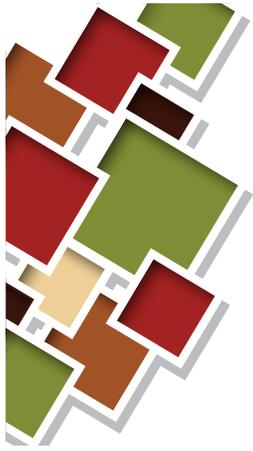


# 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

*A collaborative approach  
to impacting population  
health in Canton and  
surrounding areas*





# Graham Hospital

## TABLE OF CONTENTS

<b>I. Introduction.....</b>	<b>3-5</b>
Background.....	5-10
Executive Summary .....	11-12
Service Area Demographics .....	13-15
<b>II. Establishing the CHNA Infrastructure and Partnerships.....</b>	<b>16-17</b>
<b>III. Data Collection and Analysis.....</b>	<b>18</b>
Description of Process and Methods Used.....	19
Description of Data Sources.....	20-21
Secondary Data Social Determinants of Health.....	22-41
Additional Relevant Data.....	42-47
Primary Data.....	48-51
<b>IV. Identification and Prioritization of Needs.....</b>	<b>52</b>
Description of the Community Needs Identified.....	53
<b>V. Resources Available to Meet Priority Health Needs.....</b>	<b>54-57</b>
<b>VI. Implementation Strategy.....</b>	<b>58</b>
Planning Process and Implementation Strategy.....	59-64
<b>VII. Documenting and Communicating Results.....</b>	<b>65-66</b>
<b>VIII. References and Appendix.....</b>	<b>67-70</b>

## I. INTRODUCTION

2019 Community Health Needs Assessment



# 2019 Community Health Needs Assessment

## *Insight into Graham Hospital's population*

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

This assessment process results in a CHNA report that assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The 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).

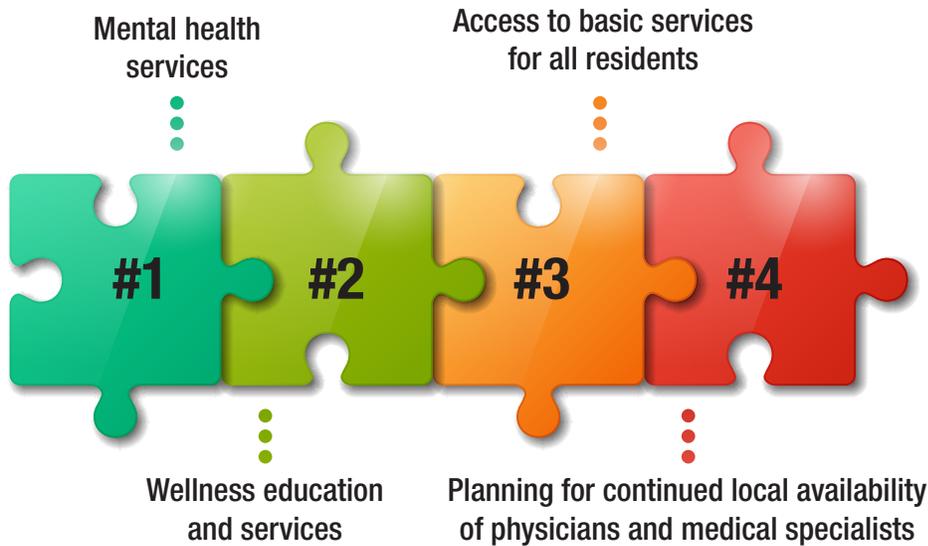
ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 57 member hospitals, is an independent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



# Introduction / Background

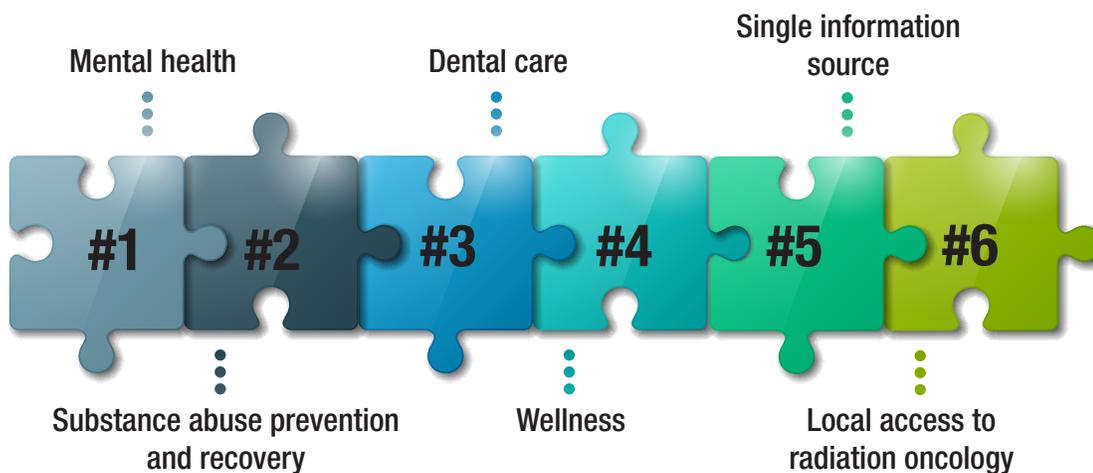
Graham Hospital completed two Community Health Needs Assessments prior to 2019. The first CHNA was conducted in 2013 and identified four needs.

2013



The second CHNA was conducted in 2016 and identified six needs.

2016



# Background

Graham Hospital completed two Community Health Needs Assessments prior to 2019. Since 2013, Graham Hospital has taken the following steps to address the identified community health needs identified in that first CHNA:

## 1. Mental health services

- Creation of a 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

- 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
  - GHS 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 benefit community
- Graham Hospital continues to offer blood pressure and other screenings at prioritized events throughout the communities served through Graham Home Health Agency staff and cardiopulmonary rehab
- Inpatient cardiology converted from 4 to 5 days/week at Graham in 2015
  - An additional cardiologist was added to the GHS 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 (WRAP) for congestive heart failure program is ongoing
  - Director of Cardiopulmonary Rehab meets with potential inpatient 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 OSF Cardiovascular Institute, previously known as HeartCare Midwest, including Dr. Gowda, Dr. Trilkis, and Dr. Roudebush (senior health fair)*
- The Wellness Center provides supervised, maintenance, and prevention exercise programs to the entire community which have 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 the 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*

# Background

- All GHS 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 were chosen to participate in a 6-month comprehensive program including exercise specialists, counselors, MD, and dietitian appointments with specialized education and guidance
  - 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 marketed to employees through quarterly newsletter and email
  - GHS 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**

- 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, GHS 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 GHS Business Services and Patient Access Departments*)
- The GHS 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 GHS' 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 GHS' Social Work and Marketing Departments provides awareness of Fulton County Health Department's health and dental services
- GHS 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

# Background

In 2016, the CHNA identified:

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

In response to this Needs Assessment, Graham Hospital has:

- Partnered with McDonough District Hospital to support their geriatric and psychiatric programs on substance abuse and other areas
- Expanded the roles of Graham Hospital's social workers to include Licensed Clinical Social Worker (LCSW) functions
- Expanded the relationship with Tazwood Center for Wellness
- Expanded Spiritual Care Program
- Increased access to mental health services
- Gathered 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
- Supported reasonable efforts in the community to address rehabilitation and recovery for addiction as reasonable and appropriate
- Policies developed to encourage dental hygiene for patients including providing free toothbrushes and toothpaste to patients who arrive without those items
- Continued support for the Fulton County Health Department's dental clinic
- Growing corporate wellness partnerships
- Pritikin Diet Program certification
- Rock Steady Boxing certification
- New state-of-the-art rehabilitation center
- Expansion of prompt care
- Opened free-standing wellness center and gym
- Continued to support transportation to radiation oncology services in Peoria and Pekin through Graham Hospital's own transportation vehicles and the public transportation network
- Second transport vehicle added to fleet in FY 2018
- Continued partnership with the Health and Wellness Connection of Fulton County

# Executive Summary

The 2019 Graham Hospital Community Health Needs Assessment was conducted in January through February of 2019. The Implementation Strategy was also developed in February 2019. The CHNA is influenced by the large rural service area of Graham Hospital.

