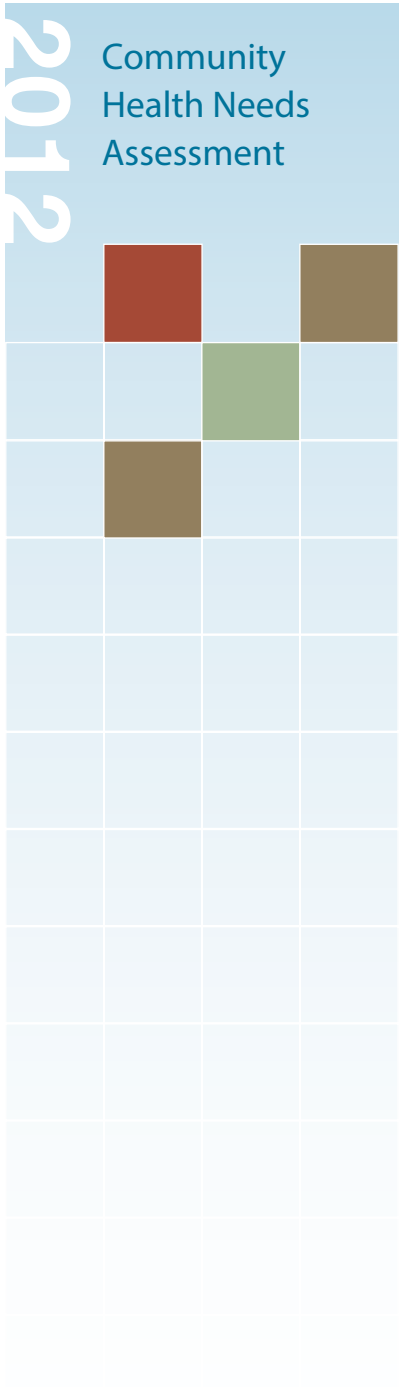


# Community Health Needs Assessment

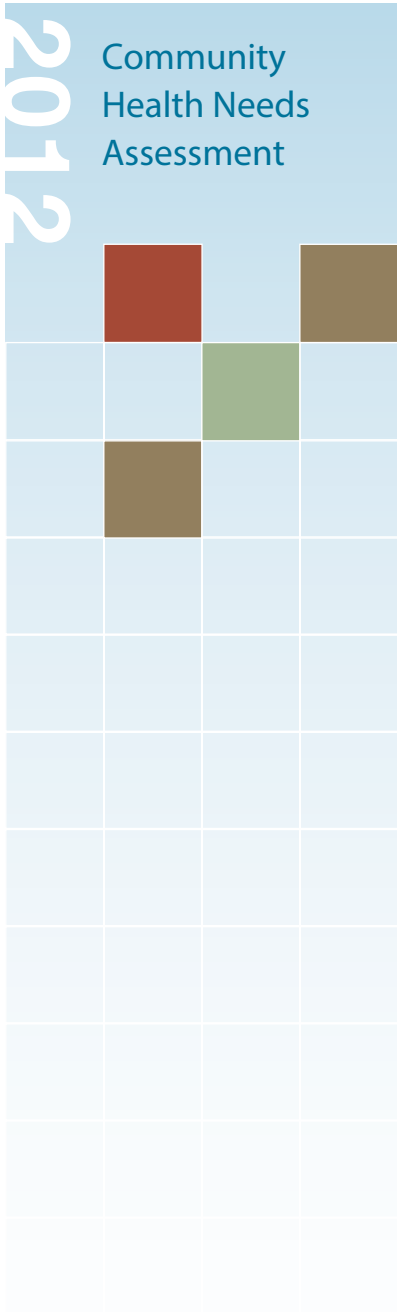
Carlinville Area Hospital | 2012





# Carlinville Area Hospital

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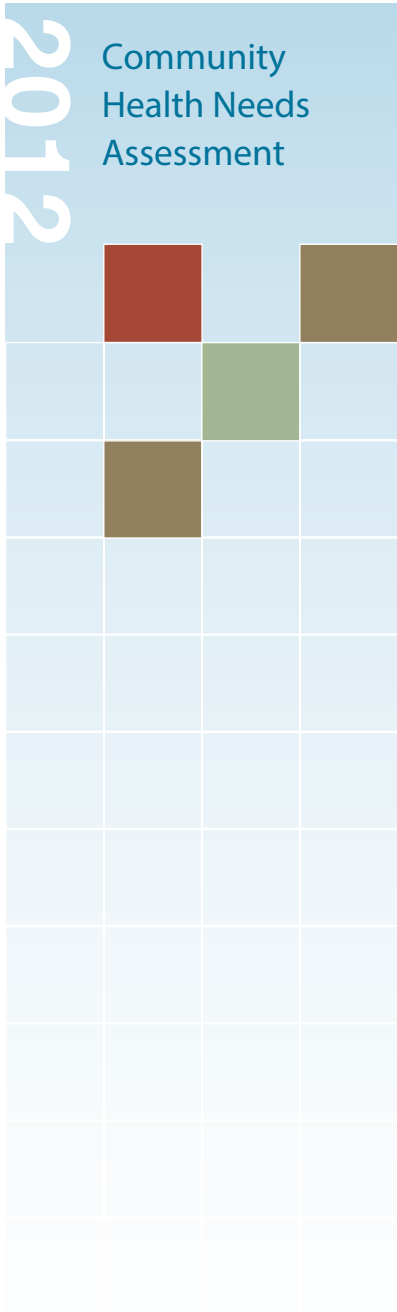
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## Community Health Needs Assessment

# PROCESS

### Purpose

Carlinville Area Hospital (CAH) is dedicated to providing a professional medical community and hospital in order to promote excellent healthcare close to home. In the past, the hospital has employed many different methods to assess the health needs of the communities it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require Carlinville Area Hospital to conduct a local Community Health Needs Assessment, following specific guidelines, every three years and to report the completion of the assessments as part of their corporate tax filings with the Internal Revenue Service.

**Carlinville Area Hospital provides a professional medical community and hospital to promote excellent healthcare close to home.**

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

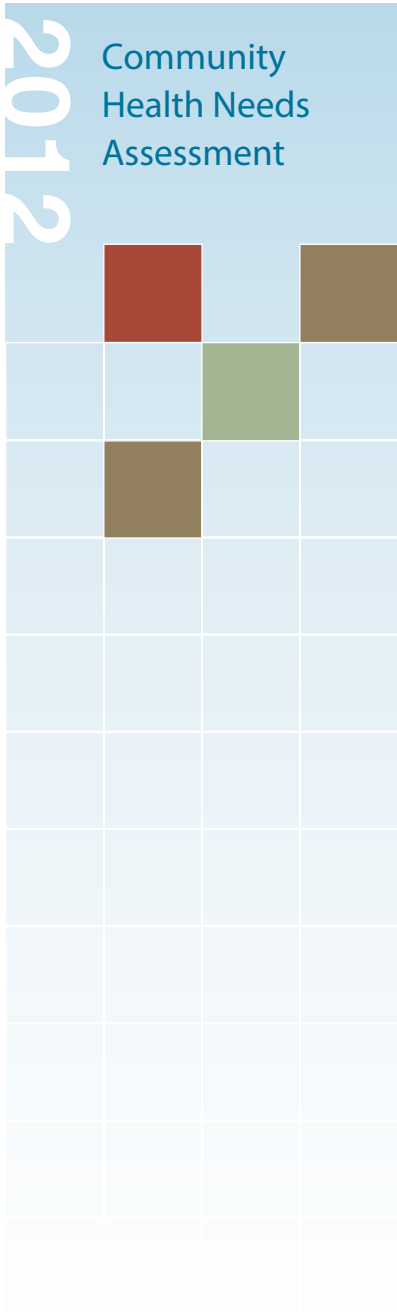
### Scope of Assessment

Carlinville Area Hospital elected to conduct a Community Health Needs Assessment in years 2011-2012. The Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)3 corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 51 member hospitals, is an independent network governed by a nine-member board of directors with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. CAH is a member of the Illinois Critical Access Hospital Network.

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

The assessment identifies and assesses the health needs of, and takes into account input from persons who represent the broad interests of, the community served by Carlinville Area Hospital.



## Community Health Needs Assessment

### Methodology and Gaps Discussion

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

Possible avenues for gathering primary data were reviewed and it was determined to proceed with two focus groups, comprised of area health care professionals and community partners and leaders. A town hall meeting was also conducted. However, due to a low turnout at the town hall meeting, a mail survey of 100 residents representative of each of the zip codes in the service area was conducted. In addition, a key contact interview with the director of the Macoupin County Housing Authority was added to assure input from residents of public and public-supported housing.

Potential information gaps exist in the service area because of the absence of population concentrations in Carlinville and the CAH service area that could represent target groups of concern in other locations. This assessment has addressed those gaps by including input from community members that are charged professionally with advancing the health and education of the community and all its members, including school officials dealing daily with youth and families and the director of public housing.

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

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

# COMMUNITY

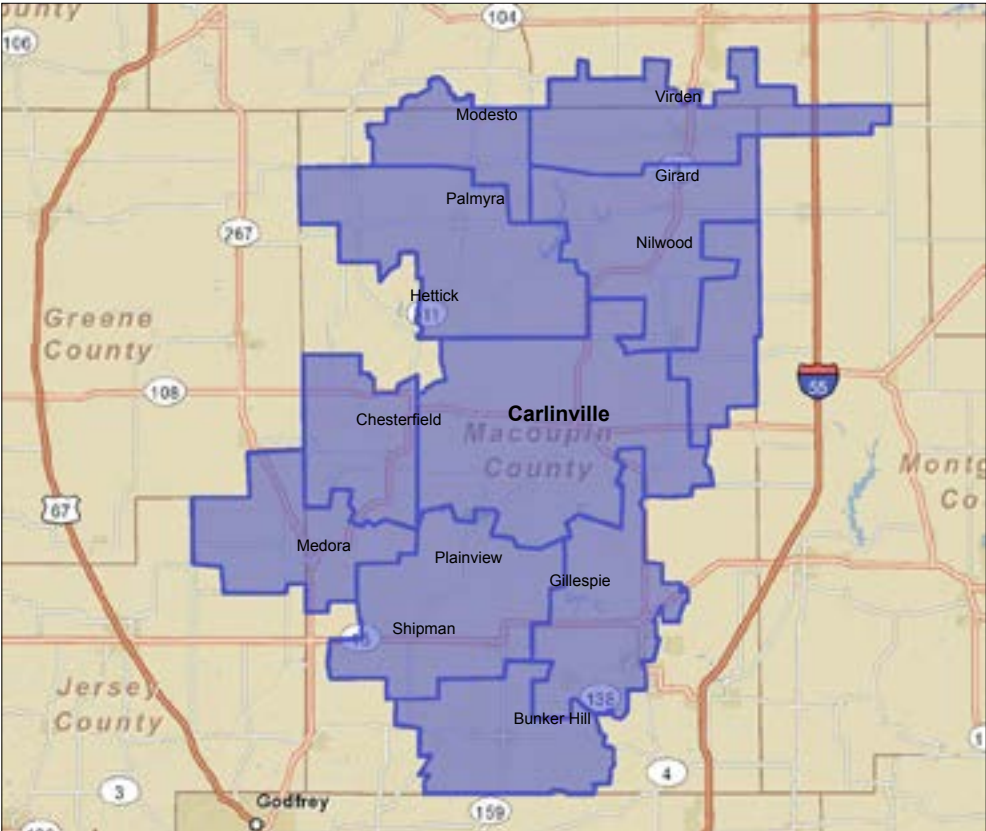
## Geographic Assessment Area Defined

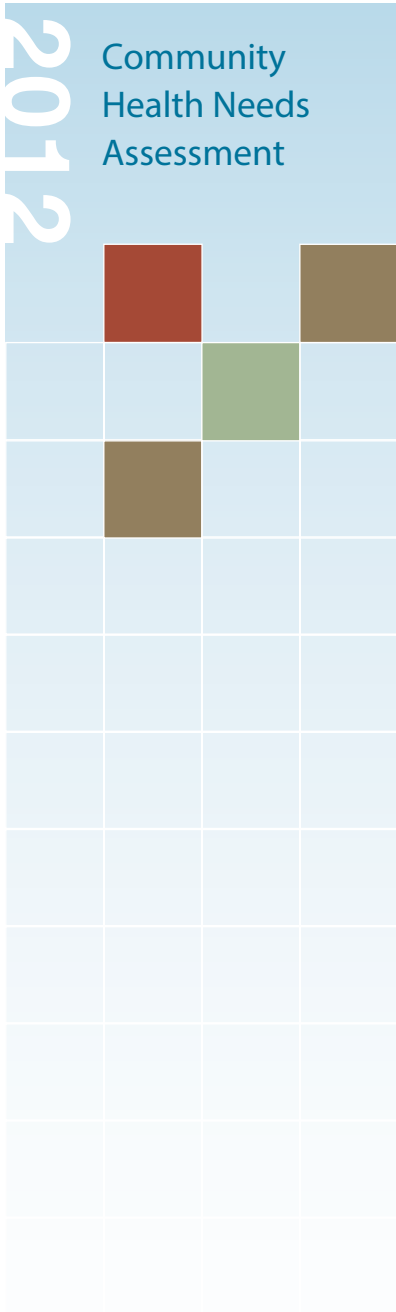
The Carlinville Area Hospital community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary hospital catchment area, which includes all or portions of thirteen communities. The primary service area was identified as the city of Carlinville and the rural areas immediately surrounding it. The geographic area definition of community is well-suited to CAH, a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.

The CAH service community is located approximately 60 miles northeast of St. Louis, Missouri, and 45 miles south-southwest of Springfield, Illinois. Macoupin County is included in the St. Louis metropolitan statistical area, although the local profile of the county is very different from most of the MSA. Major medical centers in St. Louis and Springfield receive patients from the CAH service area.

Communities that comprise the CAH service community include: Carlinville, Girard, Palmyra, Shipman, Chesterfield, Hettick, Modesto, Nilwood, Plainview, Medora, Virden, Gillespie and Bunker Hill.

Illustration 1. Carlinville Area Hospital Service Area





## Demographic Profile

The broad demographic profile of the Carlinville Area Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following charts and data profile the demographic environment surrounding the CAH service area.

