

Community
Health Needs
Assessment

Gibson Area Hospital & Health Services

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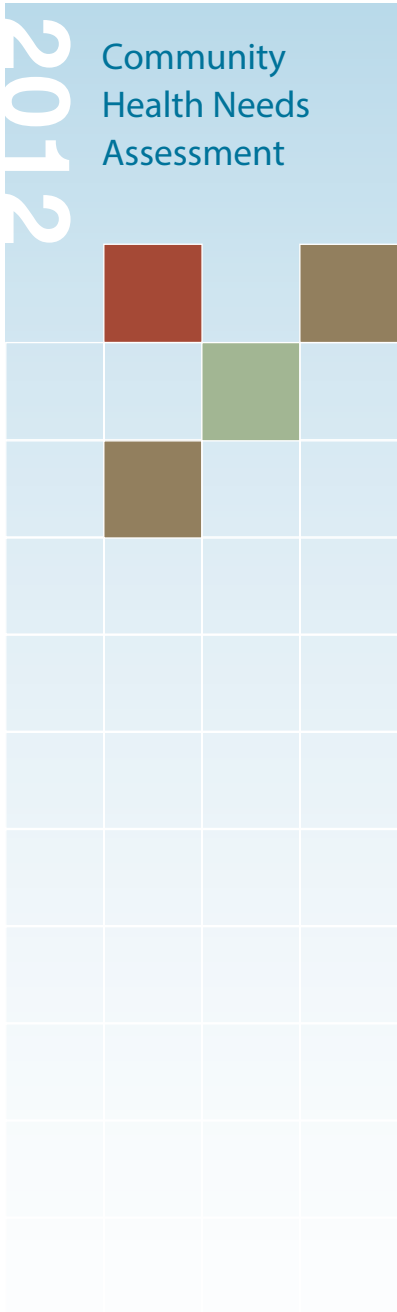


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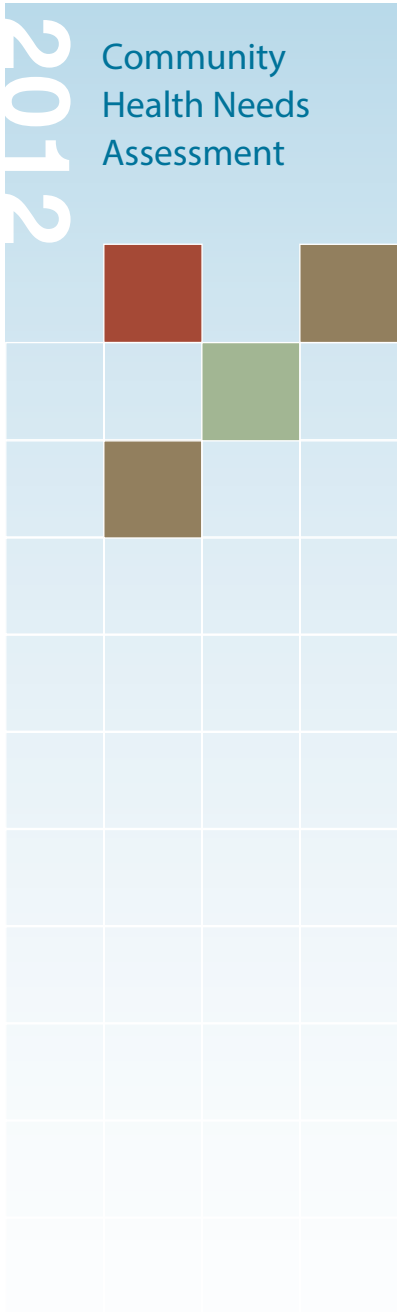
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PROCESS

Purpose

“Our highly skilled and caring staff is passionate about patient care and dedicated to making Gibson Area Hospital & Hospital Services the model of excellence in rural health care.”

- Rob Schmitt, CEO

In the past, Gibson Area Hospital & Health Services (GAHHS) has employed many different methods to assess the health needs of the area it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require most not-for-profit hospitals in the country, including GAHHS, to conduct local Community Health Needs Assessments every three years, following specific guidelines, and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

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- Rob Schmitt, CEO

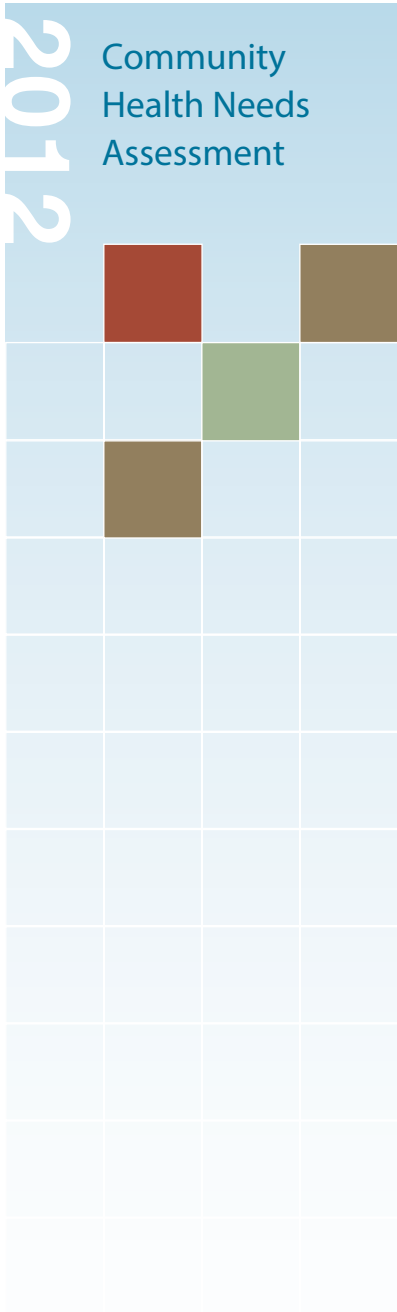
Assessing community health needs through a review of available health data and discussion with area health care partners, community leaders and representatives of the many groups served by the hospital give GAHHS and its health care partners the opportunity to identify and address the area’s most pressing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

