



GRAHAM HEALTH SYSTEM



2025 COMMUNITY HEALTH NEEDS ASSESSMENT

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Introduction

Graham Hospital was chartered in 1905. The hospital opened in 1909, in a facility gifted by the Graham family. The first surgery was performed in 1910, and by 1925, the hospital was looking at its first facility expansion. A second expansion in 1959 increased the number of available beds to 135, and in 1968, the hospital was expanded to accommodate 213 beds.

In 1977, a three-story expansion was built to house a new laboratory, surgery unit, and maternity suites, as well as the addition of new mechanical spaces and linen quarters. In 2005, another addition was completed that now houses the Emergency Department and Administrative offices.

During the 21st Century, access to primary and specialty care has been expanded through the opening of new clinics in Canton, Farmington, Lewistown, Elmwood, Williamsfield, Glasford, Galesburg, and Ma-comb. Graham providers also see patients in Havana through a partnership with Mason District Hospital. In 2025, an era in which there are very few independent community hospitals remaining, Graham Health System remains an independent health system serving patients throughout central and western Illinois, with operations in five counties: Fulton, Knox, McDonough, Mason, and Peoria.

Mission & Vision

MISSION:

To provide compassionate, quality health services, in a responsible and charitable manner, to the people and communities we serve.

VALUES:

Innovation – Continuously improve our operations and environment by actively encouraging creative solutions.

Accountability – Accept responsibility and follow through to completion.

Communication – Openly share information in all directions in a timely manner.

Compassion – Exhibit empathy and care for others.

Teamwork – Working together cohesively to achieve our common goal.

Executive Summary

Provisions in the Affordable Care Act (ACA) require all non-profit, 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 to plan and act upon priority community health needs.

This assessment process yields a CHNA report, which aids the hospital in planning, implementing, and evaluating its strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted in partnership with community representatives 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 purpose of sharing resources, promoting education, and improving operational efficiencies to enhance healthcare services for member critical access and rural hospitals and their communities.

ICAHN, with 60-member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the network's overall activities. 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 implementing healthcare initiatives that will enable the hospital and its partners to best address the emerging health needs of Fulton County, Illinois, and the surrounding area. The CEO and the Vice President of Accounting and Support Services coordinated the CHNA process.

Two focus groups met in September 2025 to discuss the state of overall health and wellness in the Graham Hospital/Canton, Illinois, service area and to identify health concerns and needs in the delivery of healthcare and health services aimed at improving wellness and reducing chronic illness for all residents. The focus groups included representatives from healthcare providers, community leaders, community service providers, schools, faith-based organizations, local elected officials, public health, and other relevant stakeholders. Several members of these groups provided services to underserved and unserved persons as part of their roles.

The findings of the focus groups were presented, along with secondary data analyzed by the consultant, to a focused group for the identification and prioritization of the significant health needs facing the community.





Identification and Prioritization

Addressing the Need

Three priority areas were considered based on feedback from the onsite meetings and secondary data. At the conclusion of their review and discussion, the identification and prioritization group advanced the below needs:

1. **Clinical Workforce Development**
2. **Affordable Housing**
3. **Comprehensive Mental Health Services**

Senior staff at Graham Hospital identified and prioritized potential actions to address the needs.



Addressing the Need Creating the Plan

The group addressed the needs with the following strategies:

- Partner with local and regional colleges of nursing, community colleges, trade schools, and local school districts to foster the development of future clinical staff.
- Collaborate with the City of Canton as well as private partners to increase affordable housing options.
- Provide direct support for Employee Housing through its financial assistance program.
- Continue to recruit mental health and counseling providers to expand local services.



Background

The Community Health Needs Process is conducted every three years. Graham Hospital has taken the following actions in response to issues identified and prioritized, and the implementation strategy has been developed to address them.

