

# 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

*A collaborative approach  
to impacting population  
health in Monticello  
and surrounding areas*





# Kirby Medical Center

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## I. INTRODUCTION

2019 Community Health Needs Assessment



# 2019 Community Health Needs Assessment

## *Insight into Kirby Medical Center's population*

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 that 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 and rural hospitals and their communities. ICAHN, with 57 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. This 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 Monticello and the surrounding area.

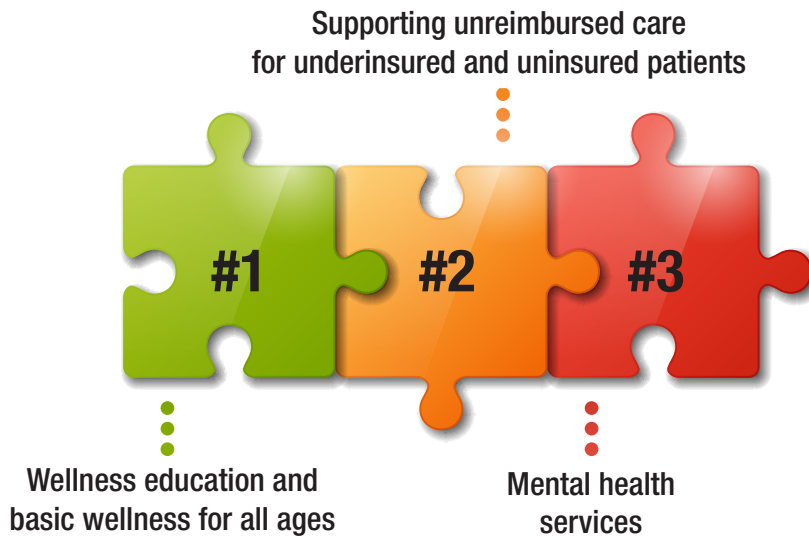




# Introduction / Background

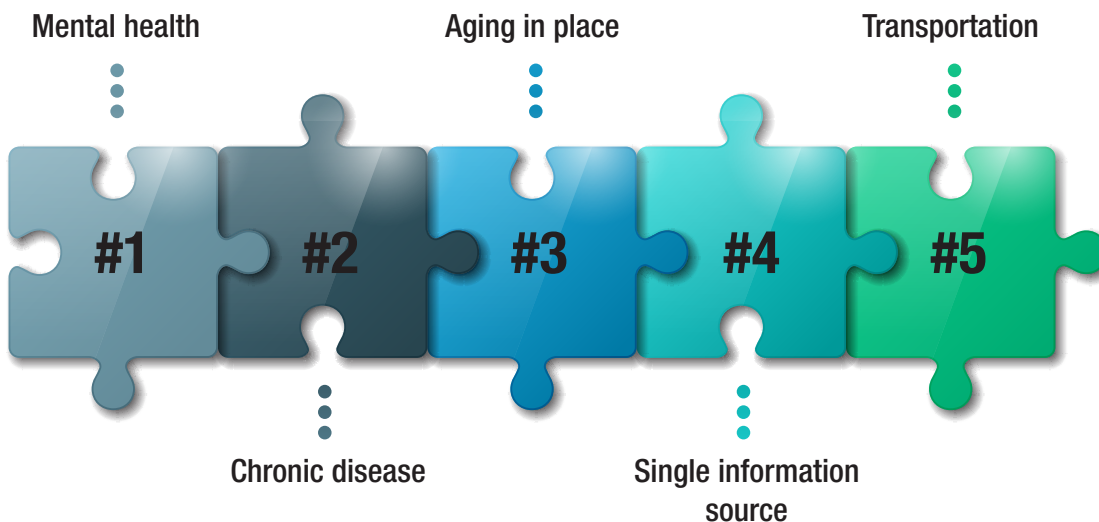
Kirby Medical Center completed three Community Health Needs Assessments prior to 2019. The first CHNA was conducted in 2010, the second in 2013, and the third in 2016. The 2013 CHNA identified three needs.

2013



The second CHNA was conducted in 2016 and identified five needs.

2016



# Background

Actions in response to the 2013 CHNA included:

## **1. Wellness education and basic wellness for all ages**

- 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 “HealthJam” day at Kirby Medical Center for area fifth-graders to learn about healthy living habits

## **2. Mental health services**

- Partnered with the Piatt County Health Department 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**

- 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

Actions in response to the 2016 CHNA included:

### **1. Mental health**

- Mental health counseling has been expanded to both the Atwood and Cerro Gordo rural health clinics
- Two full-time LCSWs are employed by Kirby Medical Center and covering the three clinics
- Kirby Medical Center, Platt County Mental Health, and the Dewitt/Platt Bi-County Health Department are entering into an agreement to financially and operationally support social workers and school nurses in local schools that are interested in participating. The goal is to provide the services and monitor and prove the success of the services over time.

### **2. Chronic disease**

- Nurse navigator and staff have been hired and services provided within Kirby Medical Group and in coordination with the emergency department and inpatient area.
- Medicare Annual Wellness Visit compliance has been monitored and process has been implemented to provide timely visits.
- Patient Centered Medical Home (PCMH) identifies patients who need additional resources or enhanced follow-up as well as help to track specialist visits and instructions.
- Kirby Medical Center has implemented Chronic Care Management (CCM) with its nurse navigators. This is a program that allows robust, billable, nurse visits for the most at-risk patients of the practice.
- The Neighborhood Medic program helps with nurse/patient facetime visits for CCM services.

### **3. Aging in place**

- Neighborhood Medic visits are done for discharged patients, welfare checks, home safety checks, etc.
- iPads were purchased to allow the nurse/patient facetime visits for CCM within the Neighborhood Medic program
- Increased promotion of the use of community resources that are available

### **4. Transportation**

- Funding via purchase of advertising on Piattran vans (negotiated with Piattran)

### **5. Single information source**

- Kirby Medical Center, Platt County Mental Health, and the Dewitt/Platt Bi-County Health Department are working towards a collaborative to provide care coordination for the at-risk population. This program has since focused on the collaborative within the schools to have one source of access for social worker and nurse services.

# Executive Summary

The 2019 Kirby Medical Center Health Needs Assessment was conducted in January through March of 2019. The Implementation Strategy was developed on March 25, 2019. The CHNA is influenced by the large rural service area of Kirby Medical Center.