**Table 1. Population by Race - CAH Service Area**

RACE and Ethnicity	2010		2016	
	Number	Percent	Number	Percent
White	31,390	97.4%	31,327	97.2%
Black	310	1.0%	303	0.9%
American Indian	85	0.3%	88	0.3%
Asian	89	0.3%	99	0.3%
Other	86	0.3%	104	0.3%
Two or More Races	278	0.9%	303	0.9%
Hispanic Origin (any race)	288	0.9%	338	1.0%

(ESRI – 2012)

The racial and ethnicity makeup for the Carlinville Area Hospital service area are typical of rural Illinois. There are no large changes in the profile projected over the next five years.

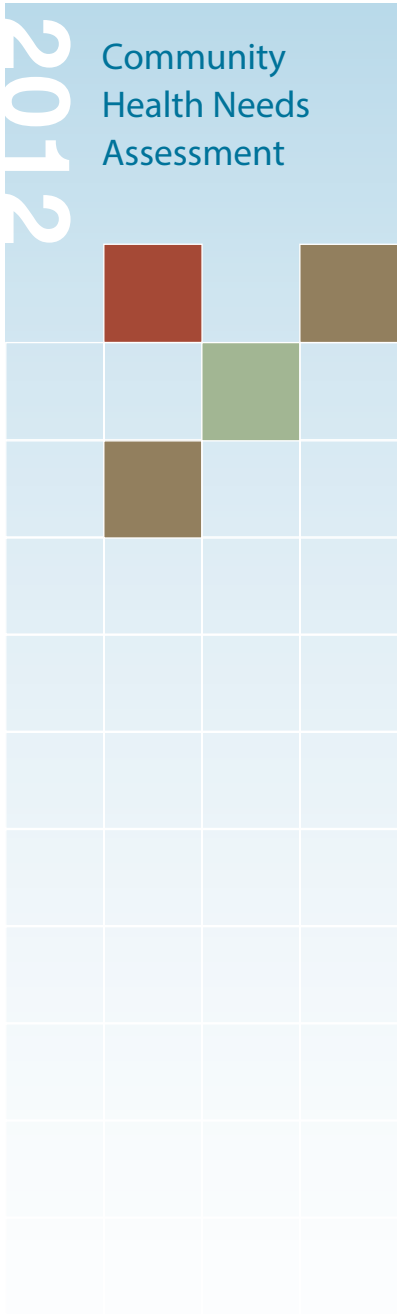
**Table 2. Summary and Trends - CAH Service Area**

SUMMARY	2000	2011	2016
Population	32,197	32,238	32,224
Households	12,973	12,996	13,079
Families	8,822	8,830	8,804
Average Household Size	2.43	2.43	2.41
Owner Occupied Housing Units	9,896	9,803	9,881
Renter Occupied Housing Units	3,076	3,193	3,198
Median Age	41.6	41.8	42.8
2011-2016 Annual Rate Change Projection	AREA	STATE	U.S.
Population	-0.01%		0.67%
Households	0.13%	No	0.71%
Families	-0.06%	Data	0.57%
Owner Households	0.16%	Available	0.91%
Median Household Income	3.58%		2.75%

(ESRI – 2012)

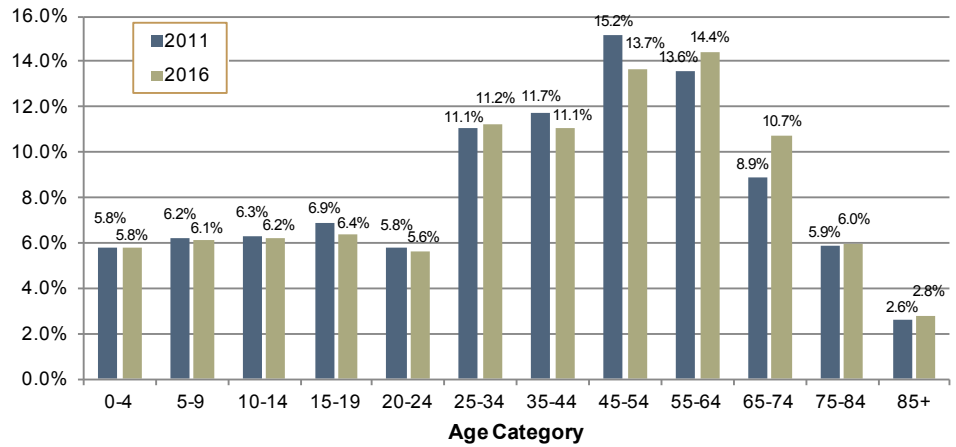
The ESRI data analysis set out in Table 2 above projects that the CAH service area will experience little change in local population through 2016. The median age is expected to increase by 2016 to 42.8 years of age.

The median household income of the CAH service area is projected to increase at a rate greater than the national median income, and the number of owner and renter occupied housing units are expected to increase marginally. The trends within Carlinville are similar. Overall, past, current and predictive data suggests that the



demographic profiles of the city of Carlinville and the service area of Carlinville Area Hospital will remain largely unchanged over the next five years.

**Table 3. Population by Age - CAH Service Area**



(ESRI – 2012)

The CAH service area is expected to see growth in all age categories over age 55 with little change or slight decline in all other age groups during the next few years. This is typical of communities in rural Illinois.

**Table 4. Household Income Profiles - CAH Service Area**

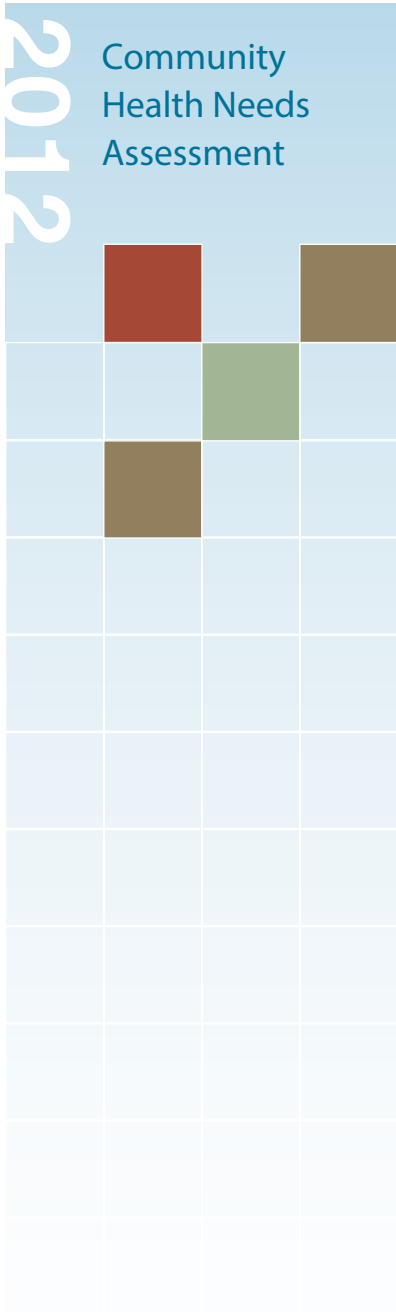
HOUSEHOLDS BY INCOME	2011		2016	
	Number	Percent	Number	Percent
<\$15K	2,058	15.8%	2,033	15.5%
\$15K-\$24K	1,744	13.4%	1,399	10.7%
\$25K-\$34K	1,601	12.3%	1,295	9.9%
\$35K-\$49K	2,174	16.7%	1,889	14.4%
\$50K-\$74K	2,781	21.4%	2,838	21.7%
\$75K-\$99K	1,345	10.3%	1,885	14.4%
\$100K-\$149K	910	7.0%	1,222	9.3%
\$150K-\$199K	215	1.7%	309	2.4%
\$200K+	168	1.3%	209	1.6%

Median Household Income	\$41,265	\$49,188
Average Household Income	\$52,528	\$60,228
Per Capita Income	\$21,885	\$25,179

(ESRI – 2012)

Median household income for 2011 was \$41,265 in the Carlinville Area Hospital service area, compared to \$54,442 for all U.S. households. The median household income in Illinois was \$50,761 for 2011. Median household income is projected to be \$49,188 in five years. Median household income is the amount where one-half of the households in an identified area have a higher income and one-half of the households have a lower income. (ESRI, 2012)

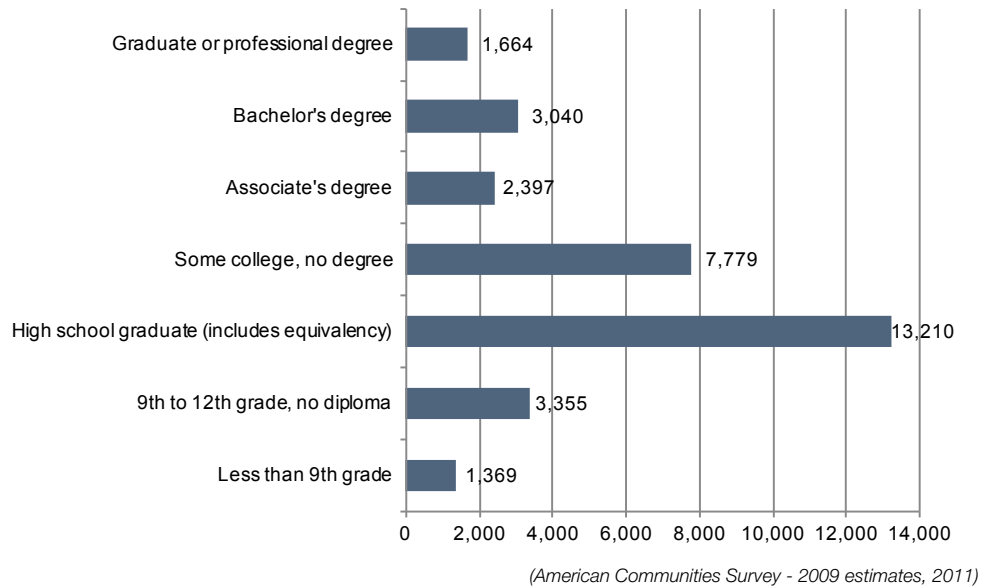




## Economic Profile

A sample review of Carlinville’s sales tax revenue reveals increases over each of the last four fiscal years. This pattern is positive when compared with many other rural Illinois communities. (*Illinois Department of Revenue, 2012*)

**Table 5. Educational Attainment for Persons over Age 25 – Macoupin County**

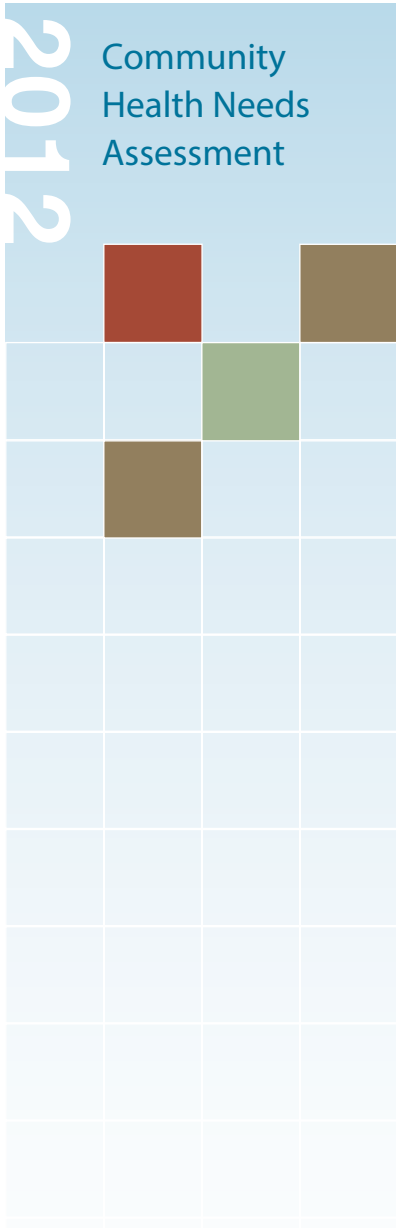


The percent of post high school attainment in Macoupin County is higher than the state of Illinois in the categories of *some college no degree* and *associate's degree* and lower for *bachelor's degree* and *graduate or professional degree*. (*ESRI, 2012*)

Low-income students are pupils ages 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds or eligible to receive free or reduced-price lunches. The percentage of low-income students is the count of low-income students, divided by the total fall enrollment, multiplied by 100. At Carlinville Community Unit School District No. 1, the percentage of low-income students rose from 18.9% in 2000 to 37.5% in 2010. During the same period, Girard CUSD 3 rose from 26.5% to 38% and Gillespie CUSD 7 rose from 35.3% to 54.3% low income students.

The Illinois Department of Employment Security’s monthly employment summary for July 2012 reported that unemployment in Macoupin County was higher than the state and national averages, respectively (Macoupin County 9.5%, Illinois 9.3%, U.S. 8.6%). The July 2012 levels are slightly improved over the 2011 annual average of 10.0% for Macoupin County, 9.8% for Illinois and 8.9% for the U.S. overall.

According to the Illinois Department of Employment Security, Local Employment Dynamics’ data, 480 new jobs were created in Macoupin County during the third quarter of 2011. The average over Q3-2011 and the prior three quarters was 616



new jobs. That is the most recent data reported for the county. The average net job flow (jobs created-jobs lost) for the same period was 84.