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

**Poverty** – Children living in poverty

**Poverty** – Population below 100% of Federal Poverty Level

**Unemployment**

**Education** – Persons with Bachelor's Degrees or higher

**Education** – Reading proficiency, 4th grade level

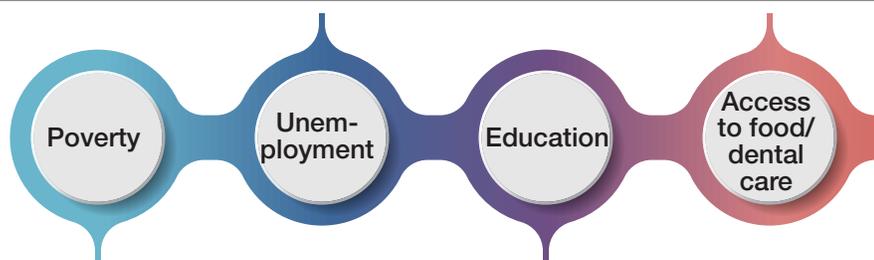
**Access to food**

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

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

1. Prevalence of obesity among youth and adults in the community and the need for nutrition education for the community and access to healthy foods
2. Prevalence of diabetes in the community and the need for physical, health, and nutrition education for youth and adults and for access to reasonably priced insulin and other diabetes medications for the underinsured and uninsured
3. Mental health, including:
  - a. Resources to address suicide
  - b. Local access to mental health providers at all levels
  - c. Local mental health support services
  - d. Local access to detoxification, rehabilitation, and recovery for persons facing substance use disorders
4. Address the number of local teen births
5. Increase local access to dentists for underinsured and uninsured community members

2019  
Graham  
Hospital  
Health  
Profile  
Issues



# Executive Summary

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

- Expand the Pritiken Diet Program
- Create a community bike share program
- Collaborate with the YMCA to present a Healthy Kids Day
- Grow programs for businesses at the Community Wellness Center
- Create wellness check programs
- Improve patient BMI through tracking and education at clinics and the Wellness Center
- Expand merit-based incentive payment system addressing A1c measures
- Continue to support Connections Clinic
- Continue support of Bio-Med classroom and education programs at Canton High School
- Continue the relationship between Graham Hospital and Tazwood Mental Health
- Continue to provide psychology specialists at the clinic
- Continue to provide Naloxone to local law enforcement
- Explore providing Naloxone to families of patients being discharged following an overdose or substance-related condition
- Continue relationships, support the work of, and consider potential partner opportunities offered by North Central Behavioral Health System and Public Health. NCBHS is currently reviewing expanding its role in the community with both mental health and substance abuse services.
- Explore face-to-face education between medical staff and students on teen sex and teen birth
- Provide support for the Fulton County Health Department in its efforts to address the teen birth issue
- Graham Hospital will continue to provide financial support for dental services at the Connections Clinic
- Graham Hospital will support, as reasonably possible, efforts by the Health Department to provide dental services

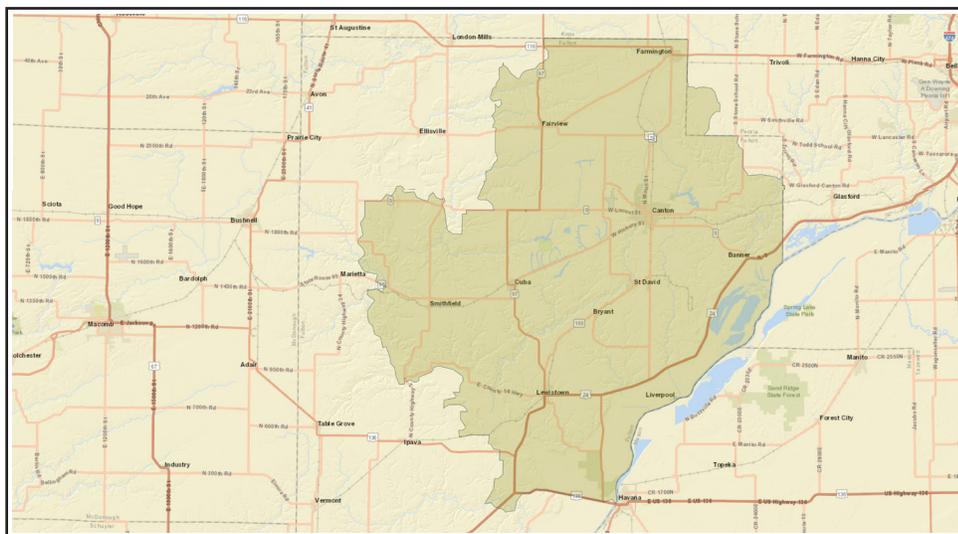
# Service Area Demographics

Graham Hospital's primary and secondary service area is comprised of approximately 353 square miles, with a population of approximately 28,137 and a population density of 80 people per square mile. The service area estimates and the data in this report are based on Graham Hospital's primary and secondary service areas. In addition to the services areas, Graham Hospitals also services a tertiary service area. The data for the tertiary service area is included in the county data in the charts. These three areas consist of the following rural communities:

## Primary Service Area

<p><b>Cities</b></p> <ul style="list-style-type: none"> <li>• Canton</li> <li>• Cuba</li> <li>• Farmington</li> <li>• Lewistown</li> </ul>	<p><b>Villages and Unincorporated Communities</b></p> <ul style="list-style-type: none"> <li>• Saint David</li> <li>• Smithfield</li> <li>• Bryant</li> <li>• Fairview</li> </ul>
<p><b>Secondary Service Area</b></p> <p><b>Cities</b></p>	<p><b>Villages and Unincorporated Communities</b></p> <ul style="list-style-type: none"> <li>• Table Grove</li> <li>• Astoria</li> <li>• Ellisville</li> <li>• Ipava</li> <li>• Avon</li> <li>• Liverpool</li> <li>• Vermont</li> <li>• Marietta</li> </ul>
<p><b>Tertiary Service Area</b></p> <p><b>Cities</b></p> <ul style="list-style-type: none"> <li>• Elmwood</li> </ul>	<p><b>Villages and Unincorporated Communities</b></p> <ul style="list-style-type: none"> <li>• Trivoli</li> <li>• Brimfield</li> <li>• Edwards</li> <li>• Yates City</li> <li>• Williamsfeld</li> <li>• Rapatee</li> <li>• Hanna City</li> </ul>

## Service Area Map



# Service Area Demographics

## Total Population Change, 2000 to 2010

According to U.S. Census data, the population in the Graham Hospital service area fell from 35,993 people to 34,991 people between the years 2000 and 2010, a 2.78% decrease.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	35,993	34,991	-1,002	-2.78%
Fulton County	38,250	37,069	-1,181	-3.09%
Knox County	55,836	52,919	-2,917	-5.22%
McDonough County	32,913	32,612	-301	-.91%
Peoria County	183,433	186,494	3,061	1.67%
Schuyler County	7,189	7,544	355	4.94%
Total Area (Counties)	353,614	351,629	-1,985	-.56%
Illinois	12,416,145	12,830,632	414,487	3.34%

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

The Hispanic population in Fulton County increased by 418 (87.45%), increased in Knox County by 662 (34.92%), increased in McDonough County by 379 (77.66%), increased in Peoria County by 3,275 (85.58%), and increased in Schuyler County by 51 (130.77%).