***The health profile of the service area of Kirby Medical Center is influenced by the following indicators of social determinants of health:***

Poverty – Population below 100% of Federal Poverty Level

Poverty – Persons receiving SNAP benefits

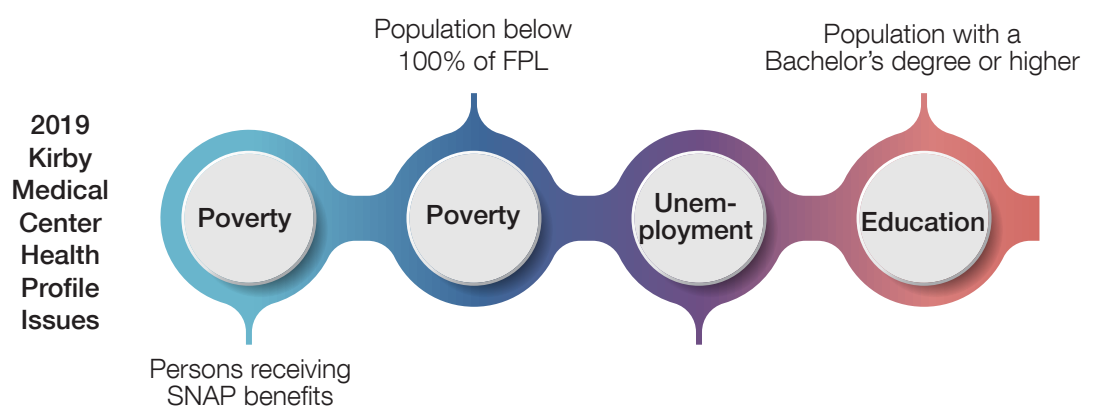
Unemployment

Education – Population with a Bachelor’s degree or higher

Education – Reading proficiency at the 4th grade level

The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and added others. The identified and prioritized needs selected include:

1. Address the availability of mental health and substance abuse services, including:
  - a. Address anxiety disorders in seniors and youth
  - b. Increase services for persons facing co-occurring mental health issues and substance use disorders
  - c. Address suicide ideation for all ages
  - d. Provide the community with more and better information about available mental health services
  - e. Better address abuse of prescription drugs resulting from pain management and genetic disposition and developing through patient misuse, prescription sharing, and prescription theft
  - f. Expand prevention and awareness efforts around marijuana, cocaine, alcohol, methamphetamines, opioids, and nicotine (including e-cigarettes, JUULs, etc.)



2. Expand education about wellness generally, including disease prevention for all ages
3. Address food insecurity
4. Access to affordable medication
5. Access to flexible and reliable transportation to medical appointments and other needs

The Implementation Strategy, developed by the senior staff at Kirby Medical Center, is specific and thorough. The plan, set out in the report, includes these highlights for Kirby Medical Center:

- Will start a geriatric behavioral health program
- Will collaborate with mental health and public health to provide school nurses and mental health providers
- Will begin Mental Health First Aid Training in the community
- Will continue to support “Girls on the Run” through the Mattoon YMCA
- Will partner with the IMPACT Coalition to support the prevention of substance abuse
- Will partner with Pike County Mental Health to find ways to remain stigma-free around mental health services
- Will explore medication programs for alcohol and opioids
- Will continue and expand corporate health services
- Will continue and expand the internal employee health program
- Will continue “Seniors Active and Independent for Life” (SAIL) program
- Will expand dietitian services for weight loss
- Will explore certification of a physician for obesity medicine
- Will expand Prairie Fresh dietitian-managed food subscription service
- Will continue intensive behavioral therapy
- Will continue to develop recreation and exercise opportunities on the Kirby Medical Center campus in conjunction with the YMCA
- Will continue Neighborhood Medic welfare checks and chronic care management
- Will continue to collect food to support local food providers through employee programs
- Will explore beginning a community garden in Cerro Gordo
- Will explore a hospital-owned retail pharmacy that will utilize 340b program funds to improve access to affordable medication
- Will explore partnerships with local clergy to support transportation needs beyond what Piattran can provide

# Piatt County Demographics

For the purpose of this CHNA, Kirby Medical Center defined its primary service area and populations as the general population within the geographic area in and surrounding the city of Monticello defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Kirby Medical Center's service area is comprised of approximately 439.17 square miles, with a population of approximately 16,433 and a population density of 37 people per square mile. The service area consists of the following rural communities.

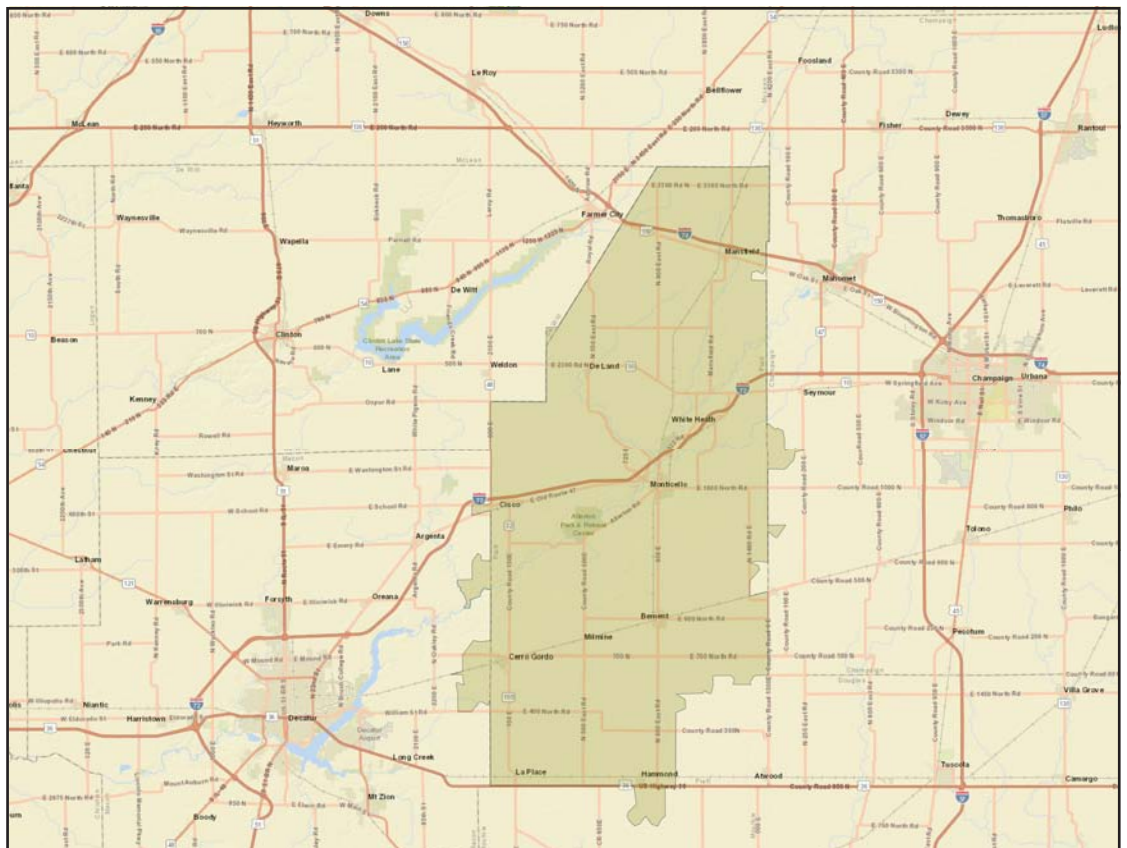
## Cities

- Monticello

## Villages and Unincorporated Communities

- Bement
- Cerro Gordo
- Cisco
- DeLand
- Hammond
- LaPlace
- Mansfield
- Mimine
- White Heath

## Service Area Map



## Total Population Change, 2000 to 2010

According to U.S. Census data, the population in the Kirby Medical Center service area fell from 61,637 people to 61,032 people between the years 2000 and 2010, a .98% decrease.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	61,637	61,032	-605	-.98%
Piatt County	16,365	16,729	364	2.22%
Champaign County	179,670	201,081	21,411	11.92%
Douglas County	19,922	19,980	58	.29%
Macon County	114,706	110,768	-3,938	-3.43%
Total Area (Counties)	330,663	348,558	17,895	11%
Illinois	12,416,145	12,830,632	414,487	3.34%

*Data Source: Community Commons (US Census Bureau, Decennial Census. 2000-2010. Source Geography: Tract)*

The Hispanic population increased in Piatt County by 66 (65.35%), Douglas County by 520 (75.36%), increased in Macon County by 952 (85%), and increased in Champaign County by 5,404 (103.86%).

