# 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

A collaborative approach to impacting population health in Carlinville and surrounding areas





# Carlinville Area Hospital

## TABLE OF CONTENTS

l.	Introduction  Background  Executive Summary  Service Area Demographics	5-6 7-9
II.	Establishing the CHNA Infrastructure and Partnerships	13-14
III.	Data Collection and Analysis.  Description of Process and Methods Used.  Description of Data Sources.  Secondary Data Social Determinants of Health.  Additional Relevant Data.  Primary Data.	16-17 18-19 20-37 38-44
IV.	Identification and Prioritization of Needs  Description of the Community Needs Identified	
V.	Resources Available to Meet Priority Health Needs	52-55
VI.	Steps Taken Since the Last CHNA to Meet Needs	56-73
VII.	Implementation Strategy Planning Process and Implementation Strategy	
VIII.	Documenting and Communicating Results	84-85
IX.	References and Appendix	86-89

## I. INTRODUCTION

2019 Community Health Needs Assessment



# **2019 Community Health Needs Assessment**

## Insight into Carlinville Area Hospital's population

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

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

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 57 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. This CHNA 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.



# Introduction / Background

Carlinville Area Hospital completed two CHNAs prior to 2019. The first CHNA was conducted in 2012 and identified three needs.

2012



The second CHNA was conducted in 2015 and identified five needs.

2015 Mental Local access to specialists Food security health and specialty care for youth **Expanded hours Obesity** and diabetes for primary care

# **Background**

Carlinville Area Hospital addressed these issues through the following steps:

- Partnered with the University of Illinois Extension to provide food and nutrition programming
- Began a chronic care management program
- Hosted and participated in community wellness fairs
- Created a community walking path on hospital grounds
- Added access to specialists in ENT, urology, orthopedics, dermatology, endocrinology, and general surgery
- Entered telemedicine agreements for pulmonology, dermatology, and neurology
- Expanded hours at Carlinville Family Health Care
- Sponsored the Lunch Bunch summer food program
- Sponsored the Girard summer food program

# **Executive Summary**

The 2019 Carlinville Area Hospital's CHNA was conducted in September through November of 2018. The Implementation Strategy was also developed in November, 2018. The CHNA is influenced by the large rural service area of Carlinville Area Hospital.

#### The health profile of the service area of Carlinville Area Hospital is influenced by the following indicators of social determinants of health:

Poverty – Children living in poverty

Poverty - Population below 100% of Federal Poverty Level

Unemployment

Access to Food

Access to dental care for low income, underinsured, and uninsured

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

- 1. Addressing obesity by providing education and programming aimed at youth on the need for recreation, exercise, and healthy eating. The group felt that addressing this issue would also impact other issues identified as significant, including diabetes and mental health.
- 2. Specifically addressing diabetes and the need for:
  - Education and prevention programming for pre-diabetes and diabetes
  - Smoking prevention education and programs
  - Programs encouraging recreation and exercise at all ages
- 3. The third prioritized need fell generally under the category of mental health, with specific reference to the need for:
  - Improving availability of mental health and substance use and misuse counseling
  - Improving access to local mental health case management services for persons suffering mental health issues including depression, grief, and loss
  - Diversion to concentrated services for persons identified with Adverse Childhood Experiences (ACES)
- 4. Improve access to preventative care and case management services
- 5. Local healthcare workforce development

# **Executive Summary**

The Implementation Strategy developed by the senior staff at Carlinville Area Hospital is specific and thorough. The plan, set out in the report, includes these highlights:

- Continue supporting programs already in place, such as the Lunch Bunch summer food program in Carlinville, Girard summer food program, 3rd Day Project for snack bags on long weekends, University of Illinois Extension's Health Jam, Auxiliary 5K and Wellness Fair, other local 5K sponsorships, and sports team sponsorships
- Explore partnerships with local University of Illinois Extension for nutrition programs
- Promote wellness with increased community and hospital employee use of walking path around the hospital
- Expand programs outside Carlinville into the hospital's secondary service area
- Continued development of chronic care management with focus on diabetes and migrating towards Patient Centered Medical Home
- Develop relationship with endocrinologist
- Continue exploring telepsychiatry for mental health counseling
- Continue relationship with Locust Street Resource Center to help with evaluation and placement of patients
- Explore telebehavioral health crisis assessment
- Explore the addition of a social worker to the rural health clinics
- Continue group activities and develop additional activities as needed or as opportunity arises including the Senior Series, golf clinic, fall and balance classes, Parkinson support group, Parkinson exercise classes, aquatic classes, cancer support group, etc.

Population below Population without a 100% of FPL high school diploma 2019 Carlinville Area Unem-**Poverty Poverty** Education Hospital ployment Health **Profile** Issues Children livina in poverty

- Continue to offer care management services in the rural health clinics
- Expand rural health clinic hours
- Explore expanding rural health clinics into other communities within the service area
- Offer wellness program to local businesses and civic organizations
- Expand existing telehealth services
- Continue to offer and communicate to employees the CAH tuition assistance program
- Continue to support the Macoupin CEO Program
- Continue to offer High School 2 Health Care program
- Continue to offer clinical rotations
- Communicate available scholarship opportunities to employees
- Explore international recruitment for areas with medical professional shortages
- Attend career fairs at local high school and colleges
- Provide hospital tours to students
- Provide job shadowing opportunities to students
- Provide resources to local high school students regarding healthcare careers
- Explore different advertising avenues to communicate job openings
- Continue to solicit feedback from employees through employee satisfaction surveys
- Continue to monitor turnover rates and exit interview comments.



# **Service Area Demographics**

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

Carlinville Area Hospital's service area is comprised of approximately 731 square miles, with a population of approximately 30,519 and a population density of 42 people per square mile. The service area consists of the following rural communities.

#### Cities

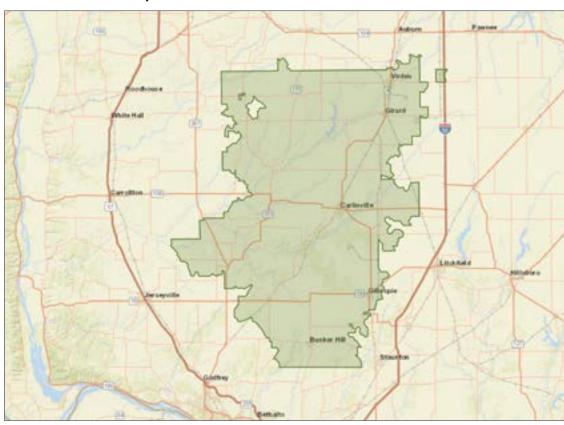
#### **Villages and Unincorporated Communities**

- Carlinville
- Nilwood
- Bunker Hill
- Hettick
- Girard
- Palmyra
- Gillespie
- Medora
- Chesterfield
  - Modesto

  - Shipman

Virden

#### Service Area Map



## Total Population Change, 2000 to 2010

According to U.S. Census data, the population in the Carlinville Area Hospital service area fell from 32,690 people to 31,739 people 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	21,665	22,985	1,320	6.09%
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%
Total Area (Counties)	341,664	347,752	-6,088	-1.78%
Illinois	12,416,145	12,830,632	414,487	3.34%

Data Source: Community Commons (US Census Bureau, Decennial Census. 2000-2010. Source Geography: Tract)

The Hispanic population increased in Greene County by 49.35%, increased in Jersey County by 37.04%, increased in Macoupin County by 37.05%, increased in Montgomery County by 40.8%, increased in Morgan County by 43.55%, and increased in Sangamon County by 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 5.5%, Black -18.42%, American Indian/Alaska Native 36.36%, Asian 40%, and Native Hawaijan/Pacific Islander -14.29%.

# **Service Area Demographics**

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 Hawaijan/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 is 53% male and 47% 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	30,519	1,586	5,104	2,560	3,238
Greene County	13,311	705	2,175	1,053	1,514
Jersey County	22,215	1,061	3,662	2,225	2,393
Macoupin County	45,960	2,317	7,584	3,637	5,095
Montgomery County	29,173	1,476	4,381	2,362	3,736
Morgan County	34,442	1,800	4,973	3,851	4,196
Sangamon County	198,134	11,618	33,494	16,620	25,366
Illinois	12,854,526	785,560	2,173,437	1,229,450	1,782,100

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	3,672	4,044	4,719	5,596
Greene County	1,594	1,873	1,941	2,456
Jersey County	2,497	3,170	3,219	3,988
Macoupin County	5,419	6,342	6,926	8,640
Montgomery County	3,504	4,054	4,142	5,518
Morgan County	3,946	4,431	4,749	6,496
Sangamon County	24,256	27,077	27,774	31,929
Illinois	1,661,674	1,739,014	1,635,359	1,847,932

## II. ESTABLISHING THE CHNA **INFRASTRUCTURE** AND PARTNERSHIPS

2019 Community Health Needs Assessment



# **Establishing the CHNA Infrastructure and Partnerships**

Carlinville Area Hospital led the planning, implementation, and completion of the CHNA through a consulting arrangement with ICAHN. Terry Madsen, an ICAHN consultant, attorney, former educator, and community development specialist, collaborated with hospital and 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 three-month planning and implementation effort to develop the CHNA, and to identify and prioritize community health needs for its service area. These planning and development activities included the following

- The project was overseen at the operational level by the Director of Human Resources and 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.
- Participation included a representative from the county health department which services the hospital's service area.

