

2012

COMMUNITY HEALTH NEEDS ASSESSMENT



COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012



# Illini Community Hospital

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COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012



# TABLE OF CONTENTS

## Process

Purpose . . . . . 3  
Scope of Assessment . . . . . 3  
Methodology and Gap Analysis . . . . . 4

## Community

Geographic Assessment Area Defined . . . . . 5  
Demographic Profile . . . . . 6  
Economic Profile . . . . . 7

## Input

Health Profiles from Existing Studies and other Secondary Data . . . . . 10  
Primary Source Information . . . . . 14

## Prioritization

Reconciliation of Primary Source Information with Secondary Data . . . . . 18  
Summary of Findings and Recommendations . . . . . 18

## Resource Inventory

Illini Community Hospital . . . . . 19  
Area Health Services Review . . . . . 23

## Remarks

Remarks . . . . . 25

## Appendix

Participants . . . . . 26  
Collaboration . . . . . 28

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



## PROCESS

### Purpose

Illini Community Hospital offers quality, compassionate and comprehensive medical care, placing a strong emphasis on community wellness. In the past, Illini Community Hospital has employed many different methods to assess the health needs of the communities it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require Illini Community Hospital to conduct a local community health needs assessment, following specific guidelines, every three years and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

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

### Scope of Assessment

Illini Community Hospital elected to conduct a community health needs assessment in years 2011 and 2012. This community health needs assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

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

The community health needs assessment will serve as a guide for planning and implementation of health care initiatives that will allow the hospital and its partners to best serve the emerging health needs of the Pittsfield area.

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

**Illini Community Hospital offers quality, compassionate and comprehensive medical care, placing a strong emphasis on community wellness.**

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



## Methodology and Gaps Analysis

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

Avenues for gathering primary data were reviewed and it was determined to proceed with three focus groups, comprised of area health care professionals/partners, community officials and community leaders and groups.

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

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

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

COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012



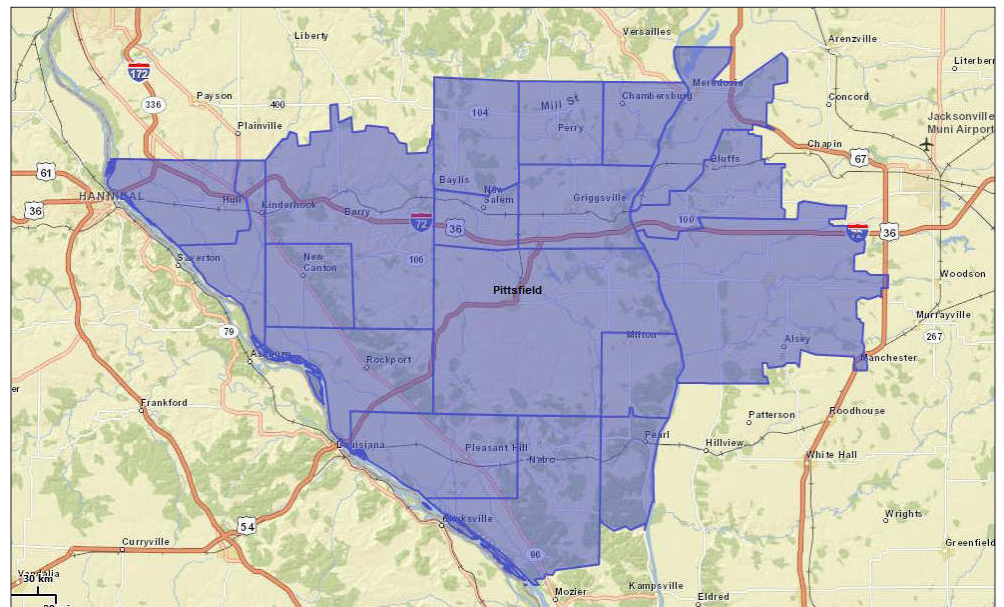
# COMMUNITY

## Geographic Assessment Area Defined

The Illini Community Hospital community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary hospital catchment area, which includes all or portions of the 15 zip code service areas surrounding Pittsfield, New Salem, New Canton, Rockport, Barry, Baylis, Kinderhook, Griggsville, Chambersburg, Perry, Aley, Milton, Pleasant Hill, Nebo and Pearl. This geographic area definition of community is well-suited to Illini Community Hospital, a designated Critical Access Hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.

The Illini Community Hospital service community is located primarily in Pike County.

**Illustration 1. Illini Community Hospital Service Area**



(ESRI - 2012)

COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012



## Demographic Profile

**Table 1. Population by Race – Illini Hospital Service Area**

RACE and ETHNICITY	2011		2016	
	Number	Percent	Number	Percent
White	22,335	97.4%	21,735	97.2%
Black	292	1.3%	296	1.3%
American Indian	38	0.2%	42	0.2%
Asian	53	0.2%	51	0.2%
Pacific Islander	6	0.0%	7	0.0%
Other	49	0.2%	61	0.3%
Two or More Races	161	0.7%	170	0.8%
Hispanic Origin (any race)	221	1.0%	276	1.2%

(ESRI - 2012)

The racial makeup of the service area is typical of rural Illinois. There are no significant changes in the profile projected over the next five years.