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%.

In Champaign County, additional population changes were as follows: White 4.28%, Black 24.45%, American Indian/Alaska Native 26.79%, Asian 55.01%, and Native Hawaiian/Pacific Islander 86.11%.



# Piatt County Demographics

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 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%.

## Population by Age Groups

Population by gender in the service area is 47% male and 53% 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	59,985	3,926	10,084	5,210	7,244
Piatt County	16,469	906	2,822	1,165	1,744
Champaign County	206,420	11,484	27,789	48,602	30,590
Douglas County	19,770	1,295	3,719	1,621	2,353
Macon County	108,404	6,637	17,619	10,085	12,927
Illinois	12,851,684	790,205	2,200,424	1,242,711	1,780,279

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	6,969	7,321	8,130	11,101
Piatt County	1,977	2,418	2,436	3,001
Champaign County	22,064	21,218	21,807	22,866
Douglas County	2,426	2,491	2,663	3,202
Macon County	12,310	13,974	15,609	19,243
Illinois	1,672,366	1,768,455	1,613,087	1,784,097

*Data Source: Community Commons*

## II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2019 Community Health Needs Assessment



# 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, former educator, and community development specialist, collaborated with hospital and 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 two-month planning and implementation effort to develop the CHNA, and to identify and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was directly overseen at the operational level by the CEO.
- 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 CEO 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 steps included:

- The CEO secured the participation of a diverse group of representatives from the community and the health profession.
- ICAHN's consultant provided secondary data from multiple sources set out below in Section III. Data Collection and Analysis.
- Participation included representatives of Piatt County Health Department, which also serves the area served by the hospital.

### **III. DATA COLLECTION AND ANALYSIS**

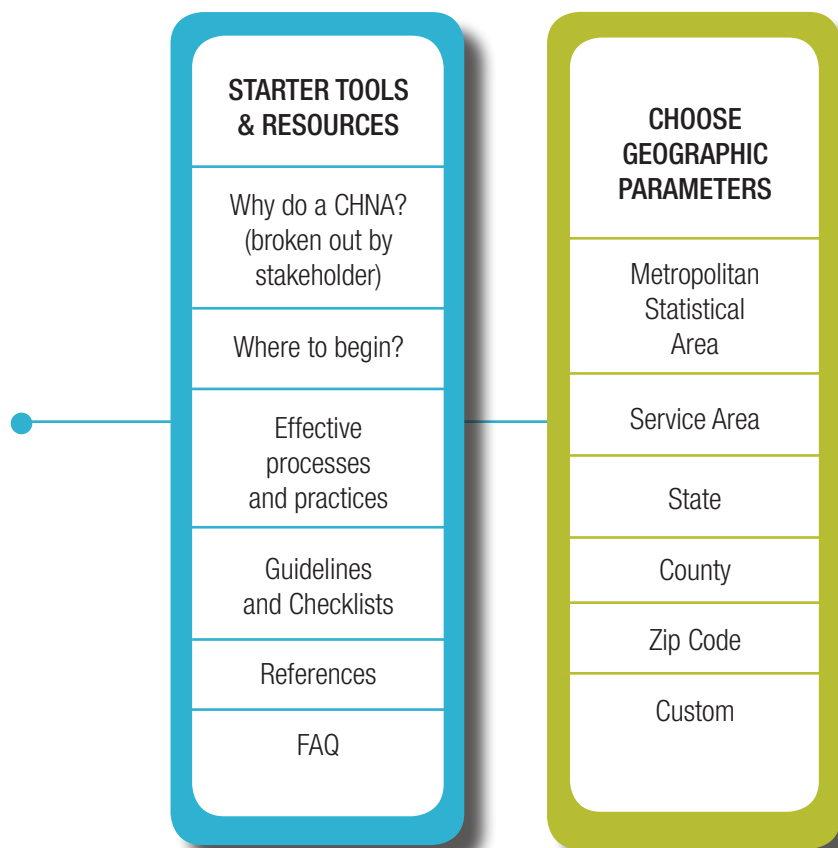
2019 Community Health Needs Assessment

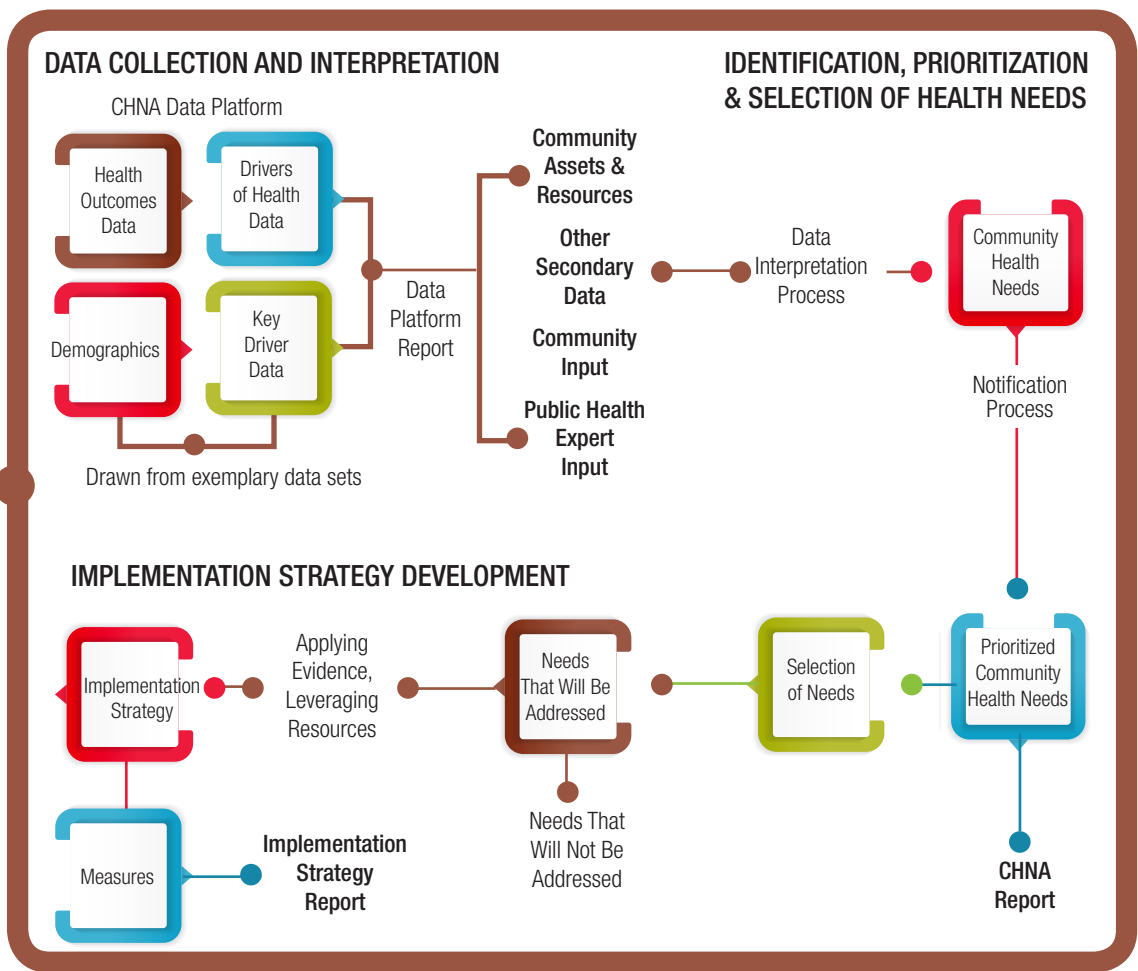


# Description of Process and Methods Used

## Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process.