In Fulton County, additional population changes were as follows: White -4.83%, Black -7.91%, American Indian/Alaska Native 92.65%, Asian 20.43%, and 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%, and Native Hawaiian/Pacific Islander 12.5%.

In McDonough County, additional population changes were as follows: White -3.57%, Black 44.29%, American Indian/Alaska Native 59.57%, Asian -12.65%, and Native Hawaiian/Pacific Islander -83.33%.

In Peoria County, additional population changes were as follows: White -4.67%, Black 11.84%, American Indian/Alaska Native 27.98%, Asian 92.57%, and Native Hawaiian/Pacific Islander 21.57%.

In Schuyler County, additional population changes were as follows: White 1.44%, Black 1,418.75%, American Indian/Alaska Native 9.09%, Asian 12.5%, and Native Hawaiian/Pacific Islander -100%.

## Population by Age Groups

Population by gender in the service area is 52% male and 48% 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	33,913	1,663	5,173	2,732	4,123
Fulton County	36,047	1,829	5,473	2,879	4,344
Knox County	51,752	2,668	7,633	5,391	5,831
McDonough County	31,727	1,378	3,896	8,127	3,787
Peoria County	186,818	12,924	31,741	17,955	26,057
Schuyler County	7,205	304	1,043	475	738
Illinois	12,851,684	790,205	2,200,424	1,242,711	1,780,279

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	4,484	4,662	4,650	6,426
Fulton County	4,708	4,973	5,040	6,801
Knox County	5,896	6,770	7,429	10,134
McDonough County	2,852	3,206	3,694	4,787
Peoria County	22,596	23,521	24,084	27,940
Schuyler County	977	1,144	1,114	1,410
Illinois	1,672,366	1,768,455	1,613,087	1,784,097

*Data Source: Community Commons*



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

2019 Community Health Needs Assessment

# 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, conferenced 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, and to identify and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was directly overseen at the operational level by the Administrative Executive Assistant, reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate three 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 Administrative 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 steps included:

- The Director of Employee and Community Education secured the participation of a diverse group of representatives from the community and the health profession.
- ICAHN's consultant provided secondary data from multiple sources set out below in Section III. Data Collection and Analysis.
- Participation included representatives of county health departments, which also serve the area served by the hospital.



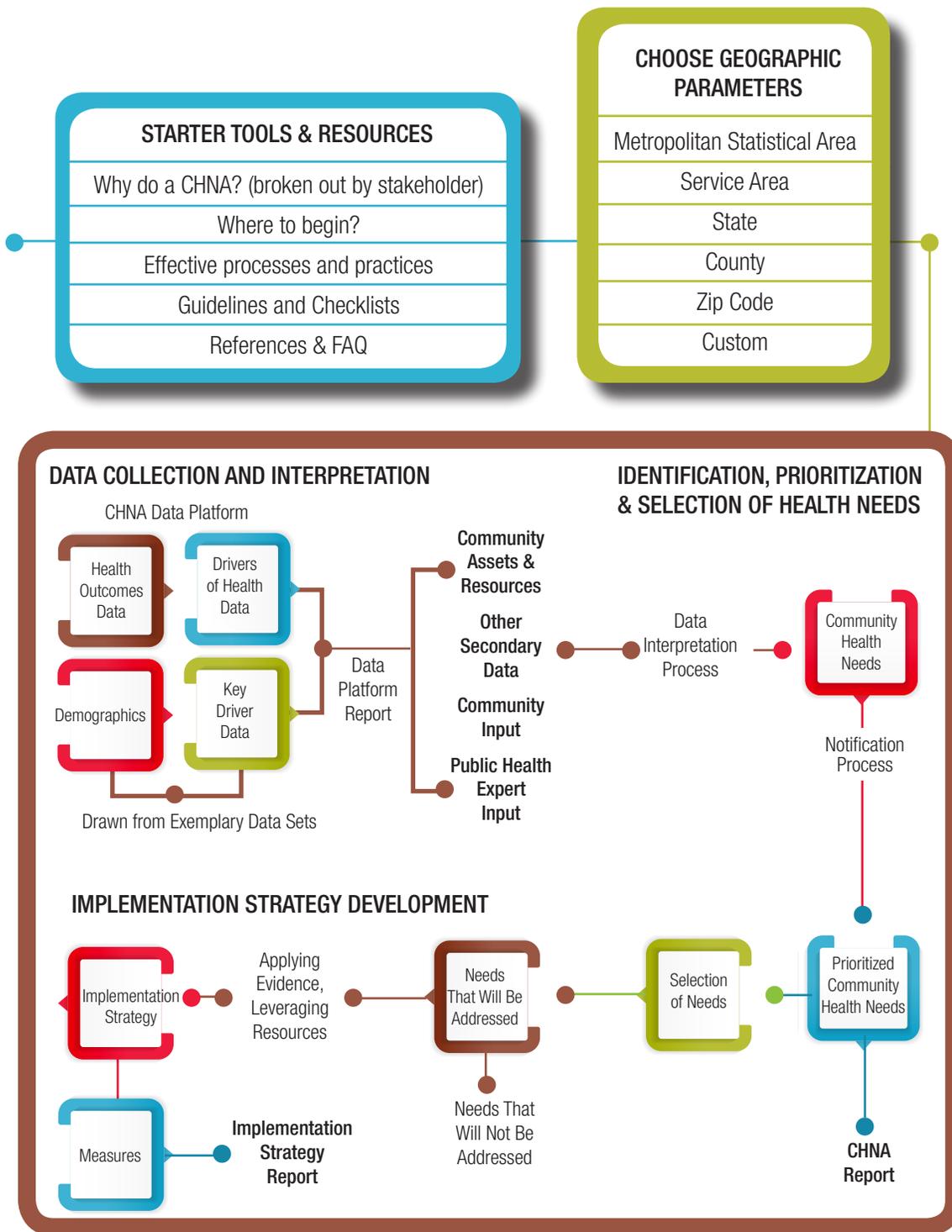
### **III. DATA COLLECTION AND ANALYSIS**

2019 Community Health Needs Assessment

# Description of Process and Methods Used

## Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process.



# Description of Data Sources

## Quantitative Process

<b>Behavioral Risk Factor Surveillance System</b>	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
<b>U.S. Census</b>	National census data is collected by the U.S. Census Bureau every 10 years.
<b>Community Commons</b>	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
<b>Illinois Department of Employment Security</b>	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
<b>National Cancer Institute</b>	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.
<b>Illinois Department of Public Health</b>	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
<b>HRSA</b>	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.

