



Community Health Needs Assessment



Kewanee Hospital

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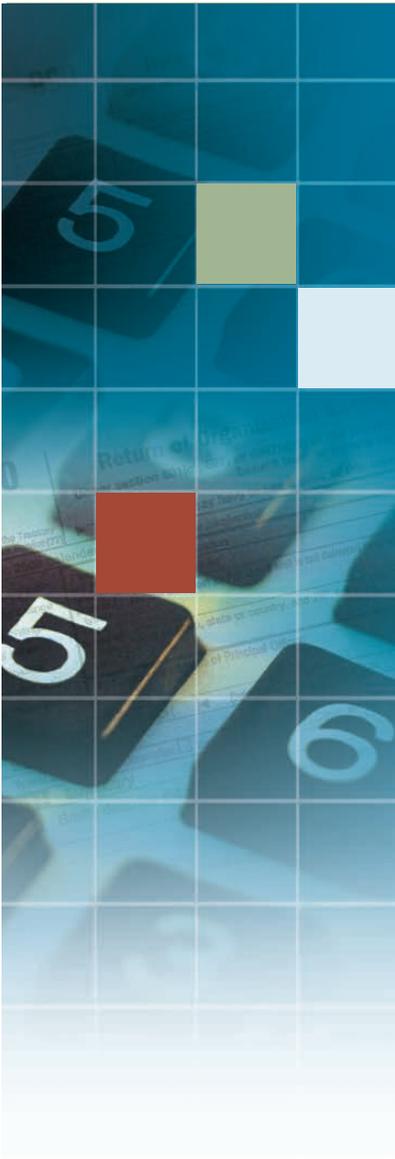
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PROCESS

Purpose

Kewanee Hospital's core mission is to improve the healthcare of those they serve. In the past, Kewanee Hospital has employed many different methods to assess the health needs of the area it serves and has adjusted its services and facilities to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require Kewanee Hospital to conduct a local Community Health Needs Assessment, following specific guidelines, every three years and to report completion of the assessment as part of their corporate tax filings with the Internal Revenue Service.

Kewanee Hospital's core mission is to improve the healthcare of those they serve.

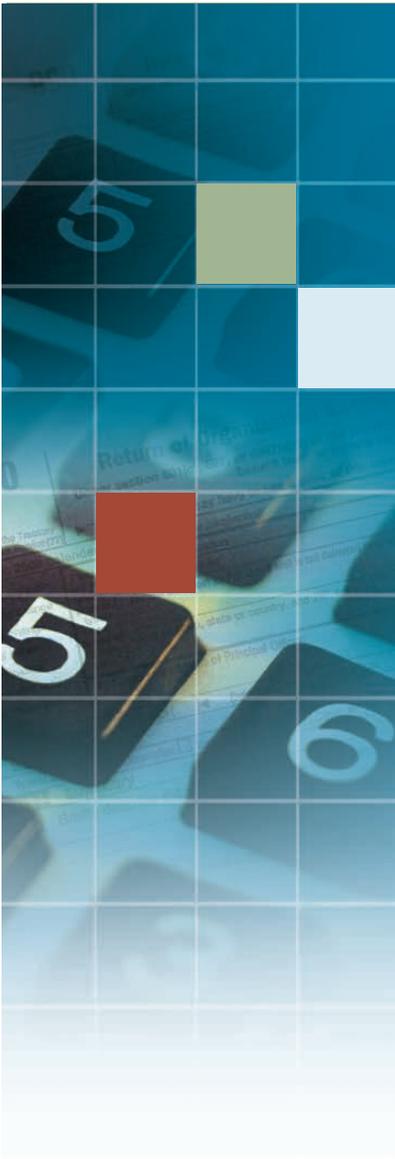
Assessing community health needs through a review of available health data and discussion with area health care partners, community leaders, and representatives of the many groups served by the hospital give Kewanee Hospital and its health care partners the opportunity to identify and address the area's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

Scope of Assessment

Kewanee Hospital elected to conduct a Community Health Needs Assessment beginning in 2012. The Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network.

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 52 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. Kewanee Hospital is a member of the Illinois Critical Access Hospital Network.

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



Methodology and Gap 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 related to the population of persons of Hispanic origin, and also of persons who are living in poverty in the service area. This assessment has explored the insular needs of the identified groups by specifically seeking input from persons with knowledge of the specific health concerns. 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.



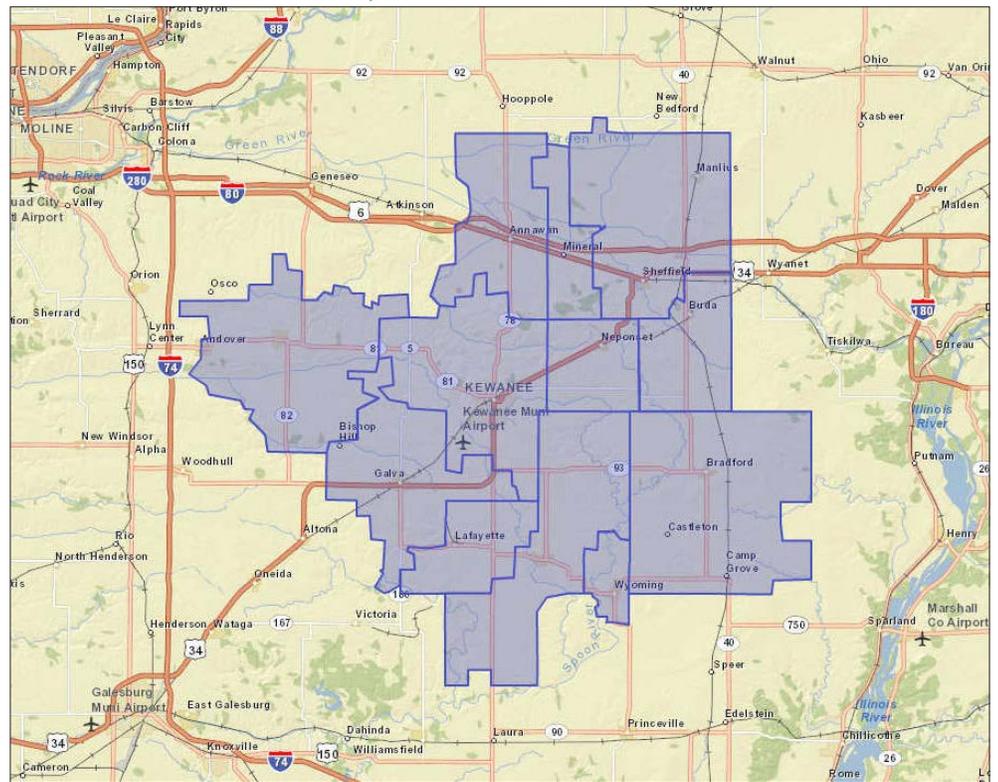
COMMUNITY

Geographic Assessment Area Defined

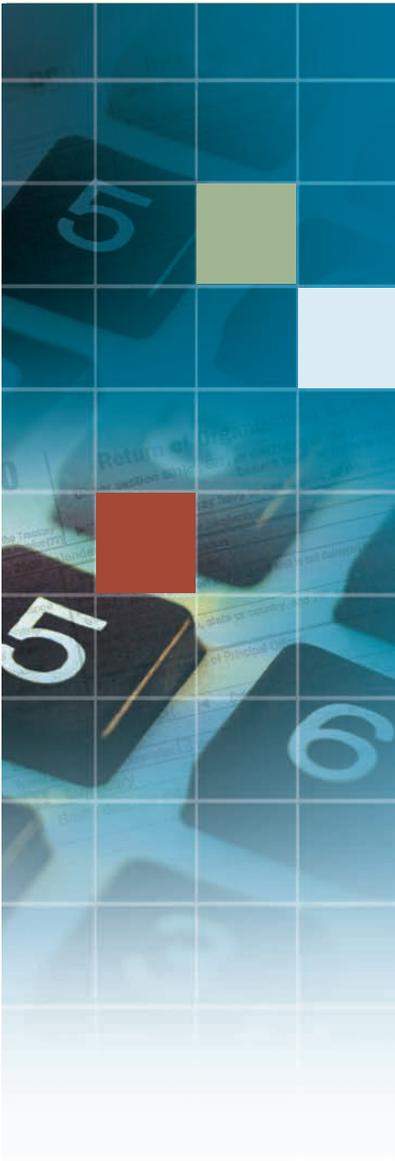
The Kewanee Hospital service area was identified through a facilitated meeting with senior staff as a geographic area determined to be the current hospital catchment area which includes all or portions of the zip code service areas surrounding the primary service area of Kewanee, Galva, and Toulon, and the secondary service area of Annawan, Cambridge, Buda, Mineral, Neponset, Sheffield, Bradford, LaFayette, and Wyoming. These geographic areas' definition of community is well-suited to Kewanee 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 Kewanee Hospital service areas are located primarily in Henry County but extend into portions of Stark and Bureau Counties. Major medical centers in Peoria and other locations receive patients from the service area.

