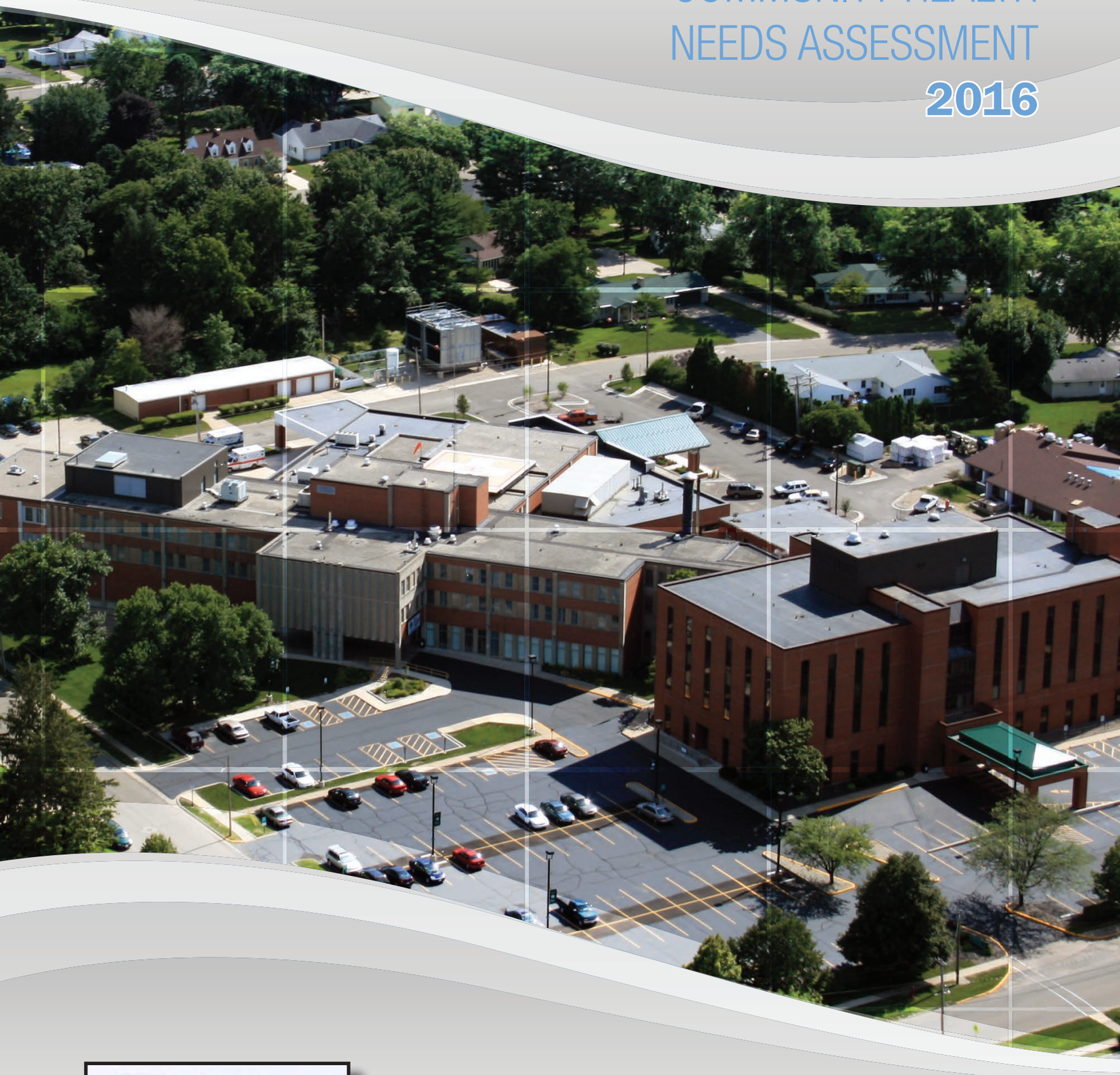
COMMUNITY HEALTH NEEDS ASSESSMENT

2016



Perry Memorial Hospital

A Collaborative Approach to Impacting Population Health
in Princeton and Surrounding Areas

PERRY MEMORIAL HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

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

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

The process involved the review of several hundred pages of demographic and health data specific to the Perry Memorial Hospital service area. The secondary data and previous public health planning conclusions draw attention to several common issues of rural demographics and economics and draw emphasis to issues related to declining number of physicians, mental health, wellness, dental services, and a single information source.

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

Two focus groups met on August 12 and 15, 2016 to discuss the overall state of health and the local delivery of health care, and health-related services. They identified positive recent developments in local services and care and also identified issues or concerns that they felt still existed in the area.

A third group comprised of members or representatives of the focus groups then met and considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs.

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

Five needs were identified as significant health needs and prioritized:

1. Declining number of local primary care physicians
2. Mental health
3. Wellness
4. Dental services
5. Single information source

The consultant then compiled a report detailing key data and information that influenced the process and set out the conclusions drawn by the participants. This report was delivered to Perry Memorial Hospital in September, 2016.

Background

The Julia Rackley Perry Memorial Hospital was officially founded on May 29, 1916 when an ordinance was passed by the City Council for the establishment and maintenance of a public hospital in the city of Princeton, IL. There was also provision for the appointment of a Board of Directors. This action was taken after a great majority of the citizens of Princeton voted in favor of a tax-supported public hospital in April, 1916. The hospital finally opened on June 17, 1920. A new east wing was added to the building and completed July 17, 1931. Remodeling of the center wing and the construction of an addition to the east wing were completed in 1954. A new 44 bed wing was added in 1959.

In the 1960s, there were two phases of development. The building was completed in 1969. A basement and two floors were occupied in 1969. The third floor was completed in 1976 for a surgical inpatient unit providing a total bed capacity of 105. The Medical Office Building, completed during the summer of 1978, adjoins the hospital on the north side along Park Avenue East.

A new $6.5 million Emergency Department/Outpatient Services wing and renovation (Phase I) was completed and opened in December, 2005. Phase II construction, which consisted of transforming and renovating the existing Emergency Department into an Outpatient Pre- and Post-Surgical area was completed in May, 2007 at a cost of $1.1 million. Phase III was completed in 2009, costing $3.5 million, with a remodel of the Lower Level and 1st Floor of the hospital and replacement of mechanicals in order to satisfy state regulations.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 55 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. Perry Memorial 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 healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Princeton and the surrounding area.

The population assessed was the identified service area and Bureau and Putnam counties. Data from Marshall County and Lee County was also considered for local information and collected throughout the assessment process. This information was supplemented with:

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

Perry Memorial Hospital is a not-for-profit hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

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.

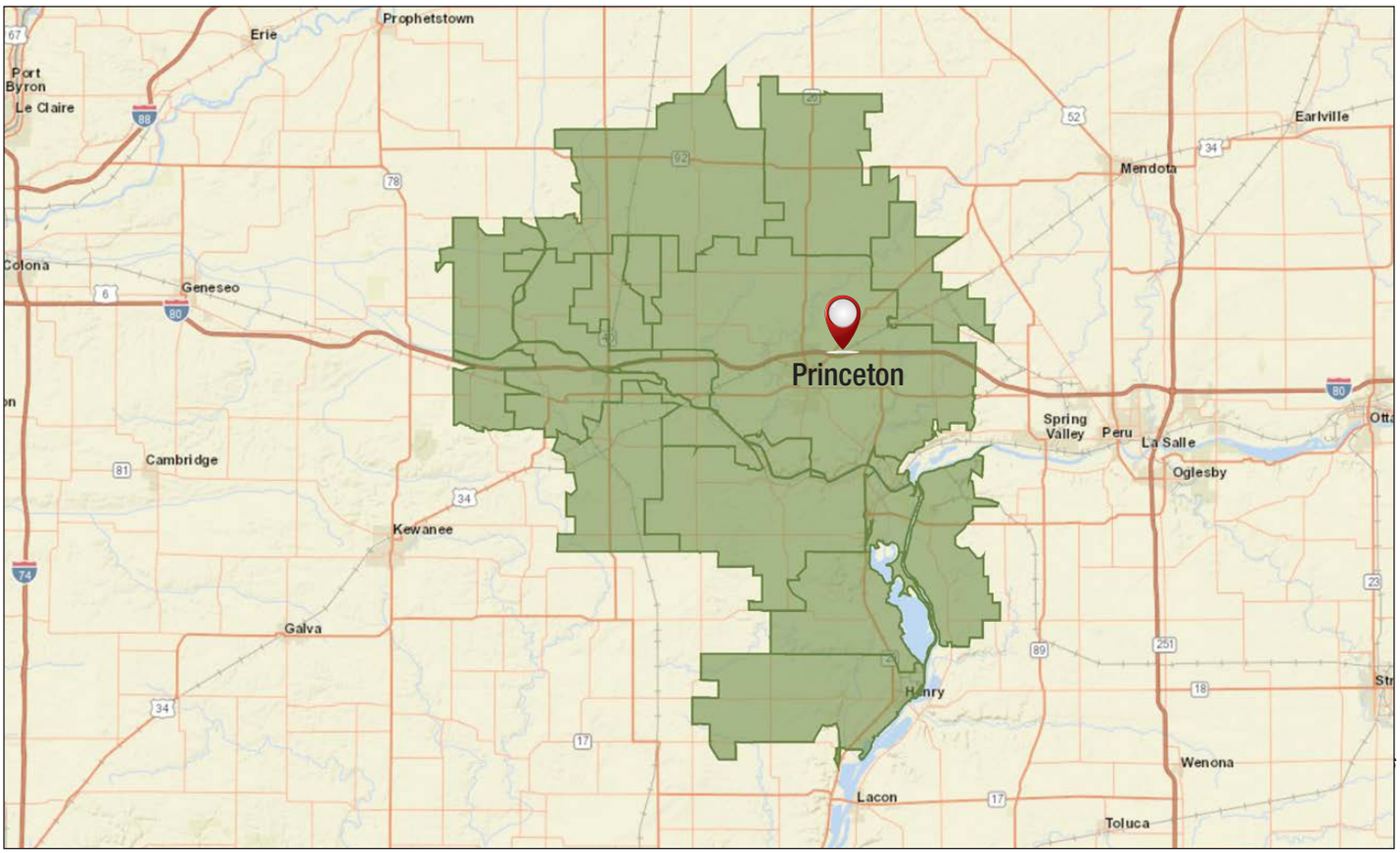
DEMOGRAPHICS

Perry Memorial Hospital's service area is comprised of approximately 747 square miles, with a population of approximately 25,574 and a population density of 34 people per square mile. The service area consists of the following rural communities:

Cities and Towns
- Princeton
- Henry

Villages
- Wyanet
- Tiskilwa
- Walnut
- Sheffield
- Ohio
- Putnam
- Dover
- Buda
- Bureau
- Hennepin
- Kasbeer
- Malden
- Mineral
- Manlius

Illustration 1. Perry Memorial Hospital Service Area



TOTAL POPULATION CHANGE, 2000-2010

According to the U.S. Census data, the population in the region fell from 26,698 people to 26,176 between the years of 2000 and 2010, a 1.96% decrease.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	26,698	26,176	-522	-1.96%
Bureau County	35,503	34,978	-525	-1.48%
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%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	90,806	89,655	-1,151	-1.27%

Data Source: Community Commons

The Hispanic population increased in Bureau County by 963 people (55.6%), 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 Lee County, additional population changes were as follows: White -2.03%, Black -2.09%, American Indian/Alaska Native 80.49%, Asian 21.78%, 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.

POPULATION BY AGE GROUPS

Population by gender was 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	25,574	1,354	4,395	1,605	2,647
Bureau County	34,361	1,850	5,848	2,532	3,708
Lee County	35,248	1,934	5,422	2,932	4,278
Marshall County	12,319	673	1,911	903	1,213
Putnam County	5,895	341	914	427	641
Illinois	12,868,747	810,671	2,244,295	1,253,226	1,781,319

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	2,759	3,699	3,872	5,243
Bureau County	4,011	4,952	4,950	6,510
Lee County	4,363	5,540	4,942	5,834
Marshall County	1,383	1,801	1,870	2,565
Putnam County	609	901	961	1,101
Illinois	1,699,140	1,823,332	1,560,481	1,696,283

Data Source: Community Commons

HIGH SCHOOL GRADUATION RATE

This indicator reports the average freshman graduate rate, which measures the percentage of students receiving their diploma within four years. The graduation rate in both Bureau and Putnam counties is above the Healthy People 2020 target of 82.4.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Service Area Estimates	No data	No data	No data
Bureau County	449	378	84.2
Lee County	429	347	80.9
Marshall County	154	144	93.5
Putnam County	70	61	86.5
Illinois	169,361	131,670	77.7

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

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

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

Within the service area, there are 1,615 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 8.86% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	18,220	1,615	8.86%
Bureau County	24,131	2,358	9.77%
Lee County	24,960	2,966	11.88%
Marshall County	8,832	769	8.71%
Putnam County	4,213	442	10.49%
Illinois	8,560,555	1,062,144	12.41%

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

POPULATION WITH ASSOCIATE'S LEVEL DEGREE OR HIGHER

In the service area, 25.89% of the population aged 25 and older, or 4,718 people have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With Associate's Degree or Higher	% Population Age 25+ With Associate's Degree or Higher
Service Area Estimates	18,220	4,718	25.89%
Bureau County	24,131	6,235	25.84%
Lee County	24,960	6,362	25.49%
Marshall County	8,832	2,484	28.13%
Putnam County	4,213	1,065	25.28%
Illinois	8,560,555	3,373,016	39.40%

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

POVERTY – CHILDREN BELOW 100% FPL

Poverty is considered a key driver of health status. Within the service area, 23.79% or 1,334 children are living in households with income below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Population Under Age 18	Population Under Age 18 in Poverty Below 100% FPL	Population Under Age 18 in Poverty Below 100% FPL
Service Area Estimates	5,608	1,334	23.79%
Bureau County	7,538	1,489	19.75%
Lee County	7,174	954	13.30%
Marshall County	2,553	427	16.73%
Putnam County	1,255	258	20.56%
Illinois	3,011,614	612,922	20.35%

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

POVERTY – CHILDREN BELOW 200% FPL

Within the service area, 46.68% or 2,618 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Population Under Age 18	Population Under Age 18 in Poverty Below 200% FPL	Population Under Age 18 in Poverty Below 200% FPL
Service Area Estimates	5,608	2,618	46.68%
Bureau County	7,538	3,196	42.40%
Lee County	7,174	2,786	38.83%
Marshall County	2,553	1,038	40.66%
Putnam County	1,255	431	34.34%
Illinois	3,011,614	1,243,877	41.30%

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

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

Poverty is considered a key driver of health status. Within the service area, 13.41% or 3,358 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is lower than the Illinois statewide poverty levels of 14.41%. Within the service area, 32.68% or 8,188 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This is higher than the Illinois statewide poverty level of 31.86%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
Service Area Estimates	25,053	3,358	8,188
Bureau County	33,828	4,069	10,801
Lee County	32,536	3,501	9,983
Marshall County	12,021	1,377	3,422
Putnam County	5,889	616	1,488
Illinois	12,566,139	1,810,470	4,004,005

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

INCOME – FAMILIES EARNING OVER $75,000

In the service area, 39.25%, or 2,710 families report a total annual income of $75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families With Income Over $75,000	Percent Families With Income Over $75,000
Service Area Estimates	6,905	2,710	39.25%
Bureau County	9,348	3,641	38.95%
Lee County	8,921	3,595	40.30%
Marshall County	3,212	1,353	42.12%
Putnam County	1,662	758	45.61%
Illinois	3,131,125	1,480,485	47.28%

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

POPULATION WITH ANY DISABILITY

Within the service area, 13.12% or 3,303 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.62% in Illinois. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population With a Disability	Percent Population With a Disability
Service Area Estimates	25,178	3,303	13.12%
Bureau County	33,958	4,335	12.77%
Lee County	32,752	3,846	11.74%
Marshall County	12,036	1,604	13.33%
Putnam County	5,889	649	11.02%
Illinois	12,690,056	1,347,468	10.62%

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

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the service area, 1,636 public school students (43.56%) are eligible for free/reduced price lunch out of 3,899 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch of 51.44%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/ Reduced Price Eligible	% of Free/Reduced Price Lunch Eligible
Service Area Estimates	3,899	1,636	41.96%
Bureau County	5,441	2,601	47.80%
Lee County	4,281	1,827	42.68%
Marshall County	1,717	794	46.24%
Putnam County	918	291	31.70%
Illinois	2,049,231	1,044,588	50.97%

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

FOOD INSECURITY RATE

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

Report Area	Total Population	Food Insecure Population, Total	Percent Food Insecure Population
Service Area Estimates	25,874	3,203	12.38%
Bureau County	34,594	4,280	12.37%
Lee County	35,535	4,590	12.92%
Marshall County	12,454	1,450	11.64%
Putnam County	5,927	800	13.50%
Illinois	12,882,135	1,755,180	13.62%

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

INCOME – PER CAPITA INCOME

The per capita income for the hospital service area is $27,389. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this service area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Service Area Estimates	25,574	$700,446,288	$27,389
Bureau County	34,361	$913,549,696	$26,586
Lee County	35,248	$879,196,096	$24,943
Marshall County	12,319	$325,213,600	$26,399
Putnam County	5,895	$165,990,704	$28,157
Illinois	12,868,747	$386,312,175,616	$30,019

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

INCOME – PUBLIC ASSISTANCE INCOME

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

Report Area	Total Households	Households With Public Assistance Income	Percent Households With Public Assistance Income
Service Area Estimates	10,656	174	1.63%
Bureau County	14,111	188	1.33%
Lee County	13,468	252	1.87%
Marshall County	4,926	57	1.16%
Putnam County	2,427	29	1.19%
Illinois	4,778,633	120,020	2.51%

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

INSURANCE – POPULATION RECEIVING MEDICAID

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

Report Area	Total Population For Whom Insurance Status is Determined	Population With Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Service Area Estimates	25,178	22,889	4,929	21.53%
Bureau County	33,958	30,474	5,913	19.40%
Lee County	32,752	29,608	4,939	16.68%
Marshall County	12,036	10,925	1,915	17.53%
Putnam County	5,889	5,328	872	16.37%
Illinois	12,690,056	11,126,169	2,282,641	20.52%

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

INSURANCE – UNINSURED ADULTS

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Age 18-64	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	14,604	12,321	84.37%	2,283	15.63%
Bureau County	19,724	17,409	88.26%	2,315	11.74%
Lee County	19,305	17,308	89.66%	1,997	10.34%
Marshall County	6,942	6,254	90.09%	688	9.91%
Putnam County	3,490	3,152	90.32%	338	9.68%
Illinois	7,910,376	6,800,762	85.97%	1,109,614	14.03%

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

INSURANCE – UNINSURED CHILDREN

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

Report Area	Total Population Under Age 19	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	5,688	5,406	95.04%	282	4.95%
Bureau County	7,679	7,377	96.07%	302	3.93%
Lee County	7,314	7,057	96.49%	257	3.51%
Marshall County	2,503	2,391	95.53%	112	4.47%
Putnam County	1,225	1,176	96.00%	49	4.00%
Illinois	3,099,273	2,983,260	96.26%	116,016	3.74%

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

POPULATION RECEIVING SNAP BENEFITS

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

Report Area	Total Households	Households Receiving SNAP Benefits	% Households Receiving SNAP Benefits
Service Area Estimates	10,656	1,215	11.40%
Bureau County	14,111	1,552	11.00%
Lee County	13,468	1,278	9.49%
Marshall County	4,926	335	6.80%
Putnam County	2,427	214	8.82%
Illinois	4,778,633	599,455	12.54%

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

POPULATION WITH LOW FOOD ACCESS

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

Report Area	Total Population	Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	26,176	11,054	42.23%
Bureau County	34,978	13,313	38.06%
Lee County	36,031	5,759	15.98%
Marshall County	12,640	1,624	12.85%
Putnam County	6,006	0	0.00%
Illinois	12,830,632	2,623,048	20.44%

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

LOW INCOME POPULATION WITH LOW FOOD ACCESS

This indicator reports the percentage of the population of low income residents that have low food access. It further focuses data provided for the entire population in the chart above.