GRAHAM HEALTH SYSTEM CHNA 2022

Four needs were identified as “significant health needs” and prioritized:

Priority #1 – Increase availability of mental health services, including:

- Increasing access to local treatment for mental health services of all types for youth and adults
- Improving and increasing access to long-term mental healthcare outside the community, including care for substance use disorders
- Providing community education about available local mental health services
- Providing local access to a psychiatrist

Actions

- Add mental health nurse practitioners to the professional staff at the clinic.
 - » Graham Hospital currently has 5 Behavioral Health APPs, 3 LCSWs, and 2 LCPCs, all hired since 2022.
- Collaborate with North Central Behavioral Health Systems to provide a full-time, in-house crisis worker for the hospital.
 - » A crisis worker is placed in the Emergency Room Sunday –Thursday 230–1030.
- Expanded contacts for inpatient care facilities for patients needing mental health and addiction services.
- Explored telehealth for psychiatry services and tele-health counseling.
- Collaborated with Fulton County Health Department and local schools to address mental health needs for youth and community education about local services for youth, adults, and families.
 - » 2 PMHNPs currently work directly with the school districts in care and educational planning for students and patients.



Priority #2 – Improve health education and health services in some local schools that are not currently sufficiently staffed to fully meet these needs.

Actions

- Graham Health System collaborated with the Canton Union School District to determine needs and develop solutions based on the needs identified.
 - » Provided EPI-PEN training to school district staff for the Canton School District in August 2023, August 2024, and August 2025.
- Graham Health System facilitated information-sharing opportunities for school nurses working throughout the service area.

Priority #3 – Address homelessness.

Recognizing that this is a community-wide issue and beyond the resources and services of the hospital, Graham Hospital will attempt to form and facilitate a community workgroup of interested agencies, local governments, schools, businesses, and individuals to develop and implement strategies to explore the scope and address this issue.

Actions

- Graham Health System has worked with community leadership, the Salvation Army, and the United Way to support the potential construction of an interim housing facility. The \$1,000,000 project is currently under review for a grant.

Evaluation of Prior Impact

Priority #1 – Increase availability of mental health services, including:

- Increasing access to local treatment for mental health services of all types for youth and adults.
 - Behavioral Health visits nearly doubled each year from FY 2023 through FY 2025.
 - Visits by Fiscal Year:

FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
197	247	2,865	5,824	10,496

Data Source: Centers for Disease Control and Prevention and Health Promotion

- Patients are being seen in Canton, Farmington, Lewistown, Elmwood, Macomb, and Galesburg.
- Providing community education about available local mental health services.
- Providing local access to a psychiatrist
 - Psychiatric Mental Health Nurse Practitioners make up 50% of the care team and assist in the medication management for patients on mental health medication. A psychiatrist oversees them and consult routinely on patient care needs.
- Access to mental health providers has improved in the county.

Report Area	Access to Mental Health Providers 2022	Access to Mental Health Providers 2025
Fulton County	55.3	80.34
Illinois	245.8	339.64
United States	261.6	327.68

Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPES). August 2025

- The rate of suicide has decreased slightly. But compared to the state and national rise in rates of suicide, this is not insignificant.

Report Area	Suicide 2022	Suicide 2025
Fulton County	15.2	15.0
Illinois	10.9	11.7
United States	13.8	14.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System

» Deaths related to alcohol/alcohol abuse have decreased dramatically.

Report Area	MVA Deaths/Alcohol Involved 2022	MVA Deaths/Alcohol Involved 2025
Fulton County	14.6	4.8
Illinois	4.2	1.5
United States	5.3	2.3

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System

Priority #2 – Improve health education and health services in some local schools that are not currently sufficiently staffed to fully meet these needs.

- Provided EPI-PEN training to the school district staff for the Canton School District in August 2023, August 2024, and August 2025.
- Approximately 300 people were trained each year.

Priority #3 – Address homelessness.

- The community workgroup has applied for grant funding, which is currently under review.
- Homelessness, including among young people, continues to be a concern. Homelessness in the adult population is challenging to quantify, but anecdotally, it continues to be a significant concern.

