COMMUNITY HEALTH NEEDS ASSESSMENT
2016

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

CARLINVILLE AREA HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Carlinville Area Hospital conducted a Community Health Needs Assessment (CHNA) during the summer and fall of 2015. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon prioritized community health needs. This assessment process results in a CHNA Report that assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities.

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

The process involved the review of several hundred pages of demographic and health data specific to the Carlinville Area 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 mental health services, wellness, obesity, physician and specialist supply, and related issues.

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, or experiencing barriers to healthcare due to socioeconomic factors such as geographic, language, financial, etc.

Two focus groups met on July 22, 2015, to discuss the overall state of health and the local delivery of healthcare, and health-related services. The groups 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 need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

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. Mental health
2. Obesity and diabetes
3. Local access to specialists and specialty care
4. Expanded hours for primary care
5. Food security for youth

The consultant then compiled a report detailing key data and information that influenced the process and setting out the conclusions drawn by the participants. This report was delivered to Carlinville Area Hospital in February, 2016.

Background

Carlinville Area Hospital is a not-for-profit, licensed, 25-bed acute care hospital that provides inpatient, outpatient, and emergency services. Patients can be admitted to the hospital for medical, surgical, or pediatric care. Other services are available to patients on an inpatient and outpatient basis through the hospital's cardiopulmonary, imaging, laboratory, rehabilitative services, including physical, occupational, speech, and aqua therapy, as well as cardiac and pulmonary rehabilitation, senior behavioral health, and rural health clinics located in Carlinville and Girard.

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

Carlinville Area Hospital offers a 24-hour emergency department staffed with emergency medicine physicians. The hospital also has full-time hospitalist care available to inpatients. Hospitalists are providers who care for patients during their time of admission through discharge. Staff physicians may elect to use the hospitalists to assist in managing the care of their admitted patients. The hospitalists work closely with the patients' physicians seeking information and providing updates.

Skilled nursing and rehabilitative care is available at Carlinville Area Hospital through the Transitional Care Unit. Patients recovering from surgery, stroke, fracture, or an extended medical illness and hospitalization can choose to rehabilitate at Carlinville Area Hospital, whether they were hospitalized in Carlinville, Springfield, St. Louis, or elsewhere.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report 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. ICAHN, with 54 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. 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 Carlinville and the surrounding area.

The population assessed was the identified primary service area and a secondary service area that reaches into six Illinois counties. Data collected throughout the assessment process 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

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

For the purpose of this CHNA, Carlinville Area Hospital defined its service area and populations as the general population within the geographic area in and surrounding the city of Carlinville. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

DEMOGRAPHICS

Carlinville Area Hospital's service area is comprised of approximately 654 square miles, with a population of approximately 31,500 and a population density of 48 people per square mile. The service area consists of the following rural communities:

Cities and Towns
- Bunker Hill
- Carlinville
- Gillespie
- Girard
- Nilwood
- Virden

Villages
- Medora
- Chesterfield
- Hettick
- Modesto
- Palmyra
- Shipman

Illustration 1. Carlinville Area Hospital Service Area
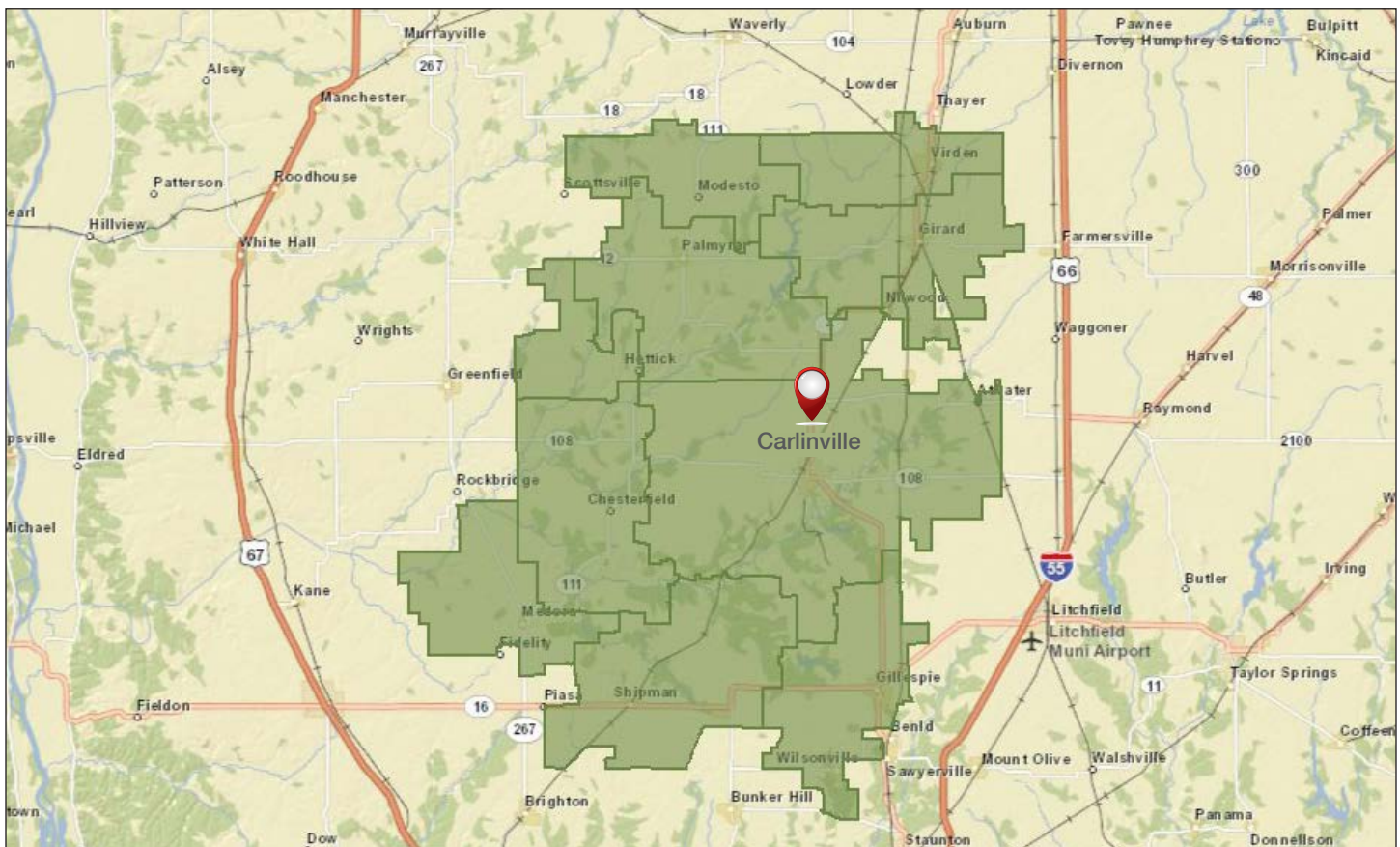
ESRI – 2015

The service area estimates reported in the following tables from Community Commons represent the zip codes identified as the service area. The full county data for Macoupin, Montgomery, Greene, Jersey, Morgan, and Sangamon counties are included in most tables for comparison.

TOTAL POPULATION CHANGE, 2000-2010

According to the U.S. Census data, the population in the region fell from 32,690 to 31,739 between the years 2000 and 2010, a 2.91% decrease.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	32,690	31,739	-951	-2.91%
Greene County	14,761	13,886	-875	-5.93%
Jersey County	21,668	22,985	1,317	6.08%
Macoupin County	49,019	47,765	-1,254	-2.56%
Montgomery County	30,652	30,104	-548	-1.79%
Morgan County	36,616	35,547	-1,069	-2.92%
Sangamon County	188,951	197,465	8,514	4.51%
Illinois	12,419,231	12,830,632	411,401	3.31%
Total Area (Counties)	305,051	347,752	42,701	14.00%

Data Source: Community Commons

The Hispanic population increased in Greene County by 38 (49.35%), increased in Jersey County by 60 (37.04%), increased in Macoupin County by 113 (37.05%), increased in Montgomery County by 133 (40.8%), increased in Morgan County by 216 (43.55%) and increased in Sangamon County by 1,480 (74%).

In Greene County, additional population changes were as follows: White, -6.13%; Black, 8.18%; American Indian/Alaska Native, -34.29%; Asian, 0%; and Native Hawaiian/Pacific Islander, -33.33.

In Jersey County, additional population changes were as follows: White, 5.49%; Black, -18.42%; American Indian/Alaska Native, 36.36%; Asian, 40%; and Native Hawaiian/Pacific Islander, -14.29%.

In Macoupin County, additional population changes were as follows: White, -2.99; Black, -10.25%; American Indian/Alaska Native, 15.6%; Asian, 44.94%; and Native Hawaiian/Pacific Islander, -21.43%.

In Montgomery County, additional population changes were as follows: White, -1.55%; Black, -16.71%; American Indian/Alaska Native, -25.4%; Asian, 58.57%; and Native Hawaiian/Pacific Islander, 22.22%.

In Morgan County, additional population changes were as follows: White, -4.41%; Black, 8.21%; American Indian/Alaska Native, 16.42%; Asian, -1.18%; and Native Hawaiian/Pacific Islander, 133.33%.

In Sangamon County, additional population changes were as follows: White, -0.05%; Black, 27.95%; American Indian/Alaska Native, -0.76%; Asian, 54.66%; and Native Hawaiian/Pacific Islander, -11.32%.

POPULATION BY AGE GROUPS

Population by gender in the service area was 49.2% male and 50.8% 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	31,500	1,851	5,117	2,577	3,713
Greene County	13,778	777	2,307	1,086	1,569
Jersey County	22,850	1,268	3,848	2,188	2,531
Macoupin County	47,462	2,633	7,966	3,874	5,351
Montgomery County	29,878	1,629	4,620	2,433	3,812
Morgan County	35,424	1,896	5,486	3,782	4,146
Sangamon County	198,269	12,363	34,180	16,734	25,533
Illinois	12,848,554	820,711	2,265,645	1,252,399	1,778,128

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	3,611	4,632	4,475	5,525
Greene County	1,676	2,115	1,830	2,418
Jersey County	2,783	3,576	2,967	3,689
Macoupin County	5,640	7,121	6,615	8,262
Montgomery County	3,618	4,558	3,981	5,227
Morgan County	4,138	5,197	4,740	6,039
Sangamon County	24,991	29,482	26,811	28,175
Illinois	1,711,098	1,842,487	1,521,168	1,656,858

Data Source: Community Commons

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

Within the service area, there are 2,532 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 11.56% 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	21,908	2,532	11.56%
Greene County	9,608	1,092	11.37%
Jersey County	15,546	1,812	11.66%
Macoupin County	32,989	3,598	10.91%
Montgomery County	21,196	3,555	14.88%
Morgan County	24,260	2,897	11.94%
Sangamon County	134,992	10,738	7.95%
Illinois	8,509,739	1,082,381	12.72%

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

POPULATION WITH ASSOCIATE'S LEVEL DEGREE OR HIGHER

Within the service area, 24.2% of the population aged 25 and older, or 5,299 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	21,894	5,299	24.20%
Greene County	9,608	1,972	20.52%
Jersey County	15,546	4,395	28.27%
Macoupin County	32,989	8,125	24.63%
Montgomery County	21,196	4,367	20.60%
Morgan County	24,260	6,566	27.07%
Sangamon County	134,992	55,225	40.91%
Illinois	8,509,739	3,308,365	38.88%

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, 12.5% or 3,825 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is lower than the statewide poverty level of 14.1%. Within the report area, 33.5% or 10,232 individuals are living in household with income below 200% of the Federal Poverty Level (FPL). This is higher than the statewide levels of 31.5%. 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	30,560	3,825	10,232
Greene County	13,427	1,775	5,123
Jersey County	21,850	1,668	5,980
Macoupin County	46,263	5,714	14,796
Montgomery County	24,504	3,444	8,939
Morgan County	32,479	4,681	11,313
Sangamon County	194,579	27,659	57,126
Illinois	12,547,066	1,772,333	3,954,161

