

2012

COMMUNITY HEALTH NEEDS ASSESSMENT



Mendota
COMMUNITY
HOSPITAL

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HEALTH NEEDS
ASSESSMENT

2012



Mendota Community Hospital

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TABLE OF CONTENTS

Process

Purpose. 3
 Scope of Assessment 3
 Methodology and Gaps Analysis 4

Community

Geographic Assessment Area Defined. 5
 Demographic Profile 6
 Economic Profile 7

Input

Health Profiles from Existing Studies and other Secondary Data 11
 Primary Source Information 15

Prioritization

Reconciliation of Primary Source Information with Secondary Data 20
 Summary of Findings and Recommendations 20

Resource Inventory

Mendota Community Hospital 21
 Area Health Services Review 23

Remarks

Remarks 26

Appendix

Participants 27
 Collaborators. 30



PROCESS

Purpose

Mendota Community Hospital's mission is to "work for the health and well-being of the citizens of our area through a broad range of high-quality, efficient health services." In the past, Mendota Community Hospital has employed many different methods to assess the health needs of the area it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require Mendota Community Hospital to conduct local Community Health Needs Assessments, following specific guidelines, every three years and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

Assessing community health needs through a review of available health data and discussion with area health care partners, community leaders and representatives of the many groups served by the hospital give Mendota Community Hospital and its health care partners the opportunity to identify and address the area's most pressing health care needs.

Scope of Assessment

Mendota Community Hospital elected to conduct a Community Health Needs Assessment in 2012. The Community Health Needs Assessment was developed and conducted 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 health care services for member critical access hospitals and their rural communities. ICAHN, with 51 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.

The Community Health Needs Assessment will serve as a guide for planning and implementation of health care initiatives that will allow the hospital and its partners to best serve the emerging health needs of the Mendota area.

Mendota Community Hospital's mission is to "work for the health and well-being of the citizens of our area through a broad range of high-quality and efficient health services."

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012



Methodology and Gaps Analysis

The Community Health Needs Assessment was conducted 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.

Possible avenues for gathering primary data were reviewed and it was determined to proceed with three focus groups comprised of area health care professionals/partners, community officials, and community leaders and groups.

Potential information gaps were discussed relating to the population of Hispanic origin in the service area. This assessment has explored the insular needs of the identified group by specifically seeking input from persons with knowledge of the specific health concerns of the group. Input was also sought from members of the community charged professionally with advancing the health and education of the community and all its members, including school officials dealing daily with youth and families.

As with many rural areas, secondary data is often a year or more out-of-date, which highlights the importance of historic trends in that data in the service area.

Secondary data from state and federal sources, which are cited in text, was reviewed by the consultant and compared to the primary data gathered. Identified needs were prioritized through that process and presented to hospital administration for review.

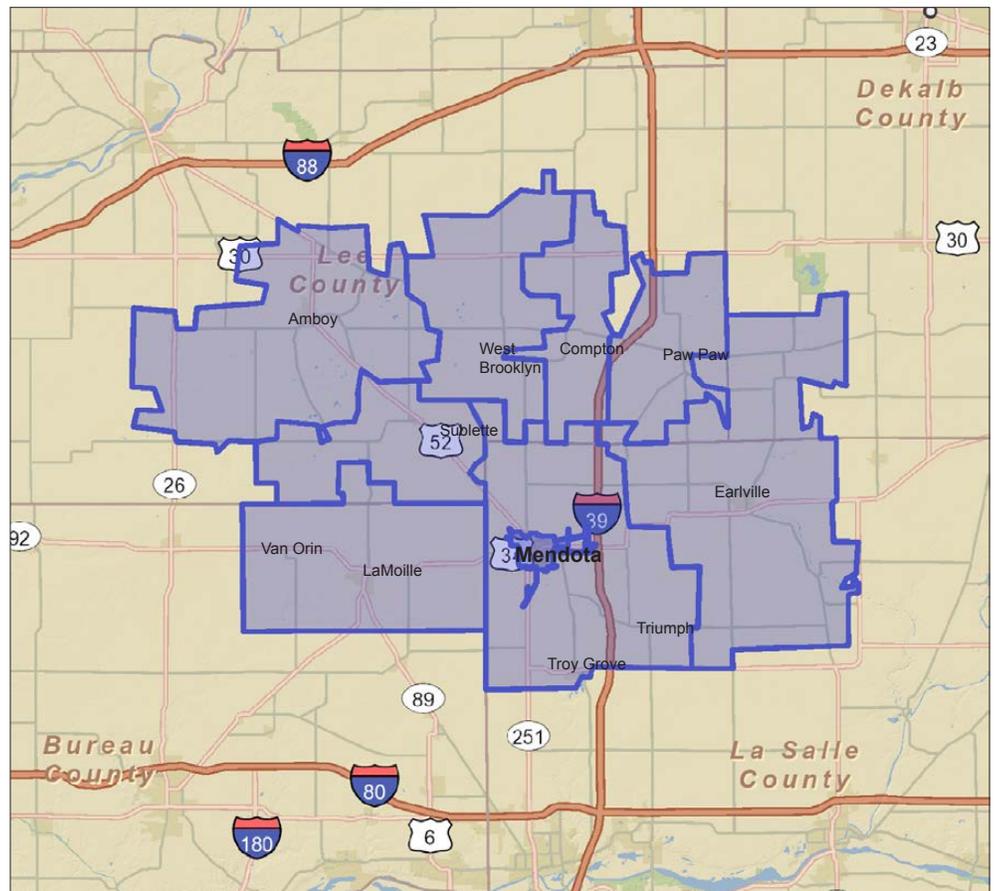
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Geographic Assessment Area Defined

The MCH community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary hospital catchment area which includes all or portions of the zip code service areas surrounding Mendota, Earlville, Amboy, Compton, LaMoille, Paw Paw, Sublette, Triumph, and West Brooklyn. This geographic area definition of community is well-suited to Mendota Community Hospital, a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.