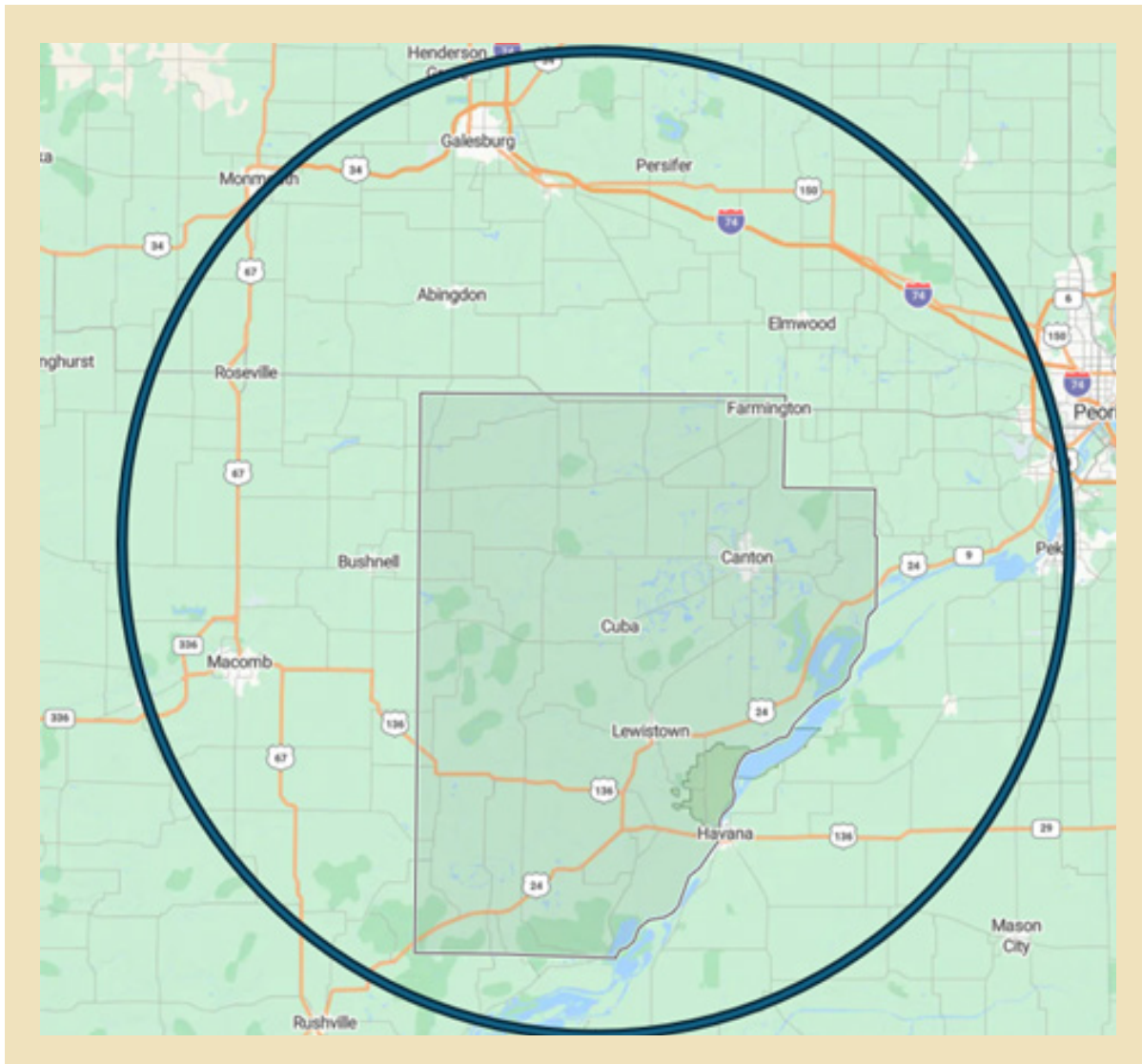
Report Area	Homeless Students 2022	Homeless Students 2025
Fulton County	3.0%	3.02%
Illinois	2.6%	2.63%
United States	2.8%	2.31%

Data Source: US Department of Education

Graham Health System Service Area

For this CHNA, Graham Hospital has defined its primary service area as the general population within the geographic area of Fulton County, Illinois. The hospital's patient population includes all who receive care, regardless of insurance coverage or eligibility for assistance.