# Description of Data Sources

## Quantitative Process

<b>Behavioral Risk Factor Surveillance System</b>	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center 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.
<b>U.S. Census</b>	National census data is collected by the U.S. Census Bureau every 10 years.
<b>Community Commons</b>	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
<b>Illinois Department of Employment Security</b>	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
<b>National Cancer Institute</b>	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.
<b>Illinois Department of Public Health</b>	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
<b>HRSA</b>	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.



<b>County Health Rankings</b>	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.
<b>Centers for Disease Control</b>	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
<b>Local IPLANS</b>	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.
<b>ESRI</b>	ESRI (Environmental Systems Research Institute) 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 levels.
<b>Illinois State Board of Education</b>	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
<b>USDA</b>	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
<b>Illinois Youth Survey</b>	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

# Secondary Data

## Social Determinants of Health

### Education – High School Graduation Rate

Within the Kirby Medical Center service area, 95.9% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Piatt County	217	208	95.9%
Champaign County	1,408	1,229	87.3%
Douglas County	228	207	90.8%
Macon County	1,139	909	79.8%
Illinois	91,892	75,974	82.7%

*Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. Additional data analysis by CARES 2015-16. Source District)*

## Education – No High School Diploma

Within the service area, there are 551 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 4.76% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Piatt County	11,576	551	4.76%
Champaign County	118,545	6,337	5.35%
Douglas County	13,135	2,103	16.01%
Macon County	74,063	7,961	10.38%
Illinois	8,618,284	1,008,608	11.70%

*Data Source: Community Commons (US Census Bureau, American Community Survey 2012-2016.  
Source Geography: Tract)*



# Secondary Data

## Social Determinants of Health

### Education – Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in Grade 4 whose reading skills tested below the “proficient” level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring ‘Proficient’ or Better	Percentage of Students Scoring ‘Not Proficient’ or Worse
Piatt County	173	46.76%	53.24%
Champaign County	1,841	32.13%	67.87%
Douglas County	250	27.68%	72.32%
Macon County	1,139	27.92%	72.08%
Illinois	144,944	39.33%	60.67%

*Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. 2014-15. Source Geography: School District)*

## Education – Bachelor’s Degree or Higher

Of the population aged 25 and older, 29.86% or 3,457 adult students have obtained a Bachelor’s level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor’s Degree or Higher	Population Age 25+ With Bachelor’s Degree or Higher
Piatt County	11,576	3,457	29.86%
Champaign County	118,545	52,073	43.93%
Douglas County	13,135	2,510	19.11%
Macon County	74,063	16,891	22.81%
Illinois	8,618,284	2,834,869	32.89%

*Data Source: Community Commons (US Census Bureau, American Community Survey. 2012-16. Source Geography: Tract)*



# Secondary Data

## Economic Stability

### Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 1,020 public school students (31.34%) are eligible for free/reduced price lunches out of 3,255 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch of 49.88%. 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.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Piatt County	3,255	1,020	31.34%
Champaign County	24,918	12,605	50.59%
Douglas County	3,058	1,159	37.90%
Macon County	16,225	8,679	53.49%
Illinois	2,018,739	1,006,936	49.88%

*Data Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data, 2015-16. Source Geography: Address)*



## Median Household Income

This indicator reports the median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Service Area	Total Households	Average Household Income	Median Household Income
Piatt County	6,658	\$81,423	\$69,160
Champaign County	80,422	\$67,462	\$48,899
Douglas County	7,562	\$66,517	\$52,984
Macon County	44,860	\$63,770	\$47,477
Illinois	4,802,124	\$81,865	\$59,196

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.  
Source Geography: Tract)*



# Secondary Data

## Economic Stability

### Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. 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.

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Platt County	16,387	1,141	7.0%
Champaign County	208,861	24,413	11.7%
Douglas County	19,823	1,938	9.8%
Macon County	107,303	23,020	21.5%
Illinois	12,859,995	1,935,887	15.1%

*Data Source: Community Commons (US Census Bureau, Small Area Income & Poverty Estimates, 2015.  
Source Geography: County)*

## Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the service area, 6.72% or 247 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.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Piatt County	16,387	3,675	247	6.72%
Champaign County	190,404	38,165	7,807	20.46%
Douglas County	19,555	4,960	932	18.79%
Macon County	104,765	23,885	7,215	30.21%
Illinois	12,548,538	2,947,192	576,159	19.55%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.  
Source Geography: Tract)*



# Secondary Data

## Economic Stability

### Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. Within the service area, 5.66% or 927 individuals 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.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Piatt County	16,375	927	5.66%
Champaign County	190,404	41,161	21.62%
Douglas County	19,555	2,223	11.37%
Macon County	104,765	19,626	18.73%
Illinois	12,548,538	1,753,731	13.98%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)*

### Unemployment Rate

Total unemployment in the service area for the month of August 2018 was 345 or 4.2% of the civilian non-institutionalized population age 16 and older (on-seasonally adjusted).

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Piatt County	8,231	7,886	345	4.2%
Champaign County	104,704	99,812	4,892	4.7%
Douglas County	10,116	9,708	408	4.0%
Macon County	49,701	46,956	2,745	5.5%
Illinois	6,460,016	6,190,961	269,055	4.2%

*Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics. 2018-August. Source Geography: County)*

## Insurance – Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of 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.

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Platt County	16,418	705	4.29%
Champaign County	204,456	13,719	6.71%
Douglas County	19,607	2,934	14.96%
Macon County	105,887	7,777	7.34%
Illinois	12,671,738	1,233,486	9.73%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.  
Source Geography: Tract)*

# Secondary Data

## Neighborhood and Physical Environment

### Young People Not in School and Not Working

This indicator reports the percentage of youth aged 16-19 who are not currently enrolled in school and who are not employed.