Report Area	Total Population	Low Income Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	26,176	3,545	13.55%
Bureau County	34,978	4,322	12.36%
Lee County	36,061	1,895	5.26%
Marshall County	12,640	482	3.81%
Putnam County	6,006	0	0.00%
Illinois	12,830,632	584,658	4.56%

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

UNEMPLOYMENT RATE

Total unemployment in the report area for June 2016 was 750, or 5.8% of the civilian, non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	13,015	12,264	750	5.76%
Bureau County	17,435	16,421	1,014	5.82%
Lee County	18,130	17,215	915	5.05%
Marshall County	5,746	5,409	337	5.86%
Putnam County	3,100	2,937	163	5.26%
Illinois	6,664,394	6,266,273	398,121	5.97%

Data Source: U.S. Department of Labor, Bureau of Labor Statistics, 2016-June Source: Georgraphy
County Note: This indicator is compared with the state average. Final Data Source: Community Commons

GROCERY STORE ACCESS

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

Report Area	Total Population	Number of Establishments	Establishments, Rate Per 100,000 Population
Service Area Estimates	26,176	4	15.28
Bureau County	34,378	4	11.64
Lee County	36,031	6	16.65
Marshall County	12,640	3	23.73
Putnam County	6,006	2	33.30
Illinois	12,830,632	2,850	22.20

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

RECREATION AND FITNESS FACILITY ACCESS

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

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Service Area Estimates	26,176	2	7.64
Bureau County	34,978	2	5.72
Lee County	36,031	3	8.33
Marshall County	12,640	1	7.91
Putnam County	6,006	2	33.3
Illinois	12,830,320	1,313	10.2

Data Source: Community Commons

ACCESS TO PRIMARY CARE

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

Report Area	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Population
Service Area Estimates	25,434	11	43.25
Bureau County	34,056	18	52.9
Lee County	34,585	27	78.07
Marshall County	12,153	0	0
Putnam County	5,801	1	17.2
Illinois	12,882,135	10,428	80.9

Data Source: Community Commons

ACCESS TO DENTISTS

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

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Population
Service Area Estimates	25,434	8	32.58
Bureau County	34,056	11	32.3
Lee County	34,585	13	37.3
Marshall County	12,153	4	32.9
Putnam County	5,801	2	34.5
Illinois	12,882,135	8,865	68.8

Data Source: Community Commons

ACCESS TO MENTAL HEALTH PROVIDERS

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

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per X persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Service Area Estimates	No data	No data	No data	No data
Bureau County	33,838	21	1,611.3	62.0
Lee County	34,735	101	343.9	290.7
Marshall County	0	0	No data	No data
Putnam County	0	0	No data	No data
Illinois	12,806,917	23,090	554.7	180.2

Data Source: Community Commons

DENTAL CARE UTILIZATION

This indicator reports the percentage of adults aged 18 and over who self-report that they have not visited a dentist, dental hygienist, or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population Age 18+	Total Adults Without Recent Dental Exam	Percent Adults With No Dental Exam
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bureau County	26,898	12,442	46.3%
Lee County	28,102	5,113	18.2%
Marshall County	9,910	0	0%
Putnam County	4,672	0	0%
Illinois	9,654,603	2,981,670	30.9%

Data Source: Community Commons

POOR DENTAL HEALTH

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Report Area	Total Population (Age 18)	Total Adults With Poor Dental Health	Percent Adults With Poor Dental Health
Service Area Estimates	Supprresed	Suppressed	Suppressed
Bureau County	26,898	4,633	17.2%
Lee County	28,102	3,392	12.1%
Marshall County	9,910	0	0.0%
Putnam County	4,672	0	0.0%
Illinois	9,654,603	1,418,280	14.7%

Data Source: Community Commons

PREVENTABLE HOSPITAL EVENTS

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

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Hospital Discharge Rate
Service Area Estimates	4,577	344	75.22
Bureau County	5,720	438	76.7
Lee County	5,386	365	67.9
Marshall County	1,930	134	69.7
Putnam County	990	68	68.7
Illinois	1,420,984	92,604	65.2

Data Source: Community Commons

In summary, the overall service area of Perry Memorial Hospital is similarly positioned in many key economic and other demographic indicators when compared not only to state and federal measures but also to the overall data from the counties touched.

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

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, public health planner, attorney, former educator, and community development specialist, met with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

Internal

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 external steps included:

- The project was overseen at the operational level by the Vice President/Clinical Services, reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate two focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Perry Memorial Hospital.
- The Vice President/Clinical Services 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 external steps included:

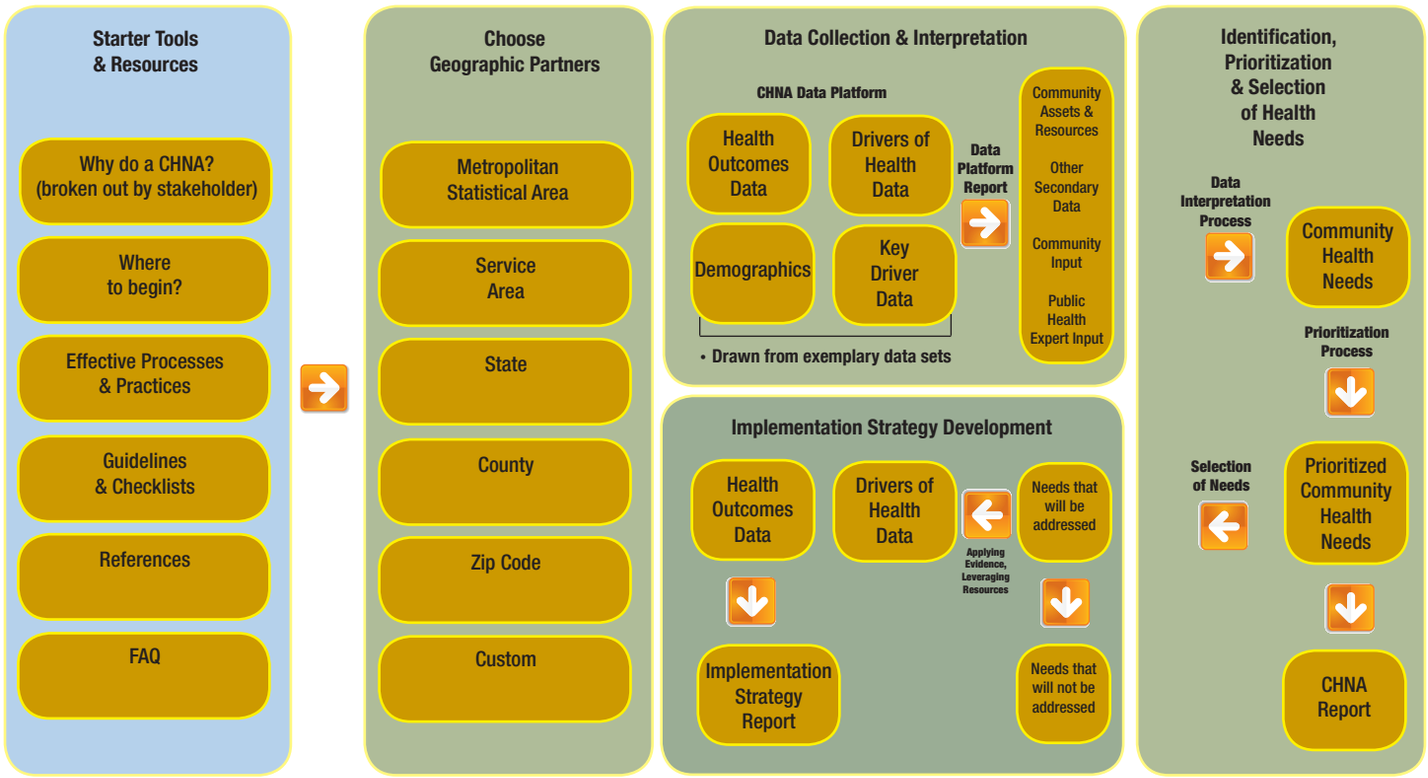
- The Vice President/Clinical Services secured the participation of a diverse group representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of the county health department serving the area served by the hospital.

