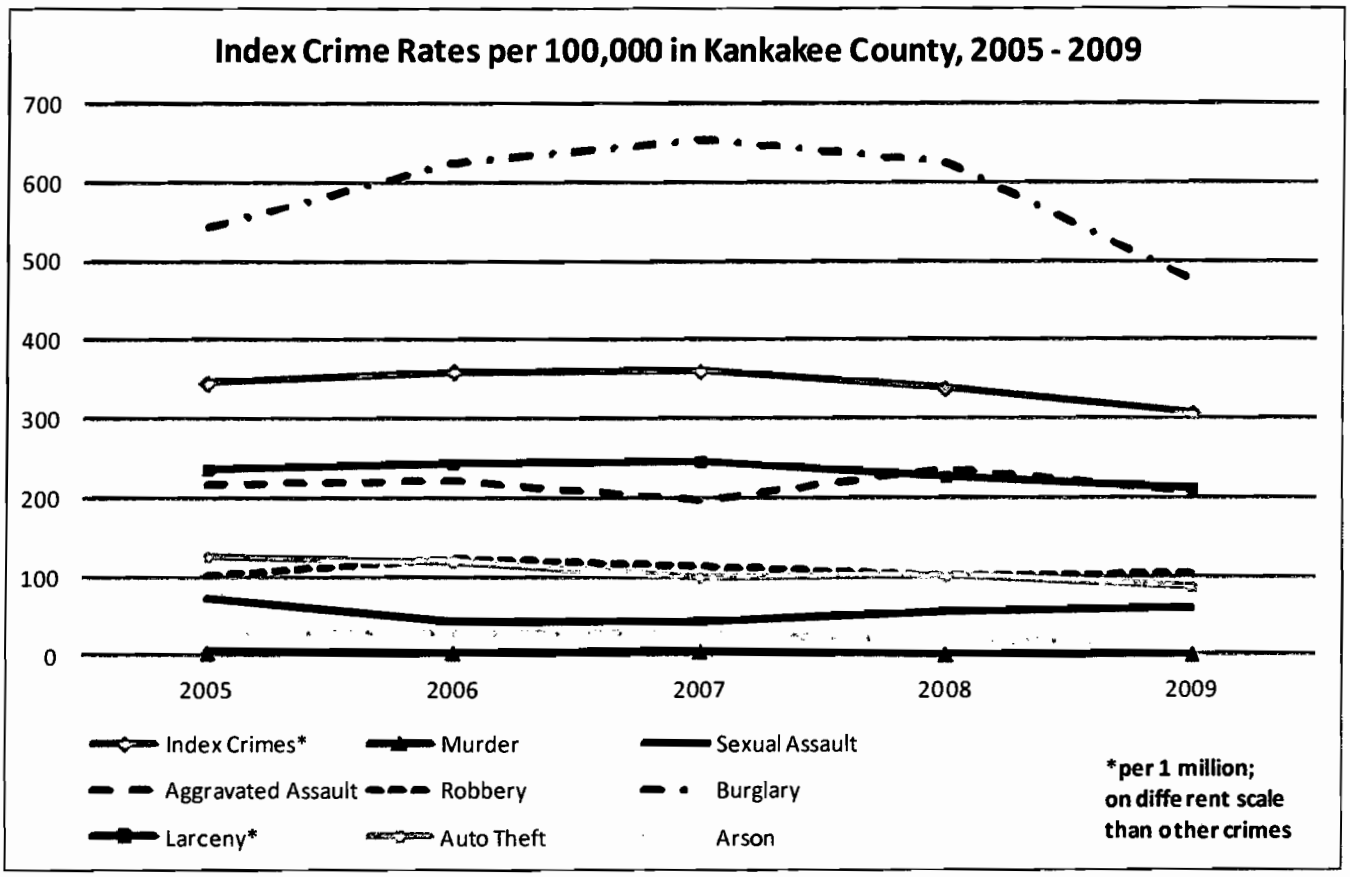
Data Source	Illinois State Police
Data Source URL	http://www.isp.state.il.us/crime/cii2009.cfm



KANKAKEE COUNTY INDEX CRIME

The Index crime rose from 2005 to a high of 654.5 in 2007 and then fell to a low of 473.7 in 2009. Most other rate for single crimes showed a relatively flat trend, with some decreasing slightly as would be expected give the down-trending Index Crime rate.

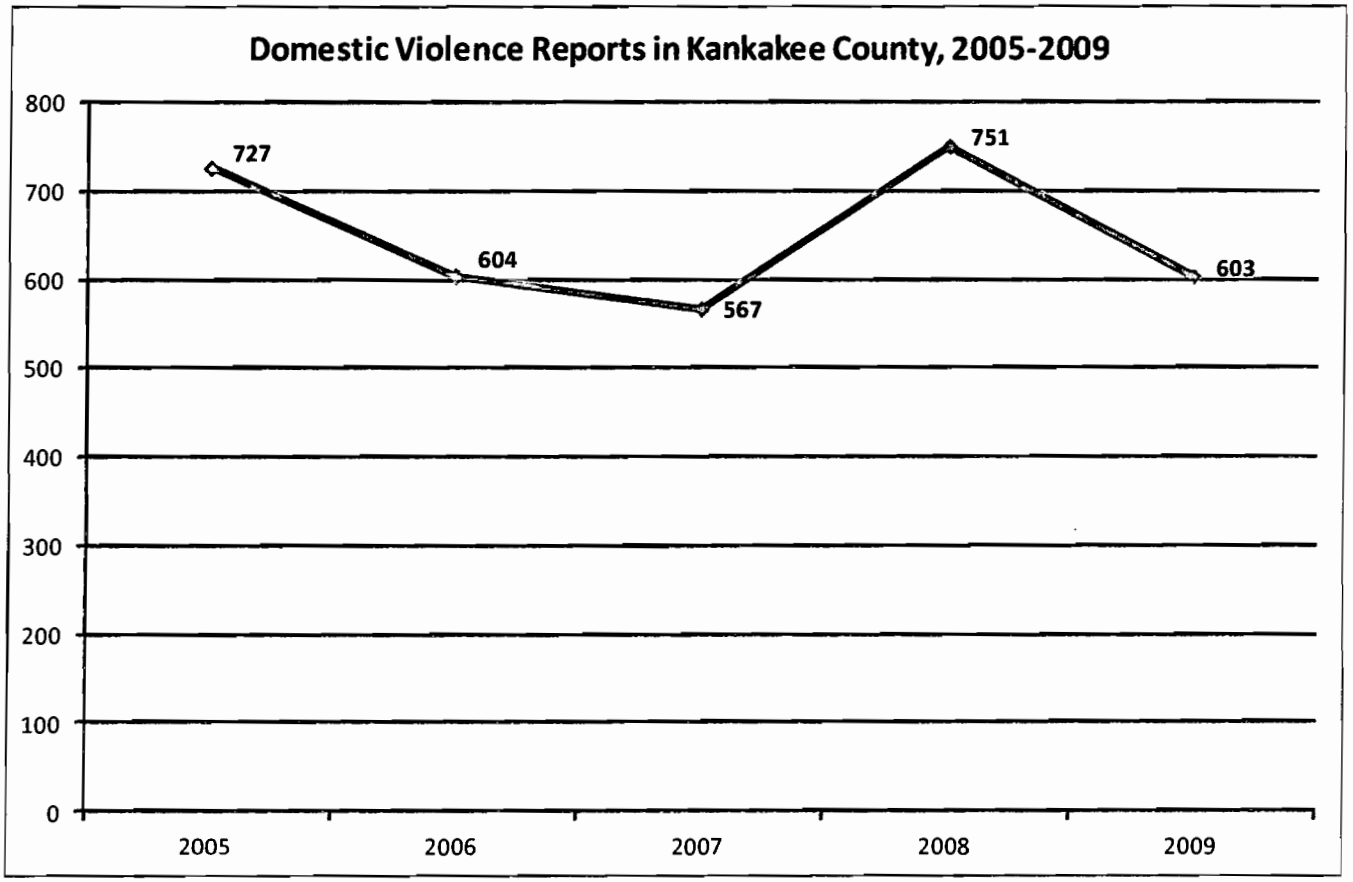
Data Source	Illinois State Police
Data Source URL	http://www.isp.state.il.us/crime/cii2009.cfm



DOMESTIC VIOLENCE

Reports of domestic violence were at 603 in 2009, after fluctuating between a low of 567 to a high of 751 in the period 2005 to 2009.

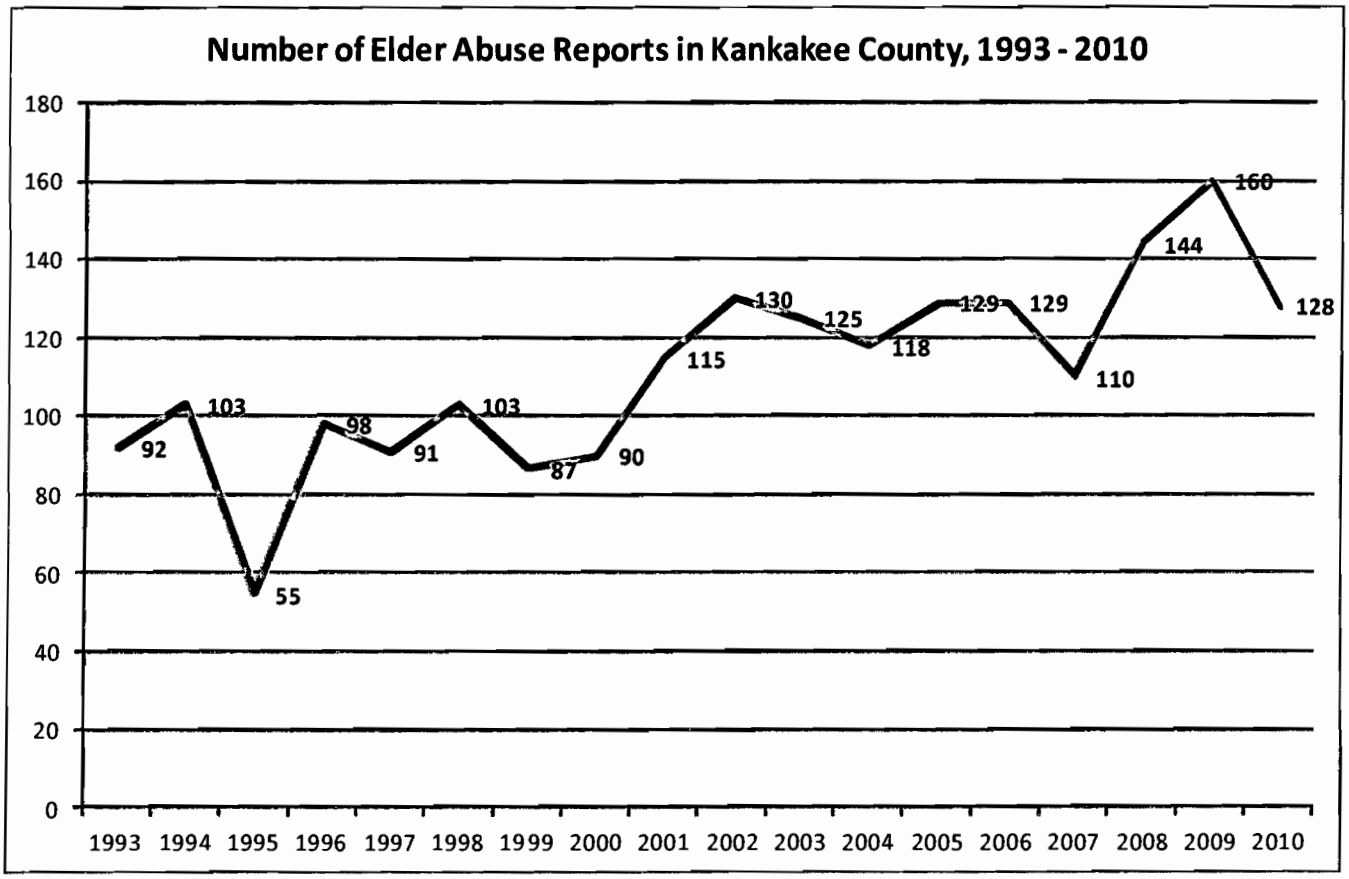
Data Source	Illinois State Police
Data Source URL	http://www.isp.state.il.us/crime/cii2009.cfm



ELDER ABUSE

Reports of elder abuse in Kankakee County has increased steadily from a low of 55 in 1995 to a high of 160 in 2009. In 2010, there was a relatively sharp drop-off from that high of 160 to 128.

Data Source	Northeastern Illinois Area Agency on Aging
Data Source URL	http://www.ageguide.org/

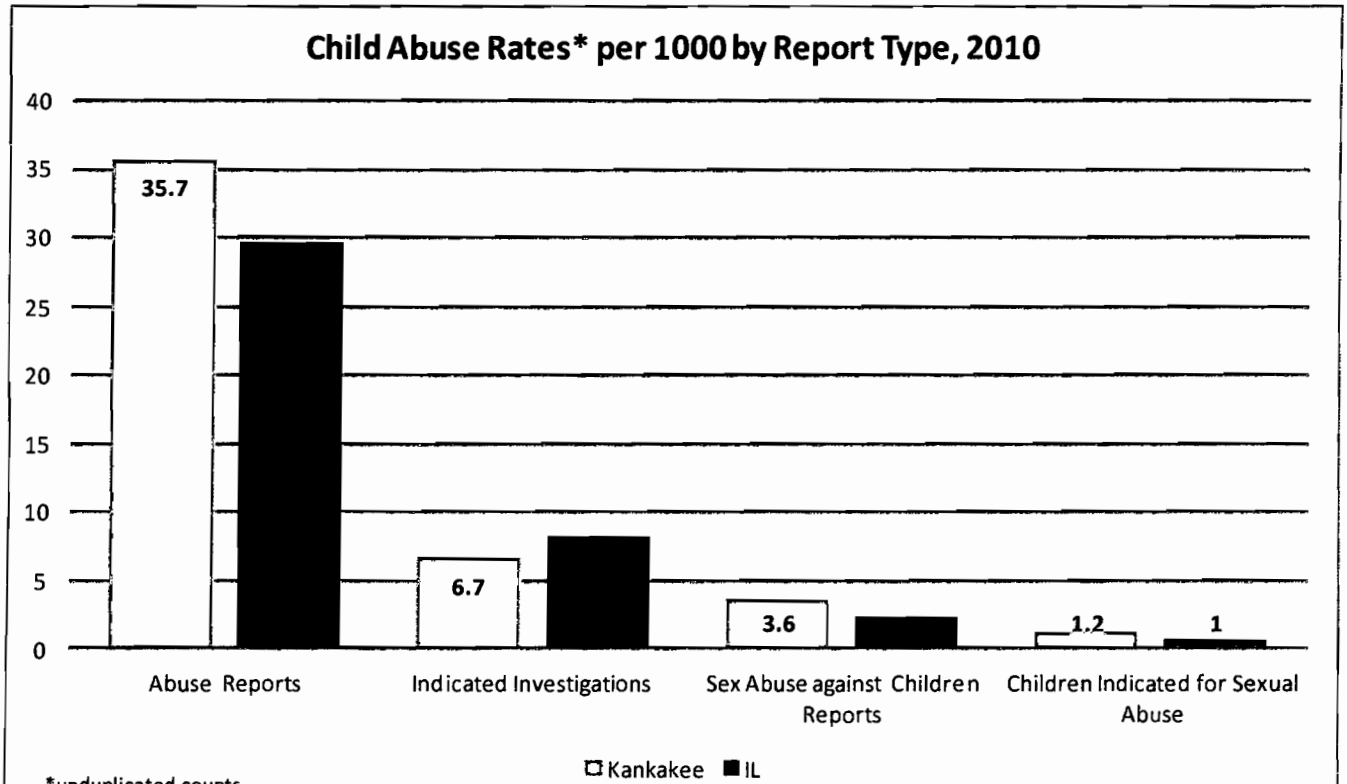


CHILD ABUSE

The overall rate of child abuse reports for Kankakee County was 35.7 per 1000 compared to 29.6 for the state. The rates for Indicated Investigations in Kankakee was lower than the state (6.7 and 8.0, respectively). The rate of reports of sex abuse against children was 3.6 in Kankakee, compared to the state at 2.0. Rates for indicated sexual abuse were 1.2 for Kankakee and1.0 for Illinois.

Indicated investigations are those that reveal credible evidence of abuse.

Data Source	Illinois Department of Child and Family Services
Data Source URL	http://www.state.il.us/DCFS/docs/CANTS2010.pdf



APPENDIX 1: DATA SOURCE LIST

Chapter 1	**POPULATION**
	Kankakee County Population
	US Census Bureau, http://www.census.gov/popfinder/
	Kankakee County Population by Age
	US Census Bureau, http://www.census.gov/popfinder/
	Kankakee County Population by Age and Sex
	US Census Bureau, http://www.census.gov/popfinder/
	Population - Larger Kankakee County Communities
	US Census Bureau, 2010 Census, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table
	Migration
	US Internal Revenue Service, http://www.irs.gov/pub/irs-soi/countyinflow0809.csv
	Population Change
	US Census Bureau, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table
	Age Characteristics of Kankakee County Townships
	US Census Bureau, http://www.census.gov/popfinder/
	Gender Ratio
	US Census Bureau, 2010 Census, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_QTP1&prodType=table

DATA SOURCE LIST CONTINUED

Chapter 2	RACE, ETHNICITY, LANGUAGE AND ANCESTRY
	Racial and Ethnic Composition of Kankakee County Population
	US Census Bureau, 2010 Census, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table
	Racial and Ethnic Composition of Kankakee County Communities
	US Census Bureau, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table
	Median Age by Sex, Race and Ethnicity
	US Census Bureau, http://www.census.gov/popfinder/
	Racial Composition of Student Population
	Illinois State Board of Education, http://www.isbe.net/research/htmls/fall_housing.htm
	Ancestry
	US Census Bureau, 2010 American Community Survey, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table
	Foreign Born
	US Census Bureau, 2010 American Community Survey, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table
	Language
	US Census, 2008 - 2010 American Community Survey http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_DP02&prodType=table

DATA SOURCE LIST CONTINUED

Chapter 3	HOUSEHOLD CHARACTERISTICS, MARITAL STATUS AND MARRIAGE/DIVORCE
	Household Relationships
	US Census Bureau, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table
	Household Structure
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	Household Structure - Children and Elderly
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	Home Value
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	Telephone and Vehicle Availability
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	Housing – Kankakee County Communities
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Chapter 5	EDUCATION AND EMPLOYMENT
	Educational Attainment
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	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_DP02&prodType=table
	High School Graduation Rates – Overall and Racial Composition
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	Employment Participation
	US Census Bureau, 2010 American Community Survey,
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	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_B23003&prodType=table
	Employment Structure
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	Unemployment
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	Unemployment Characteristics
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	Leading Employers
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	Commuting Patterns
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	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S0801&prodType=table
	Education and Employment by Township
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	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_DP03&prodType=table
	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_3YR_S1501&prodType=table

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	Median Income by Family, Household, Race and Ethnicity
	US Census Bureau, 2010 American Community Survey, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1903&prodType=table
	Per Capita Personal Income
	US Department of Commerce Bureau of Economic Analysis, http://www.bea.gov/iTable/iTable.cfm?ReqID=70&step=1
	Poverty by Age and Race/Ethnicity
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	Poverty by Household Type
	US Census Bureau, 2010 American Community Survey, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1701&prodType=table
	Income and Poverty by Township
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	Medicaid Recipients
	Illinois Department of Healthcare and Family Services, http://www2.illinois.gov/hfs/agency/Program%20Enrollment/Pages/kankakee.aspx

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Chapter 7	NATALITY
	Births and Fertility
	CDC Wonder– Natality data only available through 2006, http://wonder.cdc.gov/natality.html
	Births by Race and Ethnicity
	Illinois Department of Public Health, http://app.idph.state.il.us/iplandatasystem.asp?menu=1
	Births by Age of Mother
	Illinois Department of Public Health, http://app.idph.state.il.us/iplandatasystem.asp?menu=1
	Teen Births
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	Births to Unmarried Mothers
	US Census Bureau, 2010 American Community Survey http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_5YR_S1301&prodType=table
	Low and Very Low Birth Weight
	Illinois Department of Public Health, http://app.idph.state.il.us/iplandatasystem.asp?menu=1
	Prenatal Care
	IPLAN Data System, http://app.idph.state.il.us/iplandatasystem.asp?menu=1
	Risk Behavior During Pregnancy
	IPLAN Data System, http://app.idph.state.il.us/iplandatasystem.asp?menu=1
	Infant Mortality and Birth Defects
	http://www.idph.state.il.us/about/epi/pdf/ERS_11-05_APORS_2004-2008.pdf and http://app.idph.state.il.us/iplandatasystem.asp?menu=1
	Pregnancy Terminations
	Illinois Department of Public Health, http://www.idph.state.il.us/health/abortion/abort09.htm

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Chapter 8	MORTALITY
	Deaths
	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007, http://wonder.cdc.gov/cmf-icd10.html
	Deaths by Age
	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007, http://wonder.cdc.gov/cmf-icd10.html
	Leading Causes of Mortality Overall and by Sex
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	Leading Causes of Mortality by Race
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	Premature Mortality
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	Chronic Heart Disease Mortality Overall and by Sex
	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007, http://wonder.cdc.gov/cmf-icd10.html
	All Cancers Mortality Overall and by Sex
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	Chronic Lower Respiratory Disease Mortality Overall and by Sex
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	Stroke Mortality Overall and by Sex
	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007, http://wonder.cdc.gov/cmf-icd10.html
	Alzheimer's Disease Overall and by Sex
	CDC Wonder– Latest mortality data available through CDC Wonder is for 2007, http://wonder.cdc.gov/cmf-icd10.html
	Suicide
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	Birth to Death Ratio
	IPLAN Data System, http://app.idph.state.il.us/iplandatasystem.asp?menu=1

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Chapter 9	HEALTH STATUS
	Arthritis
	IL Behavioral Risk Factor Surveillance System (BRFSS), http://app.idph.state.il.us/brfss/countydata.asp
	Asthma
	IL Behavioral Risk Factor Surveillance System (BRFSS), http://app.idph.state.il.us/brfss/countydata.asp
	Breast Cancer Incidence Overall and by Race
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	Breast and Cervical Cancer Screening Use
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	Colon and Prostate Cancer Screening Use
	IL Behavioral Risk Factor Surveillance System (BRFSS), http://app.idph.state.il.us/brfss/countydata.asp
	Diabetes
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	Hypertension
	IL Behavioral Risk Factor Surveillance System (BRFSS), http://app.idph.state.il.us/brfss/countydata.asp
	Obesity and Physical Inactivity
	IL Behavioral Risk Factor Surveillance System (BRFSS), http://app.idph.state.il.us/brfss/countydata.asp
	Perception of Poor Health
	IL Behavioral Risk Factor Surveillance System (BRFSS), http://app.idph.state.il.us/brfss/countydata.asp
	Communicable Disease Cases
	Kankakee County Health Department 2010 Annual Report, http://www.kankakeehealth.org/files/annual%20report%202010.pdf
	Sexually Transmitted Infection Cases and Rates
	Kankakee County Health Department 2010 Annual Report, http://www.kankakeehealth.org/files/annual%20report%202010.pdf (Cases)
	Illinois Department of Public Health, http://www.idph.state.il.us/health/std/index.htm (Rates)
	Hospitalization
	COMPdata - Kankakee County, Private Dataset
	Childhood Blood Lead Levels
	Kids Count Data Center, http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=IL&loc=2235
	Childhood Immunization
	IPLAN Data System, http://app.idph.state.il.us/IPLANDataSystem.asp?menu=1
	Disability Status
	US Census Bureau, 2010 American Community Survey.
	http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_10_1YR_S1810&prodType=table

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Chapter 10	MENTAL HEALTH AND SUBSTANCE ABUSE
	Mental Health Not Good
	IL Behavioral Risk Factor Surveillance System (BRFSS), http://app.idph.state.il.us/brfss/default.asp
	Binge Drinking
	IL Behavioral Risk Factor Surveillance System (BRFSS), http://app.idph.state.il.us/brfss/default.asp
	Smoking Status
	IL Behavioral Risk Factor Surveillance System (BRFSS), http://app.idph.state.il.us/brfss/default.asp
	Driving Under the Influence
	IL Secretary of State, http://www.cybердriveillinois.com/publications/pdf_publications/dsd_a118.pdf
	Drug Arrests
	Illinois State Police, http://www.isp.state.il.us/crime/cii2009.cfm

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Chapter 11	HEALTH RESOURCES
	Health Care – Access and Affordability
	Illinois Behavioral Risk Factor Surveillance System (BRFSS), http://app.idph.state.il.us/brfss/countydata.asp?areaCounty=Kankakee
	Availability of Health Care Providers
	County Health Rankings - Robert Wood Johnson Foundation, http://www.countyhealthrankings.org/illinois/kankakee/other-measures
	Uninsured Adults and Children
	US Census Bureau, Small Area Health Insurance Estimates, http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=e7fbce89c7c49ff4357f1eb577139dc9&emailname=saeb@census.gov&filename=sahie09_county.hrml
	Health Personnel
	HRSA Area Resource File, http://www.arf.hrsa.gov/arfwebtool/Counties_list.asp

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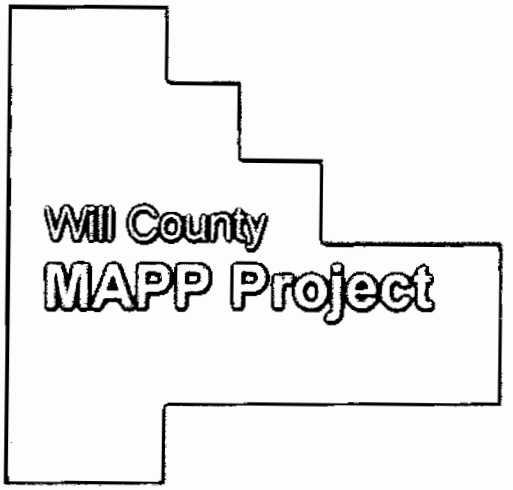
Chapter 12	CRIME AND VIOLENCE
	Crime Rates by Type and Community
	Illinois State Police, http://www.isp.state.il.us/crime/cii2009.cfm
	Kankakee County Index Crime
	Illinois State Police, http://www.isp.state.il.us/crime/cii2009.cfm
	Domestic Violence
	Illinois State Police, http://www.isp.state.il.us/crime/cii2009.cfm
	Elder Abuse
	Northeastern Illinois Agency on Aging, www.agcguide.org
	Child Abuse
	Illinois Department of Child and Family Services, http://www.state.il.us/DCFS/docs/CANTS2010.pdf

Will County Community Health Status Report



Prepared by
Will County Health Department
Family Health Services Division
May 2010

Updated September 2010

ATTACHMENT 12(c)

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Introduction

The Community Health Status Assessment (CHSA) in Will County was conducted as one of the four assessments in the Mobilizing Action through Planning and Partnerships (MAPP) process. The Community Health Status Assessment is a crucial component of the MAPP process in that the data gathered serves as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to state and national data. During this assessment, information regarding health status, quality of life, and risk factors in the community is gathered and analyzed.

The Community Health Status Assessment provides a list of core indicators (data elements) for 11 broad-based categories:

Who are we and what do we bring to the table?

1. Demographic Characteristics
2. Socioeconomic Characteristics
3. Health Resource Availability

What are the strengths and risks in our community that contribute to health?

4. Quality of Life
5. Behavioral Risk Factors
6. Environmental Health Indicators

What is our health status?

7. Social and Mental Health
8. Maternal and Child Health
9. Death, Illness and Injury
10. Infectious Disease
11. Sentinel events

Methodology

For Will County's Community Health Status Assessment process, the MAPP Steering Committee identified staff from their respective organizations that were knowledgeable about data and could collect and analyze that data for the core indicators listed above. In the CHSA sub-committee's initial meetings, the group discussed which national, state and local databases could be used to gather pertinent information on the health status of Will County.

Data from *Illinois Project for Local Assessment of Need* (IPLAN), and the *Community Health Indicator Status Report (*CHIS) were reviewed and discussed. Many of the indicators for MAPP are found in the IPLAN data sets. This data was used when available, as well as data from the local hospitals. Statistical Indicators from the 2004 needs assessment were also reviewed in order to look at the data for comparison.

Assignments were divided amongst the committee members based on knowledge and accessibility to data. Committee members were asked to gather the necessary data and provide a summary of that data. Interns from Provena Saint Joseph Medical Center and Will County Health Department provided assistance with data collection.

Once all the information was received the CHSA, committee reviewed the data. The collected data was given to the Will County Health Department's epidemiologist to consolidate all of the collected data into a cohesive report to be shared with the Steering Committee. Certain sentinel events data have been combined with the infectious disease category. Cancer related data has been included with the death, illness and injury category.

Healthy People 2010

Healthy People 2010 is a comprehensive set of disease prevention and health promotion objectives for the nation to achieve over the first decade of the new century. Created by scientists both inside and outside of government, it identifies a wide range of public health priorities and specific, measurable objectives. It was developed based on initiatives pursued over the last two decades, including the 1979 Surgeon General's Report, *Healthy People,* and *Healthy People 2000* which established national health objectives and served as the base for the development of state and community plans. For the purposes of this report, *Healthy People 2010* is also referred to as HP 2010.

It is important to use *Healthy People 2010* as a benchmark for some areas in this community. Where available some of the data provided has been compared to these national benchmarks as well as state and peer county data.

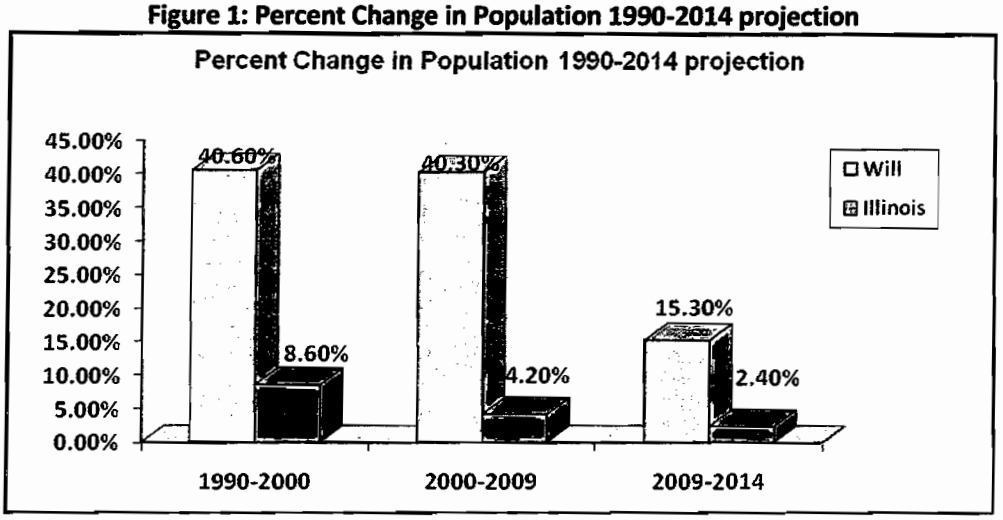
Category One – Demographic Characteristics

Definition of Category: Demographic characteristics include measures of total population as well as percent of total population by age group, gender, race and ethnicity, where these populations and subpopulations are located, and the rate of change in population density over time, due to births, deaths and migration patterns.

Population Estimates & Growth

According to the U.S. Census Bureau, the Will County community has grown rapidly over the past decade and will continue to grow over the next five years. The total population for Will County is projected to be 812,444 by 2014 (an increase of 15.3% over the next five years, compared to 2.4% growth over the same time period for the State of Illinois). Current 2009 population estimate for Will County I s 704,463. The change in population growth between 2000 and 2009 is shown in Figure 1.

Figure 1: Percent Change in Population 1990-2014 projection

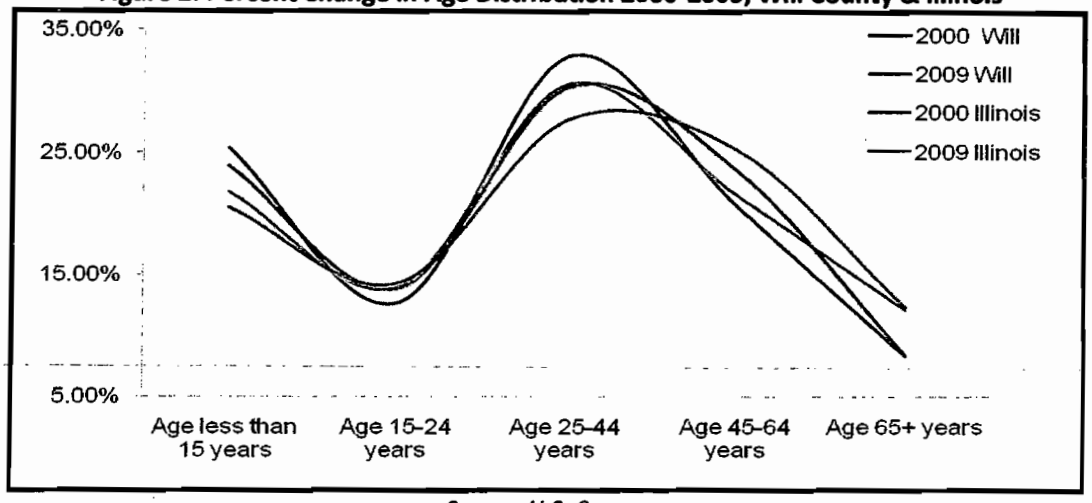


Source: U.S. Census

Age & Sex Distribution of Population

Figure 2 shows the age and sex distributions for the County. Will County represent a younger population than is found Statewide. According to 2009 estimates, 25.6 percent of Will County's population is younger than 16 compared to 21.6 percent statewide. The 2009 median age for Will County is 33.1 compared to 36.1 statewide. In 2009, 8.4 percent of the Will County population is 65 years of age or older compared to 12.3 percent Statewide.

Figure 2: Percent Change in Age Distribution 2000-2009, Will County & Illinois

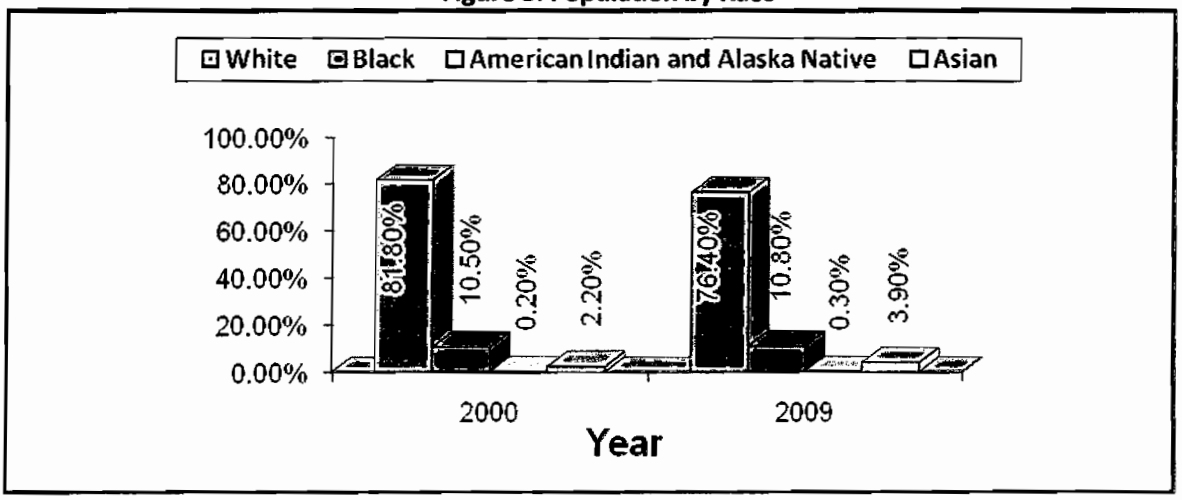


Source: U.S. Census

Racial & Ethnic Composition of Population

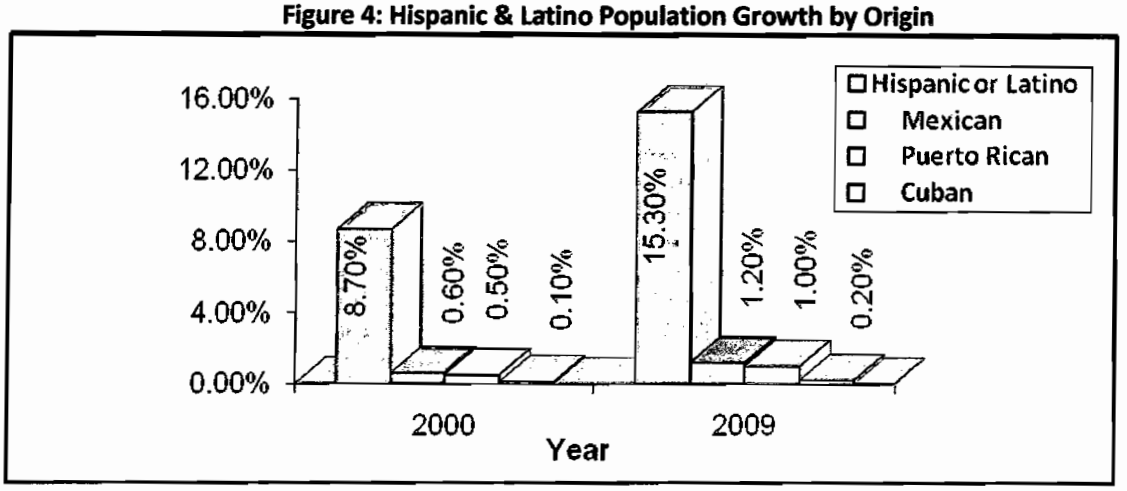
The racial and ethnic composition of Will County is shown in Figure 3. In 2009, the majority of Will County's population was White (76.4%), followed by Black or African American (10.8%) and Other Race (6.3%). The Hispanic and Latino population grew at a rapid rate and doubled (15.3%) in 2009 compared to 2000 (8.7%), as shown in Figure 4. Statewide, the Hispanic & Latino population grew from 12.3% in 2000 to 15.3% in 2009.

Figure 3: Population by Race



Source: U.S. Census

Figure 4: Hispanic & Latino Population Growth by Origin



Population Age 5+ by Language Spoken at Home

Even though the Hispanic and Latino population doubled in the last decade, no significant change is noticed in language spoken at home (English vs. non-English) during the same time period as shown in the table below.

Table 1 – Will County Population Age 5 + Language Spoken at Home

	Will County				Illinois			
	2000 Census	% to Total	2009 Estimate	% to Total	2000 Census	% to Total	2009 Estimate	% to Total
Population Age 5+	460465		648158		11547505		12038171	
Speak only English at home	405351	88.0%	572996	88.4%	9326786	80.8%	9759805	81.1%
Speak Asian/Pacific Islander Language at home	6456	1.4%	9777	1.5%	248800	2.2%	261451	2.2%
Speak Spanish at home	32352	7.0%	42224	6.5%	1253676	10.9%	1276251	10.6%
Speak Other Language at home	1729	0.4%	2331	0.4%	78006	0.7%	80793	0.7%

Source – U.S. Census

Data Source/Work Cited:

U.S. Census Bureau

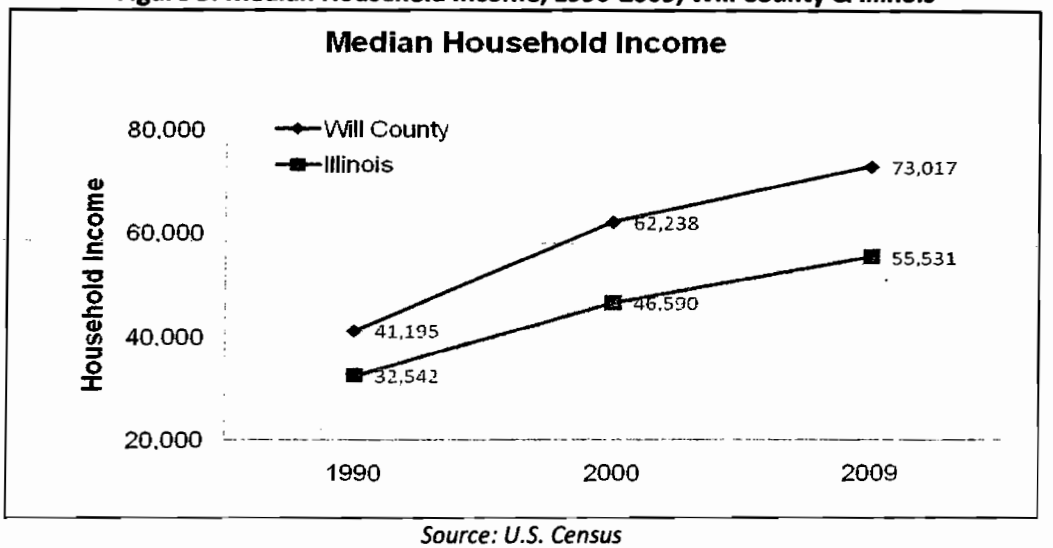
Category Two - Socioeconomic Characteristics

Definition of Category - Socioeconomic characteristics include measures that have been shown to affect health status, such as income, education, and employment, and the proportion of the population represented by various levels of these variables.

Median Household Income

Per capita income for Will County's population averaged $29,144 in 2009 – an increase of more than $4,500 from 2000 levels. Per capita income in 2009 for Will County was roughly $2,000 more than was found statewide. The median household income among Will County residents grew by 17 percent in 2009 from 2000 compared to 19 percent Statewide for the same time period. These trends in median household income are shown in Figure 5.

Figure 5: Median Household Income, 1990-2009, Will County & Illinois

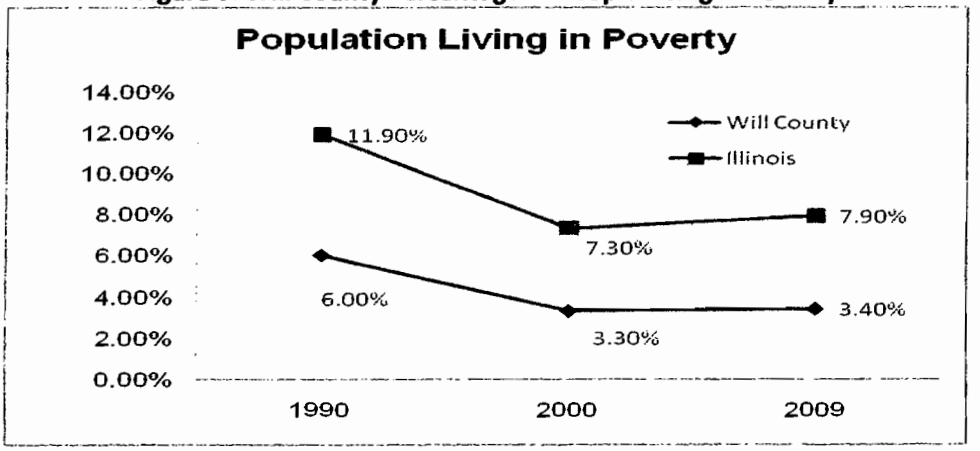


Source: U.S. Census

Persons Living in Poverty

In 2009, 3.4 percent (6,200 families) of Will County families lived below the poverty level. While the percentage of persons living in poverty has remained relatively stable between 2000 and 2009 in Will County, the absolute numbers of families living in poverty increased by 1,721. The trend in poverty rate is shown in Figure 6.

Figure 6: Will County Percentage of People Living in Poverty



Source: U.S. Census

Children Living in Poverty

The percent of children living in poverty in Will County has also remained relatively stable over the last 10 years, ranging between 7 and 8 percent. According to the US Census Bureau, Will County children living in poverty in 2008 was 8 percent. This is relatively low in comparison with neighboring counties such as Cook (22%), Kankakee (18%), and Kane (13%). This is also lower than the State poverty level of 17%.

Unemployment

Will County has a vast labor force. However, due to the current economic status of the Nation, a great number of people are unemployed. Unemployment rates in Will County have followed both the state and national trends due to this overall economic slowdown. The 2009 Will County unemployment rate fluctuated between a low of 8.7 in January and high of 12.7 in December 2009 (average of 10.8). The Will County unemployment rate has steadily gone up since 2000 and reached the peak during in December 2009, as shown in Figure 7.

Figure 7: Unemployment Rate

Source: U.S. Bureau of Labor Statistic

The labor force is defined as all the economically active people in a community above age 16. It includes all employed persons, the unemployed (defined as jobless, seeking a job, or available for work), and members of the armed services currently living in the area. It excludes students, unpaid caregivers (such as homemakers) and institutional populations. As seen in the table below.

Table 2 - Will County Labor Force

	LABOR	EMPLOYED	UNEMPLOYED		UNEMPLOYMENT RATES	
YEAR	FORCE		NUMBER	Percent	ILLINOIS	US
2005	337,141	317,642	19,499	6.0%	5.8%	5.1%
2006	354,449	339,479	14,970	4.2%	4.6%	4.6%
2007	361,801	344,708	17,093	4.7%	5.0%	4.6%
2008	365,076	342,653	22,423	6.1%	6.5%	5.8%
2009	363,975	326,975	36,937	10.8%	10.7%	9.3%

Source – Illinois Department of Employment Security

Education

Since 2000, the percent of Will County's population without a high school degree has decreased, while the percent of population with a college, graduate, or professional degree has increased. In Will County, 12.2 percent of the population above age 25 (53,500 individuals) did not graduate high school or receive their GED. The percentage of the Will County population (age 25+) that has not graduated high school dropped from 13.1 percent to 12.2 percent between 2000 and 2009.

Table 3 – Education in Will County

	Will County				Illinois			
	2000 Census	% to Total	2009 Estimate	% to Total	2000 Census	% to Total	2009 Estimate	% to Total
Total Population Age 25+	310918		438057		7973671		8437877	
Less than 9th grade	13370	4.3%	17437	4.0%	597684	7.5%	622004	7.4%
Some High School, no diploma	27463	8.8%	36076	8.2%	882759	11.1%	913073	10.8%
High School graduate (or GED)	90360	29.1%	125664	28.7%	2212291	27.7%	2325107	27.6%
Some College, no degree	77970	25.1%	110452	25.2%	1720386	21.6%	1828055	21.7%
Associate Degree	22485	7.2%	32471	7.4%	482502	6.1%	516812	6.1%
Bachelor's Degree	55308	17.8%	81551	18.6%	1317182	16.5%	1420265	16.8%
Master's or Professional Degree	23962	7.7%	31890	7.3%	760867	9.5%	735065	8.7%
Doctorate Degree	N/A	N/A	2516	0.6%	N/A	N/A	77496	0.9%

Source: U.S. Census

Immigrant Population

The Will County foreign-born population increased substantially between 2000 and 2008, by more than 50,422 residents (141 %.) Currently, the foreign-born population constitutes 15 percent of the total Will County population. In 2008, over 95 percent of the foreign-born population migrated from Asia, Europe, and Latin America. As of 2008, just under half (44.6%) of the foreign-born population had become U.S. citizens. The number of non U.S. Citizens does not take into account the number of undocumented individuals. There is currently no data tracking system available for this population.