A total of 33,609 people reside in the 865.68 square mile report area defined for this assessment, according to the U.S. Census Bureau's 2019-23 American Community Survey 5-year estimates. The population density for this area, estimated at 38 people per square mile, is less than the national average population density of 94 people per square mile.



The primary service area, as defined by the county, includes the following rural communities:

Canton, Lewistown, and Farmington. Additionally, Graham Hospital provides services outside of Fulton County in Elmwood, Galesburg, Glasford, Macomb, Williamsfield, Havana, and Manito.



KEY FACTS FULTON COUNTY

KEY FACTS

33,609
Population

43.7
Median Age

2.42
Average Household Size

\$58,617
Median Household Income

EDUCATION

9.1%
No High School Diploma

37.7%
High School Graduate

35.6%
Some College / Associate Degree

17.7%
Bachelors Degree or Greater

BUSINESS



1,554

Total Businesses



14,324

Total Employees

EMPLOYMENT

Other Services
20%



Retail Trade
30.5%

Government
49.5%

INCOME



\$74,828

Median Family Income



\$33,706

Per Capita Income



3.8%

Unemployment

HOUSEHOLD BY INCOME

Income	Report Area	Illinois
Under \$25,000	16.28%	14.85%
\$25-\$49,999	25.64%	16.38%
\$50-\$99,999	31.36%	27.85%
\$100-\$199,999	22.76%	27.82%
\$200,000+	3.96%	13.10%

The average household size of Fulton County, which is below both the State of Illinois and the United States, at 2.42, is lower than both Illinois and the U.S. The median age is 43.7 years, which is higher than in Illinois and the U.S. The largest education segment consists of high school graduates, followed by those with some college. 9.1% of the population has no high school diploma or GED, and 37.7% of the community's population has only a high school degree. Unemployment at the time of writing was 4.6% which is below both the State of Illinois and the United States unemployment rate averages.

The average household income for the service market area, based on the latest 5-year American Community Survey estimates, was \$79,511. This is under the state (\$112,993) and United States (\$110,491) averages.

Social Determinants of Health (SDoH)

The data and discussion on the following pages will examine the social determinants in the Graham Hospital service area and provide insight into the complexity of circumstances that affect physical and mental well-being. The infographic provides a snapshot of the at-risk population served by Graham.

The CDC describes social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes.

Healthy People 2030 uses a place-based framework that outlines five key areas of SDoH:

Five Key Areas of SDoH

Healthcare Access and Quality includes access to healthcare overall, primary care, health insurance coverage, health literacy, and compliance with recommended screenings and incidents of certain health-related conditions.

Education Access and Quality which includes high school graduation rates, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

Social and Community Context includes the incidents of homelessness, teen birth rates, juvenile arrest rates, and the incidents of young people not in school and not working.

Economic Stability includes average household income, rates of unemployment, cost of living, people living in poverty, employment, food security, and housing stability.

Neighborhood and Built Environment include the cost and quality of housing, access to transportation, access to healthy food, air and water quality, broadband access, access to fitness and recreation facilities, walkability, and rates of crime and violence.