#### 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:

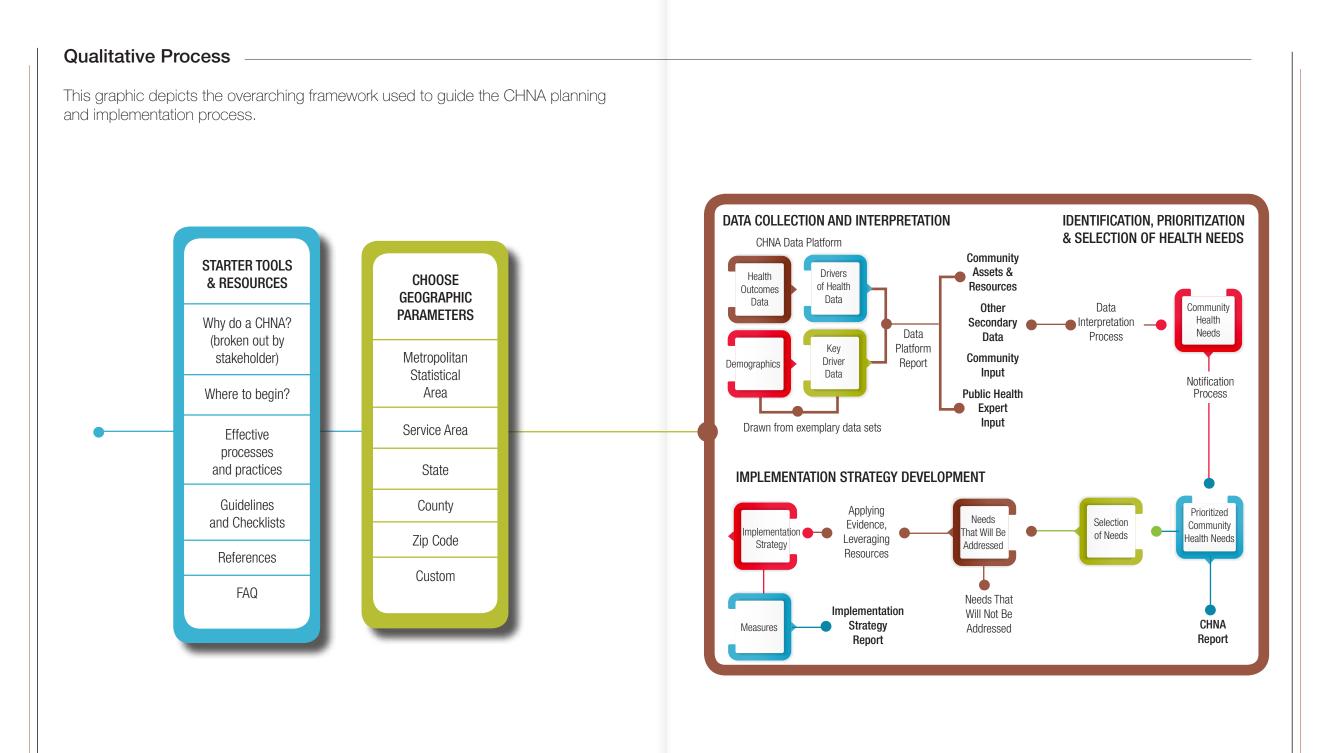
- The Director of Human Resources and Community Outreach secured the participation of a diverse group of representatives from the community and the health profession.
- ICAHN's consultant provided secondary data from multiple sources set out below in Section III. Data Collection and Analysis.
- Participation included a representative from the county health department which services the hospital's service area.

## III. DATA COLLECTION AND ANALYSIS

2019 Community Health Needs Assessment



# **Description of Process and Methods Used**



# **Description of Data Sources**

## **Quantitative Process**

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

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

## **Social Determinants of Health**

#### **Education – High School Graduation Rate**

Within the Carlinville Area Hospital service area, 87.4% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	315	275	87.4%
Greene County	163	145	89.0%
Jersey County	255	228	89.4%
Macoupin County	475	398	83.8%
Montgomery County	275	233	84.7%
Morgan County	299	241	80.6%
Sangamon County	2,260	1,902	84.2%
Illinois	91,892	75,974	82.7%

Data Source: Community Commons (US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES 2015-16. Source District)

#### Education - Bachelor's Degree or Higher

Of the population aged 25 and older, 19.15% or 4,124 adult students have obtained a Bachelor's level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor's Degree or Higher	Population Age 25+ With Bachelor's Degree or Higher
Service Area Estimates	21,534	4,124	19.15%
Greene County	9,435	1,053	11.16%
Jersey County	15,435	2,837	18.38%
Macoupin County	32,705	5,968	18.25%
Montgomery County	20,959	2,907	13.87%
Morgan County	24,005	4,954	20.64%
Sangamon County	136,182	46,737	34.32%
Illinois	8,618,284	2,834,869	32.89%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2012-16. Source Geography: Tract)

#### Education – Student Reading Proficiency (4th Grade)

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

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
Service Area Estimates	303	37.22%	62.78%
Greene County	130	25.97%	74.03%
Jersey County	209	39.00%	61.00%
Macoupin County	445	35.85%	64.15%
Montgomery County	289	35.32%	64.68%
Morgan County	330	42.41%	57.59%
Sangamon County	2,197	37.90%	62.10%
Illinois	144,944	39.33%	60.67%

Data Source: Community Commons (US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15. Source Geography: School District)



## **Economic Stability**

### Poverty - Children Eligible for Free/Reduced Lunch

Within the service area, 10,574 public school students (47.28%) are eligible from Free/Reduced Price out of 22,366 total students enrolled. This is lower than the Illinois statewide Free/Reduced Price Lunch of 49.88%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	22,366	10,574	47.28%
Greene County	1,921	933	48.57%
Jersey County	2,561	1,196	46.70%
Macoupin County	8,529	4,112	48.21%
Montgomery County	4,388	2,242	51.09%
Morgan County	4,741	2,940	62.01%
Sangamon County	30,692	12,252	39.92%
Illinois	2,018,739	1,006,936	49.88%

Data Source: Community Commons (National Center for Education Statistics, NCES - Common Core of Data. 2015-16. Source Geography: Address)



#### Median Household Income

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

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	12,190	\$67,511	No data
Greene County	5,087	\$56,606	\$44,502
Jersey County	8,831	\$67,884	\$56,320
Macoupin County	18,663	\$65,997	\$47,807
Montgomery County	11,234	\$61,542	\$47,864
Morgan County	13,894	\$63,874	\$49,353
Sangamon County	83,673	\$78,048	\$58,687
Illinois	4,818,452	\$85,262	\$61,229

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)

## **Economic Stability**

#### **Population Receiving SNAP Benefits**

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

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	30,611	4,509	14.7%
Greene County	13,241	2,442	18.4%
Jersey County	22,372	3,042	13.6%
Macoupin County	46,045	6,777	14.7%
Montgomery County	28,898	4,856	16.8%
Morgan County	34,828	5,864	16.8%
Sangamon County	198,712	33,013	16.6%
Illinois	12,859,995	1,935,887	15.1%

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

#### Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access.

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	30,121	1,574	5.23%
Greene County	13,022	1,033	7.93%
Jersey County	21,860	1,329	6.08%
Macoupin County	45,434	2,645	5.82%
Montgomery County	25,244	1,470	5.82%
Morgan County	32,406	1,740	5.37%
Sangamon County	196,077	9,896	5.05%
Illinois	12,674,162	1,079,822	8.52%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)

## **Unemployment Rate**

Total unemployment in the service area for the month of June 2018 was 890.74 or 5.7% of the civilian non-institutionalized population age 16 and older.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	15,684	14,793	891	5.7%
Greene County	6,055	5,772	283	4.7%
Jersey County	11,263	10,740	523	4.6%
Macoupin County	23,801	22,685	1,116	4.7%
Montgomery County	12,352	11,675	677	5.5%
Morgan County	16,381	15,644	737	4.5%
Sangamon County	104,977	100,481	4,496	4.3%
Illinois	6,559,734	6,264,990	294,744	4.2%

## **Economic Stability**

#### Poverty - Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Carlinville Area Hospital service area, 18.47% or 1,189 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access, including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	29,832	6,437	1,189	18.47%
Greene County	12,899	2,682	670	24.98%
Jersey County	21,472	4,719	505	10.70%
Macoupin County	45,358	9,804	1,920	19.58%
Montgomery County	24,252	5,771	1,184	20.52%
Morgan County	31,328	6,658	1,362	20.74%
Sangamon County	194,579	44,536	10,457	23.48%
Illinois	12,548,538	2,947,192	576,159	19.55%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)

#### Poverty - Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 12.54% or 3,741 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	28,832	3,741	12.54%
Greene County	12,899	2,250	17.44%
Jersey County	21,472	1,954	9.10%
Macoupin County	45,358	5,875	12.95%
Montgomery County	24,252	3,725	15.36%
Morgan County	31,328	4,684	14.95%
Sangamon County	194,579	29,600	15.21%
Illinois	12,548,538	1,753,731	13.98%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)



## **Neighborhood and Physical Environment**

#### Built Environment - Recreation and Fitness Facility Access

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

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	31,738	3	10
Greene County	13,886	0	0
Jersey County	22,985	1	4
Macoupin County	47,765	5	10
Montgomery County	30,104	3	10
Morgan County	35,547	4	11
Sangamon County	197,465	27	14
Illinois	12,830,632	1,402	11

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

#### **Populations With Low Food Access**

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

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	31,739	8,727	27.50%
Greene County	13,886	1,891	13.62%
Jersey County	22,985	4,054	17.64%
Macoupin County	47,765	8,797	18.42%
Montgomery County	30,104	6,885	22.87%
Morgan County	35,547	13,202	37.14%
Sangamon County	197,465	42,402	21.48%
Illinois	12,830,632	2,483,877	19.36%