Scope of Assessment

Gibson Area Hospital & Health Services elected to conduct a Community Health Needs Assessment in 2012. The Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

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

The Community Health Needs Assessment will serve as a guide for planning and implementation of health care initiatives that will allow the hospital and its partners to best serve the emerging health needs of the Gibson City area.



Methodology and Gaps Discussion

The Community Health Needs Assessment was conducted through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney and former educator and community development specialist, met with the hospital CEO 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.

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

Potential information gaps exist in the service area because of the absence of population concentrations in Gibson City and the GAHHS' primary service area that may be target groups of concern in other locations, except the population of persons of Hispanic origin. This assessment has explored the insular needs of the identified group by specifically seeking input from persons with knowledge of the specific health concerns of the group. Input was also sought from members of the community charged professionally with advancing the health and education of the community and all its members, including school officials dealing daily with youth and families.

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

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

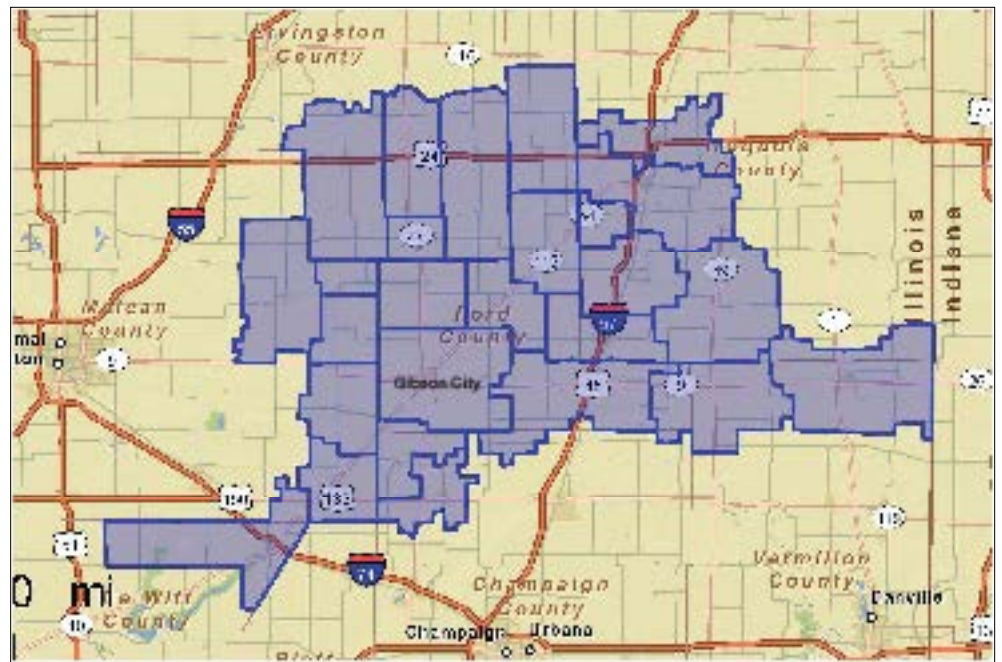
COMMUNITY

Geographic Assessment Area Defined

The Gibson Area Hospital & Health Services' community was identified by both the CEO and hospital documents as a geographic area determined to be the current primary hospital catchment area, which includes Gibson City and extends into 26 zip codes framed roughly by the communities of Fairbury, Forrest, Onarga, Paxton, Hoopeston, Farmer City, Saybrook and Colfax. The primary service area reaches into DeWitt, Ford, Iroquois and Livingston counties. Additional patients are drawn from McLean, Champaign, Piatt and Vermilion counties. This geographic area definition of community is well-suited to GAHHS, a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.

