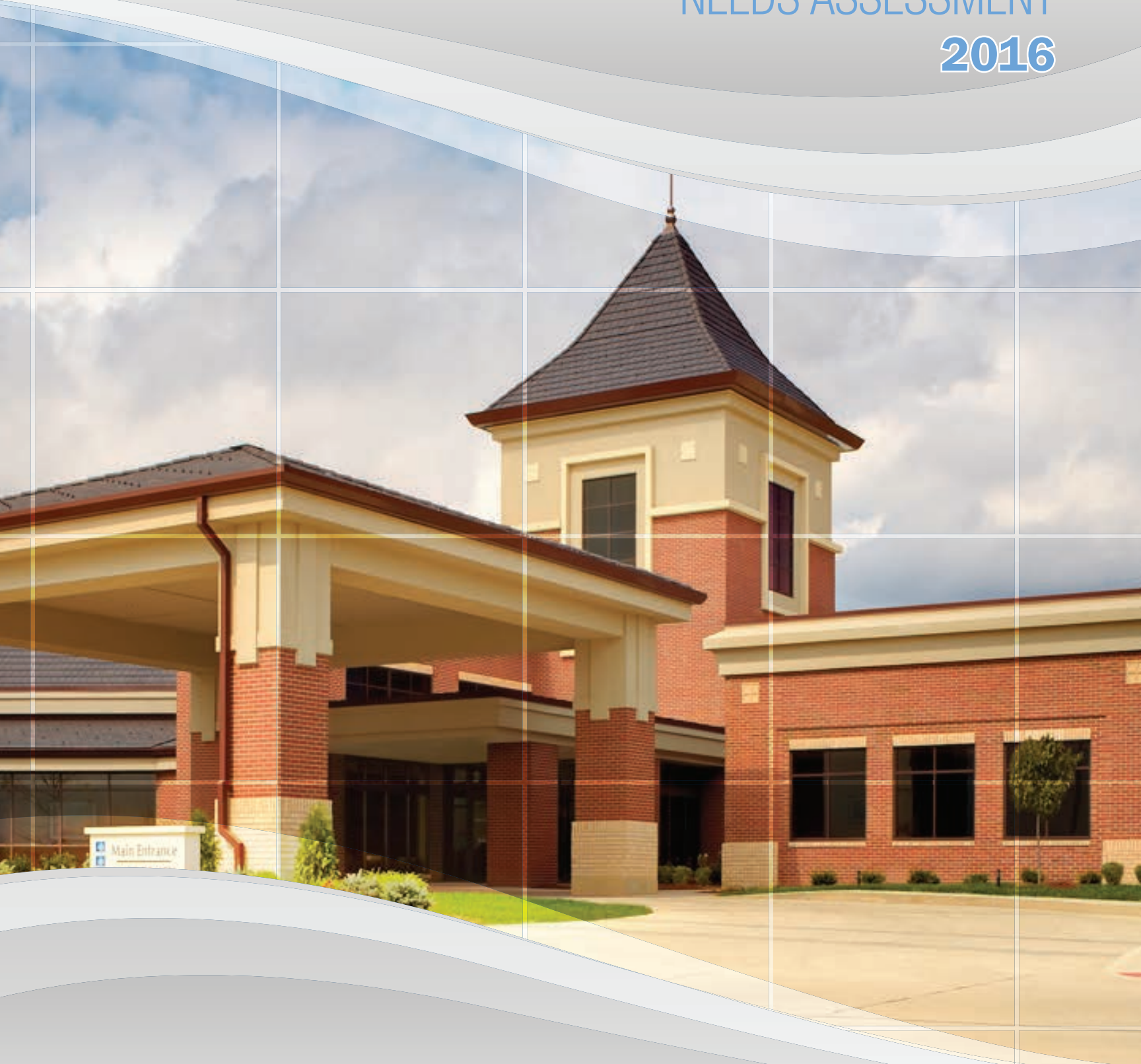


COMMUNITY HEALTH NEEDS ASSESSMENT 2016



KIRBYMEDICALSM
CENTER

A Collaborative Approach to
Impacting Population Health in Piatt County and Surrounding Areas

KIRBY MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

I.	Introduction	3
	Executive Summary	3
	Background	4
	Community Health Needs Assessment Population	5
	Kirby Medical Center Service Area Demographics	5
II.	Establishing the CHNA Infrastructure and Partnerships	15
III.	Defining the Purpose and Scope	15
IV.	Data Collection and Analysis	16
	Description of Process and Methods Used	16
	Description of Data Sources	16-17, 26
V.	Identification and Prioritization of Needs	30
VI.	Description of the Community Health Needs Identified	30
VII.	Resources Available to Meet Priority Health Needs	31-33
VIII.	Steps Taken Since the Last CHNA to Address Identified Needs	34
IX.	Documenting and Communicating Results	35
X.	References	35
XI.	Implementation Strategy	36-40

Copyright ©2016 by the Illinois Critical Access Network (ICAHN). All rights reserved. The contents of this publication may not be copied, reproduced, replaced, distributed, published, displayed, modified, or transferred in any form or by any means except with the prior permission of ICAHN. Copyright infringement is a violation of federal law subject to criminal and civil penalties.

COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Kirby Medical Center conducted a Community Health Needs Assessment (CHNA) over a period of several weeks during the winter of 2016. The CHNA is a systematic process involving the Piatt County population to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities.

The Community Health Needs Assessment was developed and conducted in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN). ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access hospitals and their rural communities.

The process involved the review of several hundred pages of demographic and health data specific to the Kirby Medical Center service area. The secondary data and previous public health planning conclusions draw attention to several common issues of rural demographics and economics and draw emphasis to issues related to mental health services, wellness, obesity, physician and specialist supply, and related issues.

In addition, the process involved focus groups comprised of area healthcare providers, partners, and persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health. Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. For these purposes, the medically underserved are members of a population who experience health disparities, are at-risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to healthcare due to geographic, language, financial, or other barriers.

Two focus groups met on January 13 and 14, 2016, to discuss the overall state of health and the local delivery of healthcare and health-related services. They identified positive recent developments in local services and care and also identified issues or concerns that they felt still existed in the area. A third group comprised of members or representatives of the focus groups met on February 23, 2016. That group, identified as the steering committee, considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs.

As an outcome of the prioritization process discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for future consideration.

Five needs were identified as significant health needs and prioritized:

1. Mental health
2. Chronic disease
3. Aging in Place
4. Transportation
5. Single information source

The consultant then compiled a report detailing key data and information that influenced the process and set out the conclusions drawn by the participants. This report was delivered to Kirby Medical Center in April, 2016.

Background

The original John and Mary E. Kirby Hospital was located in one of the majestic mansions of Monticello and opened for business in 1941. In the early 1970s, a new hospital was built on that same location and served the community for over 30 years. Today, Kirby Medical Center is the new home for healthcare for families in Piatt County. The current facility, located immediately off the Market Street Exit and Interstate 72 in Monticello, opened on September 29, 2011.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 54 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Kirby Medical Center is a member of the Illinois Critical Access Hospital Network. The Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Piatt County.

