COMMUNITY HEALTH NEEDS ASSESSMENT 2016

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

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Graham Hospital conducted a Community Health Needs Assessment (CHNA) in the early months of 2016. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities.

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

The process involved the review of several hundred pages of demographic and health data specific to the Graham Hospital service area. The secondary data and previous public health planning conclusions draw attention to several common issues of rural demographics and economics and draw emphasis to issues related to mental health services, wellness, obesity, physician and specialist supply, and related issues.

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

Two focus groups met on January 5, 2016 to discuss the overall state of health and the local delivery of healthcare, and health-related services. They identified positive recent developments in local services and care and also identified issues or concerns that they felt still existed in the area.

A third group (the CHNA Steering Committee) comprised of focus group representatives then met on February 19, 2016 and considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs.

The Implementation Strategy group met on April 11, 2016.

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

Six needs were identified as significant health needs and prioritized:

1. Mental health
2. Substance abuse prevention and recovery
3. Dental care
4. Wellness
5. Single information source
6. Local access to radiation oncology

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

Background

Graham Hospital began serving the healthcare needs of Canton and the surrounding communities in 1909, when the original structure of the hospital was given as a gift to the community by Alice and Caroline Graham. Since then, the hospital has grown to be the progressive, comprehensive medical facility it is today.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 54 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Graham Hospital is a member of the Illinois Critical Access Hospital Network. The Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Canton and its surrounding communities.

The population assessed was the identified primary service area located within Fulton, Knox, Mason, and Peoria counties. Data collected throughout the assessment process was supplemented with:

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

Graham Hospital is a not-for-profit hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

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

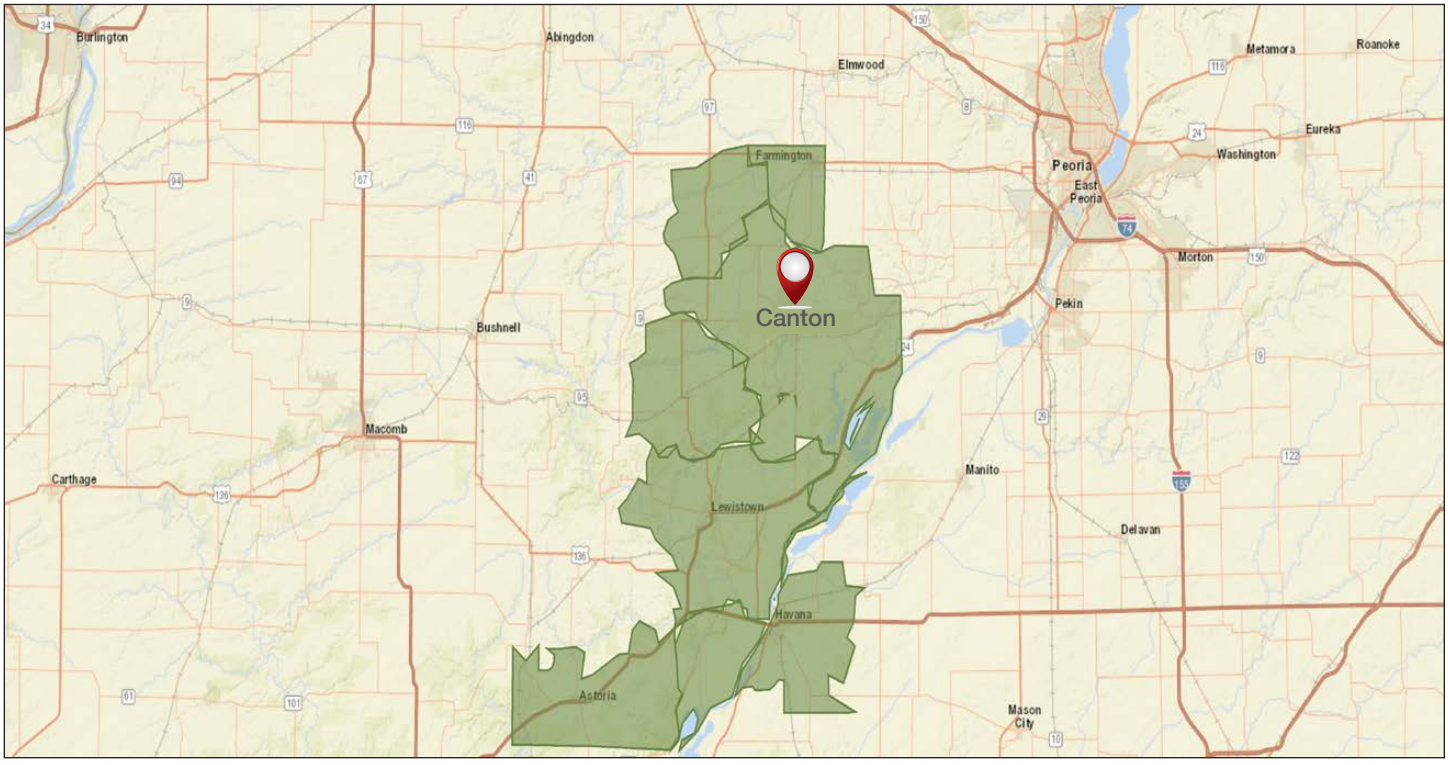
DEMOGRAPHICS

Graham Hospital's primary service area is comprised of approximately 604 square miles with a population of approximately 35,973 and a population density of 59.57 per square mile. The service area consists of the following rural communities:

Cities and Towns
- Havana
- Lewistown
- Cuba
- Canton
- Farmington

Villages
- Fairview
- Astoria
- Norris
- Bryant
- St. David
- Dunfermline

Illustration 1. Graham Hospital Service Area



ESRI – 2015

The service area estimates reported in the following tables from Community Commons represent the zip codes identified as the service area.

TOTAL POPULATION CHANGE, 2000-2010

According to U.S. Census data, the population in the region fell from 37,721 to 36,418 between the years 2000 and 2010, a 3.45% decrease.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	37,721	36,418	-1,303	-3.45%
Fulton County	38,250	37,069	-1,181	-3.09%
Knox County	55,836	52,919	-2,917	-5.22%
Mason County	16,038	14,666	-1,372	-8.55%
Peoria County	183,433	186,494	3.061	1.67%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	293,557	291,148	-2,409	-0.82%

Data Source: Community Commons

The Hispanic population increased in Fulton County by 418 (87.45%), increased in Knox County by 66 (34.92%), increased in Mason County by 37(46.25%), and increased in Peoria County by 3,275 (85.58%).

In Fulton County, additional population changes were as follows: White – 4.83%, Black -7.91%, American Indian/Alaska Native 92.65%, Asian 20.43%, Native Hawaiian/Pacific Islander –66.67.

In Knox County, additional population changes were as follows: White -7.67%, Black 8.49%, American Indian/Alaska Native -0.95%, Asian -11.75%, Native Hawaiian/Pacific Islander 12.5%.

In Mason County, additional population changes were as follows: White -9.26%, Black 184.21%, American Indian/Alaska Native -14.29%, Asian 21.21%, Native Hawaiian/Pacific Islander, no data.