The Mendota Community Hospital service community is located primarily in LaSalle County but extends into portions of Lee, Bureau, and DeKalb Counties. Major medical centers in Rockford and other locations receive patients from the service area.

Illustration 1. Mendota Community Hospital Service Area



(ESRI - 2012)

Demographic Profile

Table 1. Population by Race – Mendota Community Hospital Svc Area

RACE and ETHNICITY	2011		2016	
	Number	Percent	Number	Percent
White	20,371	93.7%	20,319	93.3%
Black	116	0.5%	122	0.6%
American Indian	50	0.2%	55	0.3%
Asian	70	0.3%	72	0.3%
Pacific Islander	2	0.0%	2	0.0%
Other	819	3.8%	887	4.1%
Two or More Races	302	1.4%	319	1.5%
Hispanic Origin (any race)	2,505	11.5%	2,741	12.6%

(ESRI - 2012)

The race and ethnicity makeup of the service area indicates that more than 11% of the population is of Hispanic origin. Other race and ethnicity numbers are typical of rural Illinois. There are no large changes in the profile projected over the next five years.

The broad demographic profile of the Mendota Community Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following chart and data profile trends in the demographic environment surrounding the Mendota Community Hospital service area.

Table 2. Demographic Trends – Mendota Community Hospital Svc Area

SUMMARY	2010	2011	2016
Population	21,722	21,730	21,776
Households	8,461	8,465	8,539
Families	5,805	5,808	5,801
Average Household Size	2.54	2.54	2.52
Owner Occupied Housing Units	6,421	6,382	6,475
Renter Occupied Housing Units	2,040	2,083	2,064
Median Age	41.0	41.2	42.0
TRENDS: 2011-2016 Annual Rate	AREA	U.S.	
Population	0.04%	0.67%	
Households	0.17%	0.71%	
Families	-0.02%	0.57%	
Owner Households	0.29%	0.91%	
Median Household Income	2.49%	2.75%	

(ESRI - 2012)

The overall population of the service area is trending toward little change with expected related trends in most demographic categories. The median age is projected to continue to increase over the next five years to 42 years of age.

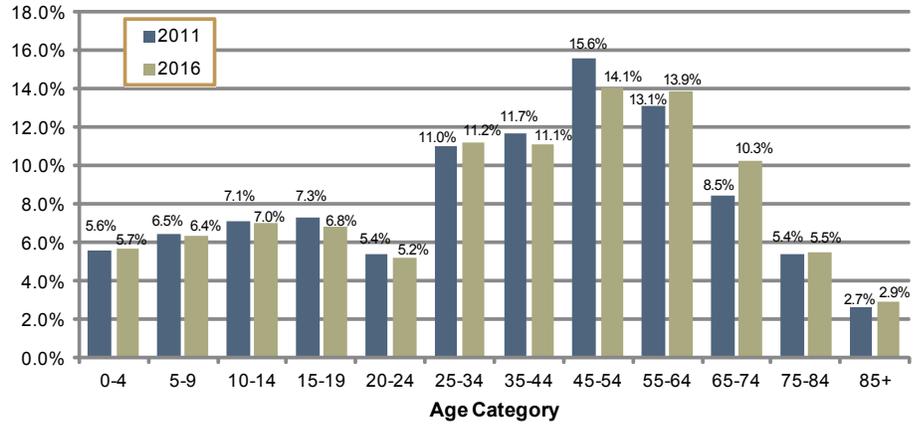
The median household income of the MCH service area is projected to increase at a rate slower than the national median income. Overall, past, current, and predictive data suggests that the demographic profiles of the service area of Mendota

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012

Community Hospital will remain largely unchanged over the next five years and that growth will be a little slower than national trends.

Table 3. Population by Age – Mendota Community Hospital Svc Area



(ESRI - 2012)

Mendota is part of the Ottawa-Streator Micropolitan Statistical Planning Area. The Mendota Community Hospital service area is projected to gain population distribution in all groupings over age 55 and experience a small increase in the 0-4 and 25-34 age groups. All other groups will be smaller. This pattern is typical of rural Illinois.

Economic Profile

Table 4. Household Income Profile – MCH Service Area

HOUSEHOLDS BY INCOME	2011		2016	
	Number	Percent	Number	Percent
<\$15K	1,017	12.0%	946	11.1%
\$15K-\$24K	991	11.7%	721	8.4%
\$25K-\$34K	977	11.5%	756	8.9%
\$35K-\$49K	1,400	16.5%	1,295	15.2%
\$50K-\$74K	1,862	22.0%	2,250	26.4%
\$75K-\$99K	1,074	12.7%	1,296	15.2%
\$100K-\$149K	906	10.7%	994	11.6%
\$150K-\$199K	128	1.5%	167	2.0%
\$200K+	110	1.3%	114	1.3%

Median Household Income	\$47,830	\$54,075
Average Household Income	\$58,578	\$64,399
Per Capita Income	\$22,947	\$25,384

(ESRI - 2012)

Median household income for 2011 was \$47,830 in the Mendota Community Hospital service area, compared to \$54,442 for all U.S. households. The median household income in Illinois was \$50,761 for 2011. Median household income is projected to be \$54,075 in five years. Median household income is the amount where one-half of the households in an identified area have a higher income and one-half of the households have a lower income. (ESRI, 2012)

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012



Median value of owner occupied homes in the area was \$134,040 in 2010, compared to a median home value of \$157,913 for the U.S. By 2015, median value is projected to increase to \$156,147 for the MCH service area. (ESRI, 2012)

