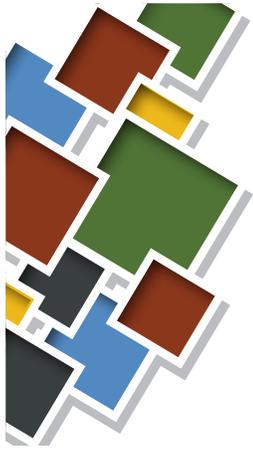


2019 COMMUNITY HEALTH NEEDS ASSESSMENT



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





Perry Memorial Hospital

2019 Community Health Needs Assessment

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1. INTRODUCTION

2019 Community Health Needs Assessment



2019 Community Health Needs Assessment

Insight into Perry Memorial Hospital's population

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs.

This assessment process results in a CHNA report that assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 56 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network.

ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives. This will allow the hospital and its partners to best serve the emerging health needs of Princeton and the surrounding area.



Introduction / Background

Perry Memorial Hospital completed two Community Health Needs Assessments prior to 2019. Since 2013, Perry Memorial Hospital has taken the following steps to address the identified community health needs identified in those CHNAs:

2013

**DECLINING NUMBER OF LOCAL
PRIMARY CARE PHYSICIANS**

WELLNESS

**SINGLE INFORMATION
SOURCE**



1. DECLINING NUMBER OF LOCAL PRIMARY CARE PHYSICIANS

Educate the community about services from mid-level providers

- Developed public relations campaign through the use of digital marketing outlets including podcasts, video, and blog. Each endeavor was distributed through internet and social media outlets, including:
- Apple iTunes, YouTube, and E-Newsletter: The Perry Pulse, hosted on perrymemorial.org on related pages and shared all internet locations through Facebook and Instagram

Promote pursuit of healthcare professions among local youth and young adults in order to create, in time, a homegrown pool of professionals

- Created Camp Med, a week-long experience for junior high students to learn from Perry professionals through interactive classes what each department is responsible for in the healthcare world
- Developed nurse, physical therapy, and emergency medicine college job shadow opportunities for enrolled college students to learn what on-the-job responsibilities mean in a real world situation

Educate the public on how Medicaid patients can access local services

- Conducted Medicare ABC's informational meetings and at each sign-up period provided hand-outs to Perry patients through outpatient and clinical registration desks

Background

Recruit and retain physicians

- Actively recruited one general surgeon and added a part-time general surgeon, two orthopedic surgeons, a podiatrist, and two internal medicine physicians. Also acquired an independent pain management specialist to the Perry team
- Added Advanced Practice Practitioners to nursing home and educated staff and families on benefits
- Opened Walnut and Henry Rural Health Clinics and educated staff and families on benefits
- Added Advanced Practice Practitioners to NEED NAME HERE

Fast track services in the Emergency Department

- Chose to acquire Princeton Prompt Care, converted it to Perry Prompt Care, retaining one physician and adding a nurse practitioner to the clinic
- Invested in the hiring of six additional nurse practitioners and a physician assistant

Systems need to be more efficient to allow physicians more time to see more patients

- Perry completed the Patient Centered Medical Home Assessment for the enhancement of primary care teams to include a physician, mid-level provider, nurses and support staff.

2. MENTAL HEALTH

- Perry Memorial Family Health Clinic hired a Licensed Clinical Social Worker (LCSW) to provide short-term counseling.
- Perry Memorial Family Health Clinic offers brief counseling services through the LCSW for patients of all ages. The LCSW assesses mental health and creates individualized counseling plans while offering guidance on long-term care when needed.
- Perry Memorial Family Health Clinic also offers telepsych services, including psychotherapy and medication management for patients 16 years of age and older and for pediatrics/adolescents.
- A collaborative effort with UnityPoint Health for telepsych in the Perry Memorial Emergency Department began assisting patients with placement needs.
- For patients needing assistance to overcome addictions, Perry Memorial Prompt Care has a committed Suboxone treatment program, including counseling for every patient struggling with overcoming addiction. The team's goal is to support patients with a long-term strategy to avoid relapse.

- For those in their senior years, unexpected challenges may arise making life difficult. Perry Memorial Hospital offers Senior Behavioral Wellness (SBW) to Medicare recipients age 65 and older, group counseling, and/or individual counseling in a safe environment with licensed therapists and medication management through telehealth by a psychiatrist. The SBW team helps seniors explore and validate their feelings, educate, and provide tools to use as they rebuild their hope and confidence. Lunch and transportation are provided within a 30-mile radius.
- Perry Memorial Hospital worked in partnership to benefit its communities on three area mental health grants. They include:
 - NCI-Cares is a Mental Health First Aid training grant which will train over 2,400 persons in seven north central Illinois counties through 2022. Over 80 Perry team members have received training.
 - North Central Behavioral Health Systems (NCBHS) and local area healthcare organizations received a federal Health Resources and Services Administration (HRSA) Rural Opioid Response Planning Grant.
 - Arukah Institute of Healing, Inc. and area partners are working on a Rural Health Network Development Planning grant from the HRSA to plan and develop an integrated healthcare network which would expand access to, coordinate and improve the quality of essential healthcare services, and strengthen the rural healthcare system as a whole.
- Participates in CPASA and sponsored “Hidden in Plain Sight” events
- Obtained NCI-Cares Training Grant from the Department of Justice

3. WELLNESS

- Perry Memorial Hospital recruited a nutritionist and began “In the Kitchen” cooking classes providing education about food labels and how to cook healthy meals using nutritious food. In the fall of 2018, a part-time nutritionist was hired to offer nutritional counseling to patients in need.
- Perry Memorial Hospital partnered with Princeton Rotary on a grant to offer a summer food program for children and families, with a free meal offered at the Park Avenue Café in the summer of 2017.
- Perry Memorial Hospital created a triage team to educate the public on the benefit of annual Medicare Wellness Visits and identified the need to expand the chronic care management of patients with two or more chronic diseases. This effort provides education on personalized preventative care and management of a patient’s health.

Background

- Perry Memorial Hospital collaborated with area organizations to provide multiple wellness activities.
 - The Bureau County Metro Center conducted a walkability study with day campers to recommend safe student school routes to the city of Princeton.
 - Bureau County Senior Center programs were conducted and continue monthly on various health topics.
 - Area schools participated in bike and walk to school initiatives and health education programs.
 - The hospital also explored an opportunity with the Tri-County Opportunities Council to create a potential drug assistance program.
 - Bike to Work Day, in conjunction with the Princeton Chamber of Commerce

4. DENTAL SERVICES

- Perry Memorial Hospital explored dental services with the Bureau, Marshall and Putnam County Health Department and were unable to meet this need.

5. SINGLE INFORMATION SOURCE

- A single list of healthcare, social and related services, and wellness services to be utilized by all healthcare providers, community groups, and organizations was created following previous CHNAs, but it was not sustained or updated. Creating this list is still a goal of Perry Memorial Hospital to fulfill.

Executive Summary

The 2019 Perry Memorial Hospital Community Health Needs Assessment was conducted in July through September of 2019. The Implementation Strategy was also developed during that time. The CHNA is influenced by the large rural service area of Perry Memorial Hospital.