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

POPULATION WITH ANY DISABILITY

Within the service area, 14.9% or 4,622 individuals are disabled in some way. This is higher than the statewide disabled population rate of 10.5%. The indicator on the following page 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	31,046	4,622	14.89%
Greene County	13,494	2,101	15.57%
Jersey County	22,485	2,469	10.98%
Macoupin County	46,814	6,954	14.85%
Montgomery County	24,596	3,584	14.57%
Morgan County	33,766	4,682	13.87%
Sangamon County	196,058	26,476	13.50%
Illinois	12,668,117	1,327,536	10.48%

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

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the service area, 2,551 public school students (56.3%) are eligible for free/reduced price lunch out of 5,637 total students enrolled. This is higher than the statewide free/reduced price lunch of 51.4%. 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	5,637	2,551	56.29%
Greene County	2,000	1,116	55.80%
Jersey County	2,806	1,265	45.08%
Macoupin County	8,644	3,698	49.05%
Montgomery County	4,620	2,404	52.03%
Morgan County	5,180	2,979	57.51%
Sangamon County	30,740	13,892	45.19%
Illinois	2,049,231	1,044,588	51.44%

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

INCOME – PER CAPITA INCOME

The per capita income for the service area is $24,408. 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 report 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	31,500	$768,855,771	$24,408
Greene County	13,778	$307,348,416	$22,307
Jersey County	22,850	$581,925,312	$25,658
Macoupin County	47,462	$1,170,322,048	$24,658
Montgomery County	29,878	$595,077,824	$19,916
Morgan County	35,424	$862,111,232	$24,336
Sangamon County	198,269	$5,942,846,976	$29,973
Illinois	12,848,554	$381,170,548,736	$29,666

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	% of Insured Population Receiving Medicaid
Service Area Estimates	31,046	27,701	5,826	21.03%
Greene County	13,494	12,170	2,999	24.64%
Jersey County	22,485	20,308	2,580	12.70%
Macoupin County	46,814	42,012	9,157	21.80%
Montgomery County	24,596	22,526	5,385	23.91%
Morgan County	33,766	30,407	6,655	21.89%
Sangamon County	196,058	178,404	35,628	19.97%
Illinois	12,668,117	11,021,355	2,212,779	20.08%

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	% of Households Receiving SNAP Benefits
Service Area Estimates	12,581	1,466	11.65%
Greene County	5,790	669	11.55%
Jersey County	8,752	899	10.27%
Macoupin County	19,254	2,171	11.28%
Montgomery County	11,192	1,379	12.32%
Morgan County	13,926	1,876	13.47%
Sangamon County	82,807	9,816	11.85%
Illinois	4,772,723	564,185	11.82%

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

POPULATION WITH LOW FOOD ACCESS

The indicator on the following page 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	31,739	4,614	14.54%
Greene County	13,886	311	2.24%
Jersey County	22,985	3,950	17.19%
Macoupin County	47,765	4,685	9.81%
Montgomery County	30,104	4,056	13.47%
Morgan County	35,547	10,688	30.07%
Sangamon County	197,465	61,468	31.13%
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	31,739	1,583	4.99%
Greene County	13,886	87	0.63%
Jersey County	22,985	938	4.08%
Macoupin County	47,765	1,598	3.35%
Montgomery County	30,104	1,655	5.50%
Morgan County	35,547	3,547	9.98%
Sangamon County	197,465	14,361	7.27%
Illinois	12,830,632	584,658	4.56%

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 (Ages 18-64)	Population with Medical Insurance	% Population with Medical Insurance	Population without Medical Insurance	% Population without Medical Insurance
Service Area Estimates	18,511	15,762	85.15%	2,750	14.85%
Greene County	7,939	6,661	83.90%	1,278	16.10%
Jersey County	13,479	11,524	85.50%	1,956	14.50%
Macoupin County	27,944	23,789	85.10%	4,155	14.90%
Montgomery County	16,296	14,032	86.10%	2,264	13.90%
Morgan County	19,820	16,912	85.30%	2,909	14.70%
Sangamon County	122,394	105,252	86.00%	17,142	14.00%
Illinois	7,918,885	6,429,092	81.19%	1,489,794	18.81%

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	7,216	6,972	96.63%	224	3.37%
Greene County	3,180	3,061	96.20%	120	3.8%
Jersey County	5,148	4,977	96.70%	171	3.3%
Macoupin County	10,828	10,462	96.60%	366	3.4%
Montgomery County	6,401	6,192	96.70%	233	3.1%
Morgan County	7,390	7,157	96.90%	233	3.1%
Sangamon County	47,745	46,317	97.00%	1,428	3.0%
Illinois	3,182,408	3,064,448	96.29%	117,960	3.71%

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, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Population
Service Area Estimates	31,389	8	26.33
Greene County	13,576	5	36.80
Jersey County	22,742	7	30.80
Macoupin County	47,231	12	25.40
Montgomery County	29,620	15	50.60
Morgan County	35,272	12	34.00
Sangamon County	199,271	224	112.40
Illinois	12,875,255	10,168	79.00

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 (DDS) or dental medicine (DMD), 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	31,160	11	36.78
Greene County	13,629	4	29.30
Jersey County	22,641	11	48.60
Macoupin County	46,880	17	36.30
Montgomery County	29,654	19	64.10
Morgan County	35,067	16	45.60
Sangamon County	199,145	135	67.80
Illinois	12,882,135	8,865	68.80

Data Source: Community Commons

PHYSICAL INACTIVITY

Within the service area, 7,279 or 30.7% of adults aged 20 and older self-report no leisure time for activity based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population (Age 20 or Older)	Population with No Leisure Time Physical Activity	% Population with No Leisure Time Physical Activity
Service Area Estimates	23,711	7,279	30.7%
Greene County	10,282	2,920	26.9%
Jersey County	17,046	4,790	26.7%
Macoupin County	35,714	11,000	29.2%
Montgomery County	22,847	5,689	23.6%
Morgan County	26,931	7,810	27.6%
Sangamon County	148,095	37,320	24.5%
Illinois	9,462,843	2,096,552	21.8%

Data Source: Community Commons

Overall, the service area of Carlinville Area Hospital is positioned similarly in many key economic and other demographic indicators compared to state and federal measures and also to the overall data from the counties touched.

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Carlinville Area Hospital led the planning, implementation, and completion of the Community Health Needs Assessment through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, and former educator and community development specialist, 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
Carlinville Area Hospital undertook a four-month planning and implementation effort to develop the CHNA, identify, and prioritize community health needs for its service area. These planning and development activities included the following steps:
- The project was overseen and coordinated at the operational level by the Director of Human Resources/Community Outreach, 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 Carlinville Area Hospital.
- The coordinator worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External
Carlinville Area Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These steps included:
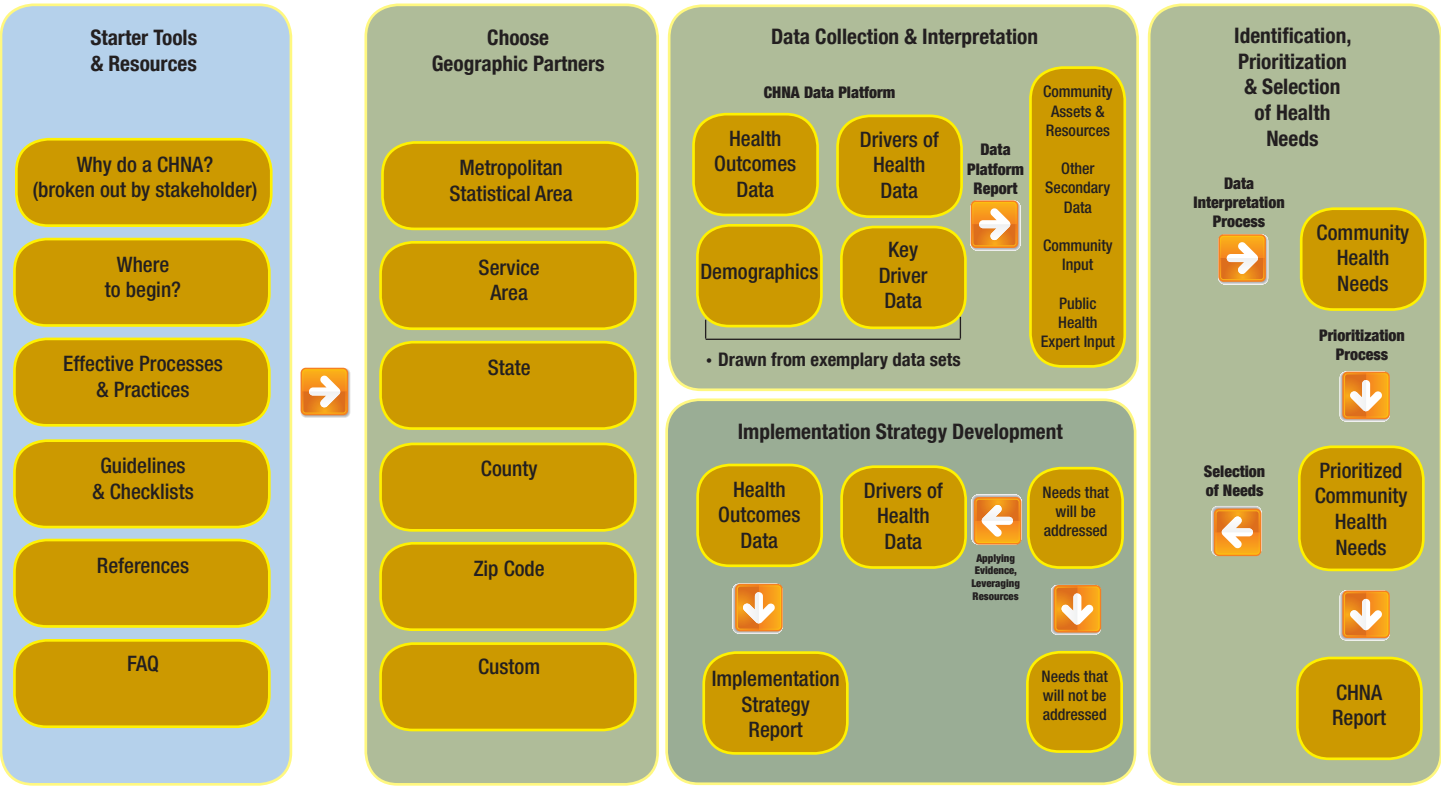- The coordinator secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of the county public health department serving the great majority of 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:

Starter Tools & Resources

- Why do a CHNA? (broken out by stakeholder)
- Where to begin?
- Effective Processes & Practices
- Guidelines & Checklists
- References
- FAQ

Choose Geographic Partners

- Metropolitan Statistical Area
- Service Area
- State
- County
- Zip Code
- Custom

Data Collection & Interpretation

CHNA Data Platform

- Health Outcomes Data
- Drivers of Health Data
- Demographics
- Key Driver Data

• Drawn from exemplary data sets

Data Platform Report

- Community Assets & Resources
- Other Secondary Data
- Community Input
- Public Health Expert Input

Implementation Strategy Development

- Health Outcomes Data
- Drivers of Health Data
- Needs that will be addressed

Applying Evidence, Leveraging Resources

- Implementation Strategy Report
- Needs that will not be addressed

Identification, Prioritization & Selection of Health Needs

Data Interpretation Process

- Community Health Needs

Prioritization Process

Selection of Needs

- Prioritized Community Health Needs

- CHNA Report

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, 2015)*

Macoupin County is ranked 43rd out of the 102 Illinois counties in the *Rankings* released in April 2015. The table below highlights area of interest from the *County Health Rankings.*

HEALTH RANKING OBSERVATIONS

Table 1. Health Ranking Observations – Macoupin County

Observation	Macoupin County	Illinois
Adults reporting no leisure time physical activity	31%	23%
Adult obesity	33%	27%
Children under 18 living in poverty	21%	21%
Uninsured	15%	19%
Teen birth rate (ages 15-19)	34/1,000	36/1,000
Motor vehicle crash death rate	16/100,000	10/100,000
Alcohol crash deaths/total crash deaths	56%	37%

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.