Table 4 – Will County Immigrant Population

Citizenship Status	2000		2008	
	Number	%	Number	%
Total Population	502,266	100	681,079	100
Native	466,551	92.9	594,960	87.4
Foreign Born	35,715	7.1	86,137	14.5
Naturalized U.S Citizens	15,449	3.1	38,411	6.5
Non U.S. Citizens	20,266	4.0	47,726	8.0

Source: U.S. Census

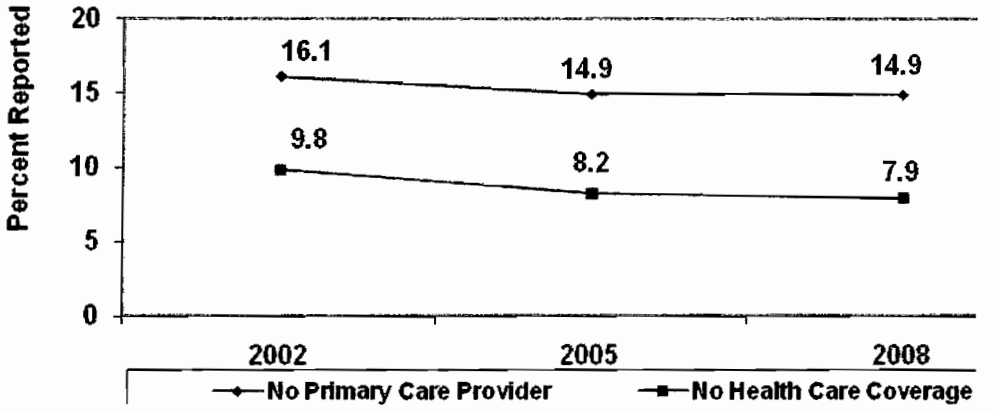
Uninsured

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) released national health insurance coverage estimates based on data from the 2008 National Health Interview Survey (NHIS):

- 14.7 percent of the U.S. population was uninsured at the time of the interview, 18.7 percent had been uninsured for at least part of the year, and 10.6 percent had been uninsured for more than a year.
- 8.9 percent of children were uninsured. In the 18-64 age groups, 60.2 percent of unemployed adults and 22.2 percent of employed adults were uninsured for at least part of the year.
- 18.5 percent of Illinois adults aged 18-64 years were uninsured at the time of the interview.
- According to the Illinois Department of Healthcare and Family Services, the number of children enrolled in Medicaid, Children's Health Insurance Program (CHIP), and All Kids Expansion in Will County was 34,175 for 2006 and 49,067 for 2008, a 43.6 percent increase. This increase speaks to the growth of the low income, under-insured populations in Will County, especially when compared to the 20 percent change statewide.

According to the U.S. Census Bureau, Small Area Health Insurance Estimates, 12.7 percent of the Will County population under the age of 65 was uninsured in 2006. According to the 2008 Illinois Behavioral Risk Factor Surveillance survey, statewide in Illinois, 15.6 percent of people surveyed reported that they did not have a primary health care provider. Also, 14.6 percent of people surveyed reported that they did not have health care coverage. In 2008, the proportion of Will County residents without a regular source of primary care was 14.9 percent. Additionally, 7.9 percent of Will County residents reported not having health care coverage at all. (See Figure 8 below).

Figure 8: Will County Residents Reported Not Having a Primary Care Provider or Health Care Coverage



Source: 2002-2008 Illinois Behavioral Risk Factor Surveillance Survey

Data Sources / Work Cited:

1. U.S. Census Bureau. Data Sets- Decennial
2. U.S. Census Bureau. Data Sets- American Community Survey
3. U.S. Census Bureau. American Fact Finder, ACS Demographic Estimate: 2006-2008
4. Centers for Disease Control and Prevention. National Center for Health Statistics.
5. Illinois Department of Employment Security. Local Area Unemployment Statistics
6. U.S. Census Bureau. Small Area health Insurance Estimates.
7. U.S. Census Bureau (Claritas) and U.S. Bureau of Labor Statistics
8. U.S. Census Bureau (Claritas)
9. Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System, County Level Prevalence Data

Category Three - Health Resource Availability

Definition of Category: This domain represents factors associated with health system capacity, which may include both the number of licensed and credentialed health personnel and the physical capacity of health facilities. In addition, the category of health resources includes measures of access, utilization, cost and quality of health care and prevention services. Service delivery patterns and roles of public and private sectors as payers and/or providers may also be relevant.

Medical Resources: The following tables show the sources of care, hospital based services and other clinical services available in Will County.

Table 6 - Health Care Providers in Will County (2009)

Source of Care	Number
Hospitals • Provena St. Joseph Medical Center • Bolingbrook Adventist • Silver Cross Hospital	3
Federally Qualified Health Center • Will County Community Health Center • Aunt Martha's *(Coming 2012)*	1
Clinics • Will-Grundy Medical Clinic (Free) • USF Health and Wellness Center (accepts Medicaid patients)	2
Home Health Care Services	64 Businesses
Local Health Department • Employees: 359	1
Licensed Primary Care Physicians • Rate per 100,000	45.7
Licensed Dentists • Rate per 100,000	47

Table 7 - Inpatient Hospital Beds and Other Hospital- Based Services Will County

Hospital Bed Category	Adventist Bolingbrook Hospital	Provena Saint Joseph Medical Center	Silver Cross Hospital	Total
Medical/Surgical	106	319	194	619
Pediatric	0	13	8	21
Intensive Care	12	52	22	86
Obstetrics	20	33	30	83
Neonatal	0	0	0	0
Mental Illness	0	31	20	51
Rehabilitation	0	32	15	47
Total	**138**	**480**	**289**	**907**

Table 8 - Other Clinical Services – Will County

Ambulatory Surgery Treatment Centers	HealthSouth (Joliet)	Surgery Center of Joliet	Southwest Surgery Center (Mokena)	Plainfield Surgery Center	Total
Operating Rooms	4	3	4	3	14
Procedure Rooms*	1	2	1	1	5
Total	5	5	5	4	19

**does not include procedure rooms based in physician practices or other freestanding facilities that are not licensed by the Illinois Health Facilities and Services Review Board.*

Table 9 Long Term Care in Will County

Long-Term Care	Total
Nursing Care Beds	3055
Sheltered Care Beds	56
Total	3111

Table 10 – Cancer Treatment Center Stations

End Stage Renal Disease Facilities (Dialysis)	Bolingbrook Dialysis Center	Fresenius Medical Center (Mokena)	Fresenius Medical Center (Plainfield)	Silver Cross Renal Center (Joliet)	Silver Cross Renal Center-West Joliet	Fresenius Medical Center (Lockport)	Total
Stations	20	12	12	14	29	12	99

Sources: Inventory of Health Care Facilities and Services and Need Determinations (03/12/2008), Update to Inventory of Long-Term Care and Update to Inventory of Other Health Services (02/16/10), Ambulatory Surgery Treatment Center Profiles (2008)

The Community Health Status Indicators (CHSI) Report for 2008, states that there were 60,168 Medicaid beneficiaries. According to the All Kids Preliminary Report for the same year, there were approximately 500 primary and specialty care physicians accepting Medicaid patients (a rate of 8.3 per 1,000 patients). Of these physicians:

- 166 were general practitioners
- 36 were family physicians
- 44 were internal medicine,
- 30 were gynecologists or obstetricians
- 13 were pediatricians
- An additional 212 were physicians in other specialties, including surgery, oncology, emergency medicine, etc.

<u>County Health Rankings</u>

Released in 2010, the University of Wisconsin and Robert Wood Johnson Foundation conducted a study on the health of counties around the United States. According to the report, in overall health outcomes, Will County ranked 17 out of 101 Illinois counties. In the area of clinical care, Will County ranked 51. Indicators for this category included uninsured adults, primary care provider rate, preventable hospital stays, diabetic screenings and hospice use. The outcomes are shown in the following chart. *(Note: Ranking for the County Health Rankings Report was based on data primarily for 2005 – 2006. For more information click on the following link: www.countyhealthrankings.org*

Table 11 - County Health Rankings for Clinical Care

Clinical Care				51
Uninsured adults	14%	12-15%	11%	15%
Primary care provider rate	59		123	128
Preventable hospital stays	103	101-105	72	88
Diabetic screening	77%	76-79%	88%	78%
Hospice use	43%	40-46%	38%	33%

Source: MATCH Co Rankings www.countyhealthrankings.org

Data Sources/Work Cited:

1. Inventory of Health Care Facilities and Services Need Determination, 3/12/2008
2. Update to Inventory of Long-Term Care
3. Update to Inventory and Other Health Services, 2/16/2010
4. Ambulatory Surgery Treatment Center Profiles, 2008
5. All Kids Preliminary Report, 2008
6. MATCH County Rankings Report, 2010

Category Four - Quality of Life

Definition of Category: Quality of life is a difficult concept to define and quantify. While some dimensions of quality of life can be quantified using indicators research has shown to be related to determinants of health and community well-being. Other valid dimensions of quality of life include perceptions community residents have about aspects of their neighborhoods and communities that either enhance or diminish their quality of life. Additionally, standard indicators of quality of life include not only wealth and employment, but also the built environment, physical and mental health, education, recreation and leisure time, and social belonging.

Industry

Will County is a fast growing and diverse community. It is first in population growth of all Illinois Counties and the 10th fastest growing county in the United States. Will County is also the 14th fastest growing city of 100,000 or more in the US and 36th nationally in new job creation. Because of this, Will County is quickly becoming a center of economic development and commerce. Due to the rapid industrial growth of the county, it is home to two intermodal centers (a third is under construction) totaling 7100 acres. Will County also has approximately five motor freight terminals and twenty-five freight carriers. Industries in Will County also have access to a number of railway services, including the Chicago Rock Island & Pacific Railroad,

Elgin Joliet & Eastern Railway, Union Pacific Corporation, and Norfolk Southern Corporation among others.

Transportation

Residents of Will County have access to a number of modes of transportation. Will County has access to four major interstates; I55, I57, I80, and I355, as well as four US highways and a number of Illinois highways. Public transportation is accessible in most areas of the county. This includes PACE suburban bus transit, Metra (which serves Will, Cook, DuPage, Kane, Lake, and McHenry counties), and AMTRAK (National Railroad Passenger Corp). Several townships provide bus services to seniors and the disabled populations they service. Additionally, there is access to both Chicago O'Hare International Airport and Chicago Midway International Airport (both within 30 miles of Will County borders) as well as several airports used for general aviation.

New Construction

According to the Will County Center for Economic Development, Will County is first in new home construction in Illinois. 1,162 new residential building permits were issued in 2008.

Entertainment and Recreation

Will County is rich with historically significant sights including homes, and historical districts in several towns. Examples include Historical Route 66 which runs between Wilmington and Joliet, Rialto Square Theatre in downtown Joliet and Historical districts in such towns as Peotone, Lockport, and Joliet. Additionally, the building of the Illinois and Michigan Canal was significant both architecturally and industrially to the history of Will County. Will County is also home to two casinos, Chicago Speedway and the Jackhammers Minor League Baseball team.

Aside from its rich cultural history, Will County is also rich with recreational activities. Specifically, the Forest Preserve District of Will County boasts miles of interlinking trails that crisscross the county and provide enjoyment to outdoor enthusiasts. The Preserve includes 34 improved preserves (featuring public access and physical improvements such as picnic pavilions and more), 11 trails, three dog parks, 7 visitor centers, and 31 unimproved preserves (which do not have public access or developments but serve to protect natural resources).

Child Care Assistance

An additional indicator of the quality of life in a community is the availability of childcare for low-income families. The number of openings in childcare facilities willing to accept childcare assistance has increased in the past five years in relation to the population growth in the area. As seen in the chart below, in 2005, there were 12,210 slots available for children in low-income families and in 2009, this number had increased to 15,397. A clearer way to see the availability of childcare for low-income families is to look at the percentage of slots in childcare programs that can be filled by these children. In 2005, this percentage was 78% and in 2009, decreased to 70%. According to the Illinois Department of Human Services, in March 2008 in Will County, there were 2417 families and 4449 children participating in the Illinois Child Care Assistance Program.

Table 12 - Slots in Programs Willing to Accept Child Care Assistance

	FY05		FY06		FY07		FY08		FY09	
	Slots	%	Slots	%	Slots	%	Slots	%	Slots	%
Will County	12210	78%	12959	77%	13694	74%	15117	72%	15397	**70%**
Statewide	**284574**	**62%**	**298144**	**64%**	**306903**	**65%**	**314191**	**65%**	**321481**	**66%**

Source: Illinois Network of Child Care Resource and Referral Agencies

Political Involvement

A community's involvement in politics reveals an interest in the state of the community and the policy and legislation that make it run smoothly. As a result, the quality of life in a community can depend on the community's voter turnout. In the November 7, 2006 general election, there were 344,584 registered voters and 160,630 ballots cast, indicating a voter turnout of 46.62 percent. In the November 4, 2008 general election, there were 373,847 registered voters and 284,661 ballots cast, indicating a 76.14 percent voter turnout. The large increase in percent of voter turnout can mostly be attributed to the Presidential Election that coincided with the local election, indicating that voters are more likely to cast a ballot if there is a national necessity rather than solely for local elections.

Data Sources/Work Cited

1. Will County Center for Economic Development
2. Illinois Network of Child Care Resource and Referral Agencies (INCCRRA)

Category Five - Behavioral Risk Factors

Definition of Category: Risk factors in this category include behaviors which are believed to cause, or to be contributing factors to, injuries, disease, and death during youth and adolescence and significant morbidity and mortality in later life.

Tobacco Use by Adults

In 2006, 23.2 percent of Will County adults were current smokers, and by 2008, this decreased to 19.6 percent. In addition, the number of non-smokers increased from 52.9 percent to 59.4 percent. For the state of Illinois in 2008, the figures were similar with 21.3 percent of adults reporting they were current smokers. According to the 2007 NHIS, the national amount of current adult smokers was 20 percent. The amount of adult smokers in Will County is above the *Health People 2010* target of 12 percent, indicating an area of opportunity for health professionals.

Nutrition

In 2008, 14 percent of Will County adults ate more than five servings of fruits or vegetables per day. Additionally, 54.5 percent of this population ate zero to two servings of fruit or vegetables daily. These figures are a little higher than the state, in which 25 percent of Illinois adults ate more than five servings of fruits and vegetables daily in 2007.

In the state of Illinois in 2007, 78.9 percent of high school students ate less than five servings of fruits and vegetables per day, according to the Illinois Youth Survey. For this same population, 13.3 percent did not eat fruit one or more times during the seven days prior to the survey. When comparing this to the entire United States high school population, the results are similar. For all high school students nationwide in 2007, 78.6 percent ate less than five servings of fruits and vegetables per day, and 14.7 percent did not eat a single serving of fruit in the previous week before the survey.

Physical Activity

According to the 2007 National Health Interview Survey (NHIS), 39 percent of adults were regarded as inactive when considering all leisure-time physical activity, while 31 percent reported engaging in leisure time physical activity on a regular basis. Also, according to the Behavioral Risk Factor Surveillance System (BRFSS) for that same year, 50.5 percent of nationwide adults did not participate in 30 or more minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20 or more minutes three or more days per week.

According to the 2007 Illinois Behavioral Risk Factor Surveillance System, 42.7 percent of Will County adults engaged in moderate physical activity 5 or more times per week for at least 30 minutes per day, while 36.2 percent engaged in vigorous activity 3 or more times per week for at least 20 minutes per day. While this exceeds the *Healthy People 2010* target, 47.9 percent of Will County adults feel that they do not get enough exercise.

Overweight and Obesity

Overweight and obesity is a growing public health concern that can affect all individuals, regardless of age, gender, or ethnicity. Presently, no state has met the *Healthy People 2010* objective of reducing the prevalence of obesity among adults to 15 percent; in contrast, rates are increasing. Nationwide in 2007, 26.3 percent of adults were considered obese, as defined by a Body Mass Index (BMI) of 30 or more. This is nearly a two percent increase from 2005 in which 24.4 percent of U.S. adults were obese. Similarly, in 2001, the percent of obese adults in Illinois was 21, by 2007, that figure reached 25.6 percent.

Congruent with national trends, adult obesity in Will County continues to increase. According to the Illinois Behavioral Risk Factor Surveillance System Survey, in 2008, 18.7 percent of Will County adults were obese or morbidly obese. In addition, another 38.6 percent of Will County adults were overweight, defined as a BMI between 25 and 29.9. Though the rates for Will County are below both the state and national rates, they are still above the *Healthy People 2010* target.

Mammography

Mammography is the single most effective method for early detection of breast cancer, which is vital in order to enhance treatment options and improve the chances of both successful treatment and survival. According to the 2008 Behavioral Risk Factor Survey, in Illinois 79.3 percent of women over 40 years old have had a mammogram within the last one year.

Approximately 68.8 percent of Will County women aged 40 years and over had a mammogram within the past one year in a 2008 survey, which is an increase from 2005 in which 60 percent of this population reported having a mammogram in the past year.

Pap Smear

Nationwide in 2008, 82.9 percent of women aged 18 years and older had a Pap test within the past three years, which falls short of the *Healthy People 2010* target of 90 percent. For the state of Illinois in 2008, 83.8 percent of women over 18 years had a Pap test within the previous three years, which is still below *HP 2010* targets, though above nationwide figures. For Will County in 2008, approximately 91 percent of adult women had ever received a Pap test (a decrease from 2005), and 79% percent of women over 18 years had a Pap test within the last year (an increase from 2005).

Table 13 – Percent of Will County Women Who Received Pap Smears

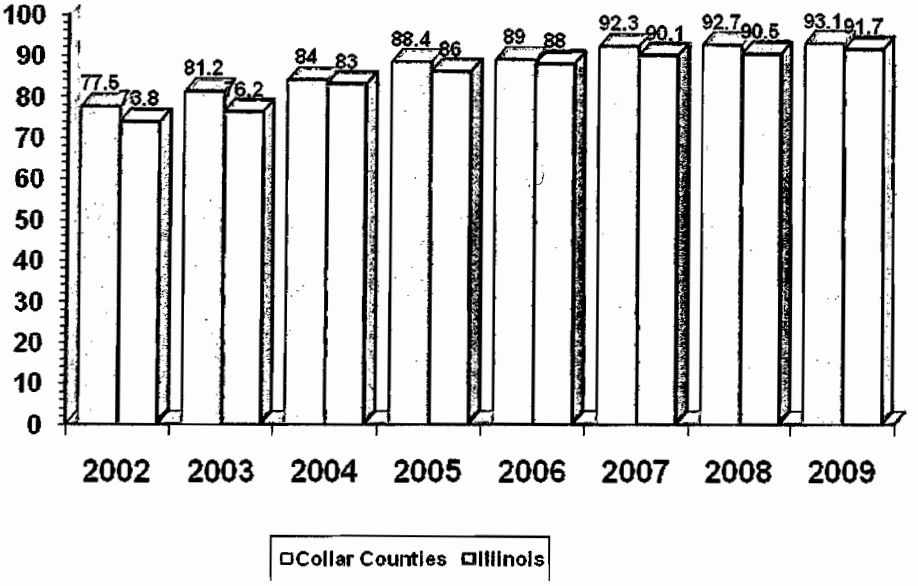
	2005-2006 Baseline		2008	
	Will County	Illinois	Will County	Illinois
Women aged 18 years and older who have ever received a Pap test	97%	93.4%	91%	93.7%
Women aged 18 years and older who received a Pap test within the past year	66.4%	79.3%	79%	77.5%

Source: Behavioral Risk Factor Surveillance Survey

Seatbelt Usage

Motor vehicle crashes are the leading cause of death and disability for Americans between the ages of 4 and 34 making them a serious public health problem. The Illinois Department of Transportation (IDOT) suggests that a simple, free, cost-effective means to prevent injury and fatalities to you and your family is making sure everyone buckles up, every trip, every time.

While data specific to Will County is not available, Illinois Department of Transportation, IDOT provides statistics relating to the "Collar Counties" which include DuPage, Kane, Lake, McHenry, and Will. According to the annual IDOT Safety Belt Usage study in 2009, the Collar counties had the highest usage rate at 93.1 percent. This rate is higher than the statewide rate of 91.7 percent. This is also a continuation of the steady increase seen in safety belt usage since 2003 when the primary safety belt legislation was passed in Illinois. Moreover, a continuation of the trend that the Collar counties have a higher rate of safety belt usage than the state, as seen in the figure below.



Child Safety Seat Use

In Illinois in 2009, the child restraint usage was 90.7 percent. However, after excluding the total number of observations in which the child restraint is used incorrectly, the rate was only 47.7 percent. While statistics specific to Will County are not available, IDOT does provide data related to the use of child safety seats for the Collar Counties (including DuPage, Kane, Lake, McHenry, and Will). For these counties, the rate of child restraint usage for 2009 was 93.5 percent. However, after excluding the total number of observations in which the child restraint is used incorrectly, the usage rate is reduced to 45.6 percent. While the total usage rate for the Collar counties was better than the statewide rate, the rate of incorrect usage was higher.

Youth Behavioral Risk Factors

The Illinois Youth Survey is organized and administered by Chestnut Health Systems (a not for profit organization providing behavioral health care). The Illinois Department of Human Services provides sponsorship to participating schools. The survey is designed for use in grades 6, 8, 10, and 12. Meant to help schools develop substance abuse prevention initiatives the survey provides rates of substance abuse, and related problems such as youth violence. It also measures key risk factors, such as access to drugs, peer drug attitudes and family rules. Local survey results assess the health risks of public school students in Will County.

The percentages of youth who reported using alcohol in past 30 days shows overall increased in 2008 (61%) and 2006 (60%) compared to 2004 (49%) among 12th grade students. The percentage of 12th grader reported using tobacco in past month decreased significantly in 2008 (27%) and 2006 (33%) compared to 2004 (30%). The percentages of youth who reported using marijuana in past 30 days shows overall increased in 2008 (26%) and 2006 (23%) compared to 2004 (18%) among 12th grade students. Overall, similar trend has been noticed among 10th, 8th and 6th grade students.

During the 2008 survey, the percentage of parents/guardians talking about not using tobacco, alcohol, marijuana and other illegal drugs was higher for younger children compared to older children. Less than 50% of parents/guardians talked to their older youth (10th and 12th graders) about not using tobacco, alcohol, marijuana and other illegal drugs.

During 2008, participation in school sports teams, other sports activities, service clubs, faith based youth groups and other activities increased from 6th grade to 12th grade, but declined in scouting, bouts and girls club and 4-H club participation. During 2008, approximately 30% of youth reported participating in some form of physical activity in last 7 days.

According to the 2008 survey, less 30% of youth reported eating fruits and vegetables at least 1 to 3 times in a week. Less than 15% of youth reported eating fruits and vegetables, 4 or more time per days in a week. Younger youth (6th and 8th grader) are more likely to consume 4 or more servings of fruits and vegetable compared to older youth (10th and 12th grader). Additionally, less than 19% youth reported drinking 1-3 glasses of milk in a day in past 7 days. Significantly higher (13%) number of youth reported not drinking milk at all in last 7 days.

Data Sources/ Works Cited

1. Behavioral Risk Factor Surveillance Survey (BRFSS)
2. CDC – National Center for Injury Prevention and Control – Motor Vehicle Safety
3. US Department of Transportation – National Highway Traffic Safety Administration
4. Illinois Behavioral Risk Factor Surveillance System Survey – County Level Prevalence Data
5. Illinois Department of Transportation
6. Illinois Youth Survey, Chestnut Health Systems

Category Six - Environmental Health Indicators

Definition of Category: The physical environment directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health. Exposure to environmental substances such as lead or hazardous waste increases risk for preventable disease. Unintentional home, workplace, or recreational injuries affect all age groups and may result in premature disability or mortality.

Outdoor Air Quality

The National goal is to reduce the proportion of persons exposed to air that does not meet the U.S. Environmental Protection Agency's health-based standards for harmful air pollutants.

Federal and State Ozone and Particulate Matter are used to determine an area's Air Quality Index (AQI). According to the Illinois Environmental Protection Agency, Illinois has been experiencing an on-going trend of decreased levels of Ozone and Particulate Matter. Will County area trends have been variable with Particulate Matter levels slightly exceeding the EPA's Primary Annual Standard only once between 2004 and 2008. As of 2008, Will County meets the HP 2010 Target of having zero percent of persons exposed to air that does not meet the EPA's health based standards for ozone and fine particulate matter.

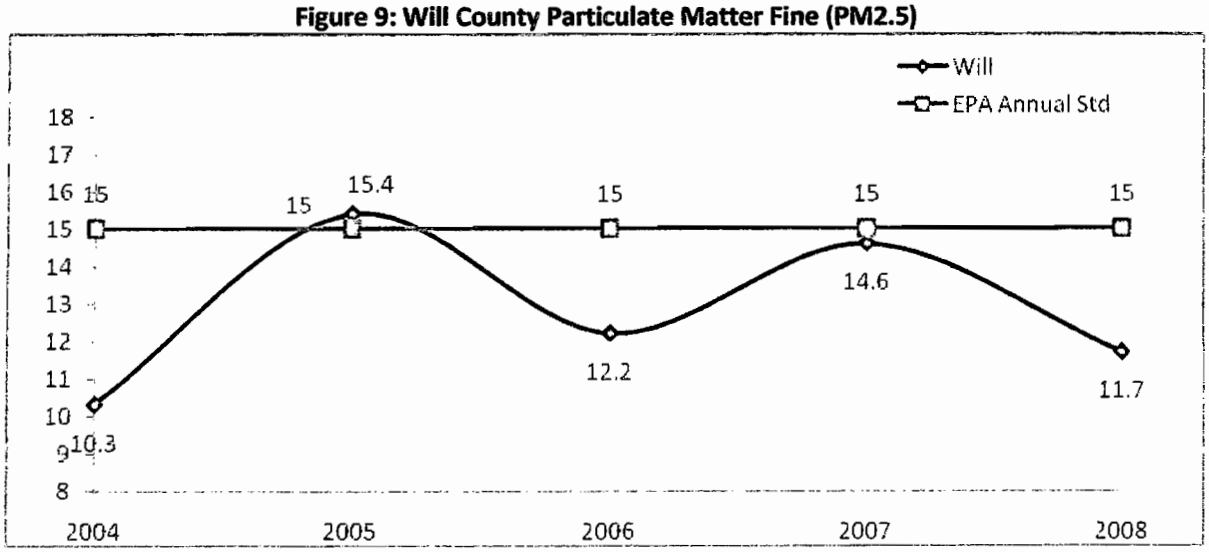
Table 14 - Will County Ozone Level

Year	No. of Days Greater Than			Highest Sample (parts per million)							
				1 Hour				8 Hour			
	0.12PPM	0.08PPM	0.075PPM	1st	2nd	3rd	4th	1st	2nd	3rd	4th
2008	0	0	0	0.078	0.074	0.071	0.069	0.064	0.062	0.061	0.060
2007	0	0	0	0.085	0.084	0.082	0.081	0.080	0.076	0.075	0.074
2006	0	0	N/A	0.082	0.082	0.077	0.074	0.078	0.076	0.068	0.068
2005	0	0	N/A	0.093	0.091	0.089	0.087	0.082	0.081	0.080	0.077
2004	0	0	N/A	0.081	0.077	0.077	0.075	0.073	0.073	0.072	0.068

Source: Illinois Environmental Protection Agency, Annual Report 2004-2008

Note: For the purpose of this objective, EPA is counting persons living in nonattainment areas only. Ambient ozone is considered a pollutant because it occurs in the troposphere—the air that people breathe—and not in the stratosphere, high above the earth. Ozone is readily formed during hot summer weather from volatile organic compounds, such as from motor vehicles, nitrogen oxides from power plants and other sources. Fine particles (PM2.5) result from fuel combustion from motor vehicles, power generation, residential fireplaces and other sources.

Figure 9: Will County Particulate Matter Fine (PM2.5)



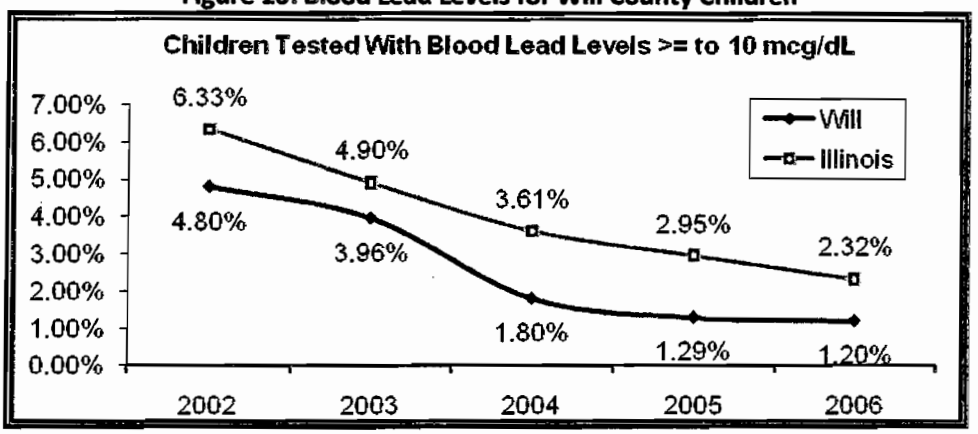
Source: Illinois Environmental Protection Agency, Annual Report 2004-2008

Air pollution continues to be a widespread public health and environmental problem in the United States, causing premature death, cancer, and long-term damage to respiratory and cardiovascular systems.

Water Quality:
Data Not Available

Toxics and Waste
Since 2002, considerable progress has been made in reducing blood lead levels (BLL) in the United States, yet lead poisoning remains a preventable environmental health problem. Although BLL in Will County children under six years of age have declined since 2002 (Figure 10), they remain above the HP2010 target of zero percent.

Figure 10: Blood Lead Levels for Will County Children



Source: IDPH, Childhood Lead Poisoning Surveillance Reports, 2002-2006

Food borne / Waterborne Illness

Table 15 - Will County Case Rate per 100,000 populations, 2005-2009

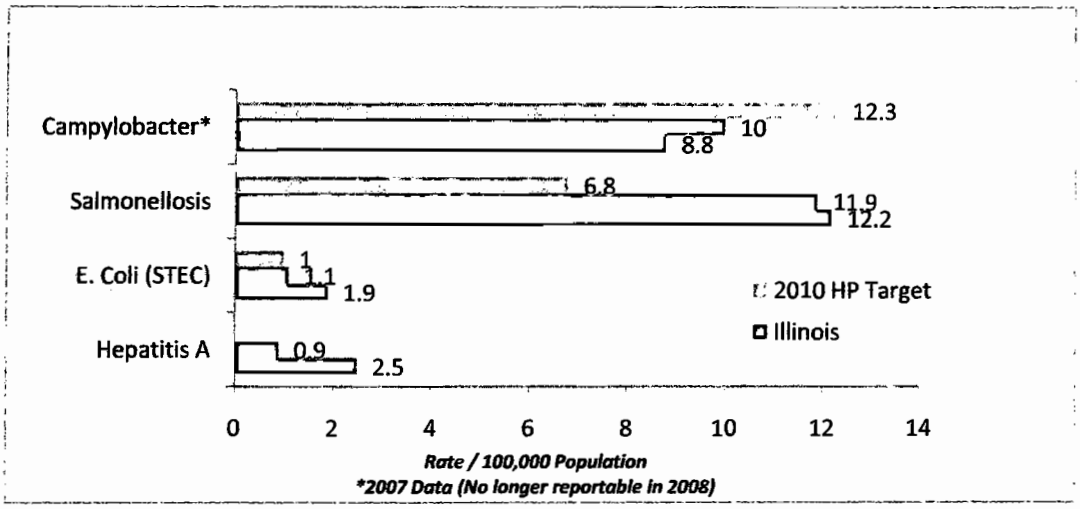
Organisms	2005	2006	2007	2008	2009*	HP 2010 Target
Campylobacter species	7.4	10.1	8.8	1.6	NR**	12.3
Escherichia coli	1.9	1.8	2.0	2.9	5.3	1.0
Listeria monocytogenes	0	0.3	0.7	0.1	0.1	0.25
Salmonella spices	19.2	16.2	17.8	12.2	11.4	6.8
Hepatitis A	2.1	2.0	4.0	2.5	2.6	NA
Shigellosis	2.7	3.7	10.7	6.9	1.9	

**Preliminary Data (Not finalized) **No longer reportable*
Source: Will County Health Department, Epidemiology & Communicable Disease Program

Salmonellosis is one of the most frequently reported foodborne illnesses in the United States. In Will County, the 2008 case rate for Salmonellosis was about 12.2 cases per 100,000 populations, just slightly above the state levels, yet well above the HP 2010 target, Figure 11. The emerging pathogen E. coli STEC (Shiga Toxin Producing) causes infections that are less often reported but commonly more severe. Will County had a higher case rate than the state, with

1.9 cases per 100,000. The 2008 case rate for E. coli infection also exceeded the national target, although preliminary 2009 data suggests an increase due to outbreak associated with out of county childcare centers. Listeriosis cases remain very low in Will County in 2008 and 2009; Will County meets the HP 2010 target of 0.25 per 100,000 populations. The Will County case rate for Hepatitis A infection has fluctuated over the last few years, but remains above the state level.

Figure 11: Infections Caused by Key Food-borne / Water-borne Pathogens, 2008



Data sources: Will County Health Department, Epidemiology & Communicable Disease Program and Illinois Department of Public Health Communicable Disease Report.

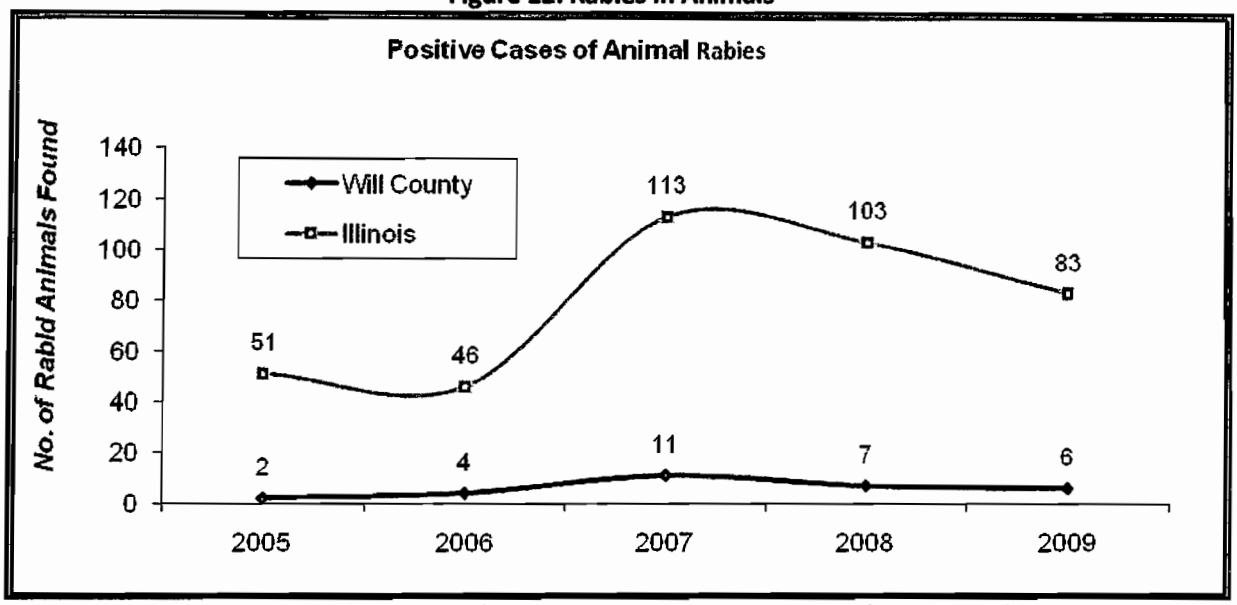
Confirmed Food borne/Waterborne Outbreaks per Year

Year	No. of Outbreaks in Will County	No. of Will County Persons Ill	No. of Outbreaks in Illinois
2004	7	299	92
2005	2	27	60
2006	2	69	69
2007	1	23	77
2008*	N/A	N/A	84

**Data Not Available - Sources: Will County Health Department Epidemiology & Communicable Disease Section, Environmental Health Section, Illinois Department of Public Health Communicable Disease*

Outbreaks of E. coli 0157:H7 have been associated with undercooked or raw ground beef, unpasteurized apple juice, and some types of fresh (raw) produce. The most frequent known cause of outbreaks of Salmonella Entritidis is the consumption of food that contains undercooked or raw eggs. Norovirus was the agent in more than half of the confirmed outbreaks in which an agent was identified in Will County during 2006-2007.

Figure 12: Rabies in Animals



Source: Illinois Department of Public Health, Communicable Disease Section, Will County Health Department, Epidemiology & Communicable Disease Program, and Will County Animal Control

After a surge in 2007, 2008 and 2009 data shows decline in positivity of rabid animals found in Will County. Illinois has reported the same trend (2007=113, 2008=103, and 2009=83). Bats are the only species found positive in Will County and Illinois. The seasonal pattern affects animal (bats) behavior and their presence in the community. The Will County Health Department in Conjunction with the Will County Animal Control aggressively promotes rabies awareness during the peak season to educate parents and children about avoiding contact with wildlife.

Data Sources / Work Sited:

1. U.S. Department of Health and Human Services. Healthy People 2010. Washington D.C.: U.S. Government Printing Office, 2001.
2. Illinois Environmental Protection Agency, Bureau of Air. Illinois Annual Air Quality Report. Air Quality Information. 2002-2008. http://www.epa.state.il.us/air/air-quality-report/index.html.
3. Will County Health Department. Epidemiology & Communicable Disease Program, Environmental Health Services.
4. Illinois Department of Public Health. Childhood Lead Poisoning Surveillance Report. IDPH Health Statistics. 2002-2006. http://www.idph.state.il.us/health/clpsr/clps0506.htm
5. U.S. Department of Housing and Urban Development, U.S. Department of Commerce, and U.S. Census Bureau. Metropolitan Data. American Housing Survey. December 2004. http://www.census.gov/prod/2004pubs/h170-03-22.pdf .
6. Illinois Department of Public Health. Reportable Communicable Disease Cases, 2000-2008. http://www.idph.state.il.us/health/infect/communicabledisease00_09.htm.
7. Will County Animal Control.

Category Seven: Social and Mental Health

Definition of Category: Social and mental health refers to the factors and conditions, which directly or indirectly influence overall health status and individual and community quality of life. Mental health conditions and overall psychological well-being may be influenced by substance abuse and violence within the home and within the community. There are several specific indicators of a community's social and mental well being. These include self-reported days of poor mental health in the past 30 days, child abuse and neglect, homicide, suicide, domestic violence, psychiatric admissions, and alcohol or drug related death. While many more indicators or factors may contribute to the overall social and mental health of a community, these are the basic, commonly reported measures which allow for state and national comparisons.

Mental Disorder

According to Healthy People 2010, approximately 20 percent of the U.S. population is affected by mental illness in a given year. According to the Illinois Department of Public Health EMS data reporting system, in 2000, in Will County there were 3,206 hospitalizations due to mental health disorders. This number steadily increased to 5,090 in 2008. On average, mental health disorders have contributed to 6.3 percent of hospitalizations between 2000 and 2008.

Table 17 - Hospitalizations for Mental Health Disorders in Will County

	2000	2001	2002	2003	2004	2005	2006	2007	2008
# of hospitalizations	3,206	4,021	4,216	4,427	4693	4985	6251	5291	5090

Source: Illinois Department of Public Health – Emergency Management System

State Operated Facility (SOF) Admissions and Screenings

Recommendations by the Will/Grundy Local Area Network, (LAN) 6D, for hospital admissions to state operated facilities have continued to increase over the years. The most common primary diagnosis was major depression, followed by bipolar disorder. The most common secondary diagnosis was substance related. See tables 18 and 19. *Note that these numbers include both Will County and Grundy County residents that were screened.*

Table 18 - Primary Diagnosis for LAN 6D Recommended Admissions

Diagnosis	2007	2008	2009
Major Depression	138	150	178
Substance Related Substance Abuse/Dependency	5	- 0	4
Substance Induced Mood Disorder	45	29	24
Substance Induced Psychosis	0	6	6
Personality Disorders	0	0	1
Schizophrenia	24	15	21
Schizoaffective Disorder	8	11	15
Bipolar Disorder	67	97	86
Psychotic Disorder NOS	40	31	40
Depressive Disorder NOS	33	41	55
Dysthymic Disorder	5	0	2
Adjustment Disorder	8	17	24
Others	15	23	23

Table 19 - Secondary Diagnosis for LAN 6D Recommended Admissions

Diagnosis	2007	2008	2009
Major Depression	1	2	3
Substance Related Substance Abuse/Dependency	168	151	211
Substance Induced Mood Disorder	6	13	2
Substance Induced Psychosis	1	2	0
Personality Disorders	24	12	19
Schizophrenia	0	0	1
Schizoaffective Disorder	1	0	0
Bipolar Disorder	1	2	1
Psychotic Disorder NOS	1	3	0
Depressive Disorder NOS	1	0	1
Dysthymic Disorder	0	0	0
Adjustment Disorder	2	2	7
Others	25	22	31

Source: LAN 6D (Will and Grundy Counties) Calendar Year Summary Report 2007, 2008, 2009

Reported Mental Health

According to the Behavioral Risk Factor Surveillance System Data, individuals reporting having 8-30 days of poor mental health (in the past 30 days) has steadily increased from 10.4 percent in 2002 to 17.3 percent in 2008. Because of this change the percentage of people reporting 1-7 days of poor mental health (in the past 30 days) has steadily decreased from 26.8 percent in 2002 to 17.3 percent in 2008. Congruently, the state of Illinois has a much greater percentage of people who report only 1-7 days of poor mental health (25.4 percent) and a much lower percentage of people reporting 8-30 days of poor mental health (12.7 percent).

Reported Days of Poor Mental Health (in the past 30 days)

	WILL COUNTY			ILLINOIS		
	2002	2005	2008	2002	2005	2008
1-7 Days	26.8%	25.8%	17.3%	20.0%	22.0%	25.4%
8-30 Days	10.4%	11.6%	17.3%	11.7%	12.7%	12.7%

Source: Behavioral Risk Factor Surveillance Survey System

Suicide

Suicide is recognized as a chronic epidemic. About 30,000 people reportedly kill themselves each year in the United States. The true number of suicides is likely higher because some deaths that were thought to be an accident, like a single-car accident, overdose, or shooting, are not recognized as being a suicide.

In Illinois, more than 1,000 deaths are attributed to suicide each year. Suicide fluctuates between the second and third leading cause of death for adolescents in Illinois. A greater number of suicide deaths occur than deaths by homicide, HIV disease, or impaired driving. Specifically between 1999 and 2002, 5.5 percent more Illinoisans died from suicide than homicide. In addition to the pain of loss by suicide, in Illinois, the annual estimated cost of suicide and medically treated youth suicide attempts is $539 million.

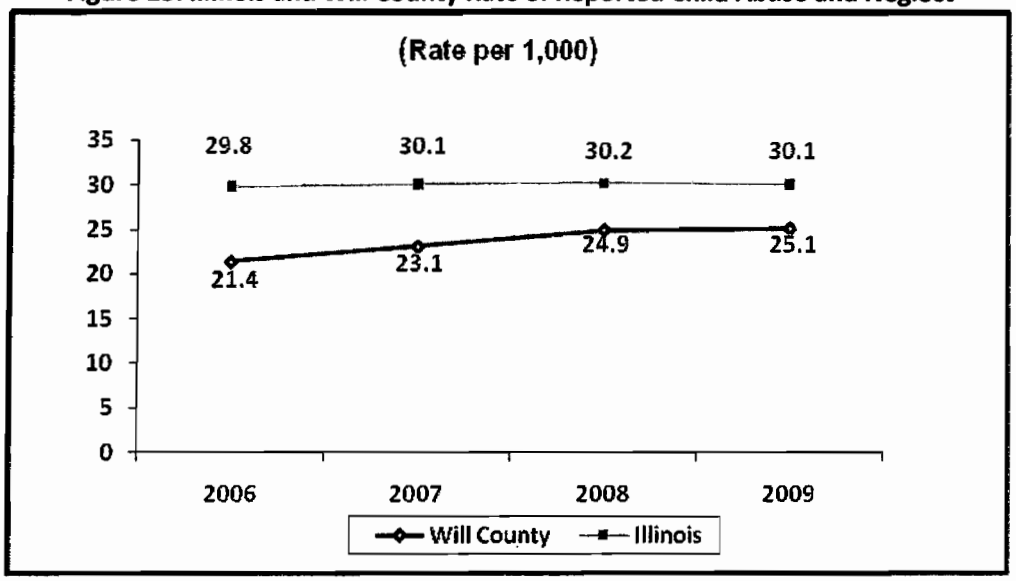
On average in Will County, for the years 2000-2006, suicide accounted for 1.5 percent of all deaths. In Will County in 2006, there were 51 deaths attributed to suicide. Since 2000, this number has varied very little, fluctuating from a low of 42 in 2000 to a high of 55 in 2005.

Child Abuse and Neglect

According to the Illinois Department of Children and Family Services, hotline social workers in Illinois will handle approximately 125,000 reports of child abuse and neglect in 2010. For the state of Illinois, approximately 25.7 percent of all reports are "indicated" meaning that they have been confirmed after investigations are completed. Of the 110,239 child reports taken in Fiscal Year 2006, 26,618 were indicated as victims of abuse or neglect.

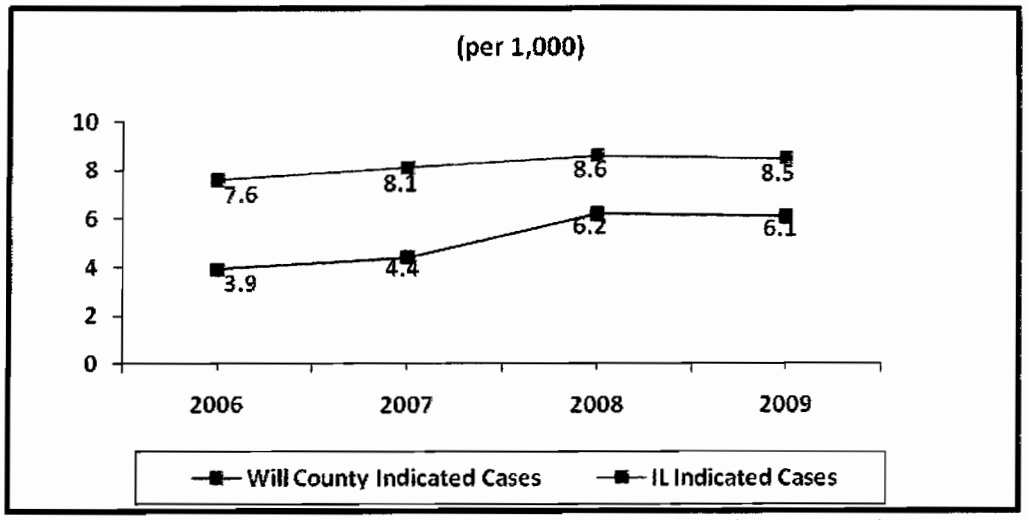
In Will County, the number of child abuse and neglect reports has increased steadily since 2006 where it was 3,522. As of 2009, that number had increased to 4,146. More troubling for Will County is the number of indicated abuse and neglect investigations. From 2006 to 2009 in Will County, an average of 20.3 percent of reported child abuse or neglect cases were indicated. In 2006, the rate of indicated abuse and neglect investigations was 3.9 per 1,000. By 2009, that number had almost doubled to 6.1 per 1,000. While Will County is below the state rate for indicated child abuse and neglect, the steady increase still indicates an area of concern.

Figure 13: Illinois and Will County Rate of Reported Child Abuse and Neglect



Source: Illinois Department of Children and Family Services

Figure 14: Illinois and Will County Rate of Indicated Abuse and Neglect Investigations



Source: Illinois Department of Children and Family Services- Child Abuse and Neglect Report

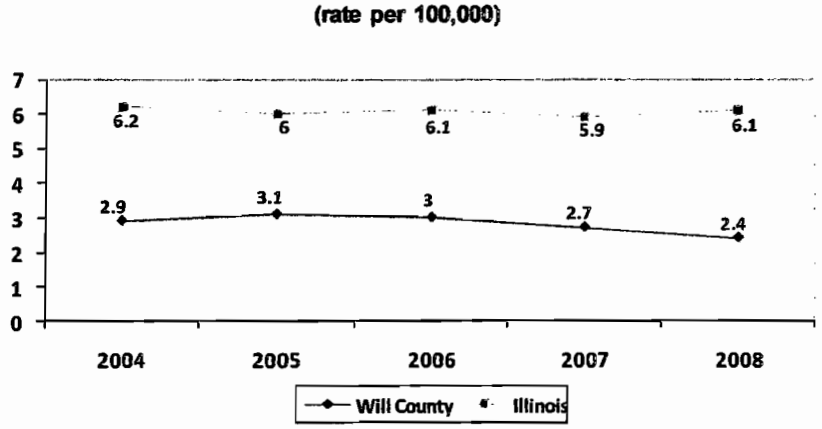
The number of children reported as sexually abused has remained consistent from 2006-2009; between 300 and 315 reports were made. The rate of children reported as sexually abused has remained around 2.0 per 1,000 for the same period. The number of children indicated for sexual abuse has fluctuated from 59 in 2006 to 68 in 2007, then jumped to 91 in 2008 and dropped to 70 in 2009. From 2006 to 2009, the average percentage of reported sexual abuse cases that were indicated was 23.3 percent. The rate of children indicated for sexual abuse has also remained consistent between 2006 and 2009, around 0.5 per 1,000. Will County rates for children both reported sexual abuse and indicated sexual abuse are also below the state rates of 2.5 and 0.7 respectively.