The population assessed was the identified primary service area. Data collected throughout the assessment process was supplemented with:

- A local asset review
- Qualitative data gathered from broad community representation
- Focus groups, including input from local leaders, medical professionals, health professionals, and community members who serve the needs of persons in poverty and the elderly

Kirby Medical Center is a 501(c)(3) independent, not-for-profit hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

For the purpose of this CHNA, Kirby Medical Center defined its primary service area and populations as the general population by zip codes within a geographic area slightly smaller than the geographic boundaries of Piatt County. The demographic and health data for the primary service area and all of Piatt County is included in the discussions and reports that follow. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

DEMOGRAPHICS

Kirby Medical Center's primary service area is comprised of approximately 390.08 square miles with a population of approximately 15,547 and a population density of 39.86 per square mile. The service area consists of the following rural communities:

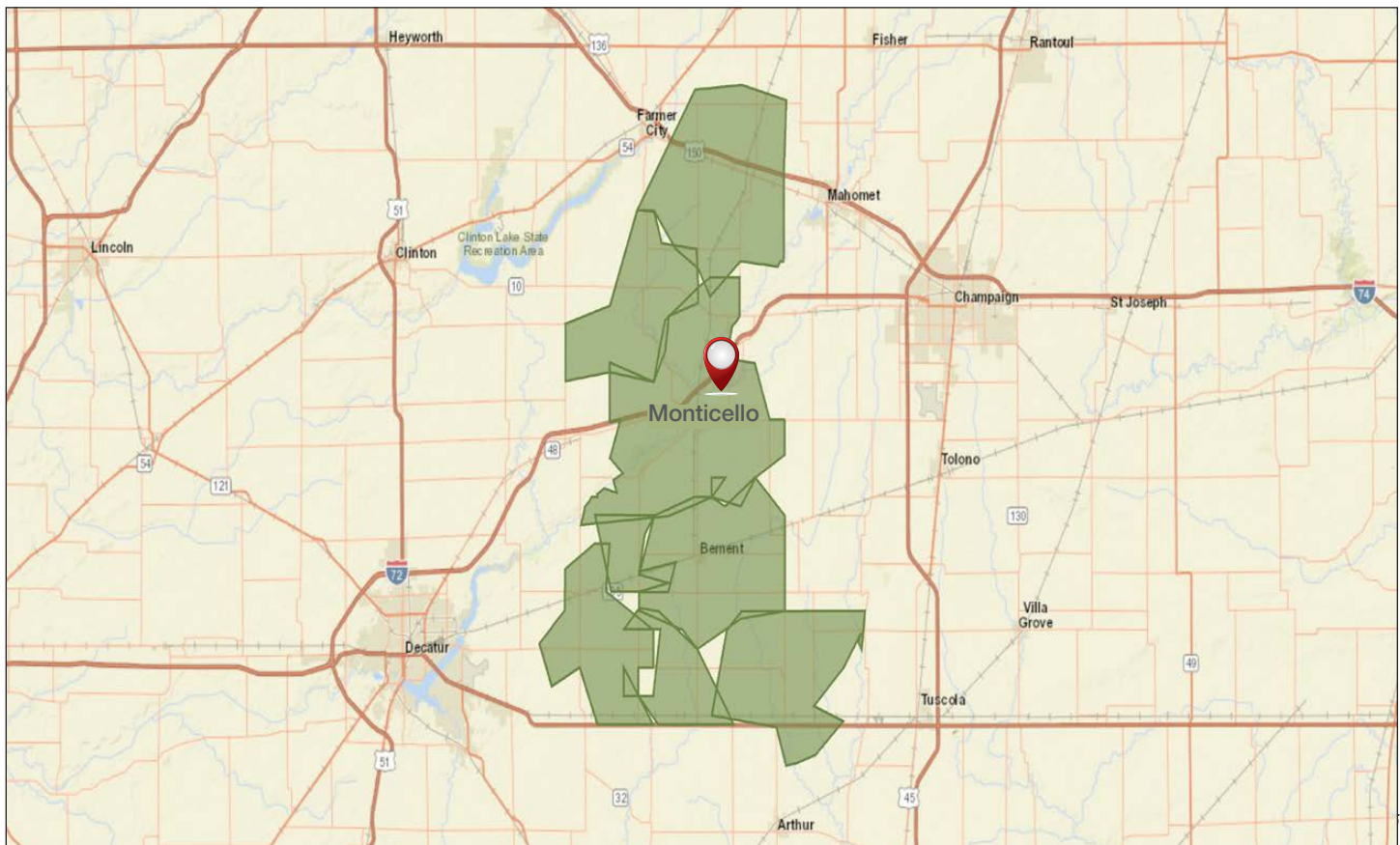
Cities and Towns

- Monticello

Villages

- De Land
- Mansfield
- Bement
- Hammond
- Atwood
- Cerro Gordo
- Milmine
- White Heath

Illustration 1. Kirby Medical Center Service Area



The service area estimates reported in the following tables from Community Commons represent the zip codes identified as the service area.

TOTAL POPULATION CHANGE, 2000-2010

According to the U.S. Census data, the population within the region grew from 14,653 to 15,125 people between the years 2000 and 2010, a 3.22% increase.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	No data	No data	No data	No data
Douglas County	19,922	19,980	58	0.29%
Macon County	114,706	110,768	-3,938	-3.43%
Piatt County	16,365	16,729	364	2.22%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	150,993	147,477	-3,516	-2.33%

Data Source: Community Commons

For the same period, the Hispanic population increased in Macon County by 952 (75.36%), increased in Douglas County by 520 (75.36%), and increased in Piatt County by 66 (65.35%).

In Macon County, additional population changes were as follows: White -8.26%, Black 11.76%, American Indian/Alaska Native 13.57%, Asian 70.17%, and Native Hawaiian/Pacific Islander 39.13%.

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

In Piatt County, additional population changes were as follows: White 1.36%, Black 48.72%, American Indian/Alaska Native 123.08%, Asian 142.86%, and Native Hawaiian/Pacific Islander 100%.

POPULATION BY AGE GROUPS

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

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	15,547	828	2,744	1,075	1,644
Douglas County	19,867	1,344	3,731	1,603	2,373
Macon County	109,833	6,798	17,963	10,361	12,864
Platt County	16,552	885	2,924	1,169	1,731
Illinois	12,868,747	810,671	2,244,295	1,253,266	1,781,319

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	1,896	2,344	2,224	2,792
Douglas County	2,383	2,700	2,563	3,170
Macon County	12,604	15,052	15,503	18,688
Platt County	1,964	2,642	2,369	2,868
Illinois	1,699,140	1,823,332	1,560,481	1,696,283

Data Source: Community Commons

HIGH SCHOOL GRADUATION RATE

Within the service area, 92.18% of students are receiving their high school diploma in four years. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Service Area Estimates	209	193	92.18
Douglas County	207	175	84.6
Macon County	1,361	1,075	79
Platt County	268	257	95.8
Illinois	169,361	131,670	77.7

Data Source: Community Commons

POPULATION WITHOUT A HIGH SCHOOL DIPLOMA (Age 25 and Older)

Within the service area, there are 766 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 7.03% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	10,900	766	7.03%
Douglas County	13,189	2,144	16.26%
Macon County	74,711	8,443	11.3%
Platt County	11,574	749	6.47%
Illinois	8,560,555	1,602,144	12.41%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH ASSOCIATE’S LEVEL DEGREE OR HIGHER

Within the service area, 35% of the population aged 25 and older, or 3,825 have obtained an Associate’s level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With Associate’s Degree or Higher	% Population Age 25+ With Associate’s Degree or Higher
Service Area Estimates	10,900	3,825	35.09%
Douglas County	13,189	3,228	24.47%
Macon County	74,711	22,673	30.35%
Platt County	11,574	4,103	35.45%
Illinois	8,560,555	3,373,016	39.4%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION IN POVERTY (100% FPL and 200% FPL)

Poverty is considered a key driver of health status. Within the service area, 8% or 1,201 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is lower than the associated statewide poverty level of 14.13%. Within the service area, 23.61% or 3,630 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This is lower than the associated statewide poverty level of 31.51%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
Service Area Estimates	15,377	1,201	3,630
Douglas County	19,631	2,193	6,435
Macon County	106,173	19,262	37,928
Platt County	16,378	1,105	3,533
Illinois	12,566,139	1,810,470	4,004,005

Note: This indicator is compared with the state average. Data Source: Community Commons

POVERTY – CHILDREN BELOW 100% FPL

Poverty is considered a key driver of health status. Within the service area, 12.16% or 423 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Population Under Age 18	Population Under Age 18 In Poverty	% Population Under Age 18 In Poverty
Service Area Estimates	3,479	423	12.16%
Douglas County	5,019	733	14.6%
Macon County	24,309	6,764	27.83%
Platt County	3,712	360	9.7%
Illinois	3,011,614	612,922	20.35%

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – FAMILIES EARNING OVER \$75,000

In the service area, 48% or 2,153 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families With Income Over \$75,000	% Families With Income Over \$75,000
Service Area Estimates	4,468	2,153	48.19%
Douglas County	5,286	2,031	38.42%
Macon County	27,807	10,566	38%
Platt County	4,764	2,397	50.31%
Illinois	3,131,125	1,480,485	47.28%