POPULATION BY AGE GROUPS

Population by gender is 50% male and 50% 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	35,973	1,804	5,491	2,924	4,465
Fulton County	36,829	1,927	5,679	2,923	4,588
Knox County	52,545	2,665	7,970	5,355	5,995
Mason County	14,508	713	2,386	1,042	1,434
Peoria	187,117	12,798	32,078	19,031	25,506
Illinois	12,848,554	820,771	2,265,645	1,252,399	1,778,128

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	4,747	5,091	4,900	6,589
Fulton County	4,673	5,318	4,980	6,741
Knox County	6,077	7,311	7,234	9,938
Mason County	1,805	7,311	7,234	9,938
Peoria County	22,837	24,921	23,462	46,484
Illinois	1,711,098	1,842,487	1,521,168	1,656,858

Data Source: Community Commons

HIGH SCHOOL GRADUATION RATE

Within the service area, 84.17% of students are receiving their high school diploma with four years. This is greater than the Healthy People 2020 target of 82.4% and is greater than the statewide average. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Service Area Estimates	449	378	84.17%
Fulton County	475	403	84.8
Knox County	600	486	81%
Mason County	234	185	79.1
Peoria County	2,048	1,679	82%
Illinois	169,361	131,670	77.7%

Data Source: Community Commons

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

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

Within the service area, there are 3,574 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 13.86% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	25,785	3,574	13.86%
Fulton County	26,300	3,578	13.6%
Knox County	36,555	5,137	14.05%
Mason County	10,367	1,512	14.58%
Peoria County	123,210	12,392	10.06%
Illinois	8,509,739	1,082,381	12.72%

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

POPULATION WITH ASSOCIATE'S LEVEL DEGREE OR HIGHER

In the service area, 25.33% of the population aged 25 and older, or 6,532 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With Associate's Degree or Higher	% Population Age 25+ With Associate's Degree or Higher
Service Area Estimates	25,785	6,532	25.33%
Fulton County	26,300	6,360	24.18%
Knox County	36,555	9,937	27.18%
Mason County	10,367	2,302	22.21%
Peoria	123,210	47,177	38.29%
Illinois	8,509,739	3,308,365	38.88%

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

POVERTY – CHILDREN BELOW 100% FPL

Poverty is considered a key driver of health status. Within the service area, 18.31% or 1,276 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.

Report Area	Population Under Age 18	Population Under Age 18 In Poverty	% Population Under Age 18 In Poverty
Service Area Estimates	6,968	1,276	18.31%
Fulton County	7,335	1,272	17.34%
Knox County	10,372	2,841	27.39%
Mason County	3,037	686	22.59%
Peoria	43,699	11,350	25.97%
Illinois	3,044,377	606,606	19.93%

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

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

Poverty is considered a key driver of health status. Within the service area, 14.77% or 4,927 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is higher than the statewide poverty levels of 14.13%. Within the service area, 35.83% or 11,954 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This is higher than the statewide poverty level of 31.51%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
Service Area Estimates	33,362	4,927	11,954
Fulton County	34,343	4,566	11,978
Knox County	48,385	8,068	18,729
Mason County	14,270	2,323	5,311
Peoria County	181,283	31,258	60,713
Illinois	12,547,066	1,772,333	3,954,161

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

INCOME – FAMILIES EARNING OVER $75,000

In the service area, 31.7%, or 2,955 families report a total annual income of $75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families With Income Over $75,000	% Families With Income Over $75,000
Service Area Estimates	9,321	2,955	31.7%
Fulton County	9,627	2,964	30.79%
Knox County	12,809	4,281	33.42%
Mason County	4,164	1,308	31.41%
Peoria County	46,921	20,262	43.18%
Illinois	3,136,362	1,467,319	46.78%

Data Source: Community Commons

POPULATION WITH ANY DISABILITY

Within the service area, 10.54% or 1,630 individuals are disabled in some way. This is nearly equal to the statewide disabled population level of 10.48%. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population With a Disability	Percent Population With a Disability
Service Area Estimates	33,610	5,019	14.93%
Fulton County	34,576	4,897	14.16%
Knox County	49,827	7,232	14.51%
Mason County	14,326	2,269	15.84%
Peoria County	184,542	20,389	11.05%
Illinois	12,668,117	1,327,536	10.48%

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

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the service area, 2,770 public school students (54.69%) are eligible for free/reduced price lunch out of 5,065 total students enrolled. This is higher than the statewide free/reduced price lunch of 51.44%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/ Reduced Price Eligible	% of Free/Reduced Price Lunch Eligible
Service Area Estimates	5,065	2,770	54.69%
Fulton County	5,052	2,678	53.01%
Knox County	7,058	4,104	58.15%
Mason County	2,599	1,400	53.87%
Peoria County	29,176	14,237	49.64%
Illinois	2,049,231	1,044,588	51.44%

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

FOOD INSECURITY RATE

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

Report Area	Total Population	Total Food Insecure Population	% Food Insecure Population
Service Area Estimates	36,161	5,239	14.49%
Fulton County	36,829	5,300	14.39%
Knox County	52,545	7,870	14.98%
Mason County	14,508	2,180	15.03%
Peoria County	187,117	31,130	16.64%
Illinois	12,882,135	1,755,180	13.62%

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

INCOME – PER CAPITA INCOME

The per capita income for the service area is $22,178. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Service Area Estimates	35,973	$797,814,288	$22,178
Fulton County	36,829	$821,964,224	$22,318
Knox County	52,545	$1,160,872,192	$22,092
Mason County	14,508	$336,575,616	$23,199
Peoria County	187,117	$5,321,299,968	$28,438
Illinois	12,848,554	$381,170,548,736	$29,666

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

INCOME – PUBLIC ASSISTANCE INCOME

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

Report Area	Total Households	Households With Public Assistance Income	% Households With Public Assistance Income
Service Area Estimates	14,435	291	2.02%
Fulton County	14,610	241	1.65%
Knox County	21,481	445	2.07%
Mason County	6,310	186	2.95%
Peoria County	75,892	1,813	2.39%
Illinois	4,772,723	117,792	2.47%

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

INSURANCE – POPULATION RECEIVING MEDICAID

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

Report Area	Total Population (For Whom Insurance Status is Determined)	Population With Any Health Insurance	Population Receiving Medicaid	% of Insured Population Receiving Medicaid
Service Area Estimates	33,610	30,054	6,413	21.34%
Fulton County	34,576	31,194	6,495	20.82%
Knox County	49,827	44,160	11,541	26.13%
Mason County	14,326	12,617	3,288	26.06%
Peoria County	184,542	164,387	36,727	22.34%
Illinois	12,668,117	11,021,355	2,212,779	20.08%

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

INSURANCE – UNINSURED CHILDREN

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

Report Area	Total Population (Under Age 19)	Population with Medical Insurance	% Population with Medical Insurance	Population without Medical Insurance	% Population without Medical Insurance
Service Area Estimates	7,555	7,521	95.99%	303	4.01%
Fulton County	7.708	7,399	95.99%	309	4.01%
Knox County	10,797	10,417	96.48%	380	3.52%
Mason County	3,155	3,027	95.94%	128	4.06%
Peoria County	46,280	44,701	96.59%	1,579	3.41%
Illinois	3,137,044	2,997,992	95.57%	139,053	4.35%

Data Source: Community Commons

INSURANCE – UNINSURED POPULATION

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status Is Determined)	Total Uninsured Population	% Uninsured Population
Service Area Estimates	33,610	3,556	10.58%
Fulton County	34,576	3,382	9.78%
Knox County	49,827	5,667	11.37%
Mason County	14,326	1,709	11.93%
Peoria County	184,542	20,155	10.92%
Illinois	12,668,117	1,646,762	13%

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

POPULATION RECEIVING SNAP BENEFITS

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

Report Area	Total Households	Households Receiving SNAP Benefits	% of Households Receiving SNAP Benefits
Service Area Estimates	14,435	2,033	14.08%
Fulton County	14,610	1,884	12.9%
Knox County	21,481	3,254	15.15%
Mason County	6,310	940	14.9%
Peoria County	75,892	8,836	11.64%
Illinois	4,772,723	564,185	11.82%

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

POPULATION WITH LOW FOOD ACCESS

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

Report Area	Total Population	Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	36,418	2,972	8.16%
Fulton County	37,069	4,219	11.38%
Knox County	52,919	9,015	17.04%
Mason County	14,666	996	6.79%
Peoria County	186,494	52,665	28.24%
Illinois	12,830,632	2,623,048	20.44%

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

LOW INCOME POPULATION WITH LOW FOOD ACCESS

Report Area	Total Population	Low Income Population With Low Food Access	% Low Income Population With Low Food Access
Service Area Estimates	36,418	921	2.53%
Fulton County	37,069	1,321	3.56%
Knox County	52,919	2,577	4.87%
Mason County	14,666	402	2.74%
Peoria County	186,494	12,584	6.75%
Illinois	12,830,632	584,658	4.56%