The broad demographic profile of the Illinois Community Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following charts and data profile trends in the demographic environment surrounding the Illini Community Hospital service area. While subject to varying margins of error, they provide a reasonable and useful base profile.

**Table 2. Demographic Trends – Illini Hospital Service Area**

SUMMARY	2010	2011	2016
Population	23,105	22,934	22,362
Households	9,365	9,293	9,088
Families	6,382	6,334	6,136
Average Household Size	2.4	2.4	2.39
Owner Occupied Housing Units	7,238	7,124	7,006
Renter Occupied Housing Units	2,127	2,169	2,082
Median Age	42.4	42.6	43.7
TRENDS: 2011-2016 Annual Rate	AREA	STATE	U.S.
Population	-0.50%	0.00%	0.67%
Households	-0.45%	0.00%	0.71%
Families	-0.63%	0.00%	0.57%
Owner Households	-0.33%	0.00%	0.91%
Median Household Income	1.48%	0.00%	2.75%

(ESRI - 2012)

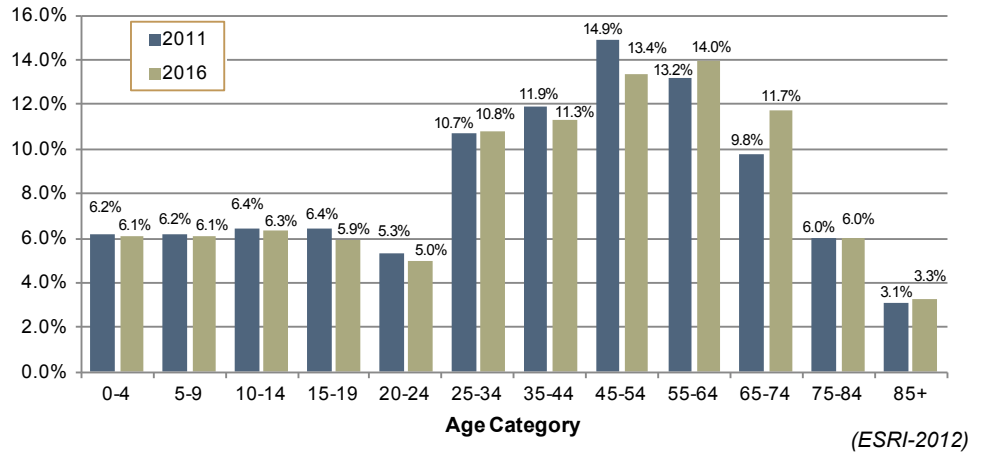
The overall population of the service area is trending toward a modest decrease with expected related decreases in most demographic categories. The median age is projected to continue to increase over the next five years to 43.7 years of age. The median household income is projected to increase at a rate about half of the national trend.

COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012



**Table 3. Population by Age – Illini Hospital Service Area**



The population over age 55 is projected to increase over the next five years while falling in every other age grouping except the 25-34 group which will rise slightly and the 0-4 group which will remain steady. The increase in the 25-34 group and the stability of the 0-4 group are positive indicators for the service area despite the small overall drop in population that is expected and the general aging of the community as a whole.

**Economic Profile**

**Table 4. Household Income Profile – Illini Hospital Service Area**

HOUSEHOLDS BY INCOME	2011		2016	
	Number	Percent	Number	Percent
<\$15K	1,682	18.1%	1,606	17.7%
\$15K-\$24K	1,526	16.4%	1,246	13.7%
\$25K-\$34K	1,257	13.5%	1,313	14.4%
\$35K-\$49K	1,362	14.7%	1,084	11.9%
\$50K-\$74K	1,798	19.3%	1,907	21.0%
\$75K-\$99K	1,014	10.9%	1,202	13.2%
\$100K-\$149K	480	5.2%	530	5.8%
\$150K-\$199K	113	1.2%	137	1.5%
\$200K+	61	0.7%	63	0.7%

Median Household Income	\$36,473	\$39,261
Average Household Income	\$46,859	\$50,275
Per Capita Income	\$19,235	\$20,694

(ESRI - 2012)

Median household income for 2011 was \$36,473 in the Illini Community Hospital service area, compared to \$54,442 for all U.S. households and \$50,761 in Illinois. Median household income in the service area is projected to be \$39,261 in five years. Median household income is the amount where one-half of the households in the county have a higher income and one-half of the households have a lower income. (ESRI, 2012) . The overall poverty level for 2006-2010 was 15.4%, compared to the state rate of 12.6. (U.S. Census Quick Facts, 2011)



COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012

According to the Illinois Department of Employment Security, Local Employment Dynamics Data, 208 new jobs were created in all of Pike County during the first quarter of 2011. The average over Q1/2011 and the prior three quarters was 236 new jobs. That is the most recent data reported for the county. The average net job flow (jobs created minus jobs lost) for the same period was 13 new jobs, but for the first quarter of 2011, it was 63 new jobs. (IDES, May 2012)