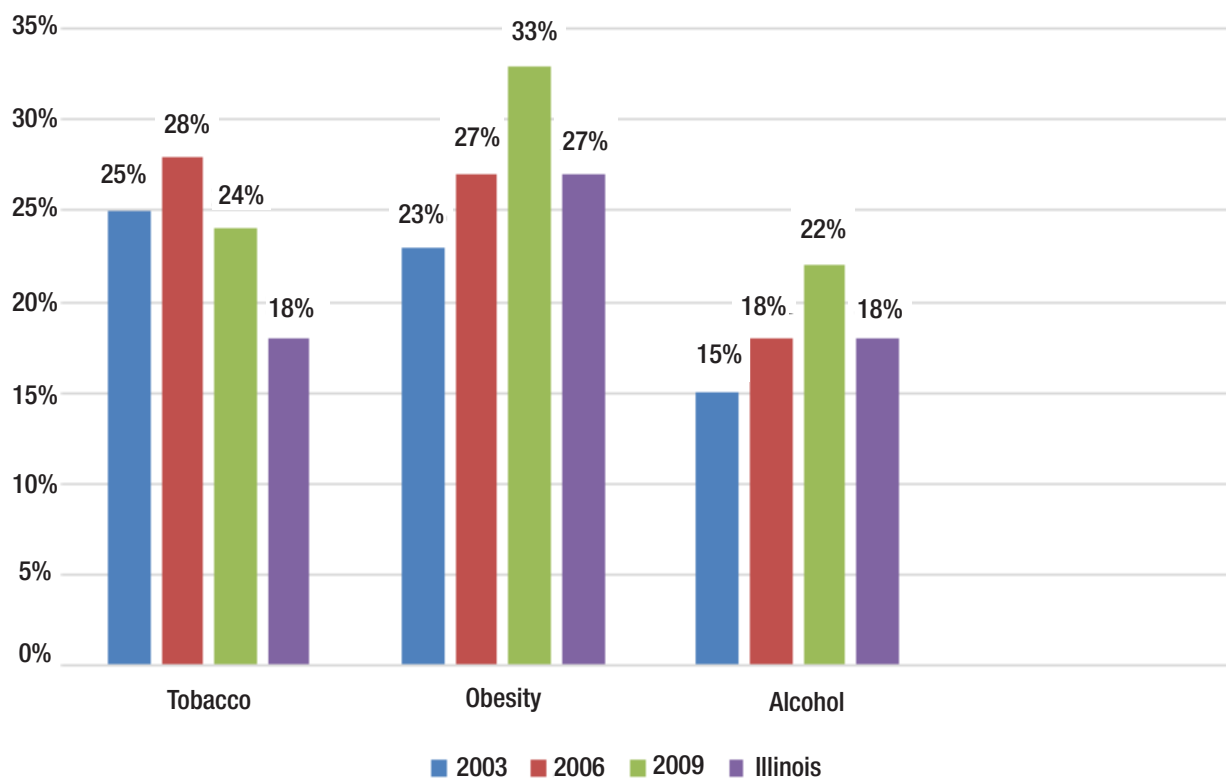The following tables reflect information from the IBRFSS that indicate areas of likely healthcare needs.

Table 2. Diagnosed Disease Factors – Macoupin County
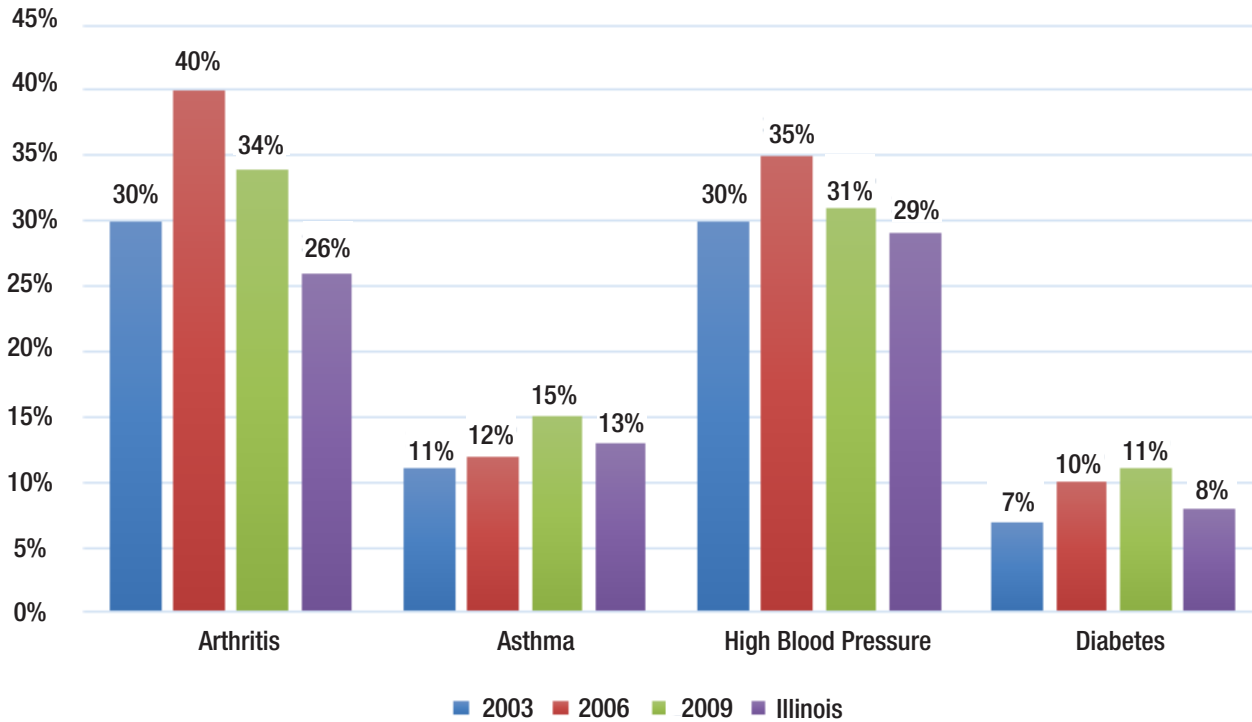
IBFRSS, 2015 Report

Diagnosis of arthritis and high blood pressure has exceeded the state level in the past decade. Diagnosis of asthma and diabetes has increased to exceed the state level.

Table 3. Health Risk Factors – Macoupin County

Tobacco:
- 2003: 25%
- 2006: 28%
- 2009: 24%
- Illinois: 18%

Obesity:
- 2003: 23%
- 2006: 27%
- 2009: 33%
- Illinois: 27%

Alcohol:
- 2003: 15%
- 2006: 18%
- 2009: 22%
- Illinois: 18%

Legend: 2003, 2006, 2009, Illinois

IBFRSS, 2015 Report

Tobacco use has exceeded the state level in the past decade and is decreasing. The rate of persons reporting obesity has increased to exceed the state level in the IBRFSS and the more recent data from the *County Health Rankings.* Alcohol use has increased above the state average.

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute lists Macoupin County at Level 8 for all cancers, which means that the cancer rate is similar to the U.S. rate and is falling over the recent past. This is confirmed by the local cancer data set out on the pages below.

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	16,152	28	128.1
Greene County	6,876	11	124.3
Jersey County	11,714	15	99.2
Macoupin County	24,394	42	128.4
Montgomery County	14,347	25	126.4
Morgan County	17,830	29	124.6
Sangamon County	102,229	166	132.7
Illinois	6,517,603	9,221	127.4

Community Commons, 2015

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	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	31,811	22	52.0
Greene County	13,911	12	64.4
Jersey County	22,972	10	36.5
Macoupin County	47,879	34	52.2
Montgomery County	30,126	25	60.7
Morgan County	35,673	23	51.7
Sangamon County	196,393	115	51.4
Illinois	12,790,182	6,495	48.6

Community Commons, 2015

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	31,811	36	85.4
Greene County	13,911	15	80.2
Jersey County	22,972	22	77.2
Macoupin County	47,879	55	85.5
Montgomery County	30,126	36	89.9
Morgan County	35,673	37	84.3
Sangamon County	196,393	180	79.4
Illinois	12,790,182	9,336	70.6

Community Commons, 2015

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	31,526	81	256.95	**185.56**
Greene County	13,763	37	270.30	**199.20**
Jersey County	22,869	52	226.50	**177.00**
Macoupin County	47,439	122	257.60	**185.60**
Montgomery County	29,870	86	287.90	**210.40**
Morgan County	35,406	89	250.20	**188.30**
Sangamon County	198,181	436	220.00	**185.90**
Illinois	12,850,811	24,263	188.80	176.50
United States	311,430,373	577,313	185.40	168.90
HP 2020 Target	–	–	–	<=160.60

Community Commons, 2015

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.
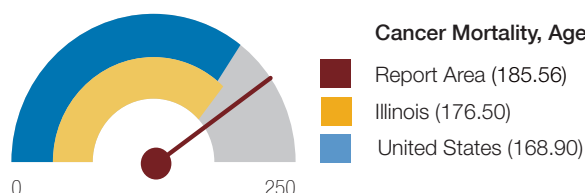
Cancer Mortality, Age-Adjusted Death Rate (per 100,000 Population)

Report Area (185.56)
Illinois (176.50)
United States (168.90)

0   250

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System, Access via CDC WONDER, 2009-13.*
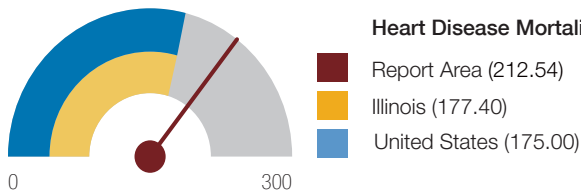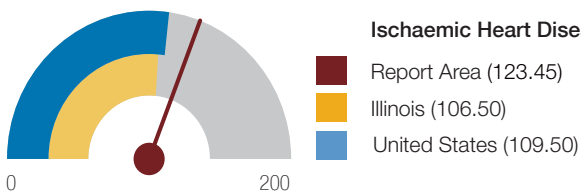**Source Geography:** County. Community Commons, 2015.

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 coronary 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	31,526	99	312.99	**212.54**
Greene County	13,763	35	252.85	**182.80**
Jersey County	22,869	70	307.84	**233.00**
Macoupin County	47,439	149	314.09	**212.70**
Montgomery County	29,870	80	268.5	**173.60**
Morgan County	35,406	104	292.6	**207.30**
Sangamon County	198,181	427	215.46	**178.10**
Illinois	12,850,811	24,877	193.58	177.40
United States	311,430,373	600,899	192.95	175.00

Community Commons, 2015

Heart Disease Mortality, Age-Adjusted Death Rate (per 100,000 Population)

- Report Area (212.54)
- Illinois (177.40)
- United States (175.00)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System, Access via CDC WONDER, 2009-13.*
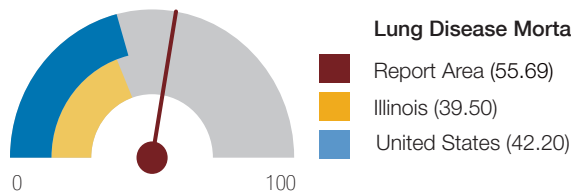**Source Geography:** County. Community Commons, 2015.

Mortality – Ischaemic Heart Disease

Within the service area, the rate of death due to ischaemic heart disease per 100,000 population is 123.45. This rate is greater than the Healthy People 2020 target of less than or equal to 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	31,526	57	181.91	**123.45**
Greene County	13,763	22	162.80	**117.40**
Jersey County	22,869	54	235.30	**178.40**
Macoupin County	47,439	86	181.70	**122.90**
Montgomery County	29,870	53	177.40	**115.00**
Morgan County	35,406	59	166.10	**116.80**
Sangamon County	198,181	259	130.60	**107.90**
Illinois	12,850,811	14,927	116.20	106.50
United States	311,430,373	376,572	120.90	109.50
HP 2020 Target	–	–	–	<=103.40

Community Commons, 2015

Ischaemic Heart Disease Mortality, Age-Adjusted Death Rate (per 100,000 Population)

- Report Area (123.45)
- Illinois (106.50)
- United States (109.50)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System, Access via CDC WONDER, 2009-13.*
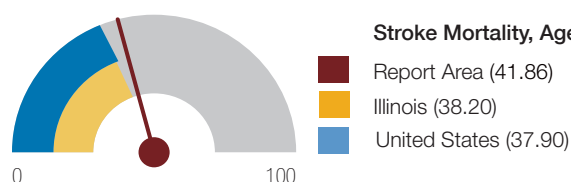**Source Geography:** County. Community Commons, 2015.