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

UNEMPLOYMENT RATE

Total unemployment in the service area for the current month was 536 people or 7% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	15,425	14,279	1,146	7.4%
Fulton County	15,514	14,358	1,156	7.5%
Knox County	23,175	21,772	1,403	6.1%
Mason County	6,536	6,056	480	7.3%
Peoria County	89,835	83,905	5,930	6.6%
Illinois	6,491,442	6,117,617	373,825	5.8%

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

GROCERY STORE ACCESS

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

Report Area	Total Population	Number of Establishments	Establishments, Rate Per 100,000 Population
Service Area Estimates	36,418	5	15.85
Fulton County	37,069	6	16.19
Knox County	52,919	10	18.90
Mason County	14,666	2	13.64
Peoria County	186,494	53	28.42
Illinois	12,830,632	2,850	22.2

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

RECREATION AND FITNESS FACILITY ACCESS

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

Report Area	Total Population	Number of Establishments	Establishments, Rate Per 100,000 Population
Service Area Estimates	36,418	2	6.92
Fulton County	37,069	3	8.09
Knox County	52,919	3	5.67
Mason County	14,666	0	0
Peoria County	186,494	12	6.43
Illinois	12,830,632	1,313	10.2

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

ACCESS TO PRIMARY CARE

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

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Population
Service Area Estimates	35,946	11	32.31
Fulton County	36,651	12	32.7
Knox County	52,247	37	70.8
Mason County	14,327	4	27.9
Peoria County	187,254	206	110
Illinois	12,875,255	10,168	79

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

ACCESS TO DENTISTS

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

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Population
Service Area Estimates	35,663	7	20.67
Fulton County	36,346	7	19.3
Knox County	52,078	18	34.6
Mason County	14,248	4	28.1
Peoria County	188,429	128	67.9
Illinois	12,882,135	8,865	68.8

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

DENTAL CARE UTILIZATION

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

Report Area	Total Population (Age 18+)	Total Adults Without Recent Dental Exam	Percent Adults With No Dental Exam
Service Area Estimates	Suppressed	Suppressed	Suppressed
Fulton County	29,328	13,497	46%
Knox County	41,921	18,484	44.1%
Mason County	11,526	–	–
Peoria County	140,232	33,871	24.2%
Illinois	9,654,603	2,981,670	30.9%

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

PREVENTABLE HOSPITAL EVENTS

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

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharge	Ambulatory Care Sensitive Condition Discharge Rate
Service Area Estimates	5,273	430	81.65%
Fulton County	5,250	451	85.9%
Knox County	7,713	602	78.1%
Mason County	2,312	141	61.2%
Peoria County	20,563	1,193	58%
Illinois	1,420,984	92,604	65.2%

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

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

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

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

Internal

Graham Hospital undertook a three-month planning and implementation effort to develop the CHNA, identify, and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was overseen at the operational level by the Executive Assistant, 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 Graham Hospital.
- The Executive Assistant worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Graham Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These external steps included:

- The Executive Assistant secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of the county health department serving the great majority of the area covered by the hospital.

III. DEFINING THE PURPOSE AND SCOPE

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

IV. DATA COLLECTION AND ANALYSIS

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

DESCRIPTION OF DATA SOURCES

Quantitative

The following quantitative sources were reviewed for health information:

Source and Description

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

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

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

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

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

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

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

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

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

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

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

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

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

SECONDARY DATA DISCUSSION

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

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

Fulton County is ranked 62nd out of the 102 Illinois counties in the *Rankings for Health Outcomes* released in April 2016. The table below highlights areas of interest from the *County Health Rankings.*

HEALTH RANKING OBSERVATIONS

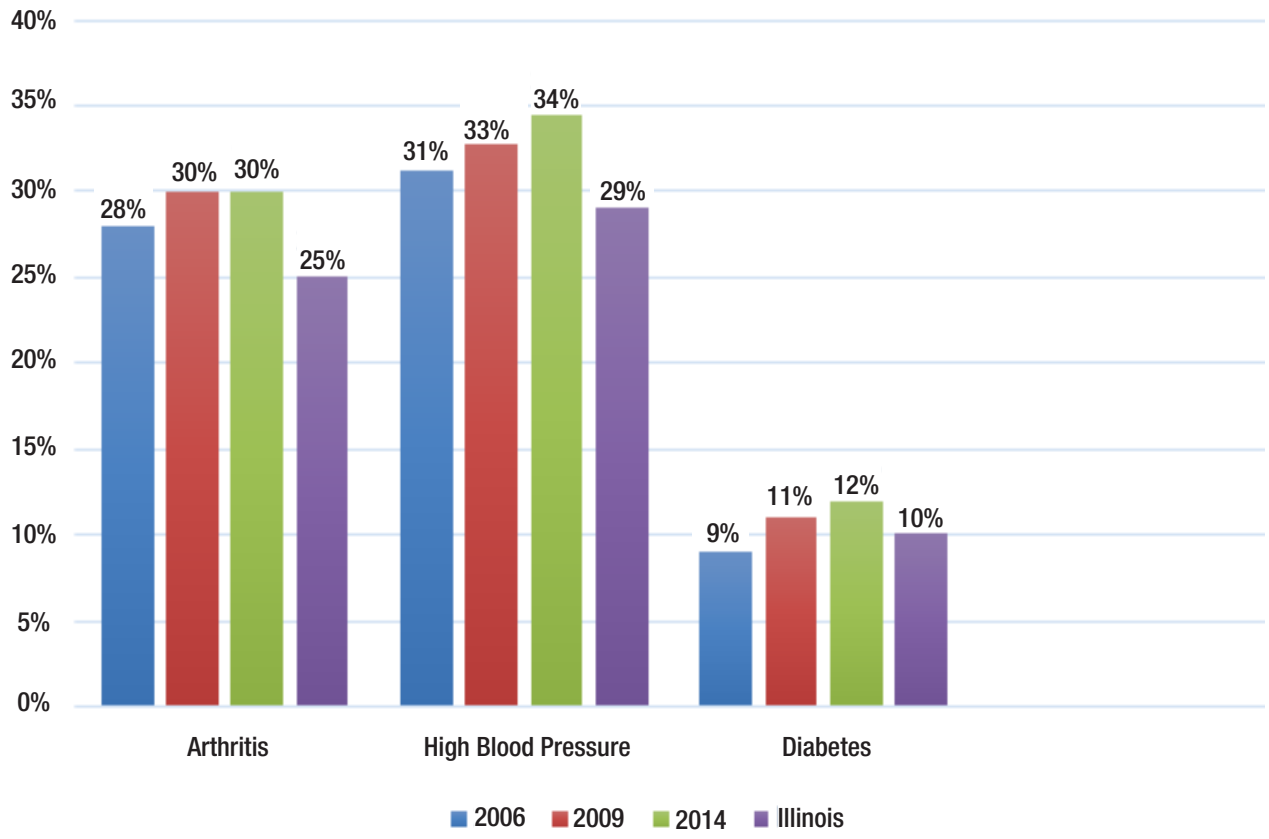
Table 1. Health Ranking Observations – Fulton County

Observation	Fulton County	Illinois
Adults reporting poor or fair health	14%	17%
Adults reporting no leisure time physical activity	29%	22%
Adult obesity	32%	27%
Children under 18 living in poverty	22%	20%
Uninsured	13%	15%
Teen birth rate (ages 15-19)	41/1,000	33/1,000
Alcohol-impaired driving deaths	30%	36%
Unemployment	8.6%	7.1%

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

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

Table 2. Diagnosed Disease Factors – Fulton County



IBRFSS, 2016 Report

Diagnosis of high blood pressure and arthritis are above the state level and have both increased over the recent past. Diagnosis of diabetes has also increased above the state level.