<b>County Health Rankings</b>	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.
<b>Centers for Disease Control</b>	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.' oldest and most successful intergovernmental public health data sharing system.
<b>Local IPLANS</b>	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.
<b>ESRI</b>	ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined levels.
<b>Illinois State Board of Education</b>	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
<b>USDA</b>	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
<b>Illinois Youth Survey</b>	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

# Secondary Data

## Social Determinants of Health

### Education – High School Graduation Rate

Within the Graham Hospital service area, 89.8% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	408	367	89.8%
Fulton County	406	374	92.1%
Knox County	543	478	88.0%
McDonough County	246	223	90.7%
Peoria County	1,701	1,340	78.8%
Schuyler County	96	79	82.3%
Illinois	91,892	75,974	82.7%

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

## Education – No High School Diploma

Within the Graham Hospital service area, there are 3,045 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 12.51% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Service Area Estimates	24,345	3,045	12.51%
Fulton County	25,866	3,211	12.41%
Knox County	36,060	4,328	12.00%
McDonough County	18,326	1,322	7.21%
Peoria County	124,198	12,100	9.74%
Schuyler County	5,383	604	11.22%
Illinois	8,618,284	1,008,608	11.70%

*Data Source: Community Commons (US Census Bureau, American Community Survey 2012-2016. Source Geography: Tract)*



# Secondary Data

## Social Determinants of Health

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

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

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring ‘Proficient’ or Better	Percentage of Students Scoring ‘Not Proficient’ or Worse
Service Area Estimates	367	33.43%	66.57%
Fulton County	378	33.64%	66.36%
Knox County	492	34.09%	65.91%
McDonough County	259	40.62%	59.38%
Peoria County	2,067	30.71%	69.29%
Schuyler County	49	52.73%	47.27%
Illinois	144,944	39.33%	60.67%

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

## Education – Bachelor’s Degree or Higher

Of the population aged 25 and older, 16.73% or 4,072 adult students have obtained a Bachelor’s level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor’s Degree or Higher	Population Age 25+ With Bachelor’s Degree or Higher
Service Area Estimates	24,345	4,072	16.73%
Fulton County	25,866	4,251	16.43%
Knox County	36,060	6,516	18.07%
McDonough County	1,326	6,147	33.54%
Peoria County	124,198	37,008	29.80%
Schuyler County	5,383	1,017	18.89%
Illinois	8,618,284	2,834,869	32.89%

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



# Secondary Data

## Economic Stability

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

Within the service area, 6,799 public school students (45.01%) are eligible for free/reduced price lunches out of 15,110 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.9%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	15,110	6,799	45.01%
Fulton County	5,160	2,564	49.69%
Knox County	7,181	4,000	55.70%
McDonough County	3,435	1,666	48.5%
Peoria County	28,774	13,809	47.99%
Schuyler County	1,161	530	45.65%
Illinois	2,018,739	1,006,936	49.88%

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



## Median Household Income

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

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	13,321	\$56,630	No data
Fulton County	14,131	\$56,864	\$46,183
Knox County	21,146	\$53,897	\$40,605
McDonough County	11,841	\$56,277	\$41,484
Peoria County	75,406	\$70,034	\$51,632
Schuyler County	2,962	\$60,742	\$48,396
Illinois	4,802,124	\$81,865	\$59,196

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

# Secondary Data

## Economic Stability

### Population Receiving SNAP Benefits

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

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	33,701	5,256	15.6%
Fulton County	35,699	5,568	15.6%
Knox County	51,441	9,136	17.8%
McDonough County	31,333	3,904	12.5%
Peoria County	186,221	36,456	19.6%
Schuyler County	7,032	719	10.2%
Illinois	12,859,995	1,935,887	15.1%

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

## Poverty – Children in Households With Income Below 100% FPL

Poverty is considered a key driver of health status. In the Graham Hospital service area, 21.49% or 1,452 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access, including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	31,437	6,756	1,452	21.49%
Fulton County	33,568	7,219	1,518	21.03%
Knox County	47,777	10,088	2,688	26.65%
McDonough County	27,736	5,140	1,004	19.53%
Peoria County	181,453	43,547	10,222	23.47%
Schuyler County	7,034	1,257	199	15.83%
Illinois	12,548,538	2,947,192	576,159	19.55%

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



# Secondary Data

## Economic Stability

### Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 15.84% or 4,967 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	31,437	4,967	15.84%
Fulton County	33,568	5,232	15.59%
Knox County	47,777	8,418	17.62%
McDonough County	27,736	6,513	23.48%
Peoria County	181,453	29,991	16.53%
Schuyler County	7,034	1,411	20.06%
Illinois	12,548,538	1,753,731	13.98%

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

### Unemployment Rate

Total unemployment in the service area for the month of August 2018 was 829 or 5.7% of the civilian non-institutionalized population age 16 and older (on-seasonally adjusted).

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	14,457	13,628	829	5.7%
Fulton County	15,316	14,437	879	5.7%
Knox County	22,028	20,917	1,111	5.0%
McDonough County	12,469	11,816	653	5.2%
Peoria County	86,336	81,705	4,631	5.4%
Schuyler County	3,238	3,113	125	3.9%
Illinois	6,460,016	6,190,961	269,055	4.2%

*Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics, 2018-August. Source Geography: County)*

## Insurance – Uninsured Population

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

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	31,507	2,451	7.78%
Fulton County	33,641	2,682	7.97%
Knox County	49,182	4,297	8.74%
McDonough County	31,356	2,225	7.10%
Peoria County	184,557	13,812	7.48%
Schuyler County	7,124	1,198	16.82%
Illinois	12,671,738	1,233,486	9.73%

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

# Secondary Data

## Food Environment

### Populations With Low Food Access

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

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	34,991	3,492	9.98%
Fulton County	37,069	3,985	10.75%
Knox County	52,919	11,163	21.09%
McDonough County	32,612	6,813	20.89%
Peoria County	186,494	46,696	25.04%
Schuyler County	7,544	1,293	17.14%
Illinois	12,830,632	2,483,877	19.36%

*Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015. Source Geography: Tract)*

## Food Environment – Grocery Stores

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

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	34,991	6	17
Fulton County	37,069	5	13
Knox County	52,919	9	17
McDonough County	32,612	8	25
Peoria County	186,494	53	28
Schuyler County	7,544	1	13
Illinois	12,830,632	2,770	22

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



# Secondary Data

## Access to Care

### Access to Dentists

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

Service Area	Total Population 2015	Dentists 2015	Dentists (Rate Per 100,000 Population)
Service Area Estimates	33,700	6	20
Fulton County	35,699	7	20
Knox County	51,441	18	35
McDonough County	31,333	12	38
Peoria County	186,221	142	79
Schuyler County	7,032	1	14
Illinois	12,859,995	9,336	73

### Access to Mental Health Providers

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

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of Persons)	Mental Healthcare Provider Rate (Per 100,000 Population)
Service Area Estimates	No data	No data	No data	No data
Fulton County	36,011	13	2,770	36
Knox County	52,071	44	1,186	85
McDonough County	31,880	49	651	154
Peoria County	187,321	380	493	203
Schuyler County	7,330	5	1,466	68
Illinois	12,806,917	23,090	555	180

## Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the American Medical Association include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. 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 contributes to access and health status issues.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians, Rate Per 100,000 Population
Service Area Estimates	33,993	11	34
Fulton County	36,007	12	33
Knox County	52,069	35	67
McDonough County	31,880	16	50
Peoria County	187,319	311	166
Schuyler County	7,330	1	14
Illinois	12,880,580	12,477	97

*Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source Geography: County)*

# Secondary Data

## Access to Care

### Medical Conditions and Circumstances

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, 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.