Crime Index Offenses

An estimated 1,382,012 violent crimes occurred nationwide in 2008, showing a decrease of 1.9 percent from the 2007 estimate. The 2008 estimated violent crime total was 1.6 percent above the 2004 level but 3.1 percent below the 1999 level. There were an estimated 454.5 violent crimes per 100,000 inhabitants in 2008. Aggravated assaults accounted for 60.4 percent of violent crimes, the highest number of violent crimes reported to law enforcement. Robbery comprised 32.0 percent of violent crimes, forcible rape accounted for 6.4 percent, and murder accounted for 1.2 percent of estimated violent crimes in 2008.

In Illinois, an estimated 456,359 crimes occurred; a decrease of 6.2 percent from 2004. The rate of crime in 2008 was 3,550.7 per 100,000. The 2008 murder rate was 6.1 per 100,000, an increase of 3.4 percent from 2007 but an overall decrease of 1.6 percent from 2004. Overall, in Illinois in 2008, crime went down. A decrease was also seen in the rate of criminal sexual assault and aggravated assault/ battery. The number of domestic crimes in Illinois also went down from 2004 (122,797) to 2008 (109,089); a decrease of 11.2 percent was seen. Additionally, the rate of drug arrests in 2008 in Illinois (769.6 per 100,000) was down 10.5 percent from 2007 (859.5 per 100,000).

Figure 15: Illinois and Will County Murder Rate Trends

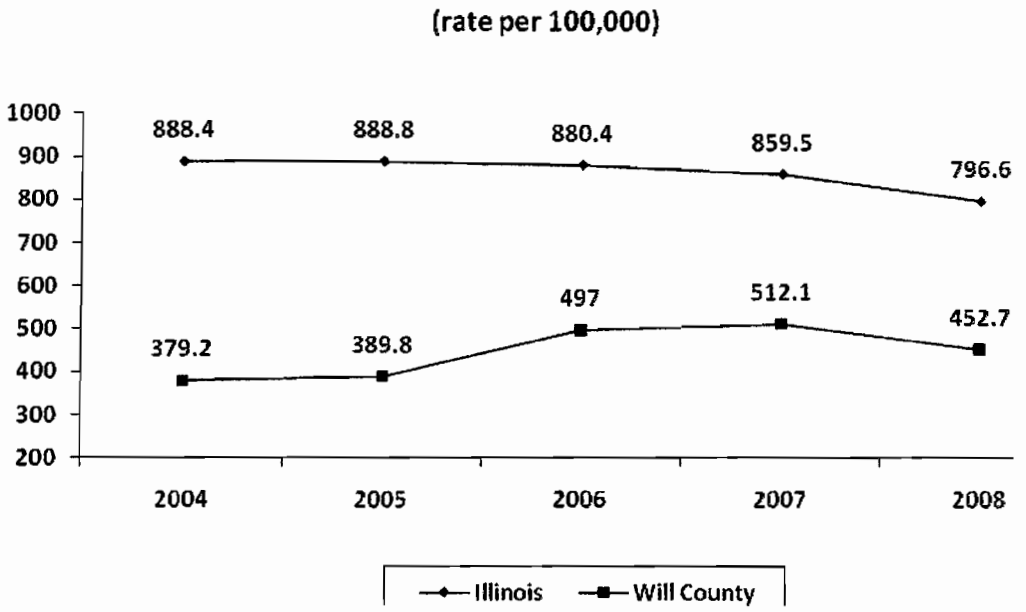


Source: Illinois State Police-Uniform Crime Report, 2008

In Will County, total number of crime fluctuated between 2004 and 2008, showing an overall decrease of 11.6 percent. Also down from 2004 are the percent of murder (down 17.2%), criminal sexual assault (down 17.2%) and aggravated assault/ battery (down 20.8%). However, despite their decrease in statewide, the number of domestic crimes increased from 2004 to 2008; a percent change of 17.4. Additionally, drug arrests has increased dramatically since 2004; 19.4 percent. This could possibly indicate an increase in violations or an increase in the effectiveness of the police force dealing with these crimes.

In 2008 in Will County, cannabis violations contributed to 53.5 percent of all drug arrests, 23.4 percent were due to controlled substance act violations, 22.4 percent were due to drug paraphernalia act violations and less than one percent were due to hypodermic syringes/ needle act violations.

Figure 16: Illinois and Will County Drug Crime Arrest Rate



Source: Illinois State Police-Uniform Crime Report, 2008

Data Sources/Work Cited:

1. Illinois Department of Public Health, Emergency Management System
2. Will/Grundy LAN – Calendar Year Summary Report, 2001, 2008 and 2009
3. Behavioral Risk Factor Surveillance Survey System
4. Illinois State Police, Uniform Crime Report, 2008

Category Eight - Maternal and Child Health

Definition of Category: One of the most significant areas for monitoring and comparison relates to the health of a vulnerable population: infants and children. This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to, and/or utilization of, care is included. Births to teen mothers are a critical indicator of increased risk for both mother and child.

Infant Mortality

Infant mortality is an important measure of a nation's health and a worldwide indicator of health status and social well-being. In 2005, the U.S. ranked 30th in infant mortality among 31 industrialized nations. In the past decade, critical measures of increased risk of infant death, such as new cases of low birth weight (LBW) and very low birth weight (VLBW) actually have increased in the United States. In addition, the disparity in infant mortality rates between whites and specific racial and ethnic groups persists. Although the overall infant mortality rate has reached record low levels, the national rate for African Americans remains twice that of whites.

Infant Deaths

In 2007, Will County had 77 infant deaths. The Will County infant mortality rate was 7.8 deaths per 1,000 births, higher than both the Illinois rate of 6.6 deaths and the national rate of 6.8. Because the number of infant deaths is so small, a 3-year average is sometimes used as a more reliable indicator based on more data. The 3-year average (2005-2007) Will County infant mortality rate is 6.3 deaths per 1,000 births.

As we look at thirteen year trend, the Will County infant mortality rate has fluctuated between a high of 10.3 deaths per 1,000 births in 1998 and 5.2 in 2003. From 2002 through 2006, the Will County infant mortality rate remained steady and then decreased sharply in 2007.

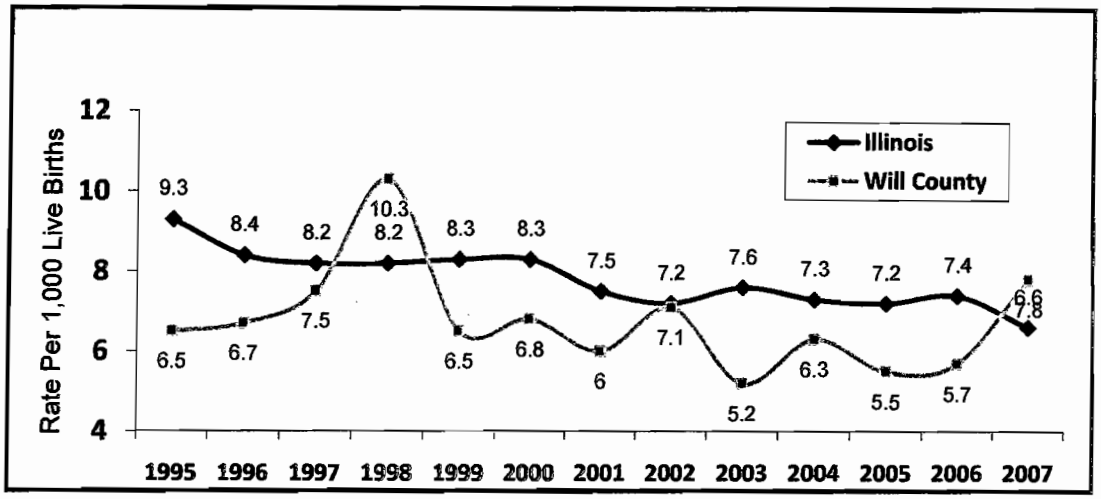
it is important to note that the Black infant mortality rate remained high (two to four times) that of the White rate in last 13 years. The 3-year (2005-2007) average Will County infant mortality rate is slightly higher than the HP 2010 target of 4.5 deaths per 1,000 births. The 3-year average Will County neonatal mortality rate is 4.8 and for post-neonatal mortality is 1.6 both higher than the HP 2010 targets of 2.9 and 1.2, respectively.

Will County Infant Mortality Statistics

Year	Number of Live Births	Number of Infant Deaths	Infant Mortality Rate (per 1,000 Births)	Neonatal Mortality Rate (per 1,000 Births)	Post-neonatal Mortality Rate (per 1,000 Births)
2007	9,911	77	7.8	5.8	2.0
2006	9,948	57	5.7	4.5	1.2
2005	9,822	54	5.5	4.0	1.5
2004	9,627	61	6.3	4.4	2.0
Healthy People 2010 Targets			4.5	2.9	1.2

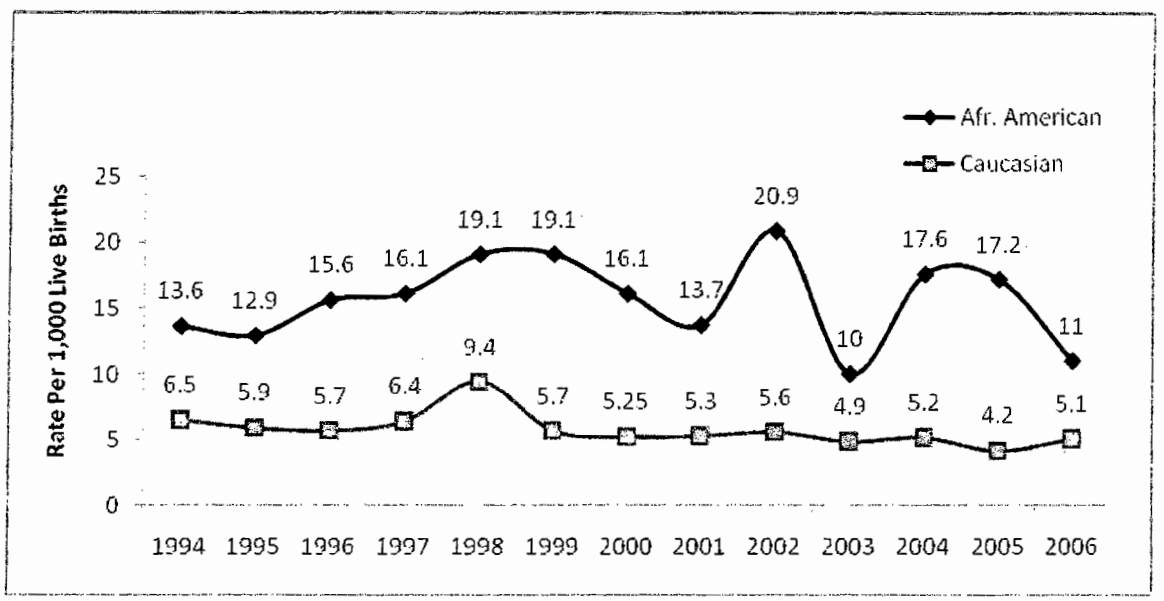
Sources: Illinois Department of Public Health (IDPH) Birth and Death Files, 2002-2006; Illinois Project for Local Assessment of Needs (IPLAN)

Figure 17: Infant Mortality Rate, 1995-2007 Will County & Illinois



Sources: IDPH, Birth and Death Files, 1995-2007; IPLAN Data System

Figure 18: Will County Infant Mortality Rate by Race 1994-2006



Sources: IDPH, Birth and Death Files, 2000-2006; IPLAN Data System

Prenatal Care

The goal of prenatal care is to monitor the progress of a pregnancy and to identify potential problems before they become serious for either mom or baby. All mothers-to-be benefit from prenatal care. Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy.

Table 21 - Maternal Pre-natal Care Begin in First Trimester, 2007

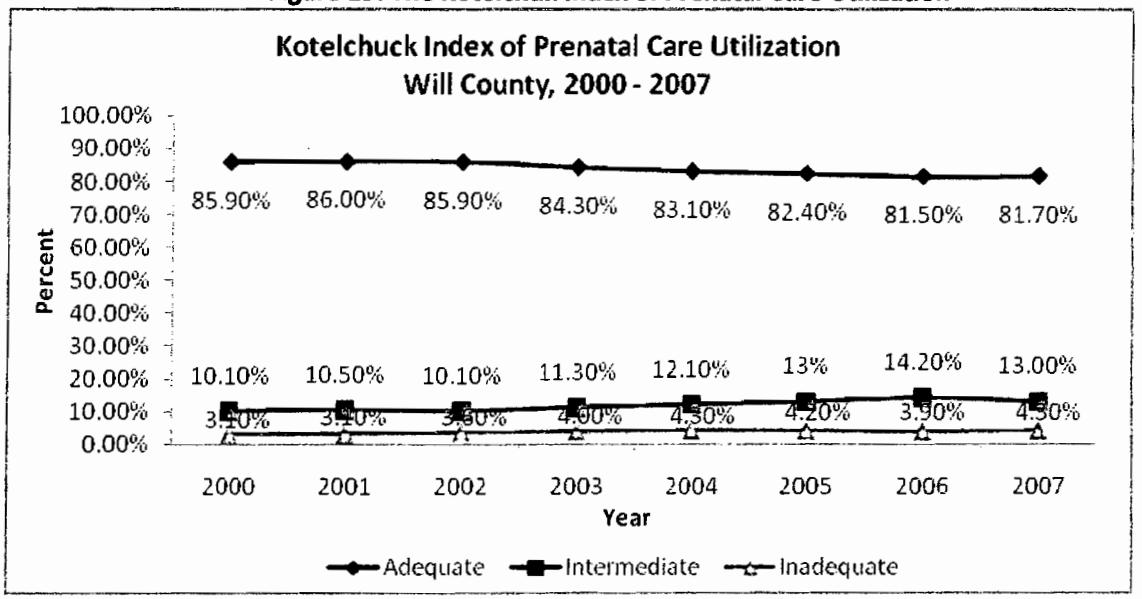
Demographics	Maternal Pre-natal Care Begin in First Trimester (n=8,724)	
	Percent of Total	Percent of Category
Total	88.0	
Mother's Race		
White	83.8	88.9
Black	10.4	79.0
Others	5.8	92.5
Mother's Ethnicity		
Hispanic or Latino	21.4	86.8
Non-Hispanic or Latino	78.6	77.6
Mother's Educational Level		
Less Than High School	12.1	80.5
High School Grad	21.5	83.6
1-5 Years of College	66.4	91.1
Marital Status		
Married	75.5	91.7
Not Married	24.5	78.5
Mother's Age Group		
15-19 Years	5.8	74.2
20-24 Years	14.5	81.6
25- 29 Years	29.6	90.2
30-34 Years	31.2	91.9
35 Years and Older	18.9	89.5

Prenatal care is more likely to be effective if women begin receiving care early in pregnancy. In Will County in 2007, 88 percent of mothers (8,724) began prenatal care in their first trimester. Of these mothers, 91.7 percent were married and 91.1 percent had at least some college education. Typically, the likelihood of receipt of adequate prenatal care rises with maternal age. In 2007, the 15-19 year-old and the 20-24 year-old age groups had the lowest receipt of first trimester prenatal care, while 89.5% of 35-39 year-old mothers received early care. Obviously,

the need for education about early, continuous prenatal care is essential, particularly with younger mothers.

The Kotelchuk indicator reports the number and percent of pregnant women who receive adequate care, intermediate care and inadequate care during pregnancy. It attempts to characterize prenatal care (PNC) utilization on two independent and distinctive dimensions - namely, adequacy of initiation of PNC and adequacy of received services (once PNC has begun). The initial dimension "Adequacy of Initiation of PNC" characterizes the adequacy of the timing of initiation of PNC.

Figure 19: The Kotelchuk Index of Prenatal Care Utilization



The second dimension "Adequacy of Received Services" characterizes the adequacy of received PNC visits during the period after prenatal care is begun until the delivery. This dimension attempts to characterize if the woman received the appropriate number of prenatal care visits for the period she was receiving PNC services. It is based on American College of Obstetrics & Gynecology (ACOG) standards (one visit per month through 28 weeks gestation, one visit every 2 weeks through 36 weeks gestation, and one visit per week thereafter, adjusted for date of initiation of PNC). The two dimensions are combined into a single summary APNCU Index. Definitions of care are as follows:

- Inadequate care: PNC begun after the 4th month or under 50% of expected visits were received
- Intermediate care: PNC begun by month 4 and between 50-79% of expected visits were received
- Adequate care: PNC begun by month 4 and 80-109% of expected visits were received
- Adequate Plus (intensive) care: PNC begun by month 4 and 110% or more of expected visits were received.

Adequate Plus care and Adequate care together form "early and adequate prenatal care". Over the 8-year period, early and adequate prenatal care has fluctuated between a low of 81.5 percent in 2006, and a high of 86 percent in 2001 in Will County. However, any increases in Adequate care over the past few years have been offset by the overall decrease. Overall, the county is not making progress with this indicator. In 2007, Will County early and adequate prenatal care was 81.7 percent, which does not meet the HP 2010 target of 90 percent.

Low Birth Weight (LBW) and Very Low Birth Weight (VLBW)

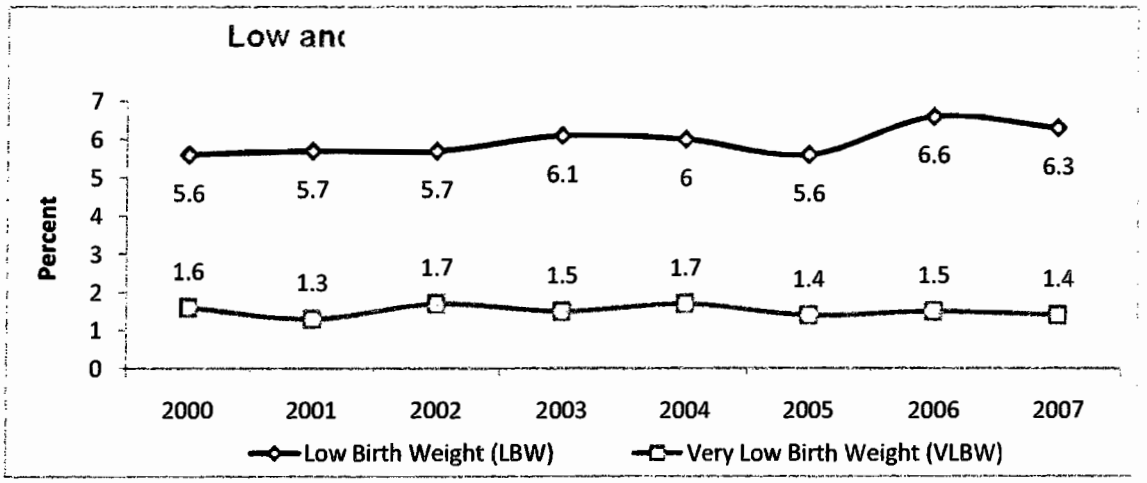
LBW is the risk factor most closely associated with neonatal death; thus, improvements in infant birth weight can contribute substantially to reductions in the infant mortality rate. Of all infants born at low birth weight, the smallest (those weighing less than 1,500 grams) are at highest risk of dying in their first year. However, some researchers have proposed that further improvement in the survival of VLBW infants is nearly impossible, and reduction in the underlying rate of VLBW births is the only avenue toward reduction of neonatal mortality rates.

Table 22 - Prevalence of Low Birth Weight & Very Low Birth Weight

	2005	2006	2007	HP2010
Weight Classification		**Percent**		
Low Birth Weight 1,500 to 2,499 grams (3 lbs. 5 oz. to 5 lbs. 8oz.)	5.6	6.6	6.3	5.0
Very Low Birth Weight 1,499 grams or less (3 lbs. 4 oz. or less)	1.4	1.5	1.4	0.9

Another important issue is the long-term effects of Low Birth Weight on affected infants who survive their first year, as these infants are more likely to experience long-term developmental and neurological disabilities than are infants of normal birth weight. Disparities are also evident in the differing prevalence of LBW and VLBW infants. In Will County, Black mothers have the highest percentage of LBW and VLBW babies, and mothers in the oldest and youngest age groups have the highest level of LBW infants. In 2007, 6.3 percent of Will County births were LBW, and 1.4 percent was VLBW. Will County does not meet the HP 2010 targets for LBW (5.0) and VLBW births (0.9).

Figure 20: Low and Very Low Birth Weight in Will County



Source: Illinois Department of Public Health, Birth Files, 2000-2007

Table 23 - Levels of Low Birth Weight and Very Low Birth Weight Births, 2007

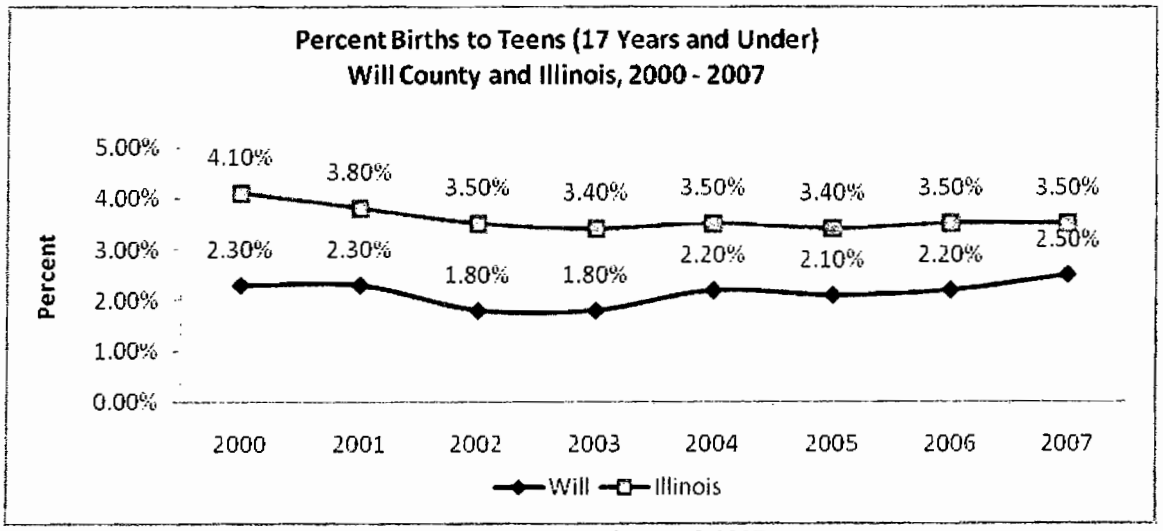
Demographics	Low Birth Weight (LBW) N=627	Very Low Birth Weight (VLBW) N=143
	Percent	
Total	6.3	1.4
Mother's Race		
White	5.7	1.3
Black	10.4	3.2
Others	7.7	0.5
Mother's Ethnicity		
Hispanic or Latino	5.4	1.2
Non-Hispanic or Latino	6.6	1.5
Mother's Educational Level		
Less Than High School	7.1	0.5
High School Grad	6.6	2.0
1-5 Years of College	6.1	1.4
Marital Status		
Married	5.8	1.2
Not Married	7.8	2.1
Mother's Age Group		
15-19 Years	7.9	1.3
20-24 Years	7.0	1.5
25- 29 Years	6.5	1.3
30-34 Years	5.3	1.5
35 Years and Older	6.7	1.7

Source: Illinois Department of Public Health, Birth File, 2007

For teenagers, the problems associated with unintended pregnancy are compounded, and the consequences are well documented. Teenage mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance. Teen mothers are also more likely to live in poverty than their peers who are not mothers. Infants

born to teenage mothers, especially mothers under age 15 years, are more likely to suffer from low birth weight, neonatal death, and sudden infant death syndrome. The infants may be at greater risk of child abuse, neglect, and behavioral and educational problems at later stages. The percent of live births to mothers under age 17 in Will County has remained in the range of 1.8% to 2.5% percent from 2000-2007, and well below the level for the state of Illinois.

Figure 21: State and County Comparisons - Adolescent Pregnancy



Source: IDPH Birth Files, 2000-2007

Data Sources / Work Sited:

1. U.S. Department of Health and Human Services. Healthy People 2010. Washington D.C.: U.S. Government Printing Office, 2001.
2. Illinois Department of Public Health, Division of Health Policy, IPLAN Section. County-level Report. Illinois Project for Local Assessment of Needs (IPLAN) Data System. February 2, 1998. http://app.idph.state.il.us/data/CountyLevel.asp?menu=1
3. Centers for Disease Control and Prevention. National Center for Health Statistics. NVSS-National Vital Statistics System. http://www.cdc.gov/nchs/nvss.htm

Category Nine - Death, Illness and Injury

Definition of Category: Health status in a community is measured in terms of mortality (rates of death within a population) and morbidity (rates of the incidence and prevalence of disease). Mortality may be represented by crude rates or age-adjusted rates (AAM); by degree of premature death (Years of Productive Life Lost or YPLL); and by cause (disease - cancer and non-cancer or injury - intentional, unintentional). Morbidity may be represented by age-adjusted (AA) incidence of cancer and chronic disease.

General Health Status

The general health status of a community is defined by the percentage of adults who rate their health as excellent or very good, good or fair, or poor for the last 30 days; and by the number of days (in the last 30 days) that adults felt their physical health was not good. As shown in the chart below, the general health status of Will County improved from 2002 to 2008 and has consistently remained better than the general health status of Illinois. Also, the number of people who report having zero sick days has increased, confirming the gradual, consistent improvement of the general health status of Will County.

Table 24 - General Health Status of Will County and Illinois

	Will County		Illinois	
	2002	2008	2002	2008
	Percentage			
General Health Status				
Excellent/ Very Good	54.3	58.1	54.7	**53.9**
Good/ Fair	43	37.3	41.5	**42.7**
Poor	2.7	4.6	3.8	**3.4**
Days physical health not good (in the last 30 days)				
Zero	60.3	63.4	66.6	**60.5**
1-7 days	24.2	23.4	21.2	**26.7**
8-30 days	**15.1**	**13.2**	**12.2**	**12.9**

Source: Illinois Behavioral Risk Factor Surveillance System Survey

Leading Causes of Death/Mortality in Will County

Mortality surveillance is a routine public health activity, and death statistics provide some of the most reliable estimates because of the breadth of vital statistics surveillance. Trends in mortality over time between localities and between different subsets of the population can be useful in assessing health status. Locally, we can use mortality data to observe whether there are health disparities between races overall as well as for specific diseases.

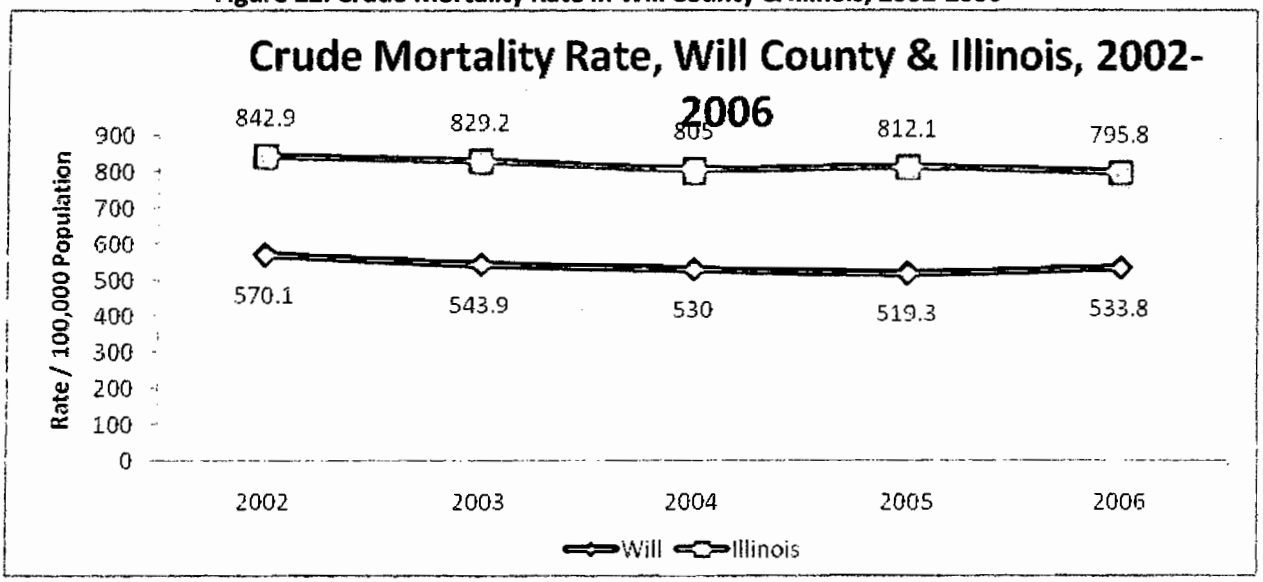
In 2007, there were 3,718 deaths in Will County. Eighty-nine percent of Will County deaths were White, and ten percent were Black. Four percent of Will County deaths were Hispanic.

Table 25 - Top Ten Leading Causes of Death in Will County, 2007

Cause	Number of Deaths	Percent of Deaths
All Causes	3,718	100%
Diseases of Heart	981	26.4%
Cancer	921	24.8%
Cerebrovascular Disease	212	5.7%
Chronic Lower Respiratory Diseases	184	5.0%
Accidents	109	2.9%
Diabetes	94	2.5%
Nephritis and Nephrosis	90	2.4%
Septicemia	75	2.0%
Pneumonia	74	2.0%
Alzheimer's Disease	59	1.6%

Source: Illinois Department of Public Health, Vital Statistics.

Figure 22: Crude Mortality Rate in Will County & Illinois, 2002-2006



Source: Illinois Department of Public Health, IPLAN Data System

Between 2000 and 2006, the Will County and Illinois mortality rates remained relatively stable. The Will County crude death rate ranges from 530 deaths per 100,000 population to 570 deaths per 100,000 population during 2002-2006. The Illinois mortality rate is higher and has a greater

range than Will County. It ranges from 796 deaths per 100,000 population to 843 deaths per 100,000 population.

The 2006 top ten leading causes of death are the same for both males and females, though the ranking of causes varies by gender. The first and second cause of death for males is Cancer, followed by Heart Disease. This order is reversed for females. Accidents (Unintentional Injuries) are the third leading cause of death for males, but the seventh leading cause for women. This category includes motor vehicle accidents and any other unintentional injury death that occurs because of a fall, drowning, firearm or other accidental cause.

Years of Potential Life Lost (YPLL)

YPLL is a summary measure of premature life years lost. Ranking the causes of mortality by YPLL illuminates the impact of deaths occurring at younger ages, which is useful in identifying preventable causes of death. Table 2 presents the 2006 YPLL for Will County, Illinois, and United States.

Table 26 - Years of Potential Life Lost (YPLL) to Age 65, 2006

	Will County		Illinois		US	
Causes	**Number of Deaths**	**YPLL**	**Numbers of Deaths**	**YPLL**	**Number of Deaths**	**YPLL**
Cancer	912	3,395	24,052	79,900	559,888	1,876,360
Accidents	99	3,852	4,401	88,292	121,599	2,383,722
Perinatal Conditions	35	2,270	698	43,807	14,442	937,301
Heart Disease	922	1,733	27,002	61,426	631,636	1,415,705
Congenital Malformations	16	868	451	21,364	10,489	492,864
Suicide	51	1,254	1,010	21,650	33,300	687,008
Motor-Vehicle Accidents	72	1,971	1389	31,128	18,573	611,717

Source: Illinois Department of Public Health, IPLAN Data System

YPLL for Perinatal Conditions highlights premature infant death. As can be seen in Table 2, the 35 Will County perinatal deaths accounted for 2,270 years of potential life lost. Accidents are the second leading cause of premature mortality. Motor vehicle accidents are the largest subcategory of Accidents, and these tend to occur in younger population (15 to 44 years). As can be seen in the table, the 99 Accident deaths accounted for 3,852 years of potential life lost.

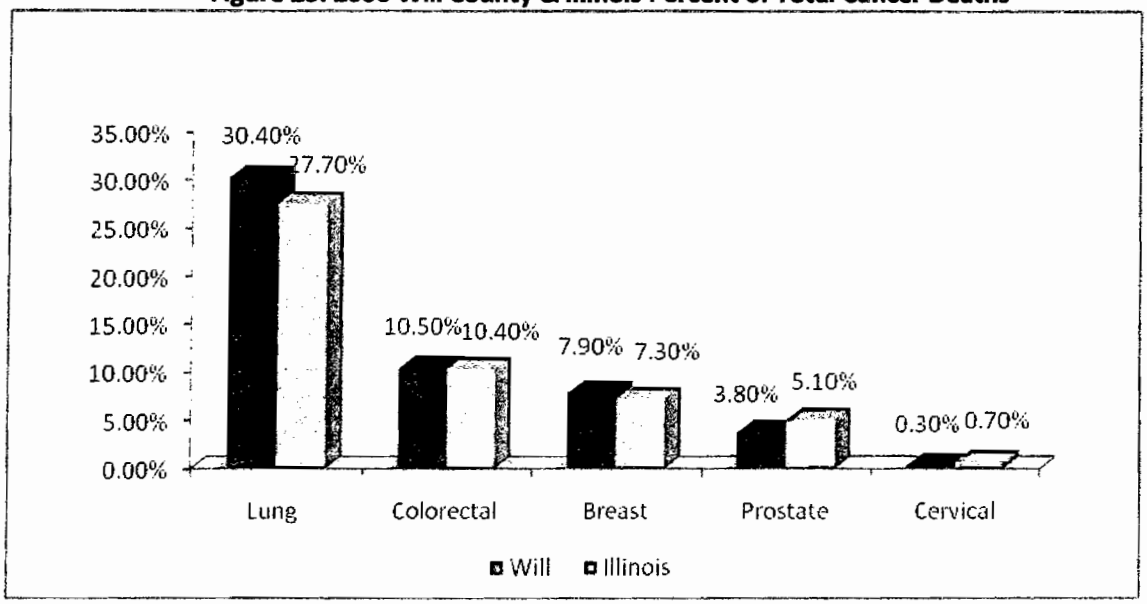
Finally, suicide contributes disproportionately to premature death with the 51 suicides accounting for over 1,971 years of potential life lost.

Cancer

Cancer is the second leading cause of death in Will County, Illinois and the United States. One out of two men and one out of three women in the United States will develop some type of cancer during their lifetime, and in 2009, it is estimated that 1,479,350 Americans will be diagnosed with cancer. In 2007, seven percent of U.S. adults had ever been told by a doctor or health professional that they had some form of cancer, though nationally, about 77% of all cancers are diagnosed in people age 55 and older.

One third of all cancer deaths are related to overweight or obesity, physical inactivity, and poor nutrition, and consequently, could be prevented. Moreover, at least half of all new cancer cases could be prevented or detected earlier through screening.

Figure 23: 2006 Will County & Illinois Percent of Total Cancer Deaths



Source: Illinois Department of Public Health, Vital Statistics

In 2006, cancer claimed the lives of 912 Will County residents. Just under half of these cancer deaths were attributable to the following causes:

- Lung Cancer – 277 deaths
- Colorectal Cancer – 96 deaths
- Breast Cancer – 72 deaths
- Prostate Cancer – 35 deaths
- Leukemia – 32 deaths
- Lip & Oral Cavity – 16 deaths
- Cervical Cancer – 3 deaths

Cancer Mortality

For the entire United States population in 2006, the death rate due to cancer was 186.9 deaths per 100,000 population, though there were significant differences among genders. For this same time period, the cancer death rate for males was 229.9 deaths per 100,000 population,

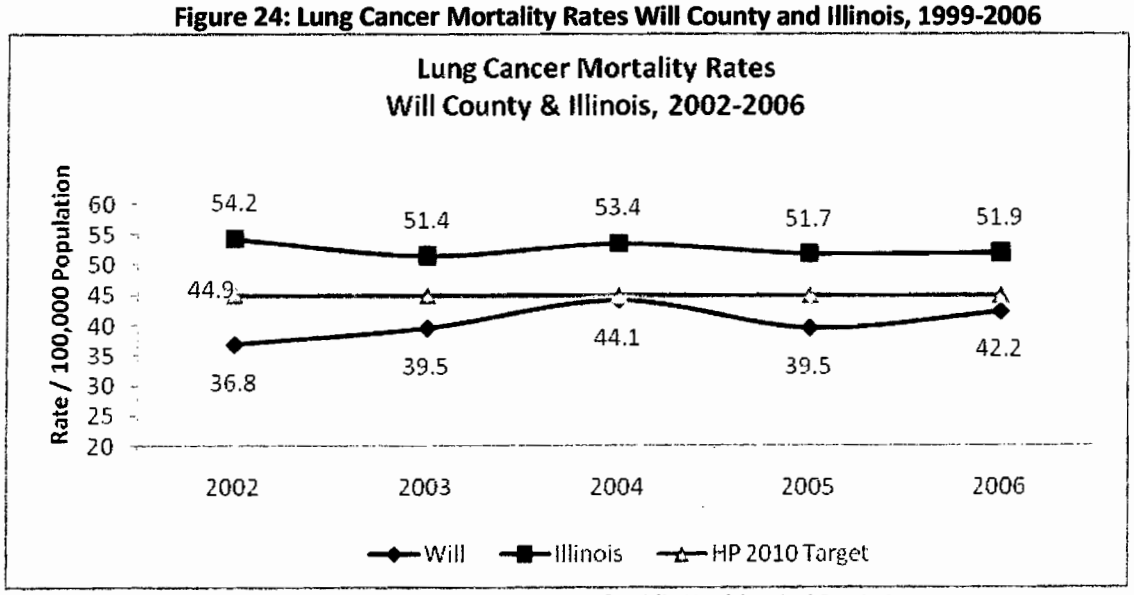
while women had a mortality rate of 157.8 deaths per 100,000 individuals. The rates for the state of Illinois were above national data, with a mortality rate of 197.6 deaths per 100,000 population due to cancer in 2006. Again, there was a difference among rates for men and women. For men, the cancer mortality rate was 245.6 deaths per 100,000 population, while it was 167.3 deaths per 100,000 population for women in Illinois.

In 2006, the Will County cancer mortality rate was 139 deaths per 100,000 population, which was below the state, nation and the HP 2010 target of 159.9 deaths per 100,000 population.

Lung Cancer

Lung cancer is the most common cause of cancer death among both females and males, accounting for approximately 28 percent of all cancer deaths in 2009. Cigarette smoking is the most significant risk factor for lung cancer, though other risk factors include environmental sources such as tobacco smoke and air pollution, radiation exposures, and occupational exposures to organic chemicals such as radon and asbestos. When an individual is diagnosed with lung cancer, treatment is determined by type and the stage of the cancer and can include surgery, radiation therapy, chemotherapy, targeted biological therapy, or any combination of the aforementioned.

Figure 24: Lung Cancer Mortality Rates Will County and Illinois, 1999-2006



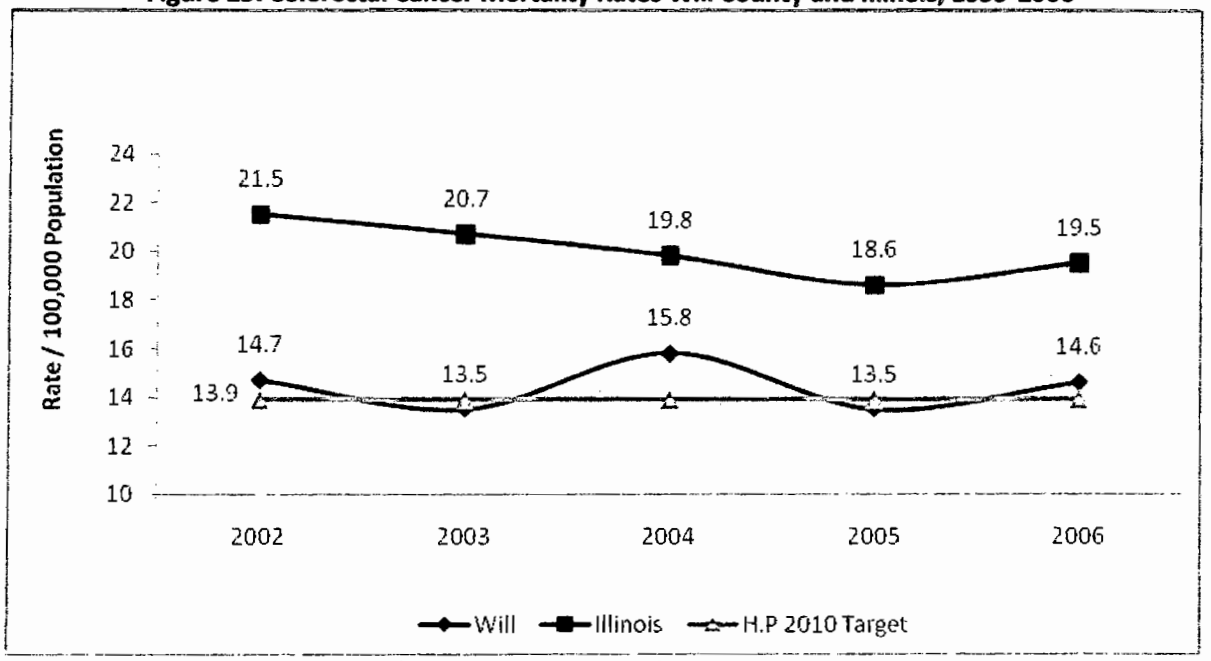
Source: Illinois Department of Public Health, Vital Statistics

Figure 24 shows the Will County and Illinois rates of lung cancer mortality. The Will County mortality rate is consistently lower than that of the state and the HP 2010 goal. In 2006, the Will County lung cancer mortality rate of 42.2 deaths per 100,000 population was below the HP 2010 target of 44.9 deaths per 100,000 population; however, the Illinois rate of 51.9 deaths per 100,000 population shows a need for improvement.

Colorectal Cancer

Colorectal cancer is the third most commonly diagnosed cancer among men and women, as well as the third leading cause of cancer deaths among both genders. Both the 2006 Will County (14.6) and Illinois (19.5) colorectal cancer mortality rates exceed the HP 2010 target of 13.9 deaths per 100,000 population. As can be seen in Graph 5, mortality rates for Will County have remained relatively steady over time, while the rates for Illinois have decreased slightly from 2002 to 2005.

Figure 25: Colorectal Cancer Mortality Rates Will County and Illinois, 1999-2006

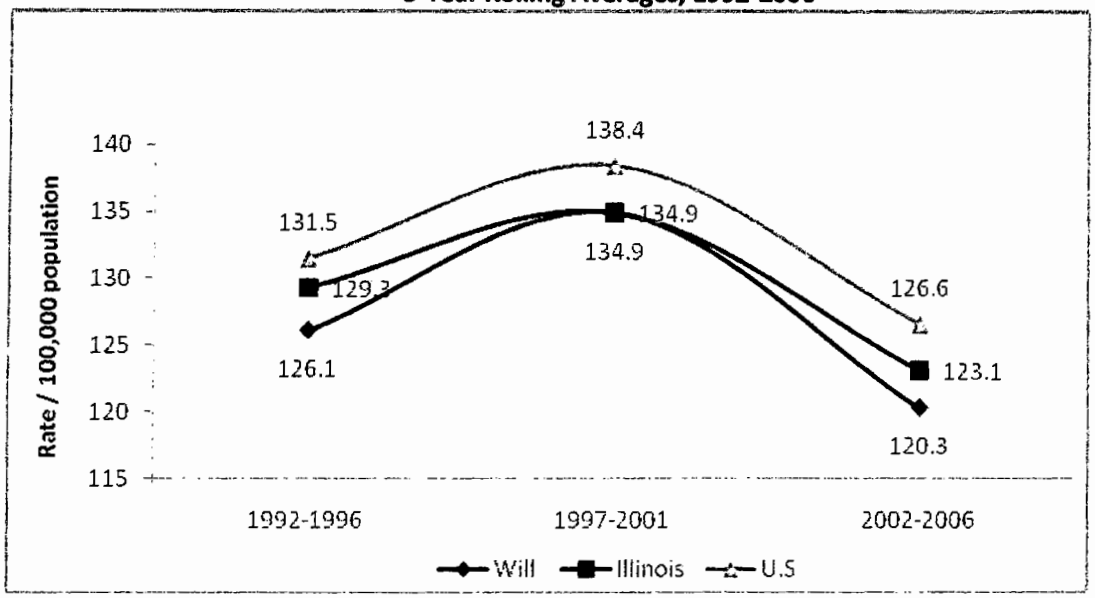


Source: Illinois Department of Public Health, Vital Statistics

Breast Cancer

Breast cancer is the most common type of cancer among women and accounts for one of four cancer diagnoses in women in the United States. Mortality from breast cancer can be reduced substantially if the tumor is discovered at an early stage, and mammography is the most effective method for detecting these early malignancies, though clinical breast exams and monthly breast self-examination also prove beneficial in early detection. In 2006, the national mortality rate due to breast cancer was 24.5 deaths per 100,000 women. The rate for the state of Illinois was similar to this at 24.1 deaths per 100,000 women. As for Will County, the 2006 breast cancer mortality rate was 22.1 deaths per 100,000 women, marginally lower than the state and nation, and the HP 2010 target, at 29.3 deaths per 100,000 women.

Figure 26: Female Breast Cancer (Invasive) Age Adjusted Incidence Rates Will County, Illinois and U.S. 5-Year Rolling Averages, 1992-2006



Source: Illinois Department of Public Health, Cancer Registry

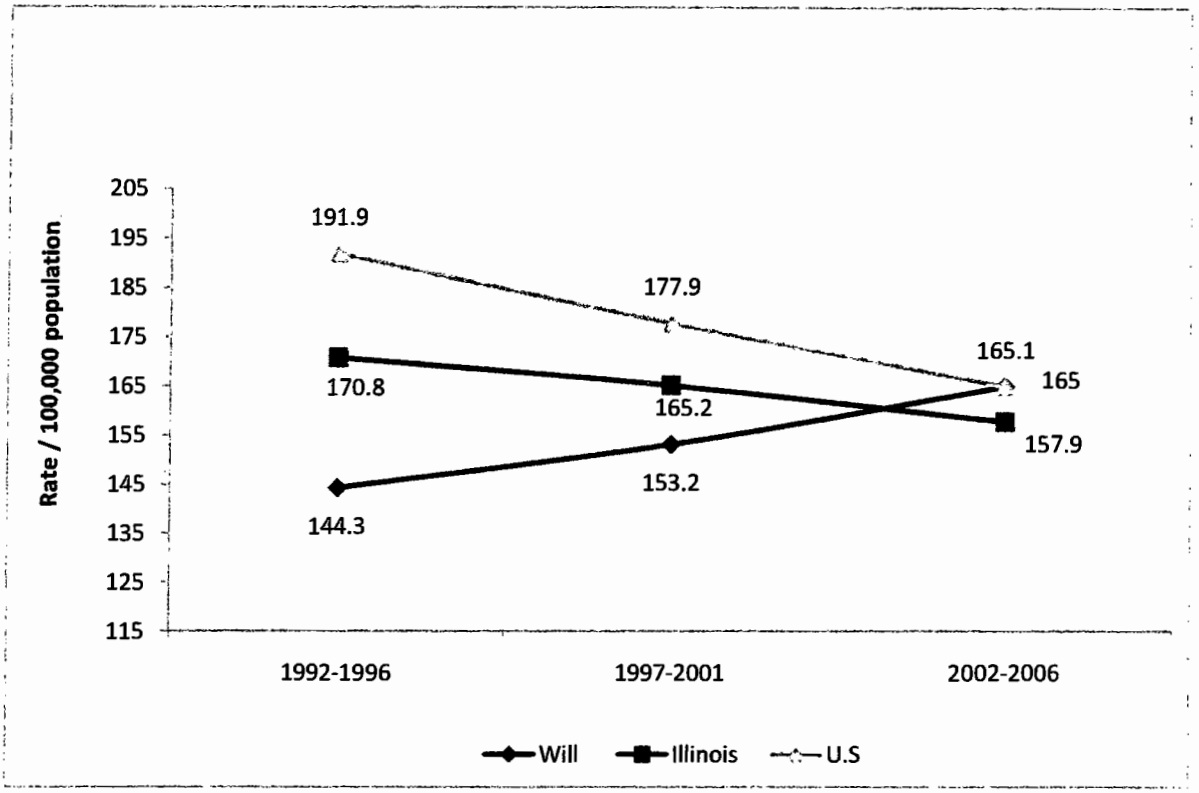
As shown in Figure 26, breast cancer incidence in Will County has remained lower than the Illinois and U.S. five-year averages since 1992. Many breast cancer risk factors, such as age, family history of breast cancer, long menstrual history, mammographic densities, previous breast disease, and race and ethnicity, are unchangeable. However, obesity and smoking are well-established breast cancer risks for women that can be addressed through smoking cessation, a healthy diet, vigorous physical activity and maintaining a healthy body weight.