**Table 6. Employment by Industry - CAH Service Area**

CATEGORY	EMPLOYED	% OF WORKING POPULATION
Education & Health Care Services	2,704	27.5%
Wholesale & Retail Trade	1,545	15.6%
Other Services	1,397	14.1%
Public Administration	813	8.2%
Manufacturing	701	7.1%
Real Estate, Finance & Insurance	517	5.2%
Transportation & Utilities	513	5.2%
Leisure & Hospitality	512	5.2%
Professional & Business Services	494	5.1%
Construction	481	4.9%
Agriculture, Natural Resources & Mining	187	1.9%
<b>TOTALS:</b>	<b>9,864</b>	<b>100.0%</b>

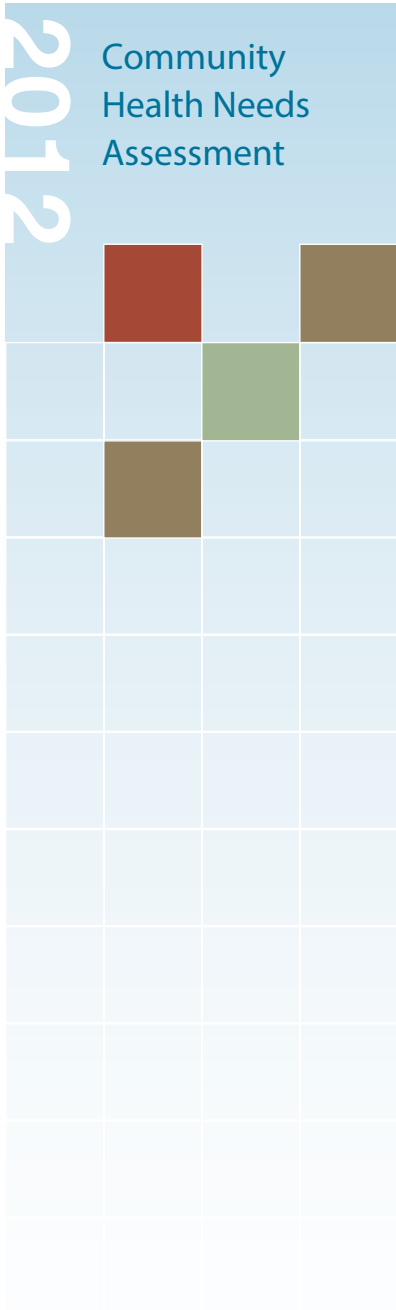
(ESRI – 2012)

Macoupin County enjoys diverse employment opportunities overall. The largest employment group is education and health services. CAH and its supporting services and partners are included in this group. CAH plays an important role in the economic vitality of the area as well as its health.

Carlinville’s social and economic picture is influenced by the fact that just over 71% of the land in Macoupin County consists of farms, according to 2009 data from the United States Department of Agriculture. Thirty-four percent of local farm operators also work off-farm. From the early 1900’s until the Second World War, coal mining was a major industry for the Carlinville area. A coal mining operation in Macoupin County that had previously been shut down has recently renewed operations. (*Atlas of Rural and Small Town America, 2011*)

The CAH catchment area is typical of much of rural Illinois. It is marked by small communities relying primarily on small businesses and industries, agriculture and service providers for its employment. In addition, coal mining continues to influence the area in varying degrees. One significant difference in profile is that Carlinville is home to a small private college. There are no single employers in the catchment area having more than a few hundred employees.

The demographic and economic profiles of the CAH service area is typical of many rural Midwest communities. In the near term, the profile is expected to remain substantially similar in all categories reviewed for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.



## INPUT

### Health Profiles from Existing Studies and other Secondary Data

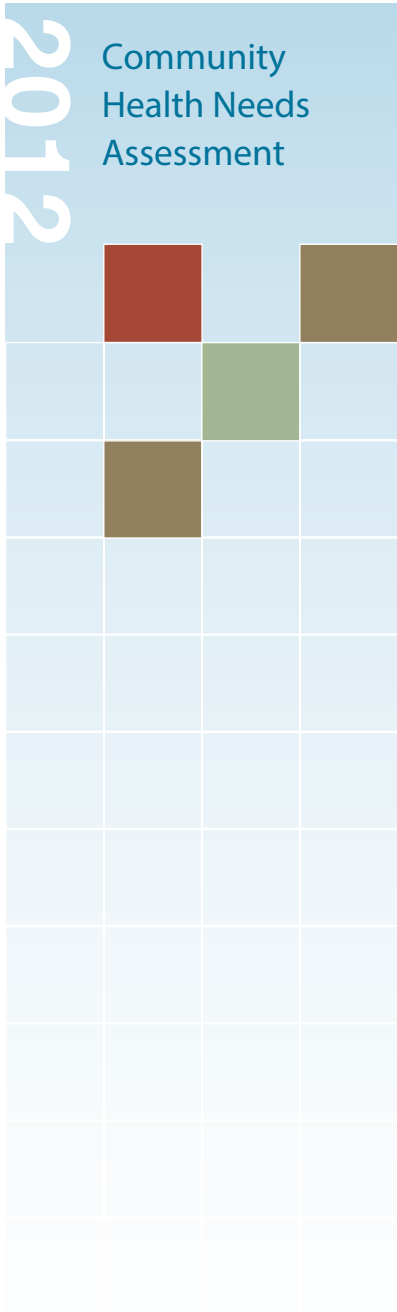
Secondary data reports and other resources were reviewed for this assessment in order to provide points of comparison for the primary facts and anecdotes offered through the primary information collection process.

Those secondary sources included:

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

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The County Health Rankings confirm the critical role that factors such as education, jobs, income and environment play in how healthy people are and how long they live. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health, such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income and rates of smoking, obesity and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

*(County Health Rankings and Roadmaps, 2012)*



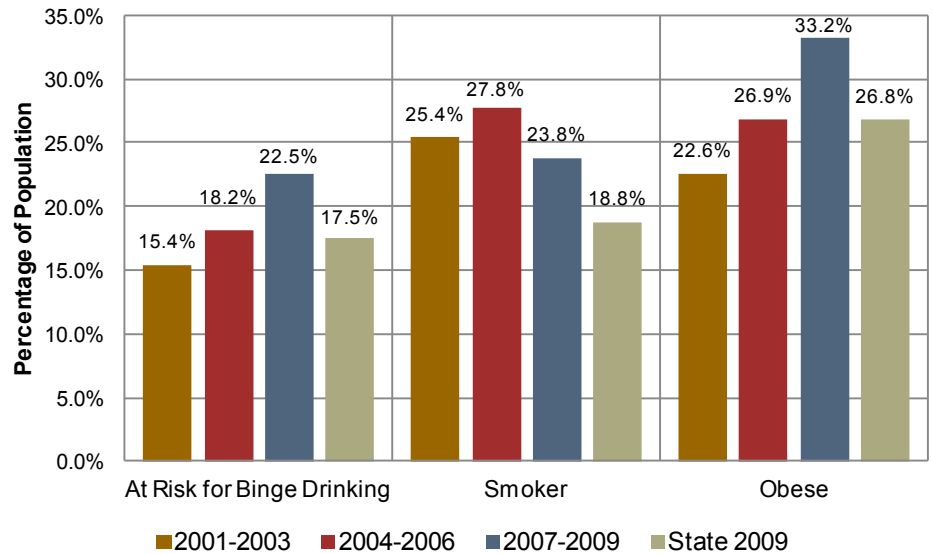
Macoupin County is ranked 39th out of 102 Illinois counties in the Rankings released in April 2012.

Observation	Macoupin	Illinois
Adults reporting no leisure time physical activity	27%	25%
Adult obesity	29%	27%
Children under 18 living in poverty	19%	19%
Teen birth rate	36/1,000	40/1,000
Motor vehicle crash death rate	18/100,000	11/100,000

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

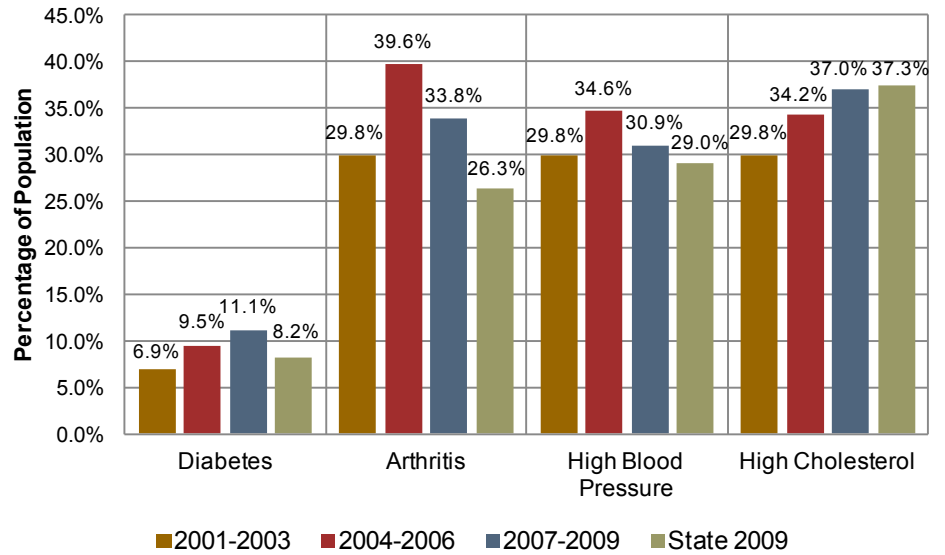
The following tables reflect longitudinal information from the IBRFSS that indicate areas of likely health care needs.

Table 7. Health Risk Factors - Macoupin County



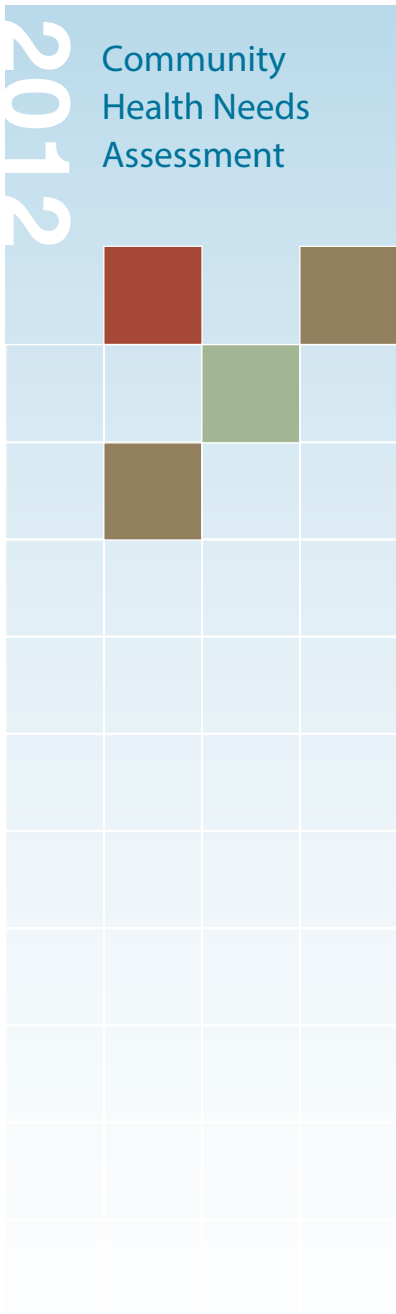
(Illinois Behavioral Risk Factor Surveillance System, 2011)

**Table 8. Incidence by Disease Type – Macoupin County**



*(Illinois Behavioral Risk Factor Surveillance System, 2011)*

Another indicator of potential concern was discovered in secondary data on lung cancer. The National Cancer Institute rates Macoupin County at Priority Level 4 out of 9 levels on death rates for all cancer, with priority 1 being highest and priority 9 lowest. Priority 4 indicates stable rates over time that are above the U.S. rate. Breast cancer rates are priority 8, which means that the Macoupin County rate is declining and similar to the U.S. rate. Lung and bronchus cancer, however, are designated at priority 1, a rate that is rising and above the U.S. rate. *(National Cancer Profiles, State Cancer Profiles through 2009)*



The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent available table for Macoupin County is set out below.

**Table 9. Mortality by Disease Type, 2008 – Macoupin County**

<b>Disease Type</b>	<b>Number of Deaths</b>
Diseases of the Heart	153
Malignant Neoplasms	132
Lower Respiratory Diseases	36
Cerebrovascular diseases (stroke)	30
Accidents	26
Influenza and Pneumonia	18
Diabetes mellitus	17
Alzheimer’s disease	15
Nephritis, Nephrotic Syndrome, and Nephrosis	15
Intentional Self Harm (Suicide)	7
Chronic Liver Disease, cirrhosis	7
Septicemia	5
All other causes	106
<b>Total Deaths</b>	<b>567</b>

*(Illinois Behavioral Risk Factor Surveillance System, 2012)*

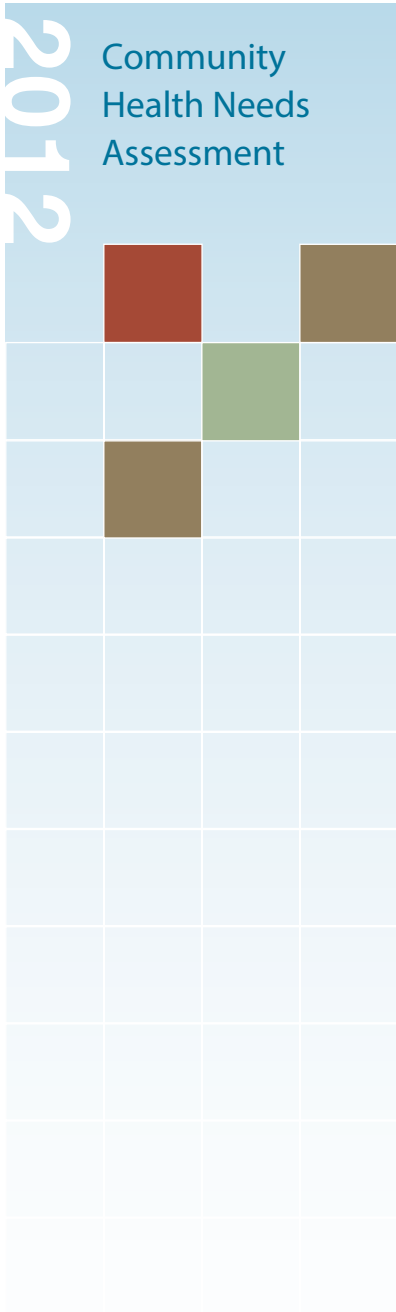
The mortality numbers are much as one would expect with diseases of the heart, cancer and lower respiratory diseases as leading factors. Motor vehicle accidents also accounted for a large number of deaths.

It is also potentially significant that, according to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions (January 2011), Macoupin County is a designated health professional shortage area for dental, mental, and primary care. There are more than 30 state and federal programs available to HPSAs to help meet local health care needs.

In addition to the information reviewed from state, national and private resources, one local secondary source in particular proved to be valuable in completing the health needs assessment. That source was the report of the IPLAN projects conducted over recent years by the Macoupin County Health Department.