Cancer Incidence – 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	31,526	25	78.37	**55.69**
Greene County	13,763	8	59.58	**44.70**
Jersey County	22,869	14	59.47	**45.50**
Macoupin County	47,439	37	78.84	**55.90**
Montgomery County	29,870	20	65.62	**46.90**
Morgan County	35,406	26	72.30	**51.60**
Sangamon County	198,181	115	58.23	**49.80**
Illinois	12,850,811	5,353	41.65	39.50
United States	311,430,373	142,214	45.66	42.20

Community Commons, 2015

Lung Disease Mortality, Age-Adjusted Death Rate (per 100,000 Population)

- Report Area (55.69)
- Illinois (39.50)
- United States (42.20)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System, Access via CDC WONDER, 2009-13.*
Source Geography: County. Community Commons, 2015.

Mortality – Stroke

Within the service area, there are an estimated 41.86 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. 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 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	31,526	20	62.46	**41.86**
Greene County	13,763	7	52.30	**38.30**
Jersey County	22,869	11	46.40	**34.40**
Macoupin County	47,439	30	62.80	**42.00**
Montgomery County	29,870	21	71.60	**45.60**
Morgan County	35,406	21	58.70	**42.60**
Sangamon County	198,181	87	44.00	**36.60**
Illinois	12,850,811	5,322	41.40	38.20
United States	311,430,373	128,955	41.40	37.90
HP 2020	–	–	–	<=33.80

Community Commons, 2015

Stroke Mortality, Age-Adjusted Death Rate (per 100,000 Population)

- Report Area (41.86)
- Illinois (38.20)
- United States (37.90)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System. Access via CDC WONDER - Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2005-2010.*
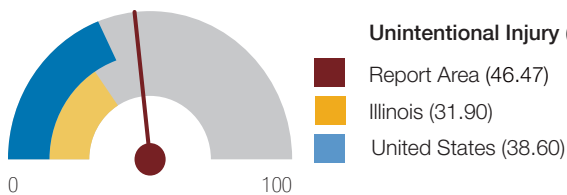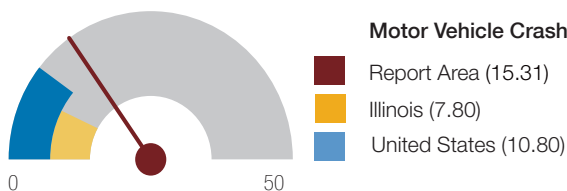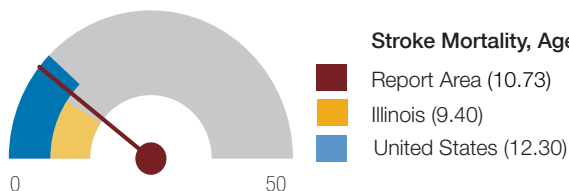**Source Geography:** County

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	31,526	18	55.58	**46.47**
Greene County	13,763	8	55.22	**49.30**
Jersey County	22,869	12	53.35	**50.60**
Macoupin County	47,439	26	55.65	**46.40**
Montgomery County	29,870	18	59.59	**50.40**
Morgan County	35,406	23	64.40	**52.60**
Sangamon County	198,181	99	49.85	**46.40**
Illinois	12,850,811	4,225	32.87	31.90
United States	311,430,373	124,733	40.05	38.60
HP2020	–	–	–	<=36.00

Community Commons, 2015

Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (per 100,000 Population)

- Report Area (46.47)
- Illinois (31.90)
- United States (38.60)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System, Access via CDC WONDER - Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-2011.*
Source Geography: County

Mortality – Motor Vehicle Accident

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, and 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	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	31,526	5	15.2	**15.31**
Greene County	13,763	3	18.9	No Data
Jersey County	22,869	4	18.4	**17.80**
Macoupin County	47,439	7	15.2	**15.30**
Montgomery County	29,870	6	18.7	**17.30**
Morgan County	35,406	5	14.1	**13.30**
Sangamon County	198,181	24	11.9	**11.80**
Illinois	12,850,811	1,020	7.9	7.80
United States	311,430,373	34,139	11.0	10.80

Community Commons, 2015

Motor Vehicle Crash Mortality, Age-Adjusted Death Rate (per 100,000 Population)

- Report Area (15.31)
- Illinois (7.80)
- United States (10.80)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System, Access via CDC WONDER - Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-2011.*
Source Geography: County

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	31,526	3	10.97	**10.73**
Greene County	13,763	0	No Data	No Data
Jersey County	22,869	2	8.70	No Data
Macoupin County	47,439	5	11.00	**10.70**
Montgomery County	29,870	5	16.70	**15.80**
Morgan County	35,406	4	10.20	No Data
Sangamon County	198,181	26	13.10	**12.50**
Illinois	12,850,811	1,239	9.60	9.40
United States	311,430,373	39,308	12.60	12.30
HP2020	-	-	-	<=10.20

Community Commons, 2015

Stroke Mortality, Age-Adjusted Death Rate (per 100,000 Population)

Report Area (10.73)
Illinois (9.40)
United States (12.30)

0   50

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System.* Access via *CDC WONDER - Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2005-2010.*
Source Geography: County

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

Disease Type	Macoupin County
Diseases of the Heart	154
Malignant Neoplasms	117
Lower Respiratory Systems	30
Cardiovascular Diseases (Stroke)	32
Accidents	19
Alzheimer's Disease	16
Diabetes Mellitus	16
Nephritis, Nephrotic Syndrome, and Nephrosis	14
Influenza and Pneumonia	15
Septicemia	8
Intentional Self-Harm (Suicide)	4
Chronic Liver Disease, Cirrhosis	4
All Other Causes	118
Total Deaths	547

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 the county. These numbers are consistent with the mortality reports from other rural Illinois counties.

Qualitative Sources

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,2 and the subsequent final rules reported at 79 FR 78953, the qualitative/primary data received and reviewed included primary input from (1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community] and, (2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations. The organizations and persons that participated are detailed 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 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 experience and expertise, informed perspectives, and involvement with the community. The CHNA Steering Committee, who met at the prioritization meeting on September 17, 2015, included:

CHNA Steering Committee Member and Area of Expertise

Patrick Drew, Principal, Carlinville High School
Troy Gibbs, Administrator, Friendship Home
Lisa Kleeman, School Nurse, Carlinville School District
Kent Tarro, Macoupin County Public Health Department
Ken Reid, CEO, Carlinville Area Hospital
Tracy Koster, Director, Human Resources/Community Outreach, Carlinville Area Hospital

Others providing input included through the focus groups included:

Sheri Banovic, Dean, Health Science Division, Lewis and Clark Community College
Paula Bantner-Dunn, President, Dunn's Ambulance
Peggy Barkley, CEO, Macoupin County Housing Authority
Melissa Bellovich, Community Outreach/Marketing Specialist, Carlinville Area Hospital
Wayne Blevins, PA-C, Macoupin Family Practice
Pat Callahan, Prairie Farms Dairy, Inc.
Shawn Davis, President/CEO, CNB Bank and Trust
Deanna Demuzio, Mayor, City of Carlinville
Anne Borwick, D.O., Carlinville Family Health Care
Mike Brown, CFO, Carlinville Area Hospital
Katie Goodman-Thomas, O.D., Carlinville Eye Care
Gary Graham, Regional President, CNB Bank and Trust
Rhonda Harms, NP-C, Girard Family Health Care
Lori Hopping, Owner, Fitness-A-Go-Go
Hannah Javens, PA-C, Springfield Clinic
Shawn Kahl, Sheriff, Macoupin County
Connie Levora, Account Executive, Celtic Healthcare
Sara McPeak, CNO, Carlinville Area Hospital

Elizabeth O'Brien, M.D., Springfield Clinic
Richard Oswald, Carlinville Winning Communities
James Pitchford, IPEM Coordinator, Macoupin County Emergency Management Agency
Rachel Pranger, PA-C, Carlinville Family Health Care
Jon Reid, O.D., Advanced Eyecare
Junitta Stieren, NP, Carlinville Medical Clinic
Holly Trettenero, PA-C, Macoupin Family Practice
Kate Wilkens, M.D., Carlinville Family Health Care
Hollie Yoder, FNP-BC, Springfield Clinic
Ann Zahniser, NP-C, Carlinville Family Health Care

FOCUS GROUPS – CAH MEDICAL PROFESSIONALS AND PARTNERS

Two focus groups were convened at Carlinville Area Hospital on July 22, 2015. The Medical Professionals and Partners Group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past two to three years. They responded with the following:

- A new medical office building is under construction
- There are new specialty services available to area patients
- The Girard Family Health Care clinic has opened
- Communication and partnering among healthcare providers has improved
- Macoupin County Transportation has improved
- The Affordable Care Act has increased the number of insured patients

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:

- Access to dental care for low income and uninsured
- Local access to specialists
- There are not enough psychiatric beds, local or available for transfers
- Behavioral mental health, including counseling and personal health coaches
  (Counseling appointments can take months)
- Local mental health counseling for crisis intervention and care
- Local services for developmental disabilities
- Education about eye care
- Education about nutrition and wellness
- Urgent care
- Abuse of controlled substances, especially;
    o Resale, sharing, and theft of prescription drugs
    o Opioid addiction and overdose by patients
    o Heroin
    o Methamphetamines
    o Synthetics
- Obesity
- Diabetes
- Access to health foods
- Access to food for youth outside of Carlinville
- Local support groups for mental illness and families of mentally ill
- Companionship for mentally ill
- Adult day care
- Dental care for underinsured and uninsured
- Access to medications for patients outside of Carlinville *(prescription delivery)*
- Education on the impacts of inactivity

- Support for caregivers, including support groups and education
- Local services for persons needing memory care
- Timely access to specialists, especially dermatologists, endocrinologists, and urologists
- More local access to specialists
- There is no local dialysis or chemotherapy
- Specialists who accept Medicaid for eye care
- A sidewalk from town to Carlinville Area Hospital, including bike lanes
- Access to fresh food
- Better record sharing among care providers, including the possibility of universal data access
- Patient support groups
- Better water supply in Carlinville
- Cancer of all kinds but specifically, lung, renal, skin, GI Stromal
- Congestive heart failure
- COPD
- Renal failure

The Community Leaders and Representatives Group was first asked to report any positive changes they have observed in the delivery of healthcare and health-related services over the past two to three years. They responded with the following:

- The ambulance service is working well with Carlinville Area Hospital
- New collaboration among schools and the hospital on concussions
- Collaboration between CAH and Prairie Farms on workforce issues
- Therapy at CAH is good, especially geriatric
- There has been an increase in local specialist services
- There are two new optometrists
- Public transportation is much better

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:

- Address food insecurity for youth areawide
- Proactive collaboration with employers, especially on relevant education
- Support groups, especially grieving families of persons with substance issues
- Certified athletic trainers
- Wellness education, especially nutrition and health lifestyles
- Better marketing of the quality of local health services
- More local specialist access
- More local specialty procedures, especially orthopedics
- Address mental health services that are inconsistent because of budgets and funding
- Access to mental health crisis evaluation and care and transfer beds
- Counseling, education, and services for youth sexual aggression victims and offenders
- Services for autistic children and their families
- Local oncology care, including chemotherapy and radiation
- Parenting education and services
- Substance abuse including methamphetamines, heroin, and prescription drugs
- Opportunities for wellness, physical activity, recreation, and fitness
- Services for developmental disabilities and other special needs to address changes in program that occur because of age or funding

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

As part of the identification and prioritization of health needs, the CHNA Steering Committee 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 need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need. The identification and prioritization group included steering committee members, including a representative of the Macoupin County Public Health Department.