AT RISK POPULATION PROFILE

43.7
Median Age

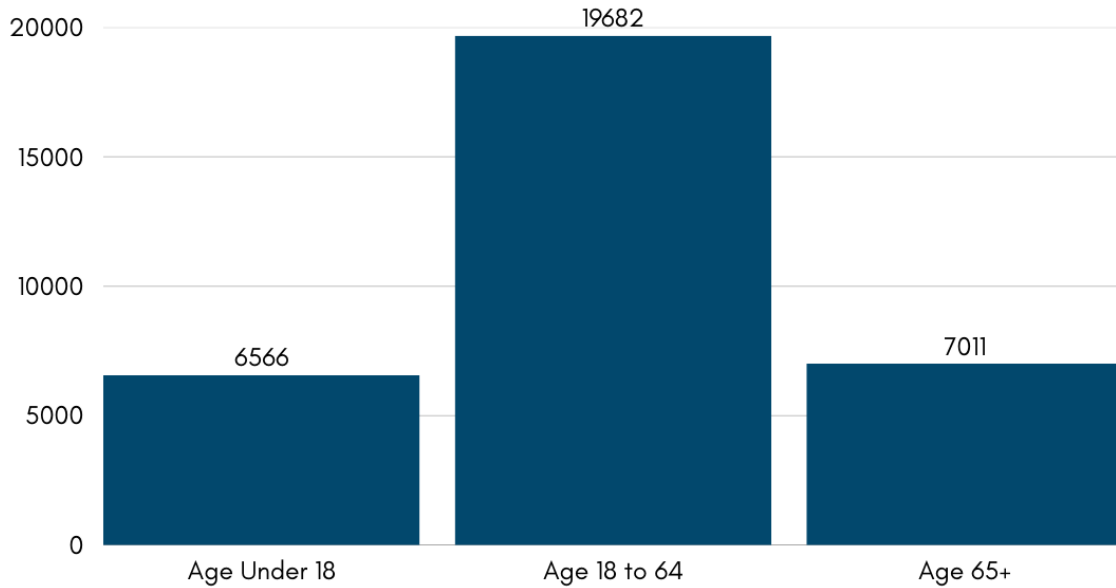
2.42
Average Household Size

33,609
Total Population

14,525
Number of Households

\$71,836
Average Household Income

POPULATION BY AGE



15.04%
Population With Disability



21.08%
Population Over Age 65



4.89%
Population Without Motor Vehicle



3.96%
Population Uninsured



12.64%
Population Below Poverty Limit



13.2%
Population Experiencing Food Insecurity



0.01%
Population With Limited English



46.8%
Population With High School Diploma or Less

Process Methods and Accountability

Establishing the CHNA Infrastructure and Partnerships

Description of Data Sources – Quantitative/Secondary Data

Quantitative (secondary) data is collected from many resources, including, but not restricted to, the following:

Source	Description
Behavioral Risk Factor Surveillance System	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.
SparkMap	An online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
U.S. Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	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.
American Communities Survey	A product of the U.S. Census Bureau which helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
Illinois Department of Employment Security	The state’s employment agency that collects and analyzes employment information.

Secondary data is initially collected through the Spark Map and/or ESRI systems and then reviewed. Questions raised by the data reported from those sources are compared with other federal, state, and local data sources to resolve or reconcile potential issues with reported data.

Secondary data is available in a separate document titled, "Graham Health System 2025 Secondary Data."

Source	Description
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	IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
Health Resources and Services Administration	The US 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 conducted every five years by local health jurisdictions in Illinois.
ESRI (Environmental Systems Research Institute)	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 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.
United States Department of Agriculture	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

Primary Data

Two focus groups were convened at Graham Hospital in September 2025. Thirty-three community members participated, representing local service groups, government officials, healthcare providers, schools, and churches. A complete listing of participants is in the Secondary Data document.

Anecdotal data collected from the focus groups revealed the following.

The Top Five (5) Strengths:

- High-quality healthcare
 - » Prompt care, numerous specialties, clinics in outlying areas, pharmacies (new locations in Canton and Lewistown), sound leadership, financial strength, providers
- Community collaboration
 - » Good communication in leadership, diversity in leadership, small-town feel, community resources meetings, and a growth mindset
- Social service resources
 - » YMCA, YWCA, Salvation Army, food pantries/other essentials pantry, strong faith community, crisis center for women, homeless shelter in planning phase
- Strong Schools
 - » Includes junior college, Spoon River, and Graham nursing programs
- Recreational opportunities
 - » Large park system, YMCA, YWCA

The Top Five (5) Opportunities That Need To Be Addressed:

- Mental health/substance abuse resources
 - » Inpatient, need cultural change, family approach, early intervention, additional social workers/resources
- Safe and affordable housing
 - » Single and multi-family dwellings, senior housing, special needs accessible
- Jobs/living wage careers
 - » Matching workforce skills to need, job training/internships
- Access to healthy and affordable foods
- Additional information on services available in the community
 - » Continue community collaboration, aging education (resources, insurance options, etc.), payee resource