Illustration 1. Kewanee Hospital Service Area



Kewanee Hospital is a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics, and specialty clinics to residents of a rural area.



Demographic Profile

Table 1. Population by Race – Kewanee Hospital Service Area

RACE and ETHNICITY	2012		2017	
	Number	Percent	Number	Percent
White	29,833	92.7%	29,689	91.6%
Black	825	2.6%	984	3.0%
American Indian	67	0.2%	79	0.2%
Asian	139	0.4%	175	0.5%
Pacific Islander	6	0.0%	10	0.0%
Other	774	2.4%	895	2.8%
Two or More Races	534	1.7%	585	1.8%
Hispanic Origin (any race)	1,838	5.7%	2,165	6.7%

(ESRI, 2012)

The race and ethnicity make-up of the service area indicates that more than 5% of the population is of Hispanic origin. Other race and ethnicity numbers are typical of rural Illinois. While there are no large changes in the profile projected over the next five years, it is expected that the Black and Hispanic populations will increase while the White population decreases slightly.

The broad demographic profile of the Kewanee Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following charts and data profile certain trends in the demographic environment surrounding the Kewanee Hospital primary and secondary service areas.

Table 2. Demographic Trends – Kewanee Hospital Service Area

SUMMARY	2010	2012	2017
Population	31,773	32,178	32,417
Households	12,928	13,045	13,243
Families	8,536	8,575	8,646
Average Household Size	2.41	2.42	2.40
Owner Occupied Housing Units	9,682	9,633	9,857
Renter Occupied Housing Units	3,246	3,412	3,386
Median Age	41.2	41.7	42.6
TRENDS: 2011-2016 Annual Rate	AREA	U.S.	
Population	0.15%	0.68%	
Households	0.30%	0.74%	
Families	0.17%	0.72%	
Owner Households	0.46%	0.91%	
Median Household Income	2.58%	2.55%	

(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 42.6 years of age.

The median household income of the Kewanee Hospital service area is projected to increase at a rate slightly better than the national median income. Overall, past, current, and predictive data suggests that the demographic profiles of the service area of Kewanee Hospital will remain largely unchanged over the next five years and that growth will be a little slower than national trends.

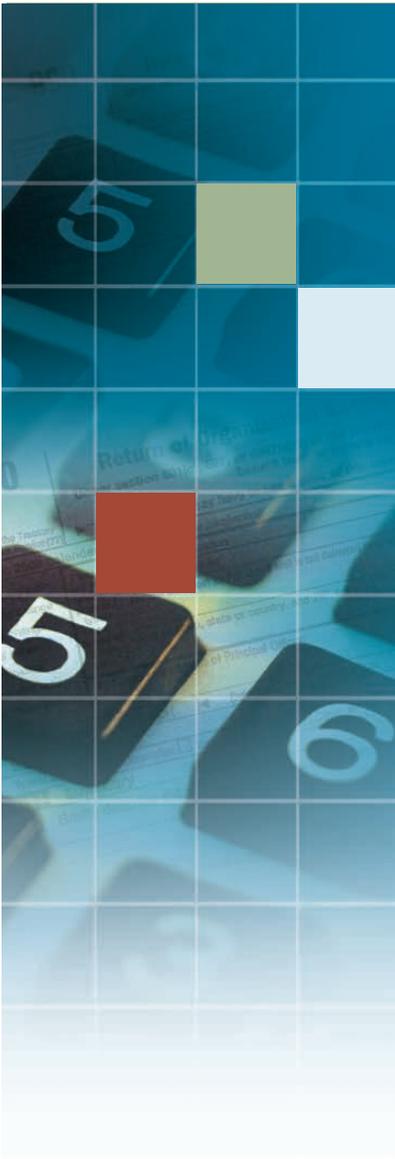
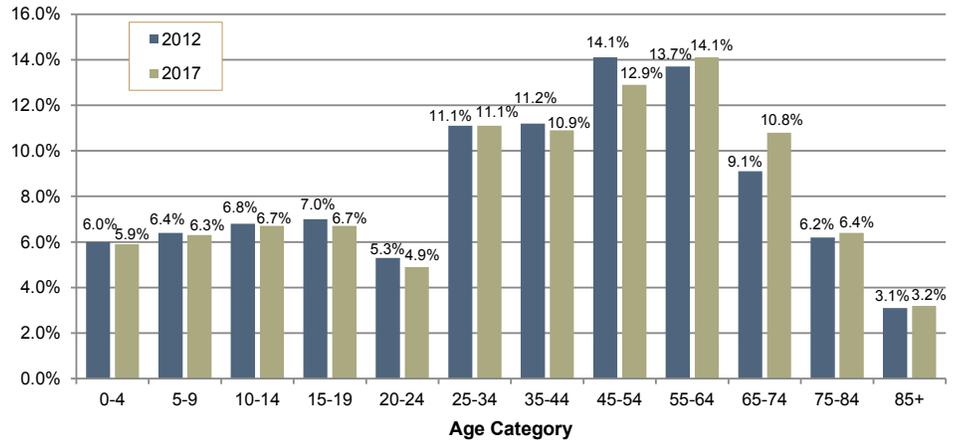


Table 3. Population by Age – Kewanee Hospital Service Area



(ESRI, 2012)

Kewanee is part of the Rock Island–Moline Statistical Planning Area. The Kewanee Hospital service area is projected to gain population distribution in all groupings over age 55 and experience no change in the 25–34 age group. All other groups will be smaller. This pattern is typical of rural Illinois.

Economic Profile

Table 4. Household Income Profile – Kewanee Hospital Service Area

HOUSEHOLDS BY INCOME	2012		2017	
	Number	Percent	Number	Percent
<\$15K	1,832	14.0%	1,861	14.1%
\$15K-\$24K	2,036	15.6%	1,655	12.5%
\$25K-\$34K	1,860	14.3%	1,539	11.6%
\$35K-\$49K	2,405	18.4%	2,294	17.3%
\$50K-\$74K	2,307	17.7%	2,354	17.8%
\$75K-\$99K	1,299	10.0%	1,841	13.9%
\$100K-\$149K	899	6.9%	1,162	8.8%
\$150K-\$199K	194	1.5%	282	2.1%
\$200K+	213	1.6%	255	1.9%

Median Household Income	\$38,792	\$44,068
Average Household Income	\$52,077	\$59,413
Per Capita Income	\$21,804	\$24,981

(ESRI, 2012 (2011 Data))

Median household income for 2012 is projected at \$38,792 in the Kewanee Hospital service area, compared to \$50,157 for all U.S. households. The median household income in Illinois was \$53,234 for 2011. Median household income is forecast to be \$44,068 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)



Median value of homes in the area was \$79,149 in 2012, compared to a median home value of \$167,749 for the U.S. By 2017, median home value is projected to increase to \$86,381. (ESRI, 2012)

According to the Illinois Department of Employment Security, Local Employment Dynamics data, 916 new jobs were created in Henry County during the third quarter of 2011. The average over Q3-2011 and the prior three quarters was 840 jobs created. That is the most recent data reported for the county. The average Net Job Flow (jobs created–jobs lost) for the same period was 157 jobs. This was a strong number compared to many other rural Illinois counties. (IDES, May 2012)

According to the same report, 170 new jobs were created in Stark County during the third quarter of 2011. The average over Q3-2011 and the prior three quarters was 100 jobs created. That is the most recent data reported for the county. The average Net Job Flow (jobs created–jobs lost) for the same period was 17 jobs. This number was typical compared to many other rural Illinois counties. (IDES, May 2012)

The unemployment rate for Henry County for October 2012 was 6.9%. The unemployment rate for Stark County was 7.1%, compared to 8.4% unemployment rate for all of Illinois and 7.5% for the U.S. The unemployment rate was 7.0% in October, 2011 for Henry County, and 8.6% for Stark County.