The County Health Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The County Health Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (*County Health Rankings and Roadmaps, 2012*).

Fulton County is ranked 49 out of the 102 Illinois counties in the Rankings released in April 2018. McDonough County is ranked 43.

Health Condition	Fulton County	McDonough County	Illinois
Adults Reporting Poor or Fair Health	16%	17%	17%
Adults Reporting No Leisure Time/ Physical Activity	27%	23%	22%
Adult Obesity	29%	28%	28%
Children Under 18 Living in Poverty	21%	22%	18%
Alcohol Impaired Driving Deaths	33%	44%	33%
Teen Births	33/1,000	11/1,000	26/1,000
Uninsured	7%	7%	8%
Unemployment	7.4%	6.3%	5.9%

## Behavioral Risk Factor Surveillance System

<b>Fulton County</b>	<b>State 2014</b>	<b>2014</b>	<b>2009</b>	<b>2006</b>
At-Risk for Binge Drinking	20.3%	17.5%	18.8%	17.9%
Asthma	9.1%	No data	10.9%	9.0%
Diabetes	10.2%	12.4%	11.3%	8.7%
Obesity	29.5%	29.5%	27.8%	29.1%
Smoking	16.7%	No data	23.7%	22.2%

<b>McDonough County</b>	<b>State 2014</b>	<b>2014</b>	<b>2009</b>	<b>2006</b>
At-Risk for Binge Drinking	20.3%	No data	No data	27.6%
Asthma	9.1%	13.2%	21.6%	18.8%
Diabetes	10.2%	13.1%	6.0%	6.4%
Obesity	29.5%	26.5%	22.6%	23.2%
Smoking	16.7%	15.5%	No data	13.2%

# Secondary Data

## Health Indicators

### Population With Any Disability

Within the service area, 14.95% or 4,709 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Service Area Estimates	31,507	4,709	14.95%
Fulton County	33,641	5,006	14.88%
Knox County	49,182	8,080	16.43%
McDonough County	31,356	3,863	12.32%
Peoria County	184,557	20,943	11.35%
Schuyler County	7,124	1,237	14.48%
Illinois	12,671,738	1,376,858	10.87%

### Teen Births

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

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Fulton County	1,039	43	42
Knox County	1,795	71	40
McDonough County	1,722	23	13
Peoria County	6,781	331	49
Schuyler County	234	10	41
Illinois	448,356	15,692	35

## Low Birth Weight Rate

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

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Fulton County	2,730	205	7.5%
Knox County	3,948	312	7.9%
McDonough County	2,051	148	7.2%
Peoria County	18,886	1,643	8.7%
Schuyler County	546	37	6.8%
Illinois	1,251,656	105,139	8.4%

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



# Secondary Data

## Health Indicators

### Diabetes Management – Hemoglobin A1c Test for Medicare Enrollees

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test that measures blood sugar levels, administered by a healthcare professional in the past year. In the service area, 425 Medicare enrollees with diabetes have had an annual exam out of 492 Medicare enrollees in the service area with diabetes, or 86.3%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

Service Area	Total Medicare Enrollees	Medicare Enrollees With Diabetes	Medicare Enrollees With Diabetes With Annual Exam	Percent Medicare Enrollees With Diabetes With Annual Exam
Service Area Estimates	4,452	492	425	86.3%
Fulton County	4,758	527	454	86.3%
Knox County	6,416	616	548	89.1%
McDonough County	3,062	327	273	83.5%
Peoria County	17,998	1,942	1,755	90.4%
Schuyler County	1,061	98	83	84.7%
Illinois	1,210,320	126,125	111,696	86.5%

### 30-Day Hospital Readmissions

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

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Fulton County	528	11.7
Knox County	737	15.6
McDonough County	331	16.2
Peoria County	1,935	13.2
Schuyler County	97	No data
Illinois	143,569	15.2

## Preventable Hospitalizations – Medicare Population

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

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	3,489	246	70.7%
Fulton County	3,727	263	70.7%
Knox County	5,050	272	54.0%
McDonough County	2,474	175	70.9%
Peoria County	14,286	661	46.3%
Schuyler County	835	44	53.5%
Illinois	985,698	53,973	54.8%

## Depression (Medicare Population)

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

Service Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries With Depression	Percent With Depression
Service Area Estimates	5,412	793	14.7%
Fulton County	5,781	847	14.7%
Knox County	7,984	982	12.3%
McDonough County	3,886	592	15.2%
Peoria County	21,972	3,107	14.1%
Schuyler County	1,249	179	14.3%
Illinois	1,451,929	219,143	15.1%

# Secondary Data

## Mortality Tables

### Fulton County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	99
Malignant Neoplasms	97
Chronic Lower Respiratory Diseases	34
Cerebrovascular Diseases	19
Diabetes Mellitus	12
Influenza and Pneumonia	12
Intentional Self-Harm (Suicide)	7
Human Immunodeficiency Virus (HIV) Disease	1

### McDonough County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	74
Malignant Neoplasms	71
Cerebrovascular Diseases	22
Chronic Lower Respiratory Diseases	16
Influenza and Pneumonia	8
Intentional Self-Harm (Suicide)	4
Diabetes Mellitus	4

## Infant Mortality

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

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Fulton County	1,925	15	8
Knox County	2,755	21	8
McDonough County	1,475	10	7
Peoria County	13,550	118	9
Schuyler County	380	0	0
Illinois	879,035	6,065	7

## 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 resummairized 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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Fulton County	36,048	93	259	176
Knox County	51,755	135	261	173
McDonough County	31,842	64	202	175
Peoria County	186,846	403	216	181
Schuyler County	7,237	24	334	217
Illinois	12,859,901	24,531	191	169

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

# Secondary Data

## Mortality Tables

### Mortality – Coronary Heart Disease

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Fulton County	36,048	62	173	116
Knox County	51,755	103	200	129
McDonough County	31,842	50	156	120
Peoria County	186,846	225	120	99
Schuyler County	7,237	11	152	100
Illinois	12,859,901	13,901	108	94

### Mortality – Drug Poisoning

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Fulton County	36,048	4	12	12
Knox County	51,755	7	14	15
McDonough County	31,842	2	7	Suppressed
Peoria County	186,846	33	18	18
Schuyler County	7,237	No data	Suppressed	Suppressed
Illinois	12,859,901	1,832	14	14

## Mortality – Lung Disease

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Fulton County	36,048	32	90	60
Knox County	51,755	62	120	78
McDonough County	31,842	23	72	60
Peoria County	186,846	106	57	47
Schuyler County	7,237	6	86	56
Illinois	12,859,901	5,330	43	39

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

## Mortality – Motor Vehicle Crash

This indicator reports the crude rate of death due to motor vehicle crashes per 100,000 population.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Fulton County	36,048	4	12	12
Knox County	51,755	7	14	14
McDonough County	31,842	4	14	11
Peoria County	186,846	19	10	10
Schuyler County	7,237	No data	Suppressed	Suppressed
Illinois	12,859,901	1,116	9	8

*Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-15. Source Geography: County)*