The health profile of the Perry Memorial Hospital service area is influenced by the following indicators of social determinants of health:

- Poverty – Children living in poverty
- Poverty – Population below 100% of Federal Poverty Level
- Education – Persons with Bachelor's Degrees or higher
- Education – Reading proficiency, 4th grade level
- Access to Food

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

1. MENTAL HEALTH

- Increase access to mental health services in schools
- Improve access to mental health services for farmers and find ways to reduce the stigma involved with seeking services
- Improve access to mental health counseling for persons relying on Medicaid, Medicare, and others that are underinsured or uninsured
- Improve access to inpatient mental healthcare

2. SUBSTANCE USE DISORDERS

- Provide local access to detoxification
- Improve substance use prevention education and programming at earlier ages

3. WELLNESS

- Provide proactive approaches to youth wellness including physical health, mental health, substance use, safety, lifestyle, and nutrition
- Continue to address wellness issues, including obesity and heart disease

4. COMMUNITY EDUCATION AND INFORMATION

- Improve education and ease of access to information about local physical and mental healthcare and related services
- Increase available information about local services for schools to provide to parents and youth
- Provide information for veterans about how to access local health services and transportation to out-of-area care

Executive Summary

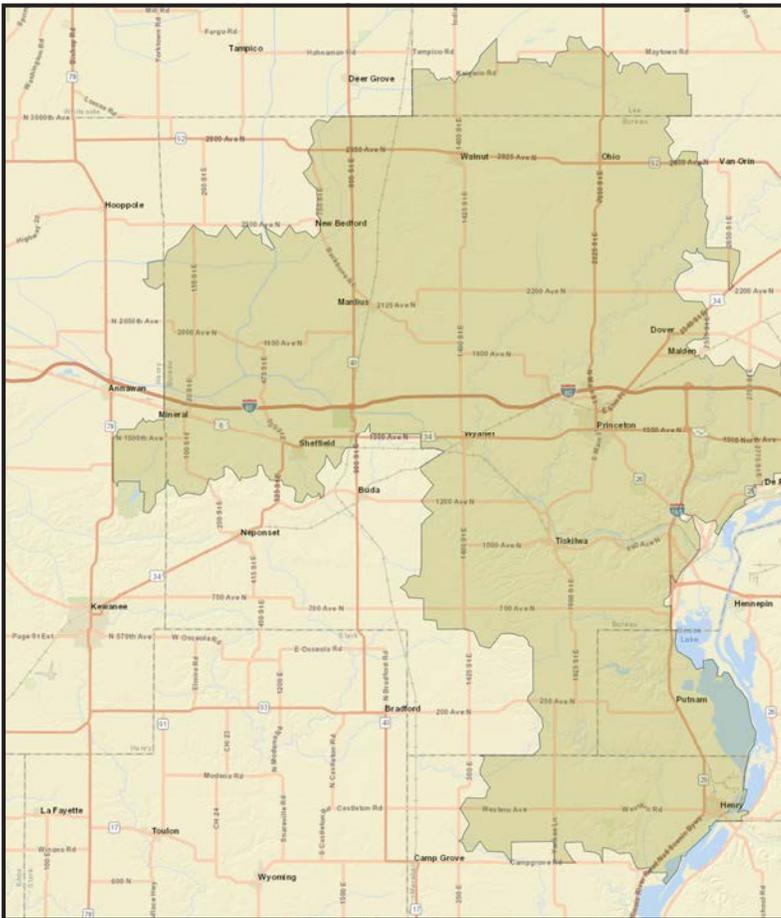
The Implementation Strategy developed by the senior staff at Perry Memorial Hospital is specific and thorough. The plan includes these highlights:

- Perry Memorial Hospital will explore partnerships with schools to provide mental health services.
- Perry Memorial Hospital will explore partnerships with farm organizations to provide services in collaboration with other mental health providers.
- Perry Memorial Hospital will continue to support the Health Department's Mental Health First Aid Program by training appropriate personnel.
- Perry Memorial Hospital will continue to provide access to adult and youth telehealth.
- Perry Memorial Hospital will continue collaboration to develop a community crisis team.
- Perry Memorial Hospital will explore expanding telehealth to the clinics in Henry and Walnut.
- Perry Memorial Hospital will continue Senior Behavioral Health services.
- Perry Memorial Hospital will continue to explore relationships to improve access to inpatient mental healthcare.
- Perry Memorial Hospital will explore creating inpatient detoxification services.
- Perry Memorial Hospital will explore inpatient services for rehabilitation and recovery for persons with substance use disorders.
- Perry Memorial Hospital will expand Medicated Assisted Treatment and coordinate counseling.
- Perry Memorial Hospital will continue partnership with Community Partners Against Substance Abuse (CPASA).
- Perry Memorial Hospital will explore appropriate collaboration to develop and deliver wellness education.
- Perry Memorial Hospital will continue community health fairs.
- Perry Memorial Hospital will continue health education programs focusing on nutrition.
- Perry Memorial Hospital will review an approach to wellness education with use of care teams.
- Perry Memorial Hospital will create diagnosis-related education programs to address multiple concerns in a one program track.
- Perry Memorial Hospital will explore facilitating collaboration for developing plans and funding healthy communities.
- Perry Memorial Hospital will expand access to health screenings.
- Perry Memorial Hospital will encourage development of a 211 program in Bureau County.
- Perry Memorial Hospital will facilitate a collaboration to create a web-based guide of local organizations and services, including but not limited to, healthcare services.

Service Area Demographics

For the purpose of this CHNA, Perry Memorial Hospital defined its primary service area and populations as the general population within the geographic area in and surrounding the city of Princeton, defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance. Perry Memorial Hospital's service area is comprised of approximately 665 square miles, with a population of approximately 22,618 people and a population density of 91 people per square mile. The service area consists of the following rural communities:

Service Area Map



Cities

- Princeton
- Henry

Villages and Unincorporated Communities

- Dover
- Kasbeer
- Malden
- Zearing
- Manlius
- Mineral
- Ohio
- Limerick
- Sheffield
- Langley
- Tiskilwa
- Walnut
- Wyonet
- Putnam

Service Area Demographics

Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the Perry Memorial Hospital region fell from 24,282 to 23,812 between the year 2000 and 2010, a 1.94% decrease.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	24,282	23,812	-470	-1.94%
Bureau County	35,503	34,978	-525	-1.48%
Henry County	51,020	50,486	-534	-1.05%
Lee County	36,062	36,031	-31	-0.09%
Marshall County	13,155	12,640	-515	-3.91%
Putnam County	6,086	6,006	-80	-1.31%
Total Area (Counties)	141,826	140,141	-1,685	-1.19%
Illinois	12,416,145	12,830,632	414,487	3.34%

Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract

The Hispanic population increased in Bureau County by 963 (55.6%), increased in Henry County by 935 (63.74%), increased in Lee County by 655 (57.11%), increased in Marshall County by 176 (127.54%), and increased in Putnam County by 81 (47.37%).

In Bureau County, additional population changes were as follows: White -4.16%, Black 82.76%, American Indian/Alaska Native 60.66%, Asian 25.27%, and Native Hawaiian/Pacific Islander -40%.

In Henry County, additional population changes were as follows: White -2.51%, Black 36.54%, American Indian/Alaska Native 78.85%, Asian 50.39%, and Native Hawaiian/Pacific Islander 133.33%.

In Lee County, additional population changes were as follows: White -2.03%, Black -2.09%, American Indian/Alaska Native 80.49%, Asian 27.18%, and Native Hawaiian/Pacific Islander 25%.

In Marshall County, additional population changes were as follows: White -4.99%, Black -4.35%, American Indian/Alaska Native -24.14%, Asian 36.36%, and Native Hawaiian/Pacific Islander 100%.

In Putnam County, additional population changes were as follows: White -2.32%, Black -15.79%, American Indian/Alaska Native -71.43%, Asian -18.75%, and Native Hawaiian/Pacific Islander, no data.

Service Area Demographics

Population by Age Groups

Population by gender in the service area is 48% male and 52% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	22,618	1,196	3,743	1,652	2,249
Bureau County	33,619	1,774	5,579	2,648	3,521
Henry County	49,649	2,759	8,473	3,850	5,242
Lee County	34,670	1,776	5,163	2,736	4,316
Marshall County	11,925	639	1,777	926	1,164
Putnam County	5,771	255	903	378	615
Illinois	12,851,684	785,560	2,173,437	1,229,450	1,782,100

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	2,470	2,767	3,337	5,204
Bureau County	3,764	4,518	4,936	6,879
Henry County	5,834	6,740	7,194	9,557
Lee County	4,228	5,011	5,197	6,243
Marshall County	1,271	1,643	1,856	2,649
Putnam County	574	855	953	1,238
Illinois	1,661,674	1,739,014	1,635,359	1,847,932

*Data Source: US Census Bureau, American Community Survey, 2013-17.
Source geography: Tract*

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2019 Community Health Needs Assessment



Establishing the CHNA Infrastructure and Partnerships

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

Internal

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

- The project was overseen at the operational level by the Director of Marketing, reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate five focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Perry Memorial Hospital.
- The Director of Marketing worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Perry Memorial Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These steps include:

- The Director of Marketing secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out in the quantitative data list.
- Participation included representatives of county health departments serving the area served by the hospital.