Table 5. Sales Tax Trends – Kewanee Hospital Service Area

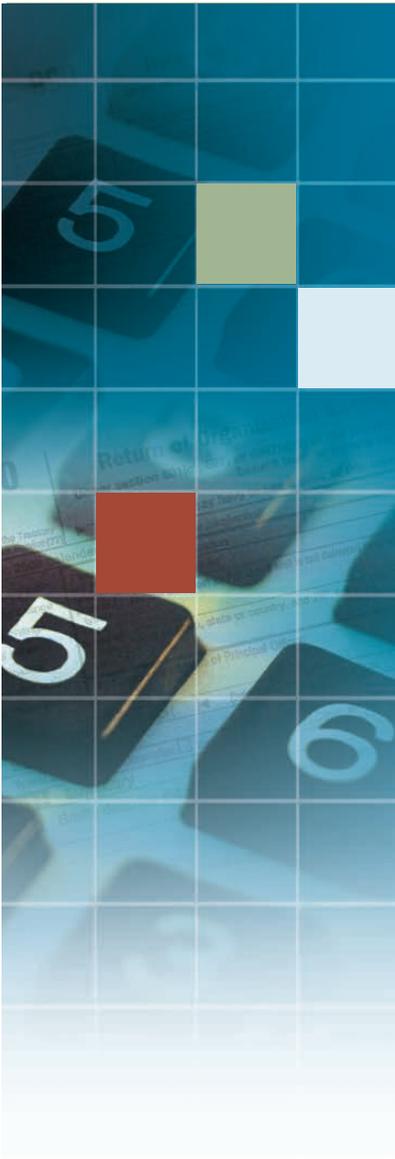
Fiscal Year	Galva	Kewanee	Toulon
FY 2011	\$183,628	\$2,431,508	\$60,434
FY 2010	\$176,569	\$2,151,154	\$63,571
FY 2009	\$198,468	\$2,308,345	\$68,213

(ESRI, 2012)

Table 6. Educational Attainment for Persons Over 25 – KH Service Area

In 2011, the educational attainment of the population aged 25 years or older in the area was distributed as follows:
14.0 percent had not earned a high school diploma
61.9 percent were high school graduates only
8.5 percent had completed an Associate’s Degree
9.8 percent had a Bachelor’s Degree
4.8 percent earned a Master’s/Professional/Doctorate Degree

(ESRI, 2012)



The percent of post high school attainment in the service area is higher than for the United States overall for Associate's Degree and lower than for the United States overall in the categories of Bachelor's Degree and Graduate or Professional Degree.

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, multiplied by 100. The majority of the service area is included in eight public school districts reflecting the following levels of low income students:

District	Percent Low-Income Students	
	2000	2012
Kewanee CUSD 229	51	71
Wethersfield CUSD 230	27	37
Galva CUSD 224	20	40
Cambridge CUSD 227	27	25
Annawan CUSD 226	8	30
Stark County CUSD 100	22	38
Bradford CUSD 1	35	37
Bureau Valley CUSD 340	25	44

(ESRI, 2012)

The population of low income students for the state of Illinois went from 36.7% in 2000 to 49% low income students in 2012.

Analysis of the 2010 U.S. Census data discloses an area including much of Kewanee that has concentrations of population of adults without high school diplomas, which exceeds 20 percent, and a concentration that exceeds 20% of the population living in poverty. There is also an area immediately south of Kewanee where more than 20% of the population is living in poverty.

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 Kewanee Hospital service area is experiencing slightly recovering employment numbers. Sales tax revenue overall is recovering slowly from a 2010 dip in much of the service area. The numbers of children eligible for free or reduced lunch are increasing but are similar generally to many rural districts. One district in the service area exceeds the statewide level. The service area is in a similar economic position to many rural communities in Illinois today.

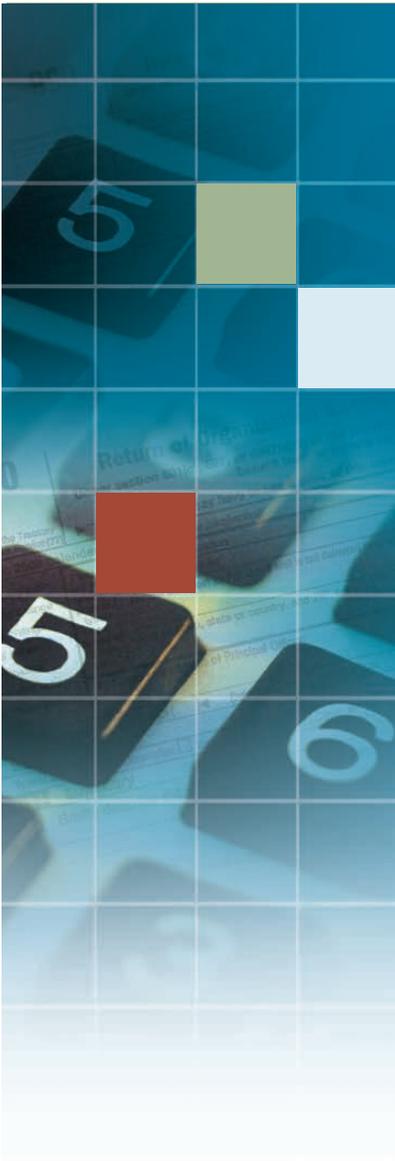


Table 7. Employment by Industry – Kewanee Hospital Service Area

CATEGORY	EMPLOYED	% OF WORKING POPULATION
Mining, quarrying, and oil/gas extraction	2,486	16.7%
Management of companies and enterprises	2,142	14.4%
Utilities	1,519	10.2%
Real estate, rental and leasing	1,071	7.2%
Arts, entertainment and recreation	922	6.2%
Administrative and support/waste management services	926	6.2%
Information	790	5.3%
Professional, scientific and technical services	746	5.1%
Wholesale trade	754	5.1%
Finance and insurance	691	4.7%
Public administration	640	4.3%
Other services, except public administration	547	3.7%
Accommodations and food services	493	3.3%
Agriculture, forestry, fishing and hunting	282	1.9%
Construction	263	1.8%
Transportation and warehousing	216	1.5%
Educational services	189	1.3%
Health care and social assistance	106	0.7%
Retail trade	51	0.3%
Manufacturing	9	0.1%

(ESRI, 2012)

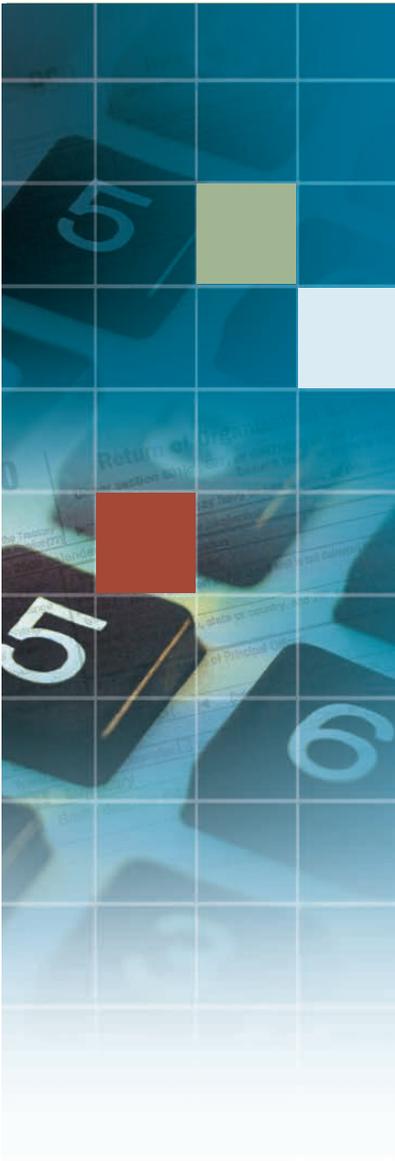
The Kewanee Hospital service area enjoys diverse employment opportunities overall. The third largest employment group is health care and social assistance. Kewanee Hospital and its supporting services and partners are included in this group. Kewanee Hospital plays an important role in the economic vitality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

The service area’s social and economic picture is influenced by the fact that 93% of the land area in Henry County consists of farms, according to 2007 data from the USDA. Thirty-eight percent of local farm operators work off-farm.

(Atlas of Rural and Small Town America, 2012)

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

The demographic/economic profile of the Kewanee Hospital service area is typical of rural Illinois communities in several ways but has a slightly higher minority population than many. 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, 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 Henry/Stark 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)

The Kewanee Hospital service area is located in Henry, Stark, and Bureau counties. The majority of the service area is in Henry and Stark counties. The County Health Rankings for these counties show marked similarities in some of the key measures of health concerns.