# Secondary Data

## Mortality Tables

### Mortality – Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.

Service Area	Total Population 2010	Average Pedestrian Deaths 2011-2015	Average Annual Death Rate (Per 100,000 Population)
Service Area Estimates	No data	1	No data
Fulton County	37,069	1	1
Knox County	52,919	3	2
McDonough County	32,612	1	1
Peoria County	186,494	9	2
Schuyler County	7,544	0	0
Illinois	12,830,632	827	2

### Mortality – Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) 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 stroke is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Fulton County	36,048	22	61	38
Knox County	51,755	36	70	42
McDonough County	31,842	19	59	43
Peoria County	186,846	118	63	51
Schuyler County	7,237	5	64	40
Illinois	12,859,901	5,497	43	38

## Mortality – Suicide

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Fulton County	36,048	6	17	14
Knox County	51,755	9	17	16
McDonough County	31,842	4	12	Suppressed
Peoria County	186,846	23	13	12
Schuyler County	7,237	No data	Suppressed	Suppressed
Illinois	12,859,901	1,358	11	10

## 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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Fulton County	36,048	18	49	41
Knox County	51,755	25	49	43
McDonough County	31,842	15	47	41
Peoria County	186,846	85	46	42
Schuyler County	7,237	5	69	53
Illinois	12,859,901	4,800	37	36

# Primary Data

## Qualitative Data

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

No written comments were received concerning the hospital 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 health care due to geographic, language, financial or other barriers.

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

## Focus Group 1 – Community Leaders and Representatives

The first focus group consisted of community leaders and representatives of groups that represent or serve persons that may be underserved by local medical services. The group met at 7:30 a.m. on January 8, 2019 at Graham Hospital. Positive developments in the service area in recent years were identified as:

- Improved ambulance services
- Mental health services at the county jail
- Availability of better quality water
- Improved emergency response from the Fire Department
- Expansion of surgery department and surgery services at Graham Hospital
- Graham Hospital has begun an incentive and support program for young persons interested in healthcare careers
- New Bio-Med Lab at Canton High School sponsored, in part, by Graham Hospital
- Buddy bag program
- Food pantries are meeting local needs
- New physician assistants at Graham Hospital and the fact that many are female
- Improved senior care
- Memory care unit
- Full service senior care facility
- Graham Hospital began paying a portion of healthcare for employees
- In-house senior care at Graham Hospital
- Access to day care for low income, private pay families
- Graham Hospital's partnership with Canton Park District to make bikes available around town
- Spiritual care at Graham Hospital has greatly improved
- Wellness program at Graham Hospital works with the city of Canton, schools, and businesses
- Graham Hospital has expanded reinvestment in the community
- Expansion of specialty clinics to include wound clinic, urology, and cardiopulmonary
- SIU School of Medicine provides community programming
- New clinics in Elmwood, Farmington, and Lewistown
- Expanded services through partnerships with Havana
- Dentist at the Fulton County Health Department

# Primary Data

## Qualitative Data

Needs and health issues were identified as:

- Access to medical services and health education for persons, especially children of low socioeconomic status, including underinsured and uninsured
- Access to mental health services for adults and youth of low socioeconomic status, including underinsured and uninsured
- Access to mental health services for adults and youth of low socioeconomic status
- Mental health
- OB doctor
- Certified lactation expert
- High-end housing to attract and retain medical professionals
- Participation of medical students and residents with local providers
- BSN program at Graham School of Nursing
- Local access to addiction services including detoxification, rehabilitation, and recovery
- Nutrition education
- Services to address transients/homeless
- Workforce development
- Improved ability of Emergency Room to handle medical surgeries
- Emergency Room specialists
- Better utilization and marketing of professional services
- Local pediatric care

### Focus Group 2 – Medical Professionals and Partners

The second focus group consisted of medical professionals and partners. The group included representatives of the Fulton County Health Department, physicians, nurses, senior care providers, and others. The group met at noon on January 8, 2019 at Graham Hospital. Positive developments in the service area in recent years were identified as:

- SIU Office of Regional Health Programs has opened a local office
- Graham Hospital and SIU have partnered for learning opportunities
- Fulltime dentist at the Fulton County Health Department
- Partnerships have grown and improved
- New special dietary needs program (Champ Program)
- Graham Hospital offers assistance for care and pharmaceuticals for the underinsured and uninsured

- Local oncology care
- New specialty doctors and services at the expanded clinic
- Pritikin cardiac program at Graham Hospital
- Wound care clinic
- Programs for seniors at Park District (Big Creek) offered in partnership with Graham Hospital
- Free local scooter repair services offered by a private source
- New walking path
- Expanded services from the Salvation Army

Needs and health issues were identified as:

- Mental health
  - Local access to psychiatrist beyond what is available to clients of North Central Behavioral Health Services
  - Senior services
  - Adult services
  - Youth services
  - Local inpatient services
- Community awareness of available local medical and mental health services
- Access to learning disability assessments for youth
- Address the issue of bedbugs in Canton
- Filling gaps created by departure of the American Red Cross
- Access to affordable insulin
- Address teen suicide
- Address opioid misuse across the population, especially youth
- Transportation in rural areas
- Endocrinologist



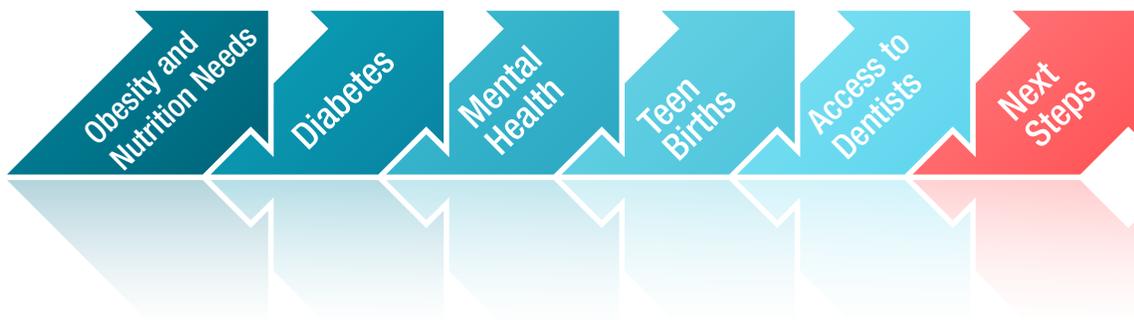
## **IV. IDENTIFICATION AND PRIORITIZATION OF NEEDS**

2019 Community Health Needs Assessment

# Identification and Prioritization of Needs

## Description of the Community Health Needs Identified

The steering group, comprised primarily of representatives from both focus groups – including members serving persons likely to be unserved, underserved or otherwise experiencing unmet needs, public health, and local schools, met on February 12, 2019, to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute, and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Graham Hospital service area.



1. The group first identified and prioritized the prevalence of obesity among youth and adults in the community and the need for nutrition education for the community and access to healthy foods.
2. The group next prioritized the prevalence of diabetes in the community and the need for physical, health, and nutrition education for youth and adults, and for access to reasonably priced insulin and other diabetes medications for the underinsured and uninsured.
3. The third prioritized need was mental health, including:
  - a. Resources to address suicide
  - b. Local access to mental health providers at all levels
  - c. Local mental health support services
  - d. Local access to detoxification, rehabilitation, and recovery for persons facing substance abuse disorders
4. The group next identified the need to address the number of local teen births.
5. The group's final identified need was to increase local access to dentists for underinsured and uninsured community members.