According to the Illinois Department of Employment Security, Local Employment Dynamics data, 1,725 new jobs were created in LaSalle County during the third quarter of 2011. The average over Q3 2011 and the prior three quarters was 2,038. That is the most recent data reported for the county. The average net job flow (jobs created – jobs lost) for the same period was 231. This was a strong number compared to many other rural Illinois counties. (IDES, May 2012)

LaSalle County’s monthly average unemployment rate for August, 2012, was 11.1% compared to 8.9% for the entire state of Illinois. The LaSalle County rate was down slightly from 11.7% in August 2011. (IDES, May, 2012)

Table 5. Collected Sales Tax Trends – MCH Service Area

	<u>Amboy</u>	<u>Earlville</u>	<u>Mendota</u>
FY 2011	\$149,448	\$102,431	\$1,075,217
FY 2010	\$174,807	\$ 96,004	\$ 986,587
FY 2009	\$168,333	\$109,364	\$ 994,185

(ESRI - 2012)

Table 6. Educational Attainment, Persons Over Age 25 – MCH Svc Area

In 2011, the educational attainment of the population aged 25 years or older in the area was distributed as follows:
14.8 percent had not earned a high school diploma (14.8% in the U.S.)
40.6 percent were high school graduates only (29.6% in the U.S.)
9.1 percent had completed an associate’s degree (7.7% in the U.S.)
8.0 percent had a bachelor’s degree (17.7 % in the U.S.)
5.4 percent earned a master’s/professional/doctorate degree (10.4% in U.S.)

(ESRI - 2012)

The percent of post high school attainment in the service area is higher than for the United States overall for an associate’s degree and lower than for the United States overall in the categories of bachelor’s degree and graduate or professional degree.

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012



Low-income students are pupils ages 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds, or eligible to receive free or reduced-price lunches. The percentage of low-income students is the count of low-income students divided by the total fall enrollment and multiplied by 100. The majority of the service area is included in six public school districts reflecting the following levels of low income students.

SCHOOL DISTRICT	% Low Income in 2000	% Low Income in 2011
Mendota CCSD 289	29.3	61.0
Mendota TWP HSD 280	14.4	40.8
Earlville CUSD 9	11.6	49.3
Amboy CUSD 272	24.6	35.3
LaMoille CUSD 303	19.1	39.4
Paw Paw CUSD 271	16.5	39.1

The population of low income students for the state of Illinois went from 36.7% in 2000 to 48.1% in 2011.

Analysis of the 2010 U.S. Census data discloses an area including much of Mendota and an area including and south of Amboy that have concentrations of population of adults without high school diplomas, which exceeds 20 percent.

A high percentage of persons below the poverty level and/or adults without high school diplomas are potential indicators of concentrations of underinsured and uninsured populations.

The Mendota Community Hospital service area is experiencing stable or slightly recovering employment numbers and sales tax revenue overall. The numbers of children eligible for free or reduced lunch are increasing but are similar generally when compared to many rural districts. Two districts in the service area exceed the statewide level. The service area is in a similar economic position to many rural communities in Illinois today.

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012



Table 7. Employment by Industry – MCH Service Area

CATEGORY	EMPLOYED	% OF WORKING POPULATION
Manufacturing	2,111	20.4%
Retail trade	1,323	12.8%
Health care and social assistance	1,212	11.7%
Construction	833	8.1%
Educational services	677	6.6%
Transportation and warehousing	630	6.1%
Accommodations and food services	580	5.6%
Agriculture, forestry, fishing and hunting	512	5.0%
Other services, except public administration	498	4.8%
Wholesale trade	347	3.4%
Finance and insurance	333	3.2%
Administrative and support/waste management services	288	2.8%
Public administration	284	2.7%
Professional, scientific and technical services	206	2.0%
Information	194	1.9%
Arts, entertainment and recreation	96	0.9%
Real estate, rental and leasing	77	0.8%
Utilities	76	0.7%
Mining, quarrying, and oil/gas extraction	51	0.5%
Management of companies and enterprises	0	0.0%
TOTALS:	10,328	100.0%

(ESRI - 2012)

The service area enjoys diverse employment opportunities overall. The third largest employment group is health care and social assistance. Mendota Community Hospital and its supporting services and partners are included in this group. The hospital plays an important role in the economic vitality of the area as well as its health.

The service area's social and economic picture is also influenced by the fact that over 88% of the land area in LaSalle County consists of farms, according to 2007 data from the USDA. (*Atlas of Rural and Small Town America, 2011*) Thirty-five percent of local farm operators in LaSalle County work off-farm.

The Mendota Community Hospital catchment area is marked by small communities relying on small businesses, small to medium industries, agriculture and service providers for its local employment. Many residents commute short distances to surrounding communities to work.

The demographic/economic profile of the Mendota Community Hospital service area is typical of rural Illinois communities in several ways but has a higher population of Hispanic origin than many other rural locations around the state. In the near term, the profile is expected to remain substantially similar in most categories reviewed for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.



INPUT

Health Profiles from Existing Studies and other Secondary Data

Secondary data reports and other resources were reviewed for this assessment in order to provide points of comparison for the primary facts and anecdotes offered through the primary information collection process. Those secondary sources included:

- Kaiser State Health Facts – The Kaiser Family Foundation
- Illinois County Health Rankings – Robert Wood Johnson Foundation
- State Cancer Profiles – The National Cancer Institute
- Community Health Status Indicators – U.S. Department of Health and Human Services
- Illinois Behavioral Risk Factor Surveillance System (IBRFSS), which provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services, and the LaSalle County IPLAN. (Illinois Project for Local Assessment of Needs – Illinois Department of Public Health)
- County Health Rankings

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, 2012).

LaSalle, Bureau, and Lee Counties contain the vast majority of the geographic service area. The County Health Rankings for these counties show marked similarities in some of the key measures of health concerns.