The Macoupin County Health Department works actively with hospitals and other health care providers in the county. The department conducts a community health planning process under the Illinois Project for Local Assessment of Needs (IPLAN) every five years.

The IPLAN summary that follows is verbatim from the reports:



## IPLAN 2009-2014

A new five-year community health planning process was conducted during FY 2009 with the participation of 28 community planning members. Certification was granted October 2009.

### Three Major Health Problems

- Macoupin County has higher rates of elderly residents than Illinois as whole. Health conditions affecting the elderly are important discussion points because by 2030, one in three U.S. residents will be 50 years old or older – there is also a lack of a comprehensive county-wide disease prevention/management program designed for the elderly population
- Lack of a comprehensive county-wide prevention education program that includes drug and alcohol abuse prevention, tobacco prevention, sexually transmitted disease prevention
- Lack of a comprehensive county-wide prevention education program for obesity and lifestyle choices as related to diabetes

### Three Major Health Indicators

- Elderly issues specific to chronic health management
- Reducing risky teen behavior specific to alcohol and drug usage, tobacco usage and sexual behavior
- Diabetes

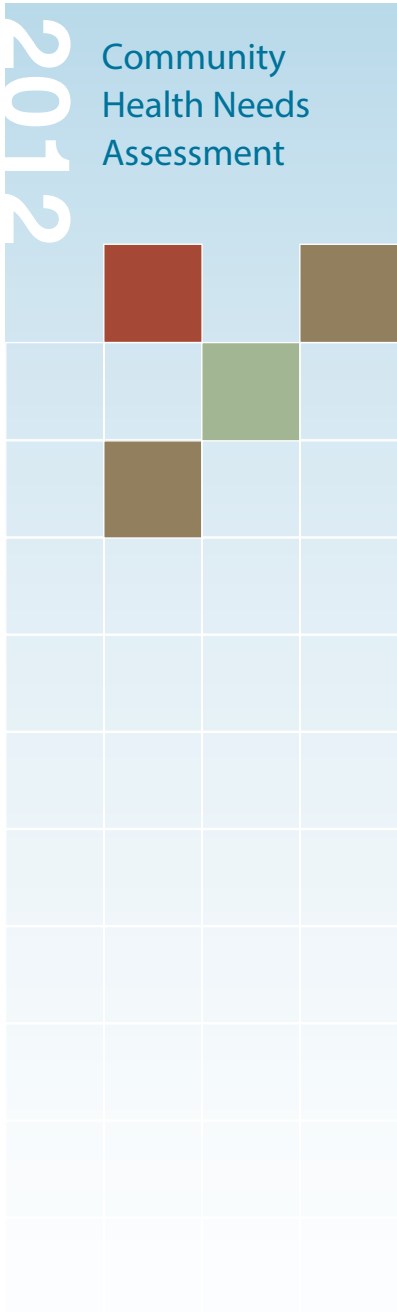
Over the years, the Macoupin County IPLAN process has led to the following responses from the health care community:

- Youth tobacco prevention and education program
- County-wide DUI task force
- SAFE KIDS Coalition providing comprehensive programs, such as bicycle safety, car seat safety, and smoke alarms in every home
- Medical transportation program
- Rural health clinics for the low-income or uninsured as well as a genetic clinic
- Medicaid dental clinic
- Breast and cervical cancer screening and control program
- Women's support group and counseling program aimed at reducing the risk of domestic violence
- Comprehensive cholesterol, lipid and glucose blood screening program

### Synthesized Secondary Data

Macoupin County demographics reflect overall lower income and housing values than statewide comparisons but levels that are not inconsistent with other rural areas of the state. As of 2010, the countywide population over the age 65 is 17.1%, compared to the state level of 12.4% over the age of 65.

Average 2011 unemployment in the county was slightly higher than state and federal averages.



Macoupin County reports a higher population at risk for binge drinking (all ages), smoking and obesity than state averages. The risk for binge drinking and obesity has increased for each of the last three reporting periods. The risk for smoking declined from 2007 to 2009 but remains five percent higher than the state overall.

The county also reports patients diagnosed with diabetes, arthritis and high blood pressure at higher than state levels and high cholesterol just under the state level but trending steadily upward over the last 10 years. The incidence of arthritis or high blood pressure has declined in the past three years but still remains above state levels. By contrast, diagnosis of diabetes has continued to trend steadily upward.

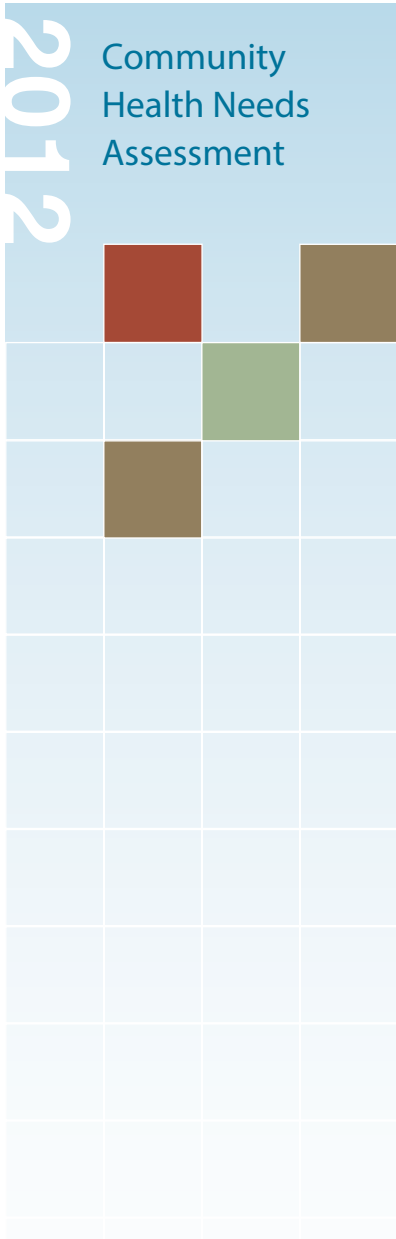
The Macoupin County Health Department designated three primary county-wide health problems for its 2009-2014 IPLAN:

- Elderly issues specific to chronic health management
- Reducing risky teen behavior specific to alcohol and drug usage, tobacco usage and sexual behavior
- Diabetes

**Summary**

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





Community Health Needs Assessment

## Primary Source Information

### Focus Group #1 – Health Care Professionals/Partners

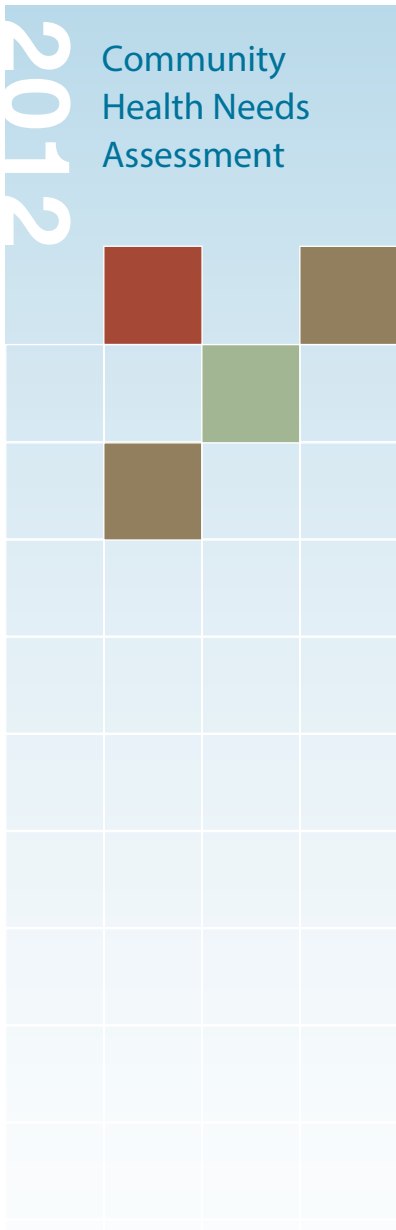
A focus group comprised of health professionals and partners met on March 31, 2011. The group included a nurse practitioner, the dean of Health Science Division at Lewis & Clark Community College, Benld/Gillespie Ambulance District, VNA-TIP, Carlinville Rehabilitation and Health Care Center, Friendship Skilled Nursing and Rehab Center, Michelle’s Pharmacy, a dentist and an optometrist.

The group began its discussion with identification of positive impacts to the delivery of health care in the Carlinville area over the past five years. A picture of cooperative, aggressive action became rapidly apparent. The new hospital, finished in 2010, was recognized as a catalyst for several subsequent related developments, including:

- Helping to recruit doctors/specialists
- Sale of VNA – allowing creation of a new partnership
- Sale of ambulance – allowing development of a new service that has expanded and established paramedic service
- Better organization of the hospital itself resulting in:
  - o Increased professionalism in hospital
  - o Making it easier for new partners
- Increased community pride and creation of jobs, health and otherwise
- Resulted in upgraded equipment and expanded services
- Critical access status for Carlinville Area Hospital
- New specialty clinic with offices for several specialists
- Encouraging primary care providers
- Eye surgery
- An improved reputation for the ER
- Referrals from health department are well received by the hospital
- Availability of general surgery
- Improved assisted living

The group also recognized improvements related to specific partners that were felt to be important to the overall quality of services, including telehealth programming by VNA and growth and improvements at the Maple Street Clinic and BodyFit. Finally, the new transportation project implemented by the Macoupin County Health Department was recognized as a significant positive development for the entire service area. The group then turned its attention to needs facing health care delivery. Members identified the overall ages of physicians as a concern that highlighted the need for succession planning. They also, while recognizing the increase in specialists in the immediate past, identified the absence of multi-disciplinary medical offices, bariatric patient care, dialysis and medical oncology, and the lack of ready availability of a dermatologist and a nutritionist.

The group identified preventive education for citizens, especially the elderly and interdisciplinary education and information sharing for health care partners, as recurring needs. They specifically identified the absence of anyone who fully understands



Community Health Needs Assessment

Medicare D and similar issues. The group also specifically recognized the under-utilization of the Lewis & Clark mobile screening and education program and identified the absence of trained assistants for home health care as a concern.

Medical conditions believed to be frequent were identified as heart disease, arthritis and dementia. The group considered lung issues and did not feel that they were overwhelming.

**Focus Group #2 – Community Leaders and Elected Officials**

A focus group comprised of community leaders and elected officials met on March 31, 2011. The group included the regional superintendent of schools, the Carlinville superintendent of schools, the Carlinville high school principal, the president of the Carlinville Chamber of Commerce, the Macoupin County sheriff, the president of Carlinville National Bank and the director of Davis-Anderson Funeral Home.

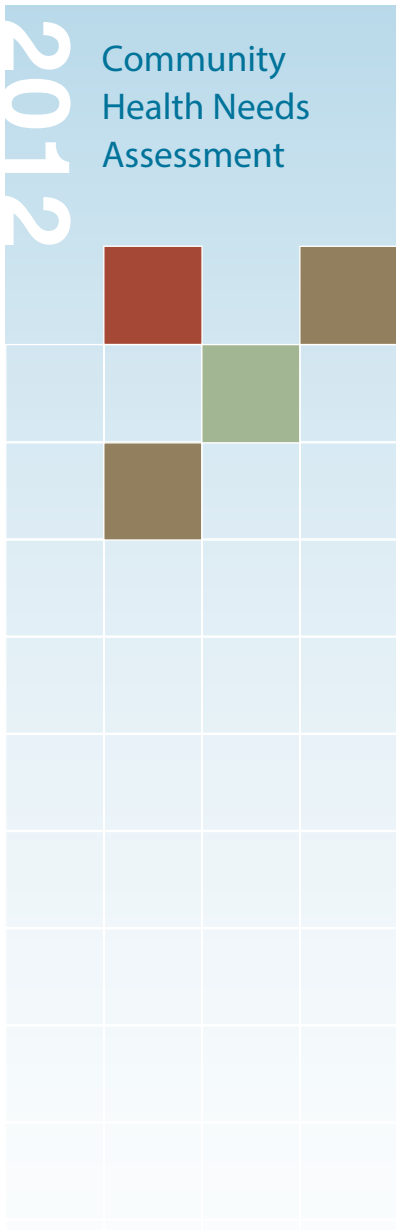
The second focus group session opened with the identification of several positive events that took place within the CAH service area during the past five years.

The following developments were cited:

- Hospital administration has been proactive and professional
  - o Improved community outreach
- Increased accessibility for youth
  - o Increased knowledge of health care through cooperative efforts of the hospital, the Macoupin County Health Department and Lewis & Clark
- More doctors - based both here at CAH and visiting
  - o Gives patients increased access to specialists
  - o Positive impact on lost time for students and staff
- New local enthusiasm
  - o CAH is perceived by the community as more than a “band-aid” station
  - o There is new positive access for the elderly
  - o There is new positive access CAH for nursing home residents
- Pre-hospital care from paramedics
- Cooperation in planning and training for disasters
- New Carlinville Area Hospital emergency room is a plus

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses, both current and threatened for the future, in delivery of health care in the CAH service area. Identified concerns were then discussed and each member chose what they considered to be priority items from the entire list. The items which received prioritization were:

- Health care for elderly: The group felt the community and CAH were doing well but need to keep up on growing and anticipated needs
- Health care for children in poverty: The group felt the community and CAH were doing well but need to keep up on growing and anticipated needs
- Ability of hospice and home care to keep up in the future
- Keeping up with needs for the care for mentally and physically handicapped, special care individuals, functional needs, and adult day care



- Adult and youth mental health/depression and psychiatric care: The group felt that present services were strained and expressed concern over future ability to address these issues locally

### Key Informant Interviews

Upon completion of the two focus group meetings, a town hall meeting was scheduled and advertised through the Carlinville media. Members of the public were invited to come to CAH for a facilitated discussion of community health care needs and concerns which would be conducted by a moderator from outside the area. The event was scheduled for a weeknight evening and free refreshments were offered. No one attended the town hall meeting.