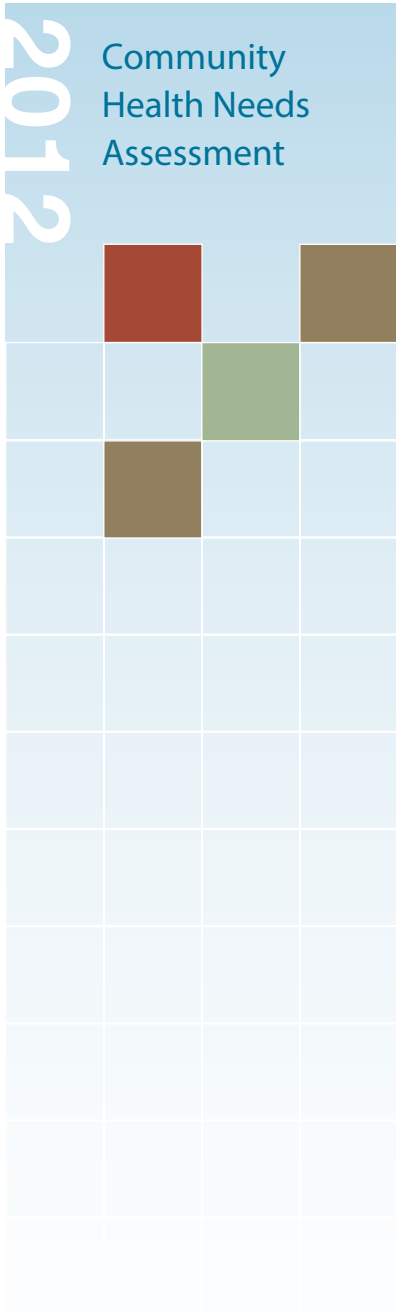
Major medical centers in Bloomington and Champaign receive patients from the GAHHS catchment area.

Illustration 1. GAHHS Service Area



(ESRI - 2012)

GAHHS is a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.



Demographic Profile

Table 1. Population by Race - GAHHS Service Area

RACE and ETHNICITY	2011		2016	
	Number	Percent	Number	Percent
White	44,024	95.3%	43,840	95.0%
Black	268	0.6%	283	0.6%
American Indian	87	0.2%	91	0.2%
Asian	149	0.3%	156	0.3%
Pacific Islander	3	0.0%	3	0.0%
Other	1,062	2.3%	1,120	2.4%
Two or More Races	600	1.3%	60	1.4%
Hispanic Origin (any race)	2,390	5.2%	2,639	5.7%

(ESRI – 2012)

The race and ethnicity make-up of the service area indicates that more than five percent of the population is of Hispanic origin. Other race and ethnicity numbers are typical of rural Illinois. There are no large changes in these profiles projected over the next five years.

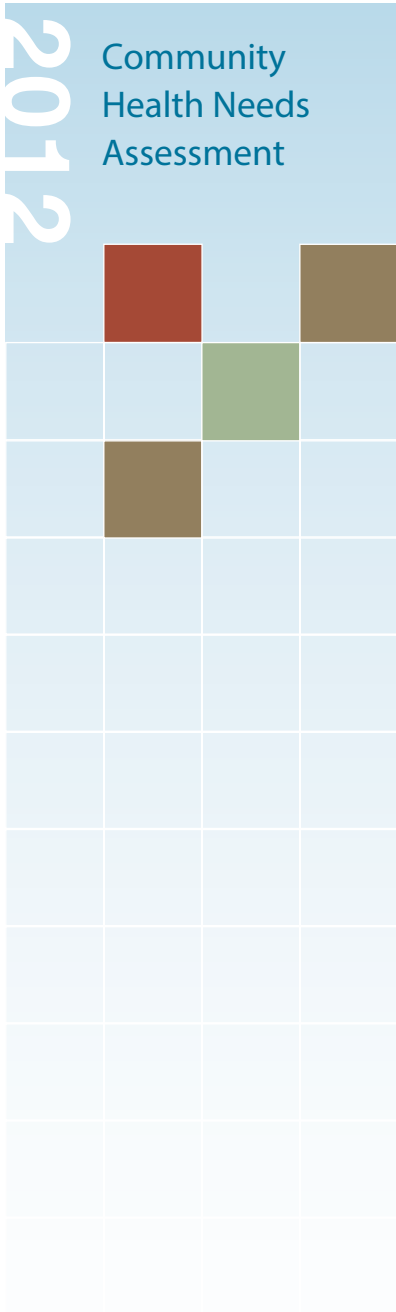
The broad demographic profile of the GAHHS service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following chart and data profile trends in the demographic environment surrounding the GAHHS service area.

Table 2. Demographic Trends - GAHHS Service Area

SUMMARY	2010	2011	2016
Population	46,250	46,193	46,153
Households	18,408	18,399	18,465
Families	12,589	12,579	12,500
Average Household Size	2.47	2.47	2.46
Owner Occupied Housing Units	14,054	13,925	14,068
Renter Occupied Housing Units	4,355	4,474	4,397
Median Age	41.7	41.9	42.9
TRENDS: 2011-2016 Annual Rate	AREA	STATE	U.S.
Population	-0.02%		0.67%
Households	0.07%	NO	0.71%
Families	-0.13%	DATA	0.57%
Owner Households	0.21%	AVAILABLE	0.91%
Median Household Income	2.95%		2.75%