## **V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS**

2019 Community Health Needs Assessment

# Resources Available to Meet Priority Health Needs

## Resources Available to Meet Priority Health Needs

### Hospital Resources

- Community education
  - Pediatric Basic Life Support
  - Prepared childbirth
  - Diabetes education and support
  - Adult Basic Life Support
- Critical care services
  - Emergency Department
  - Intensive Care Unit
  - Post Critical Care Unit
- Food and nutrition services
- Home Medical Equipment and Supplies
  - Oxygen/respiratory
  - Ostomy/wound care
  - Diabetic testing supplies
  - Wheelchairs/walking aids/beds
  - Bathroom aids
  - Uniforms/scrubs/accessories
  - Lift chairs
  - Shuttle service
- Imaging
  - Bone density
  - Breast imaging/digital mammography
  - CT scan
  - Diagnostic imaging
  - Fluoroscopy
  - Interventional radiography
  - Magnetic Resonance Imaging (MRI)
  - Nuclear medicine
  - PET/CT
  - Ultrasound
  - Echocardiogram
  - Vascular ultrasound
- Inpatient care
  - Medical/surgical
  - Pediatric
  - Case management/social worker

## Graham Hospital Resources

- Laboratory
  - Chemistry
  - Hematology
  - Microbiology
  - Urinalysis
  - Coagulation
  - Transfusion medicine
  - Immunology
  - Histology
  - Anatomic pathology
- Nursing
- Obstetrics
- Rehabilitation services
  - Physical therapy
  - Occupational therapy
  - Speech therapy
- Respiratory care
  - Pulmonary function tests
  - Methacholine challenge
  - Exercise oximetry test
  - Car seat trial
- Extended care facility
  - 24-hour physician coverage
  - Diagnostic testing departments
  - Physical therapy
  - Speech therapy
  - Occupational therapy
  - Oncology
  - Hospice
  - Patient education
  - In-house pharmacy
  - Pastoral care
  - On-site 24-hour respiratory therapy
  - Staffed 24/7 with Registered Nurses and CNAs

# Resources Available to Meet Priority Health Needs

- Surgical services
  - Vascular
  - Thoracic
  - General
  - Orthopedic
  - ENT
  - Gynecology
  - Obstetrics
  - Ophthalmology
  - Urology
  - Pain management
  - Radiological specialties
- Wound clinic and hyperbaric medicine
- Cardiac and pulmonary rehab
- Sleep disorders clinic

## Community Resources

- Connections Clinic
- Canton School District
- Park District
- YMCA
- School of Nursing
- Human Service Center
- North Central Behavioral Health System
- Public Health
- Fulton County Health Department



## **VI. IMPLEMENTATION STRATEGY**

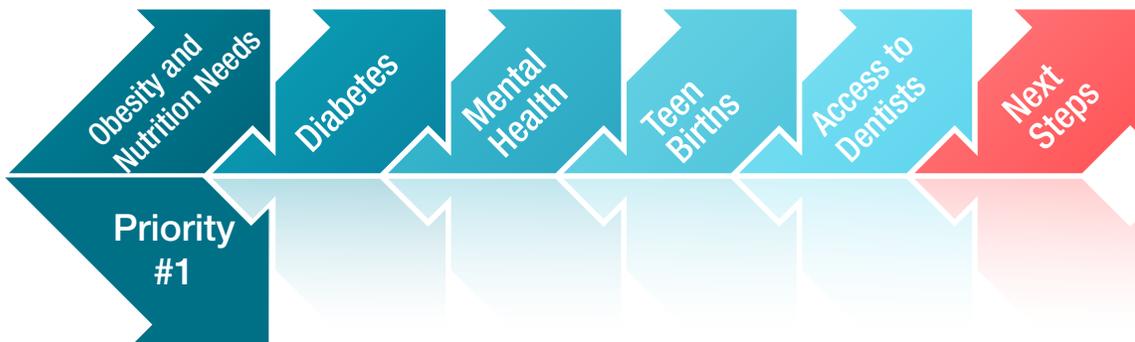
2019 Community Health Needs Assessment

# Implementation Strategy

## Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Graham Hospital on February 27, 2019. The group reviewed the needs assessment process completed to that point, and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs. The group then considered each of the prioritized needs. For each of the five categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the needs. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

## Implementation Strategy – Priority #1



The group first identified and prioritized the prevalence of obesity among youth and adults in the community, and the need for nutrition education for the community and access to healthy foods.

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

- Expand the Pritiken cardiac program
- Create a community bike share program
- Collaborate with the YMCA to present a Healthy Kids Day
- Grow programs for business at the Community Wellness Center
- Create wellness check programs
- Improve patient BMI through tracking and education at clinics and the Wellness Center

# Implementation Strategy

## Planning Process

### Anticipated impacts of these actions:

These actions will create community-wide programs to offer exercise and recreation for youth and adults, will provide wellness baselines, nutrition education, and an aggressive monitoring and education program.

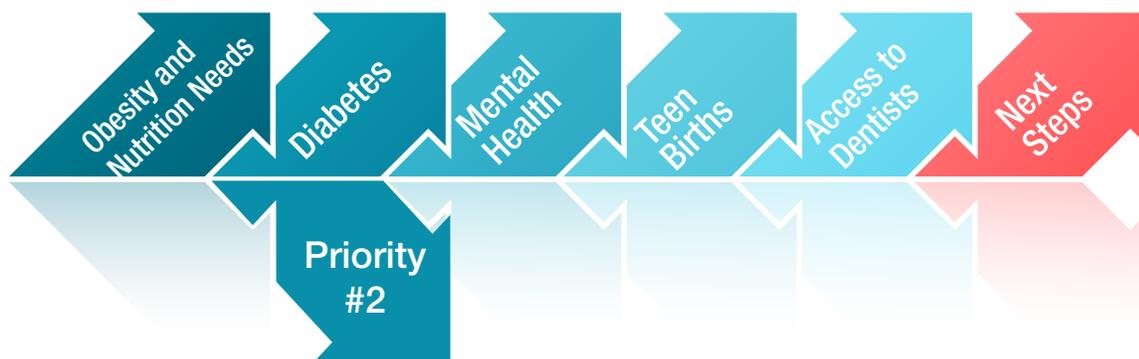
### Programs/resources the hospital plans to commit to address the need:

- Cardiac Rehabilitation
- Marketing
- Wellness
- Quality

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

- Park District
- YMCA
- School of Nursing

## Implementation Strategy – Priority #2



The group next prioritized the prevalence of diabetes in the community and the need for physical, health, and nutrition education for youth and adults, and for access to reasonably priced insulin and other diabetes medications for the underinsured and uninsured.

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

- Expand the Pritiken cardiac program
- Expand merit-based incentive payment system addressing A1c measures
- Continue to support Connections Clinic
- Continue support of Bio-Med classroom and education programs at Canton High School

**Anticipated impacts of these actions:**

- It is anticipated that expanding the Pritiken cardiac program and the A1c measures program will, in combination with the obesity goals from the prior identified need, result in providing opportunities for recreation and exercise for youth and adults as well as nutrition information and will reduce A1c levels over time.
- It is also anticipated that financial support of the Connections Clinic will help to provide reasonably priced insulin to uninsured and underinsured persons.