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 CHNA Steering Committee met on the evening of September 17, 2015 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, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, *County Health Rankings and Roadmaps,* Illinois State Board of Education, National Cancer Institute and other resources. Following the review, the group identified and then prioritized the following as the significant health needs facing the Carlinville Area Hospital service area:

1. MENTAL HEALTH

The group identified significant access to care issues for persons with behavioral healthcare needs, including youth and seniors. The Carlinville area is experiencing a serious shortage of psychiatrists and counselors despite ongoing efforts by area health partners to attempt to address these issues. The group also identified mental health care concerns, including a lack of organized substance abuse prevention, and absence of rehabilitative services and local rehabilitation follow-up for substance addiction, especially opioid users.

2. OBESITY AND DIABETES

Addressing obesity and related concerns, especially diabetes, was identified as a significant health issue facing the entire area. The group determined that specific needs related to this concern were increased education and local opportunities for recreation and exercise.

3. LOCAL ACCESS TO SPECIALISTS AND SPECIALTY SERVICES

The group identified significant needs to address availability of local access to additional specialists and specialty care. They specifically pointed out needs for orthopedic and dermatology specialists and for oncology services.

4. EXPANDED HOURS FOR PRIMARY CARE

The group recognized the improved availability of local access to primary care and the efforts by Carlinville Area Hospital to address physician succession but felt that there was a significant need for expanded hours of access to local primary care to include evenings, and possibly weekends, in order to avoid unnecessary reliance on the emergency room.

5. FOOD SECURITY FOR YOUTH

The final significant need identified by the group was for food security in areas outside of Carlinville. The group felt that many of the smaller communities lacked sufficient resources for meals, and especially healthy foods for youth in low income or challenging family situations. The group also felt that there was also a lack of nutrition education across the service area, but especially in the small communities.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH CARLINVILLE AREA HOSPITAL

Carlinville Area Hospital Foundation, is a not-for-profit companion corporation affiliated with Carlinville Area Hospital. The purpose of the Foundation is to help support the availability of primary and emergency healthcare services for those persons living in Carlinville and the surrounding communities.

HOSPITAL SERVICES

Cardiopulmonary Services
- Asthma education
- Chest physiotherapy
- EEGs
- EKGs
- Holter monitor
- Nebulizer treatments – inpatient and outpatient treatments
- Pulmonary function testing
- Pulse oximetry
- Respiratory therapy
- Smoking cessation program
- Stress testing – nuclear and regular treadmill

Cardiac Rehabilitation
- Phase II and Phase III

Emergency Department
- Staffed 24-hours with emergency medicine physicians

Imaging Services
- Bone density testing
- CT scanning
- Digital mammography
- General x-ray
- Magnetic Resonance Imaging (MRI)
- Nuclear medicine
- Ultrasound

Inpatient Care
- Medical, surgical and pediatric
- Transitional Care Unit (TCU)

Laboratory
- Full service laboratory

'Lifeline' Home Response System

Outpatient Specialty Clinics
- Specialty physicians
- Special procedures

Pulmonary Rehabilitation
- Phase II and Phase III

Rural Health Clinics
- Carlinville Family Health Care
- Girard Family Health Care

Senior Behavioral Health
- SELF Program (Seniors Enjoying Life Fully)

Sleep Lab
- Sleep studies, pediatrics and adults

Surgery
- Cataract and eye surgery
- Colonoscopy
- General surgery
- Gastroscopy
- Laparoscopy
- Orthopedic surgery
- Plastic surgery
- Same-day surgery
- Urology

Therapy/Rehab Services
- Outpatient and inpatient services
- Physical therapy
- Occupational therapy
- Speech therapy
- Aquatic therapy

Transitional Care Unit

Wound Care Clinic

COMMUNITY ORGANIZATIONS, HEALTH PARTNERS AND GOVERNMENT AGENCIES

- Macoupin County Public Health Department
- Dunn's Ambulance
- Friendship Home
- Girard Family Health Care
- Macoupin County Housing Authority
- Lewis and Clark Community College
- Blackburn College
- Springfield Clinic
- Fitness-A-Go-Go
- Area schools
- Local governments
- Carlinville Area Hospital Auxiliary
- Area churches and faith-based organizations

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

Since the development of the last Implementation Strategy, the hospital has taken several steps to meet the strategies selected. The steps taken are set out below in the context of the action plan, along with impacts where available.

PHYSICIAN RECRUITMENT AND REPLACEMENT PLANNING

Year One Action Plan: Physician Recruitment and Replacement Planning
Year One Objectives: Recruit three primary care physicians
Establish rural health clinics in Carlinville and Girard
Evaluate use of Advanced Practitioners for hospital care

Activities *(August 1, 2012 – July 31, 2013)*	Outcomes
Recruit three primary care physicians • Carlinville Area Hospital collaborated with Illini Medical Associates to recruit a replacement physician for Dr. Villegas • Carlinville Area Hospital worked with Springfield Clinic in a joint recruitment effort • Carlinville Area Hospital explored physician employment opportunities with the hospital • Physician opportunities available in Carlinville were posted on numerous websites. • Recruitment efforts resulted in five contacts/interviews and four site visits	**Recruit three primary care physicians** • No outcomes
Establish Rural Health Clinics in Carlinville and Girard • Site locations were established in both Carlinville and Girard. Each location had minor cosmetic work to prepare for the opening.	**Establish Rural Health Clinics in Carlinville and Girard** • Established a rural health clinic in Carlinville (Carlinville Family Health Care) Dr. Wilkens began seeing patients on June 17, 2013. • Carlinville Area Hospital hired Rachel Pranger, PA-C to establish practice at Carlinville Family Health Care • Carlinville Area Hospital hired Rhonda Harms, NP-C to establish practice at Girard Family Health Care • Determined feasibility of constructing a new medical office building to be built on-site of Carlinville Area Hospital. MOB will offer expanded services plus a new buildiing to recruit new physicians to Carlinville.
Evaluate use of Advanced Practitioners for hospital care • No activities	**Evaluate use of Advanced Practitioners for hospital care** • No outcomes

Year Two Action Plan: Physician Recruitment and Replacement Planning
Year Two Objectives: Recruit three primary care physicians
Establish rural health clinics in Carlinville and Girard
Evaluate use of Advanced Practitioners for hospital care

Activities *(August 1, 2013 – July 31, 2014)*	Outcomes
Recruit three primary care physicians • Carlinville Area Hospital collaborated with Illini Medical Associates to recruit a replacement physician for Dr. Villegas • Carlinville Area Hospital collaborated with Springfield Clinic to recruit to the SC Carlinville Office • Carlinville Area Hospital engaged with the ICAHN Rural Recruitment (physician recruitment) • Carlinville Area Hospital engaged with BEL & Associates for physician recruitment • Carlinville Area Hospital engaged with Adkisson Search Consultants for physician recruitment • Carlinville Area Hospital explored the possibility of collaboration on a physician agreement with Jersey Community Hospital • Carlinville Area Hospital explored physician employment opportunities with the hospital • Ken Reid attended physician job fairs: U of I School of Medicine and Peoria Campus Career MD Fair, Springfield • Ken Reid mailed letters to 40 physicians and 12 students • Carlinville Area Hospital hosted medical students from SIU School of Medicine • Physician opportunities available in Carlinville posted on numerous websites • Recruitment efforts results in14 contacts/interviews and 5 site visits	**Recruit three primary care physicians** • Springfield Clinic hired Dr. Keterji, pediatrician, to replace Dr. Fleischer in Carlinville. He started seeing patients August 5, 2014.
Establish Rural Health Clinics in Carlinville and Girard • No activities	**Establish Rural Health Clinics in Carlinville and Girard** • Carlinville Area Hospital opened a rural health clinic in Girard (Girard Family Health Care) on August 12, 2013
Evaluate use of Advanced Practitioners for hospital care • Posted Advanced Practitioner hospitalist position • Recruitment for hospitalist position: print media and websites • Interviewed four candidates; offered positions to two candidates, which were declined	**Evaluate use of Advanced Practitioners for hospital care** • No outcomes

Year Three Action Plan: Physician Recruitment and Replacement Planning
Year Three Objectives: Recruit three primary care physicians
Establish rural health clinics in Carlinville and Girard
Evaluate use of Advanced Practitioners for hospital care

Activities *(August 1, 2014 – July 31, 2015)*	Outcomes
Recruit three primary care physicians • Developed a draft Locum Tenens agreement for temporary physician coverage for Dr. Wilkens' upcoming maternity leave • Carlinville Area Hospital continued engagement with ICAHN Rural Recruitment services for physician recruitment • Carlinville Area Hospital continued engagement with Adkisson Search Consultants for physician recruitment • Ken Reid and Tracy Koster attended physician job fairs: Career MD Fair, Springfield and St. Louis • Physician opportunities available in Carlinville were posted on numerous websites	**Recruit three primary care physicians** • Dr. Keterji began seeing patients on August 5, 2014 • Carlinville Area Hospital hired Dr. Simone Borgess-Young as Locum Tenens to help with coverage during Dr. Wilkens' maternity leave on December 18, 2014 • Carlinville Area Hospital hired Dr. Ann Borwick as a full-time Hospitalist/Primary Care Provider (Carlinville Family Health Care) on May 1, 2015 • Interviewed four candidates and offered positions to two candidates, one of which was declined.
Establish Rural Health Clinics in Carlinville and Girard • No activities	**Establish Rural Health Clinics in Carlinville and Girard** • Carlinville Area Hospital hired Ann Zahniser, NP, to establish practice at Carlinville Family Health Care • Carlinville Area Hospital held groundbreaking ceremony for new medical office building on October 13, 2014
Evaluate use of Advanced Practitioners for hospital care • Recruitment for Hospitalist position: print media and various websites • Posted Advanced Practice hospitalist position to cover weekends: print media and various websites	**Evaluate use of Advanced Practitioners for hospital care** • Rhonda Harms, NP-C, began seeing Transitional Care Unit patients on October 3, 2014 • Carlinville Area Hospital hired Dr. Anne Borwick as the full-time Hospitalist/Primary Care Provider at Carlinville Family Health Care on May 1, 2015

Year One Action Plan: Physician Recruitment and Replacement Planning
Year One Objectives: Plan for sustainability of local dental care

Activities *(August 1, 2012 – July 31, 2013)*	Outcomes
Help patients with dental care and transportation needs • Carlinville Area Hospital's Emergency Department has cards to provide patients in need of dental care	**Help patients with dental care and transportation needs** • Helping patients in need of dental care
Increase staff participation with Carlinville Winning Communities • Melissa Bellovich and Tracy Koster attended the Carlinville Winning Community Social Service Group meeting on January 8, 2013	**Increase staff participation with Carlinville Winning Communities** • Melissa Bellovich and Tracy Koster signed up to be part of the Carlinville Winning Community Social Service Group

Year Two Action Plan: Physician Recruitment and Replacement Planning
Year Two Objectives: Plan for sustainability of local dental care

Activities *(August 1, 2013 – July 31, 2014)*	Outcomes
Help patients with dental care and transportation needs • Carlinville Area Hospital's Emergency Department has cards to provide patients in need of dental care	**Help patients with dental care and transportation needs** • Helping patients in need of dental care
Increase staff participation with Carlinville Winning Communities • Carlinville Area Hospital helped sponsor the following events and promoted them on Facebook: – Children's Literacy Event on the Square on May 16, 2013 – Route 66 Biathlon on June 13, 2013 – Art on the Square in 2013	**Increase staff participation with Carlinville Winning Communities** • Continue to support and participate in Carlinville Winning Communities
Actively assist Carlinville Winning Communities with Keeping a Current Resource Library • No activities	**Actively assist Carlinville Winning Communities with Keeping a Current Resource Library** • No outcomes

Year Three Action Plan: Physician Recruitment and Replacement Planning
Year Three Objectives: Plan for sustainability of local dental care

Activities *(August 1, 2014 – July 31, 2015)*	Outcomes
Help patients with dental care and transportation needs • Carlinville Area Hospital's Emergency Department has cards to provide patients in need of dental care	**Help patients with dental care and transportation needs** • Helping patients in need of dental care
Increase staff participation with Carlinville Winning Communities • Ken Reid, Melissa Bellovich, and Tracy Koster attended Social Service group meeting on April 14, 2015	**Increase staff participation with Carlinville Winning Communities** • Ken Reid, Melissa Bellovich, and Tracy Koster actively began attending Carlinville Winning Communities Social Service group meetings
Actively assist Carlinville Winning Communities with Keeping a Current Resource Library • No activities: Carlinville Winning Communities is waiting on Pete Duncan and his staff to provide the initial directory	**Actively assist Carlinville Winning Communities with Keeping a Current Resource Library** • No outcomes: The Social Group has a member and his staff working on a directory of all businesses and services provided throughout Macoupin County that will be available online

Year One Action Plan: Physician Recruitment and Replacement Planning
Year One Objectives: Plan for recruitment of mental healthcare providers and emergency mental healthcare providers
Since the completion of the CHNA, there has been significant improvement in the availability of services from the Locust Street Resource Center, which includes a visiting psychiatrist from the Springfield area. However, additional psychiatric coverage in the Carlinville Area is still needed, especially to the Medicaid population. The hospital will explore possible options for providing or supporing additional psychiatric care.