Pike County's unemployment rate was 7.6 percent unemployed for March 2012, compared to 8.3 percent for March 2011. In March 2012, the rate for Illinois was 9.0 percent unemployed and the U.S. was 8.4 percent. (IDES, May, 2012)

**Table 5. Collected Sales Tax Trends – Illini Hospital Service Area**

	Pittsfield	New Salem	Pleasant Hill
FY 2011	\$946,681	\$1,099	\$52,546
FY 2010	\$839,374	\$309	\$45,664
FY 2009	\$920,181	\$517	\$51,523

(ESRI - 2012)

**Table 6. Educational Attainment, Persons Over Age 25 – Illini Svc Area**

In 2011, the educational attainment of the population aged 25 years or older in the area was distributed as follows:
14.7 percent had not earned a high school diploma (14.8% in the U.S.)
46.3 percent were high school graduates only (29.6% in the U.S.)
6.4 percent had completed an Associate's degree (7.7% in the U.S.)
8.9 percent had a Bachelor's degree (17.7 % in the U.S.)
3.6 percent earned a Master's/Professional/Doctorate degree (10.4% in U.S.)

(ESRI - 2012)

The percent of post high school attainment in the service area is lower than for the United States overall in the categories of associate's degree and bachelor's degree and graduate or professional degree. Low-income students are pupils age 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds or eligible to receive free or reduced-price lunches. The percentage of low-income students is the count of low-income students, divided by the total fall enrollment, multiplied by 100. At Griggsville-Perry CUSD 4, the percentage of low-income students rose from 45% in 2000 to 51% in 2011. During the same period, Pikeland CUSD 10 rose from 20% to 48%, Pleasant Hill CUSD 3 rose from 26% to 39% and during the period 2008 – 2011, Western CUSD 12 rose from 38% to 48% low-income students.

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



The Illini Community Hospital service area is experiencing recovering employment numbers and sales tax revenue. The numbers of children eligible for free or reduced lunch are increasing, which is typical when compared to many rural districts. The area's poverty level is also higher than that of the state of Illinois.

The service area enjoys diverse employment opportunities overall. The second largest employment group is health care and social assistance. Illini Community Hospital and its supporting services and partners are included in this group. Illini Community Hospital plays an important role in the economic vitality of the area and its health.

**Table 7. Employment by Industry – Illini Hospital Service Area**

CATEGORY	EMPLOYED	% OF WORKING POPULATION
Retail trade	1,426	13.0%
Health care and social assistance	1,406	12.8%
Manufacturing	1,277	11.7%
Educational services	1,020	9.3%
Agriculture, forestry, fishing and hunting	902	8.2%
Construction	798	7.3%
Public administration	664	6.1%
Accommodation and food services	643	5.9%
Transportation and warehousing	598	5.5%
Finance and insurance	462	4.2%
Other services, except public administration	408	3.7%
Wholesale trade	350	3.2%
Administrative and support and waste management services	292	2.7%
Utilities	187	1.7%
Information	162	1.5%
Professional, scientific and technical services	154	1.4%
Real estate, rental and leasing	89	0.8%
Arts, entertainment and recreation	84	0.8%
Mining, quarrying, and oil/gas extraction	37	0.3%
Management of companies and enterprises	0	0.0%
<b>TOTALS:</b>	<b>10,959</b>	<b>100.0%</b>

(ESRI - 2012)

The service area's social and economic picture is influenced by the fact that just over 73% of the land area in Pike County consists of farms, according to 2007 data from the USDA. Thirty-seven percent of local farm operators work off-farm. (*Atlas of Rural and Small Town America, 2011*)

The hospital catchment area is marked by small communities relying primarily on small businesses and industries, agriculture and service providers for its local employment but also looks to nearby larger communities for jobs. There is no local employer with more than a few hundred employees.

The demographic and economic profiles of the ICH service area are expected to remain substantially similar in all categories reviewed for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.



# INPUT

## Health Profiles from Existing Studies and other Secondary Data

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

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

*(County Health Rankings and Roadmaps, 2012)*

Pike County is ranked 28th out of the 102 Illinois counties in the Rankings released in April 2012. The following observations from the rankings are of interest to the health needs assessments of the ICH service area.

**Table 8. Health Ranking Observations – Pike County**

Observation	Pike County	Illinois
Adults reporting poor or fair health	7%	16%
Adults reporting no leisure time physical activity	28%	25%
Adult obesity	28%	27%
Children under 18 living in poverty	25%	19%

*(County Health Rankings and Roadmaps - 2012)*

The County Health rankings also report a teen birth rate for Pike County of 43 per 1,000 females between ages 13-19, compared with the statewide rate of 40 percent and the national benchmark of 22 percent. The Rankings show a motor vehicle crash death rate of 22 percent (per 100,000 population) in Pike County, compared with a rate of 11 percent statewide.