Data Source: Community Commons

POPULATION WITH ANY DISABILITY

Within the service area, 10.54% or 1,630 individuals are disabled in some way. This is nearly equal to the statewide disabled population level of 10.48%. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population With a Disability	Percent Population With a Disability
Service Area Estimates	15,470	1,630	10.54%
Douglas County	19,864	2,023	10.28%
Macon County	107,443	14,887	13.86%
Platt County	16,475	1,685	10.23%
Illinois	12,690,056	1,347,468	10.62%

Note: This indicator is compared with the state average. Data Source: Community Commons

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the service area, 1,053 public school students (32.4%) are eligible for free/reduced price lunch out of 3,251 total students enrolled. This is lower than the statewide free/reduced price lunch of 51.4%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced Price Eligible	% of Free/Reduced Price Lunch Eligible
Service Area Estimates	3,251	1,053	32.39%
Douglas County	3,055	1,201	39.31%
Macon County	16,142	8,907	55.18%
Platt County	3,451	1,108	32.11%
Illinois	2,049,231	1,044,588	51.44%

Note: This indicator is compared with the state average. Data Source: Community Commons

FOOD INSECURITY RATE

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Total Food Insecure Population	% Food Insecure Population
Service Area Estimates	15,543	1,653	10.63%
Douglas County	19,902	2,160	10.85%
Macon County	110,262	19,660	17.83%
Platt County	16,620	1,760	10.59%
Illinois	12,882,135	1,755,180	13.62%

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – PER CAPITA INCOME

The per capita income for the service area is \$31,389. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this service area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Service Area Estimates	15,547	\$488,006,496	\$31,389
Douglas County	19,867	\$483,363,488	\$24,329
Macon County	109,833	\$2,884,155,136	\$26,259
Platt County	16,552	\$525,525,184	\$31,749
Illinois	12,868,747	\$386,312,175,616	\$30,019

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – PUBLIC ASSISTANCE INCOME

This indicator reports the percentage of households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or non-cash benefits, such as food stamps.

Report Area	Total Households	Households With Public Assistance Income	% Households With Public Assistance Income
Service Area Estimates	6,268	84	1.34%
Douglas County	7,534	89	1.18%
Macon County	45,153	1,248	2.76%
Platt County	6,623	90	1.36%
Illinois	4,778,633	120,020	2.51%

Note: This indicator is compared with the state average. Data Source: Community Commons

INSURANCE – POPULATION RECEIVING MEDICAID

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population With Any Health Insurance	Population Receiving Medicaid	% of Insured Population Receiving Medicaid
Service Area Estimates	15,470	14,521	1,996	13.75%
Douglas County	19,684	15,883	3,151	19.84%
Macon County	107,443	96,751	23,300	24.08%
Piatt County	16,475	15,547	1,947	12.52%
Illinois	12,690,056	11,128,169	2,282,641	20.52%

Note: This indicator is compared with the state average. Data Source: Community Commons

INSURANCE – UNINSURED CHILDREN

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health-care access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (Under Age 19)	Population with Medical Insurance	% Population with Medical Insurance	Population without Medical Insurance	% Population without Medical Insurance
Service Area Estimates	3,675	3,525	95.92%	151	4.1%
Douglas County	5,266	4,916	93.35%	350	6.65%
Macon County	25,171	24,400	96.94%	771	3.06%
Piatt County	3,883	3,731	96.06%	153	3.94%
Illinois	3,137,044	2,997,992	95.57%	139,053	4.43%

Data Source: Community Commons

INSURANCE – UNINSURED POPULATION

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

Report Area	Total Population (For Whom Insurance Status Is Determined)	Total Uninsured Population	% Uninsured Population
Service Area Estimates	15,470	949	6.13%
Douglas County	19,684	3,801	19.31%
Macon County	107,443	10,692	9.95%
Piatt County	16,475	928	5.63%
Illinois	12,690,056	1,563,887	12.32%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION RECEIVING SNAP BENEFITS

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

Report Area	Total Households	Households Receiving SNAP Benefits	% of Households Receiving SNAP Benefits
Service Area Estimates	6,268	476	7.59%
Douglas County	7,534	683	9.07%
Macon County	45,153	6,770	14.99%
Platt County	6,623	474	7.16%
Illinois	4,778,633	599,455	12.54%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH LOW FOOD ACCESS

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population	Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	No data	No data	No data
Douglas County	19,980	2,412	12.07%
Macon County	110,768	39,337	35.51%
Platt County	16,729	1,534	9.17%
Illinois	12,830,632	2,623,048	20.44%

Note: This indicator is compared with the state average. Data Source: Community Commons

LOW INCOME POPULATION WITH LOW FOOD ACCESS

Report Area	Total Population	Low Income Population With Low Food Access	% Low Income Population With Low Food Access
Service Area Estimates	No data	No data	No data
Douglas County	19,980	738	3.69%
Macon County	110,768	10,310	9.31%
Platt County	16,729	237	1.42%
Illinois	12,830,632	584,658	4.56%

Note: This indicator is compared with the state average. Data Source: Community Commons

UNEMPLOYMENT RATE

Total unemployment in the service area for the current month was 536 people or 7% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	7,670	7,133	536	7%
Douglas County	10,083	9,437	646	6.4%
Macon County	50,443	46,078	4,365	8.7%
Piatt County	8,202	7,625	577	7%
Illinois	6,534,379	6,072,864	461,515	7.1%

Note: This indicator is compared with the state average. Data Source: Community Commons

GROCERY STORE ACCESS

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

Report Area	Total Population	Number of Establishments	Establishments, Rate Per 100,000 Population
Service Area Estimates	15,642	3	19.57
Douglas County	19,980	9	45.05
Macon County	110,768	14	12.64
Piatt County	16,729	3	17.93
Illinois	12,830,632	2,850	22.2

Note: This indicator is compared with the state average. Data Source: Community Commons

RECREATION AND FITNESS FACILITY ACCESS

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other health behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate Per 100,000 Population
Service Area Estimates	15,642	1	11.82
Douglas County	19,980	2	10.01
Macon County	110,768	8	7.22
Piatt County	16,729	2	11.96
Illinois	12,830,632	1,313	10.2

Note: This indicator is compared with the state average. Data Source: Community Commons

ACCESS TO PRIMARY CARE

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contribute to access and health status issues.

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Population
Service Area Estimates	15,438	5	36.17
Douglas County	19,853	6	30.02
Macon County	110,122	94	85.4
Platt County	16,504	6	36.4
Illinois	12,875,255	10,168	79

Note: This indicator is compared with the state average. Data Source: Community Commons

ACCESS TO DENTISTS

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

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Population
Service Area Estimates	15,377	5	37.11
Douglas County	19,887	9	45.3
Macon County	109,278	57	52.2
Platt County	16,433	6	36.5
Illinois	12,882,135	8,865	68.8

Note: This indicator is compared with the state average. Data Source: Community Commons

PREVENTABLE HOSPITAL EVENTS

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

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharge	Ambulatory Care Sensitive Condition Discharge Rate
Service Area Estimates	2,203	144	65.49
Douglas County	2,404	166	69.2
Macon County	16,598	1,155	69.6
Platt County	2,356	153	65.2
Illinois	1,420,984	92,604	65.2

Note: This indicator is compared with the state average. Data Source: Community Commons

Overall, the service area of Kirby Medical Center is favorably positioned in many key economic and other demographic indicators when compared not only to state and federal measures but also to the overall data from the counties touched.

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

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

Internal

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

- The project was overseen and coordinated at the operational level by the CEO and the Community Advisory Committee of the hospital's governing board.
- Arrangements were made with ICAHN to facilitate two focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Kirby Medical Center.
- The coordinator worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Kirby Medical Center also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These external steps included:

- The CEO secured the participation of diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out on the following pages in the quantitative data list.
- Participation included representatives of the county health department serving the great majority of the area covered by the hospital.

III. DEFINING THE PURPOSE AND SCOPE

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, and 2) identify resources and assets available to support initiatives to address the health priorities identified.