LaSalle County is ranked 66th out of the 102 Illinois counties in the Rankings released in April 2012. Bureau County is ranked 25th in the Rankings and Lee County is ranked 32nd.

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012

Observation	LaSalle	Lee	Bureau	Illinois
Adults reporting poor or fair health	16%	20%	14%	16%
Adults reporting no leisure time physical activity	27%	28%	30%	25%
Adult obesity	30%	27%	28%	27%
Children under 18 living in poverty	18%	15%	18%	19%
Excessive drinking	24%	N/A	16%	19%
Adult smoking	29%	24%	N/A	20%

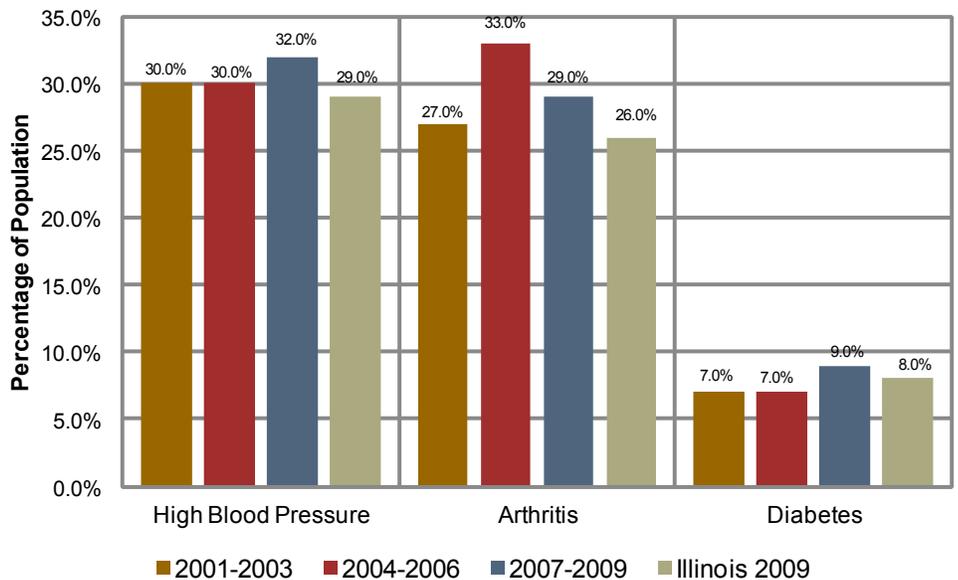
(County Health Rankings and Roadmaps - 2012)

The County Health Rankings also show a motor vehicle crash death rate of 20 (per 100,000 population) in LaSalle County, compared to a rate of 11 statewide. The Bureau County motor vehicle crash death rate is 24. The Lee County rate is 18.

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

The following table reflects longitudinal information from the IBRFFS that indicate areas of likely health care needs.

Table 8. Diagnosed Risk Factors – LaSalle County



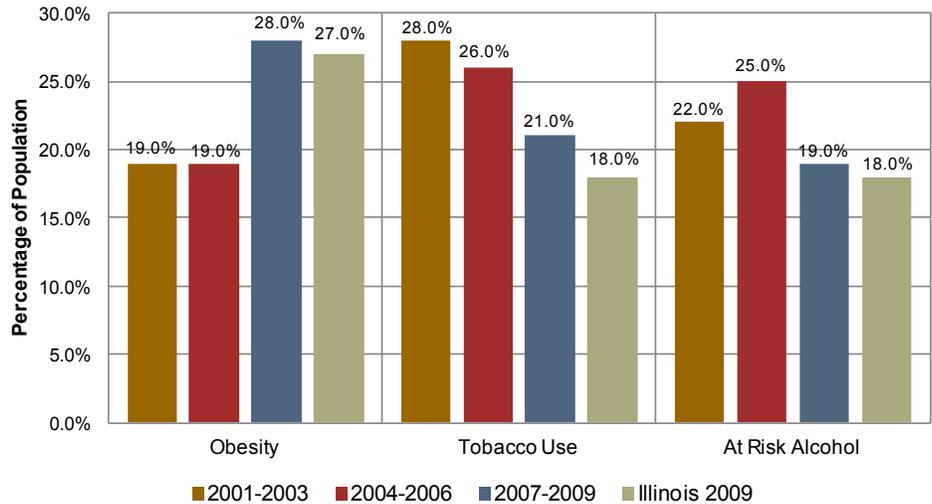
(Illinois Behavioral Risk Factor Surveillance System - 2012)

Reports of diagnosis of high blood pressure and diabetes have risen slowly to exceed the state level, and reports of diagnosis of arthritis have varied while consistently exceeding the state level.

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012

Table 9. Health Risk Factors – LaSalle County



(Illinois Behavioral Risk Factor Surveillance System - 2012)

Obesity rose over the reporting period to exceed the state level while risk for binge drinking varied but remained above the state level. Tobacco use fell significantly during the period but still exceeded statewide use. The 2012 County Health Rankings suggest that the percentage of adults smoking is higher in 2012 than 2009.