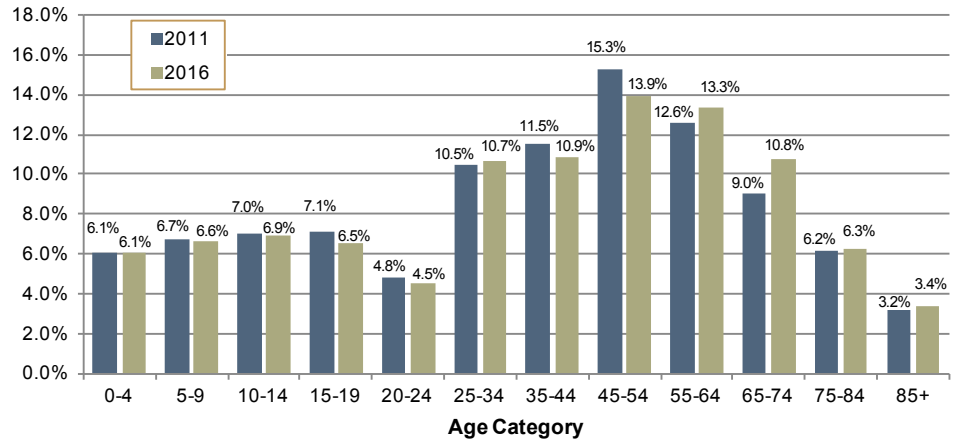
(ESRI – 2012)

The overall population of the service area is trending toward little change with expected related trends in most demographic categories. The median age is projected to continue to increase over the next five years to 42.9 years of age.



Community Health Needs Assessment

Table 3. Population Age Trends - GAHHS Service Area



(ESRI – 2012)

The GAHHS service area is projected to gain population distribution in all groupings over age 55 and experience a small increase in the 25-34 age group and small decreases in all other groups. This pattern is typical of rural Illinois.

Economic Profile

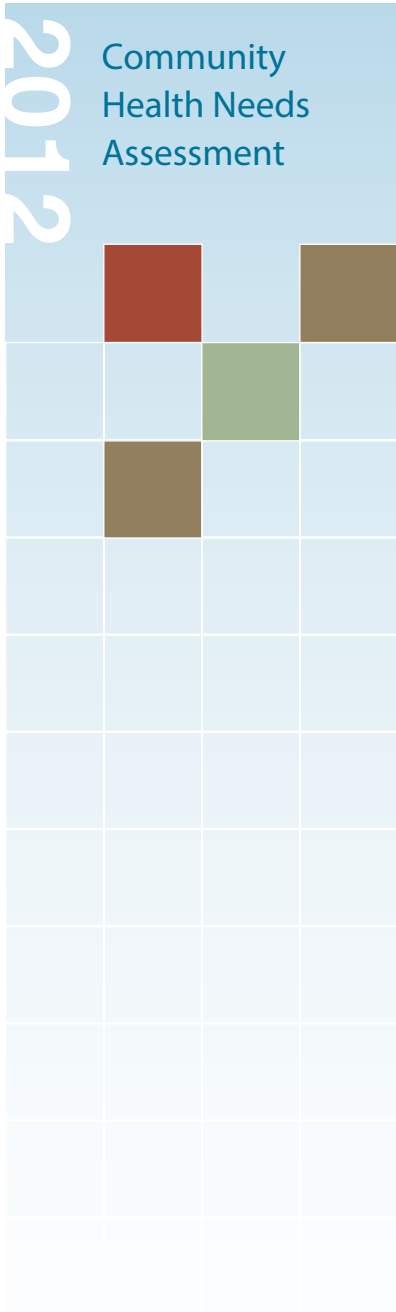
Table 4. Household Income Profile - GAHHS Service Area

HOUSEHOLDS BY INCOME	2011		2016	
	Number	Percent	Number	Percent
<\$15K	2,267	12.3%	2,193	11.9%
\$15K-\$24K	2,269	12.3%	1,788	9.7%
\$25K-\$34K	2,307	12.5%	1,806	9.8%
\$35K-\$49K	3,093	16.8%	2,718	14.7%
\$50K-\$74K	4,207	22.9%	4,577	24.8%
\$75K-\$99K	2,258	12.3%	2,927	15.9%
\$100K-\$149K	1,519	8.3%	1,862	10.1%
\$150K-\$199K	285	1.5%	370	2.0%
\$200K+	194	1.1%	224	1.2%
Median Household Income	\$45,444		\$52,562	
Average Household Income	\$55,265		\$61,699	
Per Capita Income	\$22,446		\$25,133	

(ESRI – 2012)

Median household income for 2011 was \$45,444 in the GAHHS service area, compared to \$54,442 for all U.S. households. The median household income in Illinois was \$50,761 for 2011. Median household income is projected to be \$52,565 in five years. Median household income is the amount where one-half of the households in an identified area have a higher income and one-half of the households have a lower income. (ESRI, 2012)

Median home value in the area is \$104,390, compared to a median home value of \$157,913 for the U.S. In five years, median value is projected to increase to \$120,527. (ESRI, 2012)



According to the Illinois Department of Employment Security, Local Employment Dynamics data:

- 1,016 new jobs were created in DeWitt County during the third quarter of 2011. The average of Q3-2011 and the prior three quarters was 699 new jobs. That is the most recent data reported for the county. The average net job flow (jobs created-jobs lost) for the same period was 352.
- 210 new jobs were created in Ford County during the third quarter of 2011. The average over Q3-2011 and the prior three quarters was 228 new jobs. The average net job flow for the same period was 25.
- 338 new jobs were created in Iroquois County during the third quarter of 2011. The average over Q3-2011 and the prior three quarters was 456 new jobs. The average net job flow for the same period was -13.
- 584 new jobs were created in Livingston County during the third quarter of 2011. The average over Q3-2011 and the prior three quarters was 603 new jobs. The average net job flow for the same period was 75. *(IDES, May 2012)*