#### Food Environment - Grocery Stores

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

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	31,738	6	21
Greene County	13,886	5	36
Jersey County	22,985	4	17
Macoupin County	47,765	10	21
Montgomery County	30,104	4	13
Morgan County	35,547	3	8
Sangamon County	197,465	31	16
Illinois	12,830,632	2,770	22

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

## **Access to Care**

#### Access to Dentists

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

Service Area	Total Population 2015	Dentists 2015	Dentists (Rate Per 100,000 Population)
Service Area Estimates	30,611	11	37
Greene County	13,241	5	38
Jersey County	22,372	10	45
Macoupin County	46,045	17	37
Montgomery County	28,898	20	69
Morgan County	34,828	16	46
Sangamon County	198,712	149	75
Illinois	12,859,995	9,336	73

#### **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 American Medical Association include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians, Rate Per 100,000 Population
Service Area Estimates	30,881	9	31
Greene County	13,434	4	30
Jersey County	22,571	7	31
Macoupin County	46,453	14	30
Montgomery County	29,359	15	51
Morgan County	34,929	16	46
Sangamon County	198,997	310	156
Illinois	12,880,580	12,477	97

#### **Access to Mental Health Providers**

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

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of Persons)	Mental Healthcare Provider Rate (Per 100,000 Population)
Service Area Estimates	No data	No data	No data	No data
Greene County	0	0	No data	No data
Jersey County	22,570	14	1,612	62
Macoupin County	46,445	13	3,573	28
Montgomery County	29,357	19	1,545	65
Morgan County	34,928	30	1,164	86
Sangamon County	198,995	388	513	195
Illinois	12,806,917	23,090	555	180

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

## **Access to Care**

#### **Medical Conditions and Circumstances**

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

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the County Health Rankings help counties understand what influences how healthy residents are and how long they will live.

The County Health 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 County Health Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (County Health Rankings and Roadmaps, 2012).

Macoupin County is ranked 77 out of the 102 Illinois counties in the Rankings released in April 2018.

Health Condition	Macoupin County	Illinois
Adults Reporting Poor or Fair Health	14%	17%
Adults Reporting No Leisure Time/ Physical Activity	23%	22%
Adult Obesity	30%	28%
Children Under 18 Living in Poverty	20%	18%
Alcohol Impaired Driving Deaths	36%	33%
Teen Births	24/1,000	26/1,000
Uninsured	6%	8%
Unemployment	6%	6%

## **Behavioral Risk Factor Surveillance System**

Macoupin County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	22.8%	22.4%	18.2%
Asthma	9.1%	14.0%	14.6%	12.3%
Diabetes	10.2%	17.3%	11.1%	9.5%
Obesity	29.5%	32.2%	33.2%	26.9%
Smoking	16.7%	25.9%	23.8%	27.8%



## **Health Indicators**

#### **Population With Any Disability**

Within the service area, 15.53% or 4,717 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)  Total Population With A Disability		Percent Population With A Disability
Service Area Estimates	30,381	4,717	15.53%
Greene County	13,112	2,067	15.76%
Jersey County	22,091	2,915	13.20%
Macoupin County	45,959	7,254	15.78%
Montgomery County	24,357	3,528	14.48%
Morgan County	32,924	4,772	14.49%
Sangamon County	196,527	27,205	13.84%
Illinois	12,671,738	1,376,858	10.87%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2012-16. Source Geography: Tract)

#### **Teen Births**

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

Service Area	Female Population Births to Mothers Ages 15-19 Ages 15-19		Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Greene County	462	20	44
Jersey County	863	22	26
Macoupin County	1,559	48	31
Montgomery County	890	36	40
Morgan County	1,147	40	35
Sangamon County	6,387	254	40
Illinois	448,356	15,692	35

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



## **Health Indicators**

#### Low Birth Weight Rate

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

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Greene County	1,155	99	8.6%
Jersey County	1,729	112	6.5%
Macoupin County	3,829	283	7.4%
Montgomery County	2,289	163	7.1%
Morgan County	2,758	251	9.1%
Sangamon County	17,661	1,660	9.4%
Illinois	1,251,656	105,139	8.4%

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

#### 30-Day Hospital Readmissions

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

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Greene County	259	14
Jersey County	326	15
Macoupin County	858	13
Montgomery County	528	12
Morgan County	506	13
Sangamon County	1,918	14
Illinois	143,569	15

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

#### **Depression (Medicare Population)**

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Service Area	Total Medicare Beneficiaries Fee-for-Service With Depression Beneficiaries		Percent With Depression
Service Area Estimates	6,216	1,152	18.5%
Greene County	2,647	556	21.0%
Jersey County	3,230	724	22.4%
Macoupin County	9,338	1,727	18.5%
Montgomery County	5,838	1,141	19.5%
Morgan County	5,608	1,127	20.1%
Sangamon County	22,281	4,082	18.3%
Illinois	1,451,929	219,143	15.1%

Data Source: Community Commons (Centers for Medicare & Medicaid Services. 2015. Source Geography: County)

#### Preventable Hospitalizations - Medicare Population

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	3,869	253	65.5%
Greene County	1,536	131	85.7%
Jersey County	2,079	176	86.1%
Macoupin County	5,811	379	65.3%
Montgomery County	3,480	240	69.0%
Morgan County	3,538	217	61.4%
Sangamon County	13,950	589	42.2%
Illinois	958,698	53,973	54.8%

## **Mortality Tables**

## Macoupin County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	128
Malignant Neoplasms	116
Chronic Lower Respiratory Diseases	32
Accidents	30
Cerebrovascular Diseases	27
Diabetes Mellitus	14
Nephritis, Nephrotic Syndrome, and Nephrosis	14
Influenza and Pneumonia	31
Alzheimer's Disease	13
Septicemia	9
Intentional Self-Harm (Suicide)	6
Chronic Liver Disease and Cirrhosis	5
Essential Hypertension and Hypertensive Renal Disease	5
Anemias	4
Pneumonitis due to solids and liquids	4
Pneumoconioses and chemical effects	3
Certain conditions originating in the perinatal period	3
Congenital malformations, deformations, and chromosomal abnormalities	3
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of uncertain or unknown behavior	2

## **Infant Mortality**

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

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Greene County	790	7	9
Jersey County	1,235	10	8
Macoupin County	2,660	17	7
Montgomery County	1,595	14	9
Morgan County	1,970	6	3
Sangamon County	12,640	107	9
Illinois	879,035	6,065	7

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

## **Mortality Tables**

#### 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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Greene County	13,395	38	284	201
Jersey County	22,470	51	229	167
Macoupin County	46,503	128	274	189
Montgomery County	29,297	84	285	197
Morgan County	24,875	90	259	184
Sangamon County	198,725	451	227	183
Illinois	12,859,901	24,531	191	169

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source Geography: County)

## Mortality - Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Greene County	13,395	6	46	32
Jersey County	22,470	11	50	35
Macoupin County	46,503	29	63	42
Montgomery County	29,297	26	89	53
Morgan County	34,875	20	56	38
Sangamon County	198,725	104	52	41
Illinois	12,859,901	5,497	43	38

#### Mortality - Coronary Heart Disease

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Greene County	13,395	20	149	101
Jersey County	22,470	46	205	146
Macoupin County	46,503	77	166	111
Montgomery County	29,297	48	165	108
Morgan County	34,875	60	173	117
Sangamon County	198,725	236	119	94
Illinois	12,859,901	13,901	108	94

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source Geography: County)

## **Mortality Tables**

### Mortality - Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Greene County	13,395	13	96	66
Jersey County	22,470	17	77	55
Macoupin County	46,503	36	77	53
Montgomery County	29,297	18	61	43
Morgan County	34,875	26	73	49
Sangamon County	198,725	99	50	40
Illinois	12,859,901	5,330	43	39

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source Geography: County)

### Mortality - Drug Poisoning

This indicator reports the rate of death due to drug overdose per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Greene County	13,395	3	19	Suppressed
Jersey County	22,470	4	19	21
Macoupin County	46,503	7	16	17
Montgomery County	29,297	5	16	17
Morgan County	34,875	5	14	14
Sangamon County	198,725	35	17	18
Illinois	12,859,901	1,832	14	14

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source Geography: County)

# **Primary Data**

## **Mortality Tables**

#### 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 ageadjusted 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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Greene County	13,395	11	85	77
Jersey County	22,470	14	61	58
Macoupin County	46,503	31	66	58
Montgomery County	29,297	18	63	54
Morgan County	34,875	21	61	49
Sangamon County	198,725	103	52	48
Illinois	12,859,901	4,800	37	36

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source Geography: County)

## **Qualitative Data**

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

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

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

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

# **Primary Data**

## **Qualitative Data**

#### Focus Group 1 - Medical Professionals and Partners

The first focus group consisted of medical professionals and partners. The group included representatives of the health department, physicians, Advanced Practice Providers, nurses, a dentist, an optometrist, and others. The group met at noon on August 30, 2018 at Carlinville Area Hospital. Positive developments in the service area in recent years were identified as:

- There are more providers
- There are more specialists
- Improved access to care
- Increased therapy services
- Macoupin County Public Health Department is preparing to open a second dental clinic
- New weekend walk in clinic at Carlinville Area Hospital
- Increased access to family practice providers
- Availability of same day appointments
- Improved handling of inmates in the Emergency Department
- Expansion of the facility at Carlinville Area Hospital
- Expansion of therapy services at Carlinville Area Hospital
- New and expanded programs at the Macoupin County Public Health Department
- Infusion therapy/chemotherapy treatment
- Therapy pool at Carlinville Area Hospital
- Carlinville Area Hospital accepts all 5 Medicaid plans
- Expanded telehealth services at Carlinville Area Hospital
- Expanded number of support groups at Carlinville Area Hospital
- Expanded access to specialists is improving patients' views of local healthcare
- Surgeons
- Orthopedic surgeon from Southern Illinois University
- Expanded availability of ambulances
- Senior behavioral healthcare
- Improved camaraderie among local medical providers, partners, and Carlinville Area Hospital
- Lunch Bunch program for seniors and youth
- Project 3rd Day food program for school holidays
- Hospitalists and nursing home specialists
- Throat culture program partnership among schools and Carlinville Area Hospital
- Improved wellness opportunities
- Youth wellness programs at Carlinville Area Hospital

Needs and health issues were identified as:

- Better information sharing among providers about available local services
- More providers that accept Harmony Medicaid
- Case management for more patients
- Endocrinologist
- Better access to inpatient rehabilitation and recovery services for persons with substance use disorders
- Better security at the hospital
- Preparation for Medicaid 24/7 integrated healthcare coordination
- More trauma-based counseling in schools
- Putting Naloxone into the right hands
- Access to local detoxification and mental health stabilization
- Address alcohol misuse, abuse, and use disorders
- Maximize independence and home care for persons with Alzheimer's and dementia
- Improve knowledge of types and availability of medical profession careers among youth and young adults
- Better prepare people to address end-of-life issues
- Support group(s) for families of children with mental health issues
- Local access to a psychiatrist
- Address poor cell service and internet service
- Better technical communication (for information and data exchange) among providers, Carlinville Area Hospital, and others
- Resolution to local water shortage
- Updated directory of local medical and other resources
- Discourage driving by persons with dementia
- Food security
- Shortage of local supportive living locations

# **Primary Data**

## **Qualitative Data**

#### Focus Group 2 - Community Leaders and Representatives

The second focus group consisted of community leaders and representatives of groups that represent or serve persons that may be underserved by local medical services. The group met in the evening on August 30, 2018 at the Carlinville Area Hospital. Positive developments in the service area in recent years were identified

- Improved rehabilitation services at Carlinville Area Hospital
- Public transportation to medical services has improved
- Weekend walk-in clinic with Saturday and Sunday hours
- New wellness path at Carlinville Area Hospital
- High school health career information program
- Partnerships among Carlinville Area Hospital, Macoupin County Public Health Department, and schools are working well
- Trauma informed care education and services have improved
- Cooperation among sheriff, local law enforcement, schools, EMA, and Carlinville Area Hospital worked well
- Relationship between Carlinville Area Hospital and law enforcement is very
- There has been a reduction in wait time and services have improved for Blackburn students visiting the Emergency Department
- New CMS rules have improved emergency planning
- Telemedicine
- Extension of the Maple Street Clinic concept into Carlinville by the Macoupin County Public Health Department

Needs and health issues were identified as:

- Address homelessness
- Improve augmented mental health and behavioral health services
- Access to inpatient services for mental health, substance use, and violent behavior
- Improved availability of mental health counseling in schools
- Smoking cessation education
- Address substance use including alcohol, smoking, and vaping
- · Access to medications for underinsured and uninsured
- Community needs to address brain drain and the lack of an available qualified workforce

## IV. IDENTIFICATION AND PRIORITIZATION OF NEEDS

2019 Community Health Needs Assessment



## Identification and Prioritization of Needs

## **Description of the Community Health Needs Identified**

The steering group, comprised of representatives from both focus groups – including the local health department and other members serving persons likely to be unserved, underserved, or otherwise experiencing unmet needs – met on October 22, 2018, 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, National Cancer Institute, and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Carlinville Area Hospital service area.



- 1. The group identified and prioritized addressing obesity by providing education and programming aimed at youth on the need for recreation, exercise, and healthy eating. The group felt that addressing this issue would also impact other issues identified as significant, including diabetes and mental health.
- 2. Specifically addressing diabetes and the need for:
  - Education and prevention programming for pre-diabetes and diabetes
  - Smoking prevention education and programs
  - Programs encouraging recreation and exercise at all ages

- 3. The third prioritized need fell generally under the category of mental health, with specific reference to the need for:
  - Attempting to address the local shortage of opportunities for substance detoxification, rehabilitation, and recovery
  - Improving availability of mental health and substance use and misuse counseling
  - Improving access to local mental health case management services for persons suffering mental health issues including depression, grief, and loss
  - Diversion to concentrated services for persons identified with Adverse Childhood Experiences (ACES)
  - 4. Improved access to preventative care and case management services
  - 5. Local healthcare workforce development



# V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

2019 Community Health Needs Assessment

# **Resources Available to Meet Priority Health Needs**

## **Carlinville Area Hospital Resources**

#### **Hospital Resources**

- Cardiopulmonary services
  - o Asthma education
  - o Cardiac rehabilitation
  - o Chest physiotherapy
  - o EEGs
  - o EKGs
  - o Holter monitor
  - o Nebulizer treatments inpatient and outpatient treatments
  - o Pulmonary function testing
  - o Pulmonary rehabilitation
  - o Pulse oximetry
  - o Respiratory therapy
  - o Smoking cessation program
  - o Stress testing nuclear and regular treadmill
- Emergency Department
- Imaging services
  - o Bone density testing
  - o CT scanning
  - o 3D mammography
  - o General x-ray
  - o Magnetic Resonance Imaging (MRI)
  - o Nuclear medicine
  - o Ultrasound
- Infusion/chemotherapy
- Inpatient care, including TCU
- Laboratory services
- Outpatient specialty clinics
- Pharmacy
- Rehabilitative services
  - o Aquatic therapy
  - o Lymphedema therapy
  - o Occupational therapy
  - o Physical therapy
  - o Women's health therapy

# Resources Available to Meet Priority Health Needs

## **Carlinville Area Hospital Resources**

- o Speech therapy
- o Vestibular rehabilitation
- Sleep lab
- Senior behavioral health
- Surgical services
  - o Cataract and eye surgery
  - o Shoulder and elbow surgery
  - o Knee surgery
  - o Hip preservation
  - o Joint reconstruction
  - o Colonoscopy
  - o General surgery
  - o Gastroscopy
  - o Laparoscopy
  - o Plastic surgery
  - o Same-day surgery
- Telehealth
- Wound clinic

#### **Community Resources**

- Carlinville Area Hospital Auxiliary
- University of Illinois Extension
- Catholic Charities
- 3rd Day Project
- Area businesses
- Area schools
- Area churches
- Carlinville Winning Communities social service group
- Macoupin County Public Health Department
- Springfield Clinic, LLP
- SIU Telehealth
- Pana Community Hospital
- Hillsboro Area Hospital
- Independent physicians and advance practice providers
- Carlinville Area Hospital Foundation
- Lewis and Clark Community College
- Lincoln Land Community College
- Southwestern Illinois College
- University of Illinois Chicago
- International recruitment agencies
- Medefis
- Immigration attorneys
- Illinois Critical Access Hospital Network
- Local Boy Scout troops
- Local Girl Scout troops
- Local 4-H group
- Local Chamber of Commerce



## VI. STEPS TAKEN SINCE THE LAST CHNA TO ADDRESS IDENTIFIED NEEDS

2019 Community Health Needs Assessment

# Steps Taken Since the Last CHNA to Address Needs

#### Mental Health

Year One Action Plan: Expand Senior Behavioral Health Support Year One Objectives: Create an outpatient group therapy program

Add staff to support the program

Support local health department's substance abuse efforts Explore telepsychiatry for mental health counseling Continue to identify and monitor available rehabilitation

and recovery services

<b>Activities</b> (August 1, 2015 – July 31, 2016)	Outcomes
Create an outpatient group therapy program with individualized therapy as needed for depression and anxiety. The program will provide 45-60 days of sessions over six-month periods	<ul> <li>Expand Senior Behavioral Health Support</li> <li>Signed a contract with UltraGroup Health Care in August of 2015 to help develop and oversee the Senior Behavioral Health Program</li> <li>A Senior Behavioral Health space was created in the new Medical Office Building in November of 2015</li> <li>Carlinville Area Hospital began print media advertising of the Senior Behavioral Health Program in the service area and surrounding communities</li> <li>A postcard was mailed in the spring of 2016 to various zip codes in the service area to promote the new Senior Behavioral Health program</li> <li>Carlinville Area Hospital hosted an open house for the community on April 7, 2016</li> <li>Hospital staff hosted Bingo at local senior centers to promote the Senior Behavioral Health Program</li> <li>Palmyra on February 26, 2016</li> <li>A Carlinville on March 9, 2016</li> <li>Virden on May 6, 2016</li> <li>Hospital staff attended Senior Health Expo in Springfield on March 22, 2016</li> <li>Hospital staff hosted a 'Lunch 'n Learn' to inform internal stakeholders of what the program offers</li> </ul>
Add a social worker, registered nurse, a nurses aide, and a consulting psychiatrist to support the program	<ul> <li>Patrice Fraser, MSW, LCSW, Social Worker/ Program Manager started on January 4, 2016</li> <li>Kim Ruch, Registered Nurse, started on January 4, 2016</li> <li>Ariel Walden, CNA/Receptionist, started on January 4, 2016</li> <li>Ron Johnson, MD, of UltraGroup Health Care, to serve as psychiatrist for the Senior Behavioral Health Program</li> </ul>