Henry County is ranked 12 out of the 102 Illinois counties in the Rankings released in April 2012. Stark County is ranked 45. Bureau County is ranked 25.

Observation	Henry	Stark	Bureau	Illinois
Adults reporting poor or fair health	9%	N/A%	14%	16%
Adults reporting no leisure time physical activity	31%	30%	30%	25%
Adult obesity	28%	30%	28%	27%
Children under 18 living in poverty	16%	17%	18%	19%
Excessive drinking	19%	N/A	16%	19%
Adult smoking	22%	N/A%	N/A	20%

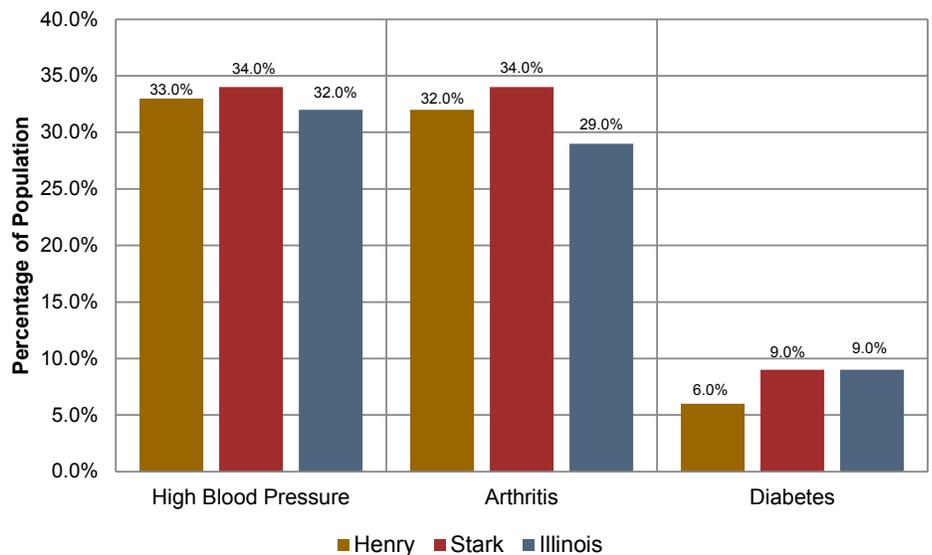
(County Health Rankings and Roadmaps, 2012)

The County Health Rankings also show a motor vehicle crash death rate of 17 per 100,000 population in Henry County, compared to a rate of 11 per 100,000 statewide. The Bureau County motor vehicle crash death rate is 24 per 100,000 population, and the Stark County rate is 25 per 100,000.

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 in Henry and Stark counties, which make up most of the service area.

Table 8. Diagnosed Risk Factors – Henry and Stark Counties



(Illinois Behavioral Risk Factor Surveillance System, 2012)

Reports of diagnosis of high blood pressure and arthritis exceed state levels by small margins in both counties. Diagnosis of diabetes exceeds the state level in Stark County but is under the state level in Henry County.

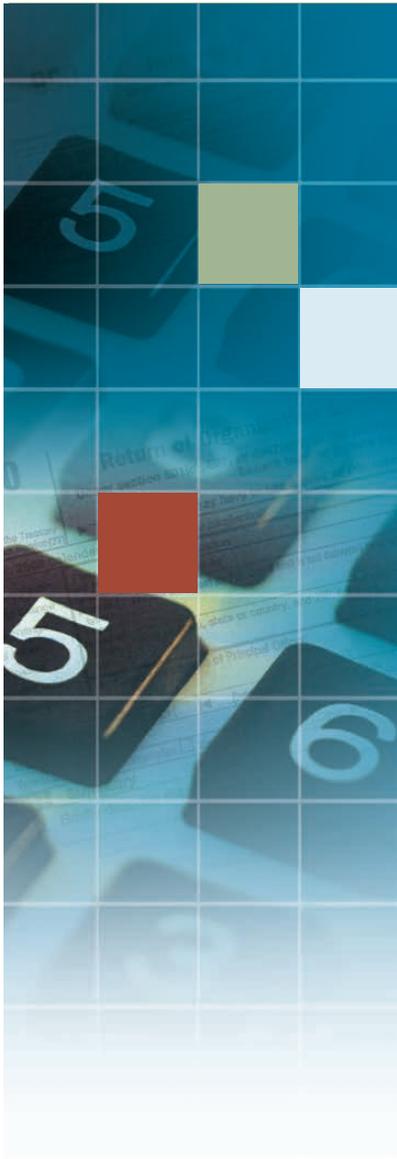
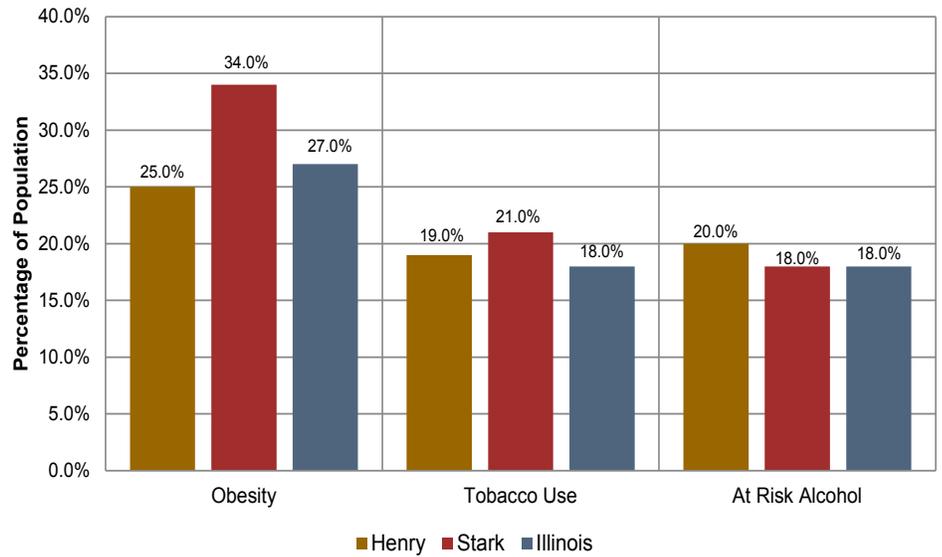


Table 9. Health Risk Factors – Henry and Stark Counties



(Illinois Behavioral Risk Factor Surveillance System, 2012)

Obesity was below the state level in Henry County but exceeded the state level in Stark County. Both counties showed increases in obesity in 2009 over their 2006 percentages. The 2006 percentage for obesity in Stark County was 28% and in 2009 was 34%. The 2006 percentage for obesity in Henry County was 21% and in 2009 was 25%. Risk for binge drinking was above the state level in Henry County and equal to the state rate in Stark County. Tobacco use in both counties exceeded state-wide use. The 2012 County Health Rankings suggest that the percentage of adults smoking in Henry County is higher in 2012 than 2009.

The Illinois Department of Health releases countywide mortality tables from time to time. The most recent available tables for Henry and Stark counties, showing the causes of death within the counties are set out on the following page.

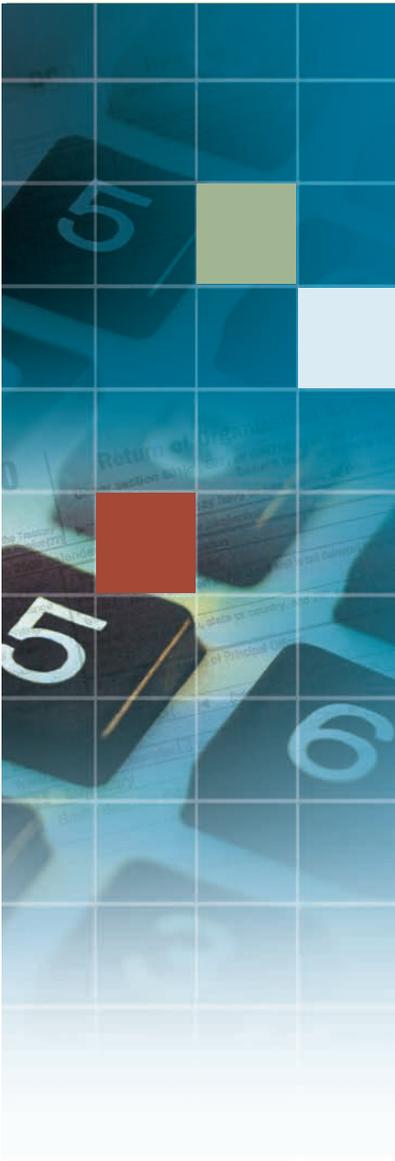


Table 10. Mortality by Disease Type – Henry and Stark Counties

Disease Type	Henry	Stark
Diseases of the heart	141	13
Malignant neoplasms	116	20
Cerebrovascular diseases	24	2
Lower respiratory diseases	35	3
Accidents	27	1
Alzheimer’s disease	21	1
Diabetes mellitus	12	0
Influenza and pneumonia	18	2
Nephritis, nephrotic syndrome and nephrosis	11	4
Septicemia	9	0
Intentional self harm (suicide)	7	1
Chronic liver disease, cirrhosis	2	0
All other causes	85	10
TOTAL DEATHS	508	57