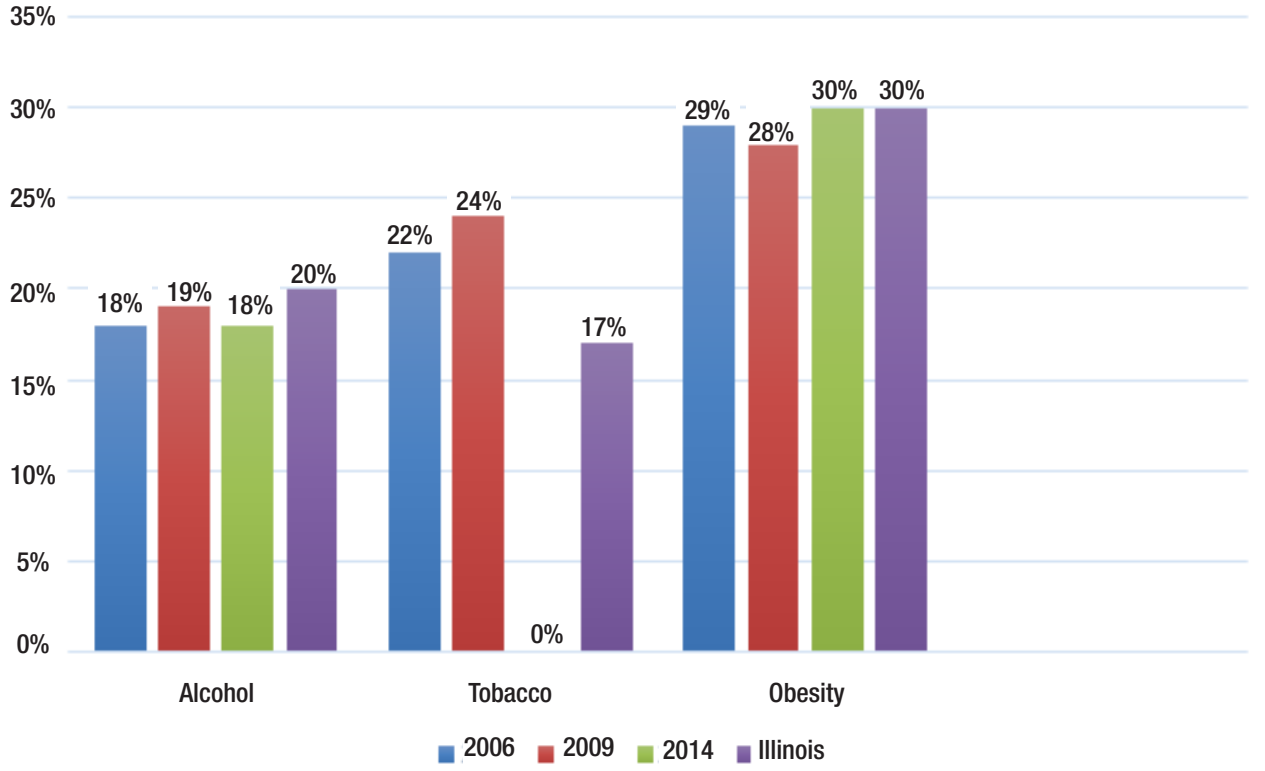
Additional Diagnosed Disease Factors – Fulton County

Disease Factor	Fulton County, 2014	Illinois, 2014
COPD	8.2%	5.8%
Kidney Disease	3.2%	2.6%
Skin Cancer	6.5%	4.2%
Other Cancer	10.6%	5.4%

IBRFSS, 2016 Report

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

Table 3. Health Risk Factors – Fulton County



IBFRSS, 2016 Report

Tobacco use has increased and remains above the state level. Please note that tobacco usage was not available for 2014. The rate of persons reporting obesity has remained steady and is similar to the state level in the IBRFSS and the more recent data from the *County Health Rankings*. Alcohol use remains below the state level.

Teen Births

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

Report Area	Female Population (Age 15-19)	Births to Mothers (Age 15-19)	Teen Birth Rate (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Fulton County	1,039	43	41.8%
Knox County	1,795	71	39.8%
Mason County	457	21	46.6%
Peoria County	6,781	331	48.8%
Illinois	448,356	15,692	35%

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

Physical Inactivity

This indicator is relevant because current behaviors are determinants of future health, and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population (Age 20)	Population With No Leisure Time Physical Activity	% Population With No Leisure Time Physical Activity
Service Area Estimates	Suppressed	Suppressed	Suppressed
Fulton County	28,315	8,268	27.6%
Knox County	40,267	10,550	24.8%
Mason County	10,937	2,964	25%
Peoria County	137,085	33,860	24.1%
Illinois	9,462,843	2,096,552	21.8%

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

Depression (Medicare Population)

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

Report Area	Total Medicare Beneficiaries	Beneficiaries With Depression	% With Depression
Service Area Estimates	6,421	1,060	16.51%
Fulton County	6,166	1,001	16.2%
Knox County	9,468	1,297	13.7%
Mason County	3,300	582	17.6%
Peoria County	25,597	3,808	14.9%
Illinois	1,623,784	239,311	14.7%

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

Poor Dental Health

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

Report Area	Total Population (Age 18+)	Total Adults With Poor Dental Health	Percent Adults With Poor Dental Health
Service Area Estimates	Suppressed	Suppressed	Suppressed
Fulton County	29,328	6,930	23.6%
Knox County	41,921	8,425	20.1%
Mason County	11,526	0	0%
Peoria County	140,232	22,312	15.9%
Illinois	9,654,603	1,418,280	14.7%

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

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute lists Fulton County at Level 4 for all cancers, which means that the cancer rate is above the U.S. rate and is stable over the recent past. This is confirmed by the local cancer data set out on the pages below.

Cancer Incidence – Breast

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

Report Area	Female Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Fulton County	2,406	31	128.8
Knox County	3,743	45	120.2
Mason County	1,022	12	117.4
Peoria County	11,153	147	131.8
Illinois	732,106	9,349	127.7

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

Cancer Incidence – Lung

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

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Fulton County	5,082	40	78.7
Knox County	7,541	54	71.6
Mason County	2,087	19	91
Peoria County	21,028	184	87.5
Illinois	1,346,397	9,344	69.4

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

Cancer Incidence – Colon and Rectum

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

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Fulton County	5,027	27	53.7
Knox County	7,430	35	47.1
Mason County	2,086	12	57.5
Peoria County	21,161	102	48.2
Illinois	1,359,829	6,364	46.8

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

MORTALITY

Mortality – Cancer

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Fulton County	36,824	100	270.5	**192.5**
Knox County	52,596	137	260.9	**179.8**
Mason County	14,503	44	303.4	**203.7**
Peoria County	187,188	420	224.6	**194.6**
Illinois	12,850,811	24,263	188.8	**176.5**

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

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

Mortality – Heart Disease

Figures are reported as crude rates, and as rate 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.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Fulton County	36,824	102	277	**182.1**
Knox County	56,596	163	309.91	**200.3**
Mason County	14,503	42	290.98	**182.9**
Peoria County	187,188	379	202.26	**170.6**
Illinois	12,850,811	24,877	193.58	**177.4**

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

Mortality – Ischaemic Heart Disease

The Healthy People 2020 target is less than or equal to 103.4. 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 ischaemic heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Fulton County	36,824	62	168.4	**111.5**
Knox County	52,596	114	216.7	**139.1**
Mason County	14,503	26	177.9	**112.5**
Peoria County	187,188	227	121.3	**103**
Illinois	12,850,811	14,927	116.2	**106.5**

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

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 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 lung disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Fulton County	36,824	27	74.41	**51.2**
Knox County	52,596	56	106.85	**70.7**
Mason County	14,503	14	96.53	**62.3**
Peoria County	187,188	105	55.88	**48.2**
Illinois	12,850,811	5,353	41.65	**39.5**

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

Mortality – Stroke

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Fulton County	36,824	24	64.1	**41.2**
Knox County	52,596	36	68.1	**42.1**
Mason County	14,503	9	62.1	**35.9**
Peoria County	187,188	115	61.5	**51.3**
Illinois	12,850,811	5,322	41.4	**38.2**