III. DEFINING THE PURPOSE AND SCOPE

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

IV. DATA COLLECTION AND ANALYSIS

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



DESCRIPTION OF DATA SOURCES

Quantitative

The following quantitative sources were reviewed for health information:

Source and Description

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

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

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

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

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

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

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

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

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

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

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

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

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

SECONDARY DATA DISCUSSION

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

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

Bureau County is ranked 26th out of 102 Illinois counties in the *Rankings for Health Outcomes,* released in April 2016. Putnam County is ranked 8th from the same source.

HEALTH RANKING OBSERVATIONS

Table 1. Health Ranking Observations for Bureau and Putnam Counties

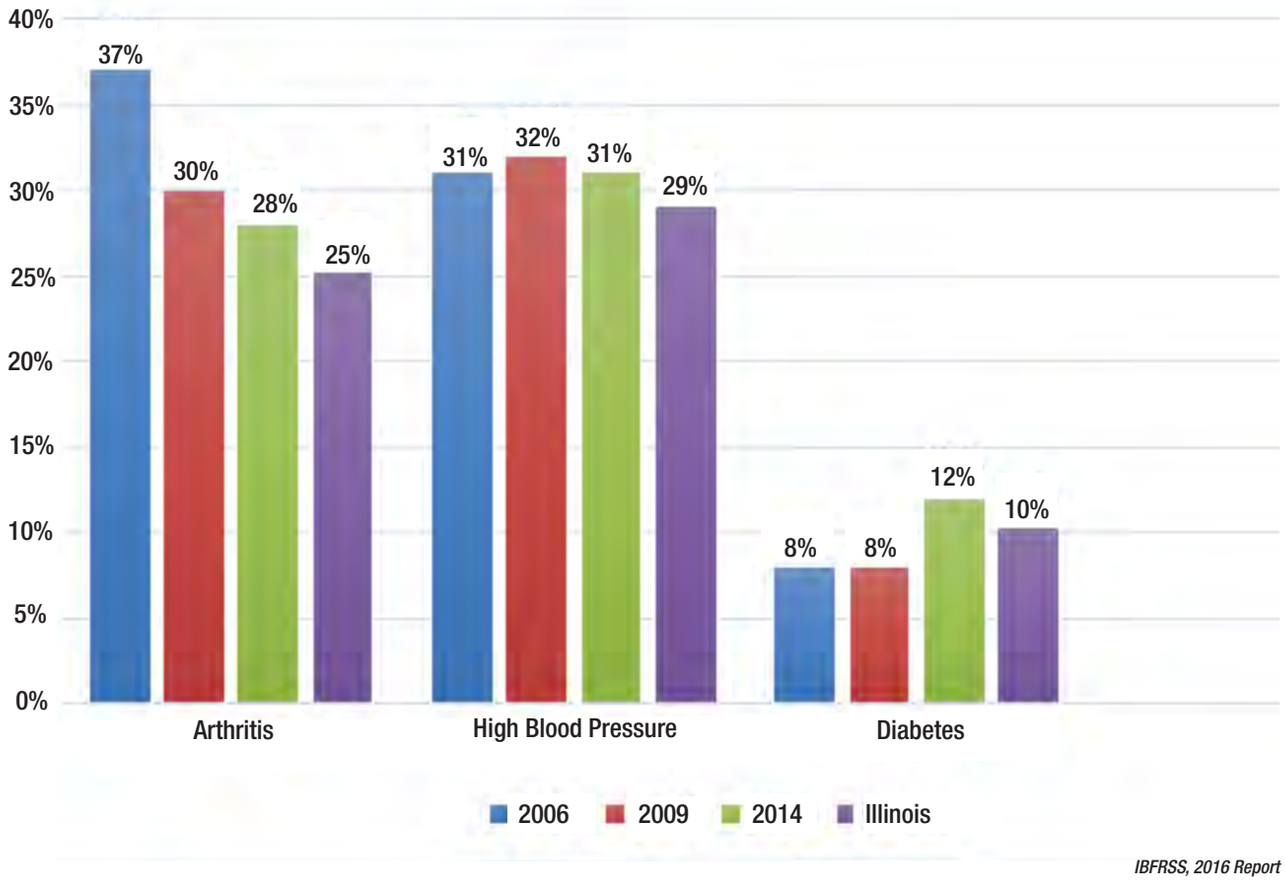
Observation	Bureau County	Putnam County	Illinois
Adults reporting poor or fair health	14%	12%	17%
Adults reporting no leisure time physical activity	28%	25%	22%
Adult obesity	30%	31%	27%
Children under age 18 living in poverty	20%	15%	20%
Uninsured	13%	13%	15%
Teen birth rate (ages 15-19)	26/1,000	16/1,000	33/1,000
Alcohol-impaired driving deaths	27%	67%	36%
Unemployment	7.4%	7.8%	7.1%

HEALTH DATA TRENDS

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

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

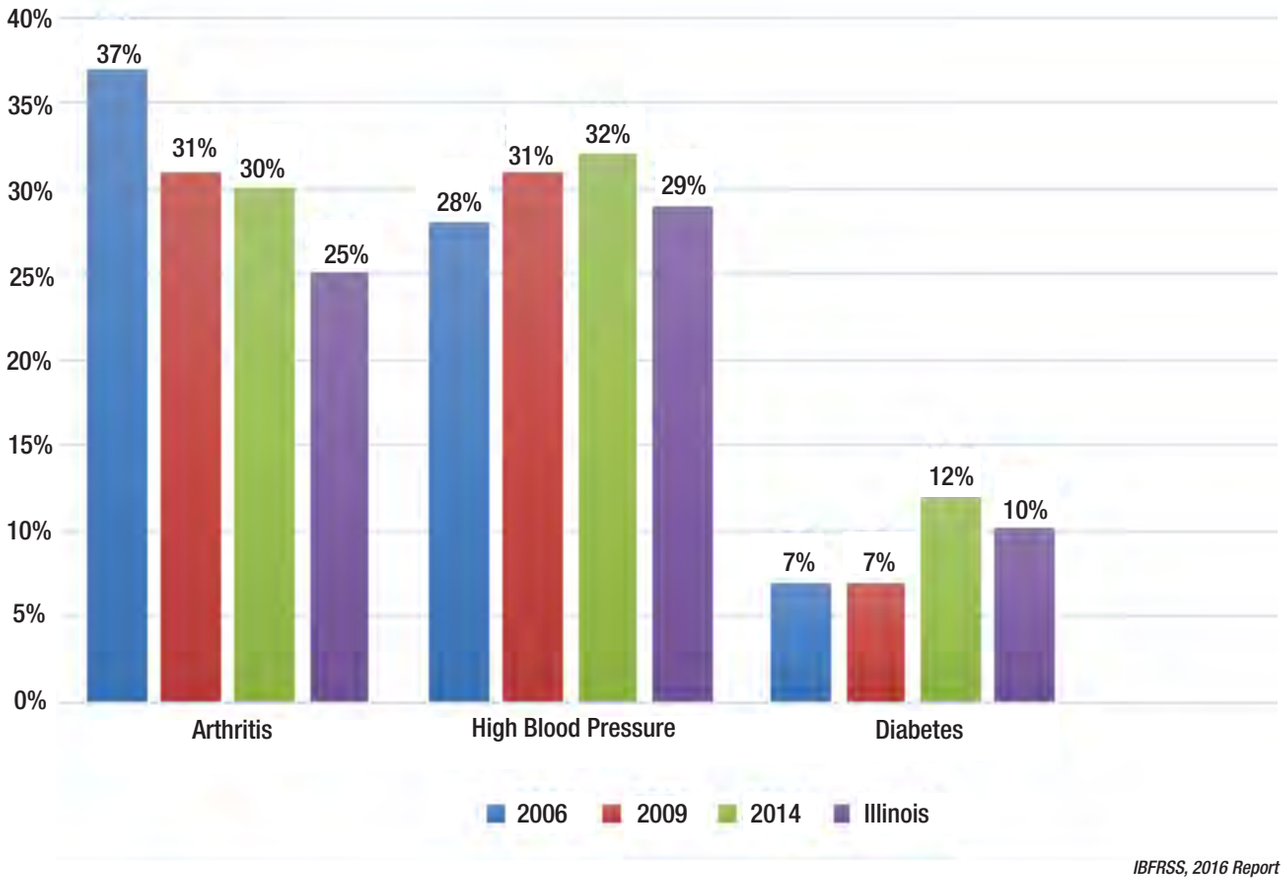
Table 2. Diagnosed Disease Factors – Bureau County



IBFRSS, 2016 Report

Diagnosis of arthritis is decreasing but remains above the state level. Diagnosis of high blood pressure is slightly above the state level and remains steady. Diagnosis of diabetes was below the state level in 2006 and 2009 but exceeded the state level in 2014.