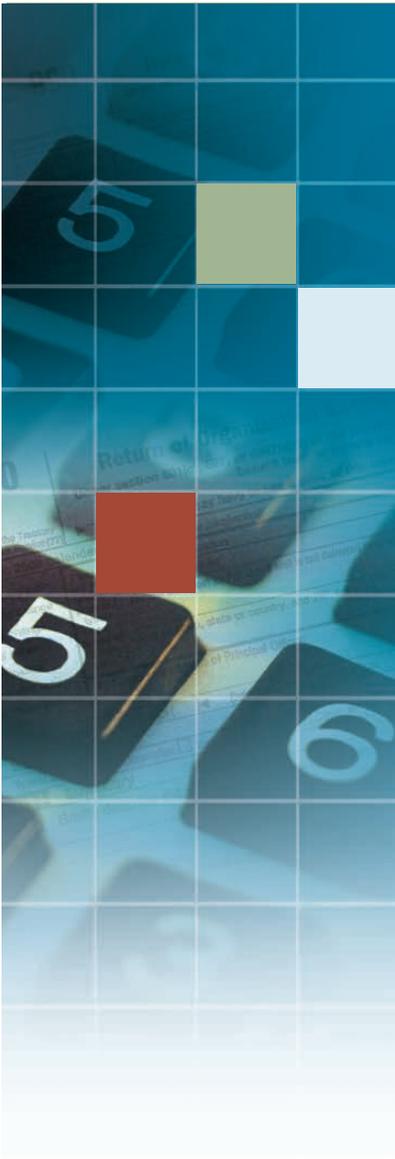
(Illinois Behavioral Risk Factor Surveillance System, 2011)

The mortality numbers are much as one would expect with diseases of the heart and cancers as leading factors.

The State Cancer Profiles compiled by the National Cancer Institute list Henry and Stark Counties at 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)*

The State Cancer Profiles data were verified by review of the Center for Disease Control Wide-ranging Online Data for Epidemiologic Research (CDC WONDER), which reported an overall cancer death rate of 186.38 deaths per 100,000 population, compared to a rate of 186.61 cancer death rate for Illinois overall and 178.64 for the U.S. from the most recent available information.

The CDC WONDER is a query tool which provides public access to the information resources of the Centers for Disease Control and Prevention. The Underlying Cause of Death data available on CDC WONDER are county-level mortality and population data spanning the years 1999-2009. Data are based on death certificates for U.S. residents. Each death certificate identifies a single underlying cause of death and demographic data. The number of deaths, crude death rates and age-adjusted death rates, can be obtained by place of residence, age group, race, Hispanic ethnicity, gender, and cause-of-death (when minimum sample size thresholds are met). *(Centers for Disease Control and Prevention: CDC WONDER, Underlying Cause of Death 1999-2009 (2012)).*



IPLAN

The Henry/Stark County Health Department has recently completed the Illinois Project for Local Assessment of Needs (IPLAN) for the next five years. Each health department in the state conducts this process on a rotating basis. The IPLAN helps to identify local health concerns on a countywide basis and establish plans to address them.

The director of the Henry/Stark County Health Department advised that the plans have not yet been publicized to the web but that the IPLANs for Henry and Stark counties identified the following issues:

Henry County:

- Heart Disease
- Obesity
- Substance Abuse
- Suicide

Stark County:

- Substance Abuse
 - Alcohol
 - Prescription drug abuse among teens
 - Theft from family members
 - “Pharm” parties (sharing unknown prescription drugs)
- Obesity
- Diabetes

Synthesized Secondary Data

The demographics for Kewanee Hospital’s service area reflect overall similar income when compared to other rural areas and Illinois overall.

Diseases of the heart and cancer are the two leading causes of death by a wide margin. Risk factors are consistent with state levels. Although cancer, in all forms, is a leading cause of death, the cancer rate has been reported to be stable over recent years. Death from motor vehicle crashes is reported as being over two times the statewide rate in Stark County and Bureau County.

Summary

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



Primary Source Information

Focus Group #1 – Healthcare Professionals/Partners

A focus group comprised of healthcare professionals and partners met on October 18, 2012. The group included representatives of nursing and rehabilitation facilities, clinics, and others.

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

- Change in culture at Kewanee Hospital
- General surgery presence
- Consistent contracted Emergency Department physicians
- Improved communication/interaction between doctors and hospital with agencies
- Hospital has dynamic/progressive leadership
- Hospitalist program
- Organized an effective charity care program
- Kewanee Hospital has implemented the Studer Philosophy
- Relationship with Great Plains Orthopaedic
- Kewanee Hospital involvement with local employers/Wellness Edge Program
- Electronic Health Record
- Community commitment from Kewanee Hospital to the community
- Longevity/familiarity of staff
- Kewanee Hospital's volunteer network
- Local growth of staff — Grow Your Own programs
- Kewanee Hospital — new facility has capacity to grow to meet needs
- There is a new Drug Free Communities coalition — Kewanee Community Drug & Alcohol Task Force
- Opportunities for Tele-Medicine

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

- Mental health issues
 - Psychiatrists — it can take 6–8 weeks to see a psychiatrist
 - Services for youth are difficult to find
 - Tele-psychiatrist services are available on a limited basis
 - Lack of inpatient beds for psychiatric patients
- Pediatric specialists
 - Cardiology
 - ENT — Difficult to obtain appointments for patients reliant on Medicaid
 - Relationship with Children's Hospital of Illinois but currently no outreach
- Oncology services
 - The area oncologists do not offer chemotherapy locally



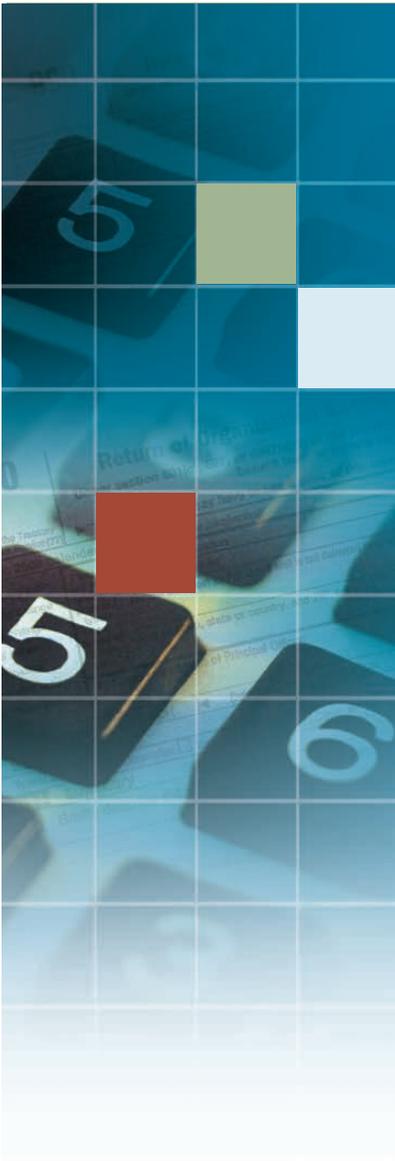
- Referrals to agencies outside of the service area are often necessary for social services
- Urology services locally
- In-migration of poverty
- Expanded cardiology
 - Need for additional services — what's here is good — need more
- Education for community about wellness mitigating health conditions
- Substances abuse by all ages
 - Heroin
 - Cocaine
 - Marijuana
 - Methamphetamines
 - Synthetics
 - Prescriptions
 - Abuse and misuse by patients
 - Sale
- Dental services for patients relying on Public Aid
- ENT
- Dermatology
- Gynecological surgery

Focus Group #2 – Community Leaders and Groups

A focus group comprised of community leaders and group representatives also met on October 18, 2012. The group included representatives of local employers, city departments, community groups, and others.