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

Mortality – Unintentional Injury

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Fulton County	36,824	20	53.77	**45.3**
Knox County	52,596	26	49.05	**42.7**
Mason County	14,503	10	68.95	**62.2**
Peoria County	187,188	4,225	32.87	**31.9**
Illinois				

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

Mortality – Motor Vehicle Accident

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Fulton County	36,824	6	15.8	**14.9**
Knox County	52,596	4	8.4	**8.4**
Mason County	14,503	3	19.3	**No data**
Peoria County	187,188	18	9.6	**9.6**
Illinois	12,850,811	1,020	7.9	**7.8**

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

Mortality – Suicide

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Fulton County	36,824	4	10.9	**10.2**
Knox County	52,596	9	16.4	**14.9**
Mason County	14,503	3	22.1	**No data**
Peoria County	187,188	22	12	**11.5**
Illinois	12,850,811	1,239	9.6	**9.4**

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

Mortality – Infant Mortality

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

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	**Suppressed**
Fulton County	1,925	15	**7.8**
Knox County	2,755	21	**7.8**
Mason County	800	5	**6.4**
Peoria County	13,550	118	**8.7**
Illinois	879,035	6,065	**6.9**

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

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

Disease Type	Fulton County
Diseases of the Heart	82
Malignant Neoplasms	102
Lower Respiratory Systems	30
Cardiovascular Diseases (Stroke)	42
Accidents	18
Alzheimer's Disease	12
Diabetes Mellitus	6
Nephritis, Nephrotic Syndrome, and Nephrosis	12
Influenza and Pneumonia	14
Septicemia	8
Intentional Self-Harm (Suicide)	7
Chronic Liver Disease, Cirrhosis	1
All Other Causes	128
Total Deaths	462

IDPH, 2011 Data

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

Qualitative Sources

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

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

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

CHNA Steering Committee Member and Area of Expertise
Brooke Denniston, Executive Director, YWCA
Sharon Miller, Director of Nursing, Sunset Nursing Home
Lindsey Hunter, Assistant Director of Nursing, Sunset Nursing Home
Jeffrey Fritz, Mayor, City of Canton
Missy Kolowski, Administrator, Health & Wellness Connection of Fulton County
Dr. Ken Krock, IM/Peds Physician, Graham Medical Group
Andrew Thornton, Executive Director, Fulton County Ambulance
Damon Roberson, Administrator, Fulton County Health Department

Others providing input included through the focus groups included:
Bob Senneff, President and CEO, Graham Hospital
Eric Franz, VP of Finance and CFO, Graham Hospital
Jim Schreiner, CIO, Graham Hospital
Carolyn Jacobus, VP of Clinic Services, Graham Hospital
Teresa McConkey, VP of Nursing and CNE, Graham Hospital
Janis Blout, Board Member, Graham Hospital, U of I Extension-4H Program Coordinator, Fulton County
Paula Grigsby, Board Member, Graham Hospital, and Executive Director, YMCA
Aaron and Veanna Thum, Owners, Crawford's Home Furnishings
Kim Bunner, Executive Director, Parlin-Ingersoll Library
Amanda Atchley, Executive Director, Canton Area Chamber of Commerce
Jeff Stanley, First Baptist Church Food Pantry
Kathy Edwards, Graham Hospital Service League
Dr. Ron Champagne, Pathologist, Peoria-Tazewell Pathology Group
Dr. Ramayya Gowda, General Surgeon, Graham Hospital
Michelle Hansmeyer, Administrator, Sunset Nursing Home
Mary Bradley, PT/Rehab Services, Graham Hospital
Stacey Stevenson, Admissions Director, Heartland Healthcare
Sue Livingston, Director, Graham Hospital School of Nursing
Matt Vogel, Pharmacist, Graham Hospital
Dr. John Day, Physician, Family Medicine

FOCUS GROUP – COMMUNITY REPRESENTATIVES

Two focus groups were convened at Graham Hospital on January 5, 2016. The community members group included the Mayor of Canton, a representative of a local food pantry, and the director of the community wellness clinic (which provides assistance in access to care for underinsured and uninsured residents and others). The group was first asked to report any positive changes they have observed in the delivery of healthcare and health-related services over the past three years. They responded with the following:

- Improved non-emergency transportation services
- More home health services are being provided
- More local specialized services, including OB/GYN and pediatrics
- Improved access to dental care, eye care, and medication co-pay through the wellness clinic
- Wound care clinic
- Graham Hospital is an expanding presence in the community
- Access to prompt care
- Local access to dialysis
- Graham Hospital has improved in appearance
- Graham Hospital staff and medical staff are visible and active in the community
- Rural clinics in Farmington, Lewistown, and Cuba
- Graham Hospital has had success with home grown/nurtured recruitment of medical professionals
- Graham Hospital is expanding as an employer

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

- Abuse of controlled substances, especially,
  - Resale, sharing, and theft of prescription drugs
  - Opioid addiction and overdose by patients
  - Lack of coordination among providers
  - Heroin
  - Lack of local rehabilitation and recovery services and support for addicts
  - Methamphetamines
  - Cocaine
  - Alcohol
- Heart disease
- Diabetes
- Mental healthcare – there is a need for psychiatrist, psychologists, and access to inpatient services
- Community collaboration in support of health issues
- Access to extended care for seniors
- Gap funding assistance for dental costs
- Expanded access to prompt care, hours, and providers
- Local access to radiation treatment for cancer patients
- Communication for patient care coordination
- Community participation in physician/medical professional recruitment

FOCUS GROUP – MEDICAL PROFESSIONALS AND PARTNERS

The Medical Professionals and Partners group included four physicians, the administrator of the county health department, and others. The group was first asked to report any positive changes they have observed in the delivery of healthcare and health-related services over the past two to three years. They responded with the following:

- Coding and tracking has improved at Graham Hospital including IT support, help with data, and a new coding system
- Inventory management at Graham Hospital has improved
- Wound Clinic
- Better relationships between discharge planners and post-hospital caregivers
- Local ambulances have moved into 3rd generation, 12 lead monitoring
- There is a "strong professional" package at Graham Hospital
- Health and Wellness Center and clinic
- Access to patient healthcare information has improved
- Regional transportation has improved and partners with Graham Hospital for a voucher program for appointments, etc.
- Graham Hospital has upgraded facilities

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

- Diabetic education to help with self-management
- Neurologist
- Geriatrician
- Mental health
  - Access to inpatient care
  - Insufficient access to counselors in school
  - No local psychiatrist
  - Area psychiatrists that will see public aid patients
  - No pediatric psychiatric care
  - No local follow up available for inpatient care
  - No community support for follow-up for behavioral health
- Dental care
  - Recurring dental issues are showing up in primary care offices as needs for antibiotics and pain killers
  - Dental facility for pediatric and sliding scale adult care is unable to provide specialists or services beyond basic care
- Substance abuse
  - Diversion of prescription drugs
  - Abuse by patients
  - Heroin
  - Methamphetamines
- Fragile nature of first responder system, due to declining number of volunteers
- Transportation for local appointments is better but is still an issue for many patients
- Better follow-up system for outpatient care
- The area seems to have a lot of wound care patients, possibly related to disproportionate elderly population
- Obesity
- Pediatric physical and occupational therapy
- Continuum of care at home following release
- Nutrition counseling
- Unemployment
- Community support through volunteers and other to help fill post-care gaps
- Information resources for access to local healthcare and services and general community information

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

As part of the identification and prioritization of health needs, the CHNA Steering Committee considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs. The identification and prioritization group included steering committee members, including a representative of the Fulton County Health Department.

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

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The steering group, comprised of representatives from both focus groups, met on February 19, 2016 to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, Evironmental Systems Research Institute, Illinois Department of Public Health, Centers for Disease Control (CDC), United States Department of Agriculture (USDA), Illinois Department of Labor, Health Resources Services Administration (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 Graham Hospital services area.

1. MENTAL HEALTH

The group identified access to care issues for persons of all ages with behavioral healthcare needs. The area is experiencing a shortage of psychiatrists and counselors, which is impacting all potential patients and particularly the underinsured and uninsured and youth. The group identified depression and suicide as significant health issues that are also impacted by lack of mental health resources.