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

COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012

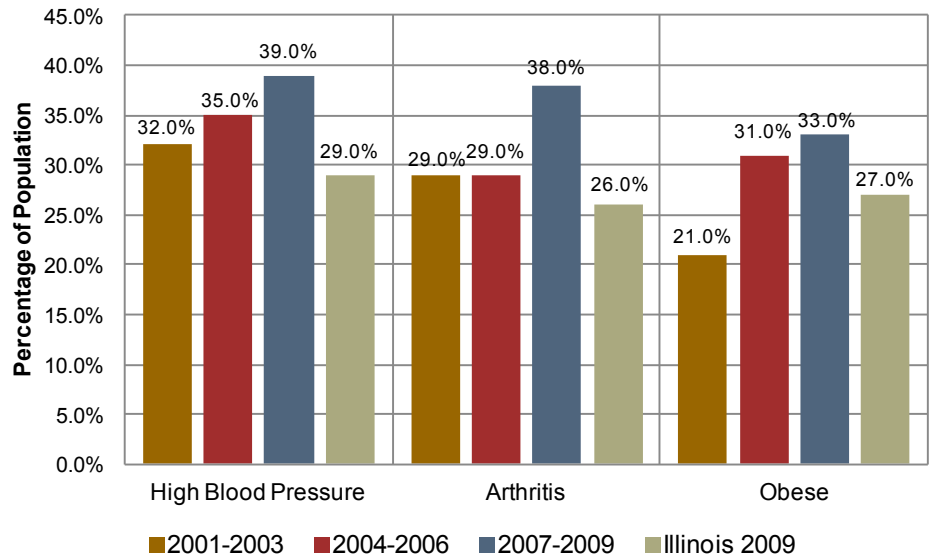


Secondary data reports and other resources were reviewed for this assessment in order to provide points of comparison for the primary facts and anecdotes offered through the primary information collection process. Those secondary sources included:

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

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

**Table 9. Health Risk Factors – Pike County**

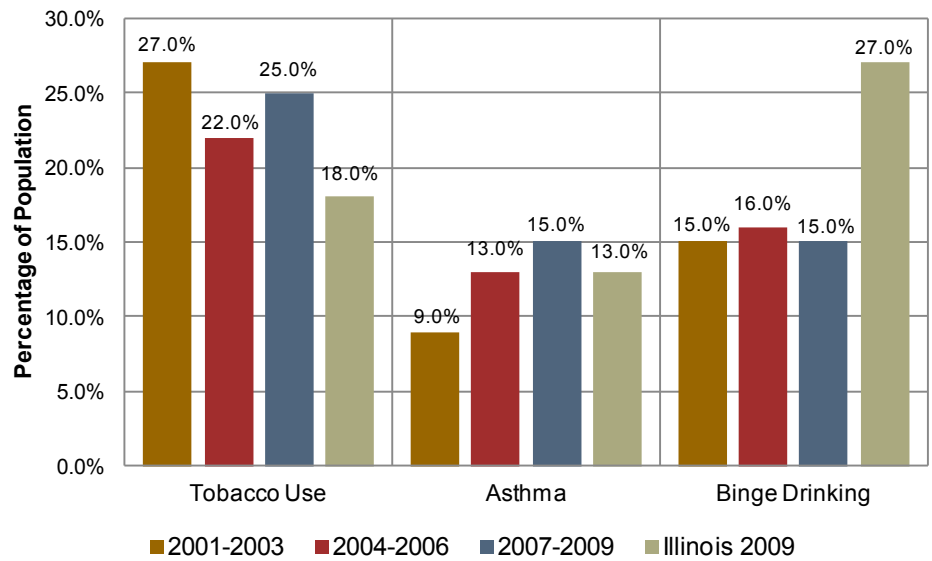


(IBRFSS - 2012)

COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012

**Table 10. Health Risk Factors – Pike County**



(BRFSS - 2012)

Since 2003, reports of diagnosis of high blood pressure and arthritis have risen steadily and have consistently exceeded the state level. Obesity has also increased steadily and has overtaken the state rate. Reports of tobacco use have decreased from 2003 to 2009 but remain above the state level. During the same period, diagnosis of asthma, like obesity, has increased steadily and overtaken the state rate.

The Illinois Department of Health releases countywide mortality tables from time to time. The most recent available table for Pike County, showing the causes of death within the county is set out in Table 11.

**Table 11. Health Risk Factors – Pike County**

Disease Type	# of Deaths
Diseases of the heart	284
Malignant neoplasms	308
Cerebro-vascular diseases (stroke)	74
Lower respiratory diseases	82
Accidents	57
Alzheimer's disease	74
Diabetes mellitus	33
Influenza and pneumonia	44
Nephritis, nephrotic syndrome, and nephrosis	34
Septicemia	21
Intentional self harm (Suicide)	13
Chronic liver disease, cirrhosis	9
All other causes	320
<b>TOTAL DEATHS</b>	<b>1,353</b>

(Illinois Behavioral Risk Factor Surveillance System-2011)

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



The mortality numbers are much as one would expect with cancer, diseases of the heart and lower respiratory diseases as leading factors.

Although cancer was the leading cause of death in 2008, the State Cancer Profiles compiled by the National Cancer Institute list Pike County at Level 6 for all cancers, which means the cancer rate overall is similar to the U.S. rate and is stable over the recent past. It is also potentially significant that, according to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions (January 2011), Pike County is a designated health professional shortage area. There are more than 30 state and federal programs available to HPSAs to help meet local health care needs.