The Top Five (5) Aspirations:

- All persons will have access to high-quality and affordable healthcare
 - » Maintain local leadership, proactive prevention, affordable health insurance, social service support, and affordable medications
- All basic needs are met for all citizens – ease of access
 - » Homeless shelter, food/nutrition education, affordable housing, community gardens, affordable and accessible childcare
- Continued and improved community collaboration
 - » Resource sharing, improve communication, people know about and how to access resources, less social discord, engaged leadership
- Affordable and easily accessible mental health service for all in need
 - » Case management to connect resources
- More jobs
 - » Improved/more skilled labor force, additional employers, keeping young people in the community

Description of the Community Health Needs Identified

At the conclusion of their review and discussion, the identification and prioritization group advanced the following areas of focus:

- 1. Clinical Workforce Development**
- 2. Affordable Housing**
- 3. Comprehensive Mental Health Services**



Resources Available to Meet Priority Health Needs

Hospital Resources

- Hospital Executive and Leadership Teams
- Financial Support
- Emergency Department/Providers
- Clinics

Healthcare Partners or Other Resources, Including Telemedicine

- Fulton County Health Department
- North Central Behavioral Health
- Carle Health
- OSF HealthCare

Community Resources

- Schools: Community colleges, local university, and trade schools
- City of Canton
- Salvation Army
- Heart of Illinois United Way
- Private investors

Documenting and Communicating Results

This CHNA Report will be available to the community on the Graham Health System website. A hard copy may be reviewed at the hospital by inquiring at the information desk at the main entrance.

No written comments were received concerning the hospital facility's most recently conducted CHNA or the adopted Implementation Strategy. A method for retaining written public comments and responses exists, but none were received.



Scan here to access a digital copy of this CHNA.

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff of Graham Hospital in October 2025. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They also considered internal and external resources that could potentially address the current prioritized needs.

The group then considered each of the prioritized needs. For each of the priority areas, 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 through periodic reviews of measurable outcome indicators, in conjunction with annual reviews and reporting.



Implementation Strategy

The group addressed the needs with the following strategies:

Priority #1 – Clinical Workforce Development

Indicators that Support this Priority

- Internal HR data reveals shortages and instability in our local clinical workforce:
 - » Vacancy rates for clinical staff exceed 15%.
 - » The average time-to-fill positions is 70 days.
 - » Over 32% of the clinical workforce are within 10–15 years of retirement age.
 - » Having adequate staffing to handle the workload was the number one priority identified in the most recent AHRQ employee engagement survey.
 - » In recent years, the organization has become more dependent on contracted and travel staff to maintain ongoing operations. This increased dependence strains budgets, impacts team cohesion, and can diminish long-term quality improvement.

Actions the Hospital Intends to Take to Address the Health Need

- Graham Health System will partner with local and regional colleges of nursing, community colleges, trade schools, and local school districts to foster the development of future clinical and non-clinical staff.
- Graham Health System will continue to offer financial support through its career financial assistance programs
- Graham Health System will provide endowments in support of clinical workforce development

Anticipated Impacts of These Actions

- Ensures access to care by covering workforce gaps that can limit the community's ability to access timely care.
- Having qualified and well-trained staff promotes health equity in our rural and underserved communities.
- Reduces workforce shortages that can lead to burnout and high turnover, which can compromise the quality of care and patient safety.

Programs And Resources That The Hospital Plans To Commit To Address The Health Need

- Senior Administration
- Financial support as reasonable and appropriate

Planned Collaboration Between the Hospital and Other Facilities or Organizations

- Colleges of Nursing
 - » Graham
 - » OSF
 - » Methodist
 - » Bradley
 - » Western Illinois University
 - » Knox College
- Community Colleges
 - » Spoon River College
 - » Carl Sandburg College
- Trade Schools
- Local School Districts



Implementation Strategy Continued

Priority #2 – Affordable Housing

Indicators that Support this Priority

- Safe and affordable housing was one of the top five opportunities identified by the onsite participants.
- The average household income is lower than the state or national average.