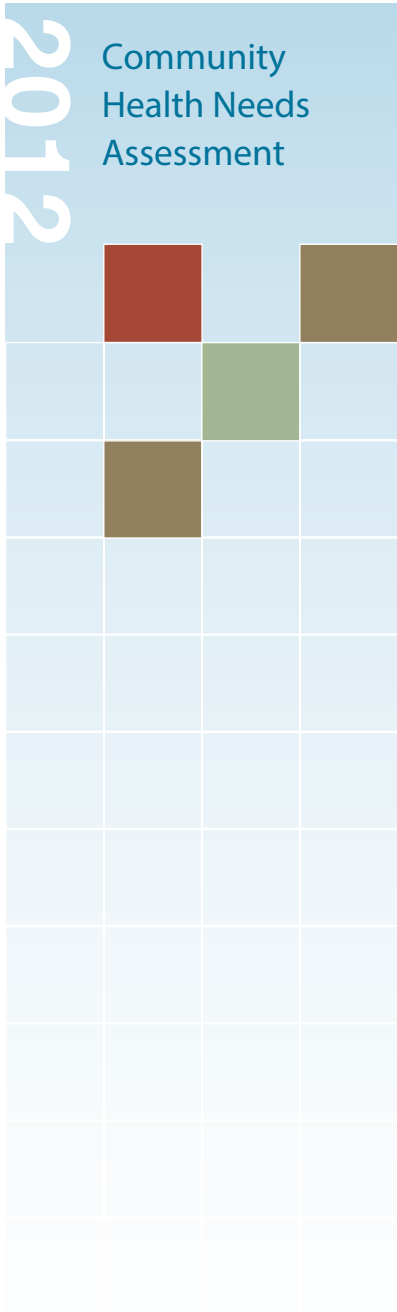
After reviewing the participant list making up the focus groups, the hospital administration identified two specific population groups that might not have been well represented in these discussions: 1) college staff and students, and 2) public, senior and low-income housing residents. To address this, key contact interviews were arranged and conducted with the dean of students at Blackburn College and the director of the Macoupin County Housing Authority.

The dean at Blackburn College first cited the new hospital as the major plus in local health care delivery over the past several years. She then identified three areas of concern:

- There is an inability to deal with sexual assault victims locally. There is no Sexual Assault Nurse Examiner (SANE) available at CAH. Transporting victims to Springfield or Alton is necessary to obtain services. This situation impacts one to two students each year. However, there were five victims eight years ago.
- Alcohol overdose on the college campus ranges from 1-2 instances in one school year to 5-6 incidents within a single semester. A pre-incident education program for college staff on how to handle alcohol overdose and what to expect if the emergency room is required would be very helpful.
- There are one or two incidents involving suicidal students that occur each year. There is an absence of local care for someone who has taken pills or otherwise failed in a suicide attempt beyond the immediate treatment offered in the emergency room.

The director of the Macoupin County Housing Authority also identified the new hospital as being the largest positive development in local health care delivery and with it, the availability of new specialists locally and a new emergency room.

She reported one concern voiced at a recent residents' meeting as being the atmosphere at the emergency room. She stated that residents have expressed concerns that staff is not conveying a welcoming and caring feeling. She did not sense that this was an issue with inpatient care. A specific suggestion that emerged was that perhaps the hospital could try some improved outreach and education to help the low income community understand what to expect at the new hospital.



### Mail Survey

One hundred names were chosen from a CAH service area mailing list owned by the hospital. The names were selected from the list at random, except that each zip code was represented in the survey. Thirty-eight responses were received.

Of the 38 responses, thirty indicated they had visited a hospital for care in the past 24 months. Seventeen of those responding were seen at Carlinville Area Hospital.

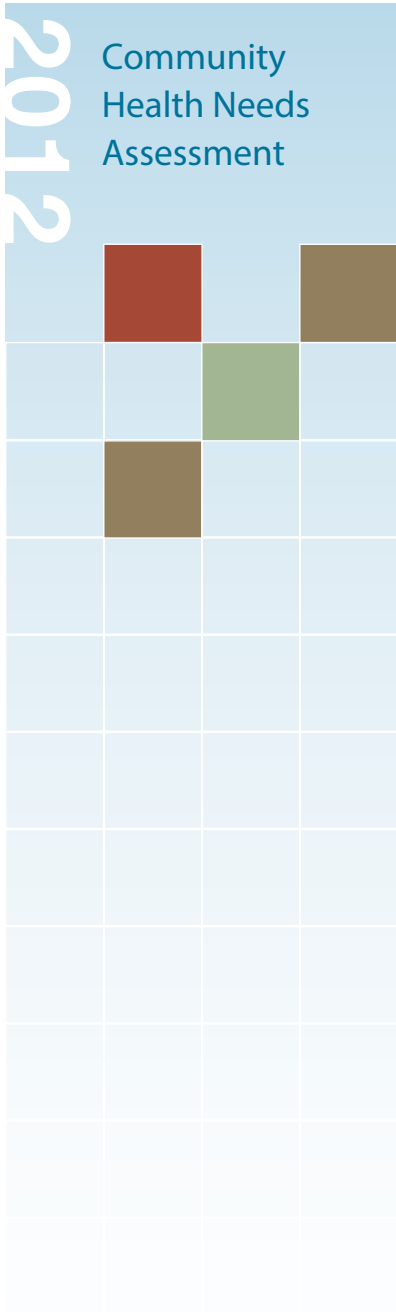
All 38 indicated they currently had a physician which they considered to be their primary care physician and that they used a pharmacy they considered to be their regular pharmacy.

The mail survey respondents represented nine of the 13 zip codes comprising the hospital service area.

Three of the respondents indicated they had experienced difficulty obtaining health care within the past year. One mentioned a problem involving communication and time spent within the emergency department of the hospital (the hospital was not named). Another person stated that an issue arose because their primary care physician did not see patients in the hospital they visited. The third concern was associated with the Military TRICARE program and access to network assistance.

Eight respondents offered suggestions for improving health care services in the area. One urged avoiding “Obamacare” while another said their Medicare coverage was satisfactory. One suggested that the Priority Care Center should have evening and weekend hours. One asked for a fee schedule and considerations for veterans.

One respondent raised concern over privacy in the new emergency room. The remaining raised suggestions for more specialists, “experienced” health care professionals and more attention to women’s wellness care.



## PRIORITIZATION

### Reconciliation of Primary Source Information with Secondary Data

The facilitated primary information gathering process resulted in the discovery of issues subsequently refined and prioritized by participants to a list of concerns largely common to the overarching categories of health care education and services for the elderly, risky behavior, mental health/depression, heart disease, arthritis and overall health education. The areas chosen were consistent with the needs identified from the secondary information collected which included evidence of risky behavior with alcohol and smoking, obesity, diagnosis of diabetes, arthritis and high blood pressure all at higher levels than statewide occurrence rates. Secondary sources drew additional attention to specific issues as they related to the elderly.

Countywide secondary data from the National Cancer Institute for Macoupin County for 2009 suggests that lung and bronchus cancer is at Priority 1, a rate that is rising and is higher than the national rate. Hospital experience, however, does not reflect that increase or an impact to care plans or patient load. Smoking has been identified as a health risk in secondary data and confirmed by the focus group discussions.

Key informants raised needs specific to care and follow-up for sexual assault victims and suicide attempts, education and care for alcohol abuse and staff demeanor in the emergency room.

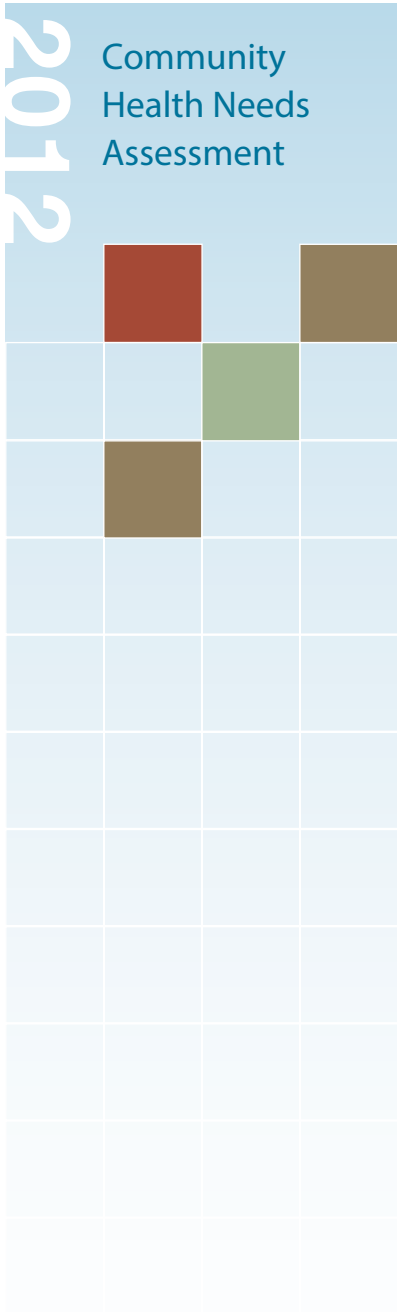
The surveys raised concerns over various government insurance plans, doctor availability and specific issues focused on matters of convenience and care and privacy related to the emergency room.

### Summary of Findings and Recommendations

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

#### Physician Recruitment and Replacement Planning

According to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions (January 2011), Macoupin County is a designated health professional shortage area for dental, mental, and primary care. Carlinville Area Hospital has been aggressive in physician recruitment and has enjoyed marked success for its efforts. Indicators suggest that a continued aggressive effort will be required to meet the health care concerns and needs of the service area as current physicians age and retire.

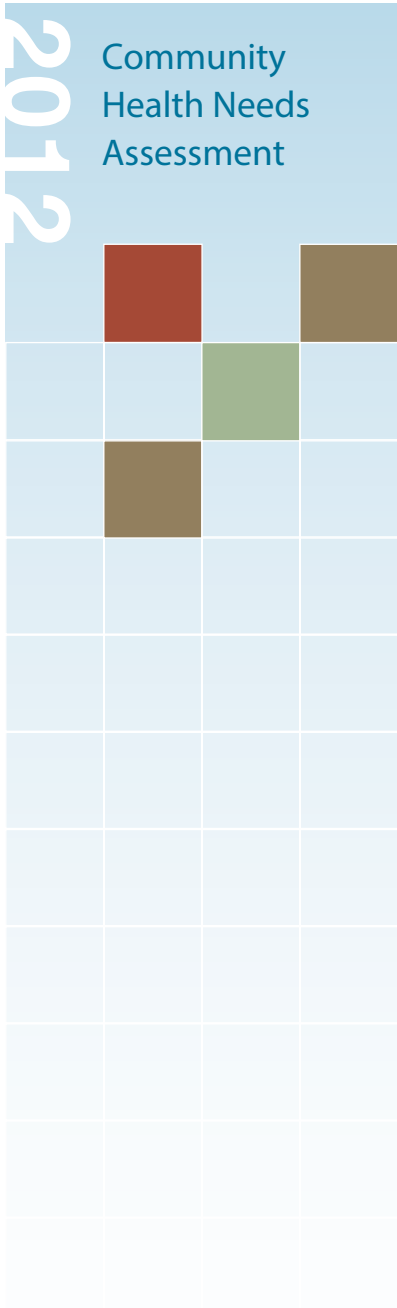


### **Emergency and Follow-Up Mental Health Care**

This need presents CAH with the opportunity to work with other health care providers toward a collaborative resolution. Related needs have been identified as direct emergency care and follow-up care, including mental health care for college age suicide attempts and victims of sexual assaults.

### **Health Education / Risk Education**

The need for health education was identified both in the discussions of primary sources as well as in the secondary information. Education and community organization around elderly populations and dietary and general health and risk for alcohol abuse were supported by both primary and secondary sources. It was suggested that, in at least some cases, specific programs for staff at Blackburn College could be beneficial. Health partners and community leaders both expressed interest in cooperatively developing and promoting health education programs.



# RESOURCE INVENTORY

## Carlinsville Area Hospital

Carlinsville Area Hospital is a licensed 25-bed acute care hospital that provides a wide range of inpatient, outpatient, and emergency services. Patients can be admitted to the hospital for medical, surgical, or pediatric care. A variety of other services are available to patients on an inpatient and outpatient basis through the hospital's cardiopulmonary, imaging, laboratory, and rehabilitative services including physical, occupational, and speech therapy as well as cardiac and pulmonary rehabilitation.

Nine physicians currently represent the active medical staff at Carlinsville Area Hospital. Their specialties include general and family practice, geriatrics, internal medicine, pediatrics, and general surgery. More than 20 physicians, representing over a dozen specialties, are available to see patients locally through the hospital's outpatient specialty clinic.

Carlinsville Area Hospital offers a 24-hour emergency department staffed with emergency medicine physicians. These physicians also act as hospitalist physicians, which means they can admit and care for patients who do not have a physician that regularly admits patients at the hospital. Staff physicians may also elect to use the hospitalists to assist in managing the care of their own admitted patients.

### Inpatient Care

Carlinsville Area Hospital's experienced nursing staff strives to make their patients' stay as comfortable as possible while providing excellent care. Their doctors, nurses, aides, care managers, and therapists work together to offer continuum of care, giving patients the ability to return home to their daily activities as quickly as possible.

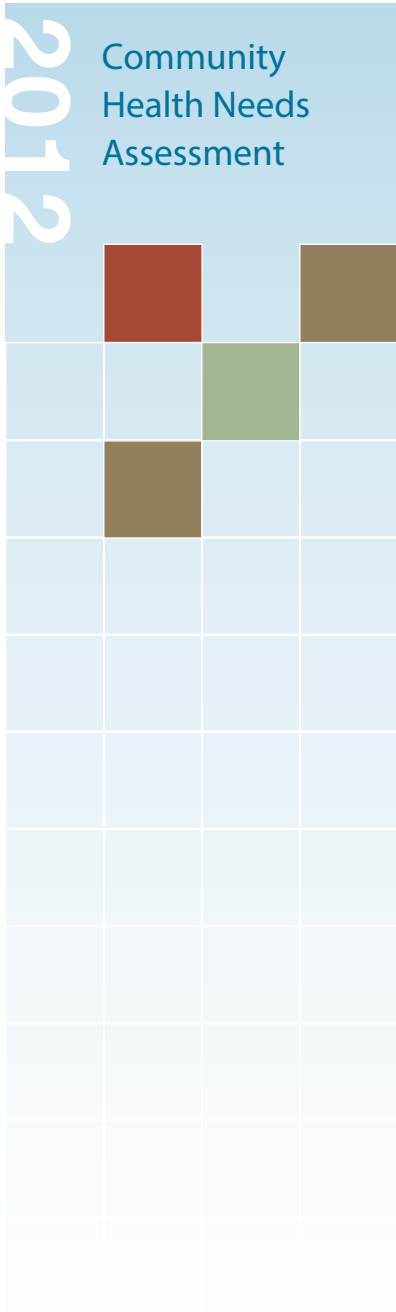
### Transitional Care Unit (TCU)

Skilled nursing and rehabilitative care is available through the Transitional Care Unit. If someone is recovering from surgery, stroke, fracture, or an extended medical illness and hospitalization, they can choose to rehabilitate at Carlinsville Area Hospital, whether they were hospitalized in Carlinsville, Springfield, St. Louis or elsewhere. The swing bed program allows a patient to be close to family and friends during rehabilitation, which can speed up the patient's recovery.