Prostate Cancer

Prostate cancer is the most commonly diagnosed cancer among men, and is the second leading cause of male cancer death. After increasing from 1995 to 2001, national incidence rates of prostate cancer have been decreasing since 2001 by 4.4 percent per year.

In 2007, there were 42 prostate cancer deaths in Will County, and in 2005, there were 35 deaths. In 2006, there were 41 prostate cancer deaths in the County for a rate of 12.8 prostate cancer deaths per 100,000 males. This figure is well below the HP 2010 target of 28.8, as well as the rate for Illinois, which were 25.1 deaths per 100,000 males in 2006. As evident in Figure 27, the prostate cancer incidence rate for Will County has increased from 1996 to 2006, whereas Illinois and the United States have shown an overall decrease since 1996. Moreover, the rate for Will County has remained below the national rate, and over time until 2002.

Figure 27: Prostate Cancer Age Adjusted Incidence Rates Will County, Illinois and U.S. 5-Year Rolling Averages, 1991-2006



Source: Illinois Department of Public Health, Cancer Registry

Risk factors for prostate cancer include age, ethnicity, family history and dietary fat. Sixty-three percent of all prostate cancer occurs in men aged 65 years and older, and though it is not known why, African American men have the highest incidence rates of prostate cancer in the world and are significantly higher than whites are.

Cervical Cancer

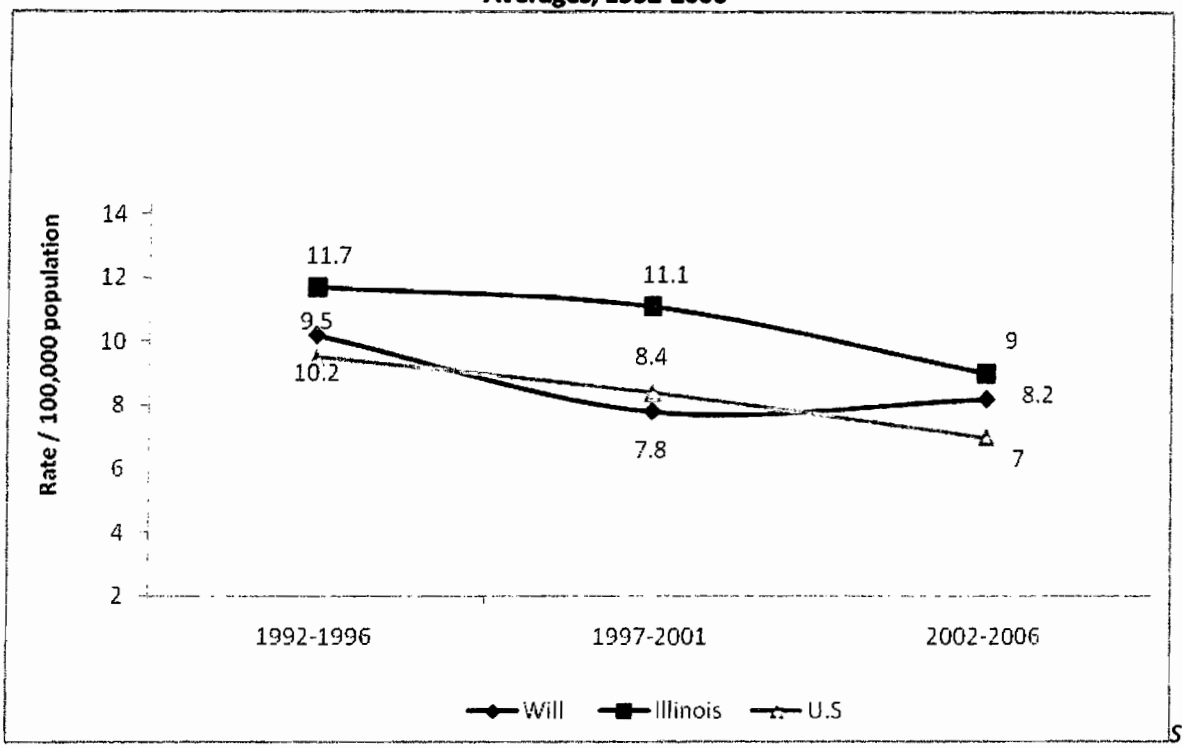
Cervical cancer used to be one of the most common cause of cancer deaths in women, but the mortality rate due to cervical cancer declined by 74 percent from 1955 to 1992, and continues to decline by nearly four percent each year. The main reason for the drop in mortality rates from cervical cancer was the increased use of the Pap test, which can detect changes in the cervix before cancer develops, or can discover cancer in its earliest, curable stage.

In Illinois in 2006, the cervical cancer mortality rate was 2.5 deaths per 100,000 females, which is above the HP 2010 target of 2.0. For Will County, in 2007, there were 6 cervical cancer deaths. In 2006, there were 3 deaths, and in 2005, there were 9 cervical cancer deaths among

Will County residents. Cervical cancer deaths represent less than one percent of all cancer deaths, and with 1.8 cervical cancer deaths per 100,000 females in 2006, the rate for Will

County is below the HP 2010 target. As evident in Figure 28, cervical cancer incidence rates have shown an overall decrease over time.

Figure 28: Cervical Cancer Age Adjusted Incidence Rates Will County, Illinois and U.S. 5-Year Rolling Averages, 1992-2006



Source: Illinois Department of Public Health, Cancer Registry

Mortality due to Motor Vehicle Accidents

Motor vehicle crashes are the most common cause of serious injury but they are often predictable and preventable. Increased use of safety belts and reductions in driving while impaired are two of the most effective means to reduce the risk of death and serious injury of occupants in motor vehicle crashes.

In 2007, 41,059 people died as a result of motor vehicle crashes and an additional 2.5 million people were injured. Despite this unfortunate number, it is part of a steady decline in the number of motor vehicle fatalities in the U.S. In 2005, there were 43,510 and in 2009, that number had decrease to 33,963.

In the U.S. in 2008, 30 percent of all traffic fatalities were alcohol related. Each year in the United States, it is estimated that more than 120 million episodes of impaired driving occur among adults. The highest intoxication rates in fatal crashes in 2008 were recorded for drivers aged 21 to 24 years (34 percent).Teens account for 17 percent of all drivers involved in drunken driving accidents. Young drivers who have been arrested for driving while impaired are more

than four times as likely to die in future alcohol-related crashes. In addition, teens are more likely than any age group to be killed while driving under the influence.

In Illinois, the number of motor vehicle fatalities has decreased in the last few years. In 2007, there were 1,248 motor vehicle fatalities in the state of Illinois and in 2008, there were 1,043. This represents a 16 percent decrease in the number of motor vehicle fatalities. The rate of motor vehicle fatalities per 100,000 population was 11.4 in 2000 and had decreased to 8.08 by 2008. These numbers reflect a positive change for the State.

In contrast, motor vehicle fatalities in Will County have not been decreasing over the last few years. In 2006, motor vehicle accidents in Will County contributed to 2 percent of all deaths. This was an increase from 1.7 percent in 2000. Additionally, in 2007, there were 43 motor vehicle fatalities and in 2008, there were 44 motor vehicle fatalities.

Pneumonia/ Influenza

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Globally, pneumonia kills more than one and a half million children less than 5 years of age each year. This is greater than the number of deaths from any other infectious disease, such as AIDS, malaria or tuberculosis. Access to vaccines and treatment (like antibiotics and antivirals) can help prevent many pneumonia-related deaths. In the U.S., there are several vaccines that prevent infection by bacteria or viruses that may cause pneumonia. These vaccines include: Pneumococcal, *Haemophilus influenzae* type b (Hib), Pertussis (whooping cough), Varicella (chickenpox), Measles; and Seasonal and 2009 H1N1 influenza (flu) vaccines.

In 2006, 1.2 million people in the U.S. were hospitalized with pneumonia and 55,477 people died from the disease. In Illinois, 52,840 hospitalizations were attributed to pneumonia and 2,671 people died from the disease, which translates, to 2.6 percent of all Illinois deaths in 2006. This is a decrease from 2000, in which 2.7 percent of all Illinois deaths were attributed to pneumonia.

In Will County in 2006, 2,173 people were hospitalized due to pneumonia and 74 people died because of the infection. This translates to 2.1 percent of all Will County deaths attributed to pneumonia. While lower than the percent of deaths statewide, it is still an increase from 2000, during which 1,668 people were hospitalized and 57 people died (1.9 percent of all deaths).

Stroke

Stroke is the third leading cause of death in the United States and Will County, accounting for 5.7 percent of all Will County deaths in 2007. Despite the fact that a number of risk factors for stroke are preventable, such as tobacco use, alcohol use, and physical inactivity, stroke continues to be a leading cause of serious long-term disability in our nation.

Table 27 - Stroke Mortality Rate / 100,000, 2000-2007
(Healthy People 2010 Goal: 48 per 100,000)

Year	Will County	Illinois
2000	37.2	59.7
2001	37.1	57.6
2002	33.3	56.9
2003	34.5	54.4
2004	35.8	50.9
2005	27.7	48.8
2006	30.8	46.6
2007	31.6	N/A

Source: IPLAN Data System

In 2007, two percent of the United States population had ever been told by a health care professional that they had experienced a stroke, according to the NHIS. In 2007, the stroke mortality for Will County was 31.6 deaths per 100,000 population, which is below the HP 2010 target of 48 deaths per 100,000, and as shown in Table 27, is a decrease from earlier years.

Other Chronic Illnesses and Disease

Description of Category - Chronic diseases, such as heart disease, stroke, cancer, diabetes, arthritis, osteoporosis and respiratory diseases, can significantly impair one's quality of life and are the leading causes of hospitalizations and mortality in our country. Every year, seven out of ten deaths in the U.S. are due to chronic illnesses, and in 2005, an estimated one out of every two adults had at least one chronic condition, affecting a total of 133 million Americans.

Chronic Lower Respiratory Disease (COPD)

Chronic Lower Respiratory Disease, formerly known as COPD, is a progressive disease and is one of the top five leading causes of death in the United States and Will County. This disease develops slowly over time. The leading cause is cigarette smoking; other risk factors include long-term exposure to lung irritants, such as air pollution, chemical fumes, or dust.

Table 28 - Number of COPD Deaths in Will County, 2000-2007

2000	2001	2002	2003	2004	2005	2006	2007
123	139	130	160	127	167	146	184

Source: Illinois Department of Public Health, Vital Statistics

For Will County in 2007, there were 27.5 deaths per 100,000 adults, well below the HP 2010 target of 60 deaths per 100,000 population.

Arthritis

The various forms of arthritis affect more than 25 percent of the U.S. adult population—over 46 million persons—making arthritis one of the most common conditions in the United States. If current trends continue, it is estimated that by 2030, 67 million adults will suffer from doctor-diagnosed arthritis.

According to the Illinois Behavioral Risk Factor Surveillance Survey 2005, 25.6 percent of the Will County adult population had been diagnosed with arthritis by a health professional. Moreover, 23.8 percent of the adult population had activities that were limited by joint symptoms, which is above the HP 2010 target of 21 percent. These figures are similar to national statistics in which 20 percent of adults had ever been told by a doctor that they had some form of arthritis in 2007, and 24 percent of adults had chronic joint symptoms.

Osteoporosis

Osteoporosis is a disease that is characterized by low bone mass and structural deterioration of bone tissue. The major health consequence of osteoporosis is an increased susceptibility to fractures, and nationally, approximately two million fractures per year are attributed to the disease. One in two women and one in four men aged 50 years and older will experience an osteoporotic-related fracture in their lifetime. Nationally in 2005, health care costs for these fractures were an estimated $19 billion, and it is estimated that this amount will increase to around $25.3 billion by 2025.

According to the 2005 Behavioral Risk Factor Survey, approximately 27.3 percent of Illinois Collar Counties (DuPage, Kane, Lake, McHenry, and Will County) residents had ever been told that they have osteoporosis or thinning of the bones. This number is significantly higher than the HP 2010 target of eight percent and indicates an area of opportunity for healthcare.

Diabetes

The occurrence of diabetes, especially type 2 diabetes, as well as associated diabetes complications, is on the rise. The number of persons with diabetes has increased unabated over the past decade and if these trends continue, one in three Americans who were born in the year 2000 will develop diabetes during their lifetime. Both Will County and the state of Illinois have followed the national trends for the prevalence of diabetes and have been increasing over time, as evident in Table 29.

Table 29 -Percent of Population Told They Have Diabetes by a Doctor

Year	Will	Illinois	U.S
1998	6.7	5.8	6.7
2002	4.7	6.8	7.4
2006	7.5	8.2	8.1
2008	6.7	8.8	9.0

Sources: Illinois BRFSS, CDC BRFSS

Over the past decade, diabetes has remained the seventh leading cause of death in the United States. Deaths due to diabetes fluctuated in Will County during 2000-2008. In Will County in 2007, the rate of diabetes deaths was 13.8 deaths per 100,000 individuals, well below the HP 2010 target of 45 deaths per 100,000 individuals. However, this number may be misleading as the deaths shown in Table 30 are deaths solely from diabetes (as the primary cause of death), though diabetes is likely to be underreported as a cause of death. Studies have found that only 35 to 40 percent of those deceased have diabetes listed anywhere on the death certificate and only about 10 to 15 percent have it listed as the underlying cause of death. Rather, conditions associated with complications from diabetes, such as cardiovascular disease, coronary heart disease, non-traumatic lower-extremity amputations, and end-stage renal disease, are generally the final conditions that result in death and therefore are the only causes listed on the death certificate. The risk of death for an individual with diabetes is twice that of an individual of the same age without the disease.

Table 30 - Number of Diabetes Deaths in Will County, 2000-2006

2000	2001	2002	2003	2004	2005	2006	2007
70	74	103	87	118	101	89	94

Source: Illinois Department of Public Health, Vital Statistics

Asthma

Asthma can occur in people of all ages, impacting an estimated 22.9 million people in the United States. According to the 2008 Behavioral Risk Factor Survey, approximately 12.7 percent of Will County adults had ever been told they had asthma, and 16.2 percent of households contained a child with asthma. According to the 2007 National Health Interview Survey, 11 percent of adults had ever been told they had asthma. The rates for the state of Illinois are a little higher; in 2008, 13.2 percent of adults had ever been told by a doctor they have asthma.

Table 31 - Number of Asthma Deaths in Will County, 2000-2006

2000	2001	2002	2003	2004	2005	2006	2007
6	4	5	4	5	4	6	1

Source: Illinois Department of Public Health, Vital Statistics

In Will County in 2006, the total crude rate of asthma deaths per 100,000 was approximately 0.9, which is below the HP 2010 target of 1 death per 100,000. As provided in Table 31, the numbers of asthma deaths in Will County are relatively low.

End-stage Renal Disease

End-stage renal disease occurs when one's kidneys are not able to function at the level necessary to sustain day-to-day life, and diabetes is the most common cause in the United

States. In most cases, it occurs when kidney failure has progressed to the point that kidney function is under 10 percent of normal.

Table 32 - Number of Deaths Due to Nephrosis/Nephritis in Will County, 2000-2006

2000	2001	2002	2003	2004	2005	2006	2007
53	41	52	63	62	62	83	90

Source: Illinois Department of Public Health, Vital Statistics

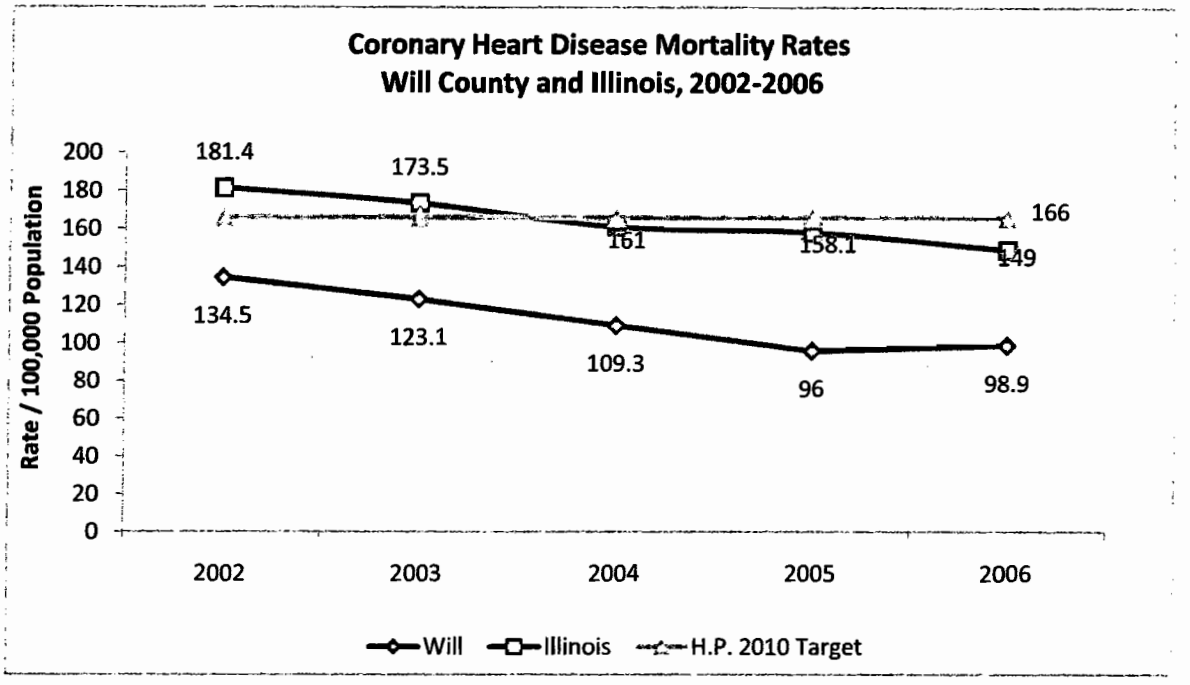
Table 32 shows the number of deaths due to kidney disease for Will County from 2000 through 2007. In 2007, the mortality rate for Will County due to end-stage renal disease was 13.4 deaths per 100,000 individuals.

Diseases of the Heart

Nationally, heart disease is the leading cause of death and is responsible for 30 percent of all mortality. This is mimicked in Will County where heart disease is the leading cause of death, and in 2007, accounted for 26 percent of all deaths. The largest portion of these deaths was due to coronary heart disease, which was responsible for 68 percent of all heart disease deaths. In the United States in 2007, 11 percent of adults had ever been told by a doctor or health professional that they had heart disease, and 6 percent had ever been told that they had coronary heart disease. This disease continues to be a major cause of disability and a significant contributor to increases in healthcare costs.

As shown in Figure 29, the Will County and Illinois rates of mortality due to coronary heart disease have been decreasing over time. Moreover, the mortality rate for Will County for the years 2000 through 2006 is below the HP 2010 target of 166 deaths per 100,000 population, as well as below the rates for Illinois.

Figure 29: Coronary Heart Disease Mortality Rate, 2002-2006



Source: Illinois Department of Public Health, Vital Statistics

Risk Factors for Heart Diseases

Some lifestyle factors and health conditions have the ability to put individuals at higher risk for developing heart disease. These include things such as hypertension, high cholesterol levels, diabetes, tobacco use, obesity, having a diet low in fruit and vegetable consumption and high in saturated fat and cholesterol, among others. By making changes to one's lifestyle regarding these factors, assumptions can be made that heart disease risk will decrease.

Table 33 - Risk Factors for Heart Disease

Risk Factor	Will County 2008	Illinois 2008
High Blood Pressure		
Told BP is High	22.9%	27.9%
High Cholesterol		
Never Checked	7.2%	22.0%
Checked <= 1 Year ago	71.1%	70.1%
Total Cholesterol High	21.6%	36.7%
Overweight or Obese		
Overweight Adults	38.6%	37.8%
Obese Adults	18.7%	23.9%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)

High Blood Pressure (Hypertension)

In 2007-2009, 27.9 percent of Will County adults were ever told by a health care professional that their blood pressure was high. Of these individuals, 67 percent are currently taking blood pressure medication. Will County percentages are below the 2008 state of Illinois findings where 27.6 percent of adults had ever been told they have high blood pressure and 76.3 percent were taking medication to aid this problem. When comparing these figures to national findings from 2007, 23 percent of adults had been told by a doctor or health professional on two or more visits that they had hypertension. The percent of Will County residents with high blood pressure exceeds the HP 2010 target and the national standings, though below the State, and as shown in Table 34, has been increasing over time.

Table 34 - Percent of Will County Adults Told They Have High Blood Pressure

2002	2005	2008
22.4%	24.1%	27.9%

Source: Illinois Behavioral Risk Factor Surveillance System (BRFSS)

High Blood Cholesterol

According to the Illinois Behavioral Risk Factor Surveillance System in 2008, 26.4 percent of Will County residents had ever been told by a healthcare professional that their cholesterol reading was high; a figure that greatly exceeds the HP 2010 target. In 2007, 71.1 percent of Will County adults had their blood cholesterol checked within one year, this is a decrease from 2003 in which 88.5 percent of Will County adults had their blood cholesterol checked within one year or less.

Data Source / Work Cited:

1. Illinois Department of Public Health. Deaths by County of Residence: Illinois, 2000-2007. Health Statistics. http://www.idph.state.il.us/health/bdmd/death_00-09.htm
2. Illinois Department of Public Health. Vital Statistics Section.
3. Illinois Department of Public Health. Leading Causes of Death, Illinois, 2007. Health Statistics. http://www.idph.state.il.us/health/bdmd/leadingdeaths07.htm

Category Ten – Communicable Disease, Infectious Disease and Sentinel Events

Definition of Category: Measures within this category include diseases which are usually transmitted through person-to-person contact or shared use of contaminated instruments or materials.

Sentinel events are those cases of unnecessary disease, disability, or untimely death that could be avoided if appropriate and timely medical care or preventive services were provided. These include vaccine-preventable illness, late stage cancer diagnosis, and unexpected syndromes or

infections. Sentinel events may alert the community to health system problems such as inadequate vaccine coverage, lack of primary care and/or screening, a bioterrorist event, or the introduction of globally transmitted infections

According to the World Health Organization (WHO), infectious diseases are defined as diseases that are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi, and can be spread directly or indirectly from one person to another. Infectious diseases are a leading cause of morbidity and mortality worldwide and in the United States. In recent decades, however, new threats to the health of populations globally and here in Will County have been identified from the presence of emerging infectious diseases, or diseases that are newly appearing in the population or have previously existed but are rapidly increasing in incidence or geographic range. Such diseases include West Nile Virus, Severe Acute Respiratory Syndrome (SARS), Avian Influenza A, and most notably, 2009 H1N1 Influenza.

Vaccine-Preventable Diseases

Table 35 -Vaccine Preventable Disease, Numbers of Cases in Will County, 2004-2008

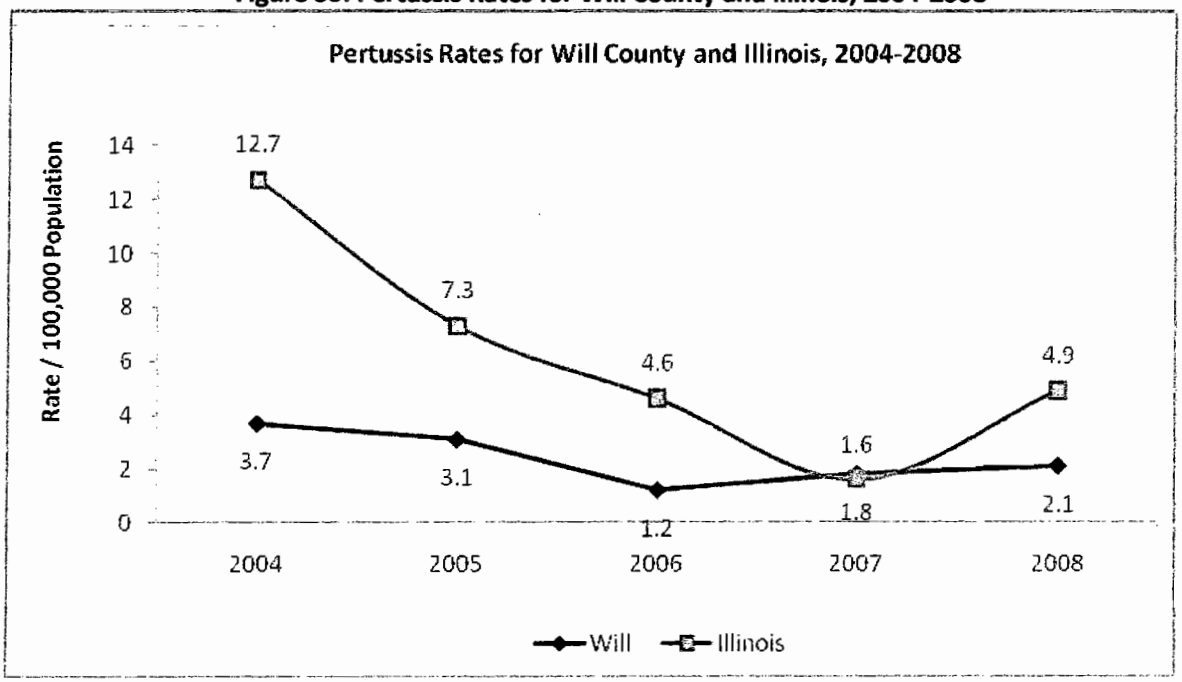
Disease	2004	2005	2006	2007	2008
Varicella (Chickenpox)	N/R	N/R	N/R	N/R	87*
Haemophilus Influenza (Invasive)	6	8	4	5	3
Hepatitis A	3	10	7	18	14
Hepatitis B Acute	2	7	1	12	3
Hepatitis B Chronic	17	77	95	80	62
Measles	0	0	0	0	0
Mumps	0	0	11	4	2
N. Meningitidis (Invasive)	0	1	0	1	6
Pertussis	24	21	8	12	14
Streptococcus pneumoniae (Invasive Group A)	10	13	20	15	17
Diphtheria	0	0	0	0	0
Polio	0	0	0	0	0
Rubella	0	0	0	0	0
Tetanus	0	0	0	0	0

N/R = Not Reportable, * Chickenpox reporting for persons <20 years became reportable for individual cases, year-round effective March 3, 2008. Prior to that data, reporting for the under 20 was aggregate, school-based reporting. Source: Illinois National Electronic Disease Surveillance System (INEDSS)

Pertussis

Pertussis is a highly communicable, vaccine-preventable disease caused by bacteria that spreads through direct contact with discharges from respiratory mucous membranes of infected persons. Pertussis is endemic in the United States where epidemics occur every 3-5 years. The most recent epidemic occurred in 2005 (25,616 reported cases). Major complications most frequently occur in infants and young children, in whom the disease can be fatal. Ten children died in the United States in 2007, and most deaths occur in the unvaccinated. Adolescents and adults become susceptible when immunity wanes, but can receive a booster shot of the combination vaccine (called Tdap). The graph below shows recent trends in case rates for Will County, and Illinois. The case rate for Will County remains above the HP 2010 target of 0.7 cases per 100,000.

Figure 30: Pertussis Rates for Will County and Illinois, 2004-2008



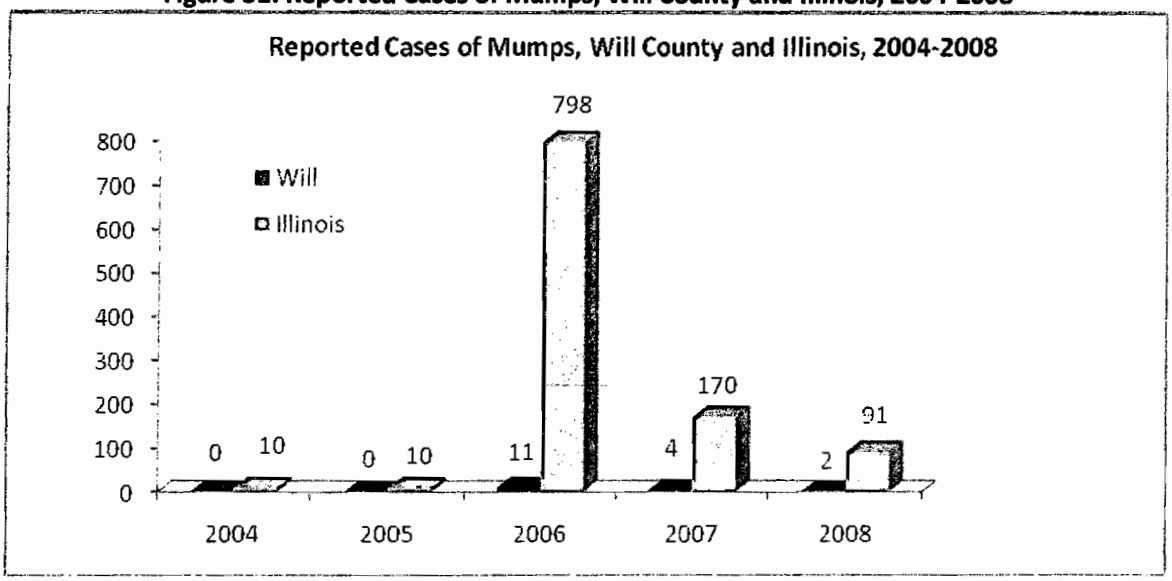
Sources: Illinois National Electronic Disease Surveillance System, Illinois Department of Public Health and Center for Disease Control and Prevention

Mumps

Mumps is a contagious respiratory disease caused by a virus that spreads by mucus or droplets from the nose or throat of an infected person, usually when a person coughs or sneezes. In 1967, the live mumps vaccine was introduced and the recommendation for its routine use was implemented in 1977 by the United States vaccination program. Prior to this, mumps was a common illness in infants, children and young adults. Because most people have now been vaccinated, mumps has become a rare disease in the United States. In 2006, reports of mumps increased both for Illinois, which reported 798 cases, and Will County with 11 cases reported, primarily due to the outbreak associated with unimmunized/partially immunized individuals

exposed during international travel. Figure 31 summarizes the past 5 years trend in reported Mumps cases in Will County.

Figure 31: Reported Cases of Mumps, Will County and Illinois, 2004-2008



Source: Illinois National Electronic Disease Surveillance System

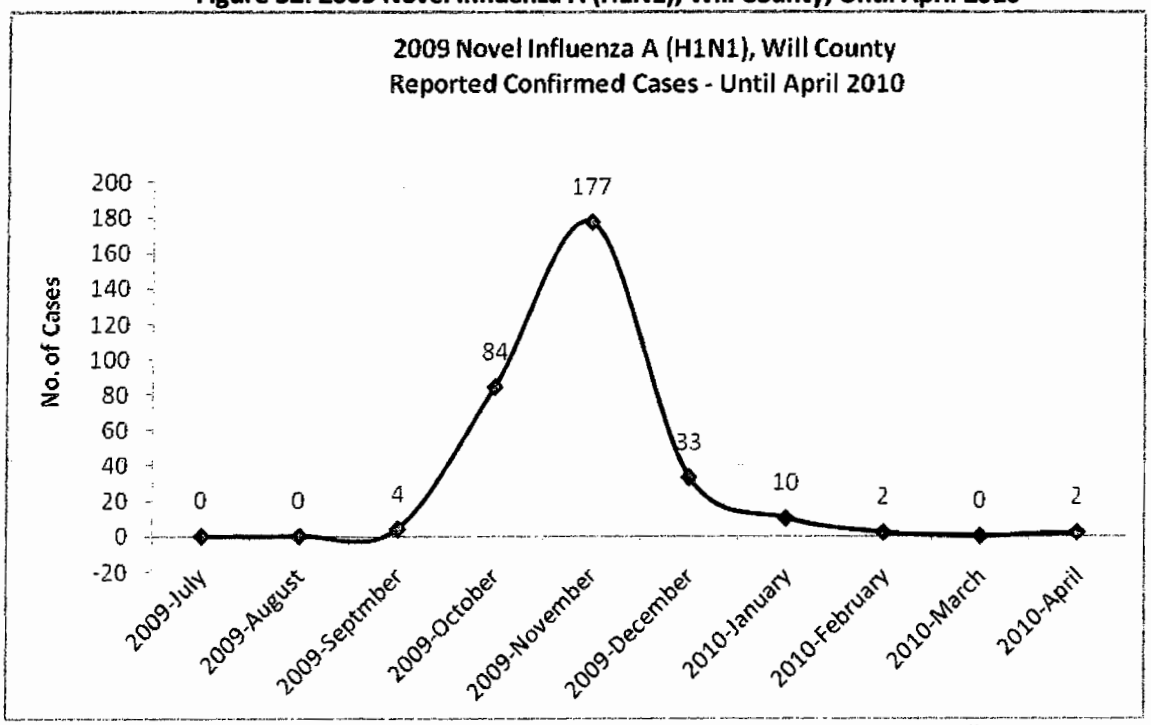
Measles

Measles is a highly contagious respiratory disease caused by a virus that spreads through the air by breathing, coughing or sneezing. Symptoms include fever, runny nose, cough and a rash all over the body. In 1 in 10 children, measles also results in an ear infection, 1 in 20 may get pneumonia and 1 or 2 of 1,000 die. This disease can also cause severe complications to pregnant women, including miscarriage or premature birth. Measles is very rare when vaccination rates are high; however, sporadic cases occur in the United States as a result of importation due to travel to countries where measles is endemic. Worldwide there are about 10 million cases and 200,000 deaths annually. Illinois experienced a measles outbreak in 2008 primarily among an unvaccinated population. No confirmed cases have been reported in Will County residents in the last 5 years.

2009 (novel) H1N1 Influenza A

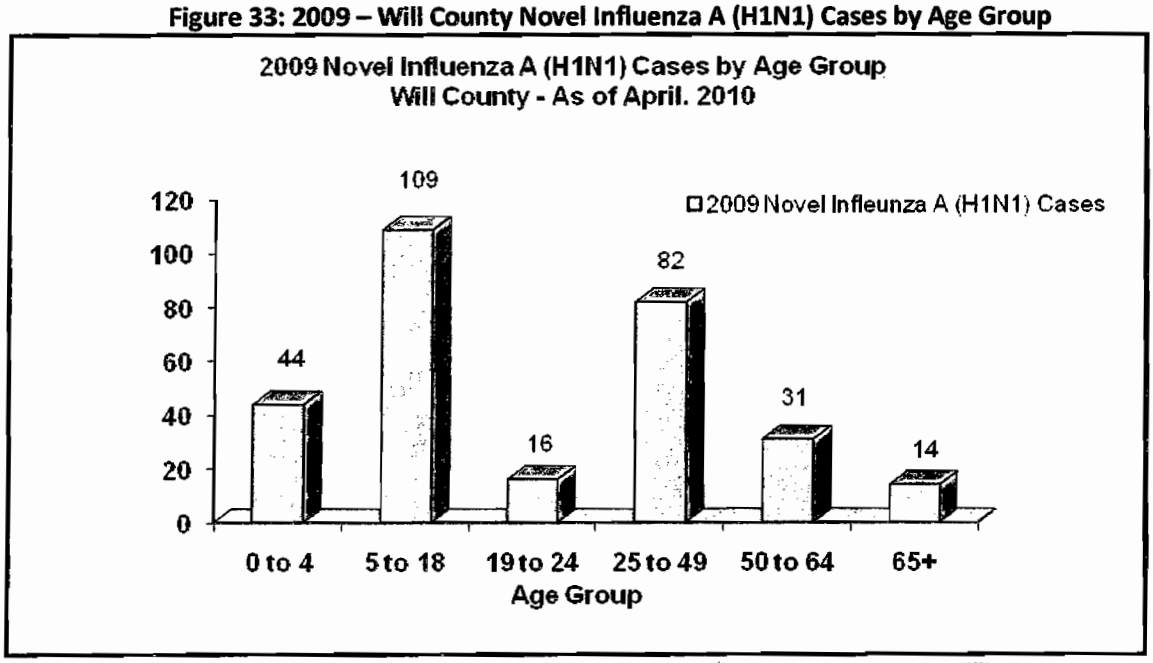
In April 2009, a novel strain of influenza was detected by CDC viral surveillance. During the course of the next several months, two significant waves of disease activity were detected in the patterns of cases reporting for Will County, Illinois and the United States. As of April 30, 2010, 313 laboratory-confirmed cases were reported in Will County. During the course of the outbreak, as disease activity increased, case reporting was limited to hospitalizations and deaths to conserve resources. The following graph tracks the monthly onset among confirmed cases due to 2009 H1N1 Influenza through April 2010. There were a total of 134 hospitalized cases and 1 death reported among 313 confirmed cases. In some situations, the primary cause of death may have been due to another condition. Case rates were highest in the 5-18 years and 25-49 years age groups as seen in Figure 33.

Figure 32: 2009 Novel Influenza A (H1N1), Will County, Until April 2010



Source: Will County Health Department, Epidemiology & Communicable Disease Program, Illinois Department of Public Health- Illinois National Electronic Disease Surveillance System

Figure 33: 2009 – Will County Novel Influenza A (H1N1) Cases by Age Group



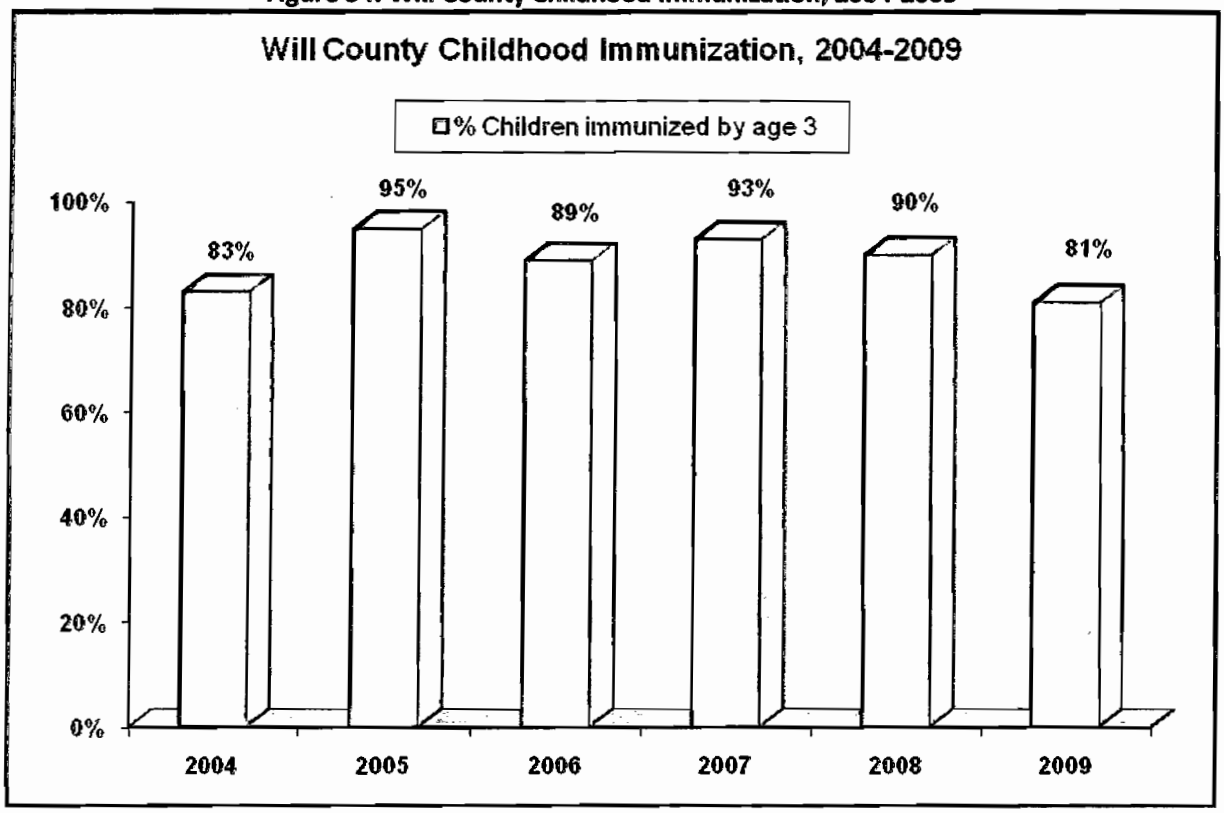
Source: Will County Health Department, Epidemiology & Communicable Disease Program, Illinois Department of Public Health- Illinois National Electronic Disease Surveillance System

Immunizations

All children entering grade school require proof of immunization against most of the above mentioned vaccine preventable illnesses, though 80 percent of these vaccines are needed prior to the age of two. Only vague estimates of Will County's immunization rates for children under age five exist. The National Immunization Survey (NIS), sponsored by the National Center for Immunizations and Respiratory Diseases (NCIRD), is conducted jointly by the National Center for Health Statistics (NCHS), the Centers for Disease Control and Prevention, and NCIRD and monitors childhood immunizations at the state and national level. The target population for the NIS is children between the ages of 19 and 35 months. Results of the 2008 NIS for Illinois estimated vaccination coverage levels at 74.8 percent for the combined 4:3:1:3:3:1 vaccination series which including: ≥4 DTP, ≥3 doses Polio; ≥1 MMR, ≥3 Hib, ≥3 Hep B vaccine and ≥1 Varicella.

The percentage of children in Will County being immunized by the age of 2 years old continues to show steady gains through 2004 – 2007. There is a slight decrease in the percentage of children immunized in 2008 and 2009. Vaccines were added to the list of what needed to be included to be up to date (Varicella was added in 2008, and Prevenar was added in 2009).

Figure 34: Will County Childhood Immunization, 2004-2009



Illinois Department of Public Health, Will County Health Department, Immunization Program, IPLAN

Tuberculosis

Tuberculosis (TB) is a disease caused by a bacterium, Mycobacterium tuberculosis, and is spread through the air from person to person when an individual with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings. Active cases of TB reported in Will County, Illinois, state region and the U.S. for 2004-2008 are summarized in table below. Will County rates fluctuate above and below the rates for neighboring counties, Illinois and the US, but remain well below the city of Chicago and Suburban Cook County.

Table 36 - Tuberculosis Cases and Rates per 100,000, 2004-2008

	2004	2005	2006	2007	2008
Will County	15 (2.5)	18 (2.9)	10 (1.5)	17 (2.5)	15 (2.2)
Illinois	569 (4.5)	596 (4.7)	569 (4.5)	521 (4.1)	469 (3.6)
Illinois- Excluding Chicago	261 (2.7)	263 (2.7)	277 (2.8)	262 (2.6)	255 (2.5)
Suburban Cook	308 (10.8)	333 (11.7)	292 (10.3)	259 (9.1)	214 (7.5)
Chicago	91 (3.7)	120 (4.9)	116 (4.7)	139 (5.7)	100 (4.1)
U.S	14,517 (5.0)	14,097 (4.7)	13,779 (4.6)	13,299 (4.4)	N/A

Source: Illinois Department of Public Health, TB Control Section

Other Infectious Diseases

While advances have been made in the research and treatment of infectious diseases during the 20th century, they continue to be the leading cause of death worldwide. Though there are a number of reasons for this, primary causes include ecological changes, agricultural development, changes in human demographics and behavior, increases in international travel and commerce, globalization, and microbial adaptation and change. There are a number of food and water borne illnesses and other diseases transmitted by viruses that are not able to be prevented through vaccination and thus continue to occur in the population.

Table 37 - Selected Reportable Infectious Diseases
Number of cases in Will County, 2005-2008

	2005	2006	2007	2008
Blastomycosis	2	5	11	1
Giardiasis	31	30	32	22
Hepatitis B Acute	7	1	12	3
Hepatitis B Chronic	77	95	80	62
Hepatitis C Acute	0	0	0	0
Hepatitis C Chronic	259	274	267	228
Legionellosis	3	4	3	4
Lyme Disease	6	11	8	7
Meningococcal Invasive Disease (Bacterial Meningitis)	1	0	1	6
Streptococcal Disease Invasive Group A	13	20	15	17
Rabies, Potential Human Exposure	11	17	17	22

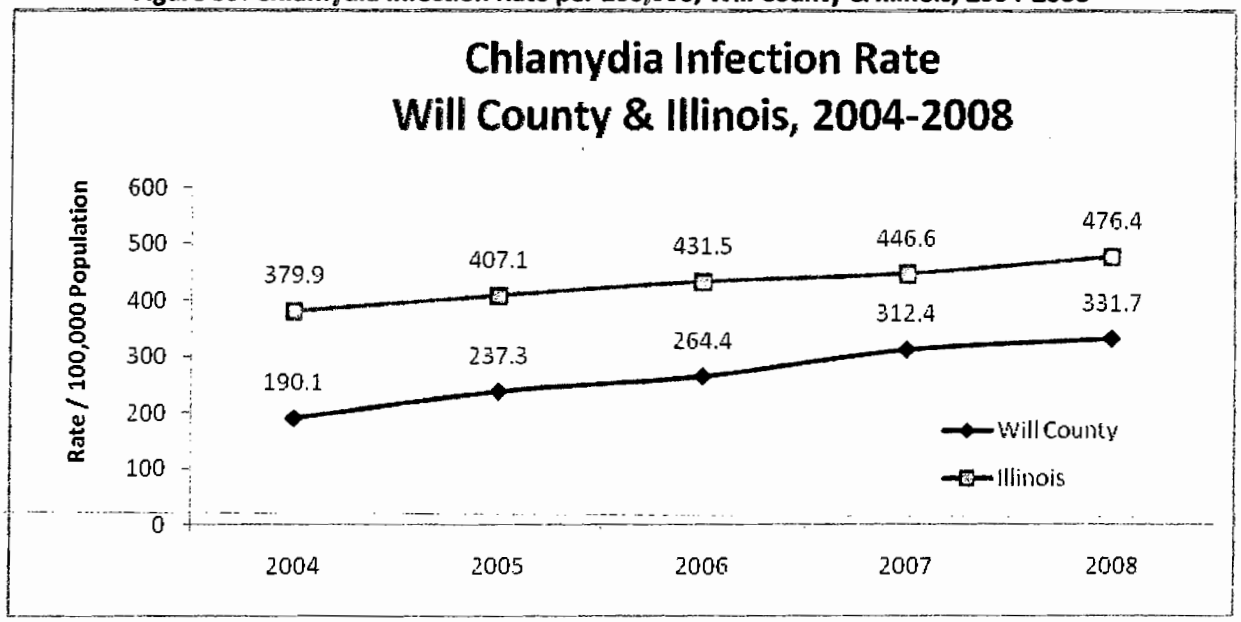
Source: Illinois Department of Public Health- Illinois National Electronic Disease Surveillance System

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs), refer to more than 25 diseases caused by pathogens transmitted primarily through sexual activity. These diseases continue to be a challenge to public health systems and with more than 19 million new infections occurring every year, the United States has the highest rate of STD infection of any industrialized country. These diseases can affect individuals from all backgrounds and economic levels and are widespread, though almost half of all new cases occur in those 15 to 24 years of age. In addition to the effects that these diseases have on individuals, in 2007, the economic burden on our nation's healthcare system was an estimated $15.3 billion due to STDs. The two most common reportable STDs in the U.S. are Chlamydia and Gonorrhea, and the rates of infection have been increasing over recent years. This is even more significant because the true numbers for these diseases are difficult to assess as the majority of cases go undiagnosed. In addition, many people remain unaware of the risk and consequences of STDs.

Chlamydia is the most commonly reported notifiable disease Illinois and rates have been steadily increasing over recent years, as seen in Figure 35 below. While the Will County rate has followed this trend, it remains well below that of Illinois. There were 1,666 cases of Chlamydia in Will County in 2008.