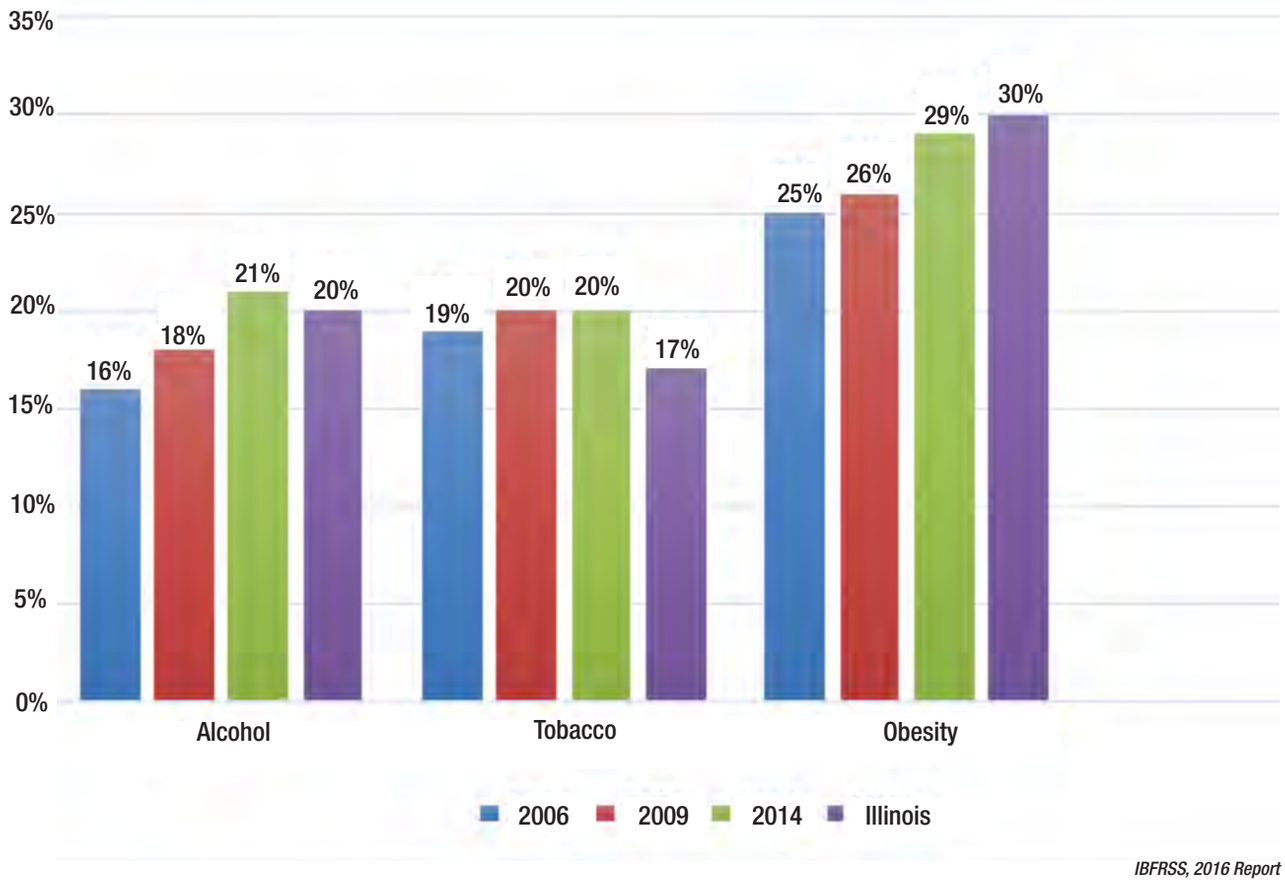
Table 3. Diagnosed Disease Factors – Putnam County



IBFRSS, 2016 Report

Diagnosis of arthritis is decreasing and remains above the state level. Diagnosis of high blood pressure has increased above the state level. Diagnosis of diabetes was below the state level in 2006 and 2009 but increased to above the state level in 2014.

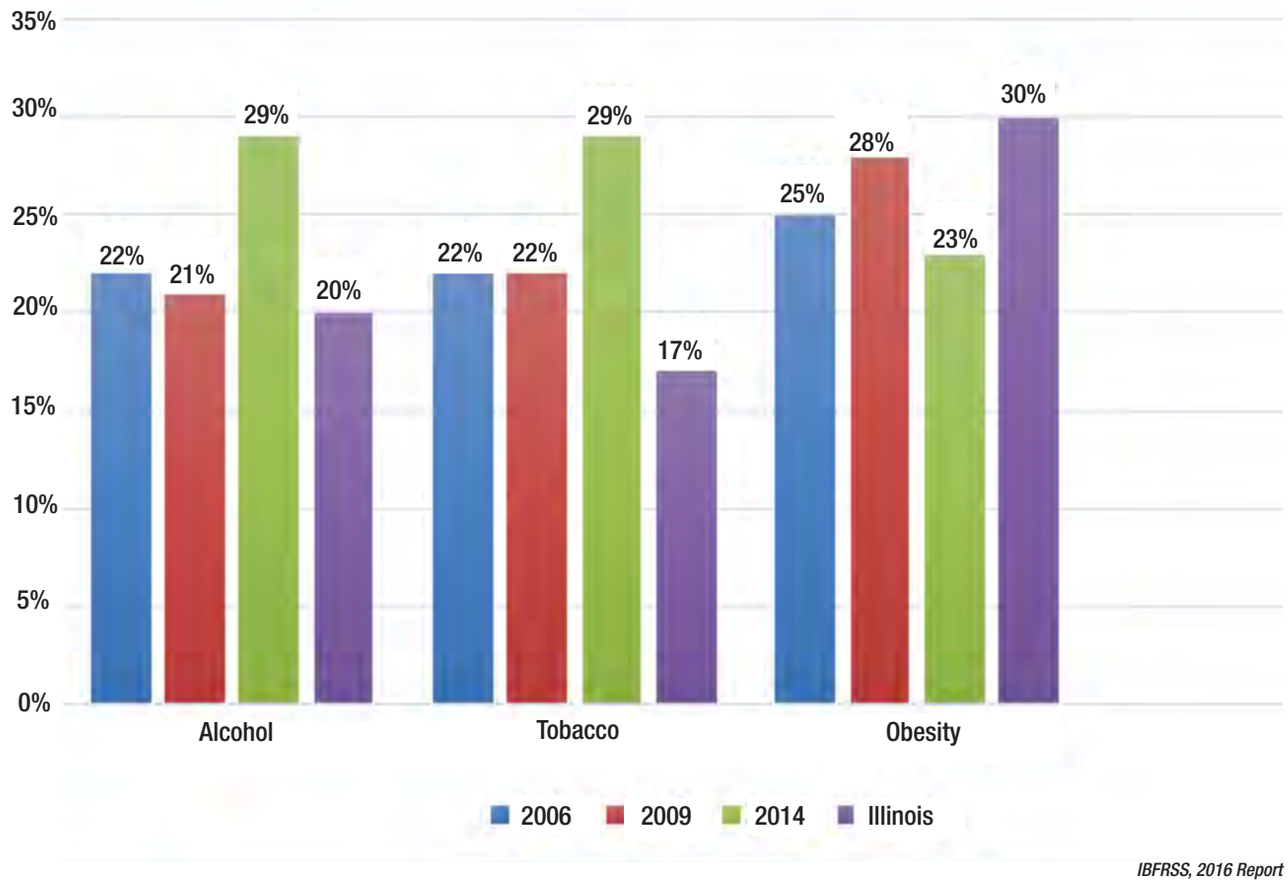
Table 4. Health Risk Factors – Bureau County



IBFRSS, 2016 Report

Alcohol use is similar to the state level and has increased since 2006. Tobacco use has remained steady and exceeds the state rate. The rate of persons reporting obesity has increased and is now similar to the state level in the IBRFSS and the more recent data from the *County Health Rankings.*

Table 5. Health Risk Factors – Putnam County



IBFRSS, 2016 Report

Tobacco use and alcohol use have increased and remain above the state rate. The rate of persons reporting obesity has decreased and is now below the state level in the IBRFSS and the more recent data from the *County Health Rankings.*

ADDITIONAL DIAGNOSED DISEASE FACTORS

Disease Factor	Bureau County, 2014	Putnam County, 2014	Illinois, 2014
Kidney disease	3.3%	3.2%	2.6%
Skin cancer	5.7%	9.4%	4.2%
Other cancer	6.4%	5.7%	5.4%
COPD	8.8%	8.1%	5.8%

IBFRSS, 2016 Report

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

TEEN BIRTHS

The indicator reports the rate of total births to women between the ages of 15-19 per 1,000 female population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices. “Suppressed” indicates that data for the specified area was too small for accurate analysis or involved numbers that could put privacy at risk.

Report Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Birth Rate (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bureau County	1,138	32	28.2
Lee County	1,150	41	35.3
Marshall County	436	10	22.4
Putnam County	157	3	19.1
Illinois	448,356	15,692	35.0

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

LOW BIRTH WEIGHT

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

Report Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Birth Rate, Percentage (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bureau County	2,856	160	5.6%
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%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute lists Bureau County and Putnam County 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.