### Laboratory Services

Carlinsville Area Hospital's laboratory department provides excellent service delivered in a professional and caring manner. Sophisticated equipment and state-of-the-art technology ensures high quality test results and rapid turnaround times.

The laboratory employs a dedicated staff of certified medical technologists and medical laboratory technicians, along with caring and highly trained phlebotomists. A team of pathologists are also available to our staff and physicians for consultations, questions or concerns.



The laboratory is regulated, inspected and accredited by IDPH, FDA, CICBC, and The Joint Commission. To ensure accuracy and competency, the laboratory participates in a CMS-approved proficiency testing program and meets regulatory requirements for all regulated analytes. The laboratory is dedicated to providing a high quality of service and routinely monitors and evaluates processes through an internal program to improve its performance.

### **Home Response System**

Help is always available with Lifeline, a community-based personal emergency response system for elderly and disabled people living alone.

The Lifeline program began in 1983 as a project of the hospital's auxiliary. Today, Lifeline is in more than 90 homes within 50 miles of the hospital. The goal of Lifeline is to give people the confidence to continue to live independently in their own home. A subscriber knows that whenever they need help, it is just a button push away.

Installation of the Lifeline system is completed by employees of Carlinville Area Hospital. Subscribers pay a one-time installation fee and a monthly rental fee.

### **Outpatient Specialty Clinics**

Carlinville Area Hospital's outpatient specialty clinic continues to offer the community an opportunity to see specialized physicians without traveling long distances.

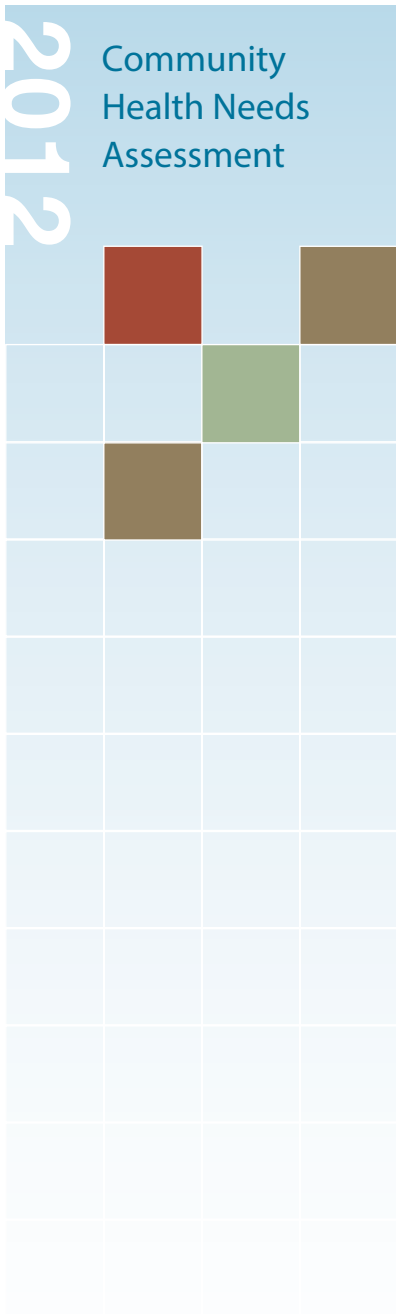
Specialties offered:

- Cardiology
- Dermatology
- Ear, nose and throat
- Family practice
- Gastroenterology
- General surgery
- Neurology
- OB/GYN
- Oncology
- Ophthalmology
- Orthopedics
- Plastics and reconstruction
- Podiatry
- Pulmonary medicine
- Urology

### **Pulmonary Rehabilitation**

Pulmonary Rehabilitation is located within the cardiopulmonary department. Carlinville Area Hospital's pulmonary rehabilitation program offers both Phase I and Phase II. The goal of the program is to improve the quality of life for those suffering with pulmonary conditions.





Pulmonary rehab focuses on the individual through monitored exercise to help them improve their endurance levels. Patients will walk away with a better understanding of their condition and how to manage it on a daily basis through energy conservation, breathing techniques, diet, and stress management.

### **Sleep Lab**

Leaving a sleep disorder undiagnosed and untreated not only affects the quality of life, but it also affects the lives of those around you. Sleeping disorders have an effect on everyday activities, such as driving a vehicle or work performance. It can also be a health concern by increasing risk for high blood pressure, stroke, or heart attack.

A sleep study may be indicated for any of the following symptoms:

- Obesity
- Insomnia
- Irritability
- Depression
- Narcolepsy
- Hypertension
- Sleep apnea
- Restless sleep
- Nocturnal angina
- Morning headaches
- Excessive daytime sleepiness
- Gasping or choking during sleep

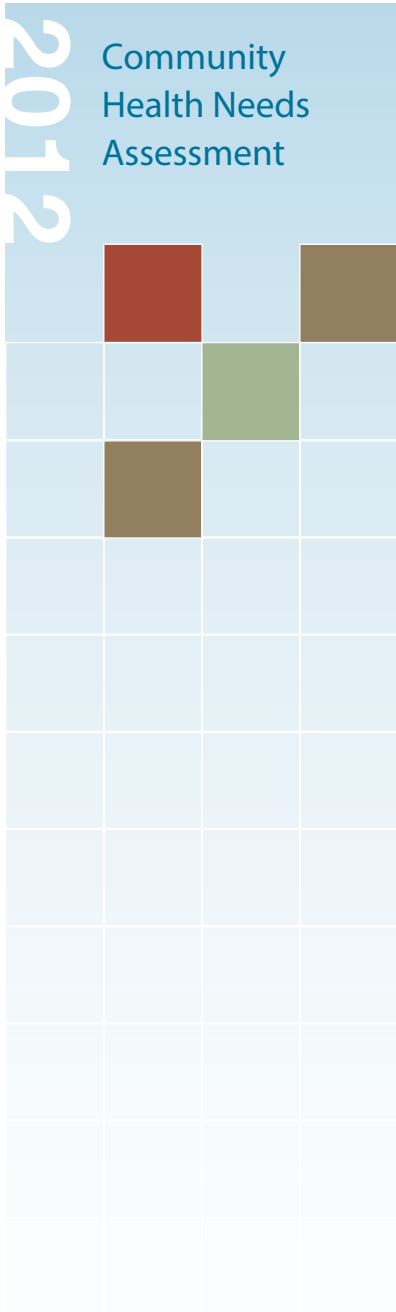
Just like other illnesses, leaving these symptoms untreated can cause further health problems such as:

- Stroke
- Hypertension
- Cardiac arrhythmias
- Myocardial Ischemia
- Myocardial Infarction

Carlinville Area Hospital offers a state-of-the art sleep lab, located at 1115 East Morgan Street in Carlinville. Sleep studies are available for pediatrics and adults in a comfortable private room providing a homelike setting. Testing is available Monday through Friday, and special arrangements may be available for Saturdays and Sundays. Most studies can be performed within 1-2 week of scheduling, and a board-certified pulmonologist interprets all results. Sleep studies are covered by most private insurers as well as Medicare/Medicaid.

### **Surgical Services**

Carlinville Area Hospital's Surgery Department is staffed with a highly-skilled team of surgeons, nurse anesthetists, registered nurses and technicians who are committed to providing exceptional patient care. Both inpatient and outpatient surgeries are offered at Carlinville Area Hospital's new state-of-the-art surgical suites.



*Services include:*

- Cataract and eye surgery
- Colonoscopy
- Ear, nose and throat procedures
- General surgery
- Gastroscopy
- Laparoscopy
- Minor orthopedic surgery
- Plastic surgery
- Same-day surgery
- Urology

**Therapy Services**

The rehabilitation department is comprised of a team of licensed physical, occupational, and speech therapists with combined experience of over 100 years. Their diverse backgrounds in treating many different types of conditions, injuries and populations provide patients with the expert care they deserve. Carlinville Area Hospital's team of professionals work closely with physicians to help patients manage pain, restore function, and prevent further injury. The department offers both inpatient and outpatient therapy services.

*Services include:*

- Physical therapy
- Occupational therapy
- Speech therapy

**Physical Therapy**

Physical therapy includes evaluating and treating people with various disorders of movement: muscular, neurological, sports, or pain related. Physical therapy can help an athlete return to a favorite sport or help someone walk after a stroke.

*Specializing in:*

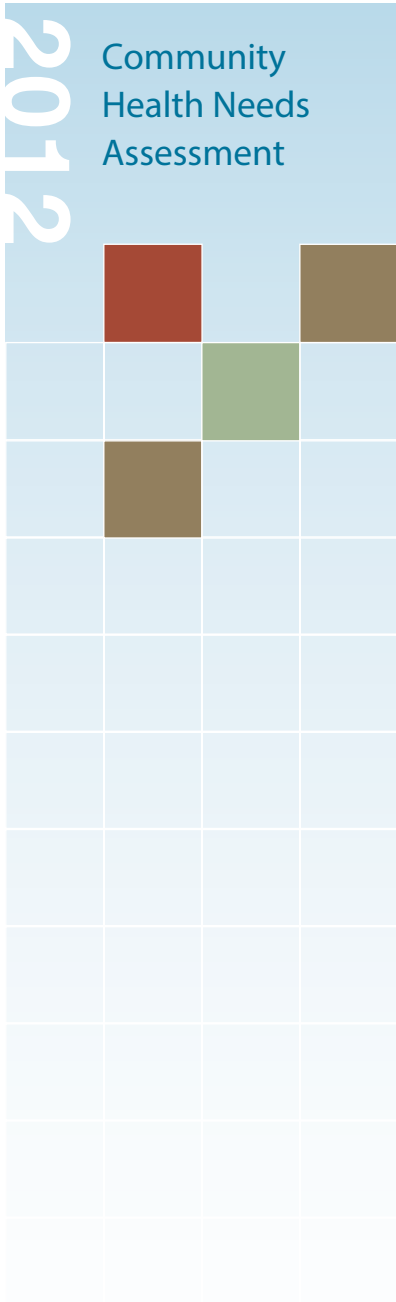
- Joint replacements
- Sports injuries
- Neck, back, and joint pain
- Strokes
- Pediatric conditions

**Occupational Therapy**

Occupational therapy involves evaluating and treating people with physical, sensory or cognitive dysfunctions which affect their ability to function in their daily lives. Occupational therapy can help a gardener grip the handle of a shovel or help a child improve coordination for handwriting.

*Specializing in:*

- Hand and wrist injuries
- Coordination problems
- Sensory dysfunction in children
- Strokes
- Chronic conditions affecting everyday independence



## Community Health Needs Assessment

### Speech Therapy

Speech therapy involves evaluating and treating people with swallowing, speech, and language and cognitive deficits affecting safe eating, drinking, communication, and safety. Speech therapy can help people learn positions and techniques to swallow safely or ways to strengthen their voice. Speech therapists specialize in acute or chronic conditions affecting swallowing and speech.

### Area Health Services Review

#### Health Organizations

##### **Macoupin County Public Health Department, Carlinville**

Beyond the programs and care offered at CAH, the Macoupin County Health Department, which employs more than 50 persons, delivers broad-based direct, and ancillary health care services in the service area, including a transportation network and a health clinic.

##### **Bunker Hill Medical Clinic, Bunker Hill**

This facility provides quality medical care to all patients regardless of their ability to pay.

##### **Lewis & Clark Community College, Godfrey**

Lewis & Clark Community College offers a mobile health unit which provides preventative health screening, health education, and dental services through its nursing program.

#### Home Healthcare

##### **Addus Health Care, Carlinville**

Addus Health Care provides comprehensive health care services including skilled nursing, personal care aides, and rehabilitation.

##### **VNA-TIP, Carlinville and Staunton**

VNA-TIP delivers advanced in-home health care and hospice services to the service area from offices located in Carlinville and Staunton.

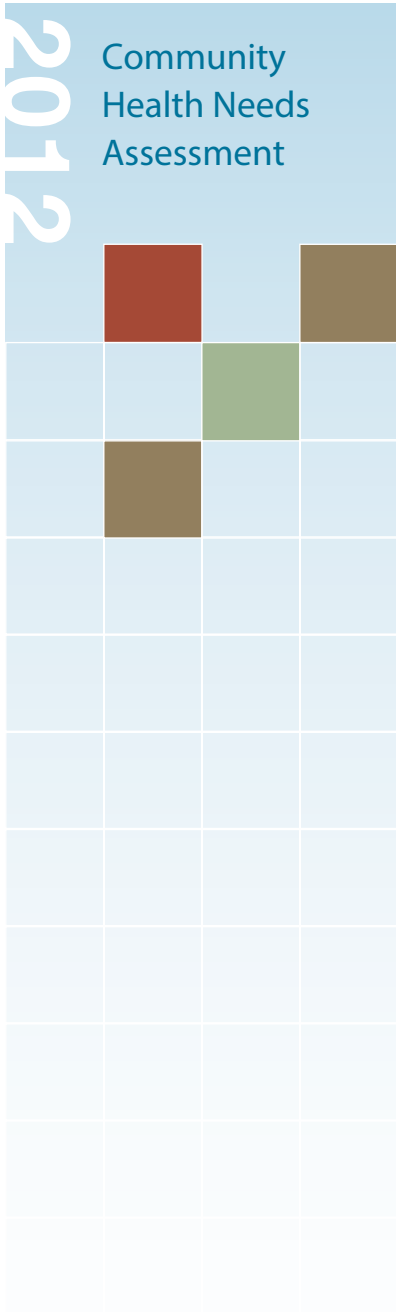
#### Nursing Homes and Assisted Living

##### **Carlinville Rehabilitation and Health Care Center, Carlinville**

Carlinville Rehab offers comprehensive medical and rehabilitation services to both long term and short-term residents. Services include post-acute and surgical services, intravenous therapy, wound care, hospice services, respite care services and pain management, 24-hour nursing staff, social services, activity professionals and physical, occupational, and speech therapists.