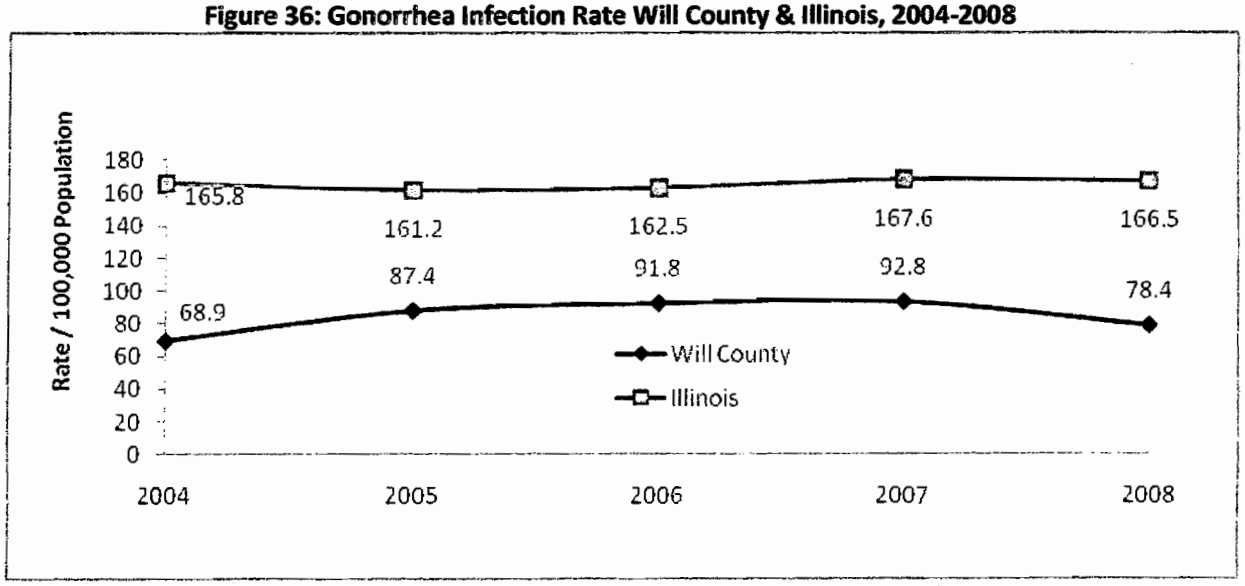
Figure 35: Chlamydia Infection Rate per 100,000, Will County & Illinois, 2004-2008



Source: Illinois Department of Public Health, Center for Disease Control and Prevention

Gonorrhea is the second most commonly reported notifiable disease Illinois and rates have been steady increasing over recent years, as seen in Figure 36 below. The rate in Will County has steadily increased from 2004 to 2007, but started declining in 2008. The rate in Will County remains well below that of Illinois. There were 394 cases of Chlamydia in Will County in 2008, a 15% decrease from the previous year

Figure 36: Gonorrhea Infection Rate Will County & Illinois, 2004-2008



Source: Illinois Department of Public Health, Center for Disease Control and Prevention

The following table, Table 38, shows the number and rate of early stage syphilis and a comparison of primary and secondary syphilis infections for a five-year period for Will County,

Illinois and the U.S. Over this time, the Will County rate of syphilis infections has remained relatively steady, despite an increase in 2006 and 2008, and has continually been below the rate for the state of Illinois and the U.S. In 2008, Will County had 10 new cases of primary and secondary syphilis.

Table 38 - Syphilis Infection Cases and Rate per 100,000, 2004-2008

Year	Early Stage Syphilis		Primary & Secondary Syphilis		
	Will County	Illinois	Will County	Illinois	U.S
2004	6 (1.2)	708 (5.7)	3 (0.6)	386 (3.1)	7,9080 (2.8)
2005	6 (1.2)	922 (7.4)	5 (1.0)	525 (4.2)	8,724 (3.1)
2006	8 (1.6)	698 (5.6)	5 (1.0)	431 (3.5)	9,756 (3.5)
2007	5 (1.0)	688 (5.5)	4 (0.8)	464 (3.7)	11,466 (4.1)
2008	12 (2.4)	825 (6.6)	10 (2.0)	554 (4.5)	13,500 (4.8)

Source: Illinois Department of Public Health, Center for Disease Control and Prevention

HIV/AIDS

Acquired immunodeficiency syndrome, or AIDS, is the final stage of human immunodeficiency virus (HIV) infection. During the mid-to-late 1990s, advances were made in HIV treatments, enabling the progression from HIV infection to AIDS to be slowed. This caused a dramatic decrease in the number of deaths in those living with AIDS in the United States, though the number of new infections that occurs yearly has not changed. In 2006, an estimated 56,300 individuals were infected with HIV in the United States.

Table 39 - Will County HIV/AIDS Number of Cases, 2004 - 2008

Year	HIV Cases Reported	AIDS Cases Reported
2004	47	45
2005	70	38
2006	38	20
2007	35	22
2008	31	26

Source: Illinois Department of Public Health HIV/AIDS Section-Surveillance Program

Data Source/ Works Cited:

1. Illinois Department of Public Health. Illinois – National Electronic Disease Surveillance System (INEDSS).
2. Centers Disease Control and Prevention. Pertussis. http://www.cdc.gov/ncidod/dbmd/diseaseinfo/pertussis_t.htm.

3. Illinois Department of Public Health. Reportable Communicable Disease Cases, 2000 – 2008. http://www.idph.state.il.us/health/infect/communicabledisease00_09.htm
4. Centers for Disease Control and Prevention. Summary of Notifiable Diseases – United States, 2007
5. Centers for Disease Control and Prevention. Mumps. http://www.cdc.gov/mumps/about/index.html
6. Centers for Disease Control and Prevention. Measles. http://www.cdc.gov/measles/about/overview.html
7. Will County Health Department, Sexually Transmitted Diseases Program
8. The Centers for Disease Control and Prevention. National, State, and Local Area Vaccination Coverage Among Children Aged 19--35 Months --- United States, 2008. MMWR 58(33); 921-926, August 28, 2009.
9. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5833a3.htm
10. Centers for Disease Control and Prevention. Trends in Reportable Sexually Transmitted Diseases in the United States, 2007- National Surveillance Data for Chlamydia, Gonorrhea, and Syphilis. Centers for Disease Control and Prevention; 2009. http://www.cdc.gov/std/stats07/trends.pdf
11. Illinois Department of Public Health. Chlamydia Cases/Rates by Illinois County 2004 – 2008. http://www.idph.state.il.us/health/std/chlcases04_08.htm
12. Illinois Department of Public Health. Gonorrhea Cases/Rates by Illinois County 2004 – 2008. http://www.idph.state.il.us/health/std/gon04_08.htm
13. Illinois Department of Public Health. Primary and Secondary Syphilis Cases/Rates by Illinois County 2004 – 2008. http://www.idph.state.il.us/health/std/psyph04_08.htm

ALTERNATIVES

The alternatives considered for this project are:
(1) Do Nothing; (2) Expand the Existing Riverside Emergency Department;
(3) Construct the proposed project in conjunction with the Riverside Emergency Department; or (4) Construct a new hospital on the proposed site.

Alternative I- Do Nothing

The first option of do nothing was rejected by the applicant because it does not improve access to care for the residents of the proposed service area. While it is obviously the least expensive alternative, it still leaves the residents of the proposed service area without Emergency Department services within reasonable travel time.

Alterative II- Expand the Existing Emergency Department at Riverside Medical Center

The second alternative was rejected because it too offered no significant improvement in access to emergency care for the majority of residents in the proposed service area. The current Emergency Department at the hospital serves patients daily from the proposed service area, however, the further that one proceeds away from Riverside Medical Center northbound along Interstate 57, the further the distance it is to access Emergency Department services. It is well past the applicant's proposed location and further into the south suburban area until one reaches where Palos Community Hospital, Ingalls Memorial Hospital and the St. James facilities are located and where those facilities become the dominant providers of Emergency Department services. No cost analysis for this alternative was developed because this alternative would not meet the applicant's established goals for this project and thus the alternative was rejected.

Alternative III- Construct a Free-Standing Emergency Center and an Ambulatory Care Campus.

The Illinois Legislature recently passed legislation indicating a need to establish a free-standing Emergency Center in areas such as where the proposed facility is to be located. [Attachment 13(a)] It was determined that the applicant could meet that need by developing the proposed project in conjunction with the existing hospital based ED. The free-standing Emergency Center would provide improved access to emergency care for the residents within the defined target area and would ensure the availability of inpatient services when needed. The proposed emergency center will also refer patients for inpatient care to the hospitals that are closest to the patient's home.

Silver Cross Hospital will serve as the resource hospital, since it is the closest hospital to the proposed site.

The ability to utilize Riverside Medical Center as a training site for EMS staff, to utilize the existing established ED protocols, and to augment the applicants existing relationships with ambulance services and other health care providers in the target market area makes this alternative the best one available to the applicant.

Alternative IV- Construct a New Hospital

A fourth alternative was briefly considered, and rejected. The fourth alternative was to construct a new hospital on the proposed site of the Emergency Center. This alternative was rejected due to the number of excess beds currently located in the planning area and the cost of constructing such a facility. The cost projection were not made for this alternative, since the proposed project will meet the current needs and is less costly than even the smallest hospital.

Public Act 097-1112

HB5142 Enrolled LRB097 16739 DRJ 61914 b

AN ACT concerning regulation.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Emergency Medical Services (EMS) Systems Act is amended by changing Section 32.5 as follows:

(210 ILCS 50/32.5)

Sec. 32.5. Freestanding Emergency Center.

(a) The Department shall issue an annual Freestanding Emergency Center (FEC) license to any facility that has received a permit from the Health Facilities and Services Review Board to establish a Freestanding Emergency Center ~~if the application for the permit has been deemed complete by the Department of Public Health~~ by January 1, 2015 ~~March 1, 2009~~, and:

(1) is located: (A) in a municipality with a population of 50,000 ~~75,000~~ or fewer inhabitants; (B) within 50 ~~20~~ miles of the hospital that owns or controls the FEC; and (C) within 50 ~~20~~ miles of the Resource Hospital affiliated with the FEC as part of the EMS System;

(2) is wholly owned or controlled by an Associate or Resource Hospital, but is not a part of the hospital's physical plant;

(3) meets the standards for licensed FECs, adopted by rule of the Department, including, but not limited to:

(A) facility design, specification, operation, and maintenance standards;

(B) equipment standards; and

(C) the number and qualifications of emergency medical personnel and other staff, which must include at least one board certified emergency physician present at the FEC 24 hours per day.

(4) limits its participation in the EMS System strictly to receiving a limited number of BLS runs by emergency medical vehicles according to protocols developed by the Resource Hospital within the FEC's designated EMS System and approved by the Project Medical Director and the Department;

(5) provides comprehensive emergency treatment services, as defined in the rules adopted by the Department pursuant to the Hospital Licensing Act, 24 hours per day, on an outpatient basis;

(6) provides an ambulance and maintains on site ambulance services staffed with paramedics 24 hours per day;

(7) (blank);

(8) complies with all State and federal patient rights provisions, including, but not limited to, the Emergency Medical Treatment Act and the federal Emergency Medical Treatment and Active Labor Act;

ATTACHMENT 13(a)

(9) maintains a communications system that is fully integrated with its Resource Hospital within the FEC's designated EMS System;

(10) reports to the Department any patient transfers from the FEC to a hospital within 48 hours of the transfer plus any other data determined to be relevant by the Department;

(11) submits to the Department, on a quarterly basis, the FEC's morbidity and mortality rates for patients treated at the FEC and other data determined to be relevant by the Department;

(12) does not describe itself or hold itself out to the general public as a full service hospital or hospital emergency department in its advertising or marketing activities;

(13) complies with any other rules adopted by the Department under this Act that relate to FECs;

(14) passes the Department's site inspection for compliance with the FEC requirements of this Act;

(15) submits a copy of the permit issued by the Health Facilities and Services Review Board indicating that the facility has complied with the Illinois Health Facilities Planning Act with respect to the health services to be provided at the facility;

(16) submits an application for designation as an FEC in a manner and form prescribed by the Department by rule; and

(17) pays the annual license fee as determined by the Department by rule.

(a-5) Notwithstanding any other provision of this Section, the Department may issue an annual FEC license to a facility that is located in a county that does not have a licensed general acute care hospital if the facility's application for a permit from the Illinois Health Facilities Planning Board has been deemed complete by the Department of Public Health by January 1, 2014 ~~March 1, 2009~~ and if the facility complies with the requirements set forth in paragraphs (1) through (17) of subsection (a).

(a-10) Notwithstanding any other provision of this Section, the Department may issue an annual FEC license to a facility if the facility has, by January 1, 2014, ~~March 31, 2009,~~ filed a letter of intent to establish an FEC and if the facility complies with the requirements set forth in paragraphs (1) through (17) of subsection (a).

(b) The Department shall:

(1) annually inspect facilities of initial FEC applicants and licensed FECs, and issue annual licenses to or annually relicense FECs that satisfy the Department's licensure requirements as set forth in subsection (a);

(2) suspend, revoke, refuse to issue, or refuse to renew the license of any FEC, after notice and an opportunity for a hearing, when the Department finds that the FEC has failed to comply with the standards and requirements of the Act or rules adopted by the Department under the Act;

(3) issue an Emergency Suspension Order for any FEC when the Director or his or her designee has determined that the continued operation of the FEC poses an immediate and serious danger to the public health, safety, and welfare. An opportunity for a hearing shall be promptly

initiated after an Emergency Suspension Order has been issued; and

(4) adopt rules as needed to implement this Section.

(Source: P.A. 96-23, eff. 6-30-09; 96-31, eff. 6-30-09; 96-883, eff. 3-1-10; 96-1000, eff. 7-2-10; 97-333, eff. 8-12-11.)

Section 99. Effective date. This Act takes effect upon becoming law.

Effective Date: 8/27/2012

Service	Proposed GSF	State Standard	Difference	Met Standard
Emergency	5,613	5,400	+213	No
Laboratory	184	None	N/A	N/A
Diagnostic Imaging	1,138	4,000	-2,862	Yes
EKG	108	None	N/A	N/A

Emergency

The proposed project calls for the establishment of a six bay Emergency Center. Based on the State Standard, six bays justify 5,400 GSF. The proposed project calls for 5,613 GSF which exceeds the State Standard by only 213 GSF. The reasons for this discrepancy are due to the proposed project being a Freestanding Emergency Center rather than a hospital-based ED. A Freestanding Emergency Center is mandated by the Act to have a major procedure room (438 square feet). (See appended licensure regulations.) The requirement for a major procedure room by itself justifies the difference between the hospital-based State Standard and the Freestanding Emergency Center proposal. It is also important to note that in a freestanding center, support services, such as medical records or waiting areas, are not shared with other department which also causes the square footage to be higher than in a hospital-based ED. When the preceding facts are considered, the square footage proposed is needed.

Laboratory

The proposed laboratory is a "stat lab" which is also required by the Licensing Program for Freestanding Emergency Centers. The proposed square footage for the laboratory is the minimum size necessary to meet licensure requirements.

Diagnostic Imaging

The proposed project calls for the construction of three imaging rooms in this department: the first is a general X-ray unit with digital imaging capability; the second is an ultrasound room; and the third is a CT room. The three imaging rooms proposed provide the minimum equipment needs of an Emergency Department. A notable difference between a freestanding emergency facility and a hospital-based emergency facility is that this imaging equipment is not located in the Diagnostic Imaging Department down the corridor of the hospital where it can be shared by inpatients and outpatients, but rather the diagnostic imaging services are located immediately adjacent to the ED. The State standards for space are met by the applicant's proposal.

EKG

The EKG department in the proposed facility consists of 1 room and 108 GSF. The proposed space is the minimum amount of space necessary to house this department. There is no State Standard for this department; however, one room is the minimum necessary to support an Emergency Center.

Joint Committee on Administrative Rules

ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY
PART 518 FREESTANDING EMERGENCY CENTER CODE
SECTION 518.2240 BUILDING REQUIREMENTS

Section 518.2240 Building Requirements

a) Location
The freestanding emergency center shall be conveniently accessible to the population served. In selecting location, consideration shall be given to factors affecting source and quantity of patient load, including highway systems, public transportation, industrial plants, and recreational areas.

b) Parking
One parking space for each staff member on duty at any one time and no fewer than two spaces for each major procedure room and each observation/treatment room shall be provided. Handicapped parking spaces shall be provided as required in the Illinois Accessibility Code. Additional spaces shall be provided for emergency vehicles. Street, public, and shared lot spaces shall be exclusive for the use of the emergency facility. All required parking spaces shall be conveniently located to the emergency entrance.

c) Administration and Public Areas

1) The ambulance and walk-in entrance shall be located at grade level and be able to accommodate wheelchairs.

A) All entrances shall be covered to permit protected transfer of patients from ambulances, and a ramp for wheelchairs and stretchers shall be provided in addition to steps. Doors to emergency services shall be not less than 4 feet wide.

B) The emergency entrance shall have vision panels to minimize conflict between incoming and outgoing traffic and to allow for observation of the unloading area from the control station.

2) A lobby and waiting area shall be provided and shall provide:

A) Convenient access to wheelchairs and stretchers;

B) A control station that may be used for triage functions, is in direct communication with medical staff and has direct visual control of the

emergency entrance, observation of arriving vehicles, and access to treatment and lobby areas;

C) Waiting areas convenient to the reception and interview areas;

D) Public toilet facilities for males, females and/or families. Unisex toilet facilities are prohibited.

3) Facilities for conducting interviews with patients and others shall be provided and shall include provisions for acoustical and visual privacy.

4) General and individual offices shall be provided.

5) Clerical spaces shall be provided.

6) Multipurpose rooms for staff conferences and consultation shall be provided.

7) Equipment and general storage areas shall be provided.

d) Clinical Facilities

1) At least one major procedure room shall be provided and shall meet the following requirements:

A) A minimum clear area of 360 square feet exclusive of cabinets, shelves, door swings and fixed obstructions;

B) A minimum clear dimension of 16 feet;

C) Emergency communication equipment connected to the nurses' control station;

D) X-ray film illuminator (as necessary);

E) Mechanical and electrical systems and devices that meet requirements for hospital surgical rooms in the Hospital Licensing Requirements (77 Ill. Adm. Code 250).

2) Where additional procedure rooms are set up for multi-patient use, these rooms shall meet the following requirements:

A) A minimum clear area of not less than 180 square feet per patient stretcher or bed;

B) A minimum clear dimension of 10 feet per space;

C) Emergency communication equipment connected to the nurses' control station;

D) X-ray film illuminator (as necessary);

E) Mechanical and electrical devices that meet requirements for hospital surgical rooms in 77 Ill. Adm. Code 250.

3) A holding area for stretchers and wheelchairs within the clinical area shall be provided and under staff control and located so as not to block means of egress.

4) A poison control service shall be provided that contains the following services:

A) Immediately accessible antidotes;

B) A file of information concerning common poisons; and

C) Communications links with regional and national poison centers and regional EMS centers.

5) A nurses' work and control station shall be located to permit visual control and access to clinical areas and shall contain space and equipment to allow the following services to be provided:

A) Charting;

B) Storage of files;

C) Staff consultation; and

D) Communication link with examination/treatment, lobby and waiting area control, laboratory, radiology and on-call staff.

6) A cardiopulmonary resuscitation (CPR) emergency cart shall be located away from traffic and available to all areas.

7) Scrub stations shall be provided at each trauma/cardiac room with water and soap controls operable without the use of hands.

e) Radiology

1) Facilities for basic diagnostic radiological procedures shall be provided and shall include the following:

A) Space adequate to accommodate needed equipment with a minimum clearance of 3 feet on all four sides of the table;

B) A shielded control alcove with windows providing a full view of the examination table and the patient; and

C) A patient toilet accessible from the radiology room.

2) Film processing facilities shall be provided (if required).

3) Viewing and administrative areas shall be provided.

4) Storage facilities for exposed film shall be provided (if required).

5) Dressing rooms or booths with convenient toilet access shall be provided.

f) Laboratory

1) Laboratory facilities shall be provided for the performance of tests in hematology, clinical chemistry, urinalysis, microbiology, anatomic pathology and cytology to meet the work load.

2) Laboratory facilities shall provide for the following procedures to be performed on-site: blood counts, urinalysis, blood glucose, electrolytes, blood urea and nitrogen (BUN), coagulation, and transfusions (type capability). If transport time by an ambulance to the nearest hospital is 10 minutes or less, plasma expanders may be used. If transport time by ambulance to the nearest hospital is greater than 10 minutes, then type O negative blood shall be available for transfusion. Facilities shall also be included for specimen collection and processing.

3) The following shall be provided in the laboratory suite:

A) Work counters with space for items such as microscopes, chemical analyzers, incubators and centrifuges; work counters shall include sinks and provisions for fluid disposal, eye washes, vacuum, gases, electrical services and piped-in air;

B) Hand-washing lavatories operable without the use of hands at strategic locations for convenience of use;

C) Storage facilities;

D) Chemical safety provisions, including emergency showers, eye-flushing devices and blankets; floor drains at the emergency shower locations;

E) Flammable liquid storage in the form of vented cabinets designed for use with flammable liquids;

F) Specimen collection facilities including: blood collection area with work counter; space for patient seating and hand washing; a urine and feces collection room equipped with water and lavatory;

G) A terminal sterilization facility for contaminated specimens (autoclave or electric oven), unless contaminated waste is disposed of through a licensed waste management service in accordance with Section 518.2150(f)(4); and

H) If radioactive materials are employed, facilities for long-term storage and disposal of these materials, appropriately shielded to prevent exposure.

g) Staff locker rooms and toilets shall be provided.

h) At least one housekeeping room per floor shall be provided. The housekeeping room shall contain a service sink and storage for housekeeping supplies and equipment and shall be located within the FEC.

i) Utility Rooms

1) A clean utility room shall be provided and contain the following:

A) Storage for clean and sterile supplies and equipment;

B) Work counters;

C) Hand-washing sinks operable without the use of hands;

D) Ice maker;

E) Under-counter refrigerator; and

F) Communications equipment.

2) A soiled utility room shall be provided and contain the following:

A) Storage for soiled supplies and equipment;

B) Work counters;

C) Hands-free hand-washing sinks;

D) Communications equipment; and

E) Clinical service sink.

j) Sterile supply and processing rooms shall be provided and may be combined with the clean and soiled utility rooms if the program narrative is approved.

1) One-way flow shall be maintained between the soiled supplies, clean-up, sterilizing, and storage functions.

2) Storage spaces for clean and sterile supplies and equipment shall be provided.

3) Storage spaces for soiled supplies and equipment shall be provided.

4) There shall be no direct access between the soiled and clean sides of sterile supply and processing.

ATTACHMENT #14-265

5) Work counters and hand-washing sinks operable without the use of hands shall be provided.

6) A clinical service sink shall be provided on the soiled side.

7) The soiled side shall have equipment for cleaning, such as ultrasound, washers, and deep three-compartment sink and tray assembly.

8) A pass-through sterilizer shall be provided.

9) Space shall be provided in the soiled side for processing equipment and tray assembly, such as steris machines, dryers, tube racks, wrapping and labelling counters. The steris machine shall be located in a clean utility room. Only tray loading is permitted in the soiled side.

k) A nourishment room for the use of patients, conveniently located to the clinical area, shall contain the following:

1) Work counter;

2) Refrigerator;

3) Ice maker;

4) Hands-free hand-washing sink; and

5) Storage for supplies.

l) Facilities shall be provided for observing patients until they can be transferred to an appropriate hospital. The size and type of equipment shall be what is required for anticipated patient load and lengths of stay. Each observation bed shall provide for:

1) Direct visual observation of each patient from the nurses' station;

2) Patient privacy;

3) Access to patient toilets;

4) Secure storage of patients' belongings;

5) Medication dispensing;

6) Bedpan storage and cleaning;

7) Hand-washing facilities without the use of hands;

8) Communications system with nurses station; and

9) Monitoring capabilities.

m) A consultation/communications room shall be located within access of the diagnostic and treatment facilities and shall provide sound isolated for privacy and confidentiality of consultation for the use of the staff during the tele-medicine consultation. The room shall contain the following:

1) Computer support and telecommunications support equipment necessary for the consultation task;

2) View screens;

3) Work counters;

4) Storage areas; and

5) Additional refrigeration units as required by equipment.

(Source: Amended at 33 Ill. Reg. 8317, effective June 4, 2009)

PROJECT SERVICES UTILIZATION

UTILIZATION					
	Department/ Service	**Historical Utilization**	**Projected Utilization**	**State Standard**	**Met Standard ?**
Year 1	Emergency	N/A	9,413	2,000/Rm	No
Year 2			10,075		Yes
Year 1	CT Scanner	N/A	2,533	7,000/Rm	No
Year 2			2,700		No
Year 1	General X-ray	N/A	5,312	8,000/Rm	No
Year 2			5,655		No
Year 1	Ultra Sound	N/A	993	3,100/RM	No
Year 2			1,054		No

Year 1 is 2014 and Year 2 is 2015. These are the first two full years of operation after project completion.

Emergency Center

While the State Agency does not currently have utilization standards for a freestanding emergency center, the standard for a hospital-based ED was used for comparison purposes. Based upon that comparison, the applicant's projected workload in 2015 would support the need for 5.1 or 6 rooms in the emergency center. The applicant's projections are based upon conservative projections for utilization and are similar to the projections for other Freestanding Emergency Centers previously approved by the Board. It is important to note that in our conversations with these previous applicant's, these applicant's have met and exceeded their projections and the centers are being well utilized.

Note: The utilization projections for the following pieces of equipment are based upon the historical experience of the utilization by the emergency department at Riverside Medical Center with adjustments made for the projected patient mix at the new emergency center.

The volume for diagnostic equipment in a hospital-based setting will be much higher than in the free-standing setting due to its concurrent use by inpatients of the hospital and by higher acuity patients treated in the hospital-based ED.

PROJECT SERVICES UTILIZATION

CT Scanner

The applicant is planning to have one CT scanner in the proposed center. This unit will also be used by the physicians offices located in the contiguous medical office building. While this unit does not reach the optimum utilization within the first 2 years of operation, it is an essential piece of equipment in the diagnosis and treatment of emergency patients. It is not medically advisable to operate an Emergency Center without CT equipment.

General X-ray Unit

The applicant is planning to have one digital X-ray unit in the proposed center. This X-ray unit will also be used by the physicians' offices located in the contiguous medical office building. Though this unit does not reach the optimum utilization within the first 2 years of operation, it is an essential piece of equipment in the diagnosis and treatment of emergency patients. It is impossible to operate an Emergency Center without this essential and basic piece of diagnostic equipment.

Ultrasound

The applicant is planning to have one ultrasound unit in the proposed center. This unit will also be used by the physicians' offices located in the contiguous medical office building. This unit does not reach the optimum utilization within the first 2 years of operation, yet it too is an essential piece of equipment in the diagnosis and treatment of emergency patients. Ultrasound equipment has become state-of-the-art equipment in the diagnosis of many different emergency situations and is instrumental in assisting physicians with emergency procedures and life-saving placement of needles, catheters, and IV lines for emergency treatment. It is virtually impossible to operate an Emergency Center today without this very basic piece of equipment.

Criterion 1110.3230 – ESTABLISHMENT OF FREESTANDING EMERGENCY CENTER (MEDICAL SERVICES

The average daily and annual visit volume projected for the proposed Freestanding Emergency Center is shown in the following table:

Year	Average Number of Patients per Day	Total Number of Patients Annually
2014	25.8	9,413
2015	27.6	10,075
2016	28.2	10,275
2017	28.9	10,561

These projections were made as a result of a market study conducted to determine the need and feasibility of establishing a Freestanding Emergency Center in the proposed target area. The study was completed by 3d Health Consultants, Chicago Illinois, an independent health care consulting group. In addition, a focus group was conducted by Riverside to understand the needs of residents in the area.

The formal market study conducted by 3d Health was an independent study that used information from Claritas, COMPdata, Illinois Department of Public Health information, and census information. The study considered population growth, age of residents, impact of health reform initiatives, and potential redirection of patients from Riverside Medical Center's emergency department. The study verified that that the demand for emergency services is increasing and that the area could fully support the proposed project within 2 years of opening. [Attachment 38(a)]

The proposed Freestanding Emergency Center will be located in the southern portion of Frankfort, Illinois in Will County. The population of Frankfort is 32,274, according to the latest census data.

The proposed Freestanding Emergency Center will be owned and operated by Riverside Medical Center. Riverside Medical Center is 24.81 miles from the proposed site and 35 minutes travel time from the site.

The Resource Hospital for the proposed facility is Silver Cross Hospital which is located 10.39 miles and 17 minutes travel time from the proposed site.

The letter certifying that the representatives of the applicant entity have reviewed and will comply with the cited requirements is appended. [Attachment 38(b)]

Criterion 1110.3230 – ESTABLISHMENT OF FREESTANDING EMERGENCY CENTER (MEDICAL SERVICES

A map of the proposed service area is appended to this attachment. This service area was developed by identifying the location of the other emergency room services within 30 minutes travel time of the proposed center. The applicant then determined those areas and zip codes with the greatest need for closer proximity to emergency department services. The residents to the North and West of the planning area have better access to emergency services than the residents in areas to the south and east of the proposed site. Interstate 57 was determined to be the primary geographic feature in the proposed service area and was therefore used as a major focus when determining access to services by the residents in the area. [Attachment 38(c)]

The projected patient volume by zip code is appended to this attachment. The volume projections are based upon generating approximately 90% of the patient volume from residents within the proposed service area. Other patients from adjacent areas may utilize the facility, but they are not a part of the project projected utilization. [Attachment 38(d)]

The current ED visits by zip code and facility is appended to this attachment in a table titled Outpatient ED Visits. The sources for the information in this document are IHA COMPdata for ED visit utilization data and Claritis for the population data. The zip code data clearly shows that more than 50 % of the projected volume for the proposed facility comes from within the Target Service area. [Attachment 38(e)]

The historical ED visit volume for the existing facilities within 30 minutes travel time of the proposed new facility is also appended to this attachment under the heading: Frankfort Service Area Facility ED Visits. The source of that information is IHA COMPdata. [Attachment 38(f)]

The projected volume for year one of operation (2014) totals 9,413 visits. The projected volume for year two of operation (2015) totals 10,075 visits. These ED visit projections are based primarily on three factors: first, the patients now seen at Riverside Medical Center that would be appropriate for care at the new free-standing site; second, the outmigration of patients from the service area for service, and third, the travel times of residents to the closest facility. [Attachment 38(g)]

The proposed project could have an impact on the other area providers by offering ED services to patients in a facility that is closer and has less driving time from their residence. This impact however, is projected to be minimal on any one facility, and the project will have substantial benefits to the residents of the area.

The existing ED facilities are not operating at the 2,000 visits per room standard used by the State Board. However, all of the hospital based programs are experiencing more than 40,000 visits per year in their emergency departments with the exception of St. James Olympia Fields, which had 34,026 patient visits in 2010. The applicant's projected volume of 10,075 visits will have minimal impact on the volumes at the existing hospitals. The experience of recently approved Freestanding Emergency Centers supports the need

for this type of service in that those Freestanding Centers have achieved high utilization levels, beyond what they expected within the first two years of operation.

The population of this service area is sufficient to support the proposed facility at the required target utilization level.

Historical ED visit volumes for the facilities within 30 minutes of the proposed site have continued to grow with two exceptions. St. James Olympia Fields saw a slight decrease in utilization from 2010 to 2011, but the first two quarters of 2012 indicate that volume is returning to previous levels. Silver Cross Hospital's volume decreased slightly in 2011 when they opened their own free-standing emergency center in Homer Glen which is closer to Joliet than the hospital. Silver Cross Hospital's ED visit volume has increased during the first two quarters of 2012 (source: IHA COMPdata information.)

The only hospital that may experience a decrease in volume when the proposed new facility opens is Riverside Medical Center. This is due to the fact that patients who are appropriate for care and are closer to the proposed free-standing emergency center will likely either go to or be referred from Riverside Medical Center to the proposed site.

The staff for the proposed Freestanding Emergency Center will be recruited through Riverside Medical Center. The existing ED at Riverside Medical Center does not have any staffing deficiencies in any positions need to provide ED services. The applicant is currently in discussions with two groups of Emergency Room physician partners to determine which group will provide the physician services for the proposed facility. Both physician groups have indicated a willingness to provide services to the proposed facility. Therefore, it appears that sufficient staff is available to adequate staff the facility.

Service Area

In order to project visit volumes for the proposed Frankfort Freestanding Emergency Department ("ED"), as a first step 3d Health worked with Riverside Medical Center to establish a reasonable service area for the proposed facility. The agreed upon service area includes the 10 ZIP codes south of I-80 that are within a 20-minute drive time of the proposed location.

Market Projections

3d Health used the defined service area to develop market-based projections for total ED visits expected from the population residing in these 10 ZIP codes (regardless of eventual destination hospital/facility for care). The market-based projections were developed as follows:

Baseline Use Rates

- 3d Health used Illinois COMPdata from calendar year 2011 to establish a baseline set of data on the number of ED visits by age, gender, and payer category for the service area.
- COMPdata does not track the facility levels assigned to ED visits across all facilities in the database (i.e. Levels 1 through 5 and Critical Care visits). As such, 3d Health used a combination of blinded client data, national ED visit sample data from the National Center for Health Statistics ("NCHS"), as well as select Illinois data from COMPdata where facility visit levels were reported, to estimate the number of visits by level in the baseline 2011 data.
- These actual historical visits (after adjusting for facility level) were then converted into utilization rates by age, gender, payer, and facility level by applying 2011 population estimates by cohort to the visit data.

Use Rate Adjustments

- In order to project forward and account for changes to the underlying utilization rates, 3d Health evaluated the historic change in use rates from COMPdata from 2009 through 2011 by age, gender, and payer. This historic rate of change in utilization rate per population was then applied to the baseline use rates to model future utilization from 2012 through 2017 (see Table 1.) Initially, expected utilization changes reduce the incremental number of visits in the market, but as the population ages and grows in size, volume increases to almost 1,300 additional visits due to changes in use rates.

Table 1. Incremental Market Visit Impact of Expected Utilization Changes

	Projected						% Change,	CAGR
City	2012	2013	2014	2015	2016	2017	2012-2017	
Frankfort	(84)	(145)	(174)	(184)	(173)	(164)	95.1%	14.3%
Manhattan	(25)	(41)	(47)	(44)	(46)	(44)	73.3%	11.6%
Manteno	46	118	223	348	358	363	695.6%	51.4%
Matteson	40	127	281	485	495	503	1156.2%	65.9%
Mokena	(58)	(100)	(121)	(129)	(119)	(112)	95.0%	14.3%
Monee	(21)	(32)	(31)	(23)	(21)	(18)	(13.3%)	(2.8%)
New Lenox	(107)	(185)	(223)	(238)	(222)	(210)	96.9%	14.5%
Park Forest	58	178	381	625	621	609	943.5%	59.8%
Peotone	(8)	(10)	(3)	9	11	12	(255.5%)	(209.2%)
Richton Park	23	86	205	350	356	355	1428.2%	72.5%
Total	**(135)**	**(3)**	**491**	**1,199**	**1,262**	**1,295**	**1058.1%**	

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Population Projections

- Once the final set of use rates by age, gender, payer, and facility visit level was established, 3d Health applied these use rates to population forecasts by cohort from Claritas and Truven Health for the years 2012 through 2017.
- Based on Claritas projections, the overall population in the service area is expected to increase by 1.5% on an annual basis from 2012 through 2017 (see Table 2.) This is almost twice the current national average of 0.8% annual growth. The population is forecast to increase the most in the towns of Frankfort (3,587 new residents) and New Lenox (3,267 new residents).

Table 2. Service Area Population Projections

	Projected						% Change,	CAGR
Payer	2012	2013	2014	2015	2016	2017	2012-2017	
Frankfort	32,277	32,922	33,601	34,316	35,067	35,864	11.1%	2.1%
Manhattan	10,508	10,760	11,023	11,306	11,597	11,906	13.3%	2.5%
Manteno	12,647	12,855	13,074	13,299	13,538	13,785	9.0%	1.7%
Matteson	21,785	22,123	22,478	22,863	23,273	23,709	8.8%	1.7%
Mokena	25,028	25,415	25,825	26,259	26,727	27,215	8.7%	1.7%
Monee	9,803	10,004	10,212	10,429	10,668	10,914	11.3%	2.2%
New Lenox	35,248	35,826	36,445	37,093	37,785	38,515	9.3%	1.8%
Park Forest	21,938	21,865	21,801	21,749	21,701	21,666	(1.2%)	(0.2%)
Peotone	6,152	6,225	6,300	6,382	6,467	6,562	6.7%	1.3%
Richton Park	13,529	13,598	13,675	13,768	13,854	13,958	3.2%	0.6%
Total	**188,915**	**191,593**	**194,434**	**197,464**	**200,677**	**204,094**	**8.0%**	

- Given this rapid population growth, the incremental impact on expected ED visits from population growth and aging is quite substantial. Across the total service area, the number of ED visits is forecast to increase by almost 8,000 visits on an annual basis by 2017 based on forecast population changes alone.

Table 3. Incremental Market Visit Impact from Forecast Population Changes

	Projected						% Change,	CAGR
City	2012	2013	2014	2015	2016	2017	2012-2017	
Frankfort	577	743	929	1,117	1,295	1,510	161.7%	21.2%
Manhattan	(58)	1	66	131	184	258	(546.5%)	(234.9%)
Manteno	501	603	751	855	921	1,050	109.4%	15.9%
Matteson	1,360	1,530	1,791	2,023	2,150	2,401	76.6%	12.0%
Mokena	(244)	(150)	(40)	63	156	279	(214.5%)	(202.7%)
Monee	80	139	209	274	335	411	414.5%	38.8%
New Lenox	489	654	854	1,034	1,191	1,413	188.7%	23.6%
Park Forest	154	59	70	25	(155)	(194)	(225.7%)	(204.7%)
Peotone	(167)	(148)	(120)	(102)	(92)	(66)	(60.3%)	(16.9%)
Richton Park	593	615	714	761	724	795	34.0%	6.0%
Total	**3,286**	**4,046**	**5,223**	**6,180**	**6,709**	**7,856**	**139.0%**	

- In addition, upon implementation of health reform, Truven Health forecasts an increase in the number of service area residents that enroll in Medicaid and private insurance through health insurance exchanges that are currently uninsured. Since insured patients – particularly those covered by Medicaid – visit the emergency department more frequently than the uninsured, there is an incremental increase in visits in the market as a result of this shift in coverage (see Tables 3 and 4.)

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Table 4. Service Area Population Projections by Payer

	Projected						% Change	
Payer	2012	2013	2014	2015	2016	2017	2012-2017	CAGR
Medicaid	18,782	19,954	21,671	21,944	21,791	21,747	15.8%	3.0%
Medicare	20,514	21,425	22,407	23,647	24,853	26,041	26.9%	4.9%
Private	137,225	138,769	141,254	144,616	148,973	151,177	10.2%	2.0%
Uninsured	12,394	11,445	9,102	7,257	5,060	5,129	(58.6%)	(16.2%)
Total	**188,915**	**191,593**	**194,434**	**197,464**	**200,677**	**204,094**	**8.0%**	

Table 5. Incremental Market Visit Impact from Health Reform Changes

	Projected						% Change	
City	2012	2013	2014	2015	2016	2017	2012-2017	CAGR
Frankfort	6	23	22	4	(12)	(22)	(447.5%)	(228.3%)
Manhattan	19	38	60	72	85	84	339.6%	34.5%
Manteno	129	268	384	448	505	490	280.9%	30.7%
Matteson	162	342	466	525	566	538	231.3%	27.1%
Mokena	(3)	3	(5)	(28)	(45)	(55)	1646.5%	77.2%
Monee	11	26	33	33	33	30	158.9%	21.0%
New Lenox	13	41	43	17	(3)	(21)	(261.5%)	(210.1%)
Park Forest	235	486	652	719	749	688	192.7%	24.0%
Peotone	10	23	27	25	25	21	122.8%	17.4%
Richton Park	159	330	453	508	541	508	219.9%	26.2%
Total	**741**	**1,579**	**2,135**	**2,324**	**2,442**	**2,260**	**205.2%**	

- 3d Health further refined the market visits by applying an adjustment factor to exclude visits that would be inappropriate for treatment in a freestanding setting. These factors were developed through an analysis of ED visit data by diagnosis from 3d Health clients, the NCHS sample data, and by visits to Illinois freestanding EDs.
- Upon the conclusion of this analysis, 3d Health had a database of historic and future expected ED visits by age, gender, payer, and facility visit level for each ZIP code in the proposed service area that would be appropriate for a freestanding ED setting of care.

Table 6. Total ED Visit Market Projections

	Projected						% Change	
Visit Type	2012	2013	2014	2015	2016	2017	2012-2017	CAGR
Total, All Levels	68,180	69,910	72,137	73,991	74,701	75,699	11.0%	2.3%
Appropriate for Freestanding	54,961	56,359	58,162	59,573	59,979	60,655	10.4%	2.2%

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Projections Specific to the Proposed Frankfort Facility

Upon completion of the market visit projections, 3d Health worked with Riverside Medical Center to estimate likely capture rates ("market share") at the proposed facility for ED visits. These estimates were made specific to each of the 10 ZIP codes in the service area.

Each ZIP code was evaluated across several criteria when developing the visit projections for the proposed facility:

- Baseline Shift in Visits
  - Based on the location of the proposed facility, some level of existing ED visit volume from other facilities would likely seek care at the new location as opposed to driving to a more distant ED
- Capture of Incremental Growth
  - Within the market, ED visit volume is projected to increase in the aggregate based on the population changes (both in size and age distribution) and the implementation of health reform
  - Riverside made estimates by ZIP code of how much of this incremental new visit volume in the service area would seek care at the proposed facility
- Cannibalization of Existing Riverside Medical Center Visits
  - Riverside Medical Center currently provides ED services to a number of patients in the service area and given the closer proximity of the proposed location to many of these patients, Riverside made assumptions relative to how many of these existing patients would choose to go to the proposed facility in Frankfort rather than continue to come to the main Riverside campus in Kankakee for care

Since the proposed Frankfort facility projections were market-based and focus on a defined geography, 3d Health also built in an additional adjustment to account for inmigration volume to the facility.

For emergency services, inmigrating patients may live far away from the facility but could have a condition or issue that would cause them to present at the proposed freestanding ED while they are passing through the area or visiting residents of the service area.

3d Health made an assumption that 90% of the visits at the proposed Frankfort facility are for residents of the service area and that the remaining 10% of visits would be for these patients that live in other areas.

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RIVERSIDE
HealthCare

November 1, 2012

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Riverside Emergency Center

Dear Ms. Avery:

As authorized representatives of Riverside Medical center, the applicant for the CON permit to establish Riverside Emergency Center, we hereby certify that we have reviewed, understand, and intend to comply with all of the following requirements identified in 77 Ill. Adm. Code 1110.3230.a)6) as we apply for a certificate of need (CON) application to establish a Freestanding Emergency Center.

We will comply with the requirements of becoming a Medicare provider of freestanding emergency services.

We will comply with the requirements of becoming licensed under the Emergency Medical Services Systems Act (210 ILCS 50/32.5).

We hereby certify that the representations contained in this letter are true and correct.