Cancer Incidence – Breast

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

Report Area	Female Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bureau County	2,441	27	110.6
Lee County	2,197	24	109.2
Marshall County	815	12	147.2
Putnam County	426	3	70.4
Illinois	732,106	9,349	127.7

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Colon and Rectum

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

Report Area	Sample Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bureau County	4,669	24	51.4
Lee County	4,536	23	50.7
Marshall County	1,991	9	45.2
Putnam County	845	4	47.3
Illinois	1,359,829	6,364	46.8

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Lung

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

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bureau County	4,910	33	67.2
Lee County	4,563	34	74.5
Marshall County	2,058	12	58.3
Putnam County	940	6	63.8
Illinois	1,346,397	9,344	69.4

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Prostate

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

Report Area	Sample Male Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bureau County	2,253	35	155.3
Lee County	2,281	29	127.1
Marshall County	856	16	186.8
Putnam County	432	8	184.8
Illinois	631,965	8,778	138.9

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

MORTALITY

Mortality – Cancer

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Bureau County	34,362	83	241.55	**164.9**
Lee County	35,225	86	243.58	**183.4**
Marshall County	12,333	34	277.3	**173.7**
Putnam County	5,895	16	264.63	**185.0**
Illinois	12,867,528	24,326	189.05	**173.9**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

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

Mortality – Heart Disease

Within the service area, the rate of death due to heart disease per 100,000 population is 212.54. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Bureau County	34,362	102	296.26	**185.8**
Lee County	35,225	89	253.23	**183.9**
Marshall County	12,333	43	347.03	**210.3**
Putnam County	5,895	14	234.10	**157.1**
Illinois	12,867,528	24,895	193.47	**174.5**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Coronary Heart Disease

Within the service area, the rate of death due to coronary heart disease per 100,000 population is 103.4. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Bureau County	34,362	57	166.46	**106.1**
Lee County	35,225	50	140.81	**101.1**
Marshall County	12,333	22	176.76	**105.6**
Putnam County	5,895	7	115.35	**78.7**
Illinois	12,867,528	14,592	113.40	**102.3**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

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 the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Bureau County	34,362	25	71.59	**45.3**
Lee County	35,225	21	59.62	**44.3**
Marshall County	12,333	10	79.46	**49.5**
Putnam County	5,895	0	No data	**No data**
Illinois	12,867,528	5,419	42.12	**39.2**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Stroke

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Bureau County	34,362	19	54.71	**33.0**
Lee County	35,225	19	52.80	**38.2**
Marshall County	12,333	11	92.43	**53.7**
Putnam County	5,895	2	33.93	**No data**
Illinois	12,867,528	5,368	41.72	**37.9**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Unintentional Injury

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Bureau County	34,362	20	57.04	**50.1**
Lee County	35,225	17	49.40	**43.3**
Marshall County	12,333	6	45.41	**42.0**
Putnam County	5,895	3	44.11	**No data**
Illinois	12,867,528	4,361	33.89	**32.7**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Report Area	Total Population 2008-2010 Average	Total Premature Deaths 2008-2010 Average	Total Years of Potential Life Lost 2008-2010 Average	Years of Potential Life Lost, Rate Per 100,000 Population
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Bureau County	34,978	132	2,372	**6,781**
Lee County	36,031	147	2,426	**6,733**
Marshall County	12,640	60	951	**7,524**
Putnam County	6,006	23	343	**5,717**
Illinois	12,830,632	43,349	809,525	**6,309**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Infant Mortality

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

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate Per 1,000 Births
Service Area Estimates	Suppressed	Suppressed	**Suppressed**
Bureau County	2,005	11	**5.7**
Lee County	1,925	9	**4.6**
Marshall County	715	4	**6.0**
Putnam County	275	0	**0.0**
Illinois	879,035	6,065	**6.9**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Motor Vehicle Crash

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Report Area	Total Population	Annual Average Deaths, 2007-2011	Crude Deathh ate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Bureau County	34,362	4	11.64	**11.8**
Lee County	35,225	5	13.06	**12.2**
Marshall County	12,333	0	No data	**No data**
Putnam County	5,895	0	No data	**No data**
Illinois	12,867,528	1,028	7.99	**7.8**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Bureau County	34,362	5	14.55	**14.0**
Lee County	35,225	5	13.63	**13.7**
Marshall County	12,333	2	16.22	**No data**
Putnam County	5,895	0	No data	**No data**
Illinois	12,867,528	1,283	9.97	**9.7**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

MORTALITY – BUREAU AND PUTNAM COUNTIES

The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent table available for Bureau and Putnam counties, showing the causes of the death, is set out below.

Disease Type	Bureau County	Putnam County
Diseases of the Heart	94	7
Malignant Neoplasms	85	19
Lower Respiratory Systems	21	3
Cardiovascular Diseases (Stroke)	31	0
Accidents	13	3
Alzheimer's Disease	11	0
Diabetes Mellitus	10	0
Nephritis, Nephrotic Syndrome, and Nephrosis	7	3
Influenza and Pneumonia	12	1
Septicemia	4	2
Intentional Self-Harm (Suicide)	3	0
Chronic Liver Disease, Cirrhosis	5	0
All Other Causes	80	13
Total Deaths	376	51

IDPH, 2011 Data

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

QUALITATIVE SOURCES

Qualitative data was reviewed in the CHNA process 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 below.

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

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

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

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. The CHNA Steering Committee members included:

CHNA Steering Committee Member and Area of Expertise

Lou Anne Kenwick, Colonial Healthcare and Rehabilitation Center
Jeff Dean, Gateway Services
Jennifer Hoffman, FNP, Perry Memorial Hospital Family Clinic
Dr. Robert E. Mestan, MD, Perry Memorial Hospital Family Clinic
Vanessa Hoffeditz, Bureau County Food Pantry
Kim Frey, Director, Princeton Chamber of Commerce
Annette Schnabel, CEO/President, Perry Memorial Hospital
Rex Conger, President Emeritus, Perry Memorial Hospital
Denise Jackson, VP Clinical Services, Perry Memorial Hospital

Others providing input included through the focus groups included:

Tim Smith, Superintendent, Princeton Elementary School District
Dr. Paul Bonucci, MD, Perry Memorial Hospital Prompt Care
Rachel Skaggs, Administrator, City of Princeton
Erick Lawson, Superintendent, Bureau Valley School District
Roxana Noble, Realtor
Rev. Mary Gay McKinney, Open Prairie Church
Tom Root, Chief, Princeton Police Department
Brett Taylor, Deputy, Bureau County Sheriff's Department
Don Elmore, Malden Fire Department
Dr. Arnold Faber, MD, Perry Memorial Family Health Clinic
Dr. Edward Doran, MD
Dr. Gregg Davis, MD

FOCUS GROUP – PMH MEDICAL PROFESSIONALS AND PARTNERS

Two focus groups met at Perry Memorial Hospital. A group primarily made up of medical professionals and partners met on the morning of August 12, 2016. Additional information was also received from a local pharmacist. The group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- Increased providers at Perry Memorial Family Health Clinic
- Emergency Medical Services in the area have improved significantly
- Perry Memorial Hospital's role as an economic and community development engine for the community has grown
- Prompt Care Services
- Emergency department and emergency transfer support have improved
- Transitional care at Perry Memorial Hospital
- Outreach by Perry Memorial Health Clinic to perform services at nursing homes
- Women's services at the Women's Clinic
- Narcan partnership program to provide training and Narcan to law enforcement
- Successful recruiting of young providers to the medical staff
- The information from the last Community Health Needs Assessment process have impacted projects around the community
- Physician retention
- Emergency Medical Services training has improved significantly
- Increased availability of helicopters to accident scenes
- Recognition in the community of substance issues as health issues
- Perry Memorial's Hospital support for farmers markets has helped make them better
- Increased awareness of benefits of recreation and exercise
- Increased opportunities for recreation and exercise (e.g. Mud Cross Challenge)
- Princeton Police and Bureau County Sheriff assist with off-hour, non-emergency transportation needs
- Senior outreach has improved

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

- Mental health
  - Access to psychiatrist care for new patients
  - Access to counseling for new patients
  - Access to mental health services, local and transfer, for Medicaid patients
  - Transfer care for patients with longterm developmental needs
  - Transportation to services for patients with developmental disabilities
  - Psychiatric services for medical card patients (currently there is a 6-month wait)
- Substance abuse
  - Increased education for awareness among the community and parents
- Increased efforts to address suicide
- Better communication between law enforcement and Perry Memorial Hospital for handling mental health patients
- More volunteers, especially for local emergency medical services and fire departments

- Community education promoting healthcare professions to encourage a local pool of health professionals
- Increased promotion of a positive attitude about Perry Memorial Hospital, starting with staff and spreading to the community
- Local ear, nose, and throat services
- Local dermatology services
- Support and advocacy for seniors who appear at the Emergency Department
- Education to remove the stigma around mental health issues and substance abuse issues
- Expanded primary care services to outlying areas
- Better coordination of pediatric immunizations
- Community education about immunization requirements and required paperwork
- Expanded home health and outpatient care to meet needs of growing senior population
- Team building with Emergency Medical Service providers to improve relationships between EMS and Perry Memorial Hospital
- Provide social services and/or advocates for patients that present outside of regular business hours
- Address issues related to defaulting to the Emergency Department for after hour social services, transportation, and crisis care
- Expanded hours for availability of public transportation
- Education about obesity
- Education about diet and exercise
- Education about preventative health
- Education for clergy about chaplaincy
- Explore a part-time chaplain
- Extend pharmacy hours to match extended primary care hours

FOCUS GROUP – PMH COMMUNITY PARTNERS

The second focus group, primarily made up of community partners and a member of the Bureau County Board of Health, met on the evening of August 15, 2016. Additional information was also received from the Administrator of the Bureau/Putnam/Marshall Health Department. The group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- New clinics
- Prompt Care
- Expansion of services at Perry Memorial Hospital
- New technology at Perry Memorial Hospital
- Expansion of B-PART (Bureau and Putnam Area Rural Transit)
- Perry Memorial Hospital has increased outreach to address community-based issues
- Perry Memorial Hospital has improved outreach to employers
- Perry Memorial Hospital has improved outreach to seniors
- Increased local access to specialists

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

- Psychiatrists
- Mental health counselors
- Mental healthcare for complex mental health issues
- Mental healthcare for substance abuse issues
- Local access to immediate mental health services
- Local availability of psychiatric observation and hold
- Local services for depression
- Local services for substance abuse

- Local access for mental healthcare and support for youth
- Using research to confirm mental health services needs
- Local access to physicians for patients on Medicaid
- Improved flexibility with public transportation for out of area appointments
- Local access to physicians for veterans
- Education about benefits of using clinics when appropriate instead of the Emergency Department
- Community education on wellness
- Access to medication for low income residents
- Access to symmastia testing for young people

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

As part of the identification and prioritization of health needs, the CHNA Steering Committee met on August 26th, 2016 and considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs.