### Synthesized Secondary Data

Pike County demographics reflect overall lower income and housing values than statewide comparisons but levels that are not inconsistent with other rural areas of the state. Unemployment in the county for March 2012 was lower than state and federal averages.

Pike County reports a higher percent of population at risk for smoking and reporting obesity than state averages and a higher percent of residents who have been diagnosed with high blood pressure.

### Summary

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

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



## Primary Source Information

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

A focus group comprised of health professionals and partners met on November 16, 2011. Participants in the group included a doctor, a representative of the local health department, a pharmacist and a representative of an ambulance service.

The group first discussed recent positive developments in the Illini Community Hospital service area. They identified the following changes:

- Improved collaboration
- Clinic has expanded
- Pike County Community Health Partnership (PCCHP)
- Grant – women’s health – ticket for a cure
- Increasing specialists – local and referrals out
- New primary care physicians
- Recovery of ambulance
- Dental clinic ground breaking soon
- Transport is operational
- Improved continuity of care for pre- and post-hospital care
- Attitude

The group then discussed a wide variety of health needs in several general categories, including:

- Exploration of cooperative planning for case management and follow-up
  - care and post care coordination and cooperation
    - bring physicians into the conversation
  - speech, OT, PT
  - education
    - prevention
    - wellness
    - responsibility
  - education for school staff
  - access to specialists for uninsured
  - community based health care education on diabetes and heart care – financial support needed
  - volunteer base – especially ambulance
  - transport ambulance
  - mental health – there is nowhere to send patients/clients
    - depression
    - suicide
    - substance abuse
  - follow-up services
    - episodic psychiatrist – weekly
    - limited counseling
    - need outpatient

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012

- o continuity of care on discharge could be better – process for pass off to home health care or other
- o dental
  - bringing clinic to reality
  - recruiting dentist
  - sustainability

### Focus Group #2 – Community Leaders and Groups

A focus group comprised of community leaders met on November 16, 2011. The group included representatives of local service organizations, a food bank, a chamber of commerce, a nutrition program at the University of Illinois Extension and a rural electric cooperative.

The second focus group session opened with the identification of several positive events that took place within the Illini Community Hospital service area during the past five years. The following developments were cited:

- Barry Community Care Center
- Response to community, care, leadership at Illini Community Hospital
- Local services are keeping up
- Attitude
- Expansion at hospital
- Information from Illini to community
- Cooperation for emergency services
- Emergency Room – ambulance, helicopter, specialists
- Staff and volunteers
- Attitude
- Therapy and fitness center
- Dialysis and specialists
- New transport
- Cardiac rehab unit
- Cooperation among agencies, groups and providers
- Addition to Illini Community Hospital and new ER
- Cooperation and collaboration
- Bridging to Winchester
- Community support

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses, both current and threatened for the future, in delivery of health care in the Illini Community Hospital service area.

- Planning to do more with less
- Educating public about availability and quality of local services
- Local care and Illini Hospital have to recover from past perceptions
- Availability of specialists
- Wellness care, education, clinics, screenings
- Teleservices, distance diagnosis and care; integrated records
- Obesity and diabetes



# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012

- Youth care, young adults, babies – delivery
- Planning for maintaining doctors, primary and specialists
  - strategic recruitment and planning
  - pharmacy, OT, PT, radiology
- Education about health care – transparency
  - accountability for personal health
  - confidence in total health care
- Cancer, diabetes, obesity, Parkinson's, cardiovascular (and blood pressure), stroke, Alzheimer's/dementia, musculoskeletal, substances (methamphetamines, alcohol, marijuana, prescription drugs), accidents (not motor vehicle), ADD – youth and adult, autism (education, identification and care)

### Focus Group #3 – Community Officials and Program Administrators

A focus group made of community leaders and elected officials met on November 17, 2011. The group included school board members, school officials, mayors and representatives of the mental health center and nursing homes.

The third focus group session opened with the identification of several positive events that took place within the Illini Community Hospital service area during the past five years. The following developments were cited:

- ER and follow-up care
- Personalization of care
- Creation and maintenance of jobs
- Ambulance service and rural clinic access is improving
- Collaboration between Illini and mental health center
- Expansion of the hospital
- Attitude
- Pike County Community Health Partnership (PCCHP)
  - transportation
  - cooperation from the hospital
  - high school experiences at Illini
- diagnostic testing done locally

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses, both current and threatened for the future, in delivery of health care in the Illini Community Hospital service area.

- Availability of local doctors and other resources
- Coordination and consolidation of resources in order to avoid duplication
- Doctors equipped to deal with special needs' youth
  - autism
  - ADD
  - vision
  - dental
- Mental health care for less severe (non-chronic) conditions (funding issues)
  - currently suicidal patients and those with substance abuse issues fall to hospital

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



- Training for ambulance personnel for elderly issues
- Education and training for school staff
  - suicide
  - allergy
  - substance
  - teen pregnancy and sexual awareness
- Awareness education about mental health services and issues
- Poverty – general in the area and small communities
  - Pleasant Hill
  - Milton
  - Griggsville
  - Pearl
  - Nebo
- Substances
  - methamphetamines
  - alcohol
  - synthetics
  - prescriptions
    - Adults' sale
- Elder issues generally
  - Alzheimer's care
- Lifestyle
- Depression
  - youth and adult

Additional comment – teachers are overloaded with special needs. There are more severe cases present in regular classrooms than in the past.