DeWitt County's annual average unemployment rate for 2011 was 8.5%, compared to 9.4% for Ford County, 9.0% for Iroquois County and 8.9% for Livingston County. The average rate for Illinois was 9.8% and 8.9% for the U.S. In April 2012, the monthly rate was 8.0% for DeWitt, 8.9% for Ford, 8.1% for Iroquois and 8.6% for Livingston, compared to 9.3% for Illinois and 8.4% for the U.S. *(IDES, May, 2012)*

Table 5. Collected Sales Tax Trends - GAHHS Service Area

	Farmer City	Forrest	Gibson City	Paxton
FY 2011	\$207,321	\$148,812	\$519,206	\$484,401
FY 2010	\$195,269	\$128,690	\$489,526	\$460,029
FY 2009	\$234,437	\$143,964	\$525,362	\$477,796

(Illinois Department of Revenue, 2012)

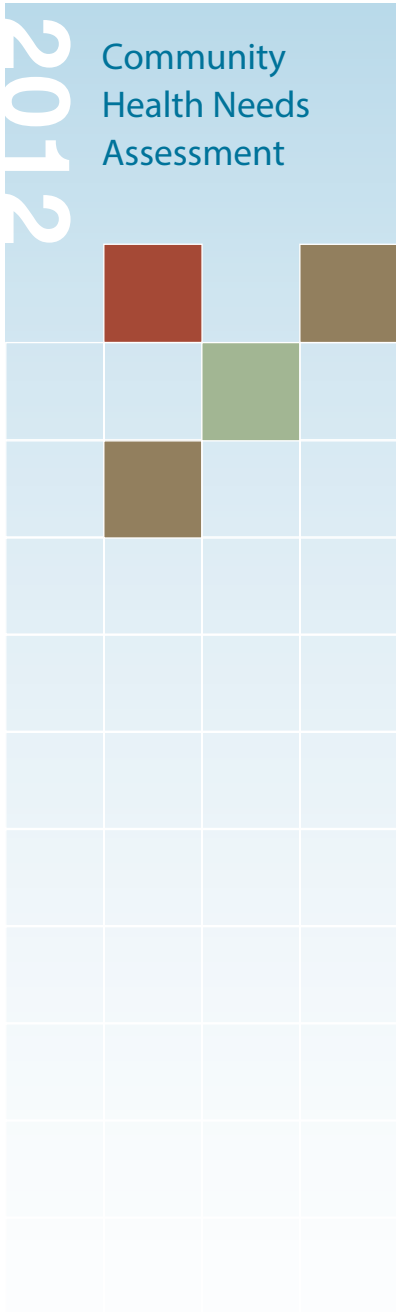


Table 6. Educational Attainment for Persons over Age 25 - GAHHS Svc Area

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

(ESRI - 2012)

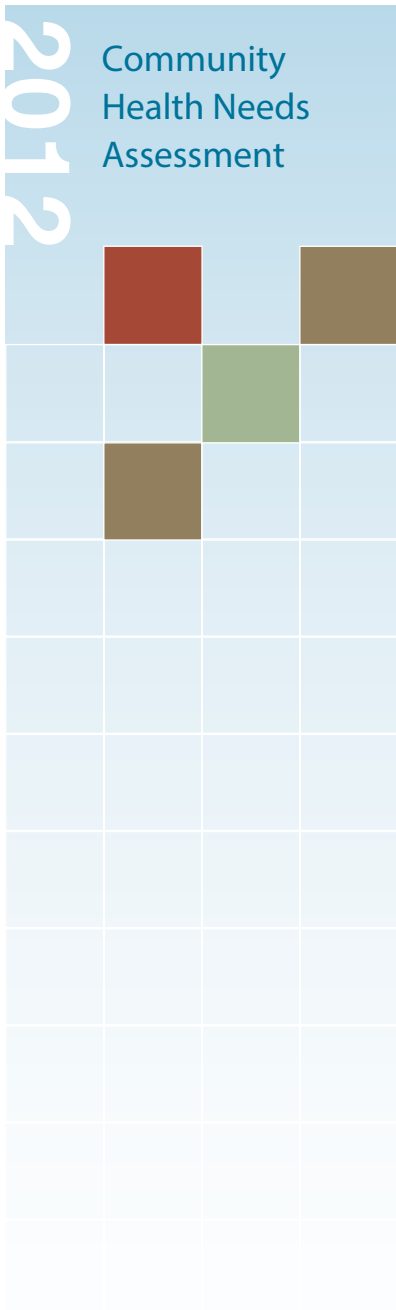
The percent of post high school attainment in the service area is equal to the rate for the United States overall for *associate's degrees* and lower than for the United States overall in the categories of *bachelor's degrees* and *graduate or professional degrees*.

Analysis of 2010 U.S. Census data indicates a small area, including Onarga and Gilman and immediately east of those locations, where there is a concentration in excess of 20% of the adult population that have not completed high school. In addition, there is a small area around and including Hoopston where there is a concentration of above 20% of the population living below the poverty level. A high percentage of persons below the poverty level and/or adults without high school diplomas are potential indicators of concentrations of underinsured and uninsured populations.