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

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The Steering Committee, comprised of representatives from both groups, met on August 26th, 2016 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 information from the Community Commons, ESRI (geographic map information), Illinois Department of Public Health, Centers for Disease Control and Prevention, United States Department of Agriculture, Illinois Department of Labor, Health Resources and Services Administration, *County Health Rankings and Roadmaps,* National Cancer Institute, and other resources.

1. DECLINING NUMBER OF LOCAL PRIMARY CARE PHYSICIANS

The group discussed the perception of a lack of available local primary care physicians at length. They identified possible reasons for this perception and the following needs to address this issue:

- Educate the community about services from mid-level providers
- Promote pursuit of healthcare professions among local youth and young adults in order to create, in time, a homegrown pool of professionals
- Educate the public on how Medicaid patients can access local services
- Recruit and retain physicians
- Fast track services in the emergency department
- Systems need to be more efficient to allow physicians more time to see patients

2. MENTAL HEALTH

The group found the need for access to local mental health services at all levels and for all patients. There was a specific call for locally available counseling services that can be provided face-to-face and in-person, in addition to services that may be offered via technology or telehealth.

3. WELLNESS

The group identified the following services which they categorized generally as related to wellness:

- Access to healthy foods
- Community education about obesity, diet, exercise, and preventative health
- Education about available local services to help patients address personal wellness
- Expanded grief counseling

4. DENTAL SERVICES

The group identified an area-wide need for dental services, especially for adults.

5. SINGLE INFORMATION SOURCE

The final significant need identified and prioritized was creation of a single list of available health-related services and providers (including healthcare, social and related services, and wellness related opportunities) that could be utilized by all healthcare providers and other community groups and organizations to refer persons to local health-related services.

These needs were all supported by input from both groups and secondary data.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH PERRY MEMORIAL HOSPITAL

Ambulatory care
Cardiac rehab
- Pulmonary rehabilitation program
- Prevention and wellness exercise program
- Holter monitor

Care management services
Emergency Services Department
Endoscopy/special procedures
Family Acute Care Unit
Intensive Care Unit
Laboratory
Medical rehab
- Physical therapy
- Speech therapy
- Incontinence therapy
- Aquatic therapy
- Wound care
- Occupational therapy
- Lymphedema therapy
- Cardiopulmonary rehabilitation
- Wellness/prevention program
  - Tai Chi
  - Balance screening

Specialty clinic
- Psychiatry – EMG & NCV

Orthopedic services
Pain clinic
Perry Linen Services

Radiology
- Diagnostic radiology
- 64-slice CT scanner
- Ultrasound
- Digital mammography
- Nuclear medicine
- Open Bore MRI
- Angiography
- Stereostatic breast biopsy

Respiratory
Senior behavioral wellness
Sleep center
Surgery
Swing bed
Women's health services
- Perry Memorial Hospital and Illinois Valley Community Hospital have partnered to provide services to meet the needs of women
- Services offered at Perry
  - Digital mammography
  - Ultasound guided biopsy
  - Bone density testing
  - Nutrition and weight loss
  - Lymphedema therapy
  - Tai Chi classes
  - Aquatic therapy
  - Balance screening
  - Incontinence therapy
  - Perry Mammography
- Services offered at Perry through the IVCH Women's Health Care Center
  - Prenatal and postnatal visits
  - Prenatal classes

Clinics
- Perry Memorial Orthopedic and Sports Medicine Clinic
  - Specialty services
    - Arthroscopic surgery
    - Carpal tunnel repair
    - Total and partial hip replacements
    - Total joint replacement
    - Rotator cuff repair
    - Shoulder surgery
    - Injections
    - Sports medicine
    - Foot and ankle surgery
    - Minor procedures
- Perry Memorial Family Health Clinic
- Perry Memorial Prompt Care
  - Coughs, colds, flu, and sore throat
  - Cuts, scrapes, burns, and abscesses
  - Fractures, sprains, and strains
  - Earaches and upper respiratory infections
  - Asthma, bronchitis, and pneumonia
  - Nose bleeds and sinusitis
  - Nausea, vomiting, and diarrhea
  - GERD (Acid Reflux)

- Skin rashes, bites, and poison ivy
- Allergic reactions
- Women's health issues
- Sexual diseases and urinary infections
- Headaches
- Back pain and muscle aches
- Joint pain, arthritis, and gout
- Work-related injuries
- Work and DOT physicals
- Travel medicine and vaccines
- Tetanus and flu shots
- Short-term medication refills
- Specialized services
  - DOT exams for commercial motor vehicle drivers
  - Opiate dependence treatment
  - Women's and men's health
    Contraception
    Erectile Dysfunction
    Sexually transmitted diseases

COMMUNITY ORGANIZATIONS, HEALTH PARTNERS, AND GOVERNMENT AGENCIES

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

- Bureau/Putnam/Marshall Health Department
- Gateway Services
- North Central Behavioral Health Services
- Community Partners Against Substance Abuse
- Tri-County Opportunities Council
- Bureau County Metro Center
- Unity Point
- OSF
- Schools
- Colleges
- University of Illinois, School of Medicine

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

The Community Health Needs Assessment was accepted for publication, and this Implementation Strategy was approved and adopted by the Board of Directors of Perry Memorial Hospital. The following items have been selected as top priority items (with the remaining items to be addressed as time, funds, and opportunity arise):

TOP PRIORITY CHNA ITEMS	PROGRESSION
1. MENTAL HEALTH SERVICES	**Access to mental health services** • Participated in state task force • Explored telemedicine options • Senior behavioral wellness program started **Substance abuse** • Increased participation in CPASA • Actively participated in drug take-back program • Applied for and was awarded a grant which enhanced PMH's partnership with CPASA to expand the "Hidden in Plain Sight" program to the PMH service area and beyond
2. WELLNESS EDUCATION AND WELLNESS SERVICES FOR ALL AGES	**Availability of information on wellness education** • Health fairs • Health walks • Mega Brain • Tai Chi for seniors • Healthy eating programs for seniors • Healthy cooking classes • Healthy hand-outs for local parades **Basic wellness care** • Sports physicals • Screenings • Family Health Clinic joined PMH family **Explanation of services for underinsured and uninsured** • Educational information available at all Perry events • Newspaper articles • Open Line discussion (radio program) • Counseling provided by Business Office staff
3. PLAN FOR CONTINUED LOCAL AVAILABILITY OF PHYSICIANS AND MEDICAL SPECIALISTS	**Succession planning for primary care** • Perry Memorial Family Health Clinic opened • Added nurse practitioners • Dr. Blanford joined Family Health Clnic • Developed medical staff succession plan **Availability of specialist services** • Urology providers opened an office in the Medical Office Building and are providing surgical services at PMH • Reached out to OSF for additional providers • DOT services provided • Prompt care joined the organization

Perry Memorial Hospital continues to develop partnerships in an effort to enhance the healthcare provided to its service area community and to continue to further address the needs identified in this assessment.

IX. DOCUMENTING AND COMMUNICATING RESULTS

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

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

Approval

The Community Health Needs Assessment of Perry Memorial Hospital was approved by the Perry Memorial Hospital Board of Directors on the 26th day of September, 2016.

X. REFERENCES

- *County Health Rankings, 2016*
- *Community Commons, 2016*
- Illinois Department of Employment Security, 2016
- National Cancer Institute, 2015 (data through 2011)
- Illinois Department of Public Health, 2016
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2016
- Illinois Public Health Department, IPLAN
- ESRI, 2016
- Illinois State Board of Education, Illinois Report Card, 2015-16
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.

IMPLEMENTATION STRATEGY

PERRY MEMORIAL HOSPITAL IMPLEMENTATION STRATEGY

The CHNA Steering Committee, comprised of representatives from both focus groups, met on August 26, 2016 to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI (geographic information system), Illinois Department of Public Health, Centers for Disease Control, United States Department of Agriculture, Illinois Department of Labor, Health Resources and Services Administration, *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.

Process by which needs will be addressed:

1. DECLINING NUMBER OF LOCAL PRIMARY CARE PHYSICIANS

The group discussed the perception of a lack of available local primary care physicians at length. They identified possible reasons for this perception and the following needs to address this issue:

- Educate the community about services from mid-level providers
- Promote pursuit of healthcare professions among local youth and young adults in order to create, in time, a homegrown pool of professionals
- Educate the public on how Medicaid patients can access local services
- Recruit and retain physicians
- Fast track services in the Emergency Department
- Systems need to be more efficient to allow physicians more time to see more patients

2. MENTAL HEALTH

The group found the need for access to local mental health services at all levels and for all patients. There was specific call for locally available counseling services that can be provided face-to-face and in-person, in addition to services that may be offered via technology or telehealth.

3. WELLNESS

The group identified the following services which they categorized generally as related to wellness:

- Access to healthy foods
- Community education about obesity, diet, exercise, and preventive health
- Education about available local services to help patients address personal wellness
- Recruit and retain physicians
- Expanded grief counseling

4. DENTAL SERVICES

The group identified an area-wide need for dental services, especially for adults.

5. SINGLE INFORMATION SOURCE

The final significant need identified and prioritized was creation of a single list of available health-related services and providers (including healthcare, social and related services, and wellness related opportunities) that could be utilized by all healthcare providers and other community groups and organizations to refer persons to local health-related services.