2. SUBSTANCE ABUSE PREVENTION AND RECOVERY SERVICES

Initially, substance abuse was raised in discussion as a mental health issue, but it was moved by consensus to an issue of its own and prioritized as Issue 2. The group was particularly concerned with the need for substance abuse prevention overall and also local efforts to address and provide opportunities for addiction rehabilitation and recovery.

3. DENTAL CARE

The group recognized available dental services and efforts to provide dental care to youth and others but identified the ongoing need for access to care for persons in poverty and for the underinsured and uninsured. The group expressed specific concern over impact to this shortage on the number of patients presenting at the emergency room and primary care physician offices seeking care for dental pain and infections.

4. WELLNESS

The group identified what they felt were related needs around obesity, diabetes, heart disease, and nutrition and categorized them as wellness needs. It was felt that there was a need for increased education in all of these areas along with opportunities for recreation, exercise, and healthy foods and lifestyles. The group also saw a need for targeted advocacy to make education and other resources available to segments of the population where they are needed most. The group also identified a need for better access to primary care through prompt care that included expanded hours and was flexible to provide services without appointments when appropriate.

5. SINGLE INFORMATION SOURCE

The need for information on how to access local healthcare and other services was discussed and identified as a need impacting access to services overall. The group specifically identified 211 or 211-like services as desirable but recognized that other local solutions may meet the need.

6. LOCAL ACCESS TO RADIATION ONCOLOGY

Recognizing evidence of enhanced levels of cancer and the need for cancer care in the area, the group identified a need for local access to radiation and oncology.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH GRAHAM HOSPITAL

Food and Nutrition Services

- Registered and licensed dietitians available to provide individualized nutritional counseling – able to assist in planning meals for managing weight control, diabetes, or other diet-related health issues

Community Education

- Graham Hospital provides free community education to area service groups, clubs, schools, health fairs, senior events, and other groups who would like to share information with their members or community. Many classes and programs are offered throughout the year to prepare, educate, and guide individuals into healthy lifestyle choices.
- Pediatric basic life
  Course includes infant (0-12 months) and child (1-8 years) CPR module and obstructive airway – also included is child safety information. Cost is $15 per person.
- Prepared childbirth
  Five session class is available to any individual expecting a child and provides information on the birth process, breathing exercises, and physical conditioning. Cost is $35 per couple. You need not be delivering at Graham Hospital to attend these classes.
- Diabetes education and support
  Graham Hospital offers several education and support group sessions for individuals with diabetes and their family members. The classes are taught by qualified professionals and include topics such as understanding diabetes, self-monitoring, and healthy eating habits. Individual diabetes counseling is also available.
- Kindred Spirits Grief Support Group
  For those who have lost a loved one, the simple act of meeting and talking with others can be especially beneficial. The support group is provided to the community at no charge. Meetings are held the third Thursday of each month at Graham Hospital's Home Health and Hospice location.
- Adult basic life support
  This class includes a 'Heartsaver' lecture, adult single rescuer CPR, and the adult obstructive airway module. Cost is $15 per person.
- Freedom from smoking
  This smoking cessation class is a seven week class taught by leaders trained and certified by the American Lung Association. Concrete tools for quitting smoking are incorporated into your plan to stop and how to stay smoke free is reinforced.

Critical Care Services

- Emergency Department
- Intensive Care Unit
- Post Critical Care Unit

Imaging Center
- Fluoroscopy
- Nuclear medicine
- Magnetic Resonance Imaging (MRI)

Inpatient Care
- Medical/surgical
- Pediatric
- Case management / social worker

Laboratory

Obstetrics
- 2 labor rooms, 6 postpartum rooms, and 1 operating room
- Prepared childbirth classes
- Breastfeeding
- Newborn nursery

Rehabilitation services
- Rehabilitation therapy
- Occupational therapy
- Speech therapy

Respiratory and Sleep Disorders Clinic
- The Sleep Disorders Clinic consists of a sleep laboratory and sleep clinic which is involved in the evaluation and treatment of a variety of sleep disorders including Obstructive Sleep Apnea (OSA), Narcolepsy, Restless Leg Syndrome, and Insomnia

Surgical services

Wound clinic and hyperbaric medicine

Community Organizations, Health Partners, and Government Agencies
Organizations identified through the process that were current or potential partners for addressing health needs and related issues include:

- Fulton County Health Department
- Health and Wellness Connection of Fulton County
- Canton Area Chamber of Commerce
- First Baptist Church Food Pantry
- Graham Hospital Service League
- City of Canton
- YMCA
- YWCA
- Heartland Healthcare
- Sunset Nursing Home
- Parlin-Ingersoll Library

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

1. MENTAL HEALTH SERVICES (including substance abuse prevention and treatment)

Gaps in access to mental health services at virtually all levels were identified in all the focus groups and were supported by secondary data. Many of the identified issues involve health delivery and community partners outside the control of Graham Hospital but provide opportunities for external partnerships and cooperative planning for resolution. Related issues concerning substance abuse were also identified in the focus groups and supported by the secondary data. These issues provide the opportunity for external collaboration.

- Psychiatry Clinic was investigated in 2014 and again in FY2015
  - Was not viable based on lack of available practicing psychiatrists in the Graham Hospital region
  - Unable to justify fulltime provider based solely in Canton
- A new contract was signed with Tazwood Center for Wellness for coverage at Graham ED/Inpatient Units
  - Quicker response time
  - Better interaction with patients and staff
  - More financially viable for Graham Hospital
- Ongoing use of trained resource personnel to deliver designated patients in crisis to a psychiatric facility

2. WELLNESS EDUCATION AND SERVICES

This was identified as a need for better availability of information on wellness education, basic wellness care opportunities for the community in general, and improved information for the community that explains services and options for the elderly, underinsured, and uninsured. Secondary data on health risks supports this conclusion.

- Community outreach efforts continue with local businesses offering support and services to complete individualized assessments of employee wellness
  - Individual results are offered through a health risk assessment
  - Results are immediately available on the offered organization's wellness website, which provides multiple tools for aid in healthy living
  - Lab results and anthropometrics are shared confidentially
  - Education/referrals are provided as necessary
- Continued to add business partners in 2014, 2015, and 2016
  - GHA Wellness Center opened 24/7/365 to all employees of business partners for use of exercise equipment
  - Cardiac Rehab will relocate to new facility in September 2016, allowing conversion of entire Wellness Center to community benefit
- Graham Hospital continues to offer blood pressure and other screenings at prioritized events throughout the communities served through Graham Home Health Agency staff
- Inpatient Cardiology converted from 4 to 5 days/week at Graham in 2015
  - An additional cardiologist was added to the GH Medical Staff
  - Illinois Cancer Care will relocate to the new facility in September 2016 to better meet the needs of those receiving chemotherapy
- Telehealth services for Graham Home Health/Hospice Services
  - Program underway with 10 units in the field as of 12/31/15
- Wellness Recovery Action Plan for CHF Program is ongoing
  - Director of OP Cardiac Rehab meets with potential IP WRAP patients in Graham Hospital inpatient beds 5 days/week to determine appropriateness of outpatient therapy upon discharge
  - Social worker has completed two classes
  - Participants are currently and actively being sought for the next planned WRAP class – *This class will focus on Graham Hospital's COPD patients and in creating an action plan for them*
  - During FY17, the GHS LCSW and Director of Care Management will develop a strategic plan and work to implement a Chronic Care Management Program (CCMP) to be utilized at the Graham Medical Group Clinic. This program will meet the CMS requirements for (CCMP) by incorporating the following required elements:
    - Will be utilized for patients who have multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient
    - Have chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline
    - The program will ensure a comprehensive care plan is established, implemented, revised, or monitored