III. DATA COLLECTION AND ANALYSIS

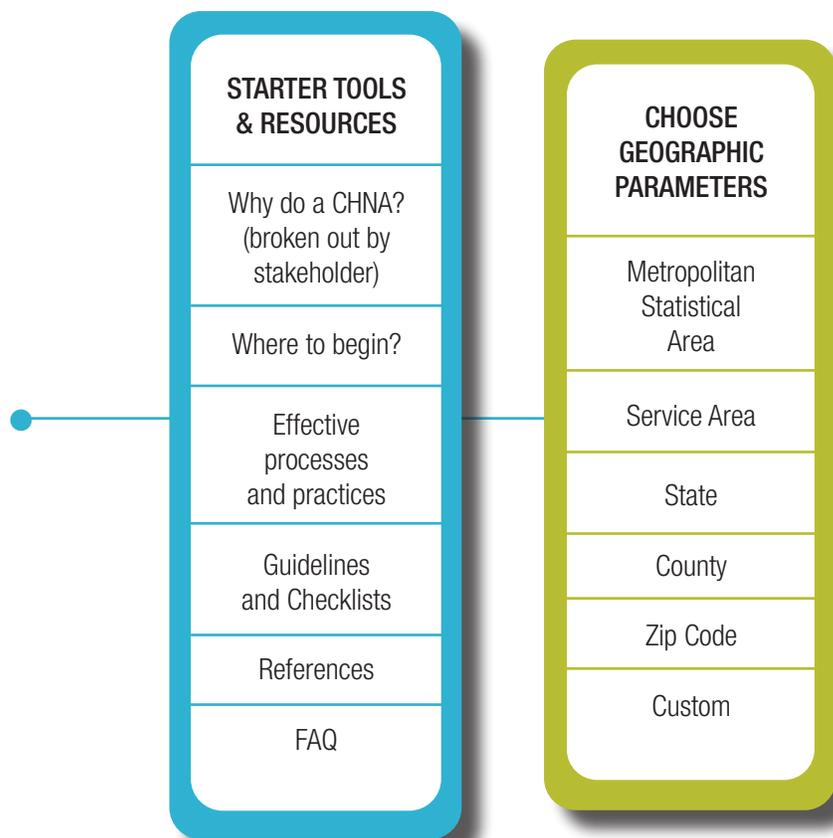
2019 Community Health Needs Assessment

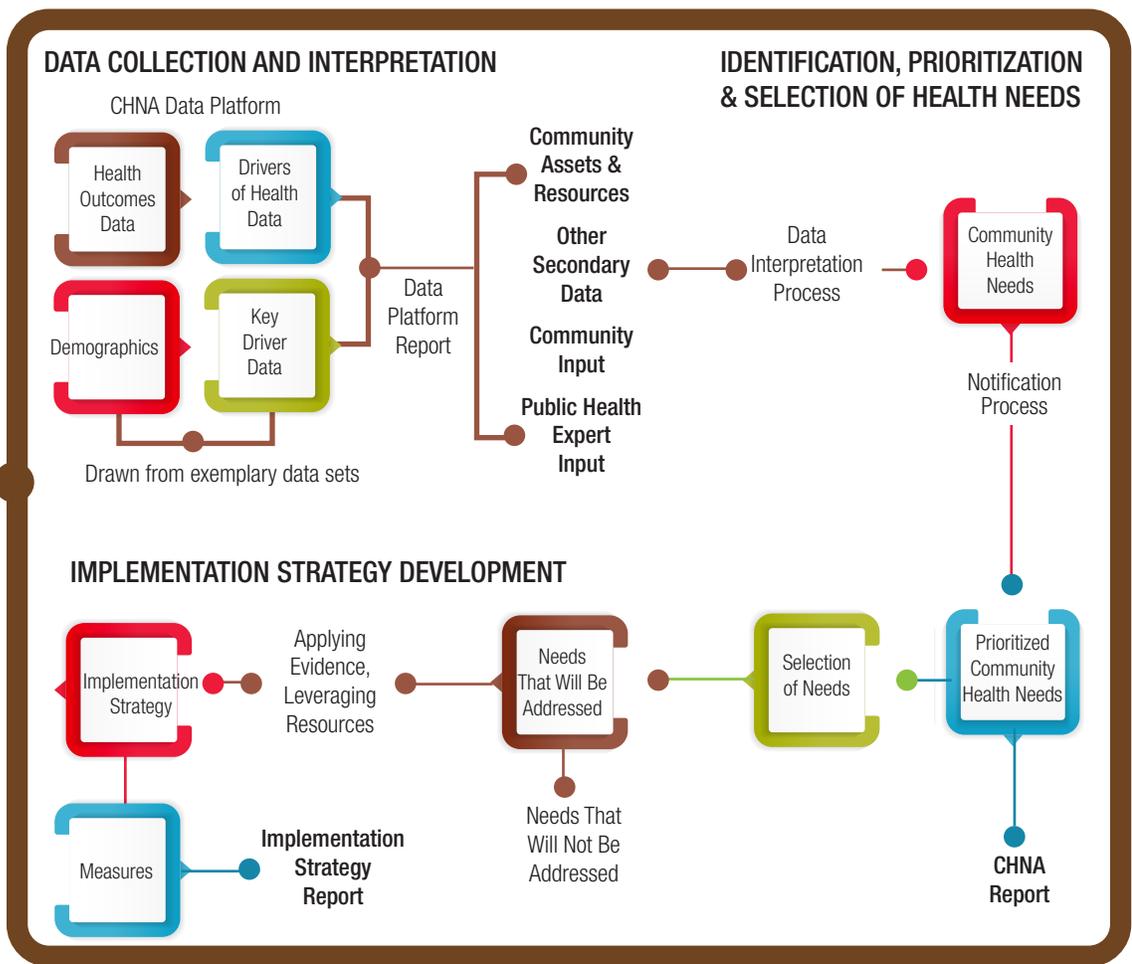


Description of Process and Methods Used

Qualitative Process

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





Description of Data Sources

Quantitative Process

Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
U.S. Census	National census data is collected by the U.S. Census Bureau every 10 years.
Community Commons	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
Illinois Department of Employment Security	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
National Cancer Institute	The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.
Illinois Department of Public Health	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
HRSA	The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.