IV. DATA COLLECTION AND ANALYSIS

The overarching framework used to guide the CHNA planning and implementation is consistent with the Catholic Health Association's (CHA) Community Commons CHNA flow chart shown below:



DESCRIPTION OF DATA SOURCES

Quantitative

The following quantitative sources were reviewed for health information:

Source and Description

Behavioral Risk Factor Surveillance System – *The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Centers for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.*

US Census – *National census data is collected by the US Census Bureau every 10 years.*

Centers for Disease Control and Prevention – *Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.*

County Health Rankings – *Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.*

Community Commons – *Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.*

Illinois Department of Employment Security – *The IDES is the state's employment agency. It collects and analyzes employment information.*

National Cancer Institute – *The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.*

Illinois Department of Public Health – *The IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.*

HRSA – *The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.*

Local IPLANs – *The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.*

Environmental Systems Research Institute – *ESRI is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code or other defined level.*

Illinois State Board of Education – *The ISBE administers public education in the state of Illinois. Each year, it releases school "report cards," which analyze the make-up, needs, and performance of local schools.*

U.S. Department of Agriculture – *USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.*

SECONDARY DATA DISCUSSION

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

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The *Rankings*, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (*County Health Rankings and Roadmaps, 2016*)

Piatt County is ranked 11th out of the 102 Illinois counties in the *Rankings* released in April 2016. The table below highlights area of interest from the *County Health Rankings*.

HEALTH RANKING OBSERVATIONS

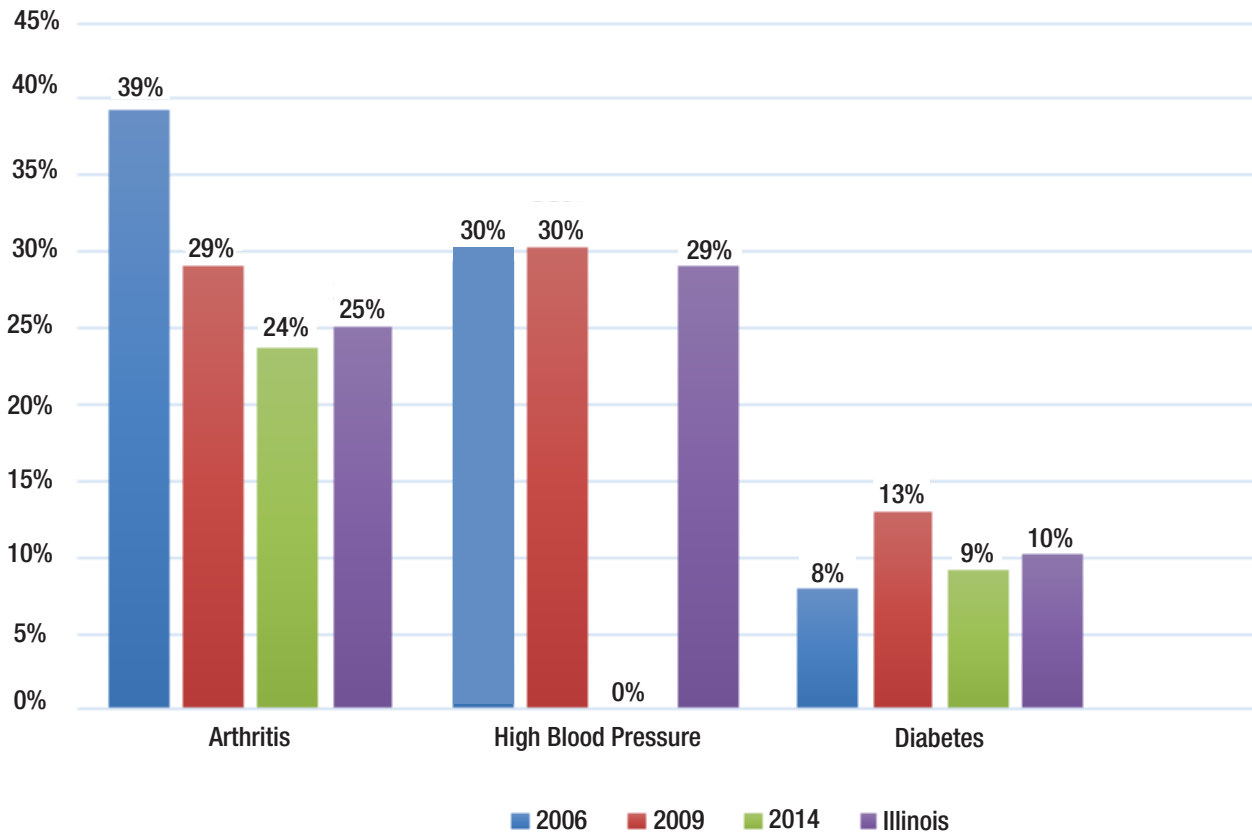
Table 1. Health Ranking Observations – Piatt County

Observation	Piatt County	Illinois
Adults reporting poor or fair health	11%	17%
Adults reporting no leisure time physical activity	25%	22%
Adult obesity	30%	27%
Children under 18 living in poverty	10%	20%
Uninsured	9%	15%
Teen birth rate (ages 15-19)	22/1,000	33/1,000
Alcohol-impaired driving deaths	29%	36%
Unemployment	5.8%	7.1%

The Illinois Behavioral Risk Factor Surveillance System (IBRFSS) provides health data trends through the Illinois Department of Public Health in cooperation with the Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services.

The following tables reflect information from the IBRFSS that indicate areas of likely healthcare needs.

Table 2. Diagnosed Disease Factors – Piatt County



IBRFSS, 2016 Report

Diagnosis of high blood pressure only slightly exceeded the state level in the recent past and has remained stable. Information was not available for 2014. Diagnosis of arthritis and diabetes have decreased to just below the state level.

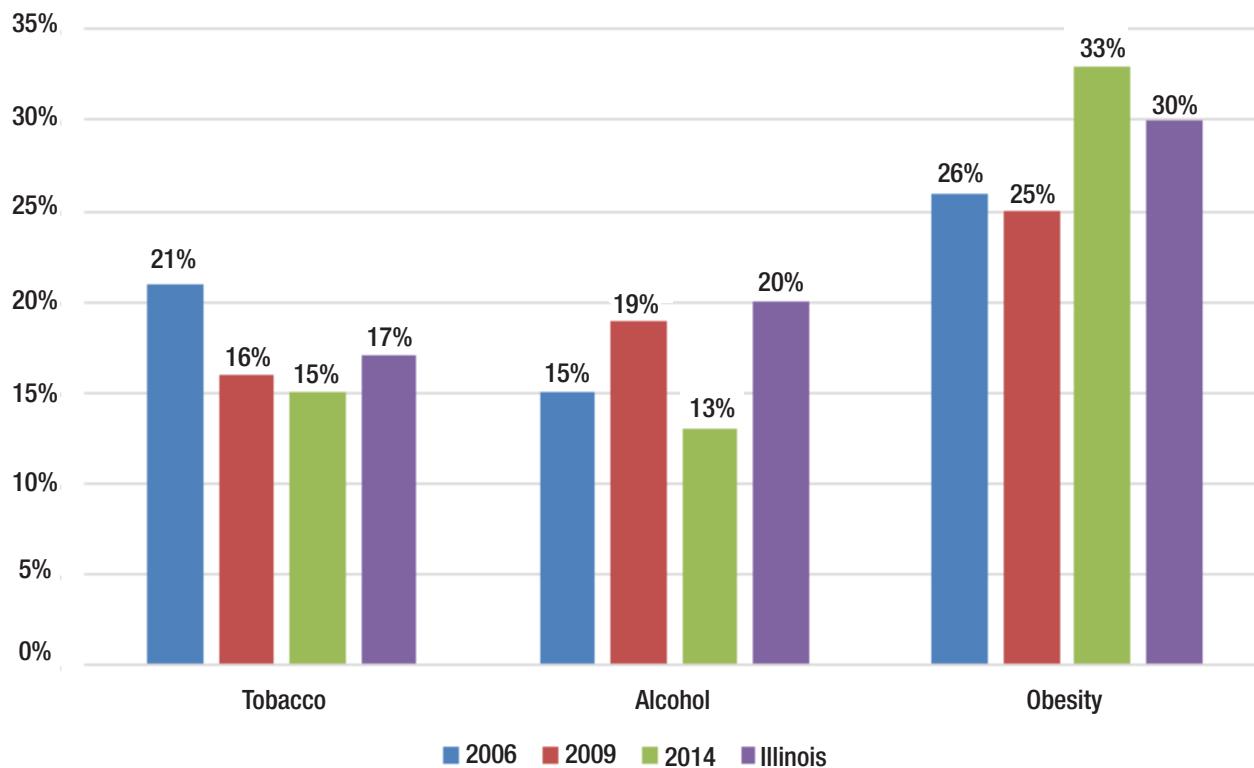
Additional Diagnosed Disease Factors – Piatt County

Disease Factor	Piatt County, 2014	Illinois, 2014
COPD	7.6%	5.8%
Kidney Disease	2.6%	2.6%
Skin Cancer	5.0%	4.2%
Other Cancer	7.5%	5.4%

IBRFSS, 2016 Report

In 2016, the IBRFSS released additional diagnosed disease factors. These new measures can be seen in the table above. There are no linear comparisons available for the new factors.