<b>Activities</b> (August 1, 2015 – July 31, 2016)	Outcomes
Support Macoupin County Public Health Department's Substance Abuse Efforts	Support Macoupin County Public Health Department's Substance Abuse Efforts  • Anti-Meth Coalition: Ken Reid and/or Tracy Koster attend meetings on a regular basis to represent Carlinville Area Hospital  • \$1,000 CAH sponsorship of Anti-Meth Coalition '3-on-3' fundraising basketball tournament in March of 2016
Explore telepsychiatry for mental health counseling	Explore telepsychiatry for mental health counseling  No actions and no outcomes
Continue to identify and monitor available rehabilitation and recovery services and provide information to assist with access to those services	Continue to identify and monitor available rehabilitation and recovery services and provide information to assist with access to those services  • Carlinville Area Hospital ED and Care Management staff continue to provide Senior Behavioral Health Program information to both the inpatients and Rural Health Clinic patients

Year Two Action Plan: Expand Senior Behavioral Health Support Year Two Objectives: Create an outpatient group therapy program

Add staff to support the program

Support local health department's substance abuse efforts Explore telepsychiatry for mental health counseling Continue to identify and monitor available rehabilitation and recovery services

<b>Activities</b> (August 1, 2016 – July 31, 2017)	Outcomes
Expand Senior Behavioral Health Support     Create an outpatient group therapy program with individualized therapy as needed for depression and anxiety. The program will provide 45-60 days of sessions over six-month periods	<ul> <li>Expand Senior Behavioral Health Support</li> <li>Continue to market the program in the local media</li> <li>CAH staff held a free community breakfast to promote the Senior Behavior Health Program on October 19, 2017, November 30, 2016, and June 28, 2017</li> <li>CAH staff hosted Bingo at local senior centers to promote the Senior Behavioral Health Program <ul> <li>Palmyra on October 12, 2016</li> <li>and November 9, 2016</li> <li>Carlinville on December 14, 2016</li> </ul> </li> <li>An alumni celebration was held on March 14, 2017</li> </ul>
Add a social worker, registered nurse, a nurses aide, and a consulting psychiatrist to support the program	Andrea Spicer, Social Worker PRN, started January 31, 2017 to provide patient care in absence of Patrice Fraser

<b>Activities</b> (August 1, 2016 – July 31, 2017)	Outcomes
Support Macoupin County Public Health Department's Substance Abuse Efforts	Support Macoupin County Public Health Department's Substance Abuse Efforts  • Anti-Meth Coalition: Ken Reid and/or Tracy Koster attend meetings on a regular basis to represent Carlinville Area Hospital  • \$1,000 CAH sponsorship of Anti-Meth Coalition '3-on-3' fundraising basketball tournament in March of 2017
Explore telepsychiatry for mental health counseling	Explore telepsychiatry for mental health counseling  • Exploring telepsychiatry services with SIU and HSHS
Continue to identify and monitor available rehabilitation and recovery services and provide information to assist with access to those services	Continue to identify and monitor available rehabilitation and recovery services and provide information to assist with access to those services  • Carlinville Area Hospital ED and Care Management staff continue to provide Senior Behavioral Health Program information to both the inpatients and Rural Health Clinic patients

Year Three Action Plan: Expand Senior Behavioral Health Support Year Three Objectives: Create an outpatient group therapy program

Add staff to support the program

Support local health department's substance abuse efforts Explore telepsychiatry for mental health counseling Continue to identify and monitor available rehabilitation and recovery services

<b>Activities</b> (August 1, 2017 – July 31, 2018)	Outcomes
Create an outpatient group therapy program with individualized therapy as needed for depression and anxiety. The program will provide 45-60 days of sessions over six-month periods	<ul> <li>Expand Senior Behavioral Health Support</li> <li>Continue to market the program in the local media</li> <li>Hospital staff conducted an SBH fall prevention class presentation in August of 2017</li> <li>SBH program marketed to area doctors</li> <li>Hospital staff conducted an SBH blood pressure screening at Virden Senior Center in August of 2017</li> <li>Hospital staff conducted an SBH Parkinson's support group presentation in September of 2017</li> <li>Hospital staff conducted an SBH blood pressure screening at Virden Senior Center in October of 2017</li> </ul>

Activities (August 1, 2017 – July 31, 2018)	Outcomes
Add a social worker, registered nurse,	<ul> <li>Hospital staff conducted an SBH blood pressure screening at Virden Senior Center in November of 2017</li> <li>Hospital staff conducted an SBH blood pressure screening at Virden Senior Center in January of 2018</li> <li>Patrice Fraser presented information about the SBH program to the local chapter of the Philanthropic Education Organization in January of 2018</li> <li>Hospital staff conducted an SBH blood pressure screening at Virden Senior Center in February of 2018</li> <li>Patrice Fraser and Dr. Johnson presented an in-person meeting with new staff at Dr. Chopra's office to discuss the SBH program in February of 2018</li> <li>Kim Ruch and Ariel Walden conducted in-person visits to deliver brochures to local PCPs in February of 2018</li> <li>Kim Ruch and Ariel Walden conducted in-person contacts with local PCPs in March of 2018</li> <li>SBH staff participated in National Mental Health Awareness Week with a variety of events in May of 2018</li> <li>No actions as program is fully staffed</li> </ul>
a nurses aide, and a consulting psychiatrist to support the program	• No actions as program is fully stalled
Support Macoupin County Public Health Department's Substance Abuse Efforts	Support Macoupin County Public Health Department's Substance Abuse Efforts  • Anti-Meth Coalition: Ken Reid and/or Tracy Koster attend meetings in the fall in Carlinville. Meetings were moved to Litchfield in the spring of 2018  • Participated in Drug Take Back Day in April of 2018  • \$1,000 CAH sponsorship of Anti-Meth Coalition '3-on-3' fundraising basketball tournament in spring of 2018

<b>Activities</b> (August 1, 2017 – July 31, 2018)	Outcomes
Explore telepsychiatry for mental health counseling	<ul> <li>Explore telepsychiatry for mental health counseling</li> <li>Beth Stewart and Sara McPeak began discussions with UltraGroup Health Care regarding telepsychiatry services through CAH's Emergency Room</li> <li>Beth Stewart began working with ITN and Locust Street Resource Center to set up telepsychiatry through CAH's Emergency Room</li> <li>Telemedicine agreements are in place for behavioral health/psychiatry and child psychiatry</li> </ul>
Continue to identify and monitor available rehabilitation and recovery services and provide information to assist with access to those services	Continue to identify and monitor available rehabilitation and recovery services and provide information to assist with access to those services  • Carlinville Area Hospital ED and Care Management staff continue to provide Senior Behavioral Health Program information to both the inpatients and Rural Health Clinic patients

#### **Obesity and Diabetes**

Year One Action Plan: Expand awareness of obesity and diabetes

Year One Objectives: Explore partnership with U of I Extension for obesity, diabetes,

and nutrition programming

Continued development of chronic care management Develop a relationship with the endocrinologist

Support Carlinville's Winning Communities' Green Space Program

Explore walking paths to and around the hospital Continue Health Jam program with U of I Extension

Continue healthy living and nutrition education programming

Continue health fair participation in area communities

Continue support of Macoupin County Public Health Department's

diabetes program

<b>Activities</b> (August 1, 2015 – July 31, 2016)	Outcomes
Explore partnership with U of I Extension for community-based obesity, diabetes, and nutrition programming	Explore partnership with U of I Extension for community-based obesity, diabetes, and nutrition programming  • Healthy Heart cooking presentation was given by the U of I Extension in the Medical Office Building Community Room on February 17, 2016 and February 25, 2016  • Savor the Flavor presentations was given by the U of I Extension in the Medical Office Building Community Room on March 29, 2016
Continued development of chronic care management with focus on diabetes, migrating toward patient-centered medical home	Continued development of chronic care management with focus on diabetes, migrating toward patient-centered medical home  • Chronic Care Management program to start around the end of July 2016
Develop a relationship with the endocrinologist	Develop a relationship with the endocrinologist  • Christie Razavi, MD, started practicing in CAH's specialty clinics in March of 2016
Support Carlinville's Winning Communities' Green Space Program	Support Carlinville's Winning Communities' Green Space Program  • A meeting with Greg Boente and Richard Oswald was held on April 2, 2016 to discuss CAH's interest in supporting a community walking path  • A meeting with Greg Boente, Jay Jessen, and Mayor Deanna Demuzio was held on April 13, 2016 to continue the discussion initiated on April 2, 2016  • CAH sponsored the CWC Biathlon on June 18, 2016

<b>Activities</b> (August 1, 2015 – July 31, 2016)	Outcomes
Explore walking paths to and around the hospital	Explore walking paths to and around the hospital  • Hospital's Wellness Committee is working on plans to create a walking path
Continue Health Jam program with U of I Extension	Continue Health Jam program with U of I Extension CAH participated in Health Jam program on February 17, 2016
Continue healthy living and nutrition education in schools in the service area	Continue healthy living and nutrition education in schools in the service area  • CAH participated in the eight weeks of wellness program at CIS on April 20, 2016
Continue health fair participation in communities, offering education and testing	<ul> <li>Continue health fair participation in communities, offering education and testing</li> <li>CAH participated in the Community Wellness Fair on September 12, 2015</li> <li>CAH participated in the Pleasant Hill Village Senior Health Day on September 24, 2015</li> <li>CAH participated in the Benld Fall Festival on September 26, 2015</li> <li>CAH participated in the Schutt Employee Health Fair on October 5, 2015</li> <li>CAH participated in the NorthMac School District Employee Health Fair on November 25, 2015</li> <li>CAH participated in the Blackburn Employee Health Fair on December 10, 2015</li> <li>CAH participated in the Senior Health Expo in Staunton on April 26, 2016</li> <li>CAH participated in the MJM Employee Health Fair on June 28, 2016</li> </ul>
Continue support of Macoupin County Public Health Department's diabetes program	Continue support of Macoupin County Public Health Department's diabetes program  CAH provided meeting space for the MCPHD diabetes workshops in March and May of 2016  CAH promoted the MCPHD diabetes workshops on social media