County Health Rankings	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Putnam County Population Health Institute.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
ESRI	ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined levels.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
USDA	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
Illinois Youth Survey	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

Secondary Data

Social Determinants of Health

Education – High School Graduation Rate

Within the Perry Memorial Hospital service area, 83.3% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	109	91	83.3%
Bureau County	113	100	88.5%
Henry County	612	533	87.1%
Lee County	336	286	85.1%
Marshall County	123	102	82.9%
Putnam County	71	58	81.7%
Illinois	88,525	75,853	85.7%

Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. Additional data analysis by CARES 2016-17. Source District)

Education – No High School Diploma

Within the Perry Memorial Hospital service area, there are 1,252 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 7.81% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Service Area Estimates	16,027	1,252	7.81%
Bureau County	4,235	319	7.53%
Henry County	24,995	2,770	11.08%
Lee County	23,618	2,112	8.94%
Marshall County	8,583	613	7.14%
Putnam County	34,567	3,718	10.76%
Illinois	8,666,079	991,424	11.44%

*Data Source: Community Commons (US Census Bureau, American Community Survey 2013-2017.
Source Geography: Tract)*



Secondary Data

Social Determinants of Health

Education – Student Reading Proficiency (4th Grade)

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

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring ‘Proficient’ or Better	Percentage of Students Scoring ‘Not Proficient’ or Worse
Service Area Estimates	106	34.42%	65.58%
Bureau County	343	29.43%	70.57%
Henry County	568	32.80%	67.20%
Lee County	349	29.83%	70.17%
Marshall County	126	30.60%	69.40%
Putnam County	69	36.62%	63.38%
Illinois	148,056	36.84%	63.16%

Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. 2016-17. Source Geography: School District)

Education – Bachelor’s Degree or Higher

Of the population aged 25 and older, 20.95% or 3,357 adult students have obtained a Bachelor’s level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor’s Degree or Higher	Population Age 25+ With Bachelor’s Degree or Higher
Service Area Estimates	16,027	3,357	20.95%
Bureau County	23,618	4,455	18.86%
Henry County	34,567	7,640	22.10%
Lee County	24,995	4,455	17.82%
Marshall County	8,583	1,495	17.42%
Putnam County	4,235	631	14.90%
Illinois	8,666,079	2,898,584	33.45%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)



Secondary Data

Economic Stability

Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 6,159 public school students (43.79%) are eligible for free/reduced price lunches out of 14,066 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.88%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	14,066	6,159	43.79%
Bureau County	5,162	2,455	47.56%
Henry County	8,425	3,584	42.54%
Lee County	4,291	1,892	44.09%
Marshall County	2,018	966	47.87%
Putnam County	858	282	32.87%
Illinois	2,009,567	1,008,830	50.20%

Data Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data, 2016-17. Source Geography: Address)

Income – Median Household Income

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

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	9,419	\$67,790	No data
Bureau County	13,816	\$67,778	\$54,271
Henry County	19,991	\$69,220	\$55,755
Lee County	13,416	\$72,260	\$58,319
Marshall County	4,900	\$68,783	\$55,173
Putnam County	2,438	\$77,959	\$64,741
Illinois	4,818,452	\$85,262	\$61,229

*Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17.
Source Geography: Tract)*

Secondary Data

Economic Stability

Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	22,814	2,813	12.3%
Bureau County	33,587	4,255	12.7%
Henry County	49,489	5,769	11.7%
Lee County	34,584	4,071	11.8%
Marshall County	11,982	1,307	10.9%
Putnam County	5,644	509	9.0%
Illinois	12,859,995	1,935,887	15.1%

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

Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Perry Memorial Hospital service area, 22.51% or 1,088 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	22,149	4,833	1,088	22.51%
Bureau County	33,099	7,206	1,598	22.18%
Henry County	48,808	11,020	1,994	18.09%
Lee County	31,360	6,771	1,000	14.77%
Marshall County	11,607	2,363	358	15.15%
Putnam County	5,711	1,104	223	20.20%
Illinois	12,551,822	2,915,860	549,508	18.85%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.
Source Geography: Tract)*



Secondary Data

Economic Stability

Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 12.5% or 2,765 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	22,149	2,765	12.5%
Bureau County	33,099	4,175	12.6%
Henry County	48,808	6,109	12.5%
Lee County	31,360	3,699	11.8%
Marshall County	11,607	1,194	10.2%
Putnam County	5,711	507	8.9%
Illinois	12,551,822	1,698,613	13.5%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.
Source Geography: Tract)*

Unemployment Rate

Total unemployment in the Perry Memorial Hospital service area for the month of August 2019 was 462 or 3.9% of the civilian non-institutionalized population age 16 and older (seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	11,901	11,439	462	3.9%
Bureau County	17,798	17,108	690	3.9%
Henry County	25,266	24,227	1,039	4.1%
Lee County	17,589	16,957	632	3.6%
Marshall County	5,511	5,295	216	3.9%
Putnam County	3,089	2,969	120	3.9%
Illinois	6,530,304	6,284,256	246,048	3.8%

Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics. 2019 – August. Source Geography: County)

Secondary Data

Insurance – Uninsured Population

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

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	22,255	981	4.41%
Bureau County	33,253	1,828	5.50%
Henry County	48,907	2,522	5.16%
Lee County	31,602	1,918	6.07%
Marshall County	11,660	502	4.31%
Putnam County	5,763	270	4.69%
Illinois	12,674,162	1,079,822	8.52%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.
Source Geography: Tract)*

Young People Not in School and Not Working

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

Service Area	Population Age 16-19	Percentage of Population Age 16-19 Not in School and Not Employed
Service Area Estimates	1,012	7.61%
Bureau County	1,600	9.94%
Henry County	2,618	5.16%
Lee County	1,563	5.89%
Marshall County	559	12.16%
Putnam County	269	5.2%
Illinois	683,326	6.67%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)

Secondary Data

Neighborhood and Physical Environment

Food Environment – Grocery Stores

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

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	23,812	5	21
Bureau County	34,978	5	14
Henry County	50,486	8	16
Lee County	36,031	5	14
Marshall County	12,640	4	32
Putnam County	6,006	2	33
Illinois	12,830,632	2,770	22

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

Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	23,812	10,802	45.36%
Bureau County	34,978	13,352	38.17%
Henry County	50,486	11,434	22.65%
Lee County	36,031	5,905	16.39%
Marshall County	12,640	265	2.10%
Putnam County	6,006	656	10.92%
Illinois	12,830,632	2,483,877	19.36%

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



Secondary Data

Access to Care

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians Rate Per 100,000 Population
Service Area Estimates	22,987	9	43
Bureau County	33,359	17	51
Henry County	49,280	13	26
Lee County	34,251	29	85
Marshall County	11,939	0	0
Putnam County	5,611	1	18
Illinois	12,801,539	10,378	81

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source Geography: County)

Access to Mental Health Providers

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

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of Persons)	Mental Healthcare Provider Rate Per 100,000 Population
Service Area Estimates	No data	No data	No data	No data
Bureau County	33,243	17	1,956	41
Henry County	49,328	19	2,596	39
Lee County	34,406	136	253	395
Marshall County	No data	No data	No data	No data
Putnam County	No data	No data	No data	No data
Illinois	12,742,849	26,484	481	208

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

Access to Dentists

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

Service Area	Total Population 2015	Dentists 2015	Dentists Rate Per 100,000 Population
Service Area Estimates	22,814	7	33
Bureau County	33,587	11	33
Henry County	49,489	18	36
Lee County	34,584	14	40
Marshall County	11,982	4	33
Putnam County	5,644	2	35
Illinois	12,859,995	9,336	73

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

Secondary Data

Medical Conditions and Circumstances

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

Published by the University of Putnam County 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, 2019).

Bureau County is ranked 36 out of the 102 Illinois counties in the Rankings, released in April 2019. Putnam County is ranked 41. Marshall County is ranked 60.