Report Area	Average Household Income
Fulton County	\$79,511
Illinois	\$112,993
United States	\$110,491

Data Source: US Census Bureau, American Community Survey.

- Households by income levels

Report Area	Under \$25,000	\$25,000–\$49,000	\$50,000–\$100,000	\$100,000–\$199,999	\$200,000+
Fulton County	16.28%	25.64%	31.36%	22.76%	3.96%
Illinois	14.85%	16.38%	27.85%	27.82%	13.10%
United States	15.0%	17.28%	28.46%	26.70%	12.56%

Data Source: US Census Bureau, American Community Survey.

- The population in poverty is elevated.

Report Area	Population in Poverty
Fulton County	12.64%
Illinois	11.72%
United States	12.44%

Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2023.

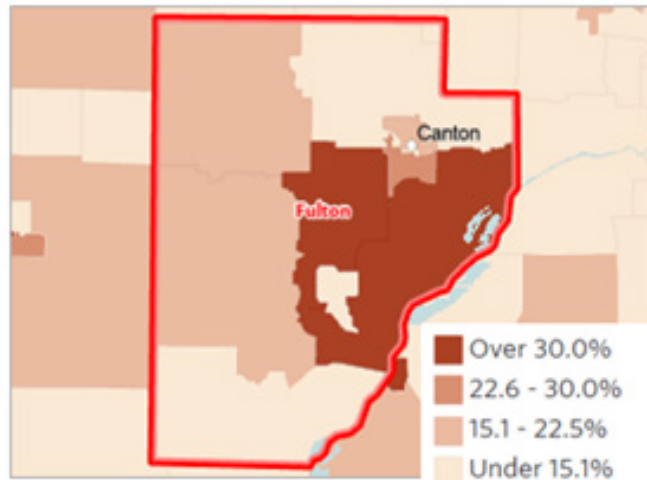
Pop. in Poverty by Race/Ethnicity	Hispanic/Latino	Non-Hispanic White	Black or African American	Multiple Races
Fulton County	33.24%	12.19%	45.0%	34.03%
Illinois	13.85%	8.58%	24.53%	12.70%
United States	16.89%	9.85%	21.28%	14.7%

Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2023.

- The percentage of children living in poverty is also elevated.

Report Area	Population <18 Living in Poverty
Fulton County	18.14%
Illinois	15.36%
United States	16.32%

Data Source: US Census Bureau, American Community Survey

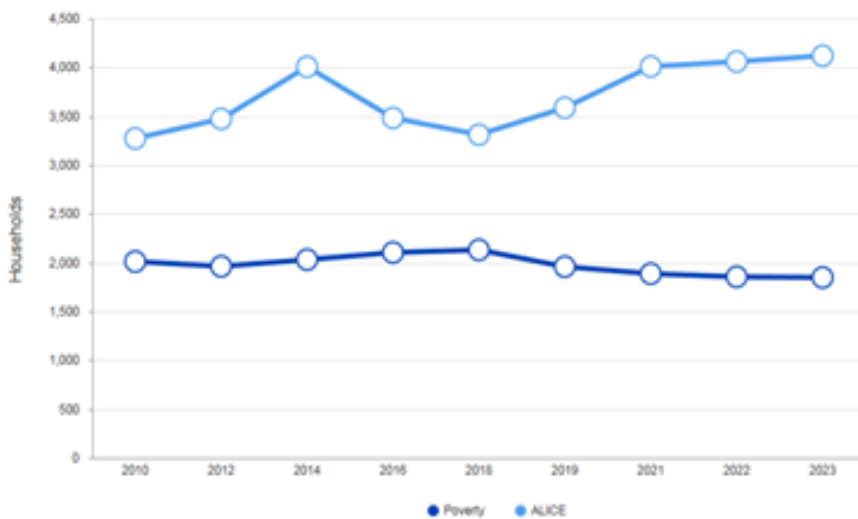


Implementation Strategy Continued

- Poverty Profile: the percentage of the total population living in households with various thresholds relative to the Federal Poverty Limit. The current FPL is \$31,200 for a family of four.