Service Area	Population Age 16-19	Percentage of Population Age 16-19 Not in School and Not Employed
Piatt County	893	1.57%
Champaign County	18,347	3.03%
Douglas County	961	9.26%
Macon County	5,588	8.91%
Illinois	704,861	7.17%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)*

### Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than one-half mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Piatt County	16,729	1,530	9.15%
Champaign County	201,081	45,515	22.64%
Douglas County	19,980	2,348	11.75%
Macon County	110,768	36,174	32.66%
Illinois	12,830,632	2,483,877	19.36%

*Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas, 2015. Source Geography: Tract)*

## Food Environment – Grocery Stores

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 retaining 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 sell food, such as supercenters and warehouse club stores are excluded.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Platt County	16,729	3	18
Champaign County	201,081	38	19
Douglas County	19,980	11	55
Macon County	110,768	21	19
Illinois	12,830,632	2,770	22

*Data Source: Community Commons (US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source Geography: ZCTA)*



# Secondary Data

## Access to Care

### 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.

Service Area	Total Population 2015	Dentists 2015	Dentists (Rate Per 100,000 Population)
Piatt County	16,387	5	31
Champaign County	208,861	120	57
Douglas County	19,823	11	55
Macon County	107,303	58	54
Illinois	12,859,995	9,336	73

*Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source Geography: County)*

### Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental healthcare.

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of Persons)	Mental Healthcare Provider Rate (Per 100,000 Population)
Piatt County	16,429	6	2,738	37
Champaign County	207,131	445	466	215
Douglas County	19,881	2	9,940	10
Macon County	108,349	136	797	126
Illinois	12,806,917	23,090	555	180

*Data Source: Community Commons (University of Wisconsin Population Health Institute, County Health Rankings, 2018. Source Geography: County)*



## 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 American Medical Association 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 contributes to access and health status issues.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians, Rate Per 100,000 Population
Platt County	16,431	8	49
Champaign County	207,133	232	112
Douglas County	19,889	5	25
Macon County	108,350	111	102
Illinois	12,880,580	12,477	97

*Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source Geography: County)*

# Secondary Data

## Access to Care

### Medical Conditions and Circumstances

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 County Health Rankings help counties understand what influences how healthy residents are and how long they will live.

The County Health 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 County Health 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, 2012*).

Piatt County is ranked 8 out of the 102 Illinois counties in the Rankings released in April 2019. Douglas County is ranked 37. In sub-rankings, Piatt County was ranked 1 out of 102 for quality of life, 4 for health factors, and 6 for health behaviors.

Health Condition	Piatt County	Douglas County	Illinois
Adults Reporting Poor or Fair Health	11%	15%	17%
Average Unhealthy Physical Health Days in Past 30 Days	3.2	3.9	3.8
Average Unhealthy Mental Health Days in Past 30 Days	3.2	3.6	3.5
Adult Obesity	30%	30%	29%
Children Under 18 Living in Poverty	8%	14%	17%
Alcohol Impaired Driving Deaths	29%	18%	33%
Teen Births	17/1,000	21/1,000	23/1,000
Uninsured	4%	9%	7%
Unemployment	4%	4%	5%

## Behavioral Risk Factor Surveillance System

Piatt County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	13.3%	18.8%	15.1%
Asthma	9.1%	4.9%	16.1%	11.5%
Diabetes	10.2%	9.1%	12.9%	7.9%
Obesity	29.5%	32.2%	25.3%	26.0%
Smoking	16.7%	14.5%	15.9%	21.3%

Douglas County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	17.9%	13.6%	13.9%
Asthma	9.1%	2.7%	8.4%	11.3%
Diabetes	10.2%	13.0%	9.4%	6.5%
Obesity	29.5%	32.3%	29.4%	24.9%
Smoking	16.7%	17.1%	22.4%	22.7%

# Secondary Data

## Health Indicators

### Population With Any Disability

Within the service area, 11.16% or 1,833 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Platt County	16,418	1,833	11.16%
Champaign County	204,456	17,395	8.51%
Douglas County	19,607	2,097	10.70%
Macon County	105,887	16,005	15.12%
Illinois	12,671,738	1,376,858	10.87%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)*

### Teen Births

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

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Births (Per 1,000 Population)
Platt County	530	12	24
Champaign County	9,783	190	19
Douglas County	632	19	30
Macon County	3,891	214	55
Illinois	448,356	15,692	35

*Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)*

## Low Birth Weight Rate

This indicator reports the percentage of total births that are low birth weight (under 2,500 grams = less than 5.15 pounds). This indicator is relevant because low birth weight infants are at a higher risk for health problems. This indicator can also highlight the existence of health disparities.

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Piatt County	1,281	87	6.8%
Champaign County	16,933	1,372	8.1%
Douglas County	1,995	128	6.4%
Macon County	9,863	917	9.3%
Illinois	1,251,656	105,139	8.4%

*Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)*



# Secondary Data

## Health Indicators

### Diabetes Management – Hemoglobin A1c Test for Medicare Enrollees

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a healthcare professional in the past year. In the service area, 154 Medicare enrollees with diabetes have had an annual exam out of 170 Medicare enrollees in the report area with diabetes or 90.6%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Service Area	Total Medicare Enrollees	Medicare Enrollees With Diabetes	Medicare Enrollees With Diabetes With Annual Exam	Percent Medicare Enrollees With Diabetes With Annual Exam
Piatt County	1,614	170	154	90.6%
Champaign County	9,597	973	879	90.3%
Douglas County	2,087	242	220	90.9%
Macon County	14,878	1,800	1,567	87.1%
Illinois	1,210,320	126,125	111,696	86.5%

*Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source Geography: County)*

## 30-Day Hospital Readmissions

This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization.

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Piatt County	206	10.7%
Champaign County	988	18.7%
Douglas County	249	12.9%
Macon County	1,807	13.6%
Illinois	143,569	15.2%

*Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care)*

## Depression (Medicare Population)

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

Service Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries With Depression	Percent With Depression
Piatt County	2,128	354	16.6%
Champaign County	12,894	2,211	17.1%
Douglas County	1,818	339	18.6%
Macon County	18,166	3,021	16.6%
Illinois	1,451,929	219,143	15.1%

*Data Source: Community Commons (Centers for Medicare & Medicaid Services. 2015. Source Geography: County)*

# Secondary Data

## Health Indicators

### Preventable Hospitalizations – Medicare Population

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 of investment” from interventions that reduce admissions through better access to primary care resources.

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Platt County	1,313	88	67.5%
Champaign County	8,305	338	40.7%
Douglas County	1,708	91	53.7%
Macon County	11,930	680	57.0%
Illinois	985,698	53,973	54.8%

*Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source Geography: County)*



## Sexually Transmitted Infections – Chlamydia Incidence

This indicator reports the incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Service Area	Total Population	Total Chlamydia Infections	Chlamydia Infections Rate Per 100,000 Population
Piatt County	16,387	38	232
Champaign County	208,861	1,423	681
Douglas County	19,823	37	187
Macon County	107,303	787	733
Illinois	12,859,995	72,201	561

*Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Source Geography: County)*

## Sexually Transmitted Infections – Gonorrhea Incidence

This indicator reports the incidence rate of gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Service Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infections Rate Per 100,000 Population
Piatt County	16,387	4	24
Champaign County	208,861	364	174
Douglas County	19,823	6	30
Macon County	107,303	354	330
Illinois	12,859,995	21,199	165

*Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Source Geography: County)*

# Secondary Data

## Mortality Tables

### Piatt County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	45
Malignant Neoplasms	32
Chronic Lower Respiratory Diseases	13
Cerebrovascular Diseases	12
Diabetes Mellitus	4
Influenza and Pneumonia	4
Intentional Self-Harm (Suicide)	3