##### **Friendship Skilled Nursing and Rehab Center, Carlinville**

Friendship Skilled Nursing and Rehab Center provides extended-stay nursing care to seniors with varying levels of disabilities in Carlinville.



**Heritage Health, Carlinville**

Heritage Health offers a Medicare-certified long- and short-term skilled nursing home, complete with hospice care; respite care; a secure dementia unit; occupational, speech, and physical therapy (inpatient and rehab-to-home); social services; transportation services; Green Tree Pharmacy; special dietary services; wound care; tracheotomy care; skilled nursing for intravenous therapy; a hair salon and barber shop; and communities services and activities.

**Pleasant Hill Village, Girard**

Pleasant Hill Village is a skilled nursing facility which accepts Medicare, Medicaid, and private pay while offering 24-hour skillful medical care. Pleasant Hill Village offers rehabilitative services which feature physical, occupational and speech-language therapy; nursing services; Alzheimer’s and dementia care; and an activities program.

**Robing’s Manor, Brighton**

Robing’s Manor Nursing Home provides extended-stay nursing care to seniors with varying levels of disabilities.

**South Lawn Shelter Care, Inc., Bunker Hill**

South Lawn Shelter Care is an independent living community. Independent living includes home ownership in retirement communities and senior apartment rentals. They provide safe and easy-maintenance living for seniors who can still live independently, and enjoy engaging in social activities with other seniors.

**Sunrise Manor Healthcare Center, Virden**

Sunrise Manor Healthcare Center has been providing resident-centered care for over 30 years.

**The Glenwood, Staunton**

The Glenwood is a 38-apartment community, which opened in April 2010. This community is a supportive living facility, which operates under the rules and regulations of the Illinois Department of Health and Family Services.

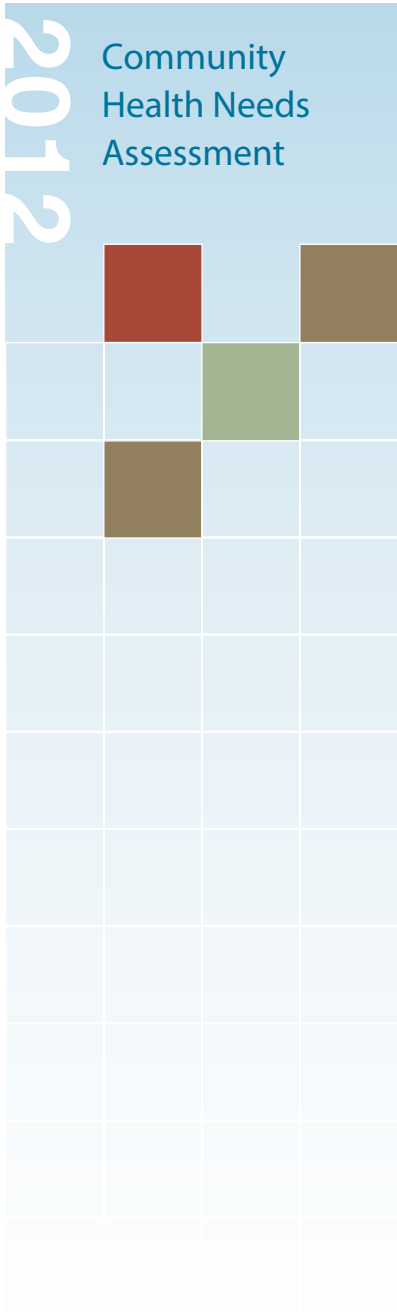
**The Village at Morse Farm, Carlinville**

The Village at Morse Farm offers residents carefree independent, supportive living.

**Mental Health Services**

**Locust Street Resource Center, Carlinville**

The Locust Street Resource Center is a not-for-profit comprehensive behavioral health center providing a wide range of services in multiple counties in central Illinois. Their nearly 60 employees are committed to providing services that are effective and prompt, that offer hope and promote recovery, that are consumer-focused and that are tailored to meet the patient’s needs. For 38 years, the Locust Street Resource Center has been a valued resource in the community providing youth, families, adults and seniors with mental health, substance abuse, developmental disability and elder abuse services.



Community Health Needs Assessment

**Ambulance Services**

**Dunn’s Ambulance Service, Carlinville**

**Gillespie-Benld Ambulance Service, Gillespie**

These services provide response for the Carlinville Area Hospital service area.

**Chiropractors**

**Robert Brown, DC**

Macoupin County Chiropractic, Staunton

**Kelly Calloway, DC**

Calloway Chiropractic, Carlinville

**Stephen Fenton, DC**

Carlinville

**Steve Jachino, DC**

Gillespie Chiropractic and Rehab, Gillespie

**Richard Jones, DC, and Daniel Jones, DC**

Bunker Hill Chiropractic Clinic, Bunker Hill

**Shawn Davis, DC**

Davis Chiropractic, Staunton

**Medora Chiropractic Clinic**

Medora

**Mike Rademacher, DC**

Rademacher Chiropractic, Mt. Olive

**Jeff Roller, DC**

Staunton Chiropractic, Staunton

**Craig Tiburzi, DC**

Tiburzi Chiropractic, Carlinville

**Mark Wade, DC**

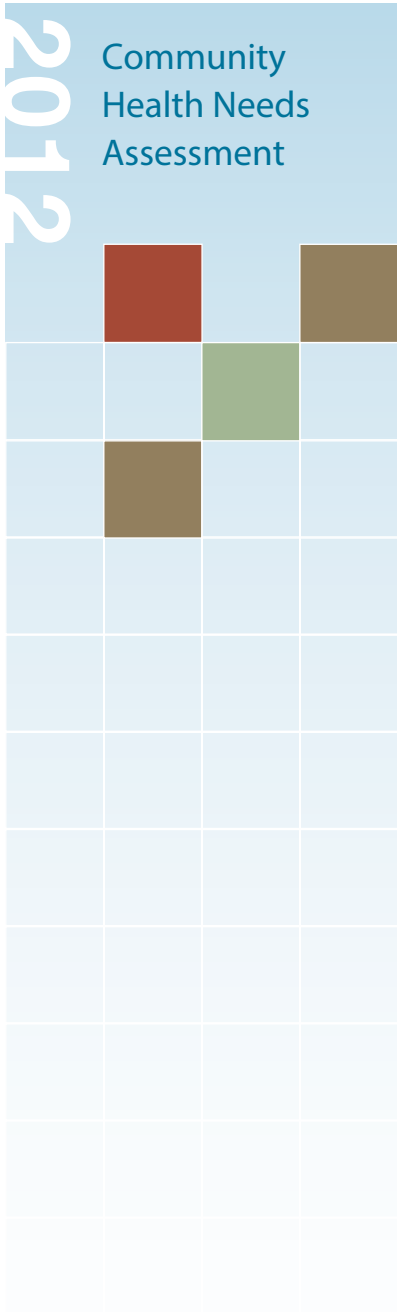
Carlinville Chiropractic, Carlinville

**Damon Walton, DC**

Walton Chiropractic, Carlinville

**Daniel Thompson, DC**

Macoupin County Chiropractic, Staunton



Community  
Health Needs  
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2012

**DMD/DDS**

**Rodney Bailey, DMD**  
Carlinsville

**Steven Boente, DMD**  
Carlinsville

**John Caldieraro, DMD**  
Staunton

**Steven Carr, DMD**  
Carlinsville

**Robert Cassens, DMD**  
Virden

**Tom Cioni, DDS**  
Staunton

**Peter Denby, DDS**  
Carlinsville

**William Dondanville, DDS**  
Brighton

**Dennis Guardia, DMD**  
Mt. Olive

**William Heintz, DDS**  
Carlinsville

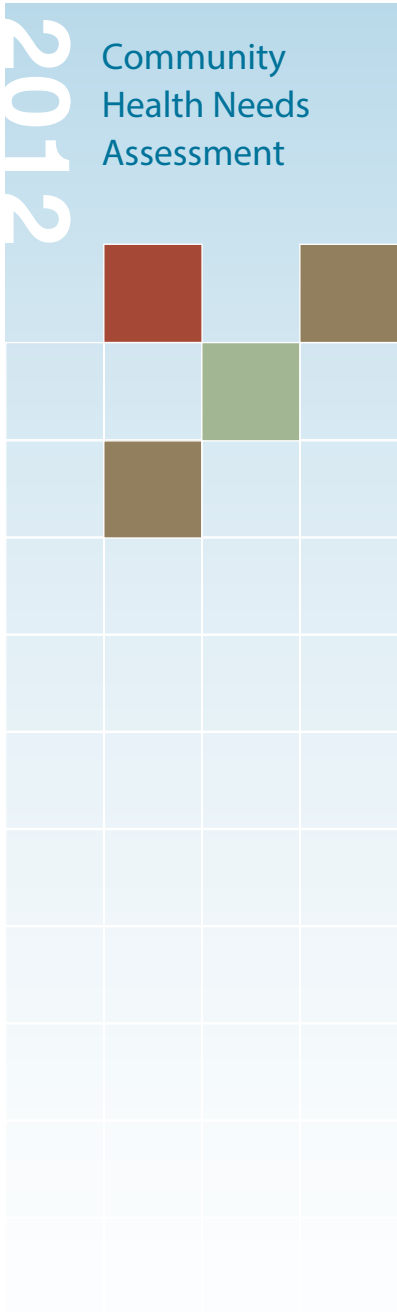
**Poonan Jain, DDS**  
Staunton

**Kevin Kays, DMD**  
Staunton

**Nicholas Kravanya, DMD**  
Carlinsville

**Roy Northcutt, DDS**  
Gillespie

**Gary Pellizzaro, DMD**  
Carlinsville



2012  
Community  
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**Macoupin County Maple Street Clinic**  
Gillespie

**Fitness/Nutrition**

**BodyFit**  
Carlinville

**Curves**  
Staunton and Virden

**The Bodie Shop**  
Mt. Olive

**Ageless Fitness**  
Gillespie

**Intentional Fitness**  
Brighton

**159 Fitness**  
Bunker Hill

**Pineda Fitness Center**  
Staunton

**Shape Masters Nutrition Club**  
Carlinville

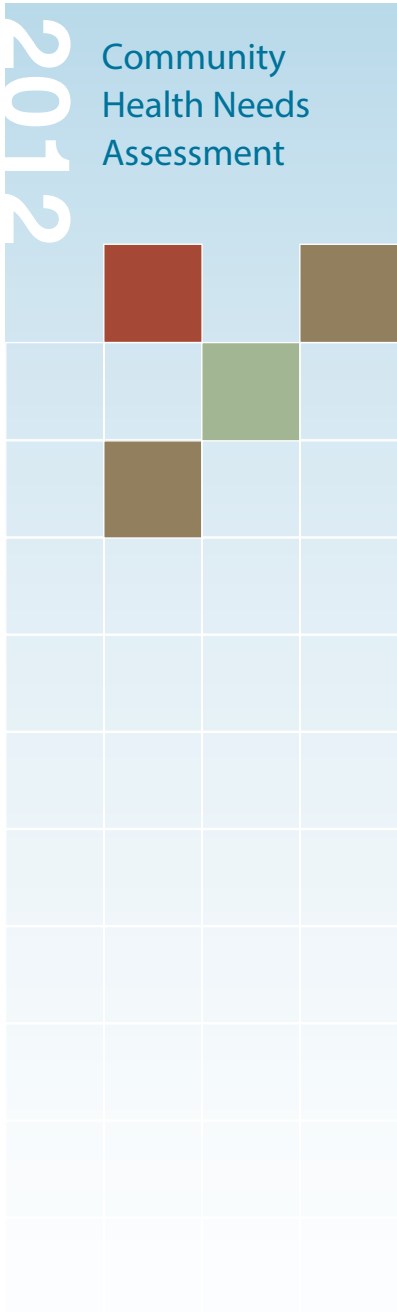
**Snap Fitness**  
Carlinville

**Fitness A-Go-Go**  
Carlinville

**Massage/Holistic Care**

**Always in Touch**  
Bunker Hill

**Wellness Matters**  
Carlinville



Community Health Needs Assessment

2012

**Optometrists**

**Dena Bachman, OD**  
Southwestern Eye Care, Brighton

**Mark Eillison, OD**  
Staunton

**Shawna Heddinghaus, OD**  
Fireside Eye Care, Benld

**Katie Goodman-Thomas, OD**  
Carlinville

**Keith Hedrick, OD**  
Advanced Eye Care, Carlinville

**John Lapp, OD**  
Carlinville

**Karen Rubrich, OD**  
Advanced Eye Care, Carlinville

**Jennifer Waller, OD**  
Prairie Eye Center, Girard

**Sandra Yeh, OD**  
Prairie Eye Center, Girard

**Pharmacies/Healthcare Equipment**

**Brighton Pharmacy**  
Brighton

**Fritz Health Mart**  
Staunton

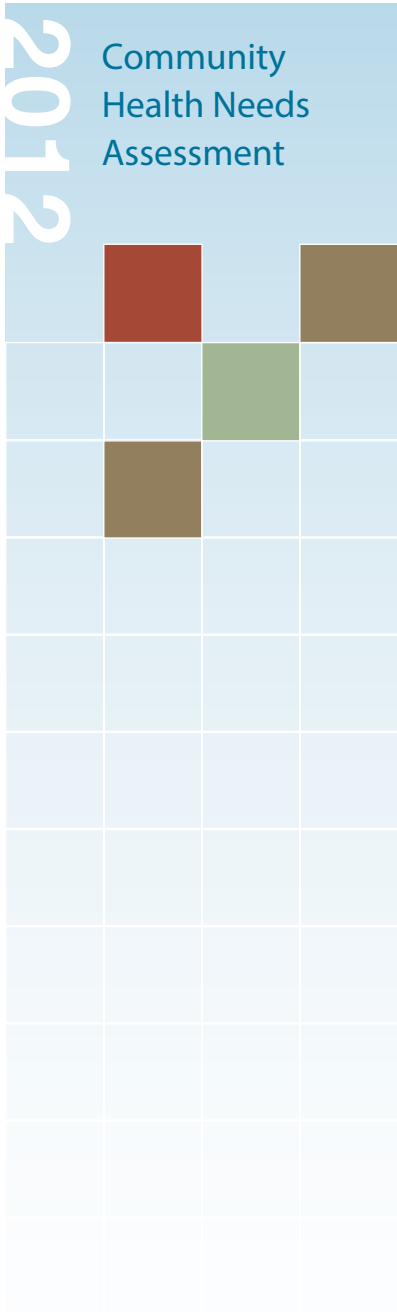
**Michelle's Pharmacy**  
Carlinville and Gillespie