## PRIORITIZATION

### Reconciliation of Primary Source Information with Secondary Data

The facilitated primary information gathering process resulted in the discovery of issues subsequently prioritized during discussion by participants and repetition among groups to a list of concerns largely common to the overarching categories of delivery of mental health services, prevention of substance abuse, issues related to care for the elderly and recruitment and retention of primary care physicians and specialists. The areas chosen were consistent with the needs identified from the secondary information collected.

Countywide secondary data for Pike County for 2007 from the National Cancer Institute suggests cancer levels are steady in the service area, although mortality tables indicate that it is the most common cause of death, and the primary information gathering process resulted in discussion of concerns with cancer.

The focus groups also highlighted concerns with continuity and coordination of care post-emergency room or hospital release and improved wellness education for the public and in the schools.

### Summary of Findings and Recommendations

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

#### Improved Availability of Mental Health Services

Availability of emergency care and short-term and long term follow-up for persons with a wide range of mental health issues is a repeated concern. This is a need present at many levels within the community and at Illini Community Hospital, and outside of the control or influence of either.

#### Prevention and Treatment of Substance Abuse

This need requires the cooperation of health care providers and the community to address. This issue is intertwined with the need for improved mental health services.

#### Wellness education and services for all ages

This was identified as a need for improved availability of information on wellness education and care opportunities for the community in general and for underinsured and uninsured populations.

#### Planning for continued availability of local physicians and medical specialists

This need was identified with regard to current and future primary care physicians and specialists and making sure those services remain available to low income, underinsured and uninsured members of the population.



# RESOURCE INVENTORY

## Illini Community Hospital

Illini Community Hospital is a 25-bed, critical access hospital located in historic Pittsfield. Illini serves seven counties in west central Illinois and is one of six entities that comprise the Blessing Health System in Quincy.

### Cardiac and Pulmonary Rehabilitation Services

Cardiac rehabilitation or 'cardiac rehab' is a process designed to help patients strengthen their heart and enjoy better health. It can also help patients reduce their risk for future heart problems.

Cardiac rehab is an individualized program of health education, training and counseling that helps build a heart healthy lifestyle. It can benefit anyone with a heart condition, i.e. heart attack, heart disease, heart surgery such as open heart, valve replacement, heart transplant or stents.

In Illini Community Hospital's cardiac rehab program, the goals are:

- Reduce risks of future heart problems
- Change risk factors – there are some risk factors that patients cannot control, such as aging or a family history of heart disease, but many risk factors are controllable, i.e. physical activity, obesity, high blood cholesterol, high blood pressure, smoking, diabetes and stress
- Teach patients to deal with the emotions involved with having a heart condition
- Teach patients stress management techniques
- Return patients to your normal, daily activities as soon as possible
- Help patients live a longer, healthier, fuller life

### Physical Therapy

Full physical therapy and rehabilitative services are offered.

### Illini Fitness

Illini Community Hospital's fitness facility provides:

- A fully equipped state-of-the-art fitness center
- Personal training services
- Assisted fitness program
- Group workout classes
- Sportsmetrics program
- Free sports injury clinic

### Illini Consulting Physician Clinics

A variety of medical specialty services are available at Illini Community Hospital. Patients receive quality physician care close to home in the following areas of specialty:

- Cardiology – the treatment of heart and heart-related illnesses
- Nephrology – the treatment of kidneys and kidney-related illnesses

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012

- Gastroenterology – the treatment of gastric and intestinal system
- Obstetrics – the care of the pregnant mom and pregnancy-related issues – babies are not delivered at Illini
- Orthopedics – the care of bones, joints, fractures or joint replacements
- Oncology – the care of patients with cancer or chronic blood disorders
- Plastic surgery – the treatment of lesions, post-surgery care for cancer or procedures to enhance your appearance
- Pulmonology – the care of lungs and lung related diseases
- Podiatry – the treatment and care of feet

### Critical Care Unit

The critical care unit is for trauma patients, cardiac patients, those in need of constant heart monitoring by telemetry and patients who require more intensive care. The staff is Advanced Cardiac Life Support Certified.

### Emergency Department

Illini offers a seven-bed emergency department with 24-hour/7 days per week care.

The patient population served by the emergency department consists of newborn, pediatric, adolescent, adult and geriatric patients requiring or seeking medical care. All patients who come to Illini Community Hospital for non-scheduled visits and are seeking care shall receive a medical screening exam by an emergency department physician that includes providing all necessary testing and on-call services within the capability of Illini Community Hospital to reach a diagnosis.

The emergency department nurses at Illini Community Hospital maintain a current state license as a registered nurse as well as Advanced Cardiac Life Support, Pediatric Advanced Life Support and Basic Life Support certification. Trauma Nurse Specialist or Trauma Nurse Core Course certification is recommended for the RN's. The registered nurses also complete an emergency communication course for instructions on EMS system protocols. LPN's must maintain a current state license, as well as BLS certification. Emergency Room Technicians are utilized in the Emergency Department to assist the physician and nurses.