Table 3. Health Risk Factors – Piatt County



IBFRSS, 2016 Report

Tobacco use has decreased below the state level. The rate of persons reporting obesity has continued to increase and now exceeds the state level in the IBFRSS and the more recent data from the *County Health Rankings*. Alcohol use remains below the state level.

Teen Births

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

Report Area	Female Population (Age 15-19)	Births to Mothers (Age 15-19)	Teen Birth Rate (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Douglas County	632	19	29.9
Macon County	3,891	214	55.1
Piatt County	530	12	23.5
Illinois	448,356	15,692	35

Note: This indicator is compared with the state average. Data Source: Community Commons

Physical Inactivity

This indicator is relevant because current behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population (Age 20)	Population With No Leisure Time Physical Activity	% Population With No Leisure Time Physical Activity
Service Area Estimates	No data	No data	No data
Douglas County	14,356	3,876	25.7%
Macon County	82,213	20,060	23.3%
Platt County	12,364	3,054	23.1%
Illinois	9,462,843	2,096,552	21.8%

Note: This indicator is compared with the state average. Data Source: Community Commons

Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Beneficiaries	Beneficiaries With Depression	% With Depression
Service Area Estimates	2,446	407	16.63%
Douglas County	2,149	341	15.9%
Macon County	20,415	3,401	16.7%
Platt County	2,646	441	16.7%
Illinois	1,623,784	239,311	14.7%

Note: This indicator is compared with the state average. Data Source: Community Commons

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute lists Piatt County at Level 4 for all cancers, which means that the cancer rate is above the U.S. rate and is stable over the recent past. This is confirmed by the local cancer data set out on the pages below.

Cancer Incidence – Breast

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of breast cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Female Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Douglas County	1,180	13	110.1
Macon County	7,377	99	134.2
Piatt County	1,096	17	155
Illinois	732,106	9,349	127.7

Note: This indicator is compared with the state average. Data Source: Community Commons

Cancer Incidence – Lung

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Douglas County	2,465	16	64.9
Macon County	14,345	136	94.8
Piatt County	2,236	17	76
Illinois	1,346,397	9,344	69.4

Note: This indicator is compared with the state average. Data Source: Community Commons

MORTALITY

Mortality – Cancer

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Douglas County	19,901	44	223.1	178
Macon County	110,326	291	263.6	198.2
Piatt County	16,623	37	222.6	166.2
Illinois	12,850,811	24,263	188.8	176.5

Note: This indicator is compared with the state average. Data Source: Community Commons

Red numbers indicate rates that exceed state levels. The green highlights that the indicated service area is below the state level.

Mortality – Heart Disease

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Douglas County	19,901	46	232.15	174.3
Macon County	110,326	304	275.55	198.4
Piatt County	16,623	44	262.29	189.3
Illinois	12,850,811	24,877	193.58	177.4

Note: This indicator is compared with the state average. Data Source: Community Commons

Mortality – Ischaemic Heart Disease

The Healthy People 2020 target is less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because ischaemic heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Douglas County	19,901	20	102.5	77.8
Macon County	110,326	139	126.4	89
Piatt County	16,623	28	166	119.8
Illinois	12,850,811	14,927	116.2	106.5
HP 2020 Target	–	–	–	<=103.4

Note: This indicator is compared with the state average. Data Source: Community Commons

Healthy People is a federal health initiative which provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities. Healthy People 2020 (HP2020) continues in this tradition with the launch on December 2, 2010 of its ambitious, yet achievable, 10-year agenda for improving the nation's health.

Mortality – Lung Disease

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Douglas County	19,901	14	68.34	52
Macon County	110,326	61	55.47	40.08
Piatt County	16,623	9	56.55	42.1
Illinois	12,850,811	5,353	41.65	39.5

Note: This indicator is compared with the state average. Data Source: Community Commons

Mortality – Stroke

The Healthy People 2020 target is less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Douglas County	19,901	11	55.3	40
Macon County	110,326	72	65.6	45.7
Piatt County	16,623	10	59	44.2
Illinois	12,850,811	5,322	41.4	38.2
HP 2020	–	–	–	<=33.8

Note: This indicator is compared with the state average. Data Source: Community Commons

Mortality – Unintentional Injury

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Douglas County	19,901	9	43.21	37.9
Macon County	110,326	35	31.91	29.3
Piatt County	16,623	7	42.11	36.9
Illinois	12,850,811	4,225	32.87	31.9

Note: This indicator is compared with the state average. Data Source: Community Commons

Mortality – Infant Mortality

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

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Douglas County	1,430	7	5.1
Macon County	7,135	78	11
Piatt County	920	7	8
Illinois	879,035	6,065	6.9

Note: This indicator is compared with the state average. Data Source: Community Commons

The Illinois Department of Health releases county-wide mortality tables from time to time. The most recent table available for Piatt County, showing the causes of the death within the county, is set out below.

Disease Type	Piatt County
Diseases of the Heart	46
Malignant Neoplasms	42
Lower Respiratory Systems	13
Cardiovascular Diseases (Stroke)	6
Accidents	5
Alzheimer's Disease	2
Diabetes Mellitus	9
Nephritis, Nephrotic Syndrome, and Nephrosis	1
Influenza and Pneumonia	2
Septicemia	1
Intentional Self-Harm (Suicide)	6
Chronic Liver Disease, Cirrhosis	0
All Other Causes	40
Total Deaths	173

IDPH, 2011 Data

The mortality numbers are much as one would expect with diseases of the heart and cancer as the leading causes of death. These numbers are consistent with the mortality reports from other rural Illinois counties.

Qualitative Sources

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

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

Data was also gathered representing the broad interests of the community.

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

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

CHNA Steering Committee Member and Area of Expertise

Larry Stoner, Mayor of Monticello
Dave Remmert, Administrator, DeWitt-Piatt Bi-County Health Department
Sheila Greenwood, Bement School District Superintendent
Bill Geis, Executive Director, Villas of Holly Brook
Bethany Staple, DeWitt-Piatt Bi-County Health Department
Dr. Ann Marty, Carle
Eileen Sierra-Brown, Piattran
Micah Garnett, Pastor, Christ Lutheran Church
Julie Glawe, Faith In Action
Steve Ayers, Board Member, Kirby Medical Center
Steve Tenhouse, CEO, Kirby Medical Center

Others providing input included through the focus groups included:

Vic Zimmerman, Superintendent, Monticello School District
David Hunt, Sheriff, Piatt County
Al Manint, Board Member, Piatt County
Brad Williams, President, Village of Cerro Gordo
Rich Ratt, Pastor, Crossroads Church
Nathan Soice, Pastor, First Christian Church
Jeremy Lafary, Pastor, Bement United Methodist Church
Tom Reed, Manager, Viobin
Jim Ballsrud, Kirby Medical Center Board
Karla Bradley, Community Advisory Committee, Kirby Medical Center Board
Craig Webb, Community Advisory Committee, Kirby Medical Center Board
Gary Huisinga, Community Advisory Committee, Kirby Medical Center Board

Dyke Piatt, Community Advisory Committee, Kirby Medical Center Board
Renee Fruendt, EMA Committee, Piatt County Board
Heidi Apperson, Marketing Director, Kirby Medical Center
Gary Coulter, Administrator, Piatt County Nursing Home
Jennifer Moss, Chief Clinical Officer, Kirby Medical Center
Dr. Narain Mandhan, Chief Medical Officer, Kirby Medical Center
Ralph Howard, Tatman Village
Brandon Hissong, DMD
Sheila Lanker, School Nurse
Jim Pound, Christie Clinic
Dave King, Piatt County Mental Health