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

Disease Type	# of Deaths
Diseases of the heart	348
Malignant neoplasms	305
Cerebrovascular diseases (stroke)	70
Lower respiratory diseases	71
Accidents	56
Alzheimer's disease	43
Diabetes mellitus	34
Influenza and pneumonia	38
Nephritis, nephrotic syndrome, and nephrosis	19
Septicemia	13
Intentional self harm (Suicide)	9
Chronic liver disease, cirrhosis	20
All other causes	267
TOTAL DEATHS	1,293

(Illinois Behavioral Risk Factor Surveillance System-2011)

The mortality numbers are much as one would expect with diseases of the heart, cancer, and lower respiratory diseases as leading factors. (National Cancer Institute, State Cancer Profiles, 2009)

COMMUNITY HEALTH NEEDS ASSESSMENT

2012



The State Cancer Profiles compiled by the National Cancer Institute list LaSalle and Lee Counties as Priority Level 4 for all cancers, which means that the cancer rate overall is higher than the U.S. rate but has been stable over recent years. Bureau and DeKalb Counties are listed at Priority Level 6 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and is stable over the recent past. *(National Cancer Institute, State Cancer Profiles, 2009)*

A recent study of 13 counties in northwestern Illinois by the University of Illinois College of Medicine determined the prevalence of Multiple Sclerosis in the MCH service area communities of Compton at 855.9/100,000 and Paw Paw at 369.5/100,000 were well above the national rate (100/100,000) and among the 10 highest rates in individual zip codes in the study. *(Multiple Sclerosis Prevalence in Thirteen Northwest Illinois Counties. University of Illinois, College of Medicine, Joel B. Cowen, Principal Investigator, 2009)*

The MCH service area includes Health Professional Shortage areas for mental health services, low income dental services and low income primary medical care according to the U.S. Department of Health and Human Services, Health Resources and Services Administration.

IPLAN

The Illinois Project for Local Assessment of Needs or IPLAN is a community health assessment and planning process. The assessment and planning process is done every five years by each local health department in Illinois. The 2007 LaSalle County IPLAN identified and developed intervention strategies for three areas of concern:

1. Substance abuse and lack of inpatient treatment centers
2. Family violence
3. Access to dental care

Synthesized Secondary Data

The demographics for Mendota Community Hospital's service area generally reflect overall similar patterns when compared to other rural areas and Illinois. Over 10% of the population is of Hispanic origin.

LaSalle County reports a higher percent of population diagnosed with arthritis, high blood pressure, and reporting obesity than state averages. Diseases of the heart and cancer are the two leading causes of death by a wide margin. Death from motor vehicle crashes is reported as being nearly two times the statewide rate in LaSalle County.

Summary

The secondary data and previous planning conclusions draw attention to several common issues of rural demographics and economies and draw emphasis to issues related to risky behavior with regard to alcohol and other substances, obesity, smoking and related issues.



Primary Source Information

Focus Group #1 – Health Care Professionals and Partners

This group included a school nurse, representatives of nursing and rehabilitation facilities, a representative of a women’s clinic and others. The group met on June 5, 2012.

The group first discussed positive developments in the MCH service area in the recent past. They identified the following changes:

- Senior center provides improved transport
- Improved communications between the hospital and nursing home
- Improved continued care partnerships
- Cooperation between the hospital and the women’s center
- Ease of communicating with the hospital
- High level of cooperation between the hospital and Federally Qualified Health Center
- Increased availability of counseling and cooperation between the hospital and counseling (made possibly by adding a counselor)
- High level of cooperation between the hospital and schools
 - Sports physicals - immunizations, regular physicals, ER servicing
- The hospital has an aggressive physician recruiting program
- Improved communication of records
- The new hospital
- Cooperation between the hospital and the free clinic is incredible
- Cooperative administration at the hospital
- Free clinic and FQHC

The group then discussed a wide variety of health needs and health-related concerns in several general categories, including:

- The ER at the hospital is overused by underinsured and uninsured persons because extended hours are not available (could possibly utilize free clinic or FQHC)
- Mental health
 - Affordable counseling is hard to find
 - Pain management
 - Addiction
 - prescriptions
 - other illegal substances
- Planning for gaps following the state service reduction and elimination, like Illini Care Rx
- No OB/GYN (Dr. Chin does see OB patients here - delivers at IVCH)
- Dentists are hard to find for underinsured and uninsured patients
 - FQHC has a clinic for children
 - Kids are sent to Aurora for dental
- Low income vision care

COMMUNITY HEALTH NEEDS ASSESSMENT

2012



- Education about services that are available in the system
- Psychiatrist - especially child psychiatrist
 - It is difficult to get to North Central Behavioral System in LaSalle
- Pro-life physicians
- Hours for rehab are limited
- Resources for cognitive impairment - dementia, Alzheimer's
- Education needed regarding:
 - Breast cancer, related to abortion
 - Diabetes
 - Hypertension
 - Obesity
 - Asthma
- Children and family mental health issues
- Dual diagnosis
 - Substance abuse/mental health
 - Physical issues/mental health
- Education about concussions
- Substances
 - Prescription abuse - drug seeking (Vicodin)
- Exercise facilities and education/motivation to exercise
- Education on alcohol
- Possible reemergence of Tuberculosis - possibly in Asian community
- Alcohol and cigarettes
- MCH lacks extended hours on some services

Focus Group #2 – Community Leaders and Groups

This group included representatives of local employers, banks, school districts, churches, and others. The group met on June 5, 2012.

The group session opened with the identification of several positive events that took place within the Mendota Community Hospital service area during the past five years. The following developments were cited:

- Ease of access to health services
- Intercepts for emergencies from Mendota to smaller communities from the city of Mendota
- Level of care of Earlville ambulance
- Outreach from the hospital to business is excellent
- Community outreach from the hospitals, clinics, education
- Level of care from Compton EMS - Mendota intercepts
- The new hospital - clinics and services
- Flexibility and responsiveness to needs of local businesses from the hospital
- The hospital as impacting quality of life
- Hospital staff is cordial and attentive
- Hospital as economic engine and community engine
- Quality of facilities and services are being upgraded here and in surrounding areas

COMMUNITY HEALTH NEEDS ASSESSMENT

2012



- Excellent ER - EMS intercepts
- Transport has improved
- Privacy in the new hospital
- Emergency services and ER
- Good interaction between the hospital and schools
- Critical access hospital status
- Travel relationships with larger hospitals is very good
- Outpatient services have improved
- Availability of observation rooms

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses, both current and threatened for the future, in delivery of health care in the MCH service area:

- Bilingual services at the hospitals
- Express care services over expanded hours as an alternative to the ER
- Affordable trainings for school staff to meet requirements
- On-site training of staff for businesses
- Education outreach needed
 - o Bilingual
 - o Wellness
 - o Nutrition
- General wellness education at work site
- Availability or education about availability of wellness education and screenings
- Recognition of needs of businesses for employee benefits that can be reasonably replicated in branches, etc.
- No maternity services
- Staffing for outlying ambulance services - future requirements and planning for those needs
- Information about testing and services to businesses and employers
- Obesity
- More activity programs for cardio and other programs
- Cancer in general
- Two nursing homes provide assisted care (planning needed for physicians who will care for patients)
- Planning for elder care in general
- Continued aggressive recruitment of doctors

Focus Group #3 – Officials and Community Leaders

This group included a village president, a city clerk, fire chiefs, and others. The group met on June 5, 2012.