### Douglas County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	54
Malignant Neoplasms	54
Chronic Lower Respiratory Diseases	17
Cerebrovascular Diseases	14
Intentional Self-Harm (Suicide)	4
Diabetes Mellitus	2
Influenza and Pneumonia	1

## 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.

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Piatt County	920	7	8
Champaign County	12,235	91	7
Douglas County	1,430	7	5
Macon County	7,135	78	11
Illinois	879,035	6,065	7

*Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source Geography: County)*

## 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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Piatt County	16,463	42	254	182
Champaign County	206,517	272	132	143
Douglas County	19,816	43	218	167
Macon County	108,321	287	265	190
Illinois	12,859,901	24,531	191	169

*Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source Geography: County)*

# Secondary Data

## Mortality Tables

### Mortality – Coronary Heart Disease

This indicator reports the rate of death due to coronary heart disease 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 heart disease is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Piatt County	16,463	22	135	92
Champaign County	206,517	134	65	71
Douglas County	19,816	17	86	64
Macon County	108,321	117	108	73
Illinois	12,859,901	13,901	108	94

*Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County)*

### Mortality – Drug Poisoning

This indicator reports the rate of death due to drug overdose per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Piatt County	16,463	No data	Suppressed	Suppressed
Champaign County	206,517	25	12	14
Douglas County	19,816	No data	Suppressed	Suppressed
Macon County	108,321	14	13	14
Illinois	12,859,901	1,832	14	14

## 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 rates age-adjusted to year 2000 standard.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Piatt County	16,463	5,330	43	39
Champaign County	206,517	72	35	39
Douglas County	19,816	13	66	49
Macon County	108,321	70	64	46
Illinois	12,859,901	5,330	43	39

*Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County)*

## Mortality – Motor Vehicle Crash

This indicator reports the crude rate of death due to motor vehicle crashes per 100,000 population.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Piatt County	16,463	3	16	Suppressed
Champaign County	207,742	16	8	8
Douglas County	19,816	4	19	Suppressed
Macon County	108,321	11	10	9
Illinois	12,859,901	1,116	9	8

*Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-15. Source Geography: County)*

# Secondary Data

## Mortality Tables

### Mortality – Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.

Service Area	Total Population 2010	Average Pedestrian Deaths 2011-2015	Average Annual Death Rate (Per 100,000 Population)
Platt County	16,729	0	0
Champaign County	201,081	11	2
Douglas County	19,980	5	8
Macon County	110,768	10	3
Illinois	12,830,632	827	2

*Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-15. Source Geography: County)*

### Mortality – Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) 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 stroke is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Platt County	16,463	8	47	33
Champaign County	206,517	61	30	32
Douglas County	19,816	11	55	40
Macon County	108,321	64	59	41
Illinois	12,859,901	5,497	43	38

*Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-15. Source Geography: County)*

## Mortality – Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) 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 suicide is an indicator of poor mental health.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Piatt County	16,463	No data	Suppressed	Suppressed
Champaign County	206,517	20	10	11
Douglas County	19,816	2	11	Suppressed
Macon County	108,321	14	13	13
Illinois	12,859,901	1,358	11	10

*Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source Geography: County)*

## 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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Piatt County	16,463	9	52	46
Champaign County	205,517	76	37	40
Douglas County	19,816	10	51	48
Macon County	108,321	48	44	39
Illinois	12,859,901	4,800	37	36

*Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source Geography: County)*

# Primary Data

## Qualitative Data

Qualitative data was reviewed to help validate the selection of health priorities. 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 in the appendix.

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 health care 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 expertise and experience, informed perspectives, and involvement with the community.



## Focus Group 1 – Community Leaders and Representatives

The first focus group consisted of community leaders and representatives of groups that represent or serve persons that may be underserved by local medical services. The group included school officials, religious leaders, the county board chair, law enforcement, a domestic violence service provider, senior care providers, and others. The group met at 5:00 pm. on January 31, 2019 at Kirby Medical Center. Positive developments in the service area in recent years were identified as:

- A Licensed Clinical Social Worker at Kirby Medical Center
- A “Drug Free Communities” grant to support substance use prevention among youth
- Availability of Quick Care
- Availability of care for underinsured and uninsured at Kirby Medical Center
- Use of social media by Kirby Medical Center to keep the community informed about health services and healthcare job opportunities
- Increased community involvement by Kirby Medical Center
- Kirby Medical Center’s efforts to keep local services “cutting edge”
- New geriatric and oncology care is coming to Kirby Medical Center
- “Stop the Bleed” training by Kirby Medical Center, in partnership with schools and others
- New partnerships between schools and Kirby Medical Center
- Crossfit
- The Neighborhood Medic program has improved
- Cerro Gordo clinic and pharmacy – especially the availability of new local services for underinsured and uninsured
- County drug testing program
- Corporate wellness programs offered by Kirby Medical Center
- Kirby Medical Center’s support for other not-for-profit organizations in the community
- Drug takeback program with boxes at Kirby Medical Center, the Sheriff’s office, and at Monticello Police Department
- Kirby Medical Center teaches CPR in schools
- Cerro Gordo and Monticello schools are remodeling, refurbishing, and building
- Kirby holiday card program for fourth graders

# Primary Data

## Qualitative Data

Needs and health issues were identified as:

- Improve coordination of mental health and public health services
- Community education to create awareness of the scope of substance abuse in Piatt County
- Mental health awareness at schools for staff, parents, and students
- Access to physicals, dental exams, and eye exams for underinsured and uninsured youth
- Navigator and/or security support for the local and distant transportation of mental health patients
- Address the issue of Juuling
- Education about screen time
- Explore developing or supporting community service programs for persons willing to help seniors, especially on outdoor projects at home
- A SANE (Sexual Assault Nurse Examiner) nurse or alternatives
- Social worker and school nurse in DeLand
- Address obesity
- Address chronic disease in children
- Physicians willing to visit patients at nursing homes

### Focus Group 2 – Medical Professionals and Partners

The second focus group consisted of medical professionals and partners, including representatives of groups that represent or serve persons that may be underserved by local medical services. The group included representatives of the health department, physicians, a dentist, a pharmacist, mental health services, and a senior care facility. The group met at 7:00 am on February 1, 2019, at Kirby Medical Center. Positive developments in the service area in recent years were identified as:

- Cerro Gordo Clinic
- New focus on wellness in the community by Kirby Medical Center
- New orthopedic services
- New partnerships among Kirby Medical Center and senior care facilities
- Expansion into new services at Kirby Medical Center
- Discussions about integrating mental health services among Kirby Medical Center, the Piatt County Health Department, and other providers
- Expanded community outreach by Kirby Medical Center

- Expanded services by Piattran
- Expansion of assisted living opportunities
- Opportunities fair at the high school
- Expansion of outside speaker at high school to address youth issues
- Local steps to address the opioid epidemic
- Chronic case management at Kirby Medical Center has improved through addition of staff and a nurse navigator
- Utilization of digital sharing among providers and for information sharing with patients
- Pharmacist at Kirby Medical Center helps with prescriptions for the emergency room and providing information for staff
- New school resource officer