An on-going program of in-service education and periodic clinical skills evaluation for all staff members is maintained to ensure the quality of care provided is kept current within the developments in the emergency field.

### Imaging Services

The Imaging Services department offers a variety of services including 64-slice CT, ultrasound, nuclear medicine, mammography, fluoroscopy, bone densitometry and routine x-rays for Illini Community Hospital's inpatients and outpatients.

The American College of Radiology has awarded quality accreditation to the imaging services department for mammography and ultrasound.

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



### Laboratory and Pathology Services

The accredited clinical laboratory at Illini Community Hospital is a full-service facility that provides around-the-clock coverage every day of the year. Lab services consist of hematology, chemistry, immunohematology, urinalysis, serology, microbiology, histology, pathology, phlebotomy and urine drug screening. The lab is located next to radiology within the hospital for the convenience of outpatients. The laboratory not only serves the hospital but also physicians' offices, clinics, the county health department and nursing homes within the community and surrounding area.

### Medical Surgical Units

The Medical Surgical Unit cares for medical and surgical patients from infants to the elderly with all types of health care needs. The nursing staff members who care for patients in this unit include registered nurses, licensed practical nurses, certified nurse assistants and ward clerks.

### Nutritional Services

The Illini Community Hospital Nutritional Services Department provides meal service for inpatients, consulting physicians' clinic, oncology and dialysis patients, including therapeutic diets and between meal nourishment.

A registered dietitian provides clinical nutrition services and nutritional assessments of inpatients. The dietitian develops and implements nutritional care plans for inpatients, including internal and parental nutrition support. Therapeutic diet education for inpatients is also available. In addition, the dietitian provides monthly education for Blessing's renal dialysis unit patients at Illini Community Hospital.

Community nutrition education, such as therapeutic diet education for outpatients, is available from the dietitian. Illini's dietitian also participates in community education events for diabetes and weight management. As a community service, the hospital offers a Meals on Wheels program. The meals are made by the dietary staff and delivered by volunteers to area residents.

### Outpatient Rehabilitation

Illini Community Hospital is partnering with Quincy Medical Group to provide outpatient therapy, sports medicine and wellness programming through the West Central Illinois Therapy and Sports Medicine Center.

### Renal Dialysis Services

Illini Community Hospital partners with DaVita to provide a renal dialysis unit at Illini. The department provides specialized care for people with kidney disease.

### Respiratory Therapy

Respiratory therapy offers pulmonary function testing, holter monitors, EKGs, and cardiac stress tests. Respiratory therapy staff treat breathing problems associated with pneumonia, asthma, and chronic obstructive pulmonary disease (COPD). Respiratory therapy staff also monitors critically ill patients who require ventilator support.

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



### Restorative Care

Restorative Care is a short-term program that allows patients to receive extended care. It is used following a hospitalization for an acute problem when a patient's condition is stabilized but the patient is not yet ready to return home. Individuals whose recovery is not quite at the point of being able to be on their own may be admitted to the restorative care program where they will receive assistance with their rehabilitation. Illini staff work closely with the occupational, physical and speech therapist as well as the cardiopulmonary rehabilitation departments. A special restorative care activity program is designed for each patient, according to the needs and interest of the individual. An activity room offers books, tapes, videos, games, puzzles, stationary and crafts. Restorative care patients are cared for by the medical-surgical staff, including certified nurse's aides which are trained in restorative care.

### Rural Health Clinic

The goal of Illini Community Hospital's rural health clinic is to provide primary health care on an outpatient basis, to assist people in developing and maintaining healthy lifestyles through the provision of medical and nursing care and to provide patient education.

The physicians at the Illini Community Hospital rural health clinic have active staff privileges for the referral of patients to the emergency room or admission to inpatient status and restorative care program.

### Sleep Center

The sleep center offers comprehensive services for those with sleep complications.

### Surgical Services

The surgical services department serves both inpatients and outpatients at Illini Community Hospital. The department has two fully equipped surgical suites, a GI lab for gastrointestinal procedures, recovery room for post-anesthesia care and an ambulatory surgery area for patients who require same day surgical care.

The department is staffed with RN's, registered nurses who are cross-trained to all areas of the department and are certified in advanced cardiac life support.

Several surgeons from the consulting physicians clinic perform surgery at Illini as well as the hospital's own general surgeons. This provides patients with the many types of surgery offered in larger facilities, including orthopedic, podiatric and plastic surgery. Some of the same day surgical procedures offered at Illini include hernia repair, cataract removal, laparoscopic cholecystectomy (gall bladder removal), carpal tunnel release, lesion biopsies and excisions and endoscopic exams, such as colonoscopies.

Should the procedure be more invasive, Illini is able to offer inpatient surgical services, such as colon resections, mastectomies, hip fracture repairs, appendectomies and hysterectomies.

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



The anesthesia department is staffed by a full time certified registered nurse anesthetist. Anesthesia services provide general and regional anesthesia as well as intravenous sedation for surgical patients. Services are available for all ages of patients as well as patients undergoing endoscopy, outpatient pain clinic patients and other adjunctive services for all patients hospitalwide.