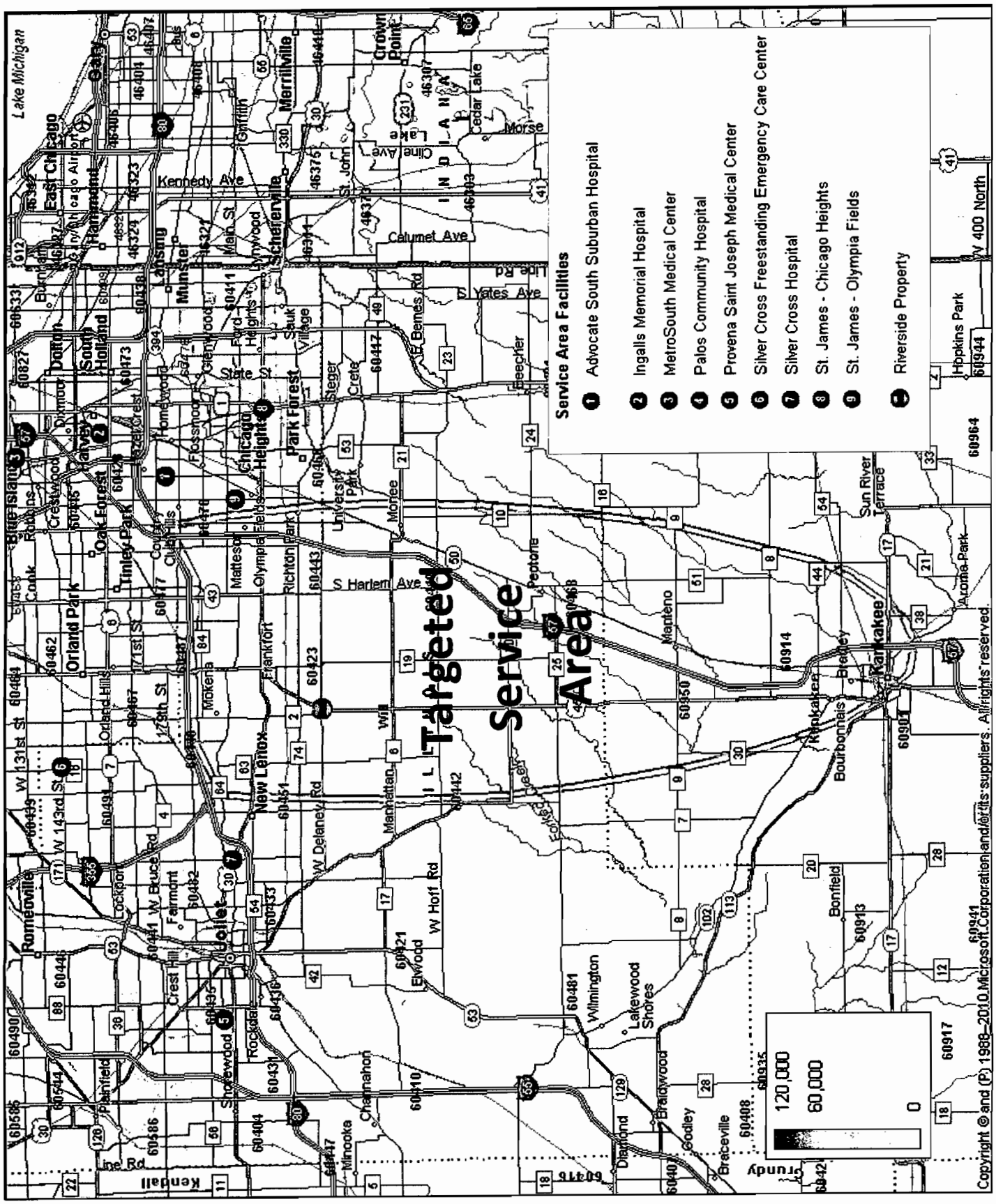
Sincerely,

Phillip M. Kambic
President & CEO

Margaret Frogge, RN
Senior Vice President

Attachment 38 (b)

Service Area



Attachment #38 (c)

PROJECTED PATIENT VISIT VOLUME BY ZIPCODE

City (Zip Code)	2014	2015
Frankfort (60423)	864	915
Manteno (60950)	1,623	1,813
Matteson (60443)	2,522	2,747
Mokena (60448)	392	398
Monee (50471)	709	736
New Lenox (60451)	490	518
Manhattan (60442)	302	311
Park Forest (60466)	981	1,049
Peotone (60468)	694	696
Richton Park (60471)	836	892
TOTAL	9,413	10,075

Attachment 38(d)

Current ED visits by zip code and facility

ZIP Code	60423		60448		60443		60449		60471		60466	
City	Frankfort		Mokena		Matteson		Monee		Richton Park		Park Forest	
Population	*32,274*		*25,027*		*21,788*		*9,803*		*13,526*		*21,937*	
Total Visits	*6,066*		*4,822*		*10,769*		*2,495*		*8,279*		*14,779*	
Franciscan St James - Olympia Fields	1,202	19.8%	250	5.2%	4,975	46.2%	997	40.0%	4,006	48.4%	5,253	35.5%
Silver Cross Hospital	1,650	27.2%	1,904	39.5%	74	0.7%	118	4.7%	12	0.1%	54	0.4%
Francisan St James - Chicago Heights	149	2.5%	37	0.8%	997	9.3%	225	9.0%	984	11.9%	5,014	33.9%
Ingalls	566	9.3%	193	4.0%	1,609	14.9%	378	15.2%	1,074	13.0%	1,571	10.6%
Advocate South Suburban	370	6.1%	191	4.0%	1,322	12.3%	210	8.4%	1,007	12.2%	1,277	8.6%
Riverside	38	0.6%	17	0.4%	19	0.2%	79	3.2%	12	0.1%	24	0.2%
Provena St Mary's	14	0.2%	9	0.2%	16	0.1%	46	1.8%	14	0.2%	12	0.1%
Palos	723	11.9%	721	15.0%	124	1.2%	113	4.5%	41	0.5%	39	0.3%
Provena Saint Joseph	188	3.1%	183	3.8%	25	0.2%	17	0.7%	13	0.2%	30	0.2%
Silver Cross FS ED	263	4.3%	546	11.3%	18	0.2%	22	0.9%	4	0.0%	9	0.1%
Metrosouth	45	0.7%	32	0.7%	126	1.2%	26	1.0%	81	1.0%	92	0.6%
Other Facilities	858	14.1%	739	15.3%	1,464	13.6%	264	10.6%	1,031	12.5%	1,404	9.5%

ZIP Code	60468		60442				60451		Total Area	
City	Peotone		Manhattan		Manteno		New Lenox		Total	
Population	*6,151*		*10,509*		*12,649*		*35,248*		***124,355***	
Total Visits	*1,728*		*2,404*		*5,360*		*7,586*		***64,288***	
Franciscan St James - Olympia Fields	223	12.9%	38	1.6%	79	1.5%	83	1.1%	**17,106**	**26.6%**
Silver Cross Hospital	72	4.2%	1,455	60.5%	43	0.8%	4,686	61.8%	**10,068**	**15.7%**
Francisan St James - Chicago Heights	94	5.4%	32	1.3%	37	0.7%	39	0.5%	**7,608**	**11.8%**
Ingalls	81	4.7%	38	1.6%	39	0.7%	122	1.6%	**5,671**	**8.8%**
Advocate South Suburban	70	4.1%	31	1.3%	53	1.0%	84	1.1%	**4,615**	**7.2%**
Riverside	684	39.6%	52	2.2%	3,042	56.8%	15	0.2%	**3,982**	**6.2%**
Provena St Mary's	307	17.8%	47	2.0%	1,798	33.5%	11	0.1%	**2,274**	**3.5%**
Palos	21	1.2%	36	1.5%	25	0.5%	302	4.0%	**2,145**	**3.3%**
Provena Saint Joseph	30	1.7%	403	16.8%	29	0.5%	857	11.3%	**1,775**	**2.8%**
Silver Cross FS ED	8	0.5%	113	4.7%	11	0.2%	636	8.4%	**1,630**	**2.5%**
Metrosouth	8	0.5%	6	0.2%	13	0.2%	25	0.3%	**454**	**0.7%**
Other Facilities	130	7.5%	153	6.4%	191	3.6%	726	9.6%	**6,960**	**10.8%**

Source: Claritas (population data); COMPdata (ED visit data)

Frankfort Service Area Facility ED Visits

Year - Facility	ED Patient Cases
2011 YEAR	
ADVOCATE SOUTH SUBURBAN HOSPITAL	44,478
FRANCISCAN ST JAMES HEALTH/CHICAGO HEIGHTS	42,862
FRANCISCAN ST JAMES HEALTH/OLYMPIA FIELDS	33,849
INGALLS HOSPITAL	77,375
METROSOUTH MEDICAL CENTER	42,449
PALOS COMMUNITY HOSPITAL	44,922
PROVENA SAINT JOSEPH MEDICAL CENTER - JOLIET	76,124
SILVER CROSS FREE-STANDING EMERGENCY CARE CENTER	10,479
SILVER CROSS HOSPITAL	54,663
2012 Q1 - Q2	
ADVOCATE SOUTH SUBURBAN HOSPITAL	22,770
FRANCISCAN ST JAMES HEALTH/CHICAGO HEIGHTS	22,499
FRANCISCAN ST JAMES HEALTH/OLYMPIA FIELDS	17,563
INGALLS HOSPITAL	41,165
METROSOUTH MEDICAL CENTER	23,386
PALOS COMMUNITY HOSPITAL	22,317
PROVENA SAINT JOSEPH MEDICAL CENTER - JOLIET	39,997
SILVER CROSS FREE-STANDING EMERGENCY CARE CENTER	4,936
SILVER CROSS HOSPITAL	27,797

PROJECTED PATIENT VISIT VOLUME BY ZIPCODE

City (Zip Code)	2014	2015
Frankfort (60423)	864	915
Manteno (60950)	1,623	1,813
Matteson (60443)	2,522	2,747
Mokena (60448)	392	398
Monee (50471)	709	736
New Lenox (60451)	490	518
Manhattan (60442)	302	311
Park Forest (60466)	981	1,049
Peotone (60468)	694	696
Richton Park (60471)	836	892
TOTAL	9,413	10,075

Attachment 38(g)

DISTRICT OFFICE:
HERITAGE EXECUTIVE CENTRE
200 E. COURT STREET, SUITE 710
KANKAKEE, IL 60901
815-939-1983
FAX: 815-939-0081
EMAIL: LISADUGAN@SBCGLOBAL.NET

SPRINGFIELD OFFICE:
248-W STRATTON BLDG.
SPRINGFIELD, IL 62706
217-782-5981
FAX: 217-558-4553

LISA M. DUGAN
STATE REPRESENTATIVE • 79TH DISTRICT

COMMITTEES:
CHAIRPERSON:
AGRICULTURE & CONSERVATION
VICE CHAIRPERSON:
STATE GOVERNMENT
ADMINISTRATION
MEMBER:
APPROPRIATIONS - HUMAN SERVICES
ELEMENTARY
& SECONDARY EDUCATION
HEALTH CARE AVAILABILITY ACCESS
TOURISM & CONVENTIONS
VETERANS AFFAIRS

October 30, 2012

Phil Kambic, President and CEO
Riverside Medical Center
350 North Wall Street
Kankakee, IL 60901

Dear Mr. Kambic:

I am very pleased to learn that Riverside Medical Center is planning to open services in the Frankfort area including a freestanding emergency department, diagnostic medical services and physician offices.

An emergency can be defined in many ways for many different people. An emergency can happen in a moment, but gaining access to emergency care often requires lengthy travel times on congested roads to areas outside our community. The convenient access to quality emergency care and life-saving services as well as laboratory, imaging and additional providers will be of great benefit to the residents of the surrounding communities.

The services provided by Riverside in this location will help bring emergency care and peace of mind to a community in which a 25 minute travel time is currently the minimum required to access existing resources.

Riverside's reputation of award-winning care and excellent quality services is well-known. We thank you for caring for our communities and are looking forward to welcoming you to the Frankfort community and to beginning this new relationship.

Sincerely,

Lisa M. Dugan
State Representative, 79th District

RECYCLED PAPER • SOYBEAN INKS

Village of
Manteno
TIMOTHY O. NUGENT, Village President

ALISA BLANCHETTE, Village Clerk
BERNIE THOMPSON, Village Administrator

Trustees
TIMOTHY BOYCE
TODD CROCKETT
DIANE DOLE
JOEL GESKY
ANNETTE LAMORE
WENDELL O. PHILLIPS

October 30, 2012

Mr. Phil Kambic, President and CEO
Riverside Medical Center
350 North Wall Street
Kankakee, IL 60901

Dear Mr. Kambic,

I am very pleased to learn that Riverside Medical Center is planning to open services in the Frankfort area including a freestanding emergency department, diagnostic medical services and physician offices.

The Village of Manteno is always in support of a project that will provide professional convenient health coverage for our citizens. The access to quality emergency care and life-saving services as well as laboratory, imaging and additional providers will be of great benefit. For many residents, like me, the Riverside North Campus at Frankfort will be an important and most welcome addition to our area.

We look forward to welcoming you to the Frankfort area.

Sincerely,

Timothy O. Nugent

Timothy O. Nugent
Village President

TON/dh

MANTENO COMMUNITY FIRE PROTECTION DISTRICT

October 19, 2012

Mr. Phil Kambic
President and CEO
Riverside Medical Center
350 North Wall Street
Kankakee, IL 60901

Dear Mr. Kambic,

I am very pleased to learn that Riverside Medical Center is planning to open services in the Frankfort area including a freestanding emergency department, diagnostic medical services and physician offices.

The convenient access to quality emergency care and life-saving services as well as laboratory, imaging and additional providers will be of great benefit to the residents of the surrounding communities. For many residents, the Riverside North Campus at Frankfort will be an important and most welcome addition to our area.

We look forward to welcoming you to the Frankfort area.

Sincerely,

MANTENO COMMUNITY FIRE PROTECTION DISTRICT

Scott O'Brien
Fire Chief

13 South Walnut Street Manteno, IL 60950-1432 **Emergency Dial 911**
Business 815-468-7100 Email: mantenofire@aol.com Fax 815-468-7743

ECONOMIC ALLIANCE OF KANKAKEE COUNTY

200 East Court Street, Suite 507, Kankakee, IL 60901
Phone: (815) 935-1177 Fax: (815) 935-1181
www.kankakeecountyed.org

MICHAEL J. VAN MILL, AICP
President / CEO

October 18, 2012

Phil Kambic, President and CEO
Riverside Medical Center
350 North Wall Street
Kankakee, IL 60901

Dear Mr. Kambic,

I am very pleased to learn that Riverside Medical Center is planning to open services in the Frankfort area including a freestanding emergency department, diagnostic medical services and physician offices.

An emergency can happen in a moment, but gaining access to emergency care often requires 25 minutes or more of travel time on congested roads to areas outside our community. Through Riverside's commitment, the communities surrounding the Frankfort location will gain convenient access to quality emergency care and life-saving services as well as laboratory, imaging and diagnostic services.

Riverside's reputation of award-winning care and excellent quality services is well-known. We are looking forward to this development.

Sincerely,

Michael J. Van Mill, CEcD, AICP
President and CEO

Renée Kosel
State Representative
Assistant Republican Leader

Springfield Office: *Stratton Office Building* *Springfield, Illinois 62706* *217.782.0424* *217.557.7249 fax*

October 2012

Mr. Phil Kambic, President and CEO
Riverside Medical Center
350 North Wall Street
Kankakee, IL 60901

Dear Mr. Kambic,

As Illinois State Representative of the 81st Legislative District, I am pleased to learn that Riverside Medical Center is planning to open services in the Frankfort area, which will include a free-standing emergency department, diagnostic medical services and physician offices.

The convenient access to quality emergency care and life-saving services as well as laboratory, imaging and additional providers will be of great benefit to the residents of Frankfort and the surrounding communities. For the many residents in this area, the Riverside North Campus will be an important and most welcome addition to our area.

The Frankfort community and I look forward to welcoming Riverside to the area.

Sincerely,

Renée Kosel
Illinois State Representative
Assistant House Republican Leader

District Office: 19201 S. LaGrange Road, Suite 204B, *Mokena, Illinois 60448* *708.479.4200* *708.479.7977 fax*

VILLAGE OF

FRANKFORT

INC • 1879

October 2, 2012

Phil Kambic, President and CEO
Riverside Medical Center
350 North Wall Street
Kankakee, IL 60901

Dear Mr. Kambic,
It is with pleasure that I write a letter of support for Riverside Medical Center's plans to create Frankfort area services which will include a freestanding emergency department, diagnostic medical services and physician offices.

Particularly appealing to the people of Frankfort are the plans for 24 hour, 365 days/year emergency care. Currently, our residents must seek a far away hospital emergency room for any after-hour medical issues. Many families of our thousands of young athletes make the minimum 20 to 30 minute trip to a major hospital trauma center for after-hour relatively minor sprains, scrapes and bruises just to make sure there is nothing serious. Our state's medical system would be better served if they could be treated in a local emergency room. I worry that some of our adults who feel chest pains or dizziness or other puzzling symptoms wait to get medical care because weekend or night time services are just too far away. Convenient access to quality emergency care and life-saving services as well as laboratory, imaging and additional providers will benefit the residents of this entire area. The Riverside North Campus at Frankfort will be an important and most welcome addition to our area.

We look forward to welcoming you to the Frankfort area.

Sincerely,

Jim Holland
Mayor

432 W. NEBRASKA STREET FRANKFORT, IL 60423 (815) 469-2177 FAX (815) 469-7999 VILLAGEOFFRANKFORT.COM

MAYOR *Jim Holland* VILLAGE CLERK *Robert J. Kennedy*
VILLAGE TRUSTEES *Kevin Egan Cynthia Corso Heath Todd S. Morgan Mike Stevens Richard Trevarthan R. Douglas Walker*

October 29, 2012

Phil Kambic, President and CEO
Riverside Medical Center
350 North Wall Street
Kankakee, IL 60901

Dear Mr. Kambic,

I am very pleased to learn that Riverside Medical Center is planning to open services in the Frankfort area including a freestanding 24 hour emergency department with comprehensive laboratory and radiologic diagnostic services.

As a Frankfort resident for 8 years, a father of two children, and a relative of aging family members with progressive medical illness, I am acutely aware of the need for rapid access to local emergency care. On several occasions my children and relatives have needed emergency treatment, and although I have worked at numerous south-suburban hospitals (St. James, Advocate South Suburban, and Palos Community Hospital), I have brought them a greater distance to Riverside Medical Center to receive care. I have always been confident with the quality of emergency care provided at Riverside Medical Center.

I have been fortunate that my family have not been critically ill or injured in an emergency situation requiring ambulance transport, but if they are I want them to be brought to a place where I feel confident that they will get the best care. The Riverside North Campus at Frankfort will meet the need for reliable care and convenient access to quality emergency care for both my family and my community.

I am happy to discuss this with you at length, and furthermore would like to offer any assistance that I can to help make the plans for Riverside North Campus a reality.

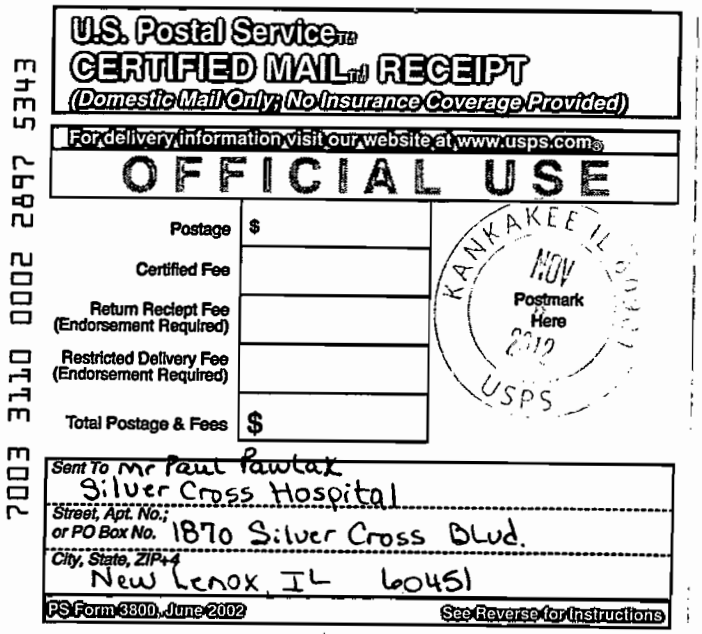
Sincerely,

Scott C. Smithgall, D.O.

RIVERSIDE
HealthCare

350 N. Wall Street
Kankakee, IL 60901
815-933.1671

November 5, 2012



Mr. Paul Pawlak
President / CEO
Silver Cross Hospital
1870 Silver Cross Blvd.
New Lenox, IL 60451

Dear Mr. Pawlak,

Riverside Medical Center is planning to open a Freestanding Emergency Center at our Riverside North Campus in Frankfort. The purpose of this project is to provide care to patients in the surrounding communities, particularly to the south, who currently need to travel an extended distance to receive treatment.

The Health Facilities Planning Board requires that we ask you to identify any anticipated impact that the proposed project would have on your hospital's emergency department.

Please provide Riverside a written response within 15 days upon receipt of this letter. If there is no response, we will assume that there is not an impact from the proposed project.

Please feel free to contact Maggie Frogge, Senior Vice President of Corporate Strategy at 815-935-7060 should you have any questions.

Thank you for your consideration.

Cordially yours,

RIVERSIDE MEDICAL CENTER

Phillip M. Kambic
President and CEO

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Member -
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RUSH SYSTEM FOR HEALTH

RIVERSIDE
HealthCare

350 N. Wall Street
Kankakee, IL 60901
815-933.1671

November 5, 2012

Mr. Seth Warren
President / CEO
Franciscan St. James Health
20201 South Crawford Avenue
Olympia Fields, IL 60461

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Sent To Mr. Seth Warren
Fransican St. James Health
Street, Apt. No.; or PO Box No. 20201 South Crawford Avenue
City, State, ZIP+4 Olympia Fields, IL 60461

PS Form 3800, June 2002 See Reverse for Instructions

Dear Mr. Warren,

Riverside Medical Center is planning to open a Freestanding Emergency Center at our Riverside North Campus in Frankfort. The purpose of this project is to provide care to patients in the surrounding communities, particularly to the south, who currently need to travel an extended distance to receive treatment.

The Health Facilities Planning Board requires that we ask you to identify any anticipated impact that the proposed project would have on your hospital's emergency department.

Please provide Riverside a written response within 15 days upon receipt of this letter. If there is no response, we will assume that there is not an impact from the proposed project.

Please feel free to contact Maggie Frogge, Senior Vice President of Corporate Strategy at 815-935-7060 should you have any questions.

Thank you for your consideration.

Cordially yours,

RIVERSIDE MEDICAL CENTER

Phillip M. Kambic
President and CEO

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Member -
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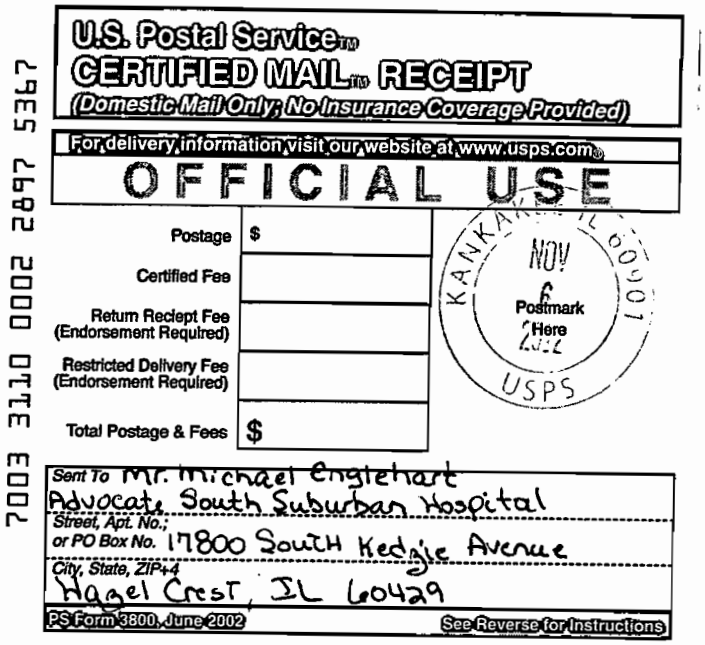
RIVERSIDE
HealthCare

350 N. Wall Street
Kankakee, IL 60901
815-933.1671

November 5, 2012



Mr. Michael Englehart
President
Advocate South Suburban Hospital
17800 South Kedzie Avenue
Hazel Crest, IL 60429

Dear Mr. Englehart,

Riverside Medical Center is planning to open a Freestanding Emergency Center at our Riverside North Campus in Frankfort. The purpose of this project is to provide care to patients in the surrounding communities, particularly to the south, who currently need to travel an extended distance to receive treatment.

The Health Facilities Planning Board requires that we ask you to identify any anticipated impact that the proposed project would have on your hospital's emergency department.

Please provide Riverside a written response within 15 days upon receipt of this letter. If there is no response, we will assume that there is not an impact from the proposed project.

Please feel free to contact Maggie Frogge, Senior Vice President of Corporate Strategy at 815-935-7060 should you have any questions.

Thank you for your consideration.

Cordially yours,

RIVERSIDE MEDICAL CENTER,

Phillip M. Kambic
President and CEO

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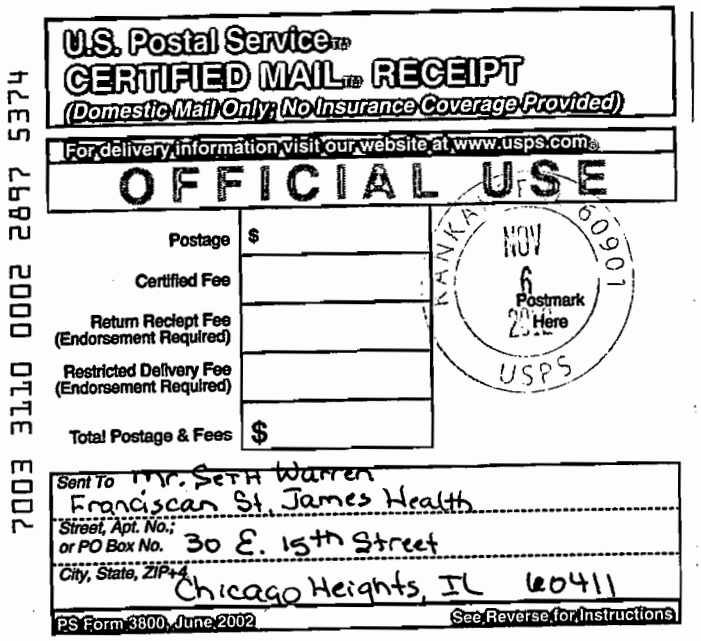
HealthCare

350 N. Wall Street
Kankakee, IL 60901
815-933.1671

November 5, 2012



Mr. Seth Warren
President / CEO
Franciscan St. James Health
30 E. 15th Street
Chicago Heights, IL 60411

Dear Mr. Warren,

Riverside Medical Center is planning to open a Freestanding Emergency Center at our Riverside North Campus in Frankfort. The purpose of this project is to provide care to patients in the surrounding communities, particularly to the south, who currently need to travel an extended distance to receive treatment.

The Health Facilities Planning Board requires that we ask you to identify any anticipated impact that the proposed project would have on your hospital's emergency department.

Please provide Riverside a written response within 15 days upon receipt of this letter. If there is no response, we will assume that there is not an impact from the proposed project.

Please feel free to contact Maggie Frogge, Senior Vice President of Corporate Strategy at 815-935-7060 should you have any questions.

Thank you for your consideration.

Cordially yours,

RIVERSIDE MEDICAL CENTER

Phillip M. Kambic
President and CEO

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Member -
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RIVERSIDE
HealthCare

350 N. Wall Street
Kankakee, IL 60901
815-933.1671

November 5, 2012

Ms. Beth Hughes
President & CEO
Provena St. Joseph Medical Center
333 North Madison Street
Joliet, IL 60435

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Sent To Ms. Beth Hughes
Provena St. Joseph Medical Center
Street, Apt. No.; or PO Box No. 333 North Madison Street
City, State, ZIP+4 Joliet IL 60435

PS Form 3800, June 2002 See Reverse for Instructions

Dear Ms. Hughes,

Riverside Medical Center is planning to open a Freestanding Emergency Center at our Riverside North Campus in Frankfort. The purpose of this project is to provide care to patients in the surrounding communities, particularly to the south, who currently need to travel an extended distance to receive treatment.

The Health Facilities Planning Board requires that we ask you to identify any anticipated impact that the proposed project would have on your hospital's emergency department.

Please provide Riverside a written response within 15 days upon receipt of this letter. If there is no response, we will assume that there is not an impact from the proposed project.

Please feel free to contact Maggie Frogge, Senior Vice President of Corporate Strategy at 815-935-7060 should you have any questions.

Thank you for your consideration.

Cordially yours,

RIVERSIDE MEDICAL CENTER

Phillip M. Kambic
President and CEO

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Member -
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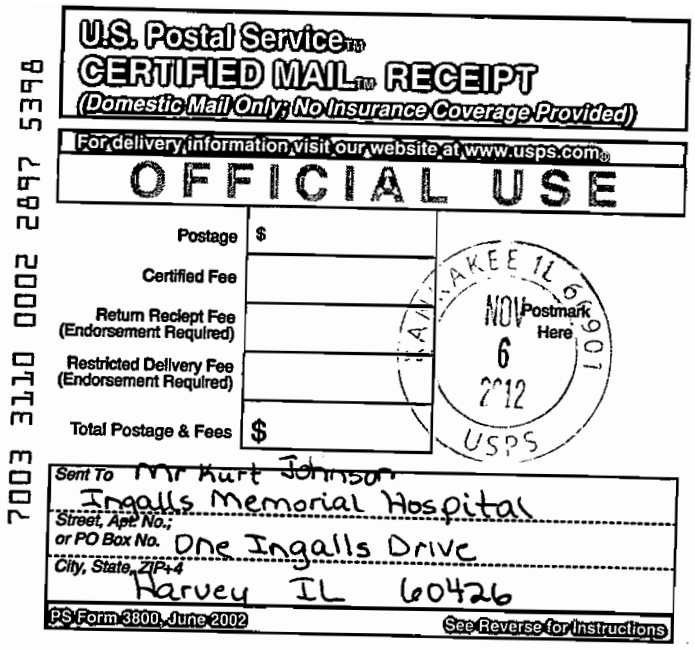
350 N. Wall Street
Kankakee, IL 60901
815-933.1671

November 5, 2012



Mr. Kurt Johnson
President & CEO
Ingalls Memorial Hospital
One Ingalls Drive
Harvey, IL 60426

Dear Mr. Johnson,

Riverside Medical Center is planning to open a Freestanding Emergency Center at our Riverside North Campus in Frankfort. The purpose of this project is to provide care to patients in the surrounding communities, particularly to the south, who currently need to travel an extended distance to receive treatment.

The Health Facilities Planning Board requires that we ask you to identify any anticipated impact that the proposed project would have on your hospital's emergency department.

Please provide Riverside a written response within 15 days upon receipt of this letter. If there is no response, we will assume that there is not an impact from the proposed project.

Please feel free to contact Maggie Frogge, Senior Vice President of Corporate Strategy at 815-935-7060 should you have any questions.

Thank you for your consideration.

Cordially yours,

RIVERSIDE MEDICAL CENTER

Phillip M. Kambic
President and CEO

Sent via USPS Certified Mail – Tracking # 7003 3110 0002 2897 5398

Member -
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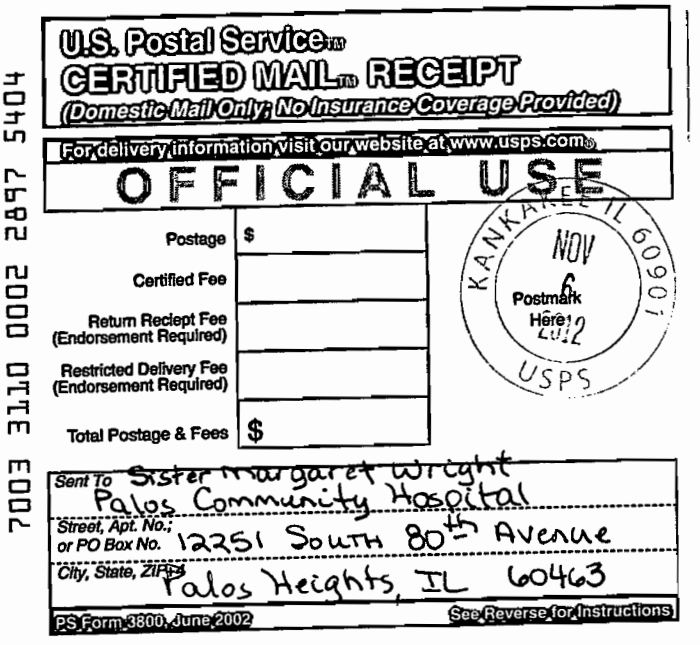
RUSH SYSTEM FOR HEALTH

RIVERSIDE
HealthCare

350 N. Wall Street
Kankakee, IL 60901
815-933.1671

November 5, 2012



Sister Margaret Wright
President
Palos Community Hospital
12251 South 80th Avenue
Palos Heights, IL 60463

Dear Sister Wright,

Riverside Medical Center is planning to open a Freestanding Emergency Center at our Riverside North Campus in Frankfort. The purpose of this project is to provide care to patients in the surrounding communities, particularly to the south, who currently need to travel an extended distance to receive treatment.

The Health Facilities Planning Board requires that we ask you to identify any anticipated impact that the proposed project would have on your hospital's emergency department.

Please provide Riverside a written response within 15 days upon receipt of this letter. If there is no response, we will assume that there is not an impact from the proposed project.

Please feel free to contact Maggie Frogge, Senior Vice President of Corporate Strategy at 815-935-7060 should you have any questions.

Thank you for your consideration.

Cordially yours,

RIVERSIDE MEDICAL CENTER

Phillip M. Kambic
President and CEO

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Sent To Enrique Beckmann, M.D., PhD
MetroSouth Medical Center
Street, Apt. No.; or PO Box No. 12935 South Gregory Street
City, State, ZIP+4 Blue Island, IL 60406

PS Form 3800, June 2002 See Reverse for Instructions

Enrique Beckmann, M.D., PhD
President & Chief Medical Officer
MetroSouth Medical Center
12935 South Gregory Street
Blue Island, IL 60406

Dear Dr. Beckmann,

Riverside Medical Center is planning to open a Freestanding Emergency Center at our Riverside North Campus in Frankfort. The purpose of this project is to provide care to patients in the surrounding communities, particularly to the south, who currently need to travel an extended distance to receive treatment.

The Health Facilities Planning Board requires that we ask you to identify any anticipated impact that the proposed project would have on your hospital's emergency department.

Please provide Riverside a written response within 15 days upon receipt of this letter. If there is no response, we will assume that there is not an impact from the proposed project.

Please feel free to contact Maggie Frogge, Senior Vice President of Corporate Strategy at 815-935-7060 should you have any questions.

Thank you for your consideration.

Cordially yours,

RIVERSIDE MEDICAL CENTER

Phillip M. Kambic
President and CEO

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Member -
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Sent To Mr. Paul Pawlak
Silver Cross Freestanding Emergency Department
Street, Apt. No.; or PO Box No. 12701 West 143rd Street
City, State, ZIP+4 Homer Glen, IL 60491

PS Form 3800, June 2002 — See Reverse for Instructions

Paul Pawlak
President / CEO
Silver Cross Freestanding Emergency Department
12701 West 143rd Street
Homer Glen, IL 60491

Dear Mr. Pawlak,

Riverside Medical Center is planning to open a Freestanding Emergency Center at our Riverside North Campus in Frankfort. The purpose of this project is to provide care to patients in the surrounding communities, particularly to the south, who currently need to travel an extended distance to receive treatment.

The Health Facilities Planning Board requires that we ask you to identify any anticipated impact that the proposed project would have on your hospital's emergency department.

Please provide Riverside a written response within 15 days upon receipt of this letter. If there is no response, we will assume that there is not an impact from the proposed project.

Please feel free to contact Maggie Frogge, Senior Vice President of Corporate Strategy at 815-935-7060 should you have any questions.

Thank you for your consideration.

Cordially yours,

RIVERSIDE MEDICAL CENTER

Phillip M. Kambic
President and CEO

Sent via USPS Certified Mail – Tracking # 7003 3110 0002 2897 5428

Member -
RUSH
RUSH SYSTEM FOR HEALTH

1120.120 - Availability of Funds

This criterion is not applicable since the applicant entity has an "A" bond rating. Evidence of the "A" bond rating is appended to this Attachment. [Attachments 39(a), 39(b)]

STANDARD
&POOR'S
RATINGS SERVICES

130 East Randolph Street
Suite 2900
Chicago, IL 60601
tel 312 233-7001
reference no.: 40065121

February 6, 2012

Riverside HealthCare
350 North Wall Street
Kankakee, IL 60901
Attention: Mr. Bill W. Douglas, Chief Financial Officer

Re: ***Illinois Finance Authority (Riverside Health System)***

Dear Mr. Douglas:

Standard & Poor's has reviewed the rating on the above-referenced obligations. After such review, we have affirmed the "A" rating and changed the outlook to positive from stable. A copy of the rationale supporting the rating and outlook is enclosed.

The rating is not investment, financial, or other advice and you should not and cannot rely upon the rating as such. The rating is based on information supplied to us by you or by your agents but does not represent an audit. We undertake no duty of due diligence or independent verification of any information. The assignment of a rating does not create a fiduciary relationship between us and you or between us and other recipients of the rating. We have not consented to and will not consent to being named an "expert" under the applicable securities laws, including without limitation, Section 7 of the Securities Act of 1933. The rating is not a "market rating" nor is it a recommendation to buy, hold, or sell the obligations.

This letter constitutes Standard & Poor's permission to you to disseminate the above-assigned rating to interested parties. Standard & Poor's reserves the right to inform its own clients, subscribers, and the public of the rating.

Standard & Poor's relies on the issuer/obligor and its counsel, accountants, and other experts for the accuracy and completeness of the information submitted in connection with the rating. To maintain the rating, Standard & Poor's must receive all relevant financial information as soon as such information is available. Placing us on a distribution list for this information would facilitate the process. You must promptly notify us of all material changes in the financial information and the documents. Standard & Poor's may change, suspend, withdraw, or place on CreditWatch the rating as a result of changes in, or unavailability of, such information. Standard & Poor's reserves the right to request additional information if necessary to maintain the rating.

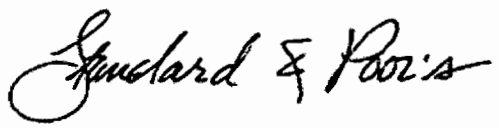
ATTACHMENT 39(a)

Please send all information to:

Standard & Poor's Ratings Services
Public Finance Department
55 Water Street
New York, NY 10041-0003

If you have any questions, or if we can be of help in any other way, please feel free to call or contact us at nypublicfinance@standardandpoors.com. For more information on Standard & Poor's, please visit our website at www.standardandpoors.com. We appreciate the opportunity to work with you and we look forward to working with you again

Sincerely yours,



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sp
enclosure
cc: Mr. Jay B. Sterns
Ms. Pamela A. Lenane
Mr. Richard Frampton

STANDARD
&POOR'S
RATINGS SERVICES

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Entire Agreement. Nothing in this Agreement shall prevent you, the issuer (if you are not the issuer) or Ratings Services from acting in accordance with applicable laws and regulations. Subject to the prior sentence, this Agreement, including any amendment made in accordance with the provisions hereof, constitutes the complete and entire agreement between the

parties on all matters regarding the rating provided hereunder. The terms of this Agreement supersede any other terms and conditions relating to information provided to Ratings Services by you or your agents and advisors hereunder, including without limitation, terms and conditions found on, or applicable to, websites or other means through which you or your agents and advisors make such information available to Ratings Services, regardless if such terms and conditions are entered into before or after the date of this Agreement. Such terms and conditions shall be null and void as to Ratings Services.

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Termination of Agreement. This Agreement may be terminated by either party at any time upon written notice to the other party. Except where expressly limited to the term of this Agreement, these Terms and Conditions shall survive the termination of this Agreement.

No Third–Party Beneficiaries. Nothing in this Agreement, or the rating when issued, is intended or should be construed as creating any rights on behalf of any third parties, including, without limitation, any recipient of the rating. No person is intended as a third party beneficiary of this Agreement or of the rating when issued.

Binding Effect. This Agreement shall be binding on, and inure to the benefit of, the parties hereto and their successors and assigns.

Severability. In the event that any term or provision of this Agreement shall be held to be invalid, void, or unenforceable, then the remainder of this Agreement shall not be affected, impaired, or invalidated, and each such term and provision shall be valid and enforceable to the fullest extent permitted by law.

Amendments. This Agreement may not be amended or superseded except by a writing that specifically refers to this Agreement and is executed manually or electronically by authorized representatives of both parties.

Reservation of Rights. The parties to this Agreement do not waive, and reserve the right to contest, any issues regarding sovereign immunity, the applicable governing law and the appropriate forum for resolving any disputes arising out of or relating to this Agreement.

STANDARD &POOR'S

Global Credit Portal®
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February 7, 2012

Illinois Finance Authority Riverside Health System; Hospital; Joint Criteria

Primary Credit Analyst:
Brian T Williamson, Chicago (1) 312-233-7009; brian_williamson@standardandpoors.com

Secondary Contact:
Kevin Holloran, Dallas (1) 214-871-1412; kevin_holloran@standardandpoors.com

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Illinois Finance Authority
Riverside Health System; Hospital; Joint Criteria

Credit Profile

Illinois Fin Auth, Illinois

Riverside Hlth Sys, Illinois

Illinois Hlth Fac Auth (Riverside Health System) hosp VRDB ser 2004

Unenhanced Rating	A(SPUR)/Positive	Affirmed
Long Term Rating	AAA/A-1	Affirmed

Illinois Hlth Fac Auth (Riverside Health System) Series 2006A

Unenhanced Rating	A(SPUR)/Positive	Affirmed
Long Term Rating	AAA/A-1	Affirmed

Series 2009 & 2006C

Long Term Rating	A/Positive	Affirmed

Rationale

Standard & Poor's Ratings Services revised its rating outlook to positive from stable on the Illinois Finance Authority's series 1996B, 2004, 2006A, 2006C, and 2009 bonds. In addition, Standard & Poor's affirmed its 'A' long-term rating on the authority's $42.78 million series 2006C revenue bonds and $66.5 million series 2009 revenue bonds. Standard & Poor's also affirmed its 'AAA/A-1' dual rating on the authority's $33.31 million series 2004 bonds, $15.075 million series 2006A bonds, and series 1996B variable-rate demand bonds. All bonds were issued for Riverside Health System (RHS). The outlook on all ratings, where applicable, is positive.

The long-term component of the rating on the series 2004 and 2006A bonds is based on the application of our low-correlation joint-criteria methodology, whereby the rating on the letter of credit (LOC) provider J.P. Morgan Chase Bank N.A. is 'A+/A-1', and the underlying rating (SPUR) on the bonds is also affirmed at 'A'. We based the short-term component of the rating solely on the LOC provided by J.P. Morgan Chase Bank N.A., scheduled to expire on Feb. 15, 2016. The 'AAA' long-term component of the dual rating on the series 1996B bonds is based on the joint support of an LOC provided by LaSalle Bank N.A. (A+/A-1) and the 'A' SPUR on the bonds. We based the 'A-1' short-term component of the rating solely on the LOC provided by Bank of America, which is scheduled to expire on Aug. 30, 2014.

Total long-term debt as of Dec. 31, 2010, excluding current installments and unamortized bond discount and premium, is $166.9 million, of which approximately 40% is variable-rate demand debt. Standard & Poor's also maintains an 'A+/A-1' dual rating on the authority's $8.67 million series 2002B bonds issued for RHS, based solely upon a bank LOC.

The outlook revision and ratings reflect our view of RHS':

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- Solid operations for the past three fiscal years that have averaged 4.5%;
- Stable liquidity, with cash on hand at approximately 350 days or more the past two fiscal years and potentially growing because RHS has completed major capital projects in fiscal 2011; and
- Continued leading market position.

Located in Kankakee, Ill., about 55 miles south of Chicago, RHS owns and operates a 270-staffed-bed acute-care hospital, eight community health centers, a 70,000-square-foot health fitness center located in Bourbonnais, Ill., an ambulance service, an 18-bed substance-abuse program, two ambulatory surgery centers, and a senior-living facility. The senior-living facility is located on the 100-acre medical center campus but is situated such that natural tree-line barriers make it seem as if located on an independent campus just beyond the medical center. The debt is secured by the revenues of RHS.

Outlook

The positive outlook reflects our belief that RHS' strong management team will maintain the health system's favorable market share, strong liquidity, and good financial performance. We could raise the ratings if RHS improves its cash to debt to more than 165% and leverage to 35% or less while maintaining current liquidity, operating margins and maximum annual debt service (MADS) coverage. We could revise the outlook to stable or lower the ratings if operations or liquidity decline materially for a sustained period.

Enterprise Profile

Market share and utilization

RHS retains the leading market share at somewhat more than 60%. In the market, RHS competes against Provena St. Mary's Hospital (BBB+/Stable as part of the Provena System). RHS has remained the primary health care provider in the market as the management team has focused on service lines such as cardiothoracic and vascular surgery, orthopedics, and neurosurgery. This focus, coupled with physician alignments and the substantial East Tower expansion, has positioned RHS to remain the market leader.

RHS' patient utilization trend was relatively flat in fiscal 2011. For the 11 months ended Nov. 30, RHS had 10,896 admissions. Management attributes the flat admissions largely to an increase in observation patients in the past couple of years. All other utilization statistics were also relatively flat for the 11-month period, with emergency room visits and inpatient surgery up approximately 1% over the prior-year period. Also, RHS' senior-living facility has high occupancy, with independent living at 94.4%, assisted living at 98.9%, and skilled nursing at 80%.

East Tower Expansion

In August 2009, RHS proceeded with an approximately $62 million 216,000-square-foot hospital addition. Although the addition will not include new beds, it will add 12 operating rooms; seven labor, delivery, and recovery rooms; one dedicated C-section operating room; 18-private intensive-care rooms; 23 private medical/surgical rooms; and shelled space for a 50-bed unit, among other upgrades. Phases 1 and 2 have been completed and Phase 3, the buildout of an endoscopy procedures lab, will be completed by June 2012. The project is on time and budget.

Financial Profile

Operations

For the first 11 months of fiscal 2011, RHS produced an operating margin of 4.1% compared with 4.5% for all of fiscal 2010. Operations have been good at RHS over the past couple of years, with management watching the expense base as it enhances revenues. During the 11-month period, RHS was able to enhance its service lines and focus on cardiology, vascular health, thoracic health, orthopedics, and neurosurgery. Also during this period, RHS continued to enhance cancer care in the market in the wake of its 2008 affiliation with Rush University Medical Center . As it enhanced services, management also opened new ambulatory campuses in Coal City and Watseka, and plans to continue with this strategy of expanding in markets that it serves. Given the good operations, RHS had MADS coverage of 3.5x for the 11-month period. However, debt burden is still high, in our opinion, at 5.2% of revenues. For fiscal 2012 management is budgeting for an operating margin of 3.8%.

Balance sheet

Liquidity remains reasonably strong, in our view, with 348 days' cash on hand as of Nov. 30, 2011. We anticipate that liquidity should remain a strength for RHS, as it has substantially completed the East Tower project. Capital spending will slow outside of routine capital spending and some strategic capital spending to support future growth. However, cash to long-term debt, in our view, could be stronger as it was only 134% as of Nov. 30, 2011, while cash to puttable debt for the same period was solid at 327%.

Riverside Health System And Obligated Affiliates' Financial Summary

	--Eleven months ended Nov. 30--	--Fiscal year ended Dec. 31--		
	2011	**2010**	**2009**	**2008**
Financial performance				
Net patient revenue ($000s)	241,467.0	257,095.0	245,823.0	236,382.0
Total operating revenue ($000s)	251,907.0	268,531.0	256,698.0	247,346.0
Total operating expenses ($000s)	241,682.0	256,400.0	244,646.0	236,079.0
Net non-operating income ($000s)	7,891.0	3,591.0	(12,319.0)	(1,243.0)
Operating margin (%)	4.1	4.5	4.7	4.6
Excess margin (%)	7.0	5.8	(0.1)	4.1
Operating EBIDA margin (%)	15.6	15.3	15.5	15.2
EBIDA margin (%)	18.2	16.4	11.2	14.8
Net available for debt service ($000s)	47,159.0	44,654.0	27,381.0	36,448.0
Maximum annual debt service ($000s)	14,605.0	14,605.0	14,605.0	14,605.0
Maximum annual debt service coverage (x)	3.5	3.1	1.9	2.5
Liquidity and financial flexibility				
Unrestricted cash and investments ($000s)	228,314.0	232,998.0	214,038.0	140,128.0
Unrestricted days' cash on hand	348.0	365.9	352.6	238.1
Unrestricted cash/total long-term debt (%)	134.0	133.4	119.9	111.8
Average age of plant (years)	N.A.	11.3	10.7	10.6
Capital expenditures/Depreciation and amortization (%)	165.8	166.7	109.1	173.9
Debt and liability				
Total long-term debt ($000)	170,395.0	174,598.0	178,541.0	125,291.0

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Riverside Health System And Obligated Affiliates' Financial Summary (cont.)				
Long-term debt/capitalization (%)	38.8	40.4	44.0	39.6
Debt burden (%)	5.2	5.4	5.9	5.9

N.A.--Not available.

Debt Derivative Profile: Low Credit Risk

Standard & Poor's assigned RHS a Debt Derivative Profile (DDP) overall score of '2' on a four-point scale, on which '1' represents the lowest risk. Riverside Health has entered into one floating- to fixed-rate swap (associated with the series 2004 issue) and one basis swap with Goldman Sachs, with aggregate notional amounts of $33.9 million and $25.0 million, respectively.

The DDP overall score of '2' indicates our view that the swaps are a low credit risk. The DDP score is a reflection of the counterparty credit ratings, the obligor's low-to-moderate termination risk, the low economic viability and long lives of the swaps over stressful economic cycles, and good management oversight of the swap plan. RHS has variable-rate exposure of 40% of its total debt, or 21% after taking into account its swaps .

Related Criteria And Research

- USPF Criteria: Municipal Swaps, June 27, 2007
- USPF Criteria: Debt Derivative Profile Scores, March 27, 2006
- USPF Criteria: Not-For-Profit Health Care, June 14, 2007
- USPF Criteria: Municipal Applications For Joint Support Criteria, June 25, 2007

Ratings Detail (As Of February 7, 2012)		
Illinois Fin Auth, Illinois		
Riverside Hlth Sys, Illinois		
Series 1996B		
Unenhanced Rating	A(SPUR)/Positive	Affirmed
Long Term Rating	AAA/A-1	Affirmed

Many issues are enhanced by bond insurance.

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The McGraw-Hill Companies

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MOODY'S
INVESTORS SERVICE

Rating Update: Moody's affirms Riverside Health System's (IL) A2 revenue bond rating; Outlook remains stable

Global Credit Research - 11 Sep 2012

Affects $151 million of rated debt outstanding

ILLINOIS FINANCE AUTHORITY
Hospitals & Health Service Providers
IL

Opinion

NEW YORK, September 11, 2012 --Moody's Investors Service has affirmed the A2 bond rating on Riverside Health System's (RHS) approximately $151 million of rated revenue bonds outstanding issued through the Illinois Finance Authority (see Rated Debt section). The rating outlook remains stable. RHS's debt includes five series of variable rate demand obligation (VRDO) bonds, totaling approximately $61 million outstanding (which factors an early principal payment of $5.1 million earlier in 2012). The VRDO bonds are supported by letters of credit (LOC) from JPMorgan Chase Bank that expire at incremental points over the next five years. Three of the series of VRDO bonds had been supported by Bank of America LOCs, which RHS transitioned to JPMorgan Chase Bank LOCs earlier in 2012.

SUMMARY RATING RATIONALE

The affirmation of the A2 rating and stable outlook reflect RHS's track record of very strong operating margins and balance sheet strength and distinctly leading market share. We note that debt coverage ratios are modest at the A2 rating level.

STRENGTHS

*Distinctly leading market share in the two-hospital market of Kankakee County. According to management, excluding out-migration, Riverside captured 62.5% inpatient market share in 2011.

*Track record of very strong and consistent operating results continues in fiscal year (FY) 2011 (15.1% operating cash flow margin) and through six months FY 2012 (15.8% operating cash flow margin). Since FY 2000, RHS has recorded an operating cash flow margin of no less than 10.4%.

*Very strong balance sheet with 347 days cash on hand at fiscal year end (FYE) 2011.

*Manageable capital spending plans in the coming years.

CHALLENGES

*Modest Moody's adjusted debt coverage ratios at the A2 rating level (64% debt-to-total operating revenue, 3.5 times debt-to-cash flow, 3.9 times maximum annual debt service coverage, and 128% cash-to-debt based on FY 2011 results). We note that RHS has essentially no debt equivalents outstanding (e.g., operating leases or defined benefit pension plan).

*RHS is considering issuing new money debt in the coming years. Net this is expected to increase debt by approximately $20 million (factoring the early principal repayment of a portion of the Series 2004 and Series 2006A VRDO bonds earlier in 2012).