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

- Cardiac Rehabilitation
- Quality

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

- Connections Clinic

**Implementation Strategy – Priority #3**



The third prioritized need was mental health, including:

- a. Resources to address suicide
- b. Local access to mental health providers at all levels
- c. Local mental health support services
- d. Local access to detoxification, rehabilitation, and recovery for persons facing substance use disorders

# Implementation Strategy

## Planning Process

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

- Continue the relationship between Graham Hospital and Tazwood Center for Wellness
- Continue to provide psychology specialists at the clinic
- Continue to provide Naloxone to local law enforcement
- Explore providing Naloxone to families of patients being discharged following an overdose or substance related condition
- Continue relationships, support the work of, and consider potential partner opportunities offered by North Central Behavioral Health System and Public Health. NCBHS is currently reviewing expanding its role in the community with both mental health and substance abuse services.

### *Anticipated impacts of these actions:*

It is anticipated that these steps will result in additional mental health resources in the community to address mental health issues, including suicide and substance use disorders. Increasing access to Naloxone will provide second chances to persons facing substance use disorders.

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

- Administration
- Pharmacy
- Nursing Administration

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

- Human Service Center
- North Central Behavioral Health System
- Public Health

## Implementation Strategy – Priority #4



The group next identified the need to address the number of local teen births.

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

- Explore face-to-face education between medical staff and students
- Provide support for the Fulton County Health Department in its efforts to address this issue

### **Anticipated impacts of these actions:**

- It is anticipated that, through education and partnerships, the teen birth rate can be reduced within 3 years.

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

- Administration
- Medical Staff

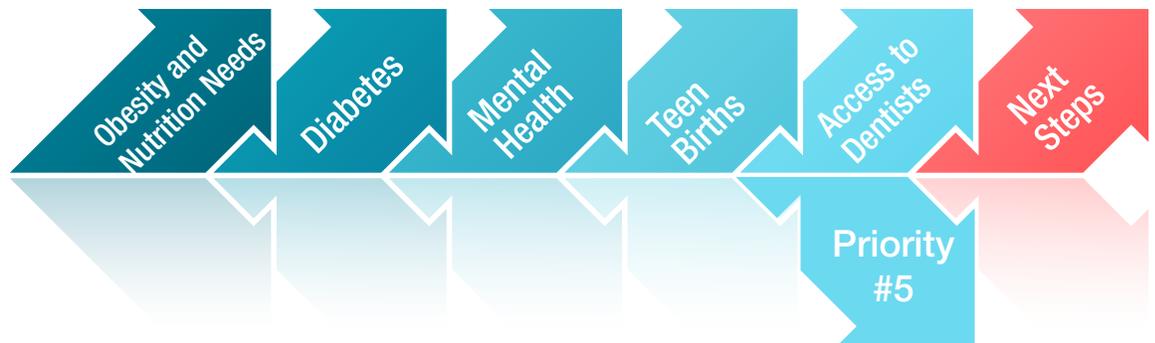
### **Planned collaboration between the hospital and other organizations:**

- School Districts
- Health Department

# Implementation Strategy

## Planning Process

### Implementation Strategy – Priority #5



The group's final identified need was access to increase local access to dentists for underinsured and uninsured community members.

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

- Graham Hospital will continue to provide financial support for dental services at the Connections Clinic
- Graham Hospital will support, as reasonably possible, efforts by the Fulton County Health Department to provide dental services

#### **Anticipated impacts of these actions:**

While dental services are beyond the scope of programs at Graham Hospital at this time, these actions will help a provider and potential provider address this need.

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

- Administration

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

- Connections Clinic
- Public Health

# VII. DOCUMENTING AND COMMUNICATING RESULTS

2019 Community Health Needs Assessment



# Documenting and Communicating Results

## Approval

This CHNA Report will be available to the community on the hospital's public website: <http://www.grahamhealthsystem.org>. A hard copy may be viewed at the hospital by inquiring at the information desk at the main entrance.

This Community Health Needs Assessment and Implementation Plan of Graham Hospital was approved by the Graham Hospital Board of Directors on the 24th day of June, 2019.

## VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment



# References and Appendix

## References

- *County Health Rankings, 2019 County Health Rankings*
- *Community Commons, 2018 Community Commons*
- Illinois Department of Employment Security, 2018
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2019
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2018
- ESRI, 2018
- Illinois State Board of Education, *Illinois Report Card, 2017 - 2018*
- *Atlas of Rural and Small Town America, USDA, 2018*
- *Behavioral Risk Factor Surveillance Survey – Illinois Counties – 2018*
- *Illinois Youth Survey, 2018*
- *Courtesy: Community Commons, <www.communitycommons.org>, August, 2018*  
(Support documentation on file and available upon request)

## Appendix

### Focus Group 1 – Community Leaders and Representatives

Rusty Melhouse	Financial Advisor	Edward D. Jones
Trygve Meade	Attorney/Proprietor	Meade Law Office
Jeff Standard	Sheriff	Fulton County Sheriff's Department
Amanda Atchley	Executive Director	Canton Area Chamber of Commerce
Aaron and Veanna Thum	Owners	Crawford's Home Furnishings
Kathy Edwards	President	Graham Hospital Service League
Rolf Silverstein	Superintendent	Canton Union School District #66
Brooke Denniston	Executive Director	Canton YWCA
Jay Shepler	Representative	St. Mary's Food Pantry
Rev. Kevin Van Tine	Pastor	Covenant Community Fellowship, Canton
Kent McDowell	Mayor	City of Canton
Dick Fairburn	Public Safety Director	City of Canton

## Appendix

### Focus Group 2 – Medical Professionals and Partners

Katie Lynn	Administrator	Fulton County Health Department
Liz Utsinger	Health Professional/ Health Educator	Fulton County Health Department
Missy Kolowski	Administrator	Health & Wellness Connection of Fulton County
Michelle Locke	Clinical Social Worker	Graham Hospital
Andy French	Senior Director	Graham Rehab, Therapy & Wellness
Sue Livingston	Director	Graham School of Nursing
Andrew Thornton	Executive Director	Fulton County Emergency Medical Association
Michelle Hansmeyer	Administrator	Sunset Nursing Home
Christina Hansmeyer	Social Services	Sunset Nursing Home
Jeff Howd	Administrator	The Loft Rehab and Nursing Center, Canton
Stacey Stevenson	Admissions and Marketing Representative	The Loft Rehab and Nursing Center, Canton

### Identification and Prioritization Group

Amanda Atchley	Executive Director	Canton Area Chamber of Commerce
Kent McDowell	Mayor	City of Canton
Katie Lynn	Administrator	Fulton County Health Department
Missy Kolowski	Administrator	Health & Wellness Connection of Fulton County
Michelle Locke	Clinical Social Worker	Graham Hospital
Sue Livingston	Director	Graham School of Nursing
Jeff Howd	Administrator	The Loft Rehab & Nursing Center, Canton

# Appendix

## Appendix

### Implementation Strategy Group

Bob Senneff	President/CEO	Graham Hospital
Jim Schreiner	VP of IT/CIO	Graham Hospital
Julie Reeder	VP of Finance/CFO	Graham Hospital
Holly Henline	VP of Ancillary Services and Corporate Compliance Officer	Graham Hospital
Teresa McConkey	VP of Nursing/CNO	Graham Hospital
Allison Sours	VP of Quality	Graham Hospital
Tammi Medus	Executive Assistant	Graham Hospital
Michelle Daly	VP Clinic Services	Graham Hospital

# Notes



**2019 Community Health Needs Assessment  
Graham Hospital**

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