Health Condition	Bureau County	Putnam County	Marshall County	Illinois
Adults Reporting Poor or Fair Health	15%	15%	14%	17%
Adults Reporting No Leisure Time/ Physical Activity	26%	21%	24%	22%
Adult Obesity	29%	28%	30%	29%
Children Under 18 Living in Poverty	18%	14%	15%	17%
Alcohol Impaired Driving Deaths	33%	80%	35%	33%
Teen Births	20/1,000	13/1,000	29/1,000	23/1,000
Uninsured	6%	6%	5%	7%
Unemployment	5%	5%	5%	5%

Behavioral Risk Factor Surveillance System

Bureau County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	21.0%	18.1%	15.6%
Asthma	9.1%	10.0%	12.2%	10.6%
Diabetes	10.2%	11.8%	7.5%	7.9%
Obesity	29.5%	28.8%	25.7%	25.1%
Smoking	16.7%	20.4%	20.2%	18.8%

Putnam County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	28.9%	20.9%	22.2%
Asthma	9.1%	6.7%	12.2%	7.8%
Diabetes	10.2%	12.0%	7.1%	6.7%
Obesity	29.5%	23.4%	28.2%	24.8%
Smoking	16.7%	28.5%	22.0%	22.1%

Marshall County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	24.5%	27.1%	18.7%
Asthma	9.1%	7.7%	12.3%	10.9%
Diabetes	10.2%	13.7%	10.5%	7.1%
Obesity	29.5%	35.8%	29.7%	26.2%
Smoking	16.7%	22.4%	19.3%	16.4%

Secondary Data

Health Indicators

Population With Any Disability

Within the service area, 14.32% or 8,364 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Service Area Estimates	22,255	3,204	14.40%
Bureau County	33,253	4,645	13.97%
Henry County	48,907	6,092	12.46%
Lee County	31,602	4,558	14.42%
Marshall County	11,660	1,491	12.79%
Putnam County	5,763	656	11.38%
Illinois	12,674,162	1,388,827	10.96%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.
Source Geography: Tract)*

Teen Births

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

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bureau County	1,138	32	28
Henry County	1,649	56	34
Lee County	1,150	41	35
Marshall County	436	10	22
Putnam County	157	3	18
Illinois	448,356	15,692	35

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



Secondary Data

Health Indicators

Low Birth Weight Rate

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

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bureau County	2,856	160	5.6%
Henry County	3,948	268	6.8%
Lee County	2,716	171	6.3%
Marshall County	980	77	7.9%
Putnam County	406	26	6.5%
Illinois	1,251,656	105,139	8.4%

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

Diabetes Management – Hemoglobin A1c Test for Medicare Enrollees

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a healthcare professional in the past year. In the service area, 327 Medicare enrollees with diabetes have had an annual exam out of 360 Medicare enrollees in the report area with diabetes or 83.8%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Service Area	Total Medicare Enrollees	Medicare Enrollees With Diabetes	Medicare Enrollees With Diabetes With Annual Exam	Percent Medicare Enrollees With Diabetes With Annual Exam
Service Area Estimates	4,001	390	327	83.8%
Bureau County	5,407	519	430	82.9%
Henry County	7,240	759	673	88.7%
Lee County	4,644	504	452	89.7%
Marshall County	1,818	193	175	90.7%
Putnam County	953	98	81	82.7%
Illinois	1,210,320	129,125	111,696	86.5%

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

Secondary Data

Health Indicators

30-Day Hospital Readmissions

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

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Bureau County	529	14.4
Henry County	741	15.3
Lee County	469	15.2
Marshall County	192	16.9
Putnam County	75	No data
Illinois	143,569	15.2

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

Preventable Hospitalizations – Medicare Population

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

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	3,108	176	57
Bureau County	4,200	245	58
Henry County	5,663	324	57
Lee County	3,676	153	42
Marshall County	1,416	78	55
Putnam County	735	24	33
Illinois	985,968	53,973	55

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

Secondary Data

Mortality Tables

Bureau County Mortality, 2017

Cause of Mortality	Total Deaths
Malignant Neoplasms	95
Diseases of the Heart	94
Chronic Lower Respiratory Diseases	27
Cerebrovascular Diseases	21
Accidents	20
Influenza and Pneumonia	18
Nephritis, Nephrotic Syndrome, and Nephrosis	15
Alzheimer's Disease	8
Septicemia	8
Parkinson's Disease	5
Diabetes Mellitus	4
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	4
Intentional Self-Harm (Suicide)	4
Essential Hypertension and Hypertensive Renal Disease	3
Chronic Liver Disease and Cirrhosis	3
Assault (Homicide)	2
Human Immunodeficiency Virus (HIV) Disease	1
Pneumonitis due to solids and liquids	1
Congenital Malformations, Deformations, and Chromosomal Abnormalities	1
Anemias	1
Aortic Aneurysm and Dissection	1

Marshall County Mortality, 2017

Cause of Mortality	Total Deaths
Malignant Neoplasms	47
Diseases of the Heart	44
Cerebrovascular Diseases	15
Alzheimer's Disease	9
Accidents	8
Influenza and Pneumonia	6
Nephritis, Nephrotic Syndrome, and Nephrosis	4
Septicemia	4
Essential Hypertension and Hypertensive Renal Disease	4
Chronic Lower Respiratory Diseases	4
Diabetes Mellitus	3
Intentional Self-Harm (Suicide)	3
Chronic Liver Disease and Cirrhosis	2
Certain Conditions Originating in the Perinatal Period	1

Secondary Data

Mortality Tables

Infant Mortality

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

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bureau County	2,005	11	6
Henry County	2,815	12	4
Lee County	1,925	9	5
Marshall County	715	4	6
Putnam County	275	0	0
Illinois	879,035	6,065	7

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

Mortality – Cancer

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bureau County	33,617	87	258	166
Henry County	49,518	123	249	172
Lee County	34,567	92	265	188
Marshall County	11,964	39	328	195
Putnam County	5,719	13	224	139
Illinois	12,845,254	24,449	190	166

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Secondary Data

Mortality Tables

Mortality – Coronary Heart Disease

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bureau County	33,617	57	168	101
Henry County	49,518	62	125	83
Lee County	34,567	44	128	87
Marshall County	11,964	16	132	80
Putnam County	5,719	9	150	96
Illinois	12,845,254	13,542	105	90

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Mortality – Lung Disease

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bureau County	33,617	28	82	49
Henry County	49,518	39	79	53
Lee County	34,567	26	76	53
Marshall County	11,964	10	82	47
Putnam County	5,719	3	49	Suppressed
Illinois	12,845,254	5,614	44	38

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County

Secondary Data

Mortality Tables

Mortality – Drug Poisoning

This indicator reports the rate of death due to drug overdose per 100,000 population.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bureau County	33,833	6	17	19
Henry County	49,684	3	7	Suppressed
Lee County	34,693	5	14	15
Marshall County	12,083	No data	Suppressed	Suppressed
Putnam County	5,751	No data	Suppressed	Suppressed
Illinois	12,859,901	1,832	14	14

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County

Mortality – Pedestrian Motor Vehicle Crash

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

Service Area	Total Population 2010	Total Pedestrian Deaths 2011-2015	Average Annual Deaths (Rate Per 100,000 Population)
Service Area Estimates	No data	No data	No data
Bureau County	34,978	0	0
Henry County	50,486	2	1
Lee County	36,031	4	4
Marshall County	12,640	0	0
Putnam County	6,006	0	0
Illinois	12,830,632	827	2

Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County)

Secondary Data

Mortality Tables

Mortality – Motor Vehicle Crash

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bureau County	33,617	6	18	19
Henry County	49,518	7	15	14
Lee County	34,567	5	14	12
Marshall County	11,964	2	20	Suppressed
Putnam County	5,719	No data	Suppressed	Suppressed
Illinois	12,845,254	1,087	8	8

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Mortality – Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because stroke is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bureau County	33,617	20	60	35
Henry County	49,518	24	49	32
Lee County	34,567	21	61	42
Marshall County	11,964	10	85	48
Putnam County	5,719	3	49	Suppressed
Illinois	12,845,254	5,634	44	38

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Secondary Data

Mortality Tables

Mortality – Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. This indicator is relevant because accidents are a leading cause of death in the U.S.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bureau County	33,617	23	69	62
Henry County	49,518	22	45	39
Lee County	34,567	19	55	49
Marshall County	11,964	7	55	45
Putnam County	5,719	3	56	Suppressed
Illinois	12,845,254	5,106	40	38

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Mortality – Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. This indicator is relevant because suicide is an indicator of poor mental health.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bureau County	33,617	5	16	17
Henry County	49,518	6	13	13
Lee County	34,567	6	16	16
Marshall County	11,964	2	20	Suppressed
Putnam County	5,719	No data	Suppressed	Suppressed
Illinois	12,845,254	1,394	11	11