Year Two Action Plan: Expand awareness of obesity and diabetes

Year Two Objectives: Explore partnership with U of I Extension for obesity, diabetes,

and nutrition programming

Continued development of chronic care management

Develop a relationship with the endocrinologist

Support Carlinville's Winning Communities' Green Space Program

Explore walking paths to and around the hospital

Continue Health Jam program with U of I Extension

Continue healthy living and nutrition education programming

Continue health fair participation in area communities

Continue support of Macoupin County Public Health Department's

diabetes program

Activities (August 1, 2016 – July 31, 2017)	Outcomes
Explore partnership with U of I Extension for community-based obesity, diabetes, and nutrition programming	Explore partnership with U of I Extension for community-based obesity, diabetes, and nutrition programming  • No action/no outcomes
Continued development of chronic care management with focus on diabetes, migrating toward patient-centered medical home	Continued development of chronic care management with focus on diabetes, migrating toward patient-centered medical home  • Kathy McQuade, RN, provides Medicare wellness visits and chronic care management  • There were 132 total Medicare wellness visits for FY17, which increased from 25 visits in FY16
Develop a relationship with the endocrinologist	Develop a relationship with the endocrinologist  Christie Razavi, MD, continues to see patients in CAH's specialty clinic  Christie Razavi, MD, stopped seeing patients in CAH's specialty clinic in June of 2017  CAH administration continues to explore finding another endocrinologist
Support Carlinville's Winning Communities' Green Space Program	Support Carlinville's Winning Communities' Green Space Program  CAH sponsored and offered the site for starting and finishing the CWC Biathlon in June of 2017

<b>Activities</b> (August 1, 2016 – July 31, 2017)	Outcomes
Explore walking paths to and around the hospital	<ul> <li>Explore walking paths to and around the hospital</li> <li>Hospital's Wellness Committee presented walking path plans to hospital administration on August 19, 2016</li> <li>CAH's Auxiliary presented a \$35,000 check to the hospital to help with the cost of creating the walking path. Target completion date for the walking path is September of 2017</li> </ul>
Continue Health Jam program with U of I Extension	Continue Health Jam program with U of I Extension CAH participated in Health Jam program on February 15, 2017
Continue healthy living and nutrition education in schools in the service area	Continue healthy living and nutrition education in schools in the service area  No action/no outcomes
Continue health fair participation in communities, offering education and testing	<ul> <li>Continue health fair participation in communities, offering education and testing</li> <li>CAH participated in the Pioneer Employee Health Fair on September 15, 2016</li> <li>CAH participated in Senator Manar's Senior Health Fair on September 21, 2016</li> <li>CAH participated in the Pleasant Hill Senior Health Fair on September 22, 2016</li> <li>CAH participated in the Benld Fall Festival on September 24, 2016</li> <li>CAH participated in the Schutt Employee Health Fair on October 13, 2016</li> <li>CAH participated in the Illinois Regional Teachers' Institute Health Fair on November 11, 2016</li> <li>CAH participated in the Blackburn Employee Health Fair on December 6, 2016</li> <li>CAH participated in the MJM Employee Health Fair on May 18, 2017</li> </ul>
Continue support of Macoupin County Public Health Department's diabetes program	Continue support of Macoupin County Public Health Department's diabetes program  CAH provided meeting space for the MCPHD diabetes workshops in September of 2016 and January of 2017  CAH promoted the MCPHD diabetes workshops on social media

Year Three Action Plan: Expand awareness of obesity and diabetes

Year Three Objectives: Explore partnership with U of I Extension for obesity, diabetes, and nutrition programming

Continued development of chronic care management

Develop a relationship with the endocrinologist

Support Carlinville's Winning Communities' Green Space Program

Explore walking paths to and around the hospital Continue Health Jam program with U of I Extension

Continue healthy living and nutrition education programming

Continue health fair participation in area communities

Continue support of Macoupin County Public Health Department's

diabetes program

<b>Activities</b> (August 1, 2017 – July 31, 2018)	Outcomes
Explore partnership with U of I Extension for community-based obesity, diabetes, and nutrition programming	Explore partnership with U of I Extension for community-based obesity, diabetes, and nutrition programming  • No action/no outcomes
Continued development of chronic care management with focus on diabetes, migrating toward patient-centered medical home	Continued development of chronic care management with focus on diabetes, migrating toward patient-centered medical home  CAH hosted an ICAHN Wellness Workshop on October 24, 2017  CAH hosted a monthly Parkinson's exercise program  CAH hosted the monthly Ball and Fall group  CAH provided an aqua exercise class to the community throughout the fiscal year
Develop a relationship with the endocrinologist	Develop a relationship with the endocrinologist  • Endocrinologist continues to be available through the Springfield Clinic, LLP, Carlinville location
Support Carlinville's Winning Communities' Green Space Program	Support Carlinville's Winning Communities' Green Space Program  • CAH sponsored the CWC Biathlon on June 18, 2018
Explore walking paths to and around the hospital	<ul> <li>Explore walking paths to and around the hospital</li> <li>The hospital's Wellness Path was completed on September 1, 2017</li> <li>The Wellness Path was rolled out to the community during the Auxiliary's 5K on September 9, 2017</li> <li>The Wellness Committee continues to communicate to employees the availability of the Wellness Path</li> </ul>

Activities (August 1, 2017 – July 31, 2018)	Outcomes
Continue Health Jam program with U of I Extension	Continue Health Jam program with U of I Extension  CAH participated in Health Jam program on February 22, 2018
Continue healthy living and nutrition education in schools in the service area	Continue healthy living and nutrition education in schools in the service area  CAH participated in the Carlinville School District's Back to School Night on July 23, 2018
Continue health fair participation in communities, offering education and testing	<ul> <li>Continue health fair participation in communities, offering education and testing</li> <li>The hospital hosted the CAH Auxiliary 5K and Community Wellness Fair on September 9, 2017</li> <li>CAH hosted the kidney mobile on September 1, 2017</li> <li>CAH participated in the Benld Fall Festival on September 23, 2017</li> <li>CAH hosted a Physical Therapy Community Open House</li> <li>CAH hosted a sepsis presentation to the community on October 24, 2017</li> <li>CAH hosted "Girls Night Out," a breast cancer awareness event on October 25, 2017</li> <li>CAH participated in the Schutt Employee Health Fair on October 26, 2017</li> <li>CAH hosted a Heart Healthy cooking class with the U of I Extension in February of 2018</li> <li>CAH hosted a ladies' golf clinic on April 19 and April 26, 2018</li> <li>CAH participated in the Carlinville Child Safety Fair in April of 2018</li> <li>CAH hosted the Carlinville Intermediate School Hospital tour and presentation on May 15, 2018</li> <li>CAH hosted the Relay for Life survivor dinner on May 24, 2018</li> <li>CAH participated in the MJM Employee Health Fair on May 31, 2018</li> </ul>

66 | 2019 Community Health Needs Assessment Carlinville Area Hospital | 67

<b>Activities</b> (August 1, 2017 – July 31, 2018)	Outcomes
Continue support of Macoupin County Public Health Department's diabetes	Continue support of Macoupin County Public Health Department's diabetes
program	<ul><li>program</li><li>CAH provided meeting space for the</li></ul>
	MCPHD diabetes workshops in October of 2017 and in March of 2018
	CAH promoted the MCPHD diabetes workshops on social media

#### Local Access to Specialists and Specialty Services

Year One Action Plan: Increase local access to specialists and specialty services Year One Objectives: Work with SIU School of Medicine for orthopedic services

**Explore infusion services** 

Explore telehealth for specialty services

Continue specialist recruitment

<b>Activities</b> (August 1, 2015 – July 31, 2016)	Outcomes
Work with SIU School of Medicine for orthopedic services, including procedures	Work with SIU School of Medicine for orthopedic services, including procedures  • Dr. El Bitar, MD, started three days a week, beginning in March of 2016
Explore infusion services	Explore infusion services     CAH is exploring opportunities     with Springfield Clinic
Explore telehealth for specialty services	Explore telehealth for specialty services     CAH is exploring telehealth services     with SIU and HSHS
Continue specialist recruitment	<ul> <li>Continue specialist recruitment</li> <li>Dr. Ettema, ENT, started in August of 2015</li> <li>Dr. Childers, Urology, started in November of 2015</li> <li>Dr. El Bitar, Orthopedics, started in February of 2016</li> <li>Dr. Strow, Dermatologist, started in February of 2016</li> <li>Dr. Razavi, Endocrinologist, started in March of 2016</li> <li>Dr. White and Dr. Hallam, General Surgery, started in April of 2017</li> </ul>

Year Two Action Plan: Increase local access to specialists and specialty services Year Two Objectives: Work with SIU School of Medicine for orthopedic services Explore infusion services