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

- The new hospital with private rooms
 - Room service menu for patients
- Longevity of staff and providers
- Communication with community
- Improved relationship with Kewanee Fire Department and other agencies
- Wellness education and screenings have increased
- Growing own future resources with youth
- New Emergency Department
- Kewanee Community Drug and Alcohol Task Force
- Progressive caring administration and staff at Kewanee Hospital
- Wellness and outreach focus at Kewanee Hospital to the community in general and to schools
- IT at the hospital
- Enhanced surgery availability
- Capacity at Kewanee Hospital
 - Room for new specialists
 - Swing beds



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 Kewanee Hospital service area:

- Health and wellness education (including youth)
- Healthy diet and menu planning information for Hispanic parents
- Oncology — area oncologist does not provide chemotherapy locally
- Behavioral health resource — youth and adult
 - Expansive intervals to initial interviews
 - Beds
 - Referral times are lengthy
- Coordination of community services (not-for-profits, etc.)
- Reproductive health education for youth and awareness education for parents
- Access to specialists for the aging and indigent
- Mobility of patients due to housing and poverty
- Recruitment and retention of health care professionals at all levels
- Substance abuse
 - Alcohol
- Seems to be a high level of:
 - Multiple Sclerosis
 - Brain Cancer (50 and under, concentrated, but not all Kewanee)
 - Breast Cancer (20-50 age group)

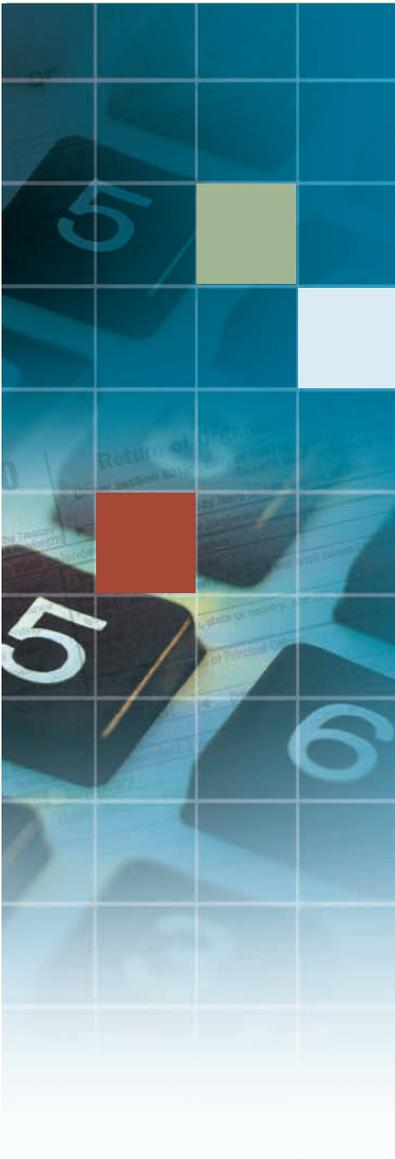
Key Contact Interviews

In addition to those persons interviewed through the focus group process, Kewanee Hospital staff identified a handful of additional key community contacts with particular levels of information, expertise, and/or contact with populations likely to have distinctive health care access issues. This group was interviewed individually over a short period following the focus groups.

Christopher Sullens, Ed.D., Superintendent of Kewanee Community Unit District #229; Kate Barton, Chief Executive Officer of the Henry County Housing Authority; and Doug Hampton, a community activist in Stark County who has been involved in community development for many years, serving as a Community Development Specialist for the Illinois Coalition for Community Services and as a VISTA volunteer, working in Stark County, among other roles were also contacted by phone for interviews.

They identified the following positive developments in the delivery of health care in the service area in the recent past:

- The new hospital facility and the many changes it has brought, including increased privacy in the Emergency Department, easier, and more inviting access to the hospital, and an improved, more pleasant patient care area
- The recent additions to staff at Kewanee Hospital, including a new general surgeon, and growth in the Physical Therapy Department
- More choices to obtain medical equipment or other services when needed
- The Advanced Medical Transport Ambulance Service stationed at the hospital



Collectively, they identified issues and concerns in health care and the delivery of health care resources as being:

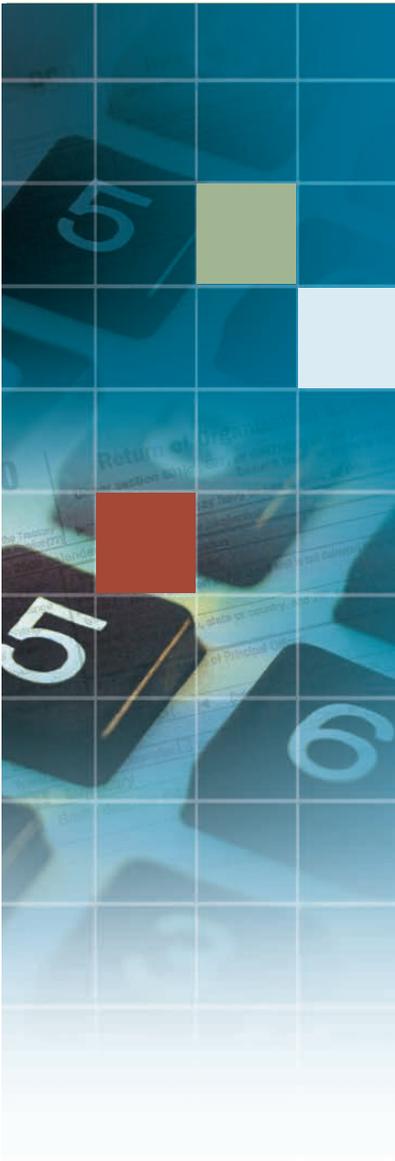
- Substance abuse, including heroin use among adults and young adults, and alcohol use among teens
- The absence of a prompt care facility that could reduce the need for reliance on the emergency room
- The large number of youth who come to school hungry causes concern for access to food, and healthy food in particular, for low income persons in the community
- The loss of maternity/delivery at the hospital
- There is a need for wellness care for youth and wellness education for low income residents
- There is a need for more informational/educational meetings on medical care or specialized medical care could be helpful to the community (possible topics of heart care, weight loss surgery, living with diabetes, cancer support group, etc.)
- There is not enough dental care in the area for Medicaid patients

Gail Ripka, Director, Henry/Stark County Health Department, participated in a key contact interview on November 13, 2012. She identified improved cooperation and collaboration between Kewanee Hospital and the Health Department as a positive development in recent years.

When asked to consider needs in the area, she first responded that the area had a shortage of mental health services, including therapy and psychiatric care. She suggested local providers are hampered in their reach by state regulations. She expressed particular concern for persons who are uninsured or underinsured but not qualified for services from public aid or Medicare or Medicaid.

She also identified suicide (primarily adult), obesity, and related issues of diabetes and high blood pressure, Chlamydia, and lung cancer related to smoking as health concerns. She advised that the Health Department is currently exploring the implications of evidence of prevalence of elevated levels of cholesterol among an employment group.

The Health Department has recently completed the Illinois Project for Local Assessment of Needs (IPLAN) for the next five years. Each health department in the state conducts this process on a rotating basis. The IPLAN helps to identify local health concerns on a countywide basis and establish plans to address them.