Activities *(August 1, 2012 – July 31, 2013)*	**Outcomes**
Explore possible options for providing or supporting additional psychiatric care • No activities required	**Explore possible options for providing or supporting additional psychiatric care** • No outcomes

Year Two Action Plan: Physician Recruitment and Replacement Planning
Year Two Objectives: Plan for recruitment of mental healthcare providers and emergency mental healthcare providers

Activities *(August 1, 2013 – July 31, 2014)*	**Outcomes**
Explore possible options for providing or supporting additional psychiatric care • No activities required	**Explore possible options for providing or supporting additional psychiatric care** • No outcomes

Year Three Action Plan: Physician Recruitment and Replacement Planning
Year Three Objectives: Plan for recruitment of mental healthcare providers and emergency mental healthcare providers

Activities *(August 1, 2014 – July 31, 2015)*	**Outcomes**
Explore possible options for providing or supporting additional psychiatric care • No activity required • Groundbreaking for new medical office building on October 13, 2014 • Recruitment of staff for the Senior Behavioral Health Program (social worker, RN, and receptionist/CNA)	**Explore possible options for providing or supporting additional psychiatric care** • A new senior behavioral health program tailored for the Medicare-aged population to provide individual and group therapy will open as part of the new medical office building on the hospital campus • The hospital continues to work closely with the Locust Street Resource Center in addressing emergency mental health issues. Conversation has been ongoing with Locust Street concerning other joint initiatives that could be implemented; however, there has been no final determination.

EMERGENCY AND FOLLOW-UP MENTAL HEALTH CARE

Year One Action Plan: Emergency and follow-up for mental health care
Year One Objectives: Improve local resources for prevention and treatment of college-age suicide attempts

Activities *(August 1, 2012 – July 31, 2013)*	Outcomes
Collaborate with Blackburn College, Locust Street Resource Center, and Carlinville Winning Communities to assist them in providing prevention education and information on local and area resources • Melissa Bellovich and Tracy Koster attended the Carlinville Winning Community Social Service Group meeting on January 8, 2013	**Collaborate with Blackburn College, Locust Street Resource Center, and Carlinville Winning Communities to assist them in providing prevention education and information on local and area resources** • Melissa Bellovich and Tracy Koster signed up to be a part of the Carlinville Winning Community Social Service Group

Year Two Action Plan: Emergency and follow-up for mental health care
Year Two Objectives: Improve local resources for prevention and treatment of college-age suicide attempts

Activities *(August 1, 2013 – July 31, 2014)*	Outcomes
Continue supporting collaborative education • No activities	**Continue supporting collaborative education** • No outcomes

Year Three Action Plan: Emergency and follow-up for mental health care
Year Three Objectives: Improve local resources for prevention and treatment of college-age suicide attempts

Activities *(August 1, 2014 – July 31, 2015)*	Outcomes
Continue supporting collaborative education • Ken Reid, Melissa Bellovich and Tracy Koster attended Social Service Group meeting on January 26, 2015 • Tracy Koster attended Social Service Group meeting on April 14, 2015	**Continue supporting collaborative education** • Ken Reid, Tracy Koster, and Melissa Bellovich continue to be active members of Carlinville Winning Communities

Year One Action Plan: Emergency and follow-up for mental health care
Year One Objectives: Improve local resources for the treatment of sexual assault victims
Carlinville Area Hospital has transfer agreements with nearby facilities which provide extensive specialty services to sexual assault victims. Duplicating those specialized services locally is not financially feasible.

Activities *(August 1, 2012 – July 31, 2013)*	**Outcomes**
Increase local resources for the treatment of sexual assault victims • No activity required	**Increase local resources for the treatment of sexual assault victims** • No outcomes

Year Two Action Plan: Emergency and follow-up for mental health care
Year Two Objectives: Improve local resources for the treatment of sexual assault victims

Activities *(August 1, 2013 – July 31, 2014)*	**Outcomes**
Increase local resources for the treatment of sexual assault victims • No activity required	**Increase local resources for the treatment of sexual assault victims** • No outcomes

Year Three Action Plan: Emergency and follow-up for mental health care
Year Three Objectives: Improve local resources for the treatment of sexual assault victims

Activities *(August 1, 2014 – July 31, 2015)*	**Outcomes**
Increase local resources for the treatment of sexual assault victims • No activity required	**Increase local resources for the treatment of sexual assault victims** • No outcomes

HEALTH EDUCATION / RISK EDUCATION

Year One Action Plan: Health Education / Risk Education
Year One Objectives: Increase wellness education and care opportunities for the elderly

Activities *(August 1, 2012 – July 31, 2013)*	Outcomes
Continue collaborating with MCPHD diabetes workshop • Dawn Knotts, Nurse Educator, represents Carlinville Area Hospital on the Diabetes Coalition • Host site for MCPHD's "Take Charge of Your Diabetes" workshop on January 22, 2013 and March 5, 2013 • Host site for MCPHD's "Take Charge of Your Diabetes" workshop on May 22, 2013 and June 12, 2013. Also promoted event on Facebook on May 16, 2013. • "Dining With the Doc" was presented by the Diabetes Coalition. Carlinville Area Hospital was represented at the event by Dawn Knotts on October 30, 2013. • Participated in diabetes education event by the Diabetes Coalition on June 13, 2013. Also promoted event on Facebook on June 11, 2013.	**Continue collaborating with MCPHD Diabetes Coalition** • Continued collaboration with MCPHD diabetes workshop and Diabetes Coalition to increase wellness education and care for the elderly
Create/and/or participate in five new wellness activities for seniors • Participated in MCPHD Senior Health Days at Pleasant Hill Village on September 27, 2012 • Participated in MCPHD Senior Expo in Staunton on March 5, 2013 • Priscilla Matli, Cardiac Rehab, presented a 'Heart Healthy' presentation at Carlinville's Lions Club on March 26, 2013 • Participated in Carlinville Rehab's Senior Expo on May 7, 2013 • Provided blood pressure checks and stroke information for seniors at the Macoupin County Fair	**Create/and/or participate in five new wellness activities for seniors** • Increased wellness education and care opportunities for the elderly

Year Two Action Plan: Health Education / Risk Education
Year Two Objectives: Increase wellness education and care opportunities for the elderly

Activities *(August 1, 2013 – July 31, 2014)*	Outcomes
Continue collaborating with MCPHD diabetes workshop • Promoted MCPHD's "Take Charge of Your Diabetes" workshop that started on August 15, 2013. Also promoted on Facebook on August 5, 2013. • Dawn Knotts continues representing Carlinville Area Hospital as a member of the Diabetes Coalition	**Continue collaborating with MCPHD Diabetes Coalition** • Continued collaboration with MCPHD diabetes workshop and Diabetes Coalition to increase wellness education and care for the elderly
Create/and/or participate in five new wellness activities for seniors • Sponsored the Kidney Mobile at Carlinville Area Hospital on August 19, 2013 • Participated in MCPHD Senior Health Expo on April 1, 2014 • Sponsored the Kidney Mobile at Carlinville Area Hospital on June 9, 2014 • Participated in the Carlinville Rehab Senior Fair on July 23, 2014 • Offered Better Breathers Club monthly	**Create/and/or participate in five new wellness activities for seniors** • Increased wellness education and care opportunities for the elderly
Create a wellness resource availability guide promoted through social media • No activities	**Create a wellness resource availability guide promoted through social media** • No outcomes: Waiting for the directory from Winning Communities to develop a wellness guide for resources

Year Three Action Plan: Health Education / Risk Education
Year Three Objectives: Increase wellness education and care opportunities for the elderly

Activities *(August 1, 2014 – July 31, 2015)*	Outcomes
Continue collaborating with MCPHD diabetes workshop • Host site for MCPHD's "Take Charge of Your Diabetes" workshop on February 16, 2015 through March 16, 2015. Also promoted the event on Facebook on January 26, 2015. • Dawn Knotts continues representing Carlinville Area Hospital as a member of the Diabetes Coalition	**Continue collaborating with MCPHD Diabetes Coalition** • Continued collaboration with MCPHD diabetes workshop and Diabetes Coalition to increase wellness education and care for the elderly
Create/and/or participate in five new wellness activities for seniors • Transitional Care Unit presentation at the Village at Morse Farms, presented by Tanya Kessinger on August 19, 2014 • Participated in Andy Manar Senior Health Fair in Gillespie on September 10, 2014 • Fall prevention and immunization presentations at Girard Senior Center, presented by Rhonda Harms and Tanya Kessinger on September 11, 2014 • Participated in Pleasant Hill Village Senior Health Day on September 25, 2014 • Fall prevention presentation at Everglade Place in Litchfield, presented by Tanya Kessinger on September 30, 2014 • Transitional Care Unit presentation at Gillespie Senior Center, presented by Tanya Kessinger on January 19, 2015 • Cane safety presentation at Gillespie Senior Center on April 6, 2015 • Health and stroke awareness presentation at the Carlinville Lions Club, presented by Dawn Knotts and Beth Stewart on April 14, 2015 • Stroke awareness presentation at Girard Senior Center, presented by Dawn Knotts on June 26, 2015 • Stroke awareness presentation at Silver Strands in Palmyra, presented by Dawn Knotts on June 26, 2015	**Create/and/or participate in five new wellness activities for seniors** • Increased wellness education and care opportunities for the elderly
Create a wellness resource availability guide promoted through social media • Ken Reid, Melissa Bellovich, and Tracy Koster attended the Carlinville Winning Communities Social Group meeting on January 26, 2015 • Tracy Koster attended the Social Group meeting on April 14, 2015	**Create a wellness resource availability guide promoted through social media** • No outcomes: The Social Group has a member and his staff working on a directory of all businesses and services provided throughout Macoupin County that will be available online

Year One Action Plan: Health Education / Risk Education
Year One Objectives: Increase wellness education and care opportunities for the community in general

Activities *(August 1, 2012 – July 31, 2013)*	Outcomes
Continue collaborating with MCPHD diabetes workshops • Dawn Knotts, Nurse Educator, represents Carlinville Area Hospital on the Diabetes Coalition • Host site for MCPHD's "Take Charge of Your Diabetes" workshop on January 22, 2013 and March 5, 2013 • Host site for MCPHD's "Take Charge of Your Diabetes" workshop on May 22, 2013 and June 12, 2013. Also promoted event on Facebook on May 16, 2013. • "Dining With the Doc" was presented by the Diabetes Coalition. Carlinville Area Hospital was represented at the event by Dawn Knotts on October 30, 2013. • Participated in diabetes education event by the Diabetes Coalition on June 13, 2013. Also promoted event on Facebook on June 11, 2013.	**Continue collaborating with MCPHD Diabetes Coalition** • Continued collaboration with MCPHD diabetes workshop and Diabetes Coalition to increase wellness education and care for the community in general
Create/and/or participate in five new wellness activities for the community in general • Offered Better Breathers Club to the community free of charge on August 28, 2012; September 25, 2012; October 30, 2012; November 27, 2012; December 18, 2012; January 29, 2013; February 26, 2013; March 30, 2013; April 30, 2013; and June 25, 2013 • Offered free asthma clinic for children and parents on September 22, 2012 • Offered Carlinville Area Hospital employee and spouse health fair on October 25, 2012 • Participated in Schutt Manufacturing employee health fair on October 25, 2012 • Sponsored a community health presentation by Dr. Lamping and offered a free lunch on January 29, 2013 • Provided a "Heart Health" event at Karmak on February 19, 2013 • Provided a presentation at the Children's Garden on poison control and hand-washing on March 19, 2013 • Provided an employee health fair at MJM on May 14, 2013	**Create/and/or participate in five new wellness activities for seniors** • Increased wellness education and care opportunities for the community in general
Continue to support the "Lunch Bunch" program through collaboration with local volunteers, churches, public health, and housing • Carlinville Area Hospital collaborated with area volunteers, churches, public health and the housing authority to provide meals to children of needy families and senior adults for eight weeks during the summer. The program ran from June 3, 2013 to July 26, 2013.	**Continue to support the "Lunch Bunch" program through collaboration with local volunteers, churches, public health, and housing** • 3,669 meals were served to needy children and senior adults. Carlinville Area Hospital Dietary provided and prepared the food, drinks, and table service at an approximate cost of $11,000
Create web-based health resource guide • No activities	**Create web-based health resource guide** • No outcomes