Explore telehealth for specialty services

Continue specialist recruitment

<b>Activities</b> (August 1, 2016 – July 31, 2017)	Outcomes
Work with SIU School of Medicine for orthopedic services, including procedures	Work with SIU School of Medicine for orthopedic services, including procedures  • Dr. El Bitar, MD, continues 2-3 days a week providing orthopedic services and orthopedic surgical procedures in the specialty clinic
Explore infusion services	Explore infusion services     Dr. Giannone began seeing infusion/     chemotherapy patients one day per week     on January 31, 2017     Administration is talking with Springfield     Clinic about rheumatology services
Explore telehealth for specialty services	Explore telehealth for specialty services     Telemedicine agreements for dermatology, pulmonology and neurology are being explored     Telemedicine agreements for dermatology and pulmonology have been utilized     Carol Labby is CAH's telemedicine nurse
Continue specialist recruitment	Continue specialist recruitment  Dr. White and Dr. Hallam, General Surgeons, started on April 6, 2017, under a Professional Service Agreement with Springfield Clinic  Dr. Thomas Cockayne, Podiatrist, started on June 29, 2017

Year Three Action Plan: Increase local access to specialists and specialty services Year Three Objectives: Work with SIU School of Medicine for orthopedic services

Explore infusion services

Explore telehealth for specialty services

Continue specialist recruitment

<b>Activities</b> (August 1, 2017 – July 31, 2018)	Outcomes
Work with SIU School of Medicine for orthopedic services, including procedures	Work with SIU School of Medicine for orthopedic services, including procedures  • Dr. El Bitar, MD, continues three days per week
Explore infusion services	Explore infusion services     Dr. Giannone continues seeing infusion/     chemotherapy patients one day per week
Explore telehealth for specialty services	Explore telehealth for specialty services     Telemedicine agreements are now in place for Audiology, Behavioral Health/Psychiatry, Child Psychiatry, Cardiology, Dermatology, Endocrinology, Neurology, Pain Management, Oncology, Hematology, Otolaryngology, Gastroenterology, Genetics, Infectious Disease, Neonatology, Neurology, Pulmonology, Urology Reproductive Endocrinology, Rheumatology, and Vascular Plastic Surgery
Continue specialist recruitment	<ul> <li>Continue specialist recruitment</li> <li>Dr. Lanie Eagleton, Pulmonologist, increased from two half-days to four days per month</li> <li>Dr. James Fernandez, ENT, began seeing patients in November of 2017</li> <li>Central Illinois Kidney and Dialysis began seeing patients in December of 2017</li> <li>Dr. Michael Pick, Rheumatologist, began seeing patients in May of 2018</li> </ul>

#### **Expanded Hours for Primary Care**

Year One Action Plan: Expand hours for primary care

Year One Objectives: Explore staggering hours and/or expanded hours

at the rural health clinics Explore telenurse services

Activities (August 1, 2015 – July 31, 2016)	Outcomes
Explore staggering hours and/or expanded hours at the rural health clinics	<ul> <li>Explore staggering hours and/or expanded hours at the rural health clinics</li> <li>Dr. Cruz started at CFHC on July 5, 2016</li> <li>CFHC clinic hours were expanded from 4 p.m. to 5 p.m.</li> </ul>
Explore telenurse services	<ul><li>Explore telenurse services</li><li>No actions/no outcomes</li></ul>

Year Two Action Plan: Expand hours for primary care

Year Two Objectives: Explore staggering hours and/or expanded hours

at the rural health clinics Explore telenurse services

<b>Activities</b> (August 1, 2016 – July 31, 2017)	Outcomes
Explore staggering hours and/or expanded hours at the rural health clinics	<ul> <li>Explore staggering hours and/or expanded hours at the rural health clinics</li> <li>Dr. Adams, Family Practice, started at CFHC on August 1, 2016</li> <li>CFHC clinic hours were expanded from 5 p.m. to 6 p.m. Monday through Friday, starting on August 1, 2016</li> <li>Dr. Hatley was interviewed on May 4, 2017 to discuss an opportunity that would include weekend walk-in clinic hours and possibly expanding the RHC in other locations</li> </ul>
Explore telenurse services	Explore telenurse services  • No actions/no outcomes

Year Three Action Plan: Expand hours for primary care

Year Three Objectives: Explore staggering hours and/or expanded hours

at the rural health clinics Explore telenurse services

<b>Activities</b> (August 1, 2017 – July 31, 2018)	Outcomes
Explore staggering hours and/or expanded hours at the rural health clinics	<ul> <li>Explore staggering hours and/or expanded hours at the rural health clinics</li> <li>Dr. Hatley began seeing patients in CFHC in January of 2018</li> <li>CareNow Weekend Walk-in Clinic began seeing patients in July of 2018</li> </ul>
Explore telenurse services	Explore telenurse services  • No actions/no outcomes

#### **Food Security for Youth**

Year One Action Plan: Enhance food security for youth

Year One Objectives: Continue to provide healthy food and other support for youth Partner with the U of I Extension to explore nutrition information

and youth and senior food programs

<b>Activities</b> (August 1, 2015 – July 31, 2016)	Outcomes
Continue to provide healthy food and other support for youth and seniors with a summer food program as well as a weekend food program	Continue to provide healthy food and other support for youth and seniors with a summer food program as well as a weekend food program  CAH sponsored the Lunch Bunch Food Program, which was conducted during the summer of 2016  CAH sponsored the Third Day Project  CAH sponsored the Girard Food Program, which was conducted during the summer of 2016
Partner with the U of I Extension to explore nutrition information and youth food programs for outlying communities	Partner with the U of I Extension to explore nutrition information and youth food programs for outlying communities  No actions/no outcomes

Year Two Action Plan: Enhance food security for youth

Year Two Objectives: Continue to provide healthy food and other support for youth

Partner with the U of I Extension to explore nutrition information

and youth and senior food programs

<b>Activities</b> (August 1, 2016 – July 31, 2017)	Outcomes
Continue to provide healthy food and other support for youth and seniors with a summer food program as well as a weekend food program	Continue to provide healthy food and other support for youth and seniors with a summer food program as well as a weekend food program  CAH sponsored the Lunch Bunch Food Program, which was conducted during the summer of 2017, consisting of an eight-week program held in collaboration with MCHA, MCHD, and local schools  CAH sponsored the Third Day Project during the 2016-17 school year  CAH sponsored the Girard Food Program, which was conducted during the summer of 2017
Partner with the U of I Extension to explore nutrition information and youth food programs for outlying communities	Partner with the U of I Extension to explore nutrition information and youth food programs for outlying communities  No actions/no outcomes

Year Three Action Plan: Enhance food security for youth Year Three Objectives: Continue to provide healthy food and other support for youth

Partner with the U of I Extension to explore nutrition information and youth and senior food programs

<b>Activities</b> (August 1, 2017 – July 31, 2018)	Outcomes
Continue to provide healthy food and other support for youth and seniors with a summer food program as well as a weekend food program	Continue to provide healthy food and other support for youth and seniors with a summer food program as well as a weekend food program  CAH sponsored the Lunch Bunch Food Program, which was conducted during the summer of 2018, consisting of an eight-week program held in collaboration with MCHA, MCHD, and local schools  CAH sponsored the Third Day Project during the 2017-18 school year  CAH sponsored the Girard Food Program, which was conducted during the summer of 2018
Partner with the U of I Extension to explore nutrition information and youth food programs for outlying communities	Partner with the U of I Extension to explore nutrition information and youth food programs for outlying communities  No actions/no outcomes



#### VII. IMPLEMENTATION STRATEGY

2019 Community Health Needs Assessment

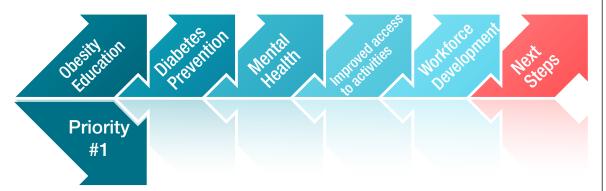
# **Implementation Process**

## **Planning Process**

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Carlinville Area Hospital on November 30, 2018. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

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

#### Implementation Strategy - Priority #1



The group identified and prioritized addressing obesity by providing education and programming aimed at youth on the need for recreation, exercise, and healthy eating. The group felt that addressing this issue would also impact other issues identified as significant, including diabetes and mental health.

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

• Continue supporting programs already in place such as the Lunch Bunch summer food program in Carlinville, Girard Summer Food Program, 3rd Day Project for snack bags on long weekends, University of Illinois Extension's Health Jam, Auxiliary 5K and Wellness Fair, other local 5K sponsorships, and sports team sponsorships

## **Planning Process**

- Explore partnerships with local University of Illinois Extension for nutrition programs
- Promote the hospital's wellness walking path to the community
- Continue healthy living and nutrition program education in the schools within the hospital's service area
- Continue health fair participation in communities, offering education and testing
- Expand programs outside Carlinville into the hospital's secondary service area

#### Anticipated impacts of these actions:

- Expanded access to nutrition education
- Expanded access to food during the summer months for school aged children and senior adults
- Expanded access to food for school aged children during 3-day weekends
- People will have healthy food choices
- Access to recreation and exercise
- Increase education and knowledge base of youth on healthy eating and food choices as well as being healthy
- Access to free health screenings
- Measurable outcomes:
- o Number of persons receiving education
- Number of screenings completed
- o Number of persons receiving healthy food through Lunch Bunch, 3rd Day Project, and other food programs within service area
- o Number of exercise and recreational events created, sponsored, and/or supported by Carlinville Area Hospital in the hospital's service area

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

- Administration
- Community outreach
- Wellness Committee

- Dietary
- Laboratory
- Rehabilitation
- Cardiopulmonary
- Cardiac rehabilitation