Low-income students are pupils ages 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds or eligible to receive free or reduced-price lunches. The percentage of low-income students is the count of low-income students, divided by the total fall enrollment, multiplied by 100. The majority of the GAHHS service area is included in six public school districts and one elementary school from a bordering district, reflecting the following levels of low income students:

Percent Low-Income Students		
District	2000	2011
Blue Ridge CUSD 18	24.0	41.4
Gibson City/Melvin/Sibley CUSD 5	18.1	33.7
Paxton/Buckley/Loda CUD 10	22.5	33.0
Cisna Park CUSD 6	12.8	21.5
Iroquois West CUSD 10	36.9	51.9
Prairie Central CUSD 8	23.3	37.1
Tri-Point Jr. High/Elementary	23.8	54.3

(ESRI - 2012)



The population of low income students in the state of Illinois went from 36.7% in 2000 to 48.1% low income students in 2011.

The GAHHS service area is experiencing generally recovering employment numbers. Sales tax revenue appears to be recovering overall from a dip in FY2010. Numbers of children eligible for free or reduced lunch are increasing but remain similar generally when compared to many rural districts and are below the statewide trend in all but one district and one school. The service area is in a similar economic position to many rural communities in Illinois today.

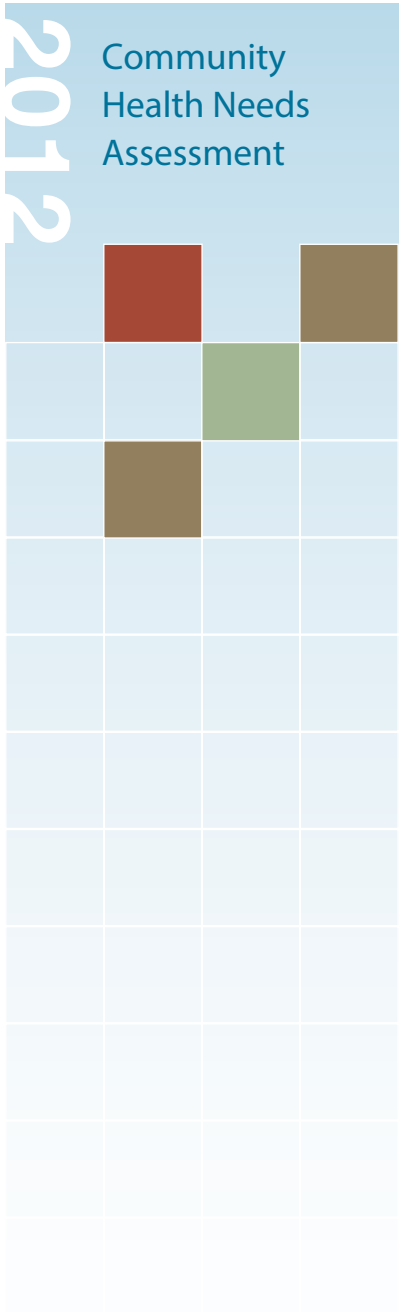
Table 7. Employment by Industry - GAHHS Service Area

CATEGORY	EMPLOYED	% OF WORKING POPULATION
Manufacturing	3,132	14.2%
Health care and social assistance	2,912	13.2%
Retail trade	2,517	11.4%
Educational services	2,142	9.7%
Construction	2,003	9.1%
Finance and insurance	1,473	6.7%
Agriculture, forestry, fishing and hunting	1,347	6.1%
Transportation and warehousing	1,132	5.1%
Accommodations and food services	979	4.5%
Other services, except public administration	904	4.1%
Wholesale trade	854	3.9%
Professional, scientific and technical services	537	2.4%
Administrative and support and waste management services	506	2.3%
Information	480	2.2%
Public administration	401	1.8%
Utilities	223	1.0%
Arts, entertainment and recreation	222	1.0%
Real estate, rental and leasing	178	0.8%
Mining, quarrying, and oil/gas extraction	35	0.2%
Management of companies and enterprises	6	0.0%
TOTALS:	21,983	99.9%

(ESRI – 2012)

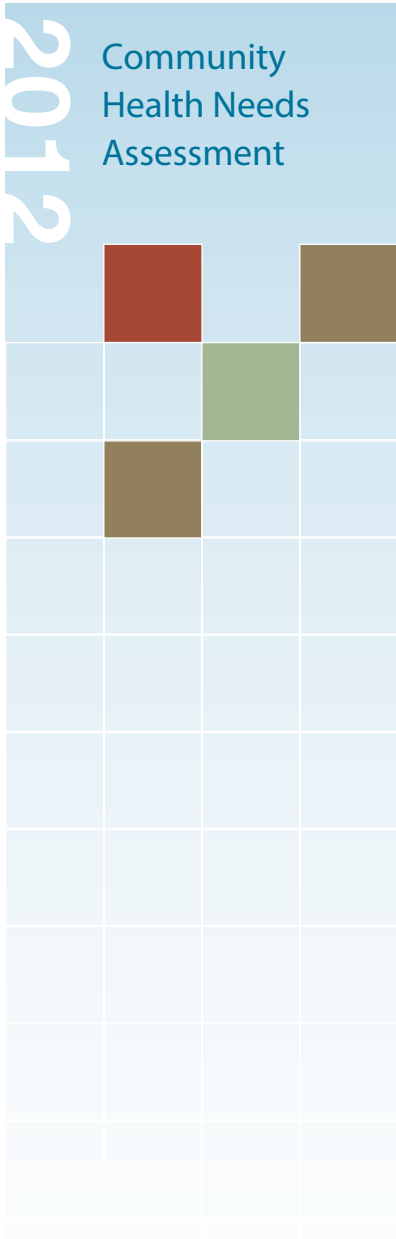
The service area enjoys diverse employment opportunities overall. The second largest employment group is health care and social assistance. GAHHS and its supporting services and partners are included in this group. GAHHS plays an important role in the economic vitality of the area as well as its health.