The IPLANs for Henry and Stark County identified the following issues:

Henry County:

- Heart disease
- Obesity
- Substance abuse
- Suicide

Stark County:

- Substance abuse
 - Alcohol
 - Prescription drug abuse among teens
 - Theft from family members
 - “Pharm” parties (sharing unknown prescription drugs)
- Obesity
- Diabetes



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 and contacts, to a list of concerns largely common to the overarching categories of access to services for all residents: delivery of mental health services and prevention of substance abuse, and retention of currently available services. 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. Mental Health Services

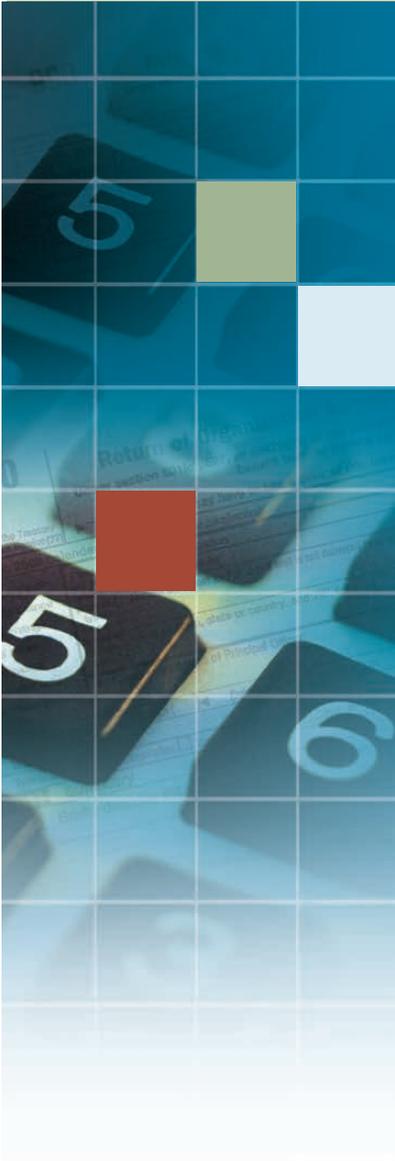
Gaps in access to mental health services were identified in both of the focus groups, by key contacts, and supported by secondary data. Many of the identified issues involve health delivery and community partners outside the control of Kewanee Hospital but provide opportunities for external partnerships and cooperative planning for resolution. Related issues concerning substance abuse were also identified in each group and by key contacts and supported by the secondary data. These issues also provide the opportunity for external collaboration.

2. 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. There was also a need expressed for improved information to the community that explains services and options for the underinsured and uninsured and non-English speaking residents. Emphasis was also placed on nutrition and healthy foods, especially for youth. There was discussion of the need for more convenient hours and easy access to non-emergency or routine care that now falls by default to the emergency department at the hospital. Primary and secondary inquiry emphasized the need to address the issues of substance abuse, smoking, and healthy living.

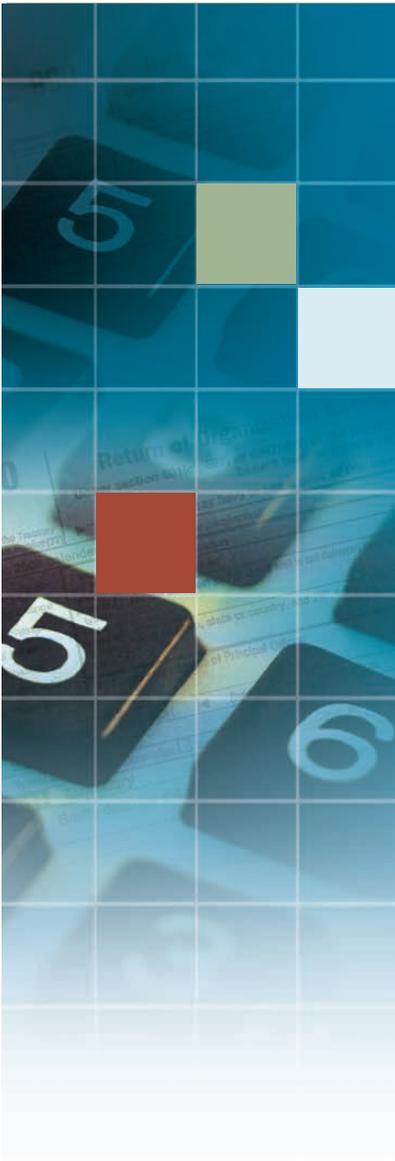
3. Planning for continued local availability of services for the elderly and youth

While there was general satisfaction expressed with the availability of local and regional physicians and specialists, there was discussion of the need for planning for services for the elderly and youth and some specific specialists that are not available locally, although those specialties are available in Peoria or other areas.



4. Investigation of Prevalence of Cancer

Although the available secondary cancer data suggests that cancer rates are not unusual in the service area overall, it is noted that death due to malignant neoplasms in Stark County was the leading cause of death there in 2008. In addition, primary informants perceive certain types of cancer and related conditions to be a growing health factor in the service area. Further inquiry into the current cancer impact may be possible from information available to Kewanee Hospital or may require participation with outside resources if they are reasonably accessible.



RESOURCE INVENTORY

Kewanee Hospital

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

- 24-hour physician-staffed Emergency Department
- General Surgery
- Breast Health Clinic
- Family Health Clinic
- Ophthalmology
- Orthopaedic Surgery
- Laboratory/Pathology
- Hospitalist Services
- Radiology/Imaging
- Pain Management Services
- Cardiopulmonary Services
- Cardiology
- Rehabilitation Services
 - o Physical Therapy
 - o Occupational Therapy
 - o Speech Language Pathology
 - o Competitive Edge Sports Conditioning
- Wellness Edge

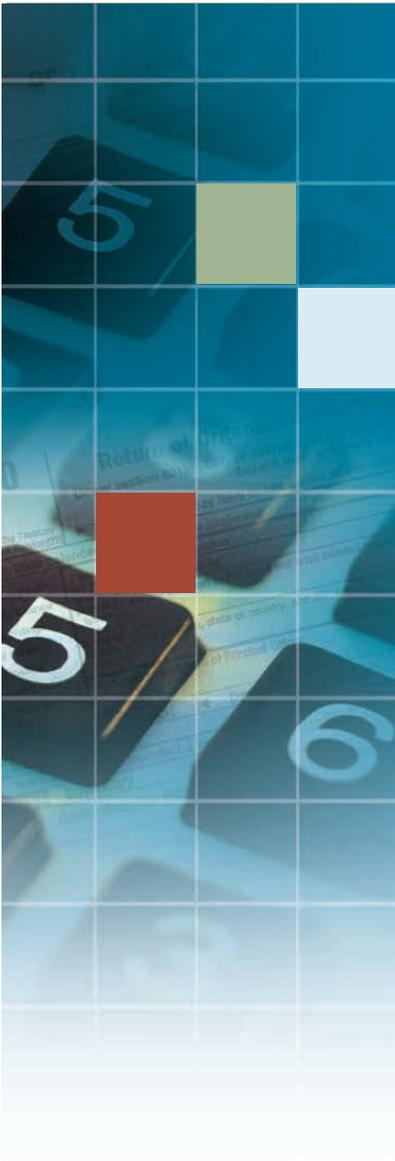
Physicians

Family Health Clinic Physicians

- Dan Congreve*, M.D., FACS, Chief of Staff
- Deb Ewing*, D.O.
- Tami Harker*, FNP, BC-ADM, CDE
- Melinda Shimmin*, FNP
- Kerrin Strohl, FNP
- Melisa Mundwile, FNP

Emergency Department Physicians

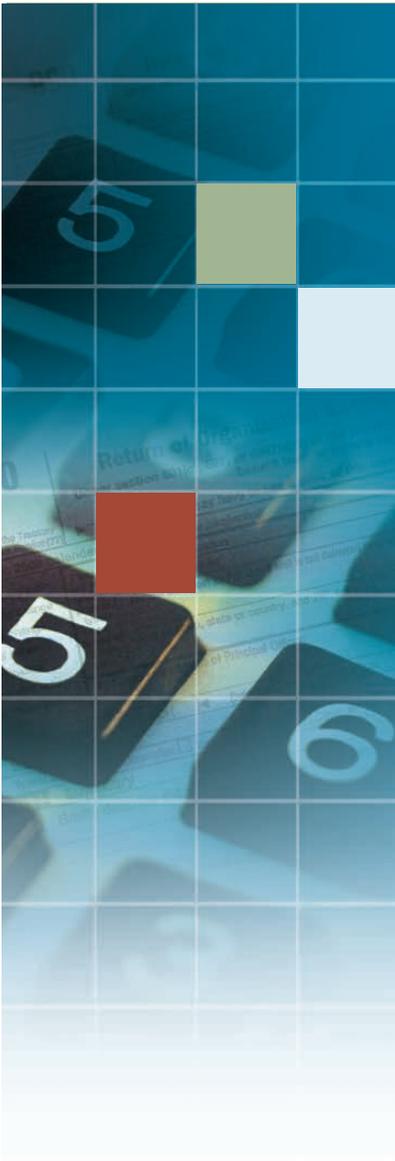
- Michael Ahearn, M.D.
- Jim Brown, M.D.
- Kenneth Carpenter, M.D.
- Troy Cutler, MD, Medical Director of Emergency Department, Vice-Chief of Staff
- James Hubler, M.D.
- James Lindbom, M.D.
- Ravi Masih, M.D., Secretary/Treasurer
- Matthew McMillin, M.D.
- Daniel O'Brien, M.D.
- Seth Osafo, M.D.
- John Pieniazek, M.D.
- Eldon Samuel, M.D.