*With an operating revenue base of just over $270 million in FY 2011, RHS is small for an A2 rated hospital (A2 median operating revenue is nearly $520 million).

*Elevated reliance on Medicare (51% of gross revenues in FY 2011, compared to all ratings median of 44%) and Medicaid (15% of gross revenues, compared to all ratings median of 13%), which heightens Riverside's vulnerability

to federal and state reimbursement reductions.

*At FYE 2011, approximately 38% of RHS's debt was in VRDO mode. RHS's monthly liquidity-to-demand debt measured an adequate 340% at FYE 2011.

DETAILED CREDIT DISCUSSION

LEGAL SECURITY: Debt service on the outstanding rated bonds is secured by a joint and several pledge of unrestricted receivables of the Riverside Health System and its obligated affiliates, the Riverside Medical Center, Riverside Senior Living Center, and Oakside Corporation.

INTEREST RATE DERIVATIVES: RHS is a party to two interest rate swap agreements. Goldman Sachs Group is the counterparty on both swaps. RHS entered into a floating-to-fixed rate swap to hedge the interest rate risk on the Series 2004 VRDO bonds. Riverside pays a fixed rate of 3.794% and receives a variable rate of 57% of one-month LIBOR plus 54 basis points. The swap expires in 2029, coinciding with the maturity of the Series 2004 bonds.

Riverside's second derivative agreement with Goldman Sachs is a basis swap. Riverside pays a variable rate based on SIFMA and receives a variable rate of 68% of three-month LIBOR plus 67 basis points.

The net termination value of the swaps was a negative $6.6 million to RHS at FYE 2011 and, according to management, negative $7.7 million to RHS at June 30, 2012.

RECENT DEVELOPMENTS/RESULTS

RHS continues to maintain a distinctly leading market position in its primary service are (PSA), which covers Kankakee County (A1 general obligation rating) as well as surrounding communities such as southern Will County. The only other acute care hospital in Kankakee is St. Mary's Hospital (a member of Baa1 rated Provena Health, which, together with Baa1 Rated Resurrection Health Care, merged in late 2011 to form Presence Health). According to management, Riverside captured 62.5% of inpatient admission market share in 2011 compared to 37.5% for St. Mary's (excluding out-migration). Market share trends have been stable in recent years. RHS continues to focus on broadening its market reach, particularly north of Kankakee into demographically attractive Will County (Aa1 GO rating).

RHS has a track record of strong operating margins. In audited FY 2011 (December 31 year end), RHS recorded operating income of $15.7 million (5.8% operating margin) and operating cash flow of $41.0 million (15.1% operating cash flow margin). In FY 2010, RHS recorded operating income of $12.1 million (4.5% margin) and operating cash flow of $41.1 million (15.3% margin). Favorably, since FY 2000, Riverside has had an operating cash flow margin of at least 10.4% (the A2 median operating cash flow margin is 9.8%).

RHS management continues to focus on expense management and expanding its geographic reach to enhance revenue opportunities, which continued to benefit the system in FY 2011. In FY 2011, inpatient admissions increased 0.6%, which was the first year of growth since FY 2007. A significant contributor to the inpatient admission declines in recent years has been a shift to observation stays (a common trend in most healthcare markets in the US). Observation stays also grew in FY 2011 (6.5%), resulting in a 1.5% increase in total admissions. The admissions growth helped to offset a 1.0% decrease in total surgeries in FY 2011. Because of RHS's higher than average exposure to Medicaid and self-pay patients (e.g., Medicaid represented 15.0% of RHS's gross revenues in FY 2011, compared to the all ratings median of 13.0%), the system continues to be a net recipient from the state's provider tax program (approximately $5.5 million net per year). Management continually focuses on expense management throughout RHS (e.g., productivity enhancement, matching staffing levels to volumes, employee benefit costs, and supply chain). As a result, expense growth continues to be modest (0.1% in FY 2011).

Looking forward, RHS management expects to maintain an operating cash flow margin of approximately 15%, despite the headwind challenges facing the healthcare industry. Management believes there continue to be areas of improvement for the system. For example, RHS is expanding its geographic reach with new outpatient sites planned or recently completed north and south of Kankakee. RHS also plans to expand its profitable senior living facilities. A particular area of focus for expense management is reducing RHS's average length of stay (ALOS). The system's ALOS decreased from 4.91 days through six months FY 2011 to 4.65 days through six months FY 2012. Management estimates that a 0.5 day reduction in ALOS results in approximately $4 million of annual expense savings (plus avoided capital spending). Through six months FY 2012, based on management prepared interim financial statements, RHS recorded an operating cash flow margin of 15.8%, compared to 15.9% for the same

period FY 2011. In order to preserve operating margins, we believe these continuous improvement efforts will be needed as RHS is more dependent on Medicare, which comprised 51% of gross revenues in FY 2011 (compared to the all ratings median of 44%). Given the scope of the federal budget deficit, as well as hardwired reimbursement cuts included in healthcare reform, we believe future rate increases from Medicare will be minimal.

Despite strong cash flow generation, RHS's Moody's adjusted debt ratios remain somewhat modest at the A2 rating level. Based on FY 2011 results, adjusted maximum annual debt service coverage measured 3.9 times (A2 median is 4.9 times) and adjusted debt-to-cash flow measures 3.5 times (A2 median is 3.1 times). RHS's debt-to-total operating revenue remained a high 64% at FYE 2011 (A2 median is 35%).

RHS's balance sheet ratios moderated somewhat in FY 2011 due the system's use of internal funds to complete the funding of the new East Tower project. At FYE 2011 (December 31 year end), RHS's absolute unrestricted cash and investments decreased to $225 million from $236 million at FYE 2010. Cash on hand remained a very strong 347 days at FYE 2011, down from 371 days at FYE 2010 (A2 median is 195 days). Due to RHS's high debt load, cash-to-debt is comparatively more modest, although still adequate. At FYE 2011, RHS's cash-to-debt measured 128%, down slightly from 132% at FYE 2010 (A2 median is 143%). According to management, at FYE 2011, RHS's unrestricted cash and investments were allocated among 53% cash and fixed income securities, 44% equities, and 4% other investments, and 100% of investments could be liquidated within one month. RHS management expects the system's balance sheet ratios to improve in the coming years.

At FYE 2011, approximately 38% of RHS's outstanding debt was in VRDO mode in five series. All five series of VRDO bonds are now supported by LOCs from JPMorgan Chase Bank (three of the five LOCs were converted from Bank of America to JPMorgan Chase earlier in 2012). The LOCs expire at various points over the next five years. RHS's monthly liquidity-to-demand debt measured an adequate 340% at FYE 2011. After FYE 2011, RHS canceled the Radian insurance support of the Series 2004 and Series 2006A VRDO bonds. As part of this transaction, RHS no longer was obligated to maintain a debt service reserve fund (DSRF) supporting these bonds; RHS used the freed DSRF funds to pay down approximately $5.1 million of principal of Series 2004 and Series 2006A bonds.

RHS completed the new three-story East Tower project in phases during 2011 (on time and on budget, according to management). Between FY 2012 and FY 2014, RHS has approximately $88 million of capital spending plans, translating to an average capital spending ratio of a manageable 1.2 times (the all ratings median capital spending ratio is 1.2 times). Highlighted projects include expansion of ambulatory sites outside of Kankakee, new senior living facilities on the Bourbonnais campus, expanded inpatient rehab, and an expanded radiation center. To support the system's capital spending plans, RHS management is considering adding approximately $20 million of net new debt in the next year.

OUTLOOK

The stable outlook reflects our expectation that RHS will maintain strong operating margins and balance sheet strength and distinctly leading market share, to offset the system's leveraged debt ratios.

WHAT COULD MAKE THE RATING GO UP

Material increase in admissions and revenue base to levels consistent with higher rating categories; maintenance of strong operating margins and balance sheet ratios; improved debt coverage ratios.

WHAT COULD MAKE THE RATING GO DOWN

Materially weaker operating margins; significant market share loss; significantly weaker balance sheet ratios; larger than expected increase in debt without commensurate increase in cash flow.

KEY INDICATORS

Assumptions & Adjustments:

-Based on Riverside Health System and Obligated Affiliates special purpose combined financial statements and combining schedules

-First number reflects audited FY 2010 for the year ended December 31, 2010

-Second number reflects audited FY 2011 for the year ended December 31, 2011

-Investment returns normalized at 6% unless otherwise noted

-Comprehensive debt includes direct debt, operating leases, and pension obligation, if applicable

*Inpatient admissions: 11,747; 11,816

*Observation stays: 2,249; 2,396

*Medicare % of gross revenues: 50.0%; 50.8%

*Medicaid % of gross revenues: 14.4%; 15.0%

*Total operating revenues ($): $268.5 million; $272.4 million

*Revenue growth rate (%) (3 yr CAGR): 6.3%; 3.3%

*Operating margin (%): 4.5%; 5.8%

*Operating cash flow margin (%): 15.3%; 15.1%

*Debt to cash flow (x): 3.48 times; 3.46 times

*Days cash on hand: 371 days; 347 days

*Maximum annual debt service (MADS) ($): $14.4 million; $14.4 million

*MADS coverage with reported investment income (x): 3.10 times; 3.54 times

*Moody's-adjusted MADS Coverage with normalized investment income (x): 3.93 times; 3.88 times

*Direct debt ($): $179 million; $175 million

*Cash to direct debt (%): 132%; 128%

*Comprehensive debt: $179 million; $175 million

*Cash to comprehensive debt (%): 132%; 128%

*Monthly liquidity to demand debt (%): 338%; 340%

RATED DEBT (issued through the Illinois Finance Authority) (amounts outstanding as of December 31, 2011):

-Series 2009 Fixed Rate Revenue Bonds ($66.5 million outstanding), A2 rating

-Series 2006C Fixed Rate Revenue Bonds ($42.6 million outstanding), A2 rating

-Series 2006A VRDO Revenue Bonds ($15.0 million outstanding), rated Aa1/VMIG1 based on LOC provided by JPMorgan Chase Bank, N.A. (LOC expires February 15, 2016), A2 underlying rating

-Series 2004 VRDO Revenue Bonds ($32.1 million outstanding), rated Aa1/VMIG1 based on LOC provided by JPMorgan Chase Bank, N.A. (LOC expires February 15, 2016), A2 underlying rating

-After FYE 2011, RHS cancelled the Radian Asset Assurance support of the Series 2004 and Series 2006A VRDO bonds. As part of this transaction, the DSRF supporting the Series 2004 and Series 2006A bonds was released, the proceeds of which were used to pay down principal on the bonds of approximately $5.1 million.

CONTACTS

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Underwriter: Jay Sterns, Barclays, (312) 609 8519

PRINCIPAL METHODOLOGY USED

The principal methodology used in this rating was Not-For-Profit Healthcare Rating Methodology published in March 2012. Please see the Credit Policy page on www.moodys.com for a copy of this methodology.

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1120.130 – Financial Waiver

The applicant entity for this project has an "A" bond rating, and the project is to be funded 100% with cash and securities.

Evidence of the "A" bond rating is appended to Attachment #39..

Attachment 40

1120.130 - Financial Viability Ratios

The applicant entity for this project has an "A" bond rating, and the project is to be funded 100% with cash and securities.

Evidence of the "A" bond rating is appended to Attachment #39.

1120.140 - Economic Feasibility

A. **Reasonableness of Financing Arrangements**

This section of this criterion is not applicable since the project is to be funded with 100% cash

B. **Conditions of Debt Financing**

This section of this criterion is not applicable since the project is to be funded with 100% cash

C. **Reasonableness of Project and Related Costs**

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
Emergency*	$363.41		5,613	37%			$2,039,834		$2,039,834
Laboratory	$363.41		184	0			$66,868		$66,868
Diagnostic Imaging	$363.41		1,138	15%			$423,563		$423,563
EKG	$363.41		108	0			$39,249		$39,249
Contingency	$36.34		7,043				$255,951		$255,951
TOTALS	399.65		7,043				$2,815,465		$2,815,465
* Include the percentage (%) of space for circulation									

D. **Projected Operating Costs**
E. **Total Effect of the Project on Capital Costs**

Neither, of these sections, are applicable to this project because a free-standing emergency department does not have patient days on which to base an equivalent patient day figure, making it impossible to calculate the above figures

ATTACHMENT -42

XI. SAFETY NET IMPACT STATEMENT

As discussed in the section on Purpose of the Project, Riverside Medical Center has a primary goal of improving access to health care for the communities it services. This project will positively impact the availability of essential safety net services. Therefore, the project will have no adverse impact on safety net services of any provider in the area.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**2011**	**2010**	**2009**
Inpatient	357	475	837
Outpatient	1,499	1,388	1,971
Total	1,856	1,863	2,808
Charity (cost in dollars)			
Inpatient	$ 2,746,536	$ 3,006,712	$ 3,006,712
Outpatient	$ 1,952,616	$ 998,327	$ 998,327
Total	$ 4,699,152	$ 4,005,039	$ 4,005,039
MEDICAID			
Medicaid (# of patients)	**2011**	**2010**	**2009**
Inpatient	2,547	2,375	2,357
Outpatient	59,309	52,645	55,424
Total	61,856	55,020	57,781
Medicaid (revenue)			
Inpatient	$24,296,132	$ 18,639,499	$14,278,678
Outpatient	$27,651,880	$ 25,117,952	$24,458,914
Total	$51,948,012	$ 43,757,451	$38,737,592

XII. Charity Care Information

Riverside Medical Center recognizes it has a responsibility to the region to provide services to all regardless of ability to pay and to support the region in a consistent charitable manner. The organization has a formal policy in place regarding charity care and collection processes Attachment 44(a).

Riverside publishes its annual Community Benefit Summary (Attachment 44b) and Community Benefit Report (Attachment 44c).

Below is the mission statement of Riverside Medical Center:

Life is a remarkable journey.

Health impacts every step---how we connect with others, how we express our potential, how we pursue our dreams.

At Riverside, our mission is to provide healthcare experiences that are just as remarkable.

We do this for each person, regardless of social or economic circumstance.

We offer our highest thinking, our kindest touch, and our strongest commitment to excellence.

	2011	2010	2009
Net Patient Revenue	$ 239,393,654	$ 238,920,759	$ 227,753,584
Amount of Charity Care (charges)	$ 19,685,609	$ 17,539,692	$ 15,674,335
Cost of Charity Care	$ 4,699,152	$ 4,468,680	$ 4,005,039

Riverside HealthCare
Kankakee, Illinois
Policy & Procedure

Current Status: Issued
Date Last Modified: 09/06/2012
Original Issue Date: 01/26/2004
Next Review Date: 09/06/2015
Document Number:
RHC-ADM950-01-0085-V04

Policy Information

Subject:
Charity Care and Collection Practices Guidelines for Uninsured and Underinsured Charity Care Patients

Policy:

I. Policy

Riverside Medical Center's mission is to provide a remarkable healthcare experience. We do this for each and every person, regardless of their personal or economic circumstance. Riverside is committed to provide charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation. The following guidelines are used when determining if financial assistance is appropriate or needed. These guidelines are intended for the use of the hospital and its collection agencies. The guidelines may be used by other entities of Riverside Healthcare; however each entity will determine their own specific policies related to charity care. Under no circumstances does this policy delay or prevent the treatment of emergency medical care. Riverside Medical Center provides care for emergency medical conditions to individuals regardless of their eligibility under the financial assistance policy.

Accordingly, this written policy:

- Includes eligibility criteria for financial assistance -- free and discounted (partial charity) care
- Describes the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- Describes the method by which patients may apply for financial assistance
- Describes how the hospital will publicize the policy within the community served by the hospital
- Limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amount generally billed (received by) the hospital for Medicare patients

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Riverside Medical Center's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring

access to health care services, for their overall personal health, and for the protection of their individual assets. Patients may be asked to provide, if applicable:

- A copy of the family's most recent tax return;
- Current bank statements (checking and savings);
- Proof of income for the patient and spouse, if married: 3 most recent pay stubs; social security statements; or unemployment stubs;
- Current Medicaid or LINK card; and
- Patients indicating they have no income must provide information as to how they are currently supporting themselves.

Patients requesting the **Uninsured** Discount will only be asked to provide **one** of the following (as required by Public Act 095-0965, the Hospital Uninsured Patient Discount Act):

- A copy of the most recent tax return
- Copies of the 2 most recent pay stubs

In order to manage its resources responsibly and to allow Riverside Medical Center to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors establishes the following guidelines for the provision of patient charity.

II. Definitions

For the purpose of this policy, the terms below are defined as follows:

Charity Care: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Charity care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family: Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

Family Income: Family Income is determined using the Census Bureau definition, which uses the following income when computing federal poverty guidelines:

- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;

- Noncash benefits (such as food stamps and housing subsidies) do not count;
- Determined on a before-tax basis;
- Excludes capital gains or losses; and
- If a person lives with a family, includes the income of all family members (Non-relatives, such as housemates, do not count).

Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.

Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

Gross Charges: The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

Emergency medical conditions: Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

Medically necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

Procedure:

III. Procedures

A. Services Eligible Under this Policy. For purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by Riverside Medical Center without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and
4. Medically necessary services, evaluated on a case-by-case basis at Riverside Medical Center's discretion.

B. Eligibility for Charity. Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Riverside Medical Center offers the following options for patients who are unable to pay

their out-of-pocket expense in full:

1. Reasonable payment plans
    a. Available to all patients.
    b. Assists patients in meeting their financial obligation by way of reasonable payment arrangements.
2. Self-pay discount for patients without insurance
    a. Offers an automatic 45% discount off of gross charges. No application needed.
3. Financial Assistance
    a. Available to all patients.
    b. Assists patients in meeting their financial obligation by way of free care or discounted rates based on family size and income. Application and income verification required. (Exception – see presumptive, described later in this Policy.)

C. Method by Which Patients May Apply for Charity Care.

1. Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; and may

- Include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;
- Include the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);
- Include reasonable efforts by Riverside Medical Center to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;
- Take into account the patient's available assets, and all other financial resources available to the patient; and
- Include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

2. It is preferred but not required that a request for charity and a determination of financial need occur prior to rendering of non-emergent medically necessary services. However, the determination may be done at any point in the collection cycle. The need for financial assistance shall be re-evaluated at each subsequent time of service if the last financial evaluation was completed more than six months prior, or at any time additional information relevant to the eligibility of the patient for charity becomes known.

3. Riverside Medical Center's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of charity. Requests for charity shall be processed promptly and Riverside Medical Center shall notify the patient or patient in writing within 30 days of receipt of a completed application.

4. Discounts will be applied to all open self-pay balances, regardless of the age of the account. Previously paid bills will not be considered for charity, nor will patient payments be refunded unless required by regulation. Partial discounts or denials of financial assistance will require the patient to pay the remaining balance in full or contact the hospital to establish a reasonable payment plan.

5. Incomplete applications will be denied. A letter indicating what information is missing will be sent to the patient. Upon receipt of the missing information, the application will be reconsidered.

6. Patients may appeal denials for financial assistance, in writing. Patients should include any additional information that was not submitted with the original application to help support their reason for appealing the decision. Appeals will be reviewed and responded to within 45 business days. Appeals are reviewed by designated staff in the Patient Financial Services Department of Riverside Medical Center.

7. In the event the patient does not initially qualify for financial assistance after providing the requested information and documentation, patients may re-apply if there is a change in their income, assets, or family size responsibility.

Applications will be reviewed and decisions of eligibility will be determined as follows:

- The Financial Counselor will be responsible to determine eligibility.
- The Customer Service Coordinator will approve financial assistance up to $1,000.
- The Director of Patient Financial Services will approve financial assistance for amounts greater than $1,000.
- The Vice President of Finance or the Chief Financial Officer will co-sign and approve financial assistance amounts greater than $5,000.

D. Presumptive Financial Assistance Eligibility. There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Riverside Medical Center may use outside agencies in determining estimate income amounts for the basis of determining charity care eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstances that may include:

1. State of Illinois Veteran's Home determination of indigence, known as Aid and Attendance;
2. Current Medicaid eligibility with prior dates of service not covered by or not eligible for Medicaid;
3. Illinois LINK card eligibility (food stamps);
4. Patients who are eligible to receive assistance under the Crime Victims

Act;
5. Patients who are eligible to receive assistance under the Sexual Assault Act;
6. Patients receiving the Uninsured Discount;
7. Patients receiving free care from a community clinic and the community clinic refers the patient to Riverside Medical Center for services the clinic is unable to provide
8. Patients receiving care at Riverside's New Life Center (Title X Clinic) and referred to the hospital for services. (If Medicare non-covered service, New Life will obtain the signed ABN (Advanced Beneficiary Notice) and stamp "Title X Clinic" on the ABN or physician order. Patients serviced at the New Life Center have an income equal to or less than the Federal Poverty Level.
9. State-funded prescription programs;
10. Homeless or received care from a homeless clinic;
11. Participation in Women, Infants and Children programs (WIC);
12. Eligible for Illinois Health Women's program;
13. Subsidized school lunch program eligibility;
14. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down; CHIPS and DMH);
15. Patient's eligible for the Department of Alcohol and Substance Abuse contract reimbursed (non-Medicaid);
16. Patients that are mentally or physically incapacitated and have no agent acting on their behalf;
17. Patients that file bankruptcy;
18. Patients that are on military active duty;
19. Patients that are incarcerated;
20. Patients that have been determined to have no assets by our collection agency partner;
21. Low income/subsidized housing is provided as a valid address; and
22. Patient is deceased with no known estate.
23. Radiation Oncology Transportation, when appropriate (see separate policy)

E. Eligibility Criteria and Amounts Charged to Uninsured and Underinsured Patients. Services eligible under this Policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. To be considered for a discount under Riverside's charity policy, a person must cooperate with the hospital to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his/her health care, such as Medicare, Medicaid, AllKids, third-party liability, etc. Patients must cooperate with their insurance carrier and provide any requested information (i.e. coordination of benefits information; student verification; etc.) Riverside's obligations toward an individual patient will cease if the patient unreasonably fails or refuses to provide Riverside with information or documentation requested or if the patient fails to apply for coverage under public programs within 30 days of Riverside's request.

Once a patient has been determined by Riverside Medical Center to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts Riverside Medical Center will charge patients qualifying for financial assistance is as follows:

1. Patients whose family income is at or below 200% of the FPL are eligible to receive free care;
2. Using a sliding scale, a partial discount may be offered based on the individual's family income and, for those without insurance, in accordance with the State of Illinois Public Act 095-0965, the Hospital Uninsured Patient Discount Act.
3. Patients may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Riverside Medical Center; however the discounted rates shall not be greater than the amounts generally billed to (received by the hospital for) Medicare patients.
4. Uninsured patients may be eligible for a maximum collectible amount of 25% of the patient's family income, if they are found to be eligible for financial assistance and if they do not own assets having a value in excess of 600% of the FPL. The 25% maximum is for a 12-month period beginning with the date the patient becomes eligible under the hospital's charity care policy. Excluded from the excess assets are the patient's primary residence; personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure; or any amounts held in a pension or retirement plan. (Distributions from a retirement plan are considered income and are not exempt.)
5. An uninsured patient must inform the hospital, in writing, before or after each subsequent visit in the 12-month period that they are eligible for the maximum collectible cap. The maximum collectible may be granted to patients with insurance on a case-by-case basis. Additional details may be found in the Hospital Uninsured Patient Discount Act policy RMC-PT ACCT 910-03-0598.
6. Each situation will be reviewed independently and allowances may be made for extenuating circumstances based on good faith efforts and mitigating factors.
7. Patients receiving special pricing for the delivery of a baby, bariatric surgery, dietary consults, cardiac rehabilitation Phases 3 and 4 or other special priced services requiring payment in full prior to service being provided are not eligible for further discounting.

The hospital's use of the federal poverty guidelines (FPL) will be updated annually in conjunction with the FPL updates published by the United States Department of Health and Human Services. Annual adjustments to discounts will also be based on the calculations of the State of Illinois' Hospital Uninsured Patient Discount Act.

Riverside Medical Center will require that the patient certify that all of the information provided in the application is true. If any of the information is untrue, any discount granted to the patient is forfeited.

F. Communication of the Charity Program to Patients and Within the Community. Notification about charity available from Riverside Medical Center which shall include a contact number, shall be disseminated by Riverside Medical Center by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in various patient care areas, in the Patient Handbook, admitting and registration departments, hospital cashier offices, and patient financial services offices that are located on facility campuses, and at other public places as Riverside Medical Center may elect. Riverside Medical Center also shall publish a summary of this charity care policy on the facility website, in brochures available in patient access sites and at other places within the community served by the hospital as Riverside Medical Center may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by Riverside Medical Center. Referral of patients for charity may be made by any member of the Riverside Medical Center staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. A request for charity may be made by the patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws.

G. Relationship to Collection Policies. Riverside Medical Center management shall develop policies and procedures for internal and external collection practices (including actions the hospital may take in the event of non-payment, including collections action and reporting to credit agencies) that take into account the extent to which the patient qualifies for charity, a patient's good faith effort to apply for a governmental program or for charity from Riverside Medical Center, and a patient's good faith effort to comply with his or her payment agreements with Riverside Medical Center. For patients who qualify for charity and who are cooperating in good faith to resolve their discounted hospital bills, Riverside Medical Center may offer extended payment plans, will not send unpaid bills to outside collection agencies, and will cease all collection efforts against those cooperating patients. Riverside Medical Center will not impose extraordinary collections actions for any patient without first making reasonable efforts to determine whether that patient is eligible for charity care under this financial assistance policy. Reasonable efforts shall include:

1. Validating that the patient owes the unpaid bills and that all sources of third-party payments have been identified and billed by the hospital;
2. Documentation that Riverside Medical Center has or has attempted to offer the patient the opportunity to apply for charity care pursuant to this policy and that the patient has not complied with the hospital's application requirements;
3. Documentation that the patient has been offered a payment plan but has not honored the terms of that plan.

Riverside Medical Center's external collection agencies will also identify patients that may qualify for charity care and will assist in communicating Riverside's financial assistance policy and mail applications to patients requesting assistance.

Legal action, including the garnishment of wages, may be taken by Riverside Medical

Center to enforce the terms of the charity payment plan. Such measures would only take place when there is evidence that the charity care patient or responsible party has sufficient income and/or assets to meet his/her obligation. The hospital will not place a lien on a charity care patient's primary residence and will not execute a lien by forcing the sale or foreclosure of a charity care patient's primary residence to pay for an outstanding medical bill. Riverside Medical Center will not use body attachments to require the charity care patient or responsible party to appear in court; however the hospital recognizes that the court system may take this action independently.

H. Regulatory Requirements. In implementing this Policy, Riverside Medical Center management and facilities shall comply with all other federal, state, and local laws, rules, and regulations that may apply to activities conducted pursuant to this Policy.

Approval History

Last Issued Date	Issued By	
09/06/2012	Phillip M Kambic	

Form AG-CBP-I
2/05

LISA MADIGAN
ATTORNEY GENERAL

Annual Non Profit Hospital Community Benefits Plan Report

Hospital or Hospital System: Riverside Medical Center

Mailing Address: 350 North Wall Street (Street Address/P.O. Box) Kankakee, IL 60901 (City, State, Zip)

Physical Address (if different than mailing address):

(Street Address/P.O. Box) (City, State, Zip)

Reporting Period: 1 (Month) / 1 (Day) / 2011 (Year) **through** 12 (Month) / 31 (Day) / 2011 (Year) **Taxpayer Number:** 36-2414944

If filing a consolidated financial report for a health system, list below the Illinois hospitals included in the consolidated report.

Hospital Name	Address	FEIN #

1. **ATTACH Mission Statement:**
The reporting entity must provide an organizational mission statement that identifies the hospital's commitment to serving the health care needs of the community and the date it was adopted.

2. **ATTACH Community Benefits Plan:**
The reporting entity must provide it's most recent Community Benefits Plan and specify the date it was adopted. The plan should be an operational plan for serving health care needs of the community. The plan must:
   1. Set out goals and objectives for providing community benefits including charity care and government-sponsored indigent health care.
   2. Identify the populations and communities served by the hospital.
   3. Disclose health care needs that were considered in developing the plan.

3. **REPORT Charity Care:**
Charity care is care for which the provider does not expect to receive payment from the patient or a third-party payer. Charity care does not include bad debt. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (CMS 2552-96 Worksheet C, Part 1, PPS Inpatient Ratios), not the charges for the services.

Charity Care..... $ 5,014,003

ATTACH Charity Care Policy:
Reporting entity must attach a copy of its current charity care policy and specify the date it was adopted.

ATTACHMENT 44(b)

4. **REPORT Community Benefits** actually provided other than charity care:
See instructions for completing Section 4 of the Annual Non Profit Hospital Community Benefits Plan Report.

Community Benefit Type

Language Assistant Services	$ 15,741
Government Sponsored Indigent Health Care	$ 4,796,788
Donations	$ 83,797
Volunteer Services	
a) Employee Volunteer Services	$ 37,682
b) Non-Employee Volunteer Services	$826,205
c) Total (add lines a and b)	$ 863,887
Education	$ 514,629
Government-sponsored program services	$
Research	$
Subsidized health services	$ 20,464,385
Bad debts	$ 10,787,137
Other Community Benefits	$ 5,038

Attach a schedule for any additional community benefits not detailed above.

5. **ATTACH Audited Financial Statements for the reporting period.**

Under penalty of perjury, I the undersigned declare and certify that I have examined this Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto. I further declare and certify that the Plan and the Annual Non Profit Hospital Community Benefits Plan Report and the documents attached thereto are true and complete.

Bill Douglas, CFO Name / Title (Please Print)	815-935-7548 Phone: Area Code / Telephone No.
 Signature	June 27, 2012 Date.
Bill Douglas Name of Person Completing Form	815-935-7548 Phone: Area Code / Telephone No.
Bill-Douglas@riversidehealthcare.net Electronic / Internet Mail Address	815-933-0798 FAX: Area Code / FAX No.

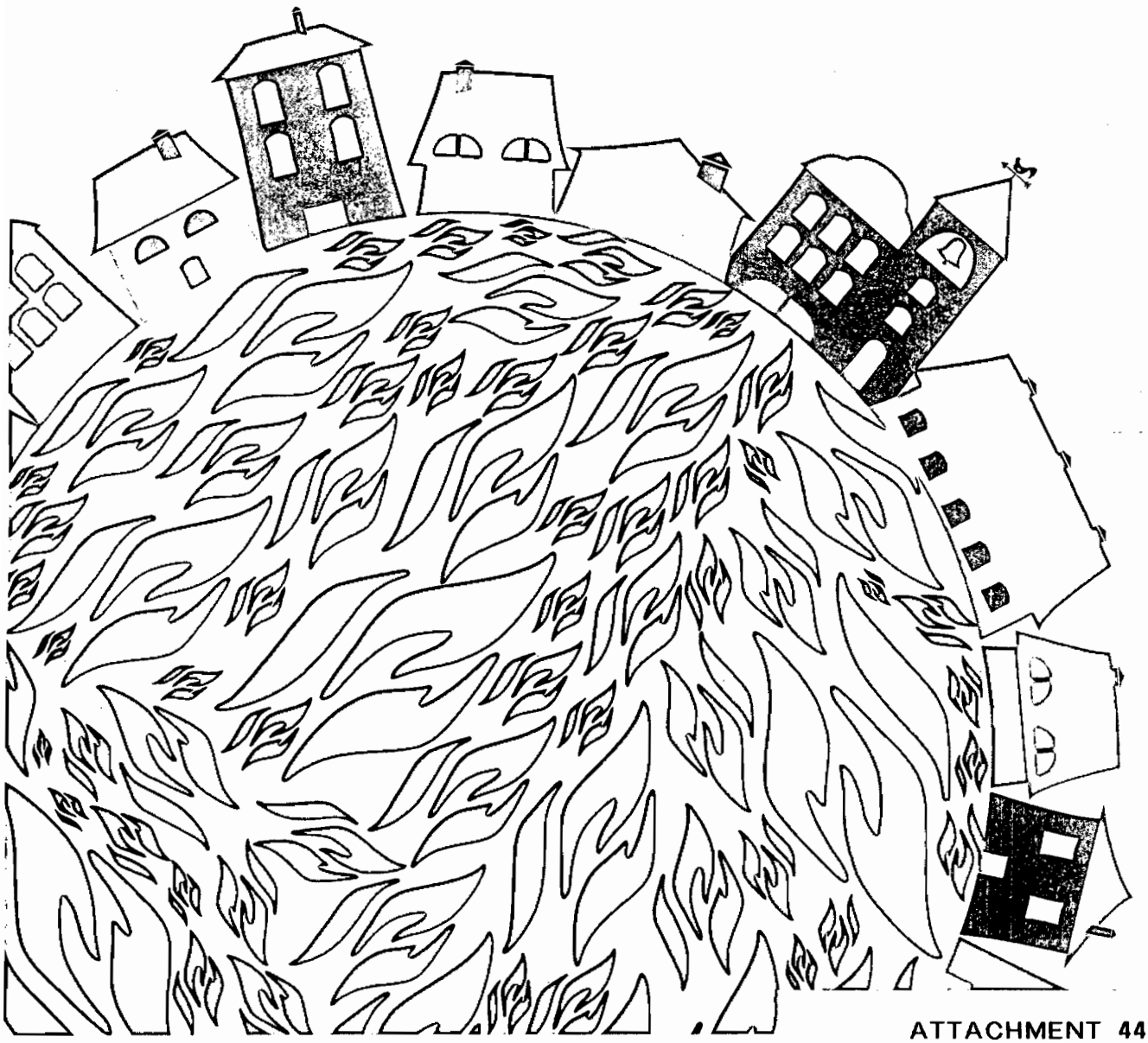
Riverside Medical Center
Community Benefit Recap
2011

	2010		2011	
Charity Care		# Served		# Served
Charity - Accts # 1-1800-2800 & 1-1800-2801	12,920,668		13,801,580	
Uninsured Discount - Acct # 1-1550-2600	4,619,024		5,884,029	
	17,539,692		19,685,609	
RCC	see rcc w/s splitting i/p & o/p		0.254704	
Total Charity Care		4,468,680		5,014,003
Language Assistant Services				
CyraCom International	19,561		13,960	
Sue Wolfe	1,874		1,781	
Total		21,435		15,741
Government Sponsored Indigent Health Care				
Excess of allocated cost over reimbursement for services provided to Medicaid patients		4,393,333		4,796,788
Donations				
In-Kind	-		-	
Cash	161,991		83,797	
Total		161,991		83,797
Volunteer Services				
a. Employee Volunteer Services	36,360		37,682	
b. Non-Employee Volunteer Services	790,235		826,205	
c. Total		826,595		863,887
Education		447,262		514,629
Government-sponsored program services		-		-
Research		-		-
Subsidized health services		16,815,460		20,464,385
Bad Debts				
Per Audited Financial Statements		13,098,121		10,787,137
Other Community Benefits		64,296		5,038
		40,297,173		42,545,404

RIVERSIDE
Medical Center

Community Benefits Plan and Assessment Update

2011



ATTACHMENT 44(c)

Transforming lives with access to the very best care...

"Approach," "Enter," "Access," "Use"—these are simple terms often associated with a journey and all too often impeded by obstacles for many when it comes to healthcare. Imagine a place where obstacles are removed and the highest thinking, the kindest touch and the strongest commitment to excellence come together to transform a community. Imagine a progressive healing environment with innovative, advanced medical approaches and an unyielding commitment to pave the way to better health and better care for all. Imagine...Riverside Medical Center.

When Riverside first opened its doors in 1964, we opened more than just another hospital. We created a threshold to advance the level of care in the region through expertise, technology, and excellence for all who live, work and raise their families here. Riverside Medical Center continues to transform the patient experience and the communities we serve by widening the scope of services we provide, the areas we serve and the people with whom we connect.

The diversity of our region and the needs of the people that reside here are varied. Riverside addresses these changing and developing needs by offering the best preventative programs, the latest treatments, and the most convenient access for those seeking care. We are the premier healthcare system in the region and a destination for the highest quality care--regardless of a patient's gender, race or economic circumstances.

Each year, we at Riverside maintain a single purpose, to make each person's journey a remarkable one. We strive to eliminate obstacles and provide clear paths to improved health and well-being for our patients, their families, our employees, and our communities. We do this through community outreach and volunteer programs and services.

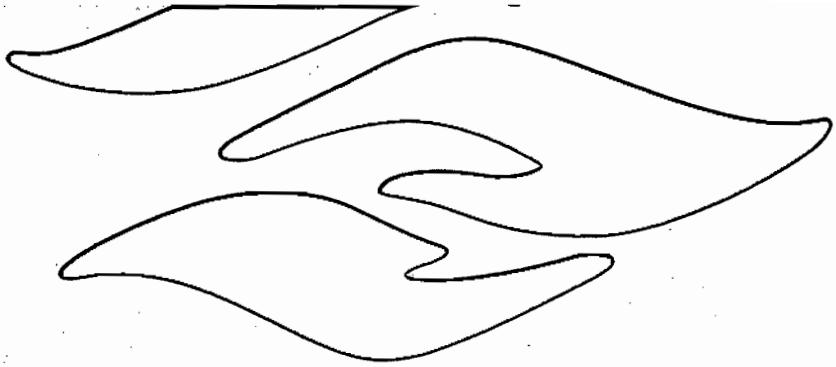
We invite you to read this publication to learn more.

Phillip Kambic
President and Chief Executive Officer

Making Great Care Even Better

"Driving far distances in unfamiliar areas can be inconvenient, confusing and stressful the older we get. We have had a long relationship of care with Riverside over many years, and the fact that Riverside's healthcare professionals care enough to come to us, in our own home town, is a true blessing. We are delighted to have the specialists of Riverside Medical Center here in Watseka. The providers and staff are kind, knowledgeable, and really take the time to get to know us—makes the excellent care we receive here that much better."

—Reverend & Mrs. Hubert Lytle, Watseka, Illinois



About
Riverside Medical Center

Riverside Medical Center is a not-for-profit healthcare institution located in Kankakee, Illinois, and is part of Riverside HealthCare, a fully integrated healthcare system serving the needs of patients throughout the counties of Kankakee, Iroquois, Will, Grundy and beyond. We are a nationally recognized, award-winning Level II Trauma hospital with leading programs in heart care, cancer care, neurosurgery and orthopedics. Our reputation for nursing excellence has made Riverside the area's only Magnet® Recognized hospital and our clinical performance ranks us among the top 5 percent of hospitals nationwide. We recently received the HealthGrades' Distinguished Hospital for Clinical Excellence Award. Riverside's commitment to providing quality care throughout the communities it serves is evidenced by our numerous Riverside community, primary and specialty health centers in the region.

MISSION

Life is a remarkable journey.

Health impacts every step – how we connect with others, how we express our potential, how we pursue our dreams.

At Riverside, our mission is to provide healthcare experiences that are just as remarkable.

We do this for each and every person, regardless of their personal or economic circumstances.

We offer our highest thinking, our kindest touch, and our strongest commitment to excellence.

Since opening its doors in 1964, Riverside Medical Center has provided the highest quality care to the people of Kankakee and our surrounding communities. The regional health system includes a state-of-the-art main hospital in Kankakee, an outpatient campus in Bourbonnais featuring a radiation center, diagnostic center, outpatient surgery center and a medically-based wellness center. Additionally, Riverside has health clinics in nine communities throughout Kankakee, Will, Grundy and Iroquois counties.

CORE VALUES

INTEGRITY: **We respect human dignity and consistently promote fairness and honesty.**

EXCELLENCE: **We strive for clinical, operational and service excellence by fostering professional development, accountability, teamwork, and commitment to high value.**

PARTNERSHIP: **We work in cooperation with other care providers, guided by open communication, trust and shared decision-making.**

STEWARDSHIP: **We advocate prudence in the use of our financial and human resources for the advantage of the communities we serve.**

Community Benefits Plan and Assessment Update

Riverside Medical Center (RMC) is pleased to submit the enclosed community benefit needs assessment and update to the Office of the Attorney General State of Illinois. Riverside is committed to improving the well-being of the communities we serve, regardless of an individual's ability to pay and has incorporated community benefit activities and programs in our strategic planning process.

In addition to the day-to-day services provided to patients, Riverside reaches beyond the walls of the medical center, and in collaboration with community partners, takes healthcare education, screenings and support services out to its primary and secondary community. Members of the management team, employees, physicians and hospital personnel serve on boards and committees of local not-for-profit organizations and are involved in regional planning efforts.

Health Care Impact in the Community

January 1 – December 31, 2011

Outpatient Visits	163,687
Emergency Room Visits	40,412
Inpatient Admission Visits	11,844
Outpatient Surgery Cases	7,605
Inpatient Surgery Cases	4,799
Newborn Deliveries	1,025

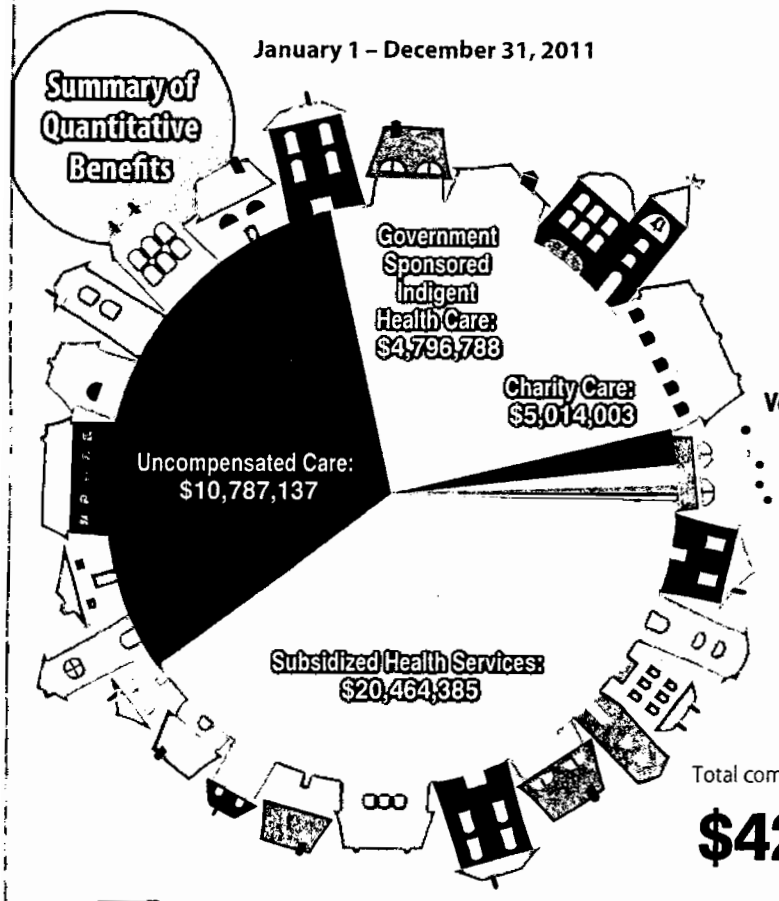
Total Patient Encounters

229,412

Riverside collaborates on a regular basis with the Kankakee County Health Department and Provena St. Mary's Hospital to update and build upon the 2006 Analysis of Community Health Needs. The original research was conducted by Health Systems Research of the University of Illinois College of Medicine at Rockford, which specializes in community needs assessments for health and human services organizations. The ongoing development of the multi-year community benefit plan and implementation of means to address the priorities continues.

Summary of Quantitative Benefits

January 1 – December 31, 2011



Volunteer Services: $863,887
Education: $514,629
Donations: $83,797
Language Assistance Services: $15,741

Total community benefit

$42,545,404

The Economic Impact of Riverside Medical Center on Kankakee County, Illinois

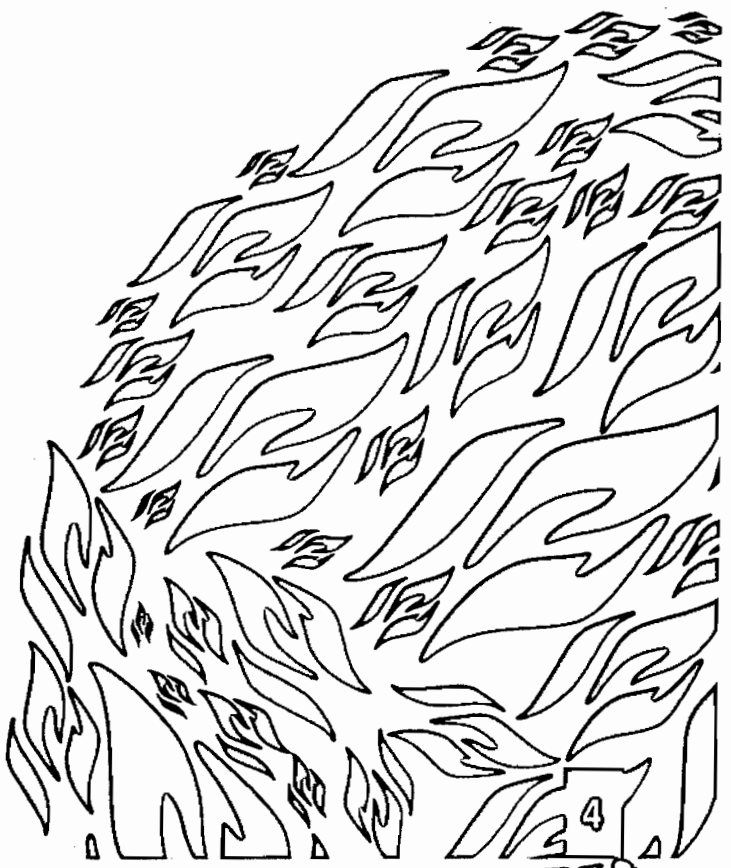
In Kankakee County and the surrounding medical service area, Riverside provides vital health care services 24 hours a day, seven days a week, 365 days a year. Riverside Medical Center occupies a prominent role as a medical provider in Kankakee County and generates significant public interest in many cutting edge medical contributions. The role Riverside plays as a major contributor to the economy, however, is often overlooked. Riverside is Kankakee County's largest employer and retains a significant-sized payroll, as a result. The purpose of this report is to specifically measure the economic impact that RMC has on Kankakee County and the surrounding medical service area.

Riverside Medical Center is Kankakee County's largest employer

The economic impact of Riverside is presented in the table on page 5. The top portion of the table presents the employment impact of Riverside Medical Center resulting from annual operating activities.

In 2011, RMC had 1,846 full-time equivalent employees. As these employees and the medical center spent money locally, additional jobs were generated in other businesses in Kankakee County. These are called secondary jobs and are measured with employment multipliers for Kankakee County. The hospital employment multiplier is 2.01, which means that for each job established in Riverside, another 2.01 jobs were generated in other businesses in Kankakee County. In 2011, secondary jobs generated annually from operating activities of RMC were 1,864 jobs and the total employment impact was 4,128 jobs.

Riverside Medical Center spent $44.6 million on capital improvement for capitalized building projects. The employment and income from capital improvement projects will vary each year by the types and amounts of construction activities. These expenditures were estimated to result in 215 construction jobs in 2011. These capital improvement projects resulted in secondary impacts as the construction firms and their employees spent money locally. The construction employment multiplier was 1.94 yielding a secondary employment impact of 202 jobs and a total employment impact of 417 jobs due to construction activities. In 2011, the total employment impact of Riverside on Kankakee County was 3,710 jobs from operations and 417 jobs from construction, for a total employment impact of 4,128 jobs.



The income impact of Riverside for 2011 is presented in the middle portion of the table below. Income (wages, salaries and benefits) paid to RMC employees was $108.2 million.

Applying the hospital income multiplier of 1.67, the secondary income impact was $72.5 million and the total income impact was $180.7 million. Construction projects paid workers an estimated $12.8 million in income, which occurred only during the construction year(s). The construction income multiplier of 1.57 resulted in $7.3 million in secondary income impact and $20.1 million in total income impact from construction activities in 2011. The total income impact from Riverside in Kankakee County in 2011 from both operating activities and construction activities was $200.8 million.

Finally, the impact of RMC on retail sales and sales tax was estimated for 2011. From the $200.8 million in total income impact generated from Riverside operations, retail sales are estimated at $86.7 million, resulting in $5.4 million in Illinois state sales taxes of 6.25 percent. From the $20.1 million in total income impact generated from Riverside construction, retail sales are estimated at $9.6 million, resulting in an estimated $0.6 million in Illinois state sales taxes of 6.25 percent. When combining the total estimated retail sales from both operations and construction of $96.4 million, using the Illinois state sales taxes of 6.25 percent, the resulting state sales taxes were estimated to be $6.0 million.