The service area’s social and economic picture is influenced by the fact that more than 78% of the land area in DeWitt County, more than 87% of the land in Ford County and more than 94% of the land in Iroquois and Livingston Counties consists of farms, according to 2007 data from the USDA. Thirty-four percent of local farm operators in DeWitt County, 29% in Iroquois, and 37% in Ford and Livingston Counties work off-farm. *(Atlas of Rural and Small Town America, 2011)*



The GAHHS catchment area is marked by small communities relying primarily on small businesses and industries, agriculture and service providers for its local employment.

The demographic/economic profile of the GAHHS service area is typical of many rural Midwest communities. In the near term, the hospital's service area profile is expected to remain substantially similar in most categories reviewed for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.



Community Health Needs Assessment

INPUT

Health Profiles from Existing Studies and other Secondary Data

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

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

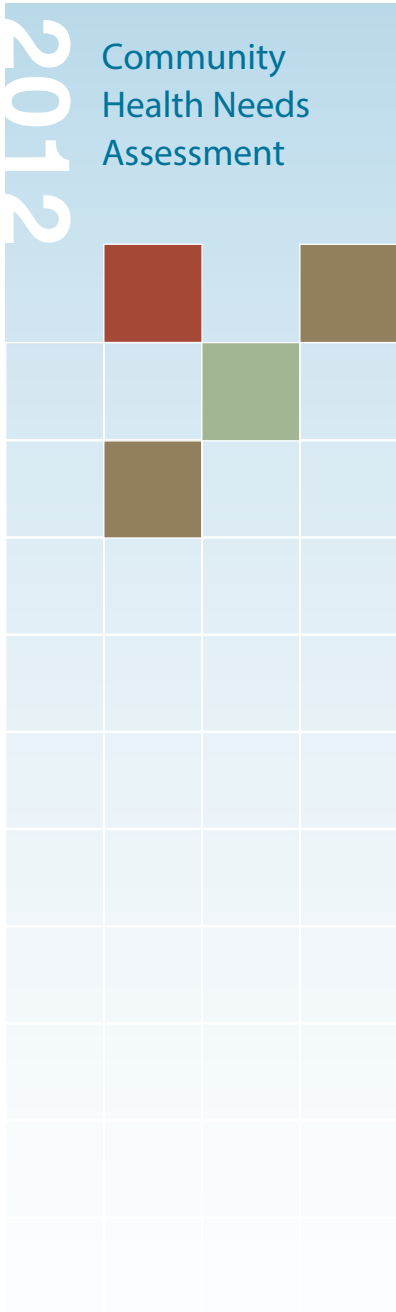
The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The County Health Rankings confirm the critical role that factors such as education, jobs, income and environment play in how healthy people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

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

(County Health Rankings and Roadmaps, 2012)

Ford County is ranked 11th out of the 102 Illinois counties in the Rankings for Health Outcomes released in April 2012:

	Ford	Illinois
Adults reporting poor or fair health	9%	16%
Adults reporting no leisure time physical activity	32%	25%
Adult obesity	31%	27%
Children under 18 living in poverty	17%	19%
Teen birth rate	35/1,000	40/1,000
Motor vehicle crash death rate	31/100,000	11/100,000



Iroquois County is ranked 43rd out of the 102 Illinois counties in the Rankings:

	Iroquois	Illinois
Adults reporting poor or fair health	No Data	16%
Adults reporting no leisure time physical activity	32%	25%
Adult obesity	32%	27%
Children under 18 living in poverty	18%	19%
Teen birth rate	40/1,000	40/1,000
Motor vehicle crash death rate	26/100,000	11/100,000