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Perry Memorial Hospital including:

- **Annette Schnabel,** President/CEO, Perry Memorial Hospital
- **Denise Jackson,** VP Clinical Services, Perry Memorial Hospital
- **Michael DeFoe,** VP Financial Services/CFO, Perry Memorial Hospital
- **James Lewandowski,** VP Human Resources, Perry Memorial Hospital

The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

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

1. DECLINING NUMBER OF LOCAL PRIMARY CARE PHYSICIANS

The group discussed the perception of a lack of available local primary care physicians at length. They identified possible reasons for this perception and the following needs to address this issue:

- Educate the community about services from mid-level providers
- Promote pursuit of healthcare professions among local youth and young adults in order to create, in time, a homegrown pool of professionals
- Educate the public on how Medicaid patients can access local services
- Recruit and retain physicians
- Fast track services in the Emergency Department
- Systems need to be more efficient to allow physicians more time to see more patients

After discussion, the hospital concluded that the bullet points selected above by the steering committee were better identified as proposed solutions to the primary needs identified and not independent needs. They then considered the suggestions and chose actions to address the first prioritized need.

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

- Continue assessment of medical staff, physicians, and mid-levels
- Recruit and retain physicians
- Educate the community about the services that are provided by mid-level professionals
- Educate the community about the range of local services that offer alternatives to the Emergency Department
- Educate the community about how Medicaid patients can access local services
- Explore additional after-hours for primary care
  In specific response to references concerning fast track services in the Emergency Room, the hospital chose the tactic to 'Explore additional after-hours for primary care' as a potentially reasonable and effective means of addressing the underlying need of improving access in a manner consistent with ongoing strategies.
- Promote pursuit of healthcare professions among local youth and young adults
- Raise community awareness of the rural health clinic
- Continue to explore improvements to systems

Anticipated impact of these actions:
- Increased access to primary care
- Sustained supply of providers

Programs and resources the hospital plans to commit to address the health need:
- Administration
- Professional recruiter
- Marketing department
- Education department
- Clinic leadership
- Existing providers

Planned collaboration between the hospital and other facilties or organizations:
- Law enforcement
- High schools
- Junior high schools
- Junior colleges
- Colleges
- Medical schools
- Senior center
- Health department
- Public Aid services

2. MENTAL HEALTH

The group found the need for access to local mental health services at all levels and for all patients. There was specific call for locally available counseling services that can be provided face-to-face and in-person, in addition to services that may be offered via technology or telehealth. After reviewing the focus group input and data considered by the steering committee, the hospital added substance abuse as an issue that is inextricably intertwined with mental health.

Actions the hospital intends to take to address the health need:
- Explore, along with other community partners, opportunities for mental health and substance abuse services
- Add a Licensed Clinical Social Worker (LCSW) to the rural health clinic
- Collaborate with the University of Illinois, School of Medicine to assist a nurse practitioner with attaining certification in mental health
- Collaborate with Unity Point to enhance proper placement of Emergency Department patients that need mental health services
- Continue the new Senior Behavioral Wellness Program
- Explore additional mental health services

Anticipated impact of these actions:
- Increased coordination between primary care and mental health services
- Increased access to mental health services

Programs and resources the hospital plans to commit to address the health need:
- Administration
- Senior behavioral wellness
- Education funding and support
- Clinic providers
- Technology services
- Facility services

Planned collaboration between the hospital and other facilities or organizations:
- Community Partners Against Substance Abuse (CPASA)
- Health department
- North Central Behavioral Health System
- Gateway Services
- Additional mental health providers
- Unity Point
- OSF

3. WELLNESS

The group identified the following services which they categorized generally as related to wellness:

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

- Explore a partnership with schools and other community groups to begin a summer youth food program in the service area
- Continue support for farmers' markets
- Expand education programs about obesity, diet, exercise, and preventive health
- Continue new Senior Behavioral Health Services
- Expand role of social services

Anticipated impact of these actions:

- Increased community understanding of wellness and personal commitment to health
- Increased access to healthy foods

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

- Dietary
- Rehabilitation services
- Education department

Planned collaboration between the hospital and other facilities or organizations:

- Bureau County Metro Center
- Schools
- Senior centers
- Health department
- Tri-County Opportunities Council
- Gateway Services

4. DENTAL SERVICES

The group identified an area-wide need for dental services, especially for adults.

Hospital staff reviewed this need and the circumstances surrounding it and concluded this is an issue that the hospital is not well-positioned to reasonably address. The hospital does not have a Federally Qualified Health Clinic and does not believe that the service area is eligible for one. The hospital will remain open to considering reasonable suggestions for collaboration to resolve this issue.

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

- The hospital remains open to considering reasonable suggestions for collaboration to address this need.

5. SINGLE INFORMATION SOURCE

The final significant need identified and prioritized was creation of a single list of available health-related services and providers (including healthcare, social and related services, and wellness related opportunities) that could be utilized by all healthcare providers and other community groups and organizations to refer persons to local health-related services.

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

- Explore collaboration with the Health Department to develop a single list of health-related services within the three counties that include the service area.

Anticipated impact of these actions:

- A single source health services directory

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

- Social services

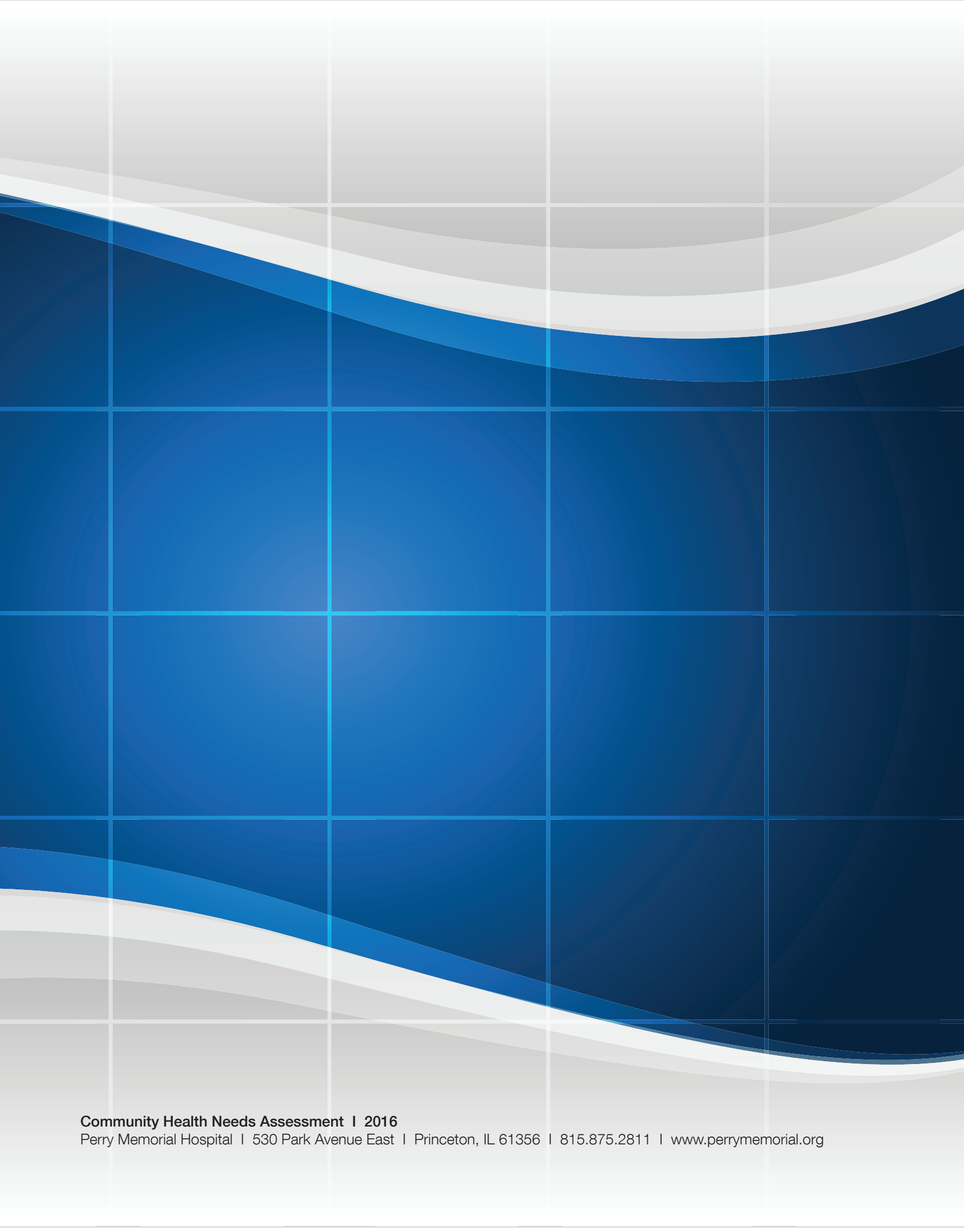
Committed Resources

In addition to staff and facility resources, Perry Memorial Hospital has budgeted a percent increase in spending for discretionary community benefit activities that will help support this Implementation Strategy.

Approval

The Perry Memorial Hospital Board of Directors reviews on an annual basis the prior fiscal year's Community Benefit Role and approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment and other plans for community benefit.

This Implementation Strategy for the Community Needs Assessment of Perry Memorial Hospital was approved by the Perry Memorial Hospital Board of Directors on this 26th day of September, 2016.



Community Health Needs Assessment I 2016

Perry Memorial Hospital I 530 Park Avenue East I Princeton, IL 61356 I 815.875.2811 I www.perrymemorial.org