The group session opened with the identification of several positive events that took place within the Mendota Community Hospital service area during the past five years. The following positive developments were cited:

- New hospital and ambulances
- Health awareness is increasing

COMMUNITY HEALTH NEEDS ASSESSMENT

2012



- Outreach from MCH for flu clinics
- Location of the hospital has cut response time for the Earlville ambulance
- Better cooperation among ambulance services
- Earlville fire and ambulance are housed together
- The new hospital is easy to navigate

The group then discussed a wide variety of health needs and concerns in several general categories, including:

- Access to basic wellness care for those underinsured and uninsured in Earlville
- Education and other steps to eliminate unnecessary ambulance calls
- Access to physical rehab opportunities for both facilities and hours
- Training and staffing for Paw Paw ambulance
- Availability of medical records of specialists
- No maternity
- Providing the necessary care for the increasing population of the elderly
 - Education
 - Services
- Prescription drugs - availability suggests people avoid a lifestyle of wellness
- Prescription drugs' side effects deter some people

Focus Group #4 – Hospital Board and Medical Staff

This group included hospital board members and medical staff. The group requested to participate in the process to assure their understanding of the Community Health Needs Assessment and in order to compare their collective views with those of the other targeted group participants. The group met on June 5, 2012.

The group session opened with the identification of several positive events that took place within the Mendota Community Hospital service area during the past five years. The following developments were cited:

- Mendota Area Senior Center providing transport
- Trinity free clinic and the cooperation and services it receives from MCH
- Addition of engaging people in rehab
- Hospital provides hometown care
- School district has reinstated early childhood and migrant Headstart
- Consolidation of services and physicians into new hospital
- Commitment of hospital and employees to technology
- Dr. Minihane's arrival (orthopaedic surgeon)
- Hospital is working proactively instead of reactively - tech and staffing
- Hospital getting more involved in community wellness awareness
- Vaccination clinic
- New hospital a plus for Earlville residents
- Aggressive recruiting by the hospital
- New imaging department is second to none
- The stability, growth, and strength of MCH
- Better helicopter location
- Hospital has room to grow a medical campus
- ER care has improved and so has the quality of ER doctors

COMMUNITY HEALTH NEEDS ASSESSMENT

2012



The group then considered needs in the areas of health care and delivery of health services within the catchment area and identified the following:

- Urologist - other specialists needed to serve an aging population
- MCH is not strong in satellite services in Earlville
- Fast track triage/urgent care/extended hours
- Marketing/awareness and services to young population
- Global focus on population
- Education and services
 - Obesity - need a coordinated program
 - Diabetes - need a holistic clinic and follow-through approval
- Continuity of family physicians
- MCH needs to be involved in policy on all levels as a driver of discussions; proactive versus reactive
- Keep families coming to local services
- Reach out to Hispanic population
- Educate, market critical access hospitals
 - Overcome perception that this is just a place to start somewhere
- Extended hours in general - rehab needs to help better capture the service area
- Prescriptions for Medicare and the insured
- Losing the neurologist
- Education about what quality care is
- Need to remove clerical burden from doctors so that they can focus on patient care
- Follow-up care for psych releases from clinics
- Mental health services
- Wellness clinic with nurse practitioners doing wellness checks



PRIORITIZATION

Reconciliation of Primary Source Information with Secondary Data

The facilitated primary information gathering process resulted in the discovery of issues subsequently prioritized during discussion by participants and repetition among groups to a list of concerns largely common to the overarching categories of wellness education, access to services for all residents, maintaining trained staff for ambulances and planning for securing and maintaining local availability of medical specialists. Delivery of mental health services and prevention of substance abuse were also consistent concerns. The areas chosen were consistent with the needs identified from the secondary information collected and observed.

Summary of Findings and Recommendations

The items set forth below are those which found consistent identification and, ultimately, prioritization in the primary information gathering process and which are supported by the secondary information related to demographics and health status.

1. Wellness education and basic wellness services for all residents

This was identified as a need for better availability of information on wellness, education and basic wellness care opportunities for the community in general and also improved information to the community that explains services and options for the underinsured and uninsured and non-English speaking residents. The desire for continued and expanded outreach from MCH to workplaces and the Hispanic population and steps to maximize utilization of on-site services and facilities were emphasized. Primary and secondary inquiries emphasized the need to address the issues of obesity, smoking, and healthy living.

2. Mental health services

Gaps in access to mental health services 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 MCH 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 secondary data. These issues also provide the opportunity for external collaboration.

3. Planning for continued local availability of physicians and medical specialists

While there was general satisfaction expressed with currently availability of local and regional physicians and specialists, there was discussion of the need for succession planning for the primary care medical community and identification of specific specialists that are not available locally, although those specialties are available in Rockford or other areas.