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Primary Data

Qualitative Data

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

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

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

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

Focus Group 1 – Medical Professionals and Partners

The first focus group consisted of medical professionals and partners, including physicians, the administrator of the Bureau, Putnam and Marshall County Health Department, senior care administrators, mental health providers and others. The group met at 7:00 am on August 1, 2019 at Perry Memorial Hospital. Positive developments in the service area in recent years were identified as:

- Perry Memorial Hospital has expanded access to care through use of mid-level providers in clinics
- Perry Memorial Hospital has added clinics and a Prompt Care location
- Perry Memorial Hospital Emergency Room and the Family Health Clinic work together to help patients establish primary care relationships
- Bureau-Putnam Area Rural Transit (BPART) provides excellent public transportation
- Expanded hours at BPART
- Arukah Institute of Healing
- Perry Memorial Hospital has established a Senior Behavioral Health Program
- Expansion of services at Perry Memorial Hospital
- Perry Memorial Hospital has established telepsychiatry in the Emergency Room and is exploring other telehealth services
- Perry Memorial Hospital has established a wound care clinic
- Bureau, Putnam and Marshall County Health Department (BPMCHD) provides pediatric dental care
- Community use of the Bureau County Metro Center, CrossFit, and other opportunities for exercise and recreation have improved
- BPMCHD and many partners, including Perry Memorial Hospital, have launched a Mental Health First Aid and Mental Health Awareness program
- Client community support services are being offered by North Central Behavioral Health Services

Primary Data

Qualitative Data

Needs and health issues were identified as:

- Broaden access to specialist care through recruitment of local sub-specialists
- Grow technology at Perry Memorial Hospital in order to expand capability to provide more local and distant services
- Address local healthcare workforce needs
- Improve local economic development
- Improve continuity of care and continued care, focusing on transitional care and chronic care management
- Remote patient monitoring
- Expand local access to specialists
- Address barriers to service resulting from insurance and Medicare approval procedures
- Improve continuity of care for acute and surgery patients
- Improve local access to inpatient services for detoxification, rehabilitation, and recovery for substance use disorders
- Community education about nutrition and nutrition services for seniors
- Address the cycle of substance use/abuse for persons being discharged back into the community following detoxification
- Provide mobile physical and mental health services for outlying areas
- Peer support programs for mental health and substance use
- Improve health and community services for youth
- Improve development of medical professionals with local roots or ties
- Better involve youth with their own healthcare
- Integrate community health services and improve visibility of what is available

Focus Group 2 – Community Leaders

The second focus group consisted of community leaders that serve audiences that include persons that may be underserved by local medical services. The group included school officials, community advocates, local agency leaders, and others. The group met at 7:00 am on August 7, 2019 at Perry Memorial Hospital. Positive developments in the service area in recent years were identified as:

- Greater collaboration among healthcare providers, community organizations, and others
- New clinic services in Henry
- Greater awareness about opioid crisis

- Improved access to local care and services
- Transportation is good
- Stigma of seeking mental healthcare has been reduced
- Choices in prompt care
- Increased awareness of mental health and substance abuse issues
- Better coordination of services for specific needs through bundling and other cooperative efforts
- Perry Memorial Hospital partners with many community events
- Development of Cornerstone Community Wellness and its services on the west side of the county
- Perry Memorial Hospital opened clinics that have increased access to care throughout the area
- Collaboration between the Bureau County Metro Center and Perry Memorial Hospital to provide health education programs
- New behavioral health services in Henry

Needs and health issues were identified as:

- Expanded access to mental health services
- Access to family and individual counseling outside of group settings
- Local access to inpatient and walk-in mental health services
- Flu shots at schools
- Professional development for healthcare providers that explains early intervention services
- Find ways to reduce costs of prescriptions for seniors
- Expedited access to rehabilitation beds for mental health and substance use disorders
- Access to parenting resources and education for grandparents raising grandchildren
- Improve record-sharing among hospitals and providers
- Education about managed care plans and resources for assistance in understanding them
- Increased resources to provide social and emotional support for youth and families
- Networking for support and peer support for school nurses
- Provide support and resources for consistent social and emotional services in schools
- Informal social opportunities for youth and seniors, including youth mentoring

Primary Data

Qualitative Data

- Pediatric psychiatric services
- Transportation to local mental health services
- Community education about local physical and mental health services
- Access to local audiology services
- Increased access to healthy foods and nutrition information
- Enhance awareness of medical careers and local opportunities
- Schools are taking on the role of the “kitchen table,” with additional seats needed at those tables

Focus Group 3 – Local Employers

A third focus group consisted of local employers. The group included a variety of businesses responsible for many of the jobs in the area. The group met at 5:00 pm on August 8, 2019 at Perry Memorial Hospital. Positive developments in the service area in recent years were identified as:

- Talks between Perry Memorial Hospital and OSF
- Construction has begun for a new family health clinic at Perry Memorial Hospital
- New options were created through the partnership between Perry Memorial Hospital and Illinois Valley Community Hospital (IVCH)
- Physicians are positive about making referrals
- There is a better understanding of health co-ops by providers
- There are opportunities for substance free activities for youth, including the Prairie Arts Center

Needs and health issues were identified as:

- Local access to youth mental health services, including counseling and child psychology
- Spanish-speaking services for residents of DePue that currently travel out-of-county to obtain services where Spanish-speaking staff is available
- Community education about available local health services
- Image of Perry Memorial Hospital needs to be improved
- Increase substance abuse education and prevention
- Address opioid addiction at all levels
- Expand local access to specialty care
- Local access to dialysis

- Community education about healthcare bills and explanations of benefits and advocates to address questions about issues outside of regular business hours
- Community education about wellness care and how it works with billing
- Address youth and adult homelessness in the Perry Memorial Hospital service area

Focus Group 4 – Hospital Advisory Board

A fourth focus group consisted of members of the hospital advisory board. The group included a variety of citizens representing different sectors of the service area, including agriculture. The group met at 5:00 pm on August 19, 2019 at Perry Memorial Hospital. Positive developments in the service area in recent years were identified as:

- Perry Memorial Hospital acquired an existing Prompt Care, an expanded access to care by expanding availability of payment options
- Perry Memorial Hospital utilizes Sexual Assault Nurse Examiners
- Perry Memorial Hospital has expanded access to care by opening clinics in outlying communities
- The Perry Memorial Hospital website is more user-friendly than in the past
- Perry Memorial Hospital has increased access to care by increasing the number of physicians
- The Family Practice Clinic at Perry Memorial Hospital has improved, expanded services, and enjoys a good reputation in the community
- The Emergency Room at Perry Memorial Hospital has improved its services
- Perry Memorial Hospital has expanded senior services, resulting in expanded access to care for the elderly
- The image of Perry Memorial Hospital in the community is very good
- The change to electronic record-keeping and record-sharing at Perry Memorial Hospital has improved services
- Perry Memorial Hospital is present in the community moreso than in the past
- Perry Memorial Hospital participates with Scouts and other groups to familiarize youth with medical care and medical professions
- Perry Memorial Hospital sponsors support groups that fill an important role in the community

Primary Data

Qualitative Data

Needs and health issues were identified as:

- Address mental health and suicide education, especially for farmers and the elderly
- Better access to counseling for low income, underinsured, and uninsured LGBTQ community members, especially youth and young adults
- Access to insurance for small businesses
- Better information about services available in the community for youth in trauma
- Better access to health foods, especially meat, fruit, and vegetables for youth
- Access to dental services for uninsured and underinsured youth and youth on medical cards

Focus Group 5 – Local Educators and Community Leaders

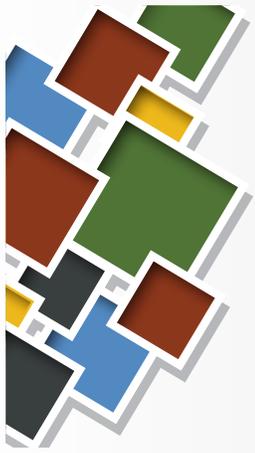
The fifth focus group consisted of local educators and community leaders, including the Princeton Fire Chief. The group met at 2:00 pm on August 20, 2019 at Perry Memorial Hospital. Positive developments in the service area in recent years were identified as:

- Mental Health First Aid for Youth is being offered to area school personnel for free
- Bureau-Putnam Area Rural Transit (BPART) is doing a good job getting people to appointments and providing transportation for youth to jobs
- Access to mental health services through the Perry Memorial Hospital family practice clinic
- Access to family health clinic
- All of Princeton Fire Department and ambulances are operating at paramedic level
- Perry Memorial Hospital has opened clinics in small outlying communities
- Cornerstone Community Wellness, Arukah Institute of Healing, and other local organizations are helping to address physical and mental health issues
- Anette Schnabel has grown the community outreach of Perry Memorial Hospital in significant ways
- Senior healthcare program at Perry Memorial Hospital
- Access to telepsychiatric services at Perry Memorial Hospital

- The Perry Way mindset is a positive for the hospital that is carrying into the community
- Perry Memorial Hospital has board certified emergency room physicians 24/7
- Perry Memorial Hospital uses social media in positive and effective ways
- Flu vaccinations are being offered at schools
- Perry Memorial Hospital does a good job with patient follow-up, following discharge from the emergency room

Needs and health issues were identified as:

- Local access to services for persons facing substance abuse and substance use disorders
- Improve community education about available local resources for maintaining, reobtaining, or addressing physical and mental health
- Improve local access for all students to services and screenings required for entry to school, especially dental
- Improve local access to dental care for low income, underinsured, and uninsured youth
- Reduce stigma around seeking mental healthcare
- Increase mental health awareness
- Education for parents and school staff about the process for mental health evaluations of youth
- Better communications from emergency room staff with parents and schools concerning mental health evaluations
- Improve community awareness of needs of seniors and how to get needed services to them
- Improve availability of persons or services to check in on seniors to assist with nutrition, hygiene, and establish a friendly rapport to monitor their well-being
- Improved access to physical and mental health services for veterans
- Education for parents about parenting
- Education for local care providers and support services about the availability of other local support services
- Community education programs for schools regarding the availability of local physical and mental health services from Perry Memorial Hospital and others
- Education for grandparents raising grandchildren
- Better ways for schools to convey information to emergency rooms about youth being referred



IV. IDENTIFICATION & PRIORITIZATION OF NEEDS

2019 Community Health Needs Assessment

Identification and Prioritization of Needs

Description of the Community Health Needs Identified

The steering group, comprised of representatives from all five focus groups (including the administrator of the local health department, educators, medical professionals, and members serving persons likely to be unserved, underserved or otherwise experiencing unmet needs) met on August 20, 2019, to identify and prioritize significant health needs.

The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included CARES, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Perry Memorial Hospital service area. Local needs surrounding mental health, substance use disorders, wellness, and community education and information dominated the discussion.



1. MENTAL HEALTH

- Increase access to mental health services in schools
- Improve access to mental health services for farmers and find ways to reduce the stigma involved with seeking services
- Improve access to mental health counseling for persons relying on Medicaid, Medicare, and others that are underinsured or uninsured
- Improve access to inpatient mental healthcare

Identification and Prioritization of Needs

2. SUBSTANCE USE DISORDERS

- Provide local access to detoxification
- Improve substance use prevention education and programming at earlier ages

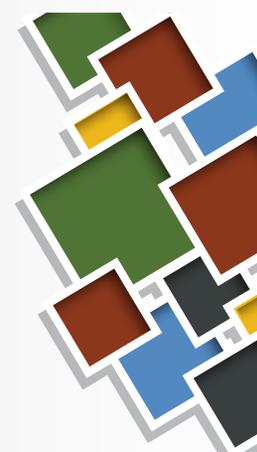
3. WELLNESS

- Provide proactive approaches to youth wellness including physical health, mental health, substance use, safety, lifestyle, and nutrition
- Continue to address wellness issues, including obesity and heart disease

4. COMMUNITY EDUCATION AND INFORMATION

- Improve education and ease of access to information about local physical and mental healthcare and related services
- Increase available information about local services for schools to provide to parents and youth
- Provide information for veterans about how to access local health services and transportation to out-of-area care

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



Resources Available to Meet Priority Health Needs

Perry Memorial Hospital and Community Resources

Hospital Services

- Primary Care
- Prompt Care
- Emergency Services
- Inpatient/ICU
- Care Management
- Ambulatory Care/Wound Care
- Special Procedures/Endoscopy
- Home Care
- Medical Rehabilitation, Physical, Occupational, and Cardiopulmonary
- General Surgery
- Orthopedic and Sports Medicine
- Podiatry
- Pain Management
- Respiratory Care
- STEMI – Regional Referral Location
- Testing – Laboratory and Radiology
- Mental Health Services – TeleHealth – Licensed Social Worker, Senior Behavioral Wellness

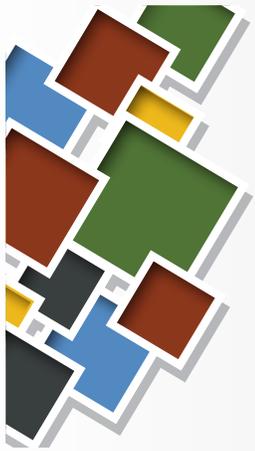
Hospital Programs

- Nutritional Counseling
- Support Groups: Diabetes, Low Vision, Grief and Loss, Caregiver, Senior Center Wellness, and NAMI (National Alliance on Mental Illness)
- Healthy Cooking Class
- Community Education: First Aid, First Responder, ACLS/BLS (Advanced Cardiac Life Support/Basic Life Support), CPR/AED (Cardiopulmonary Resuscitation/Automated External Defibrillator), and PALS (Pediatric Advanced Life Support)
- Quarterly Reduced Health Screenings
- Tai Chi for Arthritis
- Monthly Mississippi Valley Blood Drive
- Pink Ribbon Cancer Survivor Club



Community Resources

- North Central Behavioral Health Services
- Community Partners Against Substance Abuse (CPASA)
- Open Door Counseling
- Cornerstone Community Wellness, Inc.
- Gateway Services, Inc.
- Freedom House
- Bureau County Senior Center
- BPART (Bureau-Putnam Rural Area Transit)
- St. Margaret's Hospital
- Illinois Valley Community Hospital
- Bureau, Putnam and Marshall County Health Department
- LaSalle County Health Department
- UnityPoint Health
- OSF HealthCare
- Tri-County Opportunities Council
- Youth Services Bureau



VI. IMPLEMENTATION STRATEGY

2019 Community Health Needs Assessment

Implementation Strategy

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Perry Memorial Hospital on September 3, 2019. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

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

Implementation Strategy – Priority #1



1. MENTAL HEALTH

- Increase access to mental health services in schools
- Improve access to mental health services for farmers and find ways to reduce the stigma involved with seeking services
- Improve access to mental health counseling for persons relying on Medicaid, Medicare, and others that are underinsured or uninsured
- Improve access to inpatient mental healthcare

Implementation Strategy

Planning Process

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

- Perry Memorial Hospital will explore partnerships with schools to provide mental health services
- Perry Memorial Hospital will explore partnerships with farm organizations to provide services
- Perry Memorial Hospital will continue to support the Health Department's Mental Health First Aid Program by training appropriate personnel
- Perry Memorial Hospital will continue to provide access to adult and youth telehealth
- Perry Memorial Hospital will continue collaboration to develop a community crisis team
- Perry Memorial Hospital will explore expanding telehealth to the clinics in Henry and Walnut
- Perry Memorial Hospital will continue Senior Behavioral Health services
- Perry Memorial Hospital will continue to explore relationships to improve access to inpatient mental healthcare

Anticipated impacts of these actions:

Perry Memorial Hospital anticipates that implementing the steps above will increase access to mental health services in schools, improve access to mental health services for farmers and find ways to reduce the stigma for farm families involved with seeking services, improve access to mental health counseling for persons relying on Medicaid, Medicare, and others that are underinsured or uninsured, and improve access to inpatient mental healthcare.