FOCUS GROUP – COMMUNITY REPRESENTATIVES

Two focus groups were convened at Kirby Medical Center on January 13 and 14, 2016. The Community Representatives Group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- Development of facilities around the Kirby Medical Center campus
- Development of the Diaper Pantry, including school supplies and backpacks
- Planned rural health clinic facility in Cerro Gordo
- Increased area focus on wellness and related outreach from Kirby Medical Center
- Annual health fair
- Improved healthcare technology
- Cleanliness at Kirby Medical Center
- Increased community outreach from Kirby Medical Center
- New specialists
- Local transportation services have improved
- Senior access to Kirby Medical Center physical fitness staff and equipment
- Schools are more involved with Kirby Medical Center for education and health events
- Local access to oncologists
- Access to local registered dietitians
- Good relationship among Kirby Medical Center and first responders
- Outreach by Kirby Medical Center beyond Monticello
- Out-of-box thinking by Kirby Medical Center administration and board
- Courtesy golf cart for rides in parking lots at Kirby Medical Center
- Local access to orthopedic services
- Kirby Medical Center board is better educated on current health issues
- Strong relationship between Kirby Medical Center and the city of Monticello
- Partnership among Kirby Medical Center, the city of Monticello, and University of Illinois Extension for the community garden program
- Swingbeds at Kirby Medical Center
- Improved home visits through the Neighborhood Medic program
- Custodial care
- Quality of the Café at Kirby Medical Center
- New signage at Kirby Medical Center

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Transportation to appointments from location in the Kirby Medical Center service area but outside of Monticello
- Mental health
 - Service for children in school, grades 6-12
 - Pediatric counseling
 - Access to adult counseling
 - Affordable transportation for mental health patients to healthcare
 - Youth depression
 - Inpatient services for behavioral health, substance abuse, and depression patients
 - Substance abuse
 - Alcohol
 - Heroin
 - Cocaine
 - Methamphetamines
 - Synthetics
 - Prescription drugs, including doctor shopping and selling medicine
 - Substance abuse education for youth and adults
 - Education for the community about the extent of the substance abuse issues
- Parent education on nutrition and other wellness issues
- Continued expansion of local specialty services at Kirby Medical Center
 - Dialysis
 - OB/GYN services
 - Expanded orthopedics
 - Gerontologist
- Expanded access to physical therapy at Kirby Medical Center
- Assisted living in Cerro Gordo
- Health education for youth and parents needs to be established area-wide
- Youth sports concussion review program
- After school programs
- Nutrition education throughout the area
- Obesity among youth and adults
- Advocacy for seniors on health issues
- Community education about food allergies
- Expanded home health services in order to extend life at home
- Local services for veterans
- Care coordination for services and support outside the hospital
- Cooperation among groups and organizations around needs of underserved
- Better collaboration for utilizing faith community resources to address needs
- Local health service information clearinghouse
- Baseline wellness exams for youth
- Opportunities for indoor recreation for adults and youth
- Indoor aquatic recreation and therapy
- Mentoring for youth
- Weekend convenient care

FOCUS GROUP – MEDICAL PROFESSIONALS AND PARTNERS

The Medical Professionals and Partners Group met on the morning January 24, 2016. The group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- New assisted living facility
- Increased recognition of mental health as a local issue
- Wellness and preventive care
- Expanded specialty services through Christie Clinic, including surgery and dermatology
- Strong relationship among Kirby Medical Center and the schools
- Silver Sneakers program
- Kirby Derby and similar programs
- Full spectrum of options for senior living
- Memory care facility
- Local pre- and post-operative care and therapy can be obtained at Kirby Medical Center
- Quick Care
- Expanded collaboration and services for wellness in outlying areas
- Expanded services at the nursing home, including respite care, portable x-ray, and electronic medical records
- Strong support for seniors
- Improvements at mental health center, including expanded cooperation with Kirby Medical Center
- New clinic and pharmacy being built in Cerro Gordo
- Strengthened collaboration between Kirby Medical Center and Carle Clinic
- Hospitalist program is helping to keep patients in the community
- Electronic medical records
- Continuum of care has increased
- Transportation is better

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- More transportation availability locally and outside of area
 - Before and after appointments
 - Availability to meet calls for appointments
 - Services in outlying areas
 - Better coordination with schools on public transportation resources
- Local services information source, possibly like 411
- Cooperation to remove redundancy in healthcare
- Patient care literacy to help with understanding access, cost, and billing issues
- Expanded Quick Care hours
- More access to local psychiatrists
- Expanded mental health nursing services
- Expanded substance abuse resources
 - Prevention
 - Outreach of services
- Improve electronic health information exchange
- Include nursing homes in information sharing
- Better educate patients on patient home care and their role
- More opportunities and encouragement for recreation and exercise
- Education on end-of-life
- Resources for vision care for youth
- Education to change patient behavior
- Increase access to mental health and primary care
- Increase collaboration on information
- Improve physician efficiency by delegation of electronic medical records responsibilities to mid-levels
- Chronic disease case management to increase prevention and patient self-management
- Improved education and services for youth and families dealing with anxiety
- Better communication between dental practitioners and primary care
- Increase community CPR education

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

As part of the identification and prioritization of health needs, the CHNA Steering Committee considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs. The identification and prioritization group included steering committee members, including a representative of the DeWitt-Piatt Bi-County Public Health Department.

As an outcome of the prioritization process discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for consideration for the Implementation Strategy.

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The steering committee met on February 23, 2016 to consider the results of the focus groups and summarized secondary data. After reviewing the information and data the group identified and prioritized three significant health needs facing the Kirby Medical Center service area. The identified needs were:

1. MENTAL HEALTH

The group identified issues related to mental health, including access to identification and diagnosis of mental health concerns, especially for youth. The group also felt there was a significant need for better access to care for depression and anxiety. The group also identified the need for education aimed at youth about the issues they are facing. Additionally, improved substance abuse prevention with community involvement and support was identified as a significant need, along with increased availability of local support for addicts in recovery and education to create awareness of the implications of increased legal availability of marijuana.

2. CHRONIC DISEASE

The group identified three significant needs related to chronic disease prevention, including tying community resources and services to chronic disease management; well-run support groups and other ways to communicate for persons facing chronic illness; and increased access to personal case management.

3. AGING IN PLACE

The group also saw significant need in the Kirby Medical Center service area for expanded home health services to extend life at home, including well checks and creative uses of technology.

4. TRANSPORTATION

A significant need was identified around concern over the ability to sustain local public transportation services. There was also discussion about improving public transportation to make it more flexible, but the focus of the need was on sustaining existing services.

5. SINGLE INFORMATION SOURCE

The final significant need identified was for a single source information center where community members could obtain help locating local medical and community services and how to access them. Throughout their discussions, the group returned to the concept of "Forging Community" as an overarching theme of the philosophy they thought would be needed to address the needs they had identified and prioritized. They encouraged Kirby Medical Center to plan with "Forging Community" in mind.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH KIRBY MEDICAL CENTER

Family and Internal Medicine

Kirby Medical Group has two locations: Monticello and Atwood, with a third location opening in Cerro Gordo in the fall of 2016

Services include:

- Primary care
 - Prevention and health screenings
 - Family medicine
 - Pediatric and adolescent care
 - Geriatric care
 - Women's health
 - Men's health
 - Internal medicine
 - School and sports physicals
- Kirby Quick Care Walk-In Clinic
- Workplace wellness
- Medically-supervised weight loss services
- Mental health services
- Behavioral medicine program
- Allergy testing immunotherapy
- Specialty care

Emergency

- Emergency Department
- Ambulance
- CareLink

Therapies

- Physical therapy
- Occupational therapy
- Speech therapy
- Cardiac rehabilitation
- Pulmonary rehabilitation
- Women's health therapy services
- Pulmonary function testing

Surgery

- General surgery
- Orthopedic surgery
- Cataract surgery
- Gastroenterology
- Gynecological procedures
- Spine injections
- Cosmetic and reconstructive plastic surgery
- Podiatric surgery