**Sav-Mor Pharmacy**  
Virden

**Sullivan Drugs**  
Carlinville, Gillespie, Mt. Olive, and Staunton

**Sullivan Home Health**  
Gillespie





**WalMart**  
Carlinville

**Physical Therapy**

**Bunker Hill Physical Therapy**  
Bunker Hill

**Partners in Physical Therapy**  
Gillespie

**Alton Physical Therapy**  
Staunton

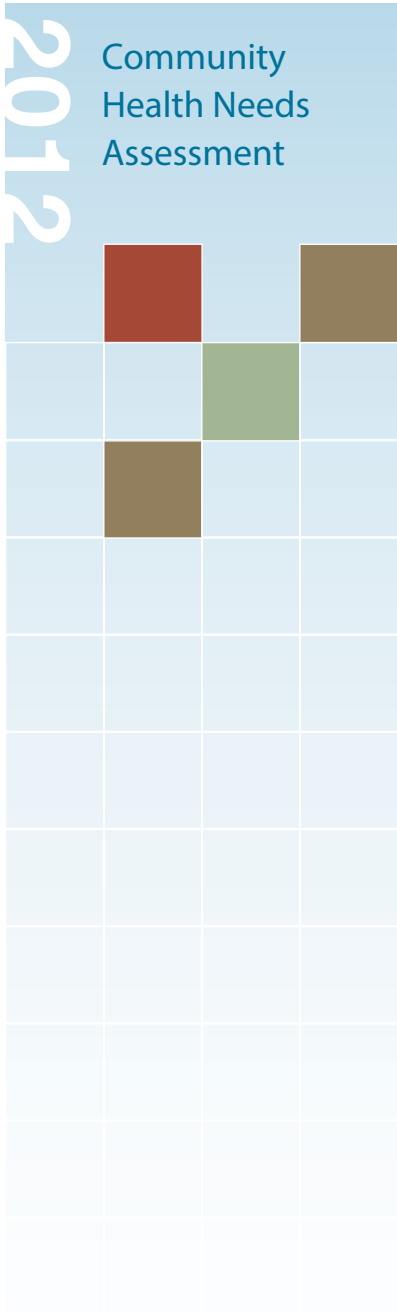
**Physicians/Clinics**

**Jon Andersen, DO**  
**Lourdes Cruz, MD**  
**Mike McNear, MD**  
**Jose Villegas, MD**  
Illini Medical Associates, Carlinville

**Jeffrey Barkoviak, MD**  
**Richard Bell, MD**  
**Laurence Beraducci, MD**  
**Craig Beyer, MD**  
**Joseph Blaser, MD**  
**Robert Childers, MD**  
**James Dalla Riva, MD**  
**Tony Demartini, MD**  
**William Drake, MD**  
**Jeffrey Fierstein, MD**  
**Ahmad Karadaghy, MD**  
**Gregg Magg, MC-CCC**  
**Muktesh Mehra, MD**  
**Nicholas Pineda, MD**  
**Bharath Pola, MD**  
**Loren Schrenk, MD**  
**Eric Snook, DPM**  
**Eric Whittenburg, DPM**  
**Robert Woodruff, MD**  
Community Memorial Hospital, Staunton

**Kamal Chopra, MD**  
Carlinville Medical Clinic

**Kate Emmerich, MD**  
Carlinville Area Hospital, Carlinville



Community Health Needs Assessment

2012

**Julie Fleischer, MD**  
**Elizabeth O'Brien, MD**  
Springfield Clinic, Carlinville

**Girard Family Medical**  
Girard

**Rajneesh Jain, MD**  
**Manish Mathur, MD**  
**Bryan Siegfried, MD**  
Staunton Clinic, Staunton

**Gregg Laws, MD**  
Carlinville

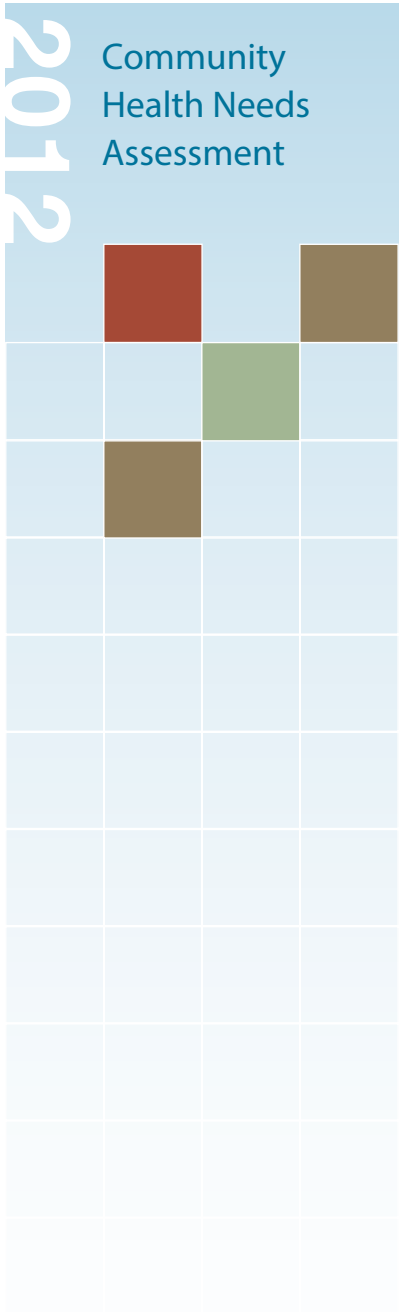
**Chris Poirot, MD**  
Macoupin Family Practice Center, Gillespie

**Bruce Weber, MD**  
Macoupin Family Practice Center, Gillespie, and Mt. Olive Family Practice, Mt. Olive

**Therese Polo, MD**  
Polo Pediatrics, Gillespie

**Joshua Poos, MD**  
Community Family Practice, Benld and Staunton

**Emerito Ureto, MD**  
Staunton



Community  
Health Needs  
Assessment

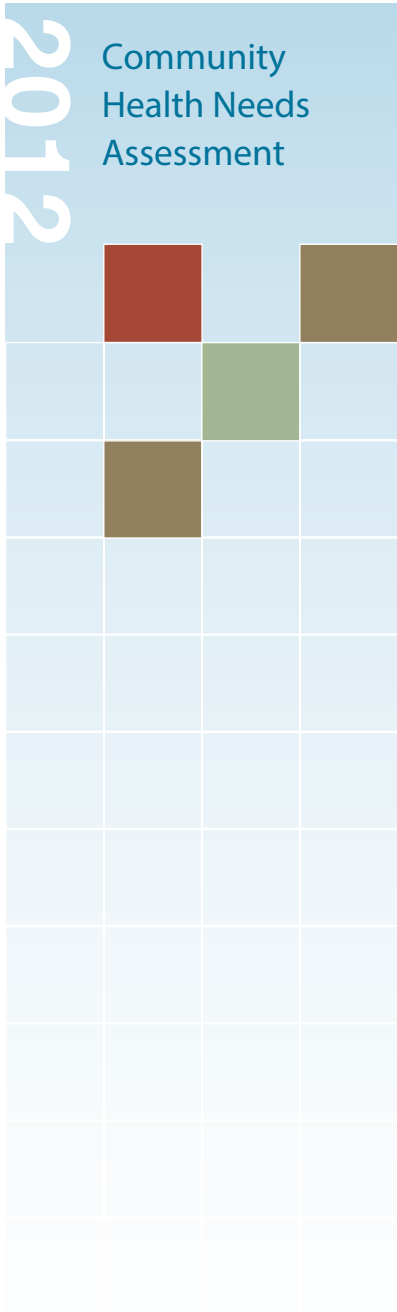
## REMARKS

The Carlinville Area Hospital Community Health Needs Assessment was initiated in 2011. During the process, interim IRS guidelines were released allowing for a more confident focus of effort and resources.

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

ICAHN and Carlinville Area Hospital also wish to recognize the health care professionals, community leaders and citizens who offered their thoughtful input for the assessment.

This report was submitted to the administration of Carlinville Area Hospital in April 2012 and was subsequently revised due to updates in secondary data impacting the report prior to publication.



## APPENDIX

### Focus Group and Interview Participants

#### Healthcare Providers

**Kent Tarro, Administrator**

Macoupin County Public Health

**Connie LeVora, Marketing Coordinator**

VNA-TIP Homecare

**Kathy Guidish, Nurse Practitioner**

**Donna Meyer, Dean of Health Science Division**

Lewis & Clark Community College

**Jean Holesko**

Gillespie/Benld Ambulance District

**Glenn Miller, Administrator**

Carlinville Rehabilitation and Health Care Center

**Janet Brown, Administrator**

Friendship Skilled Nursing and Rehab Center

**Michelle Dyer, Owner**

Michelle's Pharmacy

**Dr. Gary Pellizzaro**

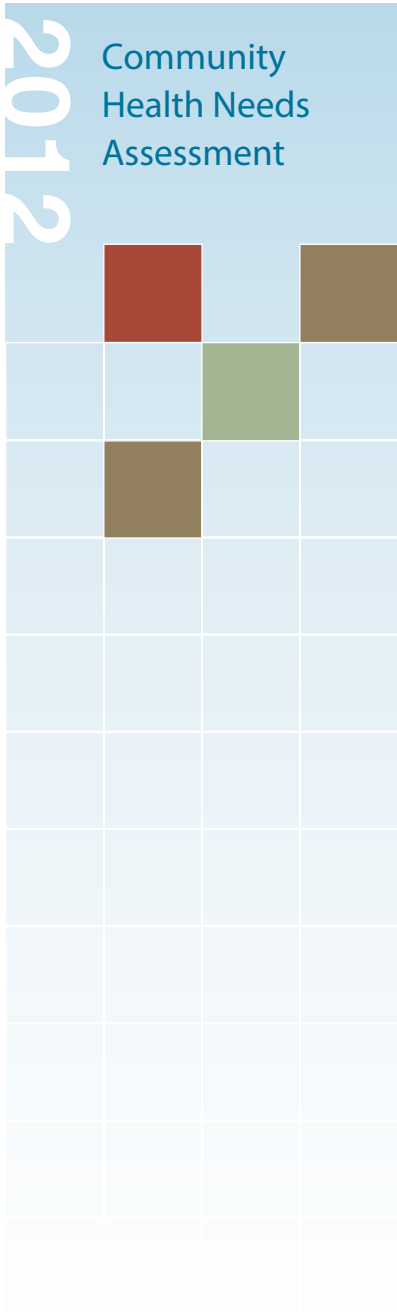
Dentist

**Dr. John A. Lapp**

Optometrist

**Dr. Kate Emmerich**

Family Practice



Community  
Health Needs  
Assessment

**Community Leaders**

**Larry Pfeiffer, Regional Superintendent of Schools**

**Mike Kelly, Superintendent**  
Carlinville Schools

**Pat Drew, Principal**  
Carlinville High School

**Brian Zilm, President**  
Carlinville Chamber of Commerce

**Don Albrecht, Macoupin County Sheriff**

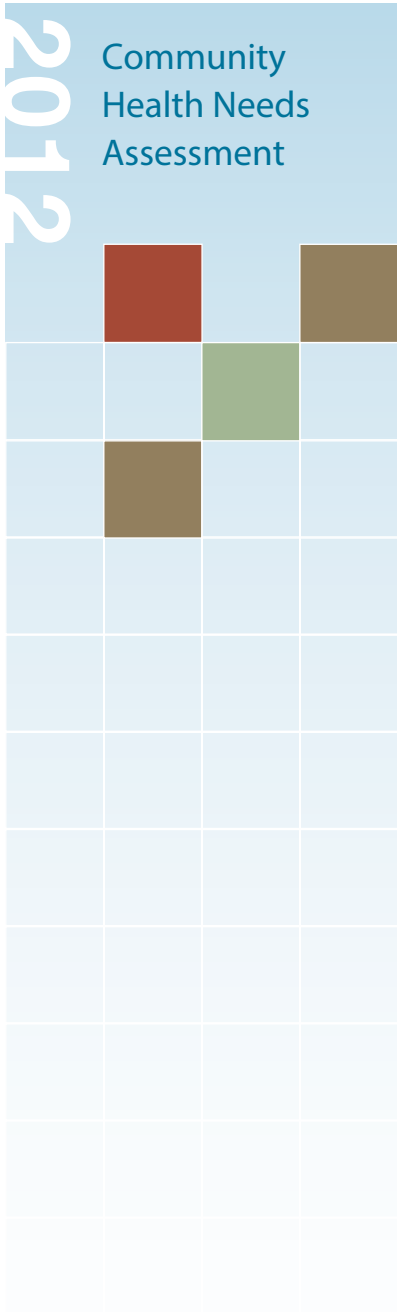
**Shawn Davis, President**  
CNB Bank & Trust

**Brent Davis, Director**  
Davis-Anderson Funeral Home

**Key Contacts**

**Margaret Barkley, CEO**  
Macoupin County Housing Authority

**Heidi Heinz, Dean of Students**  
Blackburn College



## COLLABORATORS

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

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 51 member hospitals, is an independent network governed by a nine-member board of directors with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Carlinville Area Hospital is a member of the Illinois Critical Access Hospital Network.

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

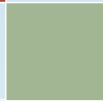
Through ICAHN, Mr. Madsen has direct access to data services and specialized production equipment as well as educational, management and marketing support from in-house staff and consultants.

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

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