Needs and health issues were identified as:

- After-hours and weekend pharmacy services in the community
- Improved patient services and information across institutions
- Specialty services
  - Cardiology
  - Urology
  - Rheumatology
- Better access to psychiatric services, especially for uninsured and underinsured
- A social worker at the high school that is not also dividing time as a guidance counselor
- Streamlined prior authorization process for pharmaceuticals
- Home health services shortage
- Education for parents about mental illness and mental health disorders
- Education for families about “Do Not Resuscitate” orders
- Education for parents about care and screening options for school age youth

# Primary Data

## Qualitative Data

- Expanded wellness education and programming in schools and the community
- Increase supply of doctors willing to see patients in nursing homes
- Access to dental care in nursing homes
- Strategies for getting the community to participate in education opportunities
- Access to telehealth services for mental health
- Better EMR coordination for persons with mental illness and mental health disorders
- Mental health intervention for mild mental disturbances – “living room” versus Emergency Room

**IV. IDENTIFICATION AND PRIORITIZATION  
OF NEEDS**

2019 Community Health Needs Assessment



# Identification and Prioritization of Needs

## Description of the Community Health Needs Identified

The steering group, comprised primarily of representatives from both focus groups – including members serving persons likely to be unserved, underserved or otherwise experiencing unmet needs, public health, and local schools, met on March 20, 2019, to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute, and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Kirby Medical Center service area.



1. Address the availability of mental health and substance abuse services, including:
  - a. Address anxiety disorders in seniors and youth
  - b. Increase services for persons facing co-occurring mental health issues and substance use disorders
  - c. Address suicide ideation for all ages
  - d. Provide the community with more and better information about available mental health services
  - e. Better address abuse of prescription drugs resulting from pain management and genetic disposition and developing through patient misuse, prescription sharing, and prescription theft
  - f. Expand prevention and awareness efforts around marijuana, cocaine, alcohol, methamphetamines, opioids, and nicotine (including e-cigarettes, JUULs, etc.)
2. Expand education about wellness generally, including disease prevention for all ages
3. Address food insecurity
4. Access to affordable medication
5. Access to flexible and reliable transportation to medical appointments and other needs

**V. RESOURCES AVAILABLE TO MEET  
PRIORITY HEALTH NEEDS**  
2019 Community Health Needs Assessment



# Resources Available to Meet Priority Health Needs

## Kirby Medical Center Resources

### Hospital Resources

- 24-hour emergency healthcare
- Ambulance service
- Addiction medicine
- Diagnostic imaging
  - Bone densitometry
  - CT scanning
  - Digital mammography
  - General ultrasound
  - MRI
  - Nuclear medicine
  - Pet CT
  - Stress echocardiogram
  - Vascular screenings
- Kirby Quick Care
- Inpatient care
  - Hospice care
  - Hospitalist
  - Swing bed
- Family medicine
  - DOT certification
  - FAA physicians
- Laboratory
- Medicare resources
- Mental health counseling
- Oncology clinic
- Orthopedics
- Patient Centered Medical Home
- Primary care doctor
- Sleep disorders and sleep center
- Surgery
  - General surgery
  - Cataract surgery
  - Cosmetic and reconstructive plastic surgery
  - Colonoscopy
  - Orthopedic surgery
  - Gastroenterology
  - Podiatric surgery
  - Urology and lithotripsy



- Therapy services
  - Cardiac rehabilitation
  - Occupational therapy
  - Physical therapy
  - Pulmonary rehabilitation
  - Speech therapy
  - Women's therapy services
  - Medfit
  - Stay Active & Independent for Life (SAIL)
- Wellness services
- Food nutrition services

### **Community Resources**

- Law enforcement
- Piatt County Mental Health
- Piatt County Public Health
- DeLand Weldon Schools
- IMPACT Coalition
- Clinton YMCA
- Monticello schools
- Faith In Action
- Food pantries
- University of Illinois Extension
- Drug companies
- Other local pharmacies
- Clergy
- Piattran



## **VI. IMPLEMENTATION STRATEGY**

2019 Community Health Needs Assessment

# Implementation Strategy

## Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Kirby Medical Center on March 25, 2019. The group 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.

## Implementation Strategy – Priority #1



The group first identified and prioritized the availability of mental health and substance abuse services, including:

- a. Address anxiety disorders in seniors and youth
- b. Increase services for persons facing co-occurring mental health issues and substance use disorders
- c. Address suicide ideation for all ages
- d. Provide the community with more and better information about available mental health services
- e. Better address abuse of prescription drugs resulting from pain management and genetic disposition and developing through patient misuse, prescription sharing, and prescription theft
- f. Expand prevention and awareness efforts around marijuana, cocaine, alcohol, methamphetamines, opioids, and nicotine (including e-cigarettes, JUULs, etc.)

# Implementation Strategy

## Planning Process

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

- Kirby Medical Center will start a geriatric behavioral health program
- Kirby Medical Center will collaborate with mental health and public health to provide school nurses and programs
- Kirby Medical Center will hire a new Licensed Clinical Social Worker
- Kirby Medical Center will begin Mental Health First Aid training in the community
- Kirby Medical Center will continue to support “Girls on the Run” through Mattoon YMCA
- Kirby Medical Center will continue the in-house pharmacy to address pain management
- Kirby Medical Center will explore a retail outpatient pharmacy to collaborate with clinics
- Kirby Medical Center will partner with the IMPACT Coalition to support the prevention of substance abuse
- Kirby Medical Center will partner with Piatt County Mental Health to find ways to remain the stigma around mental health services
- Kirby Medical Center will explore medication programs for alcohol and opioids

### Anticipated impacts of these actions:

Kirby Medical Center anticipates that the steps set out above will help to address anxiety disorders, increase services for persons facing co-occurring disorders, expand prevention awareness, eliminate most prescription drug abuse issues, and provide the community with better information about mental health.

### Programs/resources the hospital plans to commit to address the need:

- Administration
- Clinic
- Pharmacy

### Planned collaboration between the hospital and other organizations:

- Law enforcement
- Piatt County Mental Health
- DeWitt-Piatt Bi-County Public Health
- Deland Weldon Schools
- IMPACT Coalition

## Implementation Strategy – Priority #2



The group next prioritized the need to expand education about wellness generally, including disease prevention.

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

- Kirby Medical Center will continue and expand corporate health services
- Kirby Medical Center will continue and expand the internal employee health program
- Kirby Medical Center will continue Seniors Active and Independent for Life (SAIL)
- Kirby Medical Center will expand dietitian services for weight loss
- Kirby Medical Center will explore certification of a physician for obesity medicine
- Kirby Medical Center will expand Prairie Fresh dietitian-managed food subscription service
- Kirby Medical Center will continue intensive behavioral therapy
- Kirby Medical Center will continue to develop recreation and exercise opportunities on the Kirby Medical Center campus, in conjunction with the YMCA
- Kirby Medical Center will continue Neighborhood Medic welfare checks and chronic care management

### **Anticipated impacts of these actions:**

Kirby Medical Center anticipates that the steps set out above will significantly improve both wellness education and wellness opportunities for health and disease prevention for all ages.