Sleep Center

Inpatient Care

- Acute care and hospitalists
- Swing bed/transitional care

Diagnostic Imaging

- 64-slice Computed Tomography (CT) scanning
- Magnetic Resonance Imaging (MRI)
- Bone Densitometry
- Digital mammography
- Positron Emission Tomography/Computed Tomography (PET/CT)
- Vascular ultrasound screening
 - Ankle Brachial Index (ABI) – identifies the presence of Peripheral Vascular Disease (PVD)
 - Carotid artery – detects narrowing in the arteries that supply blood to the brain
 - Abdominal aorta – evaluates the abdominal aorta for wall weakness or dilation
- General ultrasound
- Cardiovascular ultrasound
- General x-ray

Laboratory

- Hematology
- Chemistry
- Immunohematology
- Urinalysis
- Serology
- Microbiology
- Phlebotomy
- Urine Drug Screening

Food and Nutrition Services

- Registered dietitian
- Nutrition therapy in the areas of:
 - Cardiovascular disease, including high cholesterol, hypertension, anticoagulation therapy, and congestive heart failure)
 - Diabetes
 - Gastrointestinal issues
 - Food allergies
 - Kidney disease
 - Nutritional management of cancer
 - Prenatal and postnatal nutrition
 - Sports nutrition
 - Weight loss/gain
- Assessment of nutritional status
- Implementing appropriate nutritional interventions
- Follow-up care (monitoring and evaluation)
- Chronic disease prevention program

Mental Health Counseling

- Depression
- Anxiety
- Bipolar Disorder
- Post Traumatic Stress Disorder (PTSD)
- Addiction and related issues
- Self-harm
- Grief or loss

Urology/Gynecology

Fresh Start Weight Loss

Oncology Clinic

Community Services

- Neighborhood medic program
- Adopt-A-Medic Program
- CPR program
- Emergency preparedness information at your fingertips
- Thomas Dixon Memorial Scholarship
- The Kirby Foundation

Community Organizations, Health Partners, and Government Agencies

Organizations identified through the process that were current or potential partners for addressing health needs and related issues include:

- DeWitt-Piatt Bi-County Health Department
- Faith In Action
- Piattran
- University of Illinois Extension
- Carle
- Christie Clinic
- Churches
- Meals on Wheels
- Nursing homes and senior housing
- Local governments
- Schools
- Law enforcement

VIII. STEPS TAKEN SINCE THE LAST CHNA TO ADDRESS IDENTIFIED NEEDS

Since the development of the last Implementation Strategy, the hospital has taken several steps to meet the strategies selected. The steps taken are set out below in the context of the action plan, along with impacts where available.

1. WELLNESS EDUCATION AND BASIC WELLNESS SERVICES FOR ALL AGES

Concern was expressed in all the focus groups that there is not sufficient wellness education nor opportunities for wellness care and healthy living in the Kirby Medical Center service area. The issue, supported by the secondary data, was identified as being countywide but more prevalent outside the city of Monticello. Kirby Medical Center was encouraged to continue to expand positive wellness engagement efforts. There was an across-the-board recognition of the need for community focus on preventing – rather than treating – chronic illness.

Action Steps:

- Partnered with the University of Illinois Extension Office to provide “Kirby Kitchen” healthy cooking and eating classes
- Developed the LiveWell Program that offers medical nutrition therapy, along with an exercise component to provide broad-based health and wellness
- Developed and installed the Kirby Wellness Trail (a one-mile paved walking and biking trail around the hospital campus)
- Continued to offer the Kirby Derby 5K/10K Walk and Run to the community, including a Kirby Derby training program
- Partnered with the Kirby Auxiliary to make yoga space available in the hospital
- Partnered with the University of Illinois Extension Office to provide “Health Jam” day at Kirby Medical Center for area fifth-graders to learn about healthy living habits
- Partnered with the City of Monticello and the University of Illinois Extension to start a community garden on the hospital campus

2. MENTAL HEALTH SERVICES

Gaps in access to mental health services at virtually all levels were identified in all the focus groups and supported by secondary data. Many of the identified issues involve health delivery and community partners outside the control of Kirby Medical Center but provide opportunities for external partnerships and cooperative planning for resolution. Related issues concerning substance abuse were also identified in each group and supported by the secondary data.

Action Steps:

- Partnered with the Piatt County Mental Health to provide Licensed Clinical Social Worker (LCSW) services within the Kirby Medical Group rural health clinics in Monticello and Atwood
- Engaged Rock Consulting to provide additional LCSW mental health services within the Kirby Medical Group in Monticello
- Expanded Dr. Mandhan’s substance abuse clinic
- Partnered with the IMPACT Coalition to provide information to the community regarding heroin and addiction

3. SUPPORTING UNREIMBURSED CARE FOR UNDERINSURED AND UNINSURED PATIENTS

The city of Monticello has fewer residents in poverty than some rural areas of the county, but there was a desire expressed in all focus groups to make preventive services and wellness education and care widely available to all residents of the county. The secondary data supports the need for these services. Finding ways to support the delivery of these services and other medical care to underinsured and uninsured patients was a concern.

Action Steps:

- Expanded the uncompensated care coverage to include people with higher incomes
- Continued the hospital's mission of providing all care to those in need, regardless of their ability to pay
- Offer prompt pay discounts on private pay bills to reduce the financial burden on people
- Enacted a presumptive charity program where patients who use state funded social services; whose children qualify for reduced fee lunches at school; utilize subsidized housing or the state home energy assistance program; who have a household member on Medicaid, the Illinois Breast and Cervical Program, SNAP, or WIC programs; or are homeless qualify for a 100% reduction in out-of-pocket healthcare expenses provided at the hospital

IX. DOCUMENTING AND COMMUNICATING RESULTS

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

The hospital will also provide in its annual IRS Schedule H (Form 990) the URL of the webpage on which it has made the CHNA Report and Implementation Strategy widely available to the public as well as a description of the actions taken during the taxable year to address the significant health needs identified through its most recent CHNA, as well as the health indicators that it did not address and why.

Approval

The Community Health Needs Assessment of Kirby Medical Center was approved by the Kirby Medical Center Board of Directors on the 6th day of June, 2016.

X. REFERENCES

- *County Health Rankings, 2016*
- *Community Commons, 2016*
- Illinois Department of Employment Security, 2016
- National Cancer Institute, 2016 (data through 2011)
- Illinois Department of Public Health, 2016
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2016
- DeWitt-Piatt Bi-County Public Health Department, IPLAN
- ESRI, 2016
- Illinois State Board of Education, Illinois Report Card, 2014-15
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.

IMPLEMENTATION STRATEGY

IMPLEMENTATION STRATEGY

The Implementation Strategy was developed through a facilitated meeting of the hospital's Community Advisory Committee of the governing board that includes representation by public health, mental health, physicians, and hospital senior leadership. The committee reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

The group then considered each of the prioritized needs. For each of the five categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators, in conjunction with annual review and reporting.

Process by which needs will be addressed:

1. MENTAL HEALTH

The group identified issues related to mental health, including access to identification and diagnosis of mental health concerns, especially for youth. The group also felt there was a significant need for better access to care for depression and anxiety. The group also identified the need for education aimed at youth about the issues they are facing. Additionally, improved substance abuse prevention with community involvement and support was identified as a significant need, along with increased availability of local support for addicts in recovery and education to create awareness of the implications of increased legal availability of marijuana.

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

- Explore a collaboration with Piatt County Mental Health to address local needs for services in mental health, substance abuse, and other areas
- Explore expanding mental health counseling to the Cerro Gordo Clinic
- Explore expanding mental health services at Kirby Medical Center
- Explore community coalition involvement with schools to develop a community plan to identify mental health, substance abuse, and other issues faced by youth and to provide education around those issues and activities for youth that will promote mental health and substance abuse avoidance
- Monitor progress of the actions above by observing changes in numbers served
- Improve effectiveness of medication reconciliation

Anticipated impact of these actions:

- Creation of a collaborative effort among healthcare providers and the community to address these issues
- Identify, coordinate, and promote available local services
- Expand access to mental health services at Kirby Medical Center

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

- Administration
- Community Advisory Committee

Planned collaboration between the hospital and other facilities or organizations:

- Piatt County Mental Health
- IMPACT Community Coalition
- Schools

2. CHRONIC DISEASE

The group identified three significant needs related to chronic disease prevention, including: tying community resources and services to chronic disease management; well-run support groups and other ways to communicate for persons facing chronic illness; and increased access to personal case management.