Year Two Action Plan: Health Education / Risk Education
Year Two Objectives: Increase wellness education and care opportunities for the community in general

Activities *(August 1, 2013 – July 31, 2014)*	Outcomes
Continue to improve Year One activities **Continue collaborating with MCPHD diabetes workshops** • Promoted MCPHD "Take Charge of Your Diabetes" workshop that started August 15, 2013. Also promoted on Facebook on August 5, 2013 • Dawn Knotts continues representing Carlinville Area Hospital as a member of the Diabetes Coalition	**Continue to improve Year One activities** **Continue collaborating with MCPHD diabetes workshops** • Continued collaboration with MCPHD diabetes workshop and Diabetes Coalition to increase wellness education and care for the community in general
Create/and/or participate in five new wellness activities for the community in general • Offered Better Breathers Club to the community free of charge on August 28, 2013; September 29, 2013; January 27, 2014; February 24, 2014; March 31, 2014; April 28, 2014; May 5, 2014; June 30, 2014; and July 28, 2014 • Participate in the Schutt Manufacturing employee health fair • Carlinville Area Hospital offered a community-wide health fair on October 18, 2013 • Participated in NorthMac School District's employee health fair on October 11, 2013 • Teamed up with MCPHD to sponsor a "Healthy Heart" coloring and poster contest for all Macoupin County Schools in February of 2014 • Participated in "My Superhero Body" at Carlinville Primary School on February 27, 2014 • Melissa Bellovich joined the Carlinville Chamber's Wellness Committee, which has a mission to enhance the health and wellness climate of the Carlinville area • Pharmacy provided poison prevention information to the community on April 8, 2014 • Participated in Carlinville Intermediate School's "8 Weeks of Wellness" on April 21, 2014 • Emergency Department visited Palmyra Schools to discuss stroke awareness on May 5, 2014 • Provided free blood pressure checks and stroke awareness information at Carlinville Primary School Family Fun Night on May 5, 2014 • Provided an employee health fair for MJM on May 20, 2014 • Presented a program on summer safety at the First Baptist Church in Girard on July 7, 2014	**Create/and/or participate in five new wellness activities for the community in general** • Increased wellness education and care opportunities for the community in general
Continue to support the "Lunch Bunch" program through collaboration with local volunteers, churches, public health, and housing • Carlinville Area Hospital collaborated with area volunteers, churches, public health and the housing authority to provide meals to children of needy families and senior adults for eight weeks during the summer. The program ran from June 9, 2014 to August 1, 2014.	**Continue to support the "Lunch Bunch" program through collaboration with local volunteers, churches, public health, and housing** • 4,156 meals were served to needy children and senior adults. Carlinville Area Hospital Dietary provided and prepared the food, drinks, and table service at an approximate cost of $12,000

There was no activity and no outcomes for the creation of a web-based health resource guide in Year Two.

Year Three Action Plan: Health Education / Risk Education
Year Three Objectives: Increase wellness education and care opportunities for the community in general

Activities *(August 1, 2014 – July 31, 2015)*	Outcomes
Continue and improve Year Two activities **Continue collaborating with MCPHD diabetes workshops** • Promoted MCPHD "Take Chare of Your Diabetes" work shop that started on February 23, 2015 • Dawn Knotts continues representing Carlinville Area Hospital as a member of the Diabetes Coalition	**Continue collaborating with MCPHD Diabetes Coalition** • Continued collaboration with MCPHD diabetes workshop and Diabetes Coalition to increase wellness education and care opportunities for the community in general
Create/and/or participate in five new wellness activities for the community in general • Continue to offer monthly CPR classes • Auxiliary 5K on September 6, 2014 • Chamber Wellness Committee Health and Wellness Fair on September 6, 2014 • Participated in the Schutt Manufacturing Employee Health Fair on October 9, 2014 • Participated in the NorthMac School District Employee Health Fair on October 10, 2014 • Carlinville Area Hospital Employee Health Fair on October 23, 2014 • Sponsored blood drives on October 27, 2014; December 23, 2014; February 25, 2015; July 1, 2015; and August 18, 2015 • Participated in the Blackburn Health Fair on December 3, 2014 • Participated in the CIS "Health Jam" on February 18, 2015 • Participated in CIS' "8 Weeks of Wellness" Program on March 4, 2015 • Stroke awareness presentations to Carlinville fifth-graders on March 11, 2015 and March 18, 2015 • First Aid presentation at Girard Summer Camp on June 25, 2015 • Sponsor of Route 66 Biathlon on June 27, 2015	**Create/and/or participate in five new wellness activities for seniors** • Increase wellness education and care opportunities for the community in general
Continue to support the "Lunch Bunch" program through collaboration with local volunteers, churches, public health, and housing • Carlinville Area Hospital collaborated with area volunteers, churches, public health, and the housing authority to provide meals to children of needy families and senior adults for eight weeks during the summer. The program ran from June 8, 2015 through July 31, 2015	**Continue to support the "Lunch Bunch" program through collaboration with local volunteers, churches, public health, and housing** • 5,040 meals were served to needy children and senior adults. Carlinville Area Hospital Dietary provided and prepared the food, drinks, and table service at an approximate cost of $14,000
Create web-based health resource guide • No activities	**Create web-based health resource guide** • No outcomes

Year One Action Plan: Health Education / Risk Education
Year One Objectives: Increase prevention education for alcohol abuse among all ages

Activities *(August 1, 2012 – July 31, 2013)*	Outcomes
Create a relationship with the community substance awareness group (i.e. Anti-Meth Coalition) • Joined Anti-Meth Coalition, with Melissa Bellovich representing Carlinville Area Hospital • Sponsored Anti-Meth Coalition 3-on-3 fundraising basketball tournament	**Create a relationship with the community substance awareness group (i.e. Anti-Meth Coalition)** • Support of increased community awareness

Year Two Action Plan: Health Education / Risk Education
Year Two Objectives: Increase prevention education for alcohol abuse among all ages

Activities *(August 1, 2013 – July 31, 2014)*	Outcomes
Co-sponsor community-wide activity on substance abuse • Sponsored and held community-wide health fair with booths addressing substance abuse on October 18, 2013 • Sponsored Anti-Meth Coalition 3-on-3 fundraising basketball tournament	**Co-sponsor community-wide activity on substance abuse** • Stengthen substance abuse prevention education, including alcohol abuse

Year Three Action Plan: Health Education / Risk Education
Year Three Objectives: Increase prevention education for alcohol abuse among all ages

Activities *(August 1, 2014 – July 31, 2015)*	Outcomes
Increase prevention education for alcohol abuse among all ages • Sponsored and held community-wide health fair with booths addressing substance abuse on September 6, 2014 • Sponsored Anti-Meth Coalition 3-on-3 fundraising basketball tournament	**Increase prevention education for alcohol abuse among all ages** • Stengthen substance abuse prevention education, including alcohol abuse

Year One Action Plan: Health Education / Risk Education
Year One Objectives: Increase prevention education programs for smoking

Activities *(August 1, 2012 – July 31, 2013)*	Outcomes
Continue and promote smoking cessation classes • Smoking cessation classes have been offered free of charge to employees and anyone in their household through Carlinville Area Hospital's Cardiopulmonary Department	**Continue and promote smoking cessation classes** • Increase prevention education programs for smoking
Support the Health Department's smoking prevention efforts • No activities	**Support the Health Department's smoking prevention efforts** • No outcomes
Establish a relationship with the Illinois Quit Line • Carlinville Area Hospital's smoking cessation program also works with the Illinois Quit Line	**Establish a relationship with the Illinois Quit Line** • Increase prevention education programs for smoking
Establish a baseline for measuring employee smoking • Surveyed health insurance participants for tobacco use	**Establish a baseline for measuring employee smoking** • 18.27% of surveyed participants are tobacco users

Year Two Action Plan: Health Education / Risk Education
Year Two Objectives: Increase prevention education programs for smoking

Activities *(August 1, 2013 – July 31, 2014)*	Outcomes
Continue and promote smoking cessation classes • Smoking cessation classes have been offered free of charge to employees and anyone in their household through Carlinville Area Hospital's Cardiopulmonary Department • Provided smoking cessation information at community-wide health fair	**Continue and promote smoking cessation classes** • Increase prevention education programs for smoking
Continue to build a relationship with the Illinois Quit Line • Carlinville Area Hospital's smoking cessation program also works with the Illinois Quit Line	**Continue to build a relationship with the Illinois Quit Line** • Increase prevention education programs for smoking
Measure employee smoking reduction and cessation class completion • No activities – will resurvey health insurance participants in March of 2016 (Year Three)	**Establish a baseline for measuring employee smoking** • No outcomes

Year Three Action Plan: Health Education / Risk Education
Year Three Objectives: Increase prevention education programs for smoking

Activities *(August 1, 2014 – July 31, 2015)*	Outcomes
Increase prevention education for smoking among all ages • Sponsored and held community-wide health fair with booths addressing substance abuse on September 6, 2014 • Continue to offer Carlinville Area Hospital employees and household members smoking cessation classes free of charge	**Continue and promote smoking cessation classes** • Increase prevention education programs for smoking

IX. DOCUMENTING AND COMMUNICATING RESULTS

This CHNA Report will be available to the community on the hospital's public website: www.cahcare.com.
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 Carlinville Area Hospital was approved by the Carlinville Area Hospital Board of Directors on the 19th day of May, 2016.

X. REFERENCES

- *County Health Rankings, 2014*
- *Community Commons, 2014*
- Illinois Department of Employment Security, 2015
- National Cancer Institute, 2015 (data through 2011)
- Illinois Department of Public Health, 2015
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2015
- Macoupin County Public Health Department, IPLAN
- ESRI, 2015
- Illinois State Board of Education, Illinois Report Card, 2013-14
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.

IMPLEMENTATION STRATEGY

IMPLEMENTATION STRATEGY

This Community Health Needs Assessment Implementation Strategy outlines how Carlinville Area Hospital intends to enhance its community benefit efforts in response to identified needs. A Community Health Needs Assessment was conducted by Carlinville Area Hospital in collaboration with several other community organizations during summer and fall of 2015. This Implementation Strategy is in direct response to the prioritized community healthcare needs identified during the Community Health Needs Assessment.

TARGET AREAS AND POPULATIONS

Twelve cities, villages, and surrounding areas were the target of the Community Health Needs Assessment and thus are also the target geographical areas to be addressed through this Implementation Strategy.

HOW SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED

On September 17, 2015, key hospital administration plus school and public health officials, community volunteers serving low income community members and others, met to review the primary and secondary data collected to that point and to identify and prioritize significant health needs in the service area.

This group 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 need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need. This group also included a representative of the Macoupin County Public Health Department.

The group reviewed secondary data and data summaries from Community Commons, ESRI, USDA, *County Health Rankings,* the Macoupin County Public Health Department IPLAN, National Cancer Institute, Illinois Behavioral Risk Factor Surveillance System, Illinois Department of Employment Security, Illinois State Board of Education and other sources, as well as the results of focus groups conducted with community members and medical professionals and partners.

The group utilized a roundtable discussion to identify significant needs, consolidating concerns expressed in the focus groups, which found support in the secondary data. They then applied individual power rankings to the needs and discussed the tabulated results before finalizing the prioritization.