## Area Health Services Review

### Liberty Village of Pittsfield

Liberty Village of Pittsfield offers Pittsfield Villas, Single Family Home Duplexes, the Hawthorne Inn, Pittsfield Manor, Assisted Living, Skilled Nursing Care and Garden Court for those with Alzheimer's and other memory impairments and "Bounce Back" specialized rehabilitation services. There is a full range of senior and rehabilitative care services.

### Barry Community Care Center, Barry

A nursing home and skilled nursing facility

### Eastside Health and Rehabilitation Center, Pittsfield

The Eastside Health and Rehabilitation Center is a health care facility that offers skilled nursing, clinical supervision and long term care services. It provides residential, day care and social services as well as drugs and medical supplies. The center specializes in occupational, speech, physical, oxygen and intravenous therapies. It also offers podiatry, laboratory, clinical pathology and X-ray services. The facility organizes various educational, recreational and social activities for its patients and provides transportation, housekeeping and pharmacy services. Additionally, the center offers individualized care planning, audiology consulting and nutritional counseling services. Located in Pittsfield, the Eastside Health and Rehabilitation Center is a part of Petersen Health Care, which operates several health care and rehabilitation facilities.

### Kepley House

Kepley House provides residential services to adults with developmental disabilities and other cognitive impairments within a highly respectful, activity-rich, well-managed and caring environment.

### Pike County Community Health Partnership

The Pike County Community Health Partnership is a collaboration that exists to improve the health, wellness and quality of life for residents of Pike County by:

- aligning collective community health goals
- increasing access to services
- promoting healthy lifestyles
- finding solutions to Pike County's most critical health needs

Partnership members include social service organizations, health service providers, school administrators, clergy and other individuals who may or may not work in related fields.



# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



### **Pike County Ambulance Service**

Provides ambulance, rescue and transport services out of Pittsfield

### **Pike County Health Department**

The Pike County Health Department offers a wide range health services, including environmental services and home health care services provided by registered nurses, certified home health aides, physical, speech and occupational therapists, homemakers and a registered dietician.

The health department also offers several programs that include:

#### Maternal and child health programs

- Family Case Management
- Lead Screening
- Breastfeeding Support
- WIC (Federal Women, Infant and Children Program)
- Safe Kids Chapter/Western IL Chapter FS4JK
- Family Planning
- Teen Parenting Services
- Vision/Hearing Screenings
- All Kids Application Agent

#### Health promotion programs

- Cholesterol/diabetes screening
- Blood pressure clinics
- Monthly diabetic support group/newsletter
- Diabetes self-management and nutrition education
- Health and wellness prevention programs
- Tobacco prevention/cessation programs
- Bone density screening

#### Communicable disease programs

- TB skin testing
- Immunization clinics

COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012



## REMARKS

The Illini Community Hospital Community Health Needs Assessment was began in winter 2011 and continued through the spring of 2012. During the process, interim IRS guidelines were released allowing for a more confident focus of effort and resources.

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

ICAHN and Illini Community Hospital are especially grateful to the health care professionals, community leaders and citizens who offered their thoughtful input for the assessment.

This report was submitted to the administration of Illini Community Hospital in June 2012, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.

COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012



## APPENDIX

### Focus Group and Interview Participants

**Anita Andress, Administrator**  
Pike County Health Department

**Jan Bleich**  
Pike County Health Department

**Mary Beth Tatum, Pharmacist**  
Illini Community Hospital Pharmacy

**Dr. Chris Wagoner, M.D.**  
Rural Health Clinic

**Devin McElles**  
Pike County Ambulance

**Jerry Edison, Pastor**  
Milton Christian Church

**Harry Wright**  
Pittsfield Rotary

**Tom Lippincott**  
Barry Food Bank

**Tammy Koltveit, Community Worker**  
Supplemental Nutrition Assistance Program – Education  
University of Illinois Extension

**Dennis Taylor**  
Illinois Rural Electric/Winchester

**Stephanie Dehart**  
West Central Mass Transit

**Kay Ifner**  
Pittsfield Chamber of Commerce

**Shane Gordon, Principal**  
Winchester

**Gary Woods**  
Pikeland CUSD Board of Education

COMMUNITY  
HEALTH NEEDS  
ASSESSMENT

2012



**Karrie Spann, Member**  
Milton Village Board

**Katie Wilson**  
Mental Health Center

**Bobby Jones, Mayor**  
Pleasant Hill

**Kent Goeway, Mayor**  
Griggsville

**Ann Smith**  
Barry Community Care Center

**Kathy Hull, President/CEO**  
Illini Community Hospital

**Holly Jones, Director, Nursing**  
Illini Community Hospital

**Angie Goeway, Director, Ancillary Services**  
Illini Community Hospital

# COMMUNITY HEALTH NEEDS ASSESSMENT

## 2012



## COLLABORATORS

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

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

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

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

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

# NOTES:

## COMMUNITY HEALTH NEEDS ASSESSMENT

### 2012



COMMUNITY HEALTH NEEDS ASSESSMENT | 2012

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