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

- Administration
- Emergency Department
- ICU
- Clinics

Planned collaboration between the hospital and other organizations:

- Rural Communities Opioid Response Program Planning grant consortium members
- Arukah-integrated health planning grant consortium members
- St. Margaret’s Hospital
- North Central Behavioral Health Services
- Illinois Valley Community Hospital
- Bureau, Putnam and Marshall County Health Department
- LaSalle County Health Department
- Community Partners Against Substance Abuse (CPASA)
- Open Door Counseling
- Other providers, agencies, and services to be determined

Implementation Strategy – Priority #2



2. SUBSTANCE USE DISORDERS

- Provide local access to detoxification
- Improve substance use prevention education and programming at earlier ages

Implementation Strategy

Planning Process

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

- Perry Memorial Hospital will explore creating inpatient detoxification services
- Perry Memorial Hospital will explore inpatient services for rehabilitation and recovery for persons with substance use disorders
- Perry Memorial Hospital will expand Medication Assisted Treatment and coordinate counseling
- Perry Memorial Hospital will continue partnership with Community Partners Against Substance Abuse (CPASA)

Anticipated impacts of these actions:

Perry Memorial Hospital anticipates that implementing the steps above will result in improved access to detoxification, rehabilitation, and recovery services and strengthen prevention education and programming.

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

- Administration
- Clinics
- Inpatient leadership
- Prompt Care

Planned collaboration between the hospital and other organizations:

- UnityPoint Health
- OSF
- Interested counseling providers

Implementation Strategy – Priority #3



3. WELLNESS

- Provide proactive approaches to youth wellness including physical health, mental health, substance use, safety, lifestyle, and nutrition
- Continue to address wellness issues, including obesity and heart disease

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

- Perry Memorial Hospital will explore appropriate collaboration to develop and deliver wellness education
- Perry Memorial Hospital will continue community health fairs
- Perry Memorial Hospital will continue health education programs focusing on nutrition
- Perry Memorial Hospital will review an approach to wellness education with use-of-care teams
- Perry Memorial Hospital will create diagnosis-related education programs to address multiple concerns in a one program track
- Perry Memorial Hospital will explore facilitating collaboration for developing plans and funding healthy communities
- Perry Memorial Hospital will expand access to health screenings

Implementation Strategy

Planning Process

Anticipated impacts of these actions:

Perry Memorial Hospital anticipates that following the steps above will have a significant impact on improved youth and community wellness opportunities and expanded wellness education and programs leading to reduction in chronic illness.

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

- Administration
- Knowledge of appropriate resources

Planned collaboration between the hospital and other organizations:

- Local governments
- Local service organizations
- Public Health Department
- Private fitness providers
- Food pantries

Implementation Strategy – Priority #4



4. COMMUNITY EDUCATION AND INFORMATION

- Improve education and ease of access to information about local physical and mental healthcare and related services
- Increase available information about local services for schools to provide to parents and youth
- Provide information for veterans about how to access local health services and transportation to out-of-area care

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

- Perry Memorial Hospital will encourage development of a 211 program in Bureau County
- Perry Memorial Hospital will facilitate formation of a collaboration to create a web-based guide to local organizations and services including but not limited to healthcare services

Anticipated impacts of these actions:

Perry Memorial Hospital anticipates that the successful achievement of one or both of the above steps will significantly improve access to local services for schools, veterans, seniors, persons seeking physical or mental health services, and others.

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

- Marketing
- Website
- Care management

Planned collaboration between the hospital and other organizations:

- Bureau, Putnam and Marshall County Health Department
- North Central Behavioral Health Services
- Tri-County Opportunities Council
- Youth Services Bureau



VII. DOCUMENTING AND COMMUNICATING RESULTS

2019 Community Health Needs Assessment

Documenting and Communicating Results

Approval

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

This Community Health Needs Assessment and Implementation Plan of Perry Memorial Hospital was approved by the Perry Memorial Hospital Board of Directors on the 27th day of January, 2020.



VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment

References

- *County Health Rankings, 2019 County Health Rankings*
- CARES, 2019
- *Community Commons, 2019 Community Commons*
- Illinois Department of Employment Security, 2019
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2019
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2019
- ESRI, 2019
- Illinois State Board of Education, *Illinois Report Card, 2018 - 2019*
- *Atlas of Rural and Small Town America, USDA, 2018*
- *Behavioral Risk Factor Surveillance Survey – Illinois - Counties – 2018*
- *Illinois Youth Survey, 2018*

(Support documentation on file and available upon request)

Appendix

Appendix

Focus Group 1 – Medical Professionals and Partners

Pat Verway	Administrator	Aperion
Susan Morris	Administrator	Walnut Manor Nursing Home
Hector Gomez	CEO, Public Health Administrator	Bureau, Putnam and Marshall County Health Department
Dawn Conerton	Director of Service Development	North Central Behavioral Health Services
Sarah Scruggs	Executive Director	Arukah Institute of Healing
Elizabeth Pratt	Executive Director	Cornerstone Community Wellness
Denise Ihrig	Director	Bureau County Senior Center
Dr. Christopher Blanford	Physician	Perry Memorial Hospital
Dr. Mark Williams	Physician	Perry Memorial Hospital
Dr. Rick Cernovich	Physician	Sheffield Family Practice

Focus Group 2 – Community Leaders

Elaine Russell	Executive Director	Bureau County Metro Center
Shirley Johnson	President	The Closet
Jill Frueh	Manager	Bureau County Farm Bureau
Tim Smith	Superintendent	Princeton Elementary School District
Jay McCracken	Superintendent	LaMoille Community Unit Schools
Michael Patterson	Superintendent	Malden Schools
Susan Bruner	Principal	DePue Schools
Amber Harper	Grant Writer	Bureau Valley School District
Dr. Mike Miller	Superintendent	Henry-Senachwine School District
Vanessa Hoffeditz	Community Food Services/ Pantry Manager	Tri-County Opportunities Council
Max Halberg	Owner	Wyaton Hills
Tom Kammerer	Chief of Police	Princeton Police Department
Angie Smith	School Nurse	Henry-Senachwine School District
Amanda Carr	Principal	Princeton Elementary School District
Autumn Fahnestock	Social Worker	Princeton Elementary School District
Christine Cady	Principal	Bureau Valley School District, Walnut and Wyonet

Appendix

Appendix

Focus Group 3 – Local Employers

Chris Dybek	Plant Manager	Allegion (LCN Closers)
Dan Yuhas	Warehouse Manager	Ace Hardware Distribution Center
Jack Ackerman	Human Resources	TCI Manufacturing
Tricia Aguirre	Human Resources	TCI Manufacturing
Daryl Becker	Owner	Beck Oil
Ryan Keutzer	Owner	Studio K Architecture
John Theisinger	Market President	Midland State Bank

Focus Group 4 – Hospital Advisory Board

Rachel Denton	Representative	Perry Memorial Hospital Advisory Board
Vicki Wessell	Representative	Perry Memorial Hospital Advisory Board
Meagen Johnson	Representative	Perry Memorial Hospital Advisory Board

Focus Group 5 – Local Educators and Community Leaders (Implementation Strategy)

Annette Schnabel	President and CEO	Perry Memorial Hospital
Elizabeth Pratt	Executive Director	Cornerstone Community Wellness
Michael Patterson	Superintendent	Malden Elementary School District
Cathy Foes	Marketing Director	Perry Memorial Hospital
Terry Madsen	CHNA Consultant	Illinois Critical Access Hospital Network

Executive Committee

Annette Schnabel	President and CEO	Perry Memorial Hospital
Scott Hartman	Vice President of Operations	Perry Memorial Hospital
Deb May Rickard	Vice President of Nursing and CNO	Perry Memorial Hospital
Mark Woolery	Vice President of Finance and CFO	Perry Memorial Hospital



2019 Community Health Needs Assessment
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