The needs identified and prioritized were:

1. MENTAL HEALTH

The group identified significant access to care issues for persons with behavioral health care needs, including youth and seniors. The area is experiencing a serious shortage of psychiatrists and counselors despite ongoing efforts by area health partners to attempt to address these issues. The group also identified mental healthcare concerns, including a lack of organized substance abuse prevention and absence of rehabilitative services and local rehabilitation follow-up for substance addiction, especially opioid users.

2. OBESITY AND DIABETES

Addressing obesity and related concerns, especially diabetes, was identified as a significant health issue facing the entire area. The group determined that specific needs related to this concern were increased education and local opportunities for recreation and exercise.

3. LOCAL ACCESS TO SPECIALISTS AND SPECIALTY SERVICES

The group identified significant needs to address availability of local access to additional specialists and specialty care. They specifically pointed out needs for orthopedic and dermatology specialists and for oncology services.

4. EXPANDED HOURS FOR PRIMARY CARE

The group recognized improvement in local access to primary care and the efforts by Carlinville Area Hospital to address physician succession but felt that there was a significant need for expanded hours of access to local primary care to include evenings, and possibly weekends, in order to avoid unnecessary reliance on the emergency room.

5. FOOD SECURITY FOR YOUTH

The final significant need identified by the group was for food security in areas outside of Carlinville. The group felt that many of the smaller communities lacked sufficient resources for meals, and especially healthy foods for youth in low income or challenging family situations. The group also felt that there was a lack of nutrition education across the service area, especially in the small communities.

IMPLEMENTATION STRATEGY

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Carlinville Area Hospital and three members of the Board of Directors.

The attendees at the prioritization meeting on November 3, 2015, included:

Ken Reid, CEO, Carlinville Area Hospital
Tracy Koster, Director, Human Resources/Community Outreach, Carlinville Area Hospital
Melissa Bellovich, Community Outreach/Marketing Specialist, Carlinville Area Hospital
Sara McPeak, Chief Nursing Officer, Carlinville Area Hospital
Jessica Barkley, Quality Improvement/Infection Prevention, Carlinville Area Hospital
Tracey Bates, Nurse Manager – Med/Surg, Carlinville Area Hospital
Beth Stewart, Nurse Manager – ED, Carlinville Area Hospital
Ralph March, Board of Directors, Carlinville Area Hospital
Jim Salske, Board of Directors, Carlinville Area Hospital
Dennis Pickrel, Board of Directors, Carlinville Area Hospital

The group reviewed the needs assessment process completed to that point, considered the prioritized significant needs and supporting documents, and discussed the previous Implementation Strategy developed in 2013 and steps taken to address it. 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.

Carlinville Area Hospital's process by which needs will be addressed:

1. MENTAL HEALTH

Actions the hospital intends to take to address the health need:
- Expand senior behavioral health support
  - Create an outpatient group therapy program with individual therapy as needed for depression and anxiety. The program will provide 45-60 days of sessions over six-month periods
  - Add a social worker, registered nurse, a nurse aide, and a consulting psychiatrist to support this program
- Support Macoupin County Public Health Department's substance abuse efforts
- Explore telepsychiatry for mental health counseling
- Continue to identify and monitor available rehabilitation and recovery services and provide information to assist with access of those services
- Establish one related quantifiable outcome measure to enable the facility to improve population health

Anticipated impact of these actions:
- Improve quality of life for seniors
- Improve opportunity for seniors to function longer in their home
- Provide mental health services to an additional 5-15 seniors per month
- Increase local access to mental health counseling
- Measurable outcomes to support evaluation will include the number of hours of mental health services available to seniors and others within the service area

Programs and resources the hospital plans to commit to address the health need:
- Administration
- Community outreach
- Quality control
- Patient care
- Primary care physicians
- Emergency department
- Contract psychiatrists

Planned collaboration between the hospital and other facilities or organizations:
- Macoupin County Public Health Department (transportation program)
- UltraGroup Healthcare
- Locust Street Resource Center
- Behavioral Health Coalition
- Carlinville Winning Communities
- Possible unidentified contractors

2. OBESITY AND DIABETES

Actions the hospital intends to take to address the health need:
- Explore partnership with University of Illinois Extension for community based obesity, diabetes, and nutrition programs
- Continued development of chronic care management with focus on diabetes, migrating toward patient-centered medical home
- Develop relationship with an endocrinologist
- Support Carlinville Winning Communities' Green Space programs
- Explore walking paths to and around the hospital
- Continue Health Jam program with University of Illinois Extension
- Continue healthy living and nutrition education in schools in service are
- Continue health fair participation in communities, offering education and testing
- Continue support of Macoupin County Public Health Department's diabetes program
- Identify or generate three data sets surrounding this need which will enable the facility to establish one measurable outcome

Anticipated impact of these actions:
- Expanded access to obesity, diabetes and nutrition education
- People will eat healthier
- Improved chronic disease management
- Access to recreation and exercise
- Expanded education to youth on eating healthy and being healthy
- Access to baseline health tests
- Measurable outcomes to support evaluation will include the number of persons receiving education, the number of screenings completed within the service area, and the number of exercise and recreation events that Carlinville Area Hospital can create, sponsor, and/or support in the service area

Programs and resources the hospital plans to commit to address the health need:
- Community outreach
- Administration
- Wellness Committee
- Patient care
- Rural health clinic
- Rehabilitation
- Laboratory
- Cardiopulmonary
- Cardiac rehab
- Infection prevention
- Specialty clinics

Planned collaboration between the hospital and other facilities or organizations:
- University of Illinois Extension
- Macoupin County Public Health Department
- Carlinville Winning Communities
- City of Carlinville
- Businesses and community organizations
- Carlinville Area Hospital Auxiliary

3. LOCAL ACCESS TO SPECIALISTS AND SPECIALTY SERVICES

Actions the hospital intends to take to address the health need:
- Work with Southern Illinois University School of Medicine for orthopedic services, including procedures
- Explore infusion services
- Explore telehealth for specialty services
- Continue specialist recruitment

Anticipated impact of these actions:
- Access to additional specialty care and services in orthopedics
- Access to additional specialty care and services in oncology
- Access to additional specialty care and services in dermatology
- Access to additional specialty care and services
- Measurable outcomes to support evaluation will include local specialty services added

Programs and resources the hospital plans to commit to address the health need:
- Administration
- Patient care
- Surgery
- Rehabilitation services
- Pharmacy
- Nursing
- IT
- Specialty clinics
- Community outreach
- Admitting
- Health Information Management

Planned collaboration between the hospital and other facilities or organizations:
- Southern Illinois University School of Medicine
- Southern Illinois University Health Care
- Springfield Clinic
- HSHS Medical Group
- BJC Medical Group
- Pana Community Hospital
- Independent providers

4. EXPANDED HOURS FOR PRIMARY CARE

Actions the hospital intends to take to address the health need:
- Explore staggering hours and/or expanded hours at the rural health clinics
- Explore telenurse services

Anticipated impact of these actions:
- Increased access to primary care services
- Reduced use of the Emergency Department
- Measurable outcomes to support evaluation will be the number of patients served beyond current hours

Programs and resources the hospital plans to commit to address the health need:
- Administration
- Patient care services and staff
- Rural health clinic

Planned collaboration between the hospital and other facilities or organizations:
- Springfield Clinic

5. FOOD SECURITY FOR YOUTH

Actions the hospital intends to take to address the health need:
- Continue to provide healthy food and other support for youth and senior summer food program and weekend food program
- Partner with University of Illinois Extension to explore nutrition information and youth food programs for outlying communities

Anticipated impact of these actions:
- Access to healthy food will be increased
- Measurable outcomes to support evaluation will include numbers of persons served at food programs

Programs and resources the hospital plans to commit to address the health need:
- Administration
- Dietary
- Community outreach

Planned collaboration between the hospital and other facilities or organizations:
- Macoupin County Public Health Department
- Area churches
- Macoupin County Housing Authority
- University of Illinois Extension
- Area Chambers of Commerce
- Carlinville Winning Communities – social service group
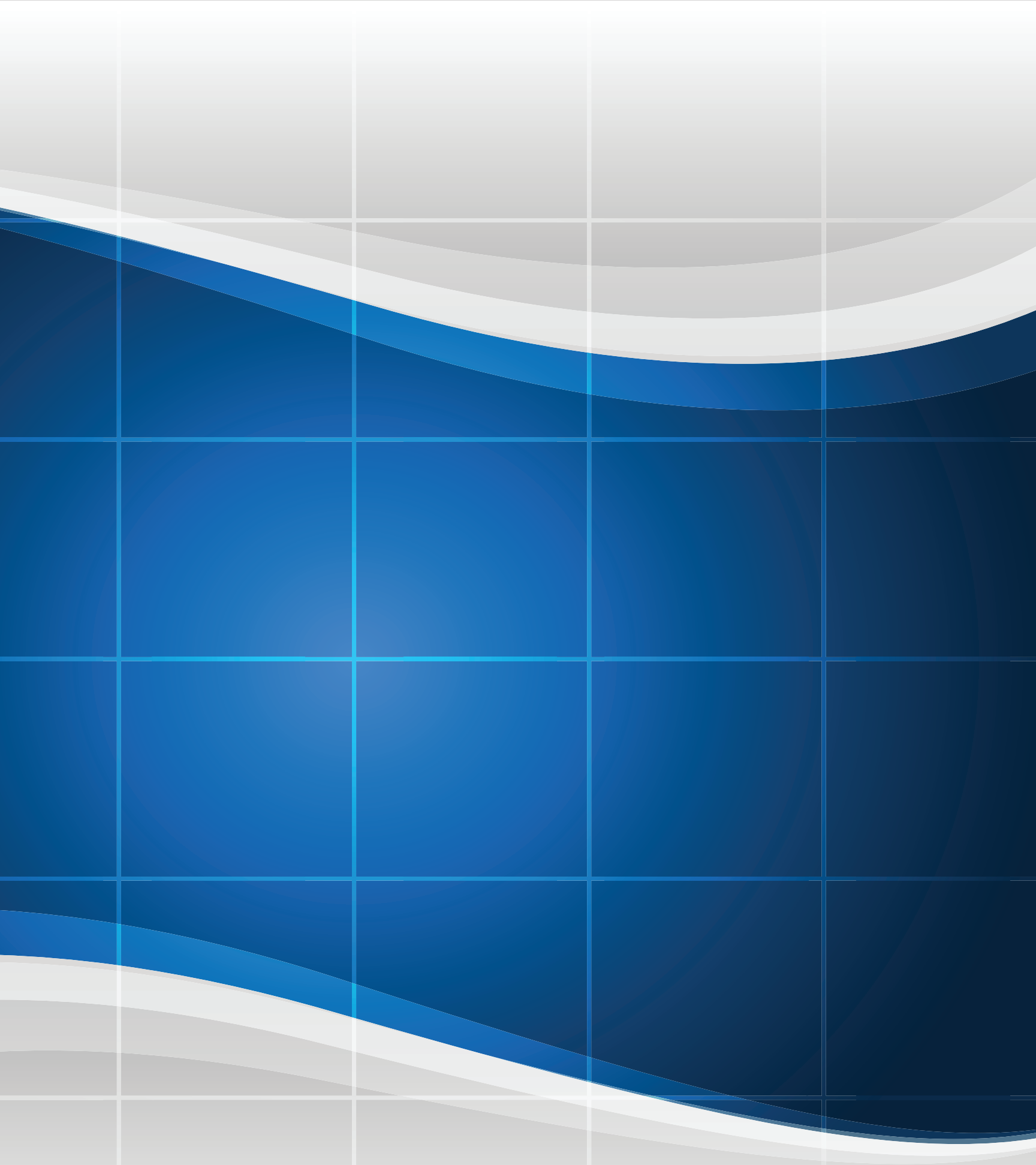- Area schools

Committed Resources

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

Approval

The Carlinville Area Hospital Board of Directors reviews on an annual basis the prior fiscal year's community benefit role and approves 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 Carlinville Area Hospital was approved by the Carlinville Area Hospital Board of Directors on this 19th day of May, 2016.