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

- Grow and develop a nurse navigator program for Medicare patients to provide annual wellness visits and screening; coordinated case management for inpatient and after-care; and outpatient case management for home services, appointment and other needs
- Expand discharge nurse services to provide education before release and provide post-release follow-up
- Create and grow a wellness initiative; first for employees, then for the public
- Educate the public about nurse navigator and discharge nurse services
- Monitor progress of the actions above by observing changes in numbers served
- Enhance the Neighborhood Medic program providing for well check home visits by Kirby Medical Center's Emergency Medical Services

Anticipated impact of these actions:

- Expanded care coordination
- Expanded home services
- Improved communication between patients and providers
- Increased wellness education and activities for staff and area youth

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

- Nurses
- Clinics
- Wellness Director
- Wellness Committee

Planned collaboration between the hospital and other facilities or organizations:

- University of Illinois Extension
- Piatt County Health Department
- Schools
- Senior services
- Adult services
- Community working with youth

3. AGING IN PLACE

The group also saw significant need in the Kirby Medical Center service area for expanded home health services to extend life at home, including well checks and creative uses of technology.

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

- Expand nurse navigator and discharge nurse programs
- Promote use of CareLink medic alert services
- Support community efforts by Meals on Wheels, Faith In Action, and other senior service providers as appropriate and collaborate to enhance services
- Monitor progress of the actions above by observing changes in numbers served
- Therapy home environmental visits

Anticipated impact of these actions:

- Increase opportunities for seniors to age at home longer
- Increase healthcare contacts with seniors at home
- Sustain and improve community-based services for seniors at home

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

- Kirby Medical Group
- Clinic Director
- Nurse Navigator
- Kirby EMS

Planned collaboration between the hospital and other facilities or organizations:

- Meals on Wheels
- Faith In Action
- Other senior service providers
- CareLink program

4. TRANSPORTATION

A significant need was identified around concern over the ability to sustain local public transportation services. There was also discussion about improving public transportation to make it more flexible, but the focus of the need was on sustaining existing services.

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

- Reduce stress on public transportation system by providing increased home healthcare
- Explore arrangements with Piattran that will increase flexibility for appointments, fill specific voids in local transportation, and help sustain Piattran through advertising that will generate matching funds for Piattran

Anticipated impact of these actions:

- Improved flexibility in public transportation availability for healthcare related services
- Reduced need for transportation for healthcare appointments and related special arrangements and down-time

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

- Administration
- EMS
- Case management
- Marketing

Planned collaboration between the hospital and other facilities or organizations:

- Piattran
- Other villages and communities

5. SINGLE INFORMATION SOURCE

The final significant need identified was for a single source information center where community members could obtain help locating local medical and community services and how to access them.

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

- Explore the viability of renewing and expanding a web-based information sharing program for healthcare providers and community service providers previously begun by the Piatt County Health Department
- Explore alternative services to provide single source information to citizens about healthcare and community services
- Monitor progress of the actions above by observing numbers served through new information resources
- DeWitt-Piatt Health Department will develop a sustainable budget pro forma for the Single-Source program

Anticipated impact of these actions:

- Improved communication among providers resulting in better coordination of services for patients and others
- Easier access healthcare and community information
- Improved access to local health and community services

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

- Administration

Planned collaboration between the hospital and other facilities or organizations:

- DeWitt-Piatt Bi-County Health Department
- Healthcare and services providers
- Community service providers
- Community groups

Committed Resources

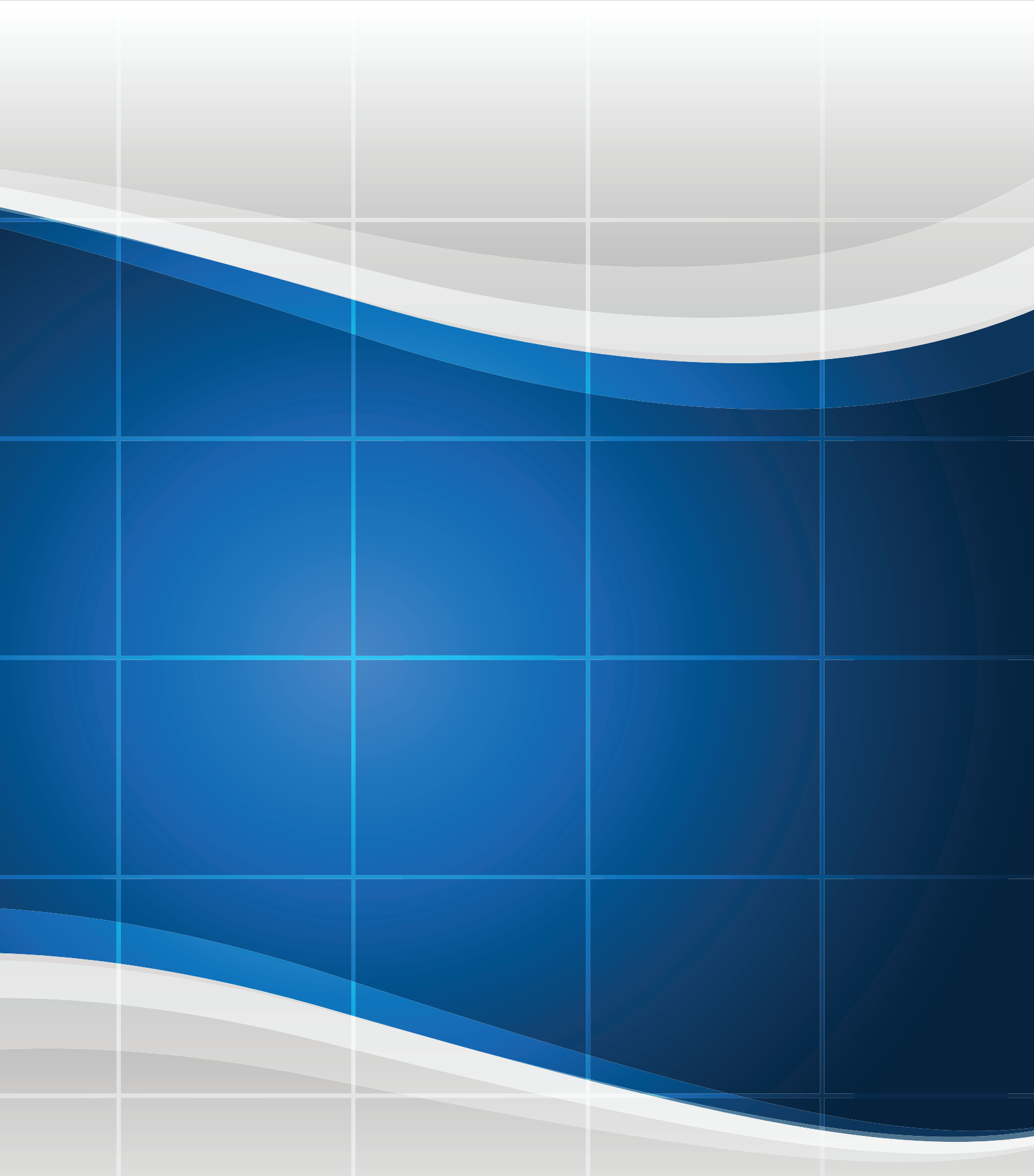
In addition to staff and facility resources, Kirby Medical Center has budgeted spending for discretionary community benefit activities to help support this Implementation Strategy.

Approval

The Kirby Medical Center Board of Directors reviews on an annual basis the prior fiscal year's community benefit role and approves Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment and other plans for community benefit.

This Implementation Strategy for the Community Needs Assessment of Kirby Medical Center was approved by the Kirby Medical Center Board of Directors on this 6th day of June, 2016.

NOTES:



Community Health Needs Assessment | 2016

Kirby Medical Center | 1000 Medical Center Drive | Monticello, IL 61856 | 217.762.2115 | www.kirbyhospital.org