- Speaking events have been held to address top mortality issues and top risk factors identified in Graham Hospital's Community Health Needs Assessment – *Community presentations have been led by physicians of HeartCare Midwest, Dr. Gowda, Dr. Trilikis, and Dr. Roudebush (senior health fair)*
- The Wellness Center provides supervised, maintenance, and prevention exercise programs to the entire community which are proven beneficial in the fight against heart disease and some forms of cancer
- Smoking cessation classes continue to be offered to Graham Hospital employees (with reminders in quarterly employee newsletter) and local businesses through the Graham Wellness Center – *all Graham employees are incentivized to become/remain tobacco-free*
- Graham's Community Wellness Program continues to collaborate with local employers to create a tobacco-free property, sharing Graham's policies and impact to the organization
- Awareness of outpatient nutrition services and diabetes education promoted through GHS website, including dietitian's contact information
- Graham Hospital continues to investigate the feasibility of a weight management program through the Graham Wellness Center
- The Wellness Center provides maintenance and prevention exercise programs, as well as Phase II programs – *Free cooking demonstrations are offered to these patients once per month and additional education is offered*
- All GH employees are given access to the wellness website, which provides a comprehensive food log with carbs/protein/fat/calorie recommendations
- Incentive program offered to employees
  - Ten individuals battling weight, nutrition, blood pressure, cholesterol, and/or diabetes chosen at a time to participate in 6-month comprehensive program including exercise specialists, counselors, MD and dietician appointments with specialized education and guidance *(Exercise is The First Medicine Program)*
  - Also offered to 10 community members in early 2016
- Graham Hospital continues to promote physical activity among Graham employees during and after the work day through the Employee Wellness programs
  - Graham Hospital has improved access to facilities, promoting physical activity for Graham employees and their respective spouses by allowing monitored access for extended hours
  - Created Graham Employee Wellness logo and market to employees through quarterly newsletter and email
  - GH employees and spouses and business partners' employees and spouses have 24/7/365 access to Wellness Center
- Graham's Foundation is involved with multiple races, sponsorship of Canton Park District walking/running/biking trails in an effort to support local wellness coalitions in their efforts to increase physical activity
- "Benefits of Exercise" brochure was developed by the marketing department and distributed at multiple health fairs and other events

3. ACCESS TO BASIC SERVICES FOR ALL RESIDENTS

There is a need to continue ongoing efforts to make services available to all residents with particular attention to issues related to the elderly and the underinsured and uninsured.

- Graham Hospital continues to support The Health and Wellness Connection of Fulton County by providing physical space and accounting/finance/marketing support – *Two GH employees serve on The Health and Wellness Connection's Board of Directors*
- Graham Hospital continues to provide financial assistance to the community by providing certified Marketplace application counselors who can assist individuals in need of health insurance
  - In addition, GH staff members assist patients by helping with the application process for Medicaid, determining eligibility for free or discounted health services, or establishing a payment plan *(ongoing through GH Business Services and Patient Access Departments)*
- The GH Business Services and Social Work Departments provide financial counselors/social workers who are available to assess, link, and educate individuals in need of community and financial resources
- An ongoing effort through GH's Social Work and Marketing Departments provides a list of available resources and external links on Graham's website for patients to access
- Continued support through GH's Social Work and Marketing Departments provides awareness of Fulton County Health Department's health and dental services
- Graham Hospital provides space/resources for Fulton County's ACA Navigator

4. PLANNING FOR CONTINUED LOCAL AVAILABILITY OF PHYSICIANS AND MEDICAL SPECIALISTS

While there was general satisfaction expressed with the current availability of local and regional physicians and specialists, there was also discussion on the need for mental health providers and for succession planning of the primary care medical community and identification of specialist specialties that are not available locally *(although those specialties are available in Peoria)*.

- Graham Hospital continues to prioritize needs and recruitment efforts based on the Graham Physician Workforce Plan – *Recruitment of additional providers in general surgery, otolaryngology, primary care, multiple Advanced Practice Registered Nurses, and Physician Assistants were added to Graham Hospital staff in 2014, 2015, and 2016*
- Physician recruitment efforts continue through a joint effort of the President/CEO, VP of Clinic Services, and Executive Assistant
- Attendance at physician recruitment fairs in strategic regional locations is ongoing, with focus on the Peoria market in 2014 and 2015 and the addition of a St. Louis market fair in 2014
- Physician Recruitment Referral Program is ongoing
- Affiliation agreements are ongoing with the University of Illinois College of Medicine (MD) and Des Moines University School of Medicine (DO) Program to provide sites for residents and medical students to engage in active clinical experiences for their specified rotation requirements

IX. DOCUMENTING AND COMMUNICATING RESULTS

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

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

Approval

The Community Health Needs Assessment of Graham Hospital was approved by the Graham Hospital Board of Trustees on the 27th day of June, 2016.

X. REFERENCES

- *County Health Rankings, 2016*
- *Community Commons, 2016*
- Illinois Department of Employment Security, 2016
- National Cancer Institute, 2016 (data through 2011)
- Illinois Department of Public Health, 2016
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2016
- Fulton County Public Health Department, IPLAN
- ESRI, 2016
- Illinois State Board of Education, Illinois Report Card, 2014-15
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.

IMPLEMENTATION STRATEGY

IMPLEMENTATION STRATEGY

The Implementation Strategy was developed through a facilitated meeting on April 11, 2016 involving key administrative staff and two Graham Hospital board members, including:

- **Bob Senneff,** President and CEO, Graham Hospital
- **Eric Franz,** VP of Finance and CFO, Graham Hospital
- **Jim Schreiner,** CIO, Graham Hospital
- **Carolyn Jacobus**, VP of Clinic Services, Graham Hospital
- **Teresa McConkey,** VP of Nursing and CNE, Graham Hospital
- **Janis Blout,** Board Member, Graham Hospital, and U of I Extension-4H Program Coordinator, Fulton County
- **Paula Grigsby,** Board Member, Graham Hospital, and Executive Director, YMCA

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 six 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.

Process by which needs will be addressed:

1. MENTAL HEALTH

The group identified access to care issues for persons of all ages with behavioral healthcare needs. The area is experiencing a shortage of psychiatrists and counselors which is impacting all potential patients and particularly, the underinsured, uninsured, and youth. The group identified depression and suicide as significant health issues that are also impacted by lack of mental health resources.

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

- Partner with McDonough District Hospital to support their geriatric and psychiatric programs on substance abuse, and other areas
- Expand the roles of Graham Hospital's social workers to include Licensed Clinical Social Worker (LCSW) functions
- Expand relationship with Tazwood Center for Wellness
- Explore Unity Point Health psychiatric resident graduates for potential local services
- Explore increasing available local referrals where possible
- Explore Accountable Care Organization solutions to these problems
- Continue and expand spiritual care program
- Monitor impacts to access for patients

Anticipated impact of these actions:

- Increased access to mental healthcare for seniors
- Increased access to mental health services for all ages
- Improved access to regional mental healthcare

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

- Administration
- Social workers
- Nursing

Planned collaboration between the hospital and other facilities or organizations:

- University of Illinois College of Medicine – Peoria
- McDonough District Hospital
- Tazwood Center for Wellnes
- University Point Health System

2. SUBSTANCE ABUSE PREVENTION AND RECOVERY SERVICES

Initially, substance abuse was raised in discussion as a mental health issue, but it was moved by consensus to an issue of its own and prioritized as Issue 2. The group was particularly concerned with the need for substance abuse prevention overall and also local efforts to address and provide opportunities for addiction rehabilitation and recovery.

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

- Work with new school administration in Canton to determine best options for addressing substance abuse issues impacting local youth
- Gather internal data related to substance abuse (from patients presenting at the hospital) to assist in the assessment of substance abuse planning for the communities in the hospital's service area
- Support reasonable efforts in the community to address rehabilitation and recovery for addiction as reasonable and appropriate
- Educate the public about nurse navigator and discharge nurse services
- Monitor changes in internal data related to substance abuse

Anticipated impact of these actions:

- Lay a foundation for informed community efforts to address substance abuse issues

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

- Administration
- Physicians

Planned collaboration between the hospital and other facilities or organizations:

- Schools
- Fulton County Health Department
- Community organizations

3. DENTAL CARE

The group recognized available dental services and efforts to provide dental care to youth and others but identified the ongoing need for access to care for persons in poverty and for the underinsured and uninsured. The group expressed specific concern over impact to this shortage on the number of patients presenting at the emergency room and primary care physician offices seeking care for dental pain and infections.