# Implementation Strategy

## Planning Process

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

- Administration
- Food and nutrition services
- Director of Health and Wellness
- Governing board
- Paramedics

### Planned collaboration between the hospital and other organizations:

- Clinton YMCA
- Monticello schools
- State Bank of Bement
- Clarkson Grain

## Implementation Strategy – Priority #3



The third prioritized need was to address food insecurity.

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

- Kirby Medical Center will support local partners that are attempting to address this issue as reasonably possible
- Kirby Medical Center will continue to collect food to support local food providers through employee programs
- Kirby Medical Center will explore beginning a community garden in Cerro Gordo

### Anticipated impacts of these actions:

- Kirby Medical Center anticipates that supporting local food support programs and beginning a community garden program will help to relieve this issue

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

- Administration

**Planned collaboration between the hospital and other organizations:**

- Faith in Action
- Food pantries
- University of Illinois Extension
- Village of Cerro Gordo

**Implementation Strategy – Priority #4**



The group next identified a need for access to affordable medication.

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

- Kirby Medical Center will explore a hospital-owned retail pharmacy that will utilize 340b program funds to improve access to affordable medication

**Anticipated impacts of these actions:**

- Kirby Medical Center anticipates that the step above will improve local access to affordable medications

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

- Administration
- Pharmacist

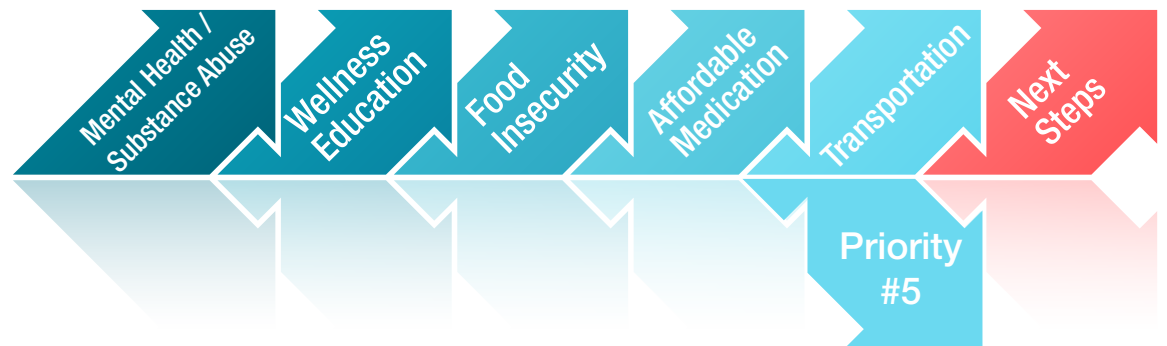
**Planned collaboration between the hospital and other organizations:**

- Drug companies
- Other local pharmacies

# Implementation Strategy

## Planning Process

### Implementation Strategy – Priority #5



The group's final identified need was access to flexible and reliable transportation to medical appointments and other needs.

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

- Kirby Medical Center will explore partnerships with local clergy to support transportation needs beyond what Piattran can provide

#### **Anticipated impacts of these actions:**

Kirby Medical Center anticipates that development of a supplemental transportation model will provide flexibility and reliability to transportation to medical appointments and other needs

#### **Programs and resources the hospital plans to commit to address the need:**

- Administration

#### **Planned collaboration between the hospital and other organizations:**

- Clergy
- Piattran



# VII. DOCUMENTING AND COMMUNICATING RESULTS

2019 Community Health Needs Assessment



# Documenting and Communicating Results

## Approval

This CHNA Report will be available to the community on the hospital's public website: <http://www.kirbyhealth.org>. A hard copy may be viewed at the hospital by inquiring at the information desk at the main entrance.

This Community Health Needs Assessment and Implementation Plan of Kirby Medical Center was approved by the Kirby Medical Center Board of Directors on the 30th day of June, 2019.

## VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment



# References and Appendix

## References

- *County Health Rankings, 2019 County Health Rankings*
- *Community Commons, 2018 Community Commons*
- Illinois Department of Employment Security, 2018
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2019
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2018
- ESRI, 2018
- Illinois State Board of Education, *Illinois Report Card, 2017 - 2018*
- *Atlas of Rural and Small Town America, USDA, 2018*
- *Behavioral Risk Factor Surveillance Survey – Illinois Counties – 2018*
- *Illinois Youth Survey, 2018*
- *Courtesy: Community Commons, <www.communitycommons.org>, August, 2018*  
(Support documentation on file and available upon request)

## Appendix

### Focus Group 1 – Community Leaders and Representatives

John Carter	Chief	Monticello Police Department
Michelle Metzlaurick	Representative	Bement Fire Protection District
Jodi Neaveill	Principal	Cerro Gordo Elementary School
Jordan Barker	Representative	Piatt County Services for Seniors
Paul Spangler	Representative	First Presbyterian Church/Rotary
Jerry Dusenberry	Representative	Monticello Christian Church
Ray Spencer	Representative	Piatt County Board
Rich Ratts	Pastor	Crossroads Church/ Ministerial Alliance
Lindsey Bross	Representative	Piatt County Sheriff’s Department
Dyke Piatt	Representative	Kirby Medical Center
Rodney Burris	Representative	Open Hearts Foursquare Church

## Focus Group 2 – Medical Professionals and Partners

David Remmert	Administrator	Piatt County Health Department
Angela Russell	Director, Case Management and Education	Kirby Medical Center
Bethany Stapel	Representative	Piatt County Health Department
Scott Porter	Administrator	Piatt County Nursing Home
Brandon Hissong	DMD	Dentist
Jennifer Moss	Chief Clinical Officer	Kirby Medical Center
Tony Kirkman	Administrator	Piatt County Mental Health
Tom Scaggs	Emergency Department Physician	Kirby Medical Center
Stephanie Cwik	Representative	Christie Clinic Regional Outreach
Ann Marty, MD	Doctor	Carle Family Practice Physicians
Sheila Lanker	School Nurse	Monticello School District
Marty Woodruff	Pharmacist	Walgreens
Narain Mandhan, MD	Chief Medical Officer	Kirby Medical Center

# Appendix

## Appendix

### Identification and Prioritization Group

Adam Clapp	Principal	Monticello High School
Rich Ratts	Pastor	Piatt County Mental Health Board
John Carter	Chief	Monticello Police Department
Jordan Barker	Representative	Piatt County Services for Seniors
Paul Spangler	Pastor	First Presbyterian Church
Lindsey Bross	School Resource Officer	Piatt County
David Remmert	Administrator	Public Health
Tony Kirkman	Director	Mental Health Director
Sheila Lanker	School Nurse	Monticello School District
Ann Marty	MD	Family Practice Physician

### Implementation Strategy Group

Steve Tenhouse	Chief Executive Officer	Kirby Medical Center
Narain Mandhan, MD	Chief Medical Officer	Kirby Medical Center
Jennifer Moss	Chief Clinical Officer	Kirby Medical Center
Tony Kirkman	Executive Director	Piatt County Mental Health
Jordan Barker	Representative	Piatt County Services for Seniors
Rich Ratts	Pastor	Ministerial Alliance

# Notes



**2019 Community Health Needs Assessment**

**Kirby Medical Center**

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