Report Area	50% or less	51%-100%	101%-150%	151%-200%	201%-500%	Over 500%
Fulton County	5.88%	26.76%	10.56%	9.11%	48.19%	19.5%
Illinois	5.73%	5.99%	6.92%	7.54%	40.23%	32.59%
United States	5.83%	6.56%	7.79%	8.23%	40.37%	31.17%

- The percentage of people living in ALICE households is higher than the state. ALICE is asset-limited, income-constrained, and employed. These households earn more than the FPL but less than the county's basic living costs. Basic costs include basic costs include housing, childcare, transportation, healthcare and a basic cell phone plan.



In 2023

	Poverty	ALICE
Fulton County	13%	30%
Illinois	12%	25%

In single parent female led households 86% fall below the ALICE threshold. 71% of households led by a person under age 25 years fall below the ALICE threshold.

Data Source: United Way of Northern New Jersey/United for ALICE

Report Area	Housing + Transportation Costs % of Income	Housing Costs % of Income	Transportation Costs % of Income
Fulton County	43%	19%	24%
Illinois	45%	26%	19%
United States	48%	26%	21%

Data Source: Center for Neighborhood Technology.

- The age of housing in the county is older than the state average (1970) or the national average (1980). There are a total of 15,883 housing units in the report area, with a median year of construction of 1959. Only 9% of the houses in the county were constructed after 1999.
- The number of houses considered to be substandard due to an incomplete kitchen or plumbing is high.

Report Area	Incomplete Kitchen	Incomplete Plumbing
Fulton County	2.6%	0.03%
Illinois	2.31%	0.31%
United States	2.33%	0.40%

Actions the Hospital Intends to Take to Address the Health Need

- Graham Health System will provide direct support for Employee Housing through its financial assistance program.
- Graham Health System will provide support for subsidized apartments for Employees through its financial assistance program.
- Graham Health System will collaborate with the City of Canton as well as private partners for subdivision development or expansion.

Implementation Strategy Continued

Anticipated Impacts of These Actions

- Affordable housing will make it easier for healthcare systems, schools, and local businesses to attract and retain workers, leading to improved economic and workforce health.
- Safe, stable housing promotes better health outcomes by reducing stress and supporting mental health.
- Affordable housing reduces the need to spend a disproportionate share of income on rent or mortgages, which reduces the likelihood of cutting back on medications, preventative care, and healthy foods.

Programs And Resources That The Hospital Plans To Commit To Address The Health Need

- Administration
- Financial support as reasonable and appropriate

Planned Collaboration Between the Hospital and Other Facilities or Organizations

- City of Canton
- Private Partnerships

Priority #3 – Comprehensive Mental Health Services

Indicators that Support this Priority

- Access to mental health and substance abuse resources was the number one opportunity identified by the onsite community group.
- Access has improved, but there are still significant percentages of people with mental health concerns, and access is still limited.

Report Area	Access to Mental Health Providers
Fulton County	80.34
Illinois	339.64
United States	327.68

Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES)

- Depression in adults is elevated.

Report Area	Depression Adult	Depression Medicare
Fulton County	22.4%	12%
Illinois	19.05	15%
United States	20.7%	17%

Data Sources: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023

Implementation Strategy Continued

Actions the Hospital Intends to Take to Address the Health Need

- Graham Health System will add additional PMHMPs, LCSWs, and LCPCs.
- Graham Health System will partner with public and private community organizations and resources to combat Social Determinants of Health.

Anticipated Impacts of These Actions

- Graham Health System anticipates that completing the anticipated hiring of specialized staff, along with provider and community collaborations, will address, head-on, many of the prioritized needs in a relatively short time.

Programs And Resources That The Hospital Plans To Commit To Address The Health Need

- Administration
- Emergency Department and Providers
- Clinics and Providers
- Financial resources as reasonable and appropriate

Planned Collaboration Between the Hospital and Other Facilities or Organizations

- Fulton County Health Department
- City of Canton
- Salvation Army
- North Central Behavioral Health
- Carle Health
- OSF HealthCare

Notes:

1. Statistics may vary slightly depending on the resource.





2025 Community Health Needs Assessment

(309) 647-5240