#### Planned collaboration between the hospital and other organizations:

- Carlinville Area Hospital Auxiliary
- University of Illinois Extension
- Catholic Charities
- 3rd Day Project
- Area businesses
- Area schools
- Area churches
- Carlinville Winning Communities social service group

#### Implementation Strategy - Priority #2



Specifically addressing diabetes and the need for:

- Education and prevention programming for pre-diabetes and diabetes
- Smoking prevention education and programs
- Programs encouraging recreation and exercise at all ages

## **Planning Process**

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

- Continue health fair participation in communities, offering education and testing
- Continued development of chronic care management with focus on diabetes. migrating toward Patient Centered Medical Home
- Develop relationship with endocrinologist
- Continue support of Macoupin County Public Health Department diabetes program
- Continue to offer and promote wellness path, aquatic classes, Cardiac Rehab Phase III program, golf clinic, fall and balance classes, and Parkinson weekly exercise group
- Offer employee wellness program platform to area employers

#### Anticipated impacts of these actions:

- Expand access to diabetes and nutrition education
- Improved chronic disease management
- Access to recreation and exercise programs
- · Access to specialist without traveling a long distance

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

- Administration
- Community outreach
- Medical physicians and advance practice providers
- Rehabilitation services
- Cardiac rehab
- Rural health clinics
- Specialty clinics

#### Planned collaboration between the hospital and other organizations:

- Carlinville Area Hospital Auxiliary
- Macoupin County Public Health Department
- Carlinville Winning Community Green Space Group
- Springfield Clinic, LLP
- SIU Telehealth
- Pana Community Hospital
- Hillsboro Area Hospital

#### Implementation Strategy - Priority #3



The third prioritized need fell generally under the category of mental health, with specific reference to the need for:

- Attempting to address the local shortage of opportunities for substance detoxification, rehabilitation, and recovery
- Improving availability of mental health and substance use and misuse counseling
- Improving access to local mental health case management services for persons suffering mental health issues including depression, arief, and loss
- Diversion to concentrated services for persons identified with Adverse Childhood Experiences (ACES)

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

- Continue to educate and market the Senior Behavioral Health SELF program
- Support the efforts of the Macoupin Montgomery Addiction and Behavioral Health Coalition (MMABHC)
- Continue exploring telepsychiatry for mental health counseling
- Continue relationship with Locust Street Resource Center to help with evaluation and placement of patients
- Explore telebehavioral health crisis assessment
- Explore the addition of a social worker to the rural health clinics
- Continue group activities and develop additional activities as need and opportunity arises such as the Senior Series, golf clinic, fall and balance classes, Parkinson support group, Parkinson exercise classes, aquatic classes, cancer support group, etc.

## **Planning Process**

#### Anticipated impacts of these actions:

- Improve quality of life for seniors
- Improve opportunity for seniors to live independently longer
- Provide opportunities for seniors to socialize and reduce isolation
- Provide support for caregivers
- Increase access to mental health counseling
- Improve care for individuals in a mental health crisis situation

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

- Administration
- Community Outreach
- Primary care physicians
- Rural health clinics
- Emergency Department
- Rehabilitation services
- IT
- Senior behavioral health

#### Planned collaboration between the hospital and other organizations:

- Macoupin County Public Health Department (transportation services)
- UltraGroup Healthcare
- Locust Street Resource Center
- Macoupin Montgomery Addiction Behavioral Health Coalition
- SIU Telehealth
- HSHS
- Gateway Behavioral Health Resource Center

#### Implementation Strategy - Priority #4



Improve access to preventative care and case management services

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

- Continue to offer case management services in the rural health clinics
- Explore the addition of a social worker in the rural health clinics
- Expand rural health clinic hours
- Explore expanding rural health clinics into other communities within the hospital's service area
- Offer wellness program to local businesses and civic organizations
- Expand telehealth services offered

#### Anticipated impacts of these actions:

- Improve access to preventative care to populations serviced
- Expand an understanding of resources available to community
- Increase patients access to resources to meet basic needs
- Provide a wellness program for the community
- Increase access to specialists through telemedicine

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

- Administration
- Community outreach
- Rural health clinics
- Wellness committee
- Primary care providers
- IT

## **Planning Process**

#### Planned collaboration between the hospital and other organizations:

- SIU Telehealth
- Local Chamber of Commerce
- Independent providers
- Local businesses
- Macoupin County Public Health Department
- Carlinville Winning Communities social service group

#### Implementation Strategy – Priority #5



Local healthcare workforce development

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

- Continue to offer and communicate information regarding CAH tuition assistance program to employees
- Continue to support the Macoupin CEO Program
- Continue to offer High School 2 Health Care program
- Continue to offer clinical rotations
- Communicate scholarship opportunities available to employees
- Explore international recruitment for areas with professional shortages
- Attend career fairs at local high school and colleges
- Provide hospital tours to students
- Provide job shadowing opportunities to students
- Provide resources to local high school students regarding healthcare careers
- Explore different advertising avenues to communicate job openings
- Continue to solicit feedback from employees through employee satisfaction survevs
- Continue to monitor turnover rates and exit interview comments

#### Anticipated impacts of these actions:

- Increase opportunities for employees to continue education
- Increase opportunities for individuals within the communities to continue
- Increase high school students' awareness of career opportunities within the healthcare field
- Decrease the length of time to fill a vacant position
- Retain staff and decrease/maintain employee turnover
- Increase employee satisfaction

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

- Administration
- Human resources
- Community outreach
- Department heads
- Employees

#### Planned collaboration between the hospital and other organizations:

- Carlinville Area Hospital Auxiliary
- Carlinville Area Hospital Foundation
- Lewis and Clark Community College
- Lincoln Land Community College
- Southwestern Illinois College
- University of Illinois Chicago
- High schools within CAH service area
- International recruitment agencies
- Medefis
- Immigration attorneys
- Illinois Critical Access Hospital Network
- Local Boy Scout troops
- Local Girl Scout troops
- Local 4-H groups



## VIII. DOCUMENTING AND COMMUNICATING RESULTS

2019 Community Health Needs Assessment

# **Documenting and Communicating Results**

## **Approval**

This CHNA Report will be available to the community on the hospital's public website: https://www.cahcare.com. A hard copy may be viewed at the hospital by inquiring at the information desk at the main entrance.

This Community Health Needs Assessment and Implementation Plan of Carlinville Area Hospital was approved by the Carlinville Area Hospital Board of Directors on the 20th day of June, 2019.



## IX. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment

## References

## References

- County Health Rankings, 2018 County Health Rankings
- Community Commons, 2018 Community Commons
- Illinois Department of Employment Security, 2018
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2018
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2018
- ESRI, 2018
- Illinois State Board of Education, Illinois Report Card, 2016 2017
- Atlas of Rural and Small Town America, USDA, 2018
- Behavioral Risk Factor Surveillance Survey Illinois Counties 2018
- Illinois Youth Survey, 2018
- Courtesy: Community Commons, <www.communitycommons.org>, August, 2018

(Support documentation on file and available upon request)

# **Appendix**

# **Appendix**

## Focus Group 1 – Medical Professionals and Partners

Ryan Dixon	Manager	D&D Fitness
Shannon Dixon	Manager	Village of Morse Farms and D&D Fitness
Jon Reid	OD	Advanced Eyecare
Rhonda Harms	NP-C	Girard Family Health Care
Joshua Ross	Representative	Gillespie-Benld Area Ambulance
Michael LeVora	DMD	Denby Dental
Lori Hopping	Representative	Fitness A Go Go
Leann Barr	Director	Carlinville Family Health Care
Kent Tarro	Representative	Macoupin County Public Health Department
Elizabeth O'Brien	MD	Springfield Clinic – Carlinville Office
Jessica LeVora	PA-C	Springfield Clinic - Carlinville Office
Rachel Bouillon	RN	Carlinville High School Nurse
Ann Zahniser	NP-C	Carlinville Family Health Care
Kate Wilkens	MD	Carlinville Family Health Care
Anne Borwick	DO	Carlinville Family Health Care
Melissa Fernandez	Community Outreach	Carlinville Area Hospital
Tracy Koster	Director HR/ Community Outreach	Carlinville Area Hospital
Debbie Seymour	NP-C	Carlinville Area Hospital
Sara McPeak	CNO	Carlinville Area Hospital

## Focus Group 2 - Community Leaders

Tim Morenz	Representative	Blackburn College
Shawn Kahl	Sheriff	Macoupin County Sheriff's Department
Jim Pitchford	IPEM Coordinator	Macoupin County EMA
Brad Skertich	Southwestern Superintendent	Southwestern Community Unit School District #9
Megan Biddle	Reverend	Carlinville Federated Church
Peg Barkley	CEO	Macoupin County Housing Authority
Patrick Drew	CHS Principal	Carlinville High School
Tracy Koster	Director HR/ Community Outreach	Carlinville Area Hospital
Melissa Fernandez	Community Outreach	Carlinville Area Hospital
Pat Callahan	Representative	Prairie Farms Dairy, Inc.
Ken Reid	CEO	Carlinville Area Hospital

## Implementation Strategy Group

Ken Reid	CEO	Carlinville Area Hospital
Tracy Koster	Director HR/ Community Outreach	Carlinville Area Hospital
Sara McPeak	CNO	Carlinville Area Hospital
Melissa Fernandez	Community Outreach	Carlinville Area Hospital
Dennis Pickrel	Board of Directors	Carlinville Area Hospital
Jessica Barkley	Quality & Risk Manager	Carlinville Area Hospital
Beth Stewart	ED Manager	Carlinville Area Hospital
Jim Salske	Board of Directors	Carlinville Area Hospital

# Notes