RESOURCE INVENTORY

Mendota Community Hospital Services

Mendota Community Hospital is a critical access hospital delivering a wide range of services to its communities. Services include:

- Inpatient Services
- Emergency Department
- Surgery
- Diagnostic Imaging
 - General Radiology
 - Digital Portable Services
 - Fluoroscopy
 - Computed Tomography (CT)
 - Ultrasound Scans
 - Echocardiogram
 - Nuclear Medicine Scans
 - Magnetic Resonance Imaging (MRI)
 - Digital Mammogram
 - Digital Bone Density Testing (DEXA)
 - Intra-Operative Imaging Guidance
- Laboratory
 - Hematology
 - Coagulation
 - Chemistry
 - Serology
 - Urinalysis
 - Microbiology
 - Immunohematology
- Rehabilitation Services
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Athletic Trainer
 - Lymphedema Treatment
 - Spinal Manipulation
 - Vital Stimulation Swallowing Therapy
 - Early Intervention Speech Therapy
 - Hand Therapy
 - Nerve Conduction Testing
 - Home Health Rehabilitation
- Cardiopulmonary
 - Respiratory treatments - hand-held nebulizers, meter-dose inhalers, oxygen, Continuous Positive Airway Pressure (CPAP), Bi-level Positive Airway Pressure (BiPAP), spirometers, peak flow meters
 - Holter monitor
 - Event monitor

COMMUNITY HEALTH NEEDS ASSESSMENT

2012



- o Cardiac stress test
 - o Sleep studies
- Bridge-to-Home
 - o Medicare-approved skilled care delivered within the inpatient unit
 - o Average stays 7-14 days, depending on the needs of the patient
 - o Rehabilitation room within the inpatient department with mock kitchen and partial bath to prepare patients in returning home
 - o All private rooms
- Home health
 - o Skilled Nursing
 - o Physical Therapy
 - o Home Health Aide
 - o Occupational Therapy
 - o Speech Therapy
 - o Medical Social Services
 - o Laboratory Services
 - o Intravenous Therapy
 - o Patient/Family Education
 - o Medication Counseling
 - o Assistance with special dietary needs
- Outpatient clinics
 - o Cardiology
 - o Pediatric Cardiology
 - o Counseling Services
 - o Ear, Nose, Throat, Head
 - o Gastroenterology
 - o General Practice
 - o Gynecology
 - o Nephrology
 - o Neurology
 - o Electrodiagnostic Medicine
 - o Sleep Medicine
 - o Oncology
 - o Orthopedics
 - o Podiatry
 - o Pulmonology
 - o Rheumatology
 - o Surgery
- Counseling
 - o Individual, couples and family counseling



Area Health Services Review

Clinics

Trinity Health Care of Mendota

Trinity Health Care of Mendota provides primary medical care to uninsured and low income patients.

Bureau County Health and Wellness Clinic

Bureau County Health and Wellness Clinic provides primary medical care to uninsured and low income patients in Bureau County.

Bureau County Dental Clinic

The dental clinic, administered by the Bureau-Putnam County Health Department, serves the dental needs of families (children and adults) receiving Public Aid and/or All Kids, or those that qualify under low-income guidelines from Bureau, LaSalle and Putnam counties.

Mendota Medical and Dental Clinic (through Community Health Partnership of Illinois)

Provides health care for migrant and seasonal farm workers.

Services

LaSalle County Health Department

The LaSalle County Health Department offers programs in three areas: environmental health, personal health, and health education.

Lee County Health Department

The Lee County Health Department offers programs designed to address the health and wellness needs of Lee County communities.

Bureau-Putnam County Health Department

The Bureau-Putnam County Health Department provides comprehensive services and education programs in the areas of disease prevention, family health, environmental health, health promotion, and emergency preparedness, in addition to a dental clinic.

DeKalb County Health Department

The DeKalb County Health Department provides programs from internal divisions. The Home Care Division provides services in the home including skilled nursing, physical, speech, and occupational therapy, medical social services and home health aides.

The Personal Health Services Division provides maternal and child health services such as childhood immunizations; the Women, Infants, and Children (WIC) nutrition

COMMUNITY HEALTH NEEDS ASSESSMENT

2012



supplement program; the Family Case Management program for pregnant women and infants; and the Family Planning program. In addition, the Communicable Disease (CD) program provides services to prevent the spread of communicable diseases.

The Health Education and Emergency Preparedness Division provides services to the public to promote good health, improve the level of health knowledge within the community, and inform the residents of available health resources.

Home Health Care Supplies

Procure

- Oxygen
- CPAPs and supplies
- Nebulizers
- Hospital beds
- Wheelchairs
- Lift chairs
- Walking aids
- Respiratory equipment and supplies
- Compression hosiery
- Braces
- Uniforms

Nursing Homes and Senior Care

Heritage Health Therapy and Senior Care

- Private Medicare “RESTORE-to-Home” rooms
- Skilled Nursing
- RESTORE Therapy
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
 - Electrical Stimulation
 - RESTORE-to-Home
- Medicare-Certified
- VA-Contracted Facility
- Restaurant-style dining
- Respite Care
- Hospice Services
- Activities
- Hair Salon
- Social Services
- Green Tree Pharmacy

Mendota Lutheran Home

- Skilled Care
- Long Term Care
- Respite Care

COMMUNITY HEALTH NEEDS ASSESSMENT

2012



- Hospice
- Inpatient and Outpatient
- Physical, Occupational and Speech Therapy
- Wound Care
- Pain Management
- Restorative Nursing Program
- Urinary Incontinence Program
- Diathermy Treatment
- Physician, Podiatrist and Dental appointments on site
- Beauty Salon and Barber Services
- Weekly non-denominational church services in St. Luke's Chapel
- Weekly Catholic services and communion in Harris Lounge
- Two lounges that may be reserved for private family parties
- Two bird aviaries
- "Grace" Gift Shop

Stonecroft Village Retirement Community

Stonecroft Village provides independent and assisted living arrangements for seniors.