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

- Graham Hospital recognizes the need for increased access to local dental care for low income and underinsured persons but is not as well-suited to address this issue as existing local dentists or the Fulton County Health Department, which has recently created a clinic for these purposes. Nonetheless, the hospital has determined to take the following steps:
  - Explore the feasibility of establishing a dental clinic based on payee mix and possible involvement of the Accountable Care Organization to find solutions
  - Continue and expand support for the Fulton County Health Department's dental clinic
  - Develop community education programs to inform the public about the importance of dental health and the relation of dental health to overall health and well-being and how to access existing dental care
  - Create in-house policies to encourage dental hygiene for patients including providing free toothbrushes and toothpaste to patients who arrive without those items
  - Monitor number of citizens reached with community education prgrams about dental health

Anticipated impact of these actions:

- Begin community-wide exploration of the access to dental care issue
- Better-educated community members utilizing better dental hygiene practices
- Improved access to dental care

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

- Administration
- Nursing

Planned collaboration between the hospital and other facilities or organizations:

- Fulton County Health Department
- Medical staff
- Local dentists
- Community organizations

4. WELLNESS

The group identified what they felt were related needs around obesity, diabetes, heart disease and nutrition and categorized them as wellness needs. It was felt that there was a need for increased education in all of these areas along with opportunities for recreation, exercise and healthy foods and lifestyles. The group also saw a need for targeted advocacy to make education and other resources available to segments of the population where they are needed most. Finally, the group identified a need for better access to primary care through prompt care that included expanded hours and was flexible to provide services without appointments when appropriate.

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

- Continue to grow corporate wellness partnerships
- Create a free-standing wellness center and gym, including a fitness center, kitchen for nutrition education, and space for wellness education programs and other activities
- Expand Accountable Care Organization activities with a view toward future outreach to non-Medicare patients
- Expand pulmonary rehabilitation services
- Provide local access to cardiologists and other specialists to address chronic illness management and prevention locally
- Create a new cardiac rehabilitation center
- Continue to support and promote local walking trails
- Continue and expand women's' health fair offering screenings and educational programs
- Continue and improve quarterly health newsletter for the community
- Expand prompt care with additional providers, hours and new, expanded space
- Measure number persons reached through the wellness center, cardiac rehabilitation center, and prompt care

Anticipated impact of these actions:

- Access to education about chronic illness
- Access to nutrition education
- Local access to cardiac rehabilitation
- Local access to pulmonary education
- Increased opportunities for recreation and fitness
- Increased access to wellness education and screening

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

- Administration
- Cardiac rehabilitation staff
- Nutritional services

Planned collaboration between the hospital and other facilities or organizations:

- Community organizations
- Nursing homes
- Other local healthcare providers
- Canton Park District
- Fulton County Health Department

5. SINGLE INFORMATION SOURCE

The need for information on how to access local health care and other services was discussed and identified as a need impacting access to services overall. The group specifically identified 211 or 211-like services as desirable but recognized that other local solutions may meet the need.

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

- Continue the exploration of 211 services

Anticipated impact of these actions:

- Establishment of 24/7 single source information services for local health and community services

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

- Administration

Planned collaboration between the hospital and other facilities or organizations:

- Peoria or Bloomington 211

6. LOCAL ACCESS TO RADIATION ONCOLOGY

Recognizing evidence of enhanced levels of cancer and the need for cancer care in the area, the group identified a need for local access to radiation oncology.

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

- Graham Hospital appreciates the desire for local radiation oncology services but has recently explored the feasibility of initiating those services and has determined that the local population is unable to reasonably support the costs of local radiation oncology.
- Continue to support transportation to radiation oncology series in Peoria and Pekin through Graham Hospital's own transportation vehicles and the public transportation network
- Continue local chemotherapy services

Anticipated impact of these actions:

- Continued access to radiation oncology services on a regional basis

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

- Graham Hospital Transportation

Planned collaboration between the hospital and other facilities or organizations:

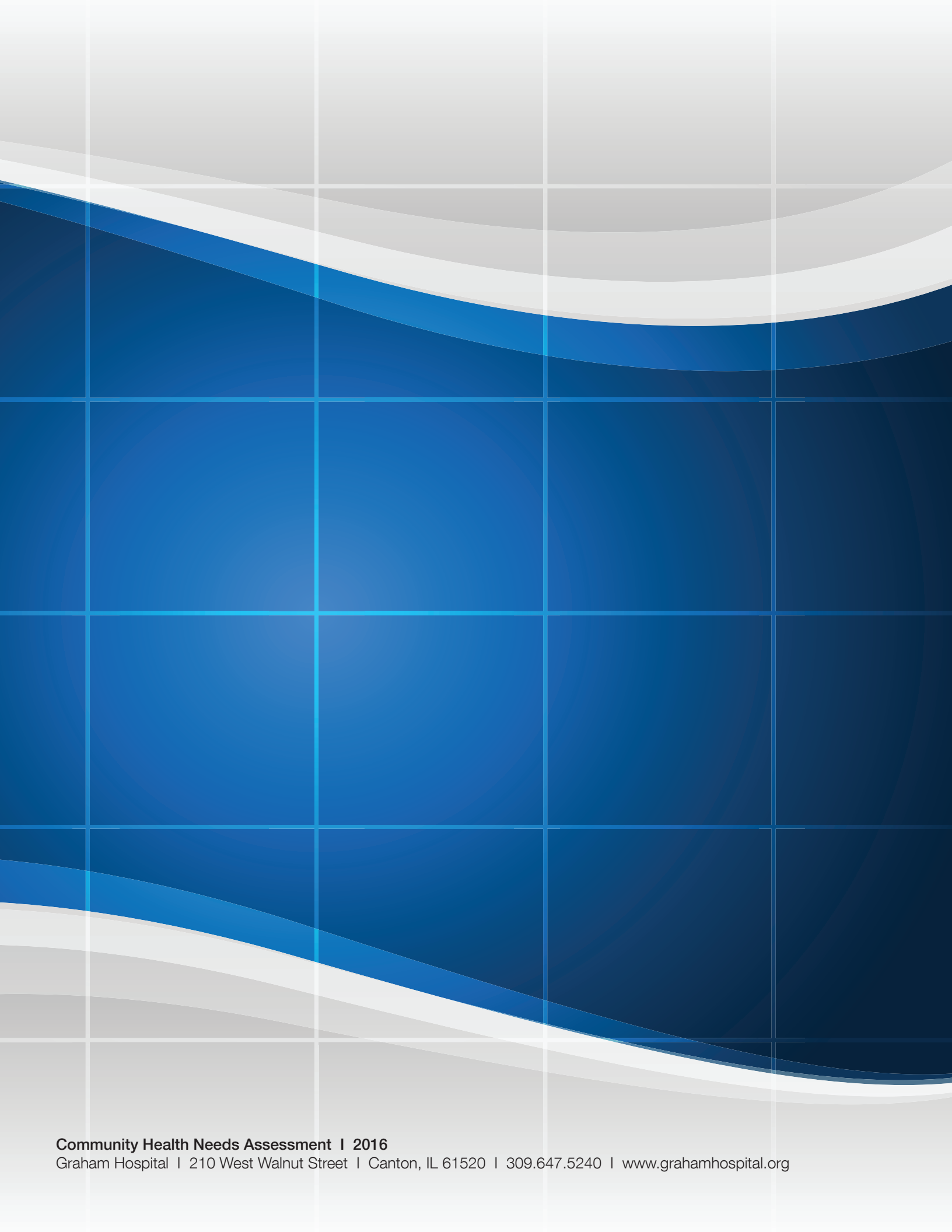
- Fulton County Transportation

Committed Resources

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

Approval

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

This Implementation Strategy for the Community Needs Assessment of Graham Hospital was approved by the Graham Hospital Board of Trustees on this 27th day of June, 2016.

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