Because sales tax rates vary by county, sales tax estimates for the counties are not included in this study. County sales tax impacts can be calculated by multiplying the estimated retail sales by the current county sales tax rate.

In summary, RMC continues to make a significant impact on the health and welfare of residents in Kankakee County, as well as a major impact on the local economy. Large medical centers such as Riverside greatly contribute to the economic development in the geographic areas in which they are located. These occur because:

- Businesses and industries locate in areas with high quality medical facilities and educational systems.
- Retirees locate in areas with accessible and comprehensive health care services and law enforcement services.
- The health sector is a growing sector and will continue to generate more jobs.
- The health sector generally pays above-average salaries and wages.

These points, along with the large amount of economic activity generated by Riverside, demonstrate that local leaders must continue to support Riverside to ensure development of economic growth and opportunities in Kankakee County and the surrounding area.

Economic Impact of Riverside Medical Center on Kankakee County, Illinois, 20[illegible]

Source: S-Pay data for operations employment and income and for capital expenditures, construction income and employment, 20[illegible]

EMPLOYMENT IMPACT

Activity	Number Employed	Multiplier	Secondary Impact	Total Impact
Hospital Operations	1,846	2.01	1,864	3,710
Hospital Construction	215	1.94	202	417
Total	**2,061**		**2,067**	**4,128**

INCOME IMPACT

Activity	Direct Income (millions)	Multiplier	Secondary Impact (millions)	Total Impact (millions)
Hospital Operations	108.2	1.67	72.5	180.7
Hospital Construction	12.8	1.57	7.3	20.1
Total	**121.0**		**79.8**	**200.8**

RETAIL SALES AND RETAIL SALES TAXES

	Retail Sales ($millions)	6.25% State Sales Tax ($millions)
From Hospital Operations	86.7	5.4
From Hospital Construction	9.6	0.6
Total	**96.4**	**6.0**

Continually Providing the Highest Quality Patient Care is Riverside Medical Center's Commitment to Our Community

Transforming Healthcare

Riverside is taking the healthcare experience to even greater heights—focusing on what matters most. With the opening of the East Tower in November 2011 came an innovative combination of advanced medical approaches, greater access to information and a progressive healing environment. Surgical patients are now cared for in one of 12 leading-edge operating suites designed and equipped for maximum efficiency and the most advanced and sophisticated surgical procedures. Image-Stream® Technology now allows for real-time consultation with physicians outside of the operating room, live video streaming and video conferencing capabilities.

The future of caring for people is here. Riverside is improving the quality of life for our patients, families and our staff. Right on the heels of the East Tower opening was the Sleep Disorder Institute with its six private sleep study suites featuring luxurious home-like surroundings. Patients can complete their sleep study, get ready in a private bathroom and continue with their day just as if they were away on business. The Sleep Disorder Institute is also equipped to handle pediatric sleep studies.

It doesn't stop there. Renovation and expansion projects are underway in the west side of the hospital and the Betty Burch Bridgewater Center for Radiation Therapy. All of this is Riverside's efforts to make great care even better.

Distinguished Hospital for Clinical Excellence

HealthGrades® named Riverside as one of its Distinguished Hospitals for Clinical Excellence. This prestigious distinction places RMC among the Top 5 percent of hospitals nationwide for clinical performance. HealthGrades® is the nation's most trusted source of health care provider information.

HealthGrades® Hospital Quality and Clinical Excellence study objectively identifies those hospitals with the best overall clinical performance across all 26 medical diagnoses and procedures that the organization rates.

"At Riverside, we strive to provide our highest thinking, our kindest touch and our strongest commitment to excellence to each patient we serve. Receiving the Distinguished Hospital for Clinical Excellence™ award means we're doing it right and I am proud of our physicians, nurses and staff," said Riverside's President and CEO Phil Kambic.

Over the years, Riverside has received multiple five-star ratings and Specialty Excellence Award distinctions from HealthGrades for many of its service areas, such as: Cardiac, Orthopedic, Neurosciences, Gastrointestinal and Critical Care. A commitment to quality outcomes coupled with specialty excellence awards and five-star ratings, contributed to Riverside receiving the Distinguished Hospital for Clinical Excellence™ award, according to HealthGrades®.

One of America's 100 Best Hospitals for Orthopedic Surgery

Riverside was named One of America's 100 Best Hospitals for Orthopedic Surgery by HealthGrades® for its superior patient clinical outcomes. In addition to this prestigious designation, Riverside also received Excellence Awards for Orthopedic Surgery and Joint Replacement, ranking them in the Top 10 percent in the nation.

"The Orthopedic Surgery team at Riverside is honored to be named one of the nation's best hospitals for orthopedic surgery," said Cheryl Tyson, RN and nurse manager of Riverside's Orthopedic and Neurosurgery services. "Together with the orthopedic experts at OAK Orthopedics we provide the highest quality of care and the most advanced techniques, including minimally invasive surgical procedures for hip, knee and joint replacement."

Becker's Hospital Review also recognized Riverside as one of 60 Hospitals with Great Orthopedic Programs. Riverside was selected based on particular excellence in orthopedic care, quality of service, exceptional local and national reputations and a high volume of orthopedic cases.

HealthGrades® Distinctions

Cardiac

Five-Star Rated for Valve Surgery for 2 Years in a Row (2011-2012)

Orthopedic

Recipient of the HealthGrades® Orthopedic Surgery Excellence Award™ for 4 Years in a Row (2009-2012)

Recipient of the HealthGrades® Joint Replacement Excellence Award™ for 3 Years in a Row (2010-2012)

Ranked Among the Top 10% in the Nation for Overall Orthopedic Services for 4 Years in a Row (2009-2012)

Ranked Among the Top 10% in the Nation for Joint Replacement for 3 Years in a Row (2010-2012)

Ranked Among the Top 5 in IL for Overall Orthopedic Services for 4 Years in a Row (2009-2012)

Ranked Among the Top 10 in IL for Joint Replacement for 5 Years in a Row (2008-2012)

Five-Star Rated for Overall Orthopedic Services for 4 Years in a Row (2009-2012)

Five-Star Rated for Joint Replacement for 5 Years in a Row (2008-2012)

Five-Star Rated for Total Knee Replacement for 5 Years in a Row (2008-2012)

Five-Star Rated for Total Hip Replacement for 3 Years in a Row (2010-2012)

Five-Star Rated for Hip Fracture Treatment in 2012

"Our hospital is consistently recognized for award winning care," said Kambic. "Everyday, our people do what they do best by making a remarkably positive impact on the health and well-being of every patient."

Neurosciences

Recipient of the HealthGrades® Stroke Care Excellence Award™ for 3 Years in a Row (2010-2012)

Ranked Among the Top 10% in the Nation for Treatment of Stroke for 3 Years in a Row (2010-2012)

Five-Star Rated for Neurosciences in 2012

Five-Star Rated for Treatment of Stroke for 3 Years in a Row (2010-2012)

Individual

Recipient of the HealthGrades® Prostatectomy Excellence Award™ for 3 Years in a Row (2010-2012)

Ranked Among the Top 10% in the Nation for Prostatectomy for 3 Years in a Row (2010-2012)

Ranked Among the Top 10 in IL for Prostatectomy for 3 Years in a Row (2010-2012) (Ranked 7 in 2012)

Five-Star Rated for Prostatectomy for 5 Years in a Row (2008-2012)

Gastrointestinal

Five-Star Rated for Cholecystectomy for 4 Years in a Row (2009-2012)

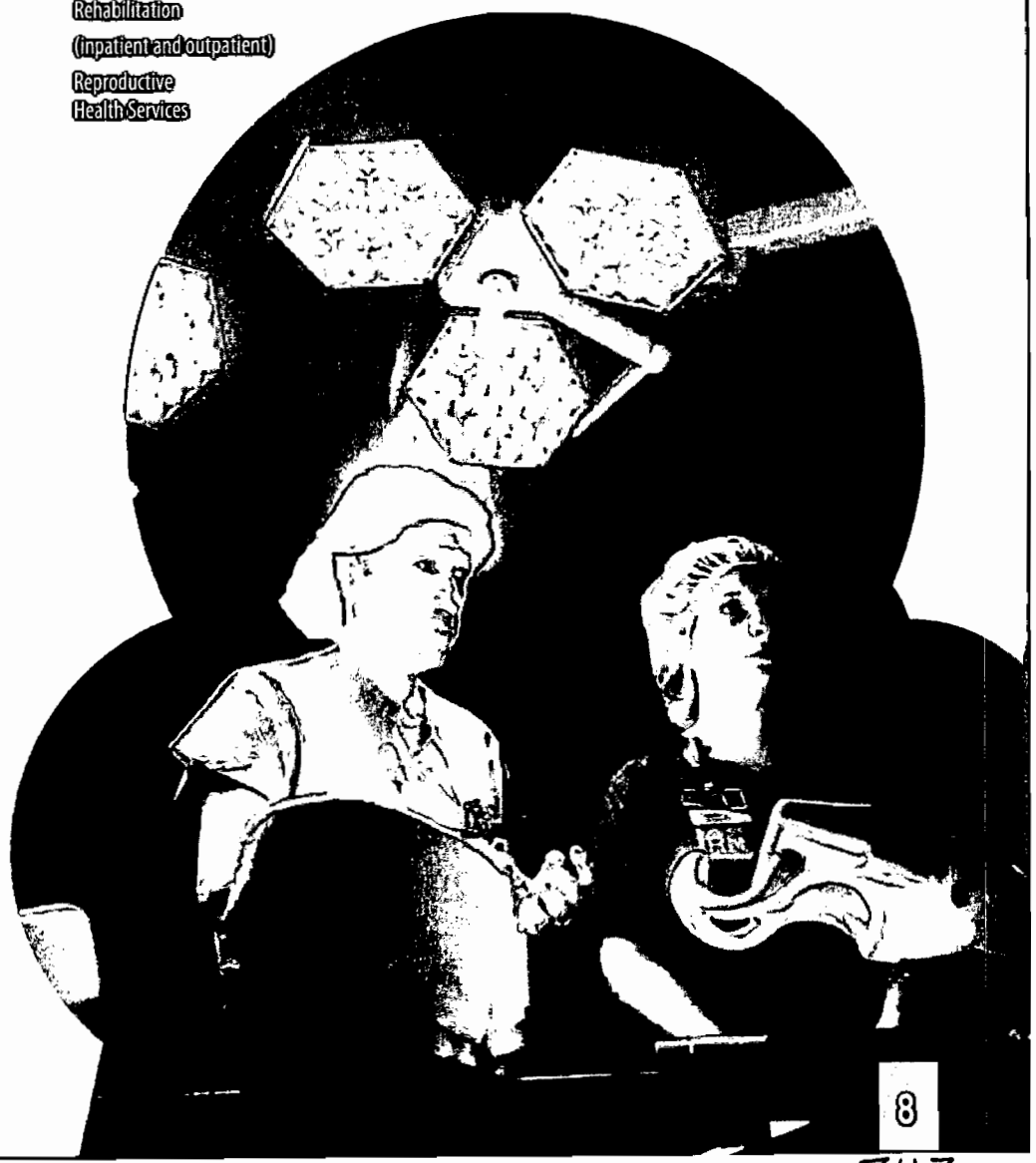
Critical Care

Five-Star Rated for Treatment of Respiratory Failure for 3 Years in a Row (2010-2012)

Riverside's services and care have earned top ratings in other areas as well. For more information, please visit www.RiversideMC.net/awards.

Recap of Services

Alcoholic and Substance Abuse Treatment Programs (inpatient and outpatient)
Ambulance
Ambulatory Infusion
Audiology Evaluation
Blood Bank
Cardiac Catheterization Laboratory
Cardiac Rehabilitation
Cardiothoracic and Vascular Surgery
Clinical and Anatomical Pathology Laboratory
Computerized Tomography
Community Based Primary Care
Delivery and Birthing Rooms/LDR
Diabetes Center
Diagnostic Therapeutic Radioisotope
Diagnostic Radiology
Electrocardiography
Electroencephalography
Electromyography
Enterostomal Therapy
Extracorporeal Shock Wave
Foundation
General Medicine
Health Equipment Store
Health Fitness Center
Health Promotion Services
Hemodynamics Laboratory
Histopathology Laboratory
Home Health Care
Home Meal Service
Hospital Auxiliary
Industrial Medicine
Industrial Rehabilitation and Work Hardening
Intravenous Therapy
Laser Surgery
Lithotripter
Magnetic Resonance Imaging
Mammography (Digital)
Megavoltage Radiation Therapy
Neurosciences
Nuclear Medicine
Nursery
Obstetrics
Occupational Therapy
Oncology Services
Outpatient Surgery Service
Pain Management
Pediatrics
PET Scanning
Pharmacy
Physical Rehabilitation Therapy
Physician Hospital Organization
Premature Nursery
Psychiatric Emergency Services
Psychiatric Inpatient Services
Psychiatric Outpatient Services
Psychiatric Partial Hospitalization
Pulmonary Function Laboratory
Radioactive Implants
Recovery Room
Recreational Therapy
Reference Laboratory
Rehabilitation (inpatient and outpatient)
Reproductive Health Services
Respiratory Therapy
Robotic Surgical System
Senior Living Community
Sleep Laboratory
Social Services
Speech Pathology
Spine Center
Sports Medicine
Stroke Center
Surgical Facilities
Trauma Center (Designated Level II, Designated Resource Hospital)
Ultrasound
Volunteer Service Department
Women's Center
Wound Care



Community Served

Riverside serves the Illinois counties of Kankakee, Will, Iroquois, Grundy and beyond. Riverside's primary service area, Kankakee County has a population of 113,449 (2010 U.S. Census Data), and includes the communities of Bradley, Bourbonnais, Kankakee and Manteno. The racial makeup of the county is 77.6 percent White, 15.1 percent Black or African American, 9.0 percent Hispanic or Latino and 0.3 percent Native American.[1] The median household income is $49,375 and 15.1 percent of the population lives below the poverty line.[1]

More than 21.4 percent of individuals living in Kankakee are below poverty level, which exceeds the State of Illinois average of 10.7 percent.[1] The racial makeup of the city is 50.9 percent White, 41.1 percent Black or African American, 9.3 percent Hispanic or Latino and 0.3 percent Native American.[2] The median household income is $30,469, well below the Illinois average of $46,590.[1]

The 2010 County Well-Being Index[3] placed Kankakee County on its Poverty Warning List in the 2010 County Well-Being Index report published from the U.S. Census Bureau's American Community Survey and Social IMPACT Research Center, a program of Heartland Alliance. Four key indicators of well-being are assessed in each of Illinois' 102 counties: high school graduation rates, unemployment rates, teen birth rates, and poverty rates.

Kankakee's Poverty Warning List placement elevates the county from its previous Watch status to a level requiring corrective action initiatives.

Sixty-four percent of Riverside's services are provided to the elderly and the poor---some of the area's most vulnerable citizens.

In 2011, Riverside treated 61,841 Medicaid cases[4], many for highly complex diagnoses requiring care at significant cost. Medicare and Medicaid subsidize, but do not cover the full costs of services provided. The shortfall is made up through operating funds.

The income, employment and insurance status of residents of Kankakee County result in the hospital caring for a large number of patients who are uninsured or underinsured, or for whom public program reimbursement is inadequate to cover costs.

A very basic element of Riverside's community service is the care of this population. Charity care occurs many times through the Emergency Department.

If necessary, these patients are given follow-up care subsequent to the initial episode within our available resources.

[1]U.S. Census Bureau (2010); [2]U.S. Census Bureau (2000); [3]2010 County Well-Being Index/Social IMPACT Research Center, a program of Heartland Alliance (2010) and U.S. Census Bureau's Income, Poverty, and Health Insurance Coverage in the United States: (2009); [4]IDPH Survey

STATISTICAL INFORMATION FOR PRIMARY AND SECONDARY SERVICE AREAS

County	Population[5]	Median Income[6]	Persons Below Poverty Level[6]	Unemployment Rate[7]
Kankakee	113,449	$49,375	15.1%	13.1%
Ford	14,041	$45,821	9.9%	10.1%
Grundy	50,063	$63,349	6.8%	12.4%
Iroquois	29,718	$46,419	12.2%	10.0%
Livingston	38,950	$50,173	11.2%	10.4%
Will	677,560	$72,478	7.0%	10.4%
State of Illinois	12,830,632	$53,974	13.3%	10.3%

[5]U.S. Census Bureau (2009 and 2010); [6]U.S. Census Bureau (2009); [7]Illinois Department of Employment Security (2010).

Sixty-four percent of Riverside's services are provided to the elderly and the poor- some of the area's most vulnerable citizens.

Community Benefits Activity Summary for 2011

The Community Benefits Activity Summary for 2011 includes Riverside Medical Center's response to key concerns identified through research and analysis of community health needs using formal data assessments, health surveys, periodic physician surveys and trend and treatment analysis. In addition to Riverside's own research, Riverside Medical Center, Provena St. Mary's Hospital and the Kankakee County Health Department jointly conduct a community needs assessment every several years, which is used for Riverside's planning, as well as for the Kankakee County Health Department's PLAN.

The key issues identified by research included access to health care, prevention and disease management, which align with the major health problems identified by the Kankakee County Health Department.

Access to Health

Riverside has responded to the issue of access to safe, quality health care for everyone by placing employed physicians in underserved areas, recruiting new physicians, conducting health education and screenings, providing emergency and ambulance services to rural communities and offering prenatal care to underserved women.

New Life Center: Riverside's New Life Center provides routine gynecological care and obstetrics referral services to females age 12 to 54. Pregnant participants are assisted with Medicaid Presumptive Eligibility to ease the patient's access to high quality obstetric care. The New Life Center accepts patients regardless of their ability to pay and fees are based on a sliding scale. The program maintains Spanish-speaking staff to serve the Hispanic population, which is 17 percent of the client population.

Number of individuals served: 5,429

Riverside HealthCare Community Health Centers: Riverside owns and operates nine community health clinics located in Kankakee, Bourbonnais, Manteno, Monee, Momence, Hopkins Park (Pembroke Township), Wilmington, Peotone and Coal City. The health clinics employ 34 physicians including general internists, family practitioners, pediatricians, obstetricians and gynecologists, psychiatrists, plastic surgeons and internal medicine physicians.

For the Hopkins Park, Momence and Kankakee Community Health Centers, the purpose is to extend the reach of the hospital especially to those areas with high poverty levels. According to U.S. Census information, 78 percent of the Hopkins Park population and 34 percent of city of Kankakee population were below the poverty level in 2009.[9]

Number of individuals served by the Hopkins Park, Momence and City of Kankakee clinics: 5,186

Unreimbursed cost: $1,285,690

[9] *www.city-data.com/poverty*

Riverside Ambulance Services: Riverside provides ambulance service to the primary service area from four remote locations in Momence, Kankakee, St. Anne and Ashkum. Riverside Ambulance is also responsible for 16 communities through its Emergency Medical Service System.

Number of individuals served: 4,757 (not including community events)

Unreimbursed cost; $3,599,530

Early Out Program: The Early Out Program provides a limited supply of free prescription medications to discharged patients who do not have the resources to purchase needed medications. Additionally, discharged patients who do not have transportation and cannot afford public transportation, are provided vouchers for taxi service.

Number of individuals served: 188

Unreimbursed cost: $11,204

Healthcare Education and Training: Riverside has collaborated with several organizations to address the nation's nursing shortage, including Olivet Nazarene University's four-year Bachelor of Science Degree, Registered Nurse Program and Kankakee Community College's Associate Degree Registered Nurse Program and Licensed Practical Nurse Program. Riverside trains nursing students throughout the hospital in medical-surgical, pediatrics, critical care areas, perioperative services, behavioral services, emergency services, and obstetrics/labor and delivery.

Shadowing and mentoring is also provided to local high school students and adults in any clinical or nonclinical position within the organization to assist with career changes and career planning.

Riverside is also affiliated with over 30 other institutions to advance the training of future healthcare professionals including Prairie State College's Associate Degree Registered Nurse Program and Illinois Institute of Technology Registered Nurse program, and Trinity University's graduate program in Health Care Administration. In addition, affiliation experiences provided include: physical therapy, occupational therapy, lab, radiology, social work, medical assisting and dietetics.

Riverside has worked to develop an outstanding nursing staff, and we realize the medical environment does not stand still. There is always new knowledge to acquire. New technology to learn. New techniques to assimilate. A more highly educated nursing staff results in a better patient experience. To this end, the Riverside Foundation has developed a Nursing Excellence program to assist nursing staff to work toward their advanced degrees. Annual scholarships are also provided to community members and Riverside employees to further their college education in nursing and physical therapy.

Number of students served: 479

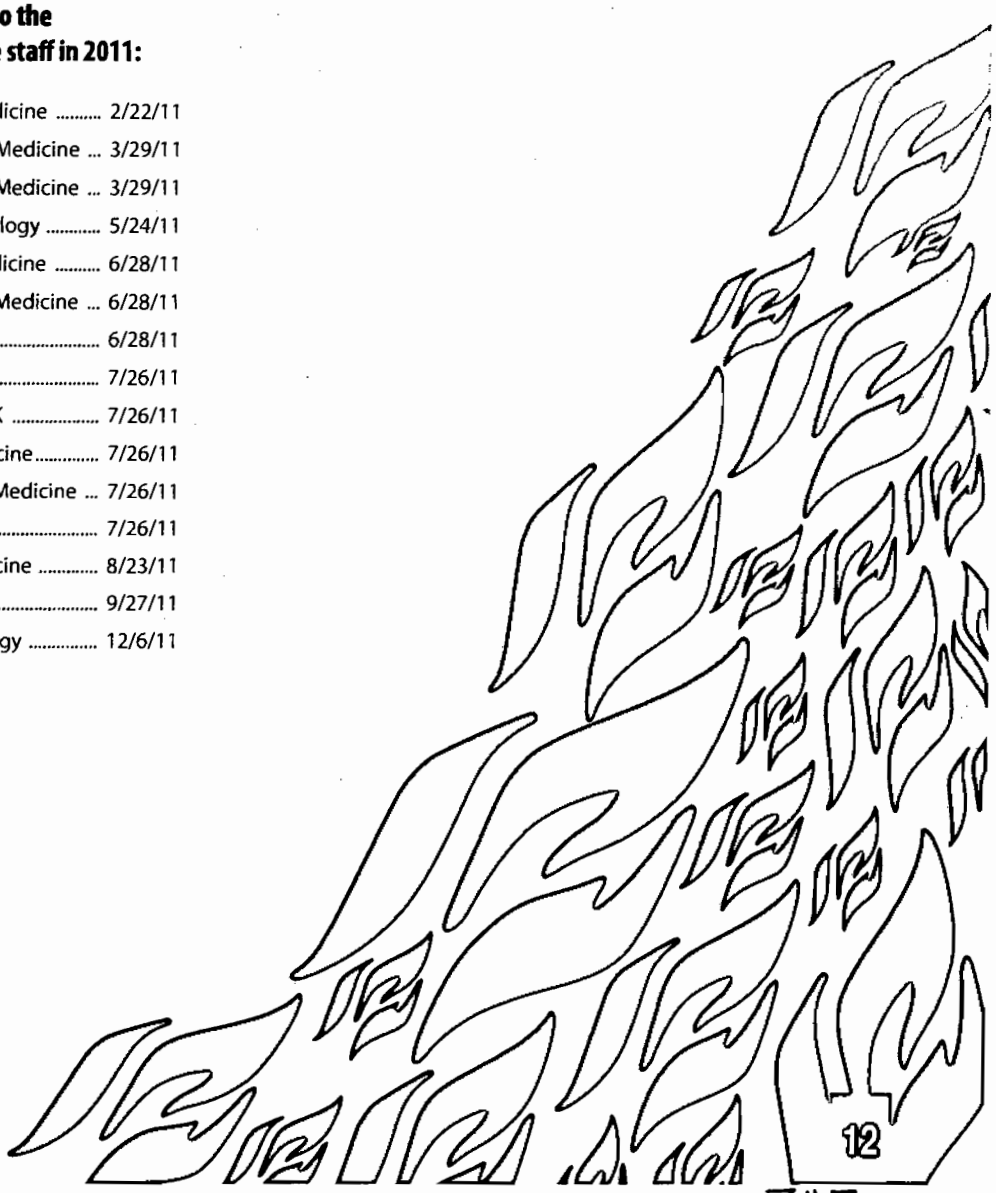
Unreimbursed cost: $514,629

Recruitment of Physicians: Recruitment of physicians for the community is critical to meet the projected need due to growth, the aging population and expected retirement of current physicians. Riverside conducted a study to determine the projected deficit of physicians by specialty in the community.

Current strategic direction is to recruit physicians to the service area, even if it is necessary to employ them directly.

The following physicians were appointed to the Riverside Medical Center medical associate staff in 2011:

Ahsan Basha, M.D.	Internal Medicine	2/22/11
Ron Lawton, M.D.	Emergency Medicine	3/29/11
Christian Jenski, M.D.	Emergency Medicine	3/29/11
Srikanth Davuluri, M.D.	IM/Pulmonology	5/24/11
Mohammad Vaseemuddin, M.D.	Internal Medicine	6/28/11
Renee Peksa, D.O.	Emergency Medicine	6/28/11
John Buczyna, M.D.	Radiology	6/28/11
Dawit Amare, M.D.	Psychiatry	7/26/11
Ashraf Darwish, M.D.	Surgery-OAK	7/26/11
Rashida Downing, M.D.	Family Medicine	7/26/11
Clayborn Morris, M.D.	Emergency Medicine	7/26/11
Eric Varboncouer, M.D.	Surgery	7/26/11
Hazel Langcauon, M.D.	Family Medicine	8/23/11
Timothy Friedrich, DPM	Podiatry	9/27/11
Mohammed Shakaib, M.D.	IM/Nephrology	12/6/11



The following physicians were appointed to the Riverside Medical Center medical consulting staff in 2011:

Lillian Cavin, M.D.	Radiology	3/29/11
Stacy McFaul, M.D.	Radiology	4/26/11
Saghi Brown, M.D.	Radiology	5/24/11
Nepenthe Fong, M.D.	Radiology	5/24/11
Sonia Ghei, M.D.	Radiology	5/24/11
Raymond Hsu, M.D.	Radiology	5/24/11
Stefan Hura, M.D.	Radiology	5/24/11
Melissa Jacobs, M.D.	Radiology	5/24/11
Gregory Johnson, M.D.	Radiology	5/24/11
Zahra Kassam, M.D.	Radiology	5/24/11
Melissas Leimkeuhler, M.D.	Radiology	5/24/11
Anthony Powell, M.D.	Radiology	5/24/11
Christopher Smith, M.D.	Radiology	5/24/11
Joyce Chung Rii, M.D.	IM/Infectious Diseases	5/24/11
Gautam Agrawal, M.D.	Radiology	6/28/11
Marchelle Giannini, M.D.	Radiology	6/28/11
Andrew Holz, M.D.	Radiology	6/28/11
Mikala Brinkman, M.D.	Radiology	7/26/11
Benjamin Gielda, M.D.	Radiology	7/26/11
Emmy Yoshida, M.D.	Radiology	7/26/11
Bradley Pechter M.D.	Psychiatry	8/23/11
Roxanne Sylora, M.D.	Surgery	8/23/11
Rachel Lardi, M.D.	Internal Medicine	9/27/11
Peter Shile, M.D.	Radiology	9/27/11
Thomas Singel, D.O.	Emergency Medicine	9/27/11

The following physician was appointed to the Riverside Medical Center Medical courtesy staff in 2011:

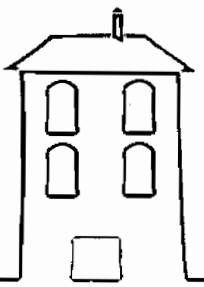
Mohanad Joudeh, M.D.	Internal Medicine	9/27/11

The following Allied Health Professionals physicians were appointed to the Riverside Medical Center staff in 2011:

Jason Peterman, P.A.-C	Surgery	3/7/11
Karie Elliot, PA-C	Internal Medicine	3/10/11
Sarah Braun, AuD	OOHNS	5/10/11
Kimberly Shelanskey, MSN	Internal Medicine	5/20/11
Stephanie Ortman, PA-C	OOHNS	6/15/11
Elizabeth Wirth, CCNS	Internal Medicine	9/1/11
Jonah Lakin	Psych Intern Student	9/6/11
Vanessa Capps, CNP	Peds/IM	9/1/11
Kimberly Schofield, BA	Psych Practicum Student	9/13/11
Liane Lopez	Psych Practicum Student	9/13/11
Julie Sieling, CNP	Family Medicine	9/19/11
Jennifer Schnell, CNP	Family Medicine/ER	9/19/11
Etoi Farley, CSA	Surgery	9/30/11
Joshua Clements, CSA	Surgery	9/30/11

Number of new physicians: 54

Unreimbursed cost: $303,885



In addition to the main hospital facility in Kankakee, Riverside operates the Resolve Center in Manteno, Illinois, which houses an 18-bed licensed residential substance abuse program for adolescent boys and associated outpatient services. The program is designed to meet the personal needs of each patient using treatment plans tailored to each individual's situation. The patient's family is also emphasized, as their needs are identified and treated as well.

Riverside has long attached importance to preventing disease and detecting it early, especially when there is the chance for cure. Outlined below are a few of Riverside's numerous prevention and wellness programs.

Riverside provides regular, easily accessible screenings in order to find disease in its early stages and to facilitate disease management by the individual. Screenings target condition (heart, diabetes, cancer, etc.) and reach out into the community through health fairs and at the workplace. Emphasis is placed on diabetes, cardiovascular disease and women's health.

In 2011, RMC held two of its largest community health education events: HeartFest and Diabetes Wellness Fair. Riverside's events provide free screenings, wellness demonstrations, educational booths and physician lectures to help educate, raise awareness and prevent key health concerns in the community.

Riverside's Emergency Management Program:

Riverside's Emergency Management program is designed to assure appropriate, effective response to a variety of emergency situations that could affect the safety of patients, staff, and visitors, or the environment of Riverside or adversely impact upon the hospital's ability to provide healthcare services to the community.

The Emergency Operation Plan addresses four phases of emergency activities: mitigation, preparedness, response, and recovery.

The Emergency Management Committee is responsible for all phases of emergency response as well as the Emergency Operations Plan. Representatives from the hospital are involved in local and regional preparedness activities with community partners.

The hospital activated the Emergency Operations Plan and Command Center in response to several real emergencies in 2011. Approximately 166 staff were sheltered in place during a snow blizzard on February 1, 2011. Disaster cots and supplies were deployed to accommodate staff sleeping overnight.

Tornadoes are identified as a priority risk for our community. There were three tornado sightings in 2011. Additional mitigation procedures implemented at Riverside including mounting "Severe Weather Shelter Area" signs in designated safe locations throughout the facility. NOAA weather radios were also purchased for hospital owned off-site facilities.

Multiple emergency preparedness training sessions were conducted for staff in 2011. Due to the proximity of the Braidwood Nuclear Power Plant, Riverside makes staff available for Radiation training provided by the Illinois Emergency Management agency every other year. A radiation exercise was conducted on September 27, 2012. Hazmat training was also conducted twice in 2011 for the Hazmat Team members. Riverside staff also participated in several statewide disaster exercises, including a mass fatality, earthquake, and pediatric exercise. Staff also participated in a County Mass Casualty Tabletop exercise.

New evacuation paraslydes were purchased for the East Tower and staff received training. Two additional radio repeaters and a Starcom radio were also purchased to further enhance interoperable communication capabilities and compliance with new Federal Communication Commission regulations.

Resources allocated: $35,698

Disease Management

Riverside believes that with proper treatment, people can live productive, fulfilling lives even with heart disease, cancer and other chronic illnesses. They help patients to understand and manage the symptoms of chronic illnesses, and have an array of services that monitor and treat illnesses, while also helping to build skills and behavior to support a balanced, healthy lifestyle.

Rush-Riverside Cancer Institute:

Riverside established the Rush-Riverside Cancer Institute in collaboration with Rush University Medical Center. In 2004, the Medical Center opened the Betty Burch Bridgewater Center for Radiation Therapy, a freestanding radiation treatment facility located on Riverside's Bourbonnais Campus and expanded its oncology center into approximately 6,000 square feet of new space in the Pavilion, a 115,000-square-foot integrated medical facility located on Riverside's Bourbonnais Campus.

The program addresses the high cancer death rate of Kankakee County residents. According to the preliminary analysis of community health needs conducted by the University of Illinois College of Medicine at Rockford, age-adjusted cancer deaths per 100,000 standard population exceed the national average by 219.8 to 190.1 deaths.

The cancer center's free cancer resource library is available at both locations, in Kankakee and Bourbonnais. The library consists of information, books and videos and has convenient computer access for members of the community looking for information.

Number of individuals served: 16,838

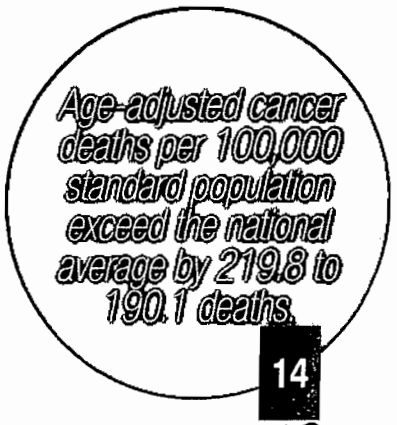
Rush-Riverside Heart Center:

Cardiovascular disease was the cause of 38 percent of all deaths in Kankakee County in 2002.[11] To meet this critical need in the community, Riverside opened the Rush-Riverside Heart Center in November 1999 to provide a full spectrum of cardiac services—prevention, diagnosis, treatment and rehabilitation. Kankakee County residents now rarely need to travel to Chicago or other cities for open-heart surgery or catheterizations.

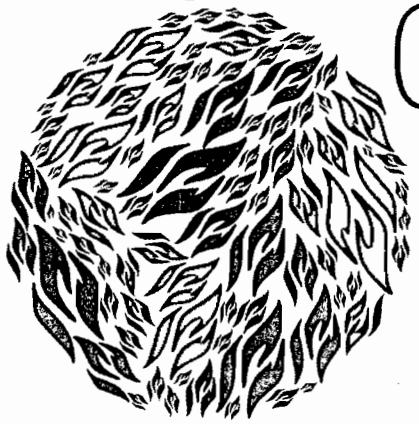
Preliminary analysis of community health needs conducted by the University of Illinois College of Medicine at Rockford, shows that age-adjusted deaths due to heart disease per 100,000 standard population exceed the national average by 299.5 to 232.3 deaths.

Number of individuals served: 2,003

[11] *Riverside Medical Center*



Charity Care and Collection Practices Guidelines for Charity Patients



Riverside promoted healthier communities in several ways for the broader community by:

- **Offering or partnering with other community agencies to provide free support groups (including free meeting space) for persons needing support. Agencies include United Way, Alzheimer's Association, Lion's Board, Parkinson's Support Group, Gambler's Anonymous, Harbor House, Epilepsy Support Group, GROW and several others.**
- **Sponsoring numerous events or providing cash contributions to community agencies such as: American Cancer Society Relay for Life, Kankakee Little League, Kankakee Sponsor a Child, Options, Kankakee County Training Center, American Red Cross, YMCA, Habitat for Humanity, Hospice of Kankakee, Kankakee County Drug Free and others.**
- **Contributing expertise and time of senior and middle management staff to assist community agencies, committees, boards and advisory councils.**
- **Hosting wellness classes and presentations about such topics as nutrition, women's health issues and others; provided flu vaccines at a nominal charge.**
- **Providing physicians and community residents free reference materials from Riverside's libraries.**
- **Participating in community walkathons and marathons to raise money for breast cancer, heart disease research, United Way and others by providing funding and staff resources.**
- **Providing staffing, ambulance service and first aid to several community events, such as: Pembroke Rodeo, Good Shepherd Manor Fest, St. Anne Pumpkin Fest, Kankakee River Valley Regatta, Ashkum Homecoming, Momence Glad Fest, Kankakee County Fair, Chicago Bears Training Camp and other community events.**

Charity Care for Hospital Responsibilities

Riverside uses a sliding scale, application process, and credit report to evaluate and determine a patient's eligibility for financial assistance. Charity care will be available for medically necessary hospital care provided to persons who meet the financial and documentation criteria defined. Each situation will be reviewed independently and allowances will be made for extenuating circumstances based on good faith efforts and mitigating factors.

Riverside uses various tools to communicate the availability of charity care to all patients. Examples include:

- **Signage**
- **Brochures**
- **Placing a note on the back of the hospital bill and statements regarding how to request information about financial assistance**
- **Designated individuals who can explain the hospital's charity care policy, including a Spanish-speaking representative.**
- **Reference in our Patient Handbook**

Staff in the hospital's patient financial services and registration departments understand the hospital's charity care policy and are able to direct questions regarding the policy to the proper hospital representative. Hospital staff who regularly interact with patients will know that the hospital has a charity care policy and be able to direct questions regarding the policy to the proper hospital representative.

A patient will receive a full (100 percent) discount if he or she can demonstrate family income at or below 135 percent of federal poverty guidelines, subject to income verification processes of the hospital and other hospital charity care eligibility requirements. A partial discount will be offered if an individual's family income is greater than 135 percent but equal to or less than 300 percent of federal poverty guidelines, and the person meets other charity care eligibility requirements.

In determining whether a patient meets the eligibility criteria for charity care, Riverside may consider the extent to which the person has assets other than income that could be used to meet his or her financial obligation.

After receiving the patient's request for financial assistance and any financial information or other documentation needed to determine eligibility for charity care, the hospital will notify the patient of its eligibility determination within a reasonable period of time. The hospital will also advise the patient of his or her responsibilities under these charity care guidelines.

The hospital's use of federal poverty guidelines will be updated annually in conjunction with the federal poverty guideline updates published by the United States Department of Health and Human Services.

Charity Care for Patient Responsibilities

To be considered for a discount under the charity care policy, a person must cooperate with the hospital to provide the information and documentation necessary to apply for other existing financial resources that may be available to pay for his or her health care, such as Medicare, Medicaid, KidCare, third-party liability, etc.

To be considered for a discount under the charity care policy, a person must provide the hospital with financial and other information needed to determine eligibility.

A request for financial assistance under this policy must be made by or on behalf of the patient. Patients may apply for, and will be encouraged to apply for, financial assistance before, during or within a reasonable time after hospital care is provided. In the event they do not initially qualify for financial assistance after providing the requested information and documentation, patients may re-apply if there is a change in their income, assets, or family size responsibility.

A patient who qualifies for a partial discount must cooperate with the hospital to establish a reasonable payment plan, which takes into account available income and assets, the amount of the discounted bill(s), and any prior payments.

Patients who qualify for partial discounts must make a good faith effort to honor the payment plans for their discounted hospital bills. They are responsible for communicating to the hospital any change in their financial situation that may impact their ability to pay their discounted hospital bills or to honor the provisions of their payment plans.

Collection Practices Guidelines for Charity Patients

When a patient has been approved under the hospital's charity care policy for a partial discount, the hospital will work with the patient or responsible party to establish a reasonable payment plan, which takes into account available income and assets, the amount of the discounted bill(s), and any prior payments. The hospital will also advise the patient of his or her responsibilities under these collection practices guidelines.

Riverside may offer prompt payment discounts to charity care patients who are eligible for partial discounts on their hospital bills.

The hospital will not pursue legal action for non-payment of bills against charity care patients who have clearly demonstrated that they have neither sufficient income nor assets to meet their financial obligations.

The hospital will not place a lien on a charity care patient's primary residence if this is the patient's sole real asset unless the value of the property clearly indicates an ability to assume significant financial obligations. The hospital will not execute a lien by forcing the sale or foreclosure of a charity care patient's primary residence to pay for an outstanding medical bill.

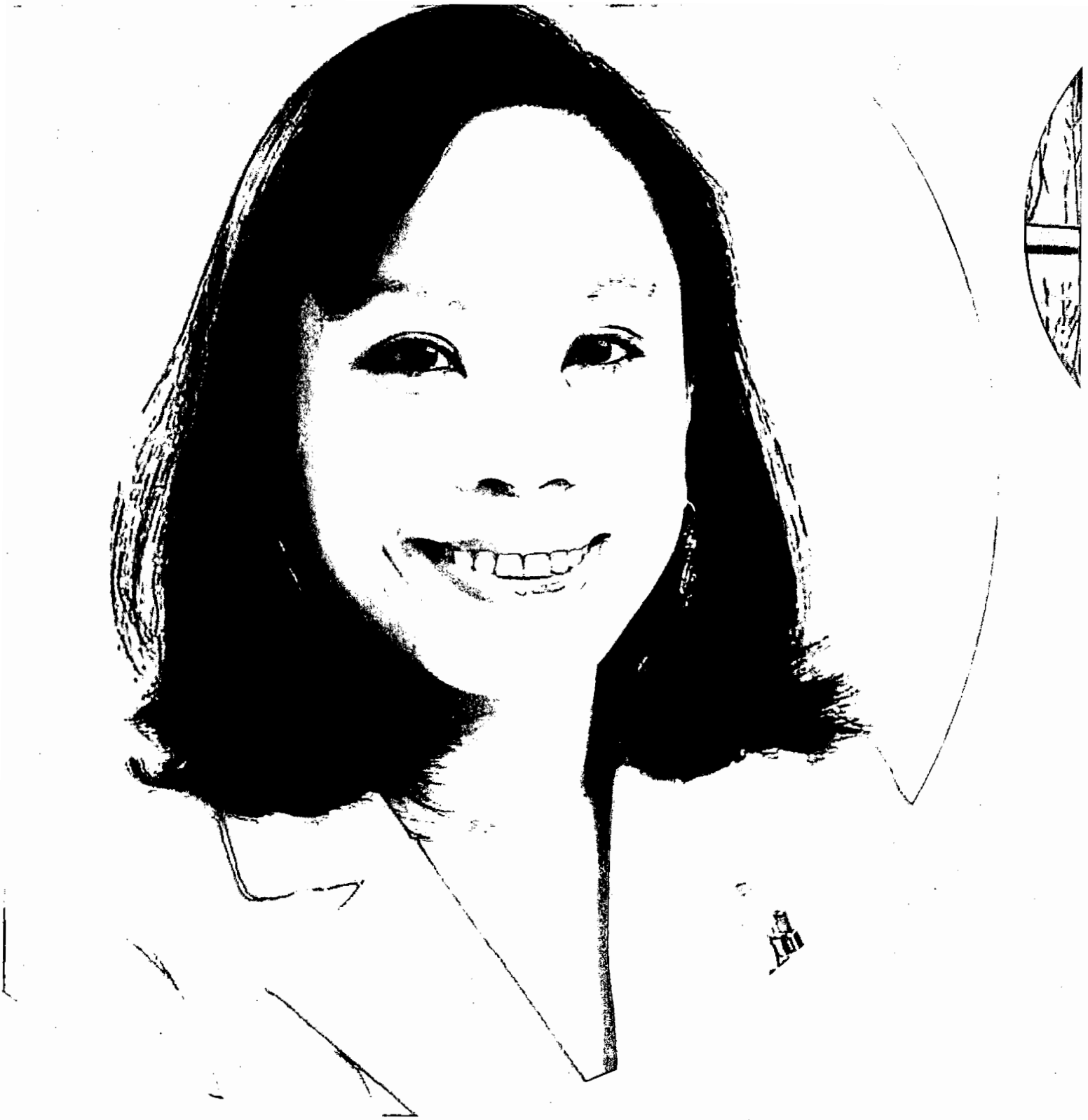
The hospital will not use body attachment to require the charity care patient or responsible party to appear in court.

The hospital will ensure that the guidelines outlined above are followed by any external collection agency engaged to assist in obtaining payment on outstanding bills from charity care patients.

To receive favorable treatment under the collection practices described above, the patient must have qualified for a partial discount under the hospital's charity care policy by having provided the financial information and other documentation needed to determine eligibility for such a discount.

To receive favorable treatment under the collection practices described above, charity care patients or their responsible parties must cooperate with the hospital to establish a reasonable payment plan, which takes into account available income and assets, the amount of the discounted bill(s), and any prior payments.

To receive favorable treatment under the collection practices described above, charity care patients must make a good faith effort to honor the payment plans for their discounted hospital bills. They are responsible for communicating to the hospital any change in their financial situation that may impact their ability to pay their discounted hospital bills or to honor the provisions of their payment plans.



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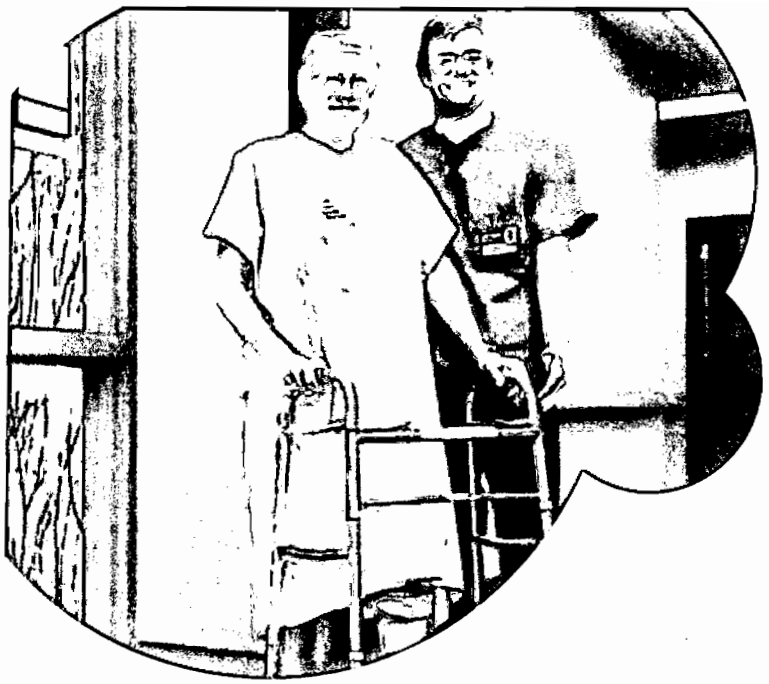

History and Background

Riverside HealthCare is a comprehensive healthcare delivery system based in Kankakee, which is located approximately 55 miles south of downtown Chicago. Riverside follows the Community Benefit Reporting Guidelines and Standard Definitions for the Community Benefit Inventory for Social Accountability jointly produced by Catholic Health Association of the United States (CHA), VHA Inc., and Lyons Software when creating its Community Benefit Plan and Report Card.

The system traces its roots to the founding of Riverside Hospital, now Riverside Medical Center, in 1959. Riverside opened its doors in 1964. It is licensed for 325 beds, of which 238 beds are currently staffed. Riverside continued to grow and expand its scope of services and market presence in the late 1980s with the creation of Riverside Senior Living, which today provides a full continuum of care for seniors—independent living, assisted living, and skilled and intermediate nursing care.

In the 1990s, expansion continued with the creation of outpatient, primary care clinics and ancillary and wellness services and evolved from a rural community hospital to a regional healthcare delivery system.

In 1996, Riverside Medical Center entered into an affiliation with Rush University Medical Center (Rush). The objective of the affiliation was to differentiate Riverside clinically, through the development of new clinical programs and the expansion of existing programs. As a part of the affiliation, Riverside established the Rush-Riverside Heart Center and the Rush-Riverside Cancer Institute.

Riverside Medical Center opened a comprehensive ambulatory center composed of radiological services, a women's center, a surgery center and medical office space on its Bourbonnais Campus in 2005. Additionally, Riverside HealthCare operates a 70,000-square-foot health fitness center at this location.

Riverside HealthCare's Oakside Corporation, established in 1982, provides a comprehensive outreach counseling program in Kankakee and Wilmington, as well as a pharmacy, healthcare equipment sales and leasing and home health services.

In 2011, Riverside Medical Center completed its East Tower creating 12 integrated operating rooms, seven richly appointed labor, delivery and recovery rooms, one dedicated C-section operating room, 18 high-tech private ICU rooms, 24 family-centered private patient rooms and additional support space. The Riverside Medical Center FastCare clinic opened, serving patients 364 days a year. RMC also opened the Sleep Disorder Institute with six luxurious private rooms, including a pediatric sleep study room.

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By: Riverside Medical Center
Kankakee, Illinois