Medical Professionals

- Michael Ahearn, M.D.
- Elizabeth Alenghat, M.D.
- Marco A. Barzallo, M.D.
- Steven Below, M.D.
- Julius Bonello, M.D.
- Piero Capecchi, M.D.
- Dan Congreve*, M.D., FACS, Chief of Staff
- Joseph Couri, M.D.
- Deb Ewing*, D.O.
- Bradley H. Gleason, M.D.
- Rodney Griffis, CRNA
- Tami Harker*, FNP, BC-ADM, CDE
- Rita Hungate, M.D., Medical Director of Radiology
- James Lindbom, M.D.
- Akshay Mahadevia, M.D.
- James Maxey, M.D.
- Douglas McGrady, M.D.
- Sudhir Mungee, M.D.
- David Nelson, D.P.M.
- Karol O'Neill, FNP
- Mary Elizabeth Rashid, M.D.
- Stephen L. Rider, D.D.S.
- Thomas Rizzo, D.P.M.
- Thomas Rossi, M.D.
- James Ruppel, M.D.
- Samer Sader, M.D.
- Saif Shah, M.D., Medical Director of MSPS
- Aimee Shane, APN, CRNA*
- N. Kent Wise, M.D.
- Sarah N. Zallek, M.D.

** Physicians with an (*) by his/her name are employed by Kewanee Hospital. All others are independent providers making independent choices for the provision of healthcare.*



Area Health Services Review

Clinics

Family Health Clinic

Family Health Clinic is a multi-specialty, extended-hour clinic, located in Kewanee Hospital.

Great River Community Health Center (Aunt Martha's)

Located in Toulon, the Great River Community Health Center offers medical care, dental care, and tele-psychiatry.

Health Department

Henry & Stark County Health Department

The Henry & Stark County Health Department provides wellness screenings and education programs in most of the primary service area.

Services for Persons with Developmental Disabilities

Abilities Plus

Abilities Plus is a not-for-profit organization, located in Kewanee, focused on serving individuals with developmental disabilities.

Bridgeway

Bridgeway is a comprehensive human services organization, providing services to persons with disabilities and their families.

Nursing Homes and Senior Care

Petersen Health Care

Petersen Health Care provides a full range of skilled nursing, assisted living, supportive living and independent living services at its Kewanee locations:

- Kewanee Care
- Courtyard Estates of Kewanee
- Courtyard Village of Kewanee
- Royal Oaks Care Center

Oakwood Health Care Center

Oakwood Health Care Center provides extended stay nursing care.

In-Home Care VNA

In-Home Care VNA is a private, not-for-profit Medicare-certified agency established to provide professional health care in the home. The agency serves residents of Illinois in the following counties: Bureau, Putnam, Stark, Marshall, LaSalle, Lee, and northern Peoria.

Additional Services

Advanced Rehab and Sports Medicine Services

Advanced Rehab and Sports Medicine Services offers a variety of physical therapy-related services.



REMARKS

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

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

ICAHN and Kewanee Hospital are 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 Kewanee Hospital in January, 2013, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.



APPENDIX

Focus Group and Interview Participants

Abby Blades, Program Support Specialist

Bridgeway

Dr. Dan Congreve, M.D., General Surgeon

Kewanee Hospital Family Health Clinic

Dr. Deb Ewing, D.O., Family Practice

Kewanee Hospital Family Health Clinic

Tami Harker, FNP

Kewanee Hospital Family Health Clinic

Melinda Shimmin, FNP

Kewanee Hospital Family Health Clinic

Steve Looney, Director, Environmental Services

Kewanee Hospital

Jeremy Bennett, Director, PFS

Kewanee Hospital

Kristin Keane, Director, Marketing

Kewanee Hospital

Sam Harker, Administrative Assistant, Marketing and Development

Kewanee Hospital

Lynn Fulton, CEO

Kewanee Hospital

Jennifer Junis, CNO

Kewanee Hospital

Preston Becker, CFO

Kewanee Hospital

Jason Bitner, Director, ED/CCU

Kewanee Hospital

Renee Salisbury, Director, Human Resources

Kewanee Hospital



Lori Christiansen, Director of Rehabilitation Services
Kewanee Hospital

Paul Schaecher, Chief
Kewanee Fire Department

Dr. Christopher Sullens, Ed.D., Superintendent
Kewanee Community Unit School District #229

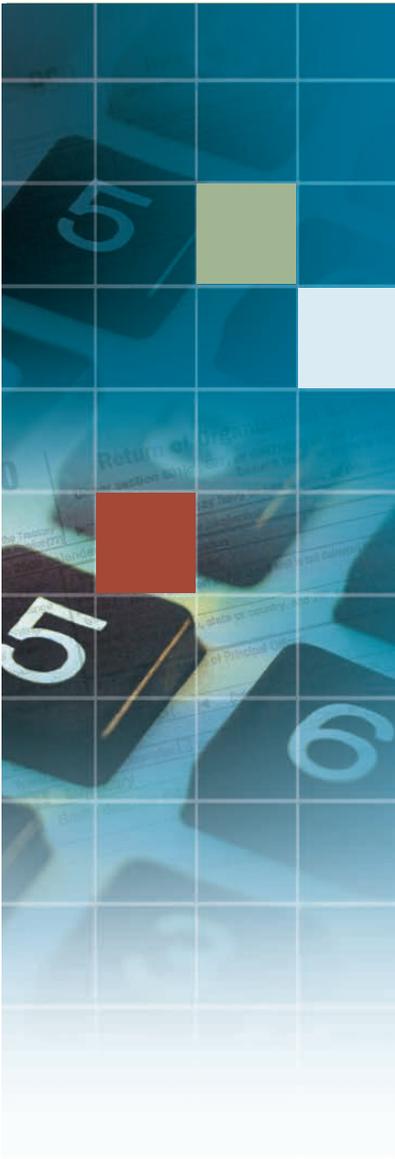
Tim Anderson, Director
Drug and Alcohol Task Force

Jill Milroy, Director
Kewanee YMCA

Jeremy Johnson, IT Director
Kewanee Hospital

Kate Barton, CEO
Henry County Housing Authority

Gail Ripka, Director
Henry & Stark County Health Department



COLLABORATORS

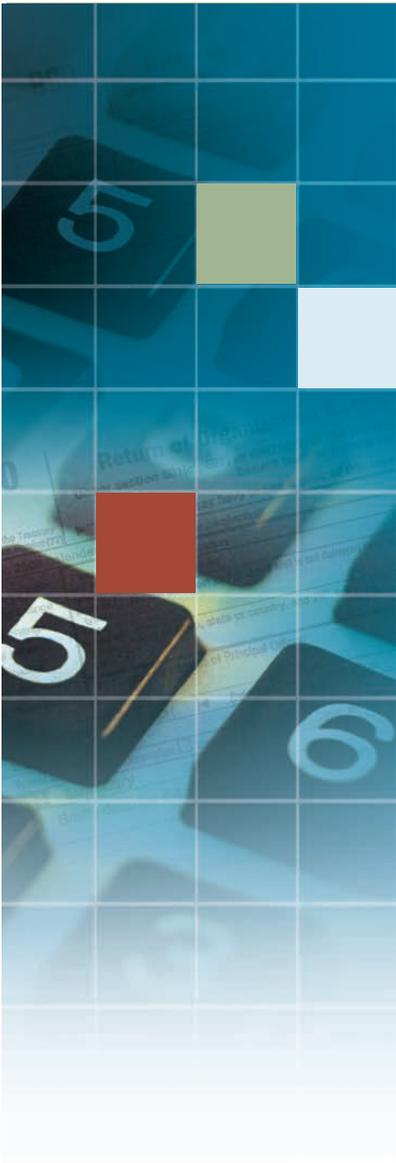
The Kewanee Hospital Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network.

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 52 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. Kewanee Hospital is a member of the Illinois Critical Access Hospital Network.

Terry Madsen, M.A., J.D., a former community development specialist and University of Illinois Extension educator, 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, ICAHN Director of Business Services and Development, and Stephanie Cartwright, ICAHN Communications and Media Specialist, provide technical support, design/layout direction, proofreading, and editorial support for the Community Health Needs Assessments' projects provided through ICAHN and Mr. Madsen.



NOTES

Community Health Needs Assessment | 2013

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