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012



REMARKS

The MCH Community Health Needs Assessment was conducted in the summer of 2012. The process followed interim IRS guidelines allowing for a more confident focus of effort and resources.

ICAHN is grateful to the Mendota Community Hospital staff for their participation in the development of this project, which will benefit many of their rural and ICAHN partners in the years to come.

ICAHN and Mendota Community Hospital are especially grateful to the health care professionals, community leaders, and citizens who offered their thoughtful input for the assessment.

This report was submitted to the administration of Mendota Community Hospital in October 2012, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.



APPENDIX

Focus Group and Interview Participants

Sherri McConville, School Nurse, Mendota High School

Kim Abel, RN, Administrator Trinity Healthcare
Bonnie Price, Volunteer RN at Trinity Healthcare

This organization provides free primary health care to indigent and uninsured persons in Mendota and surrounding communities. Services include mental health care, diabetic assistance, minor ailment treatment and referrals for dental care.

Beth Whalen, Clinic Director, Community Health Partnerships
Mary Ann Barber, RN, Community Health Partnerships

This Mendota organization works to improve the health and well-being of migrant and seasonal farm workers by providing a "wellness home" where workers and their families can receive medical and dental care from a team of bilingual-bicultural professionals. Services are partially funded through grants and donations.

Judy McConville, Nurse Practitioner, Now Care

This organization provides services to uninsured persons including urgent care, appointment based care, weight loss program, wellness, sports medicine and occupational health services.

Robert Krenz, DDS

Carol Kern, Director, Mendota Area Senior Services

This non-profit agency coordinates and introduces senior service programs to the ten northern townships of LaSalle County to help older persons reside in their homes as long as possible by removing individual and social barriers to economic and personal independence including providing free transportation services.

Catherine McDowell, Administrator, Heritage Health

This entity provides traditional nursing home services and is a representative of the elderly population.

Denise Heise, Administrator, Stonecroft Retirement Village

This facility is directed to independent living and is a representative of the elderly population.

Joyce Fassig, Past Director, Abigail Women's Clinic

The Clinic offers free pregnancy related services to women in need, including providing clothing and information related to adoption.

Christine Novak, LCPC, Changes Counseling, LLC

This organization provides counseling services and has special knowledge and expertise of the community's behavioral health needs.

Jack Cantlin, Attorney, Cantlin Law Firm and former Board Member, Mendota Community Hospital

Father Fredi Gomez-Torres, Pastor, Holy Cross Catholic Church in Mendota

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012



Del Knowlton, City of Mendota Alderman and Staff Parish Committee Member, First United Methodist Church

Jeff Zinke, Parishioner, Compton United Methodist Church

Louis Sekula, Safety Manager, Del Monte Corporation
Del Monte is one of the largest employers in Mendota employing many migrant workers. The company has knowledge of the medical needs of the Hispanic population.

Audrey McConville, Branch Manager, Financial Plus Credit Union

Timothy McConville, President, First State Bank of Mendota

John Gehant, Jr., Vice President, HF Gehant Bank

Mary Gehant, Accountant, in the West Brooklyn Community

Diane Schallhorn, Human Resources Director, HCC, Inc.
HCC, Inc. is a manufacturer of farm-related equipment.

Todd Holland, President and General Manager, Holland and Sons

Tony Morrow, Controller, Holland and Sons

Colette Sutton, Superintendent, LaMoille School District

Ms. Sutton has special knowledge of the public health needs of students in the communities of LaMoille and Van Orin (39.4% low income students).

Alan Forristall, Market President, Midland States Bank

Ed McConville, President, National Bank of Earlville

Michael Bokus, CPA, Mendota

Steve Gilmore, Chief, Compton Fire Dept.

Mr. Gilmore has special knowledge and expertise relating to the ambulance services and training needed to address public health needs.

Michael Hall, Mayor, City of Earlville

Larry Todd, Chief, Earlville Fire Department

Mr. Todd has special knowledge and expertise relating to the volunteer ambulance services and training needed to address public health needs.

Emily McConville, City Clerk, Mendota

Sherrie Rogall, Village Clerk, Paw Paw

Jarold Nicholson, Village President, Paw Paw

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012



MCH Medical Staff and Board of Directors

Joseph Beetz, President

Eric Anderson

Joe Arteaga, Hispanic Board Member

Mary Chinn, M.D.

P. Daniel Doyle, O.D.

Steven F. Gahan, C.P.A.

Christine Klein

Keith Minihane, M.D.

Michael Phalen

Margo Gallagher Schmitz, Past Administrator, LaSalle County Public Health Dept.

David A. Scholl, M.D.

William Schuler, M.D.

Robert F. (Skip) Stachlewitz, Jr.

Kathleen (Guilfoyle) Stevenson

Keri Sundberg, D.D.S.

Curt Zimmerman

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012



COLLABORATORS

The MCH Community Health Needs Assessment was developed and conducted 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 health care services for member critical access hospitals and their rural communities. ICAHN, with 50 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. Mendota Community Hospital is a member of the Illinois Critical Access Hospital Network.

Terry Madsen, M.A., J.D., former University of Illinois Extension educator and community development specialist, was the lead collaborator for this project. Mr. Madsen is a member of the City Council and Commissioner for Public Health and Safety for the City of Princeton, Illinois, which owns a critical access hospital. He has participated in specialized training in community needs assessment, community organization, diversity, ethics, community and youth development and project evaluation.

Through ICAHN, Mr. Madsen has direct access to data services and specialized production equipment as well as educational, management and marketing support from in-house staff and consultants.

Curt Zimmerman, Director of Business Services and Development at ICAHN, provides technical support, design/layout direction, proofreading and editorial support for the community health needs assessments projects through ICAHN and Mr. Madsen.

NOTES

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2012



COMMUNITY HEALTH NEEDS ASSESSMENT | 2012

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