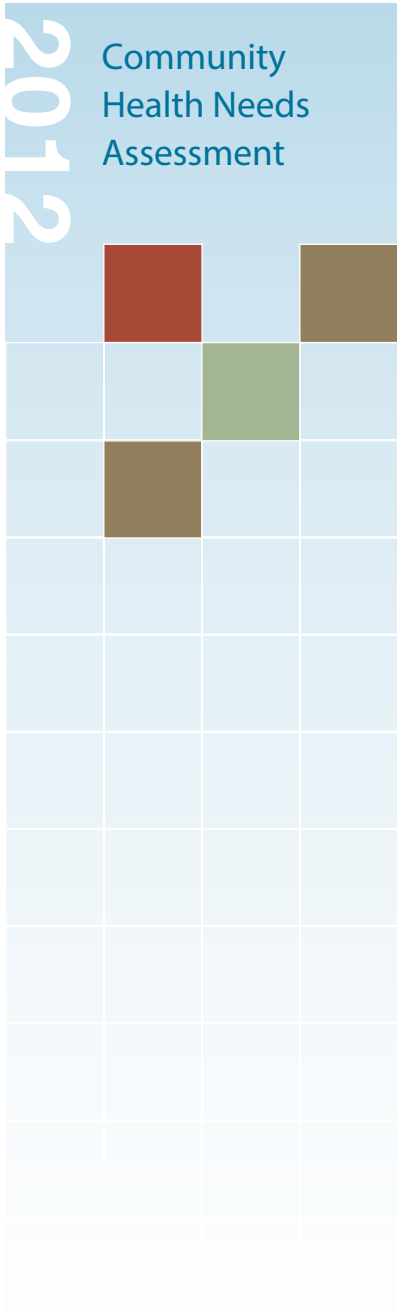
DeWitt County is ranked 78th out of the 102 Illinois counties in the Rankings:

	DeWitt	Illinois
Adults reporting poor or fair health	No Data	16%
Adults reporting no leisure time physical activity	29%	25%
Adult obesity	29%	27%
Children under 18 living in poverty	17%	19%
Teen birth rate	No Data	40/1,000
Motor vehicle crash death rate	No Data	11/100,000

Livingston County is ranked 84th out of the 102 Illinois counties in the Rankings:

	Livingston	Illinois
Adults reporting poor or fair health	17%	16%
Adults reporting no leisure time physical activity	32%	25%
Adult obesity	29%	27%
Children under 18 living in poverty	16%	19%
Teen birth rate	36/1,000	40/1,000
Motor vehicle crash death rate	27/100,000	11/100,000

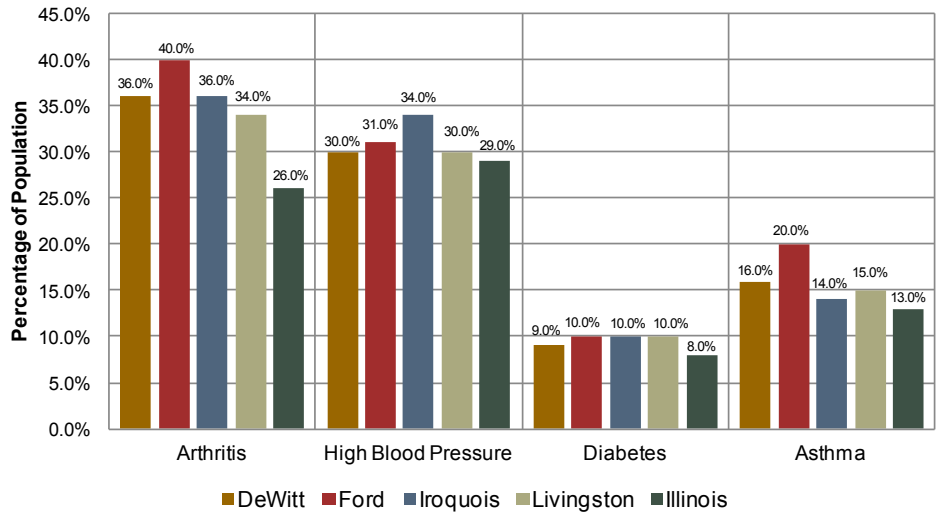
The Illinois Behavioral Risk Factor Surveillance System provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services. (*Illinois Behavioral Risk Factor Surveillance System, 2011*)



Community Health Needs Assessment

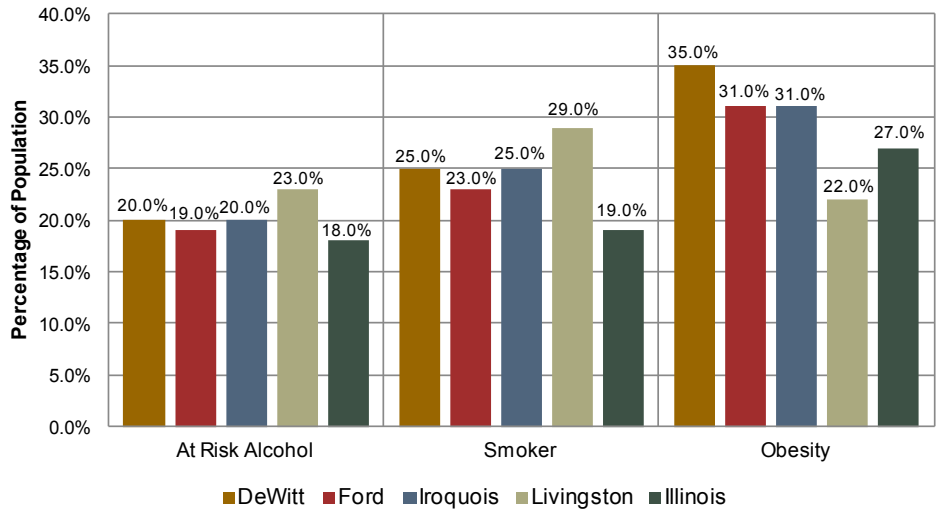
The following table reflects information from the IBRFSS that indicate areas of likely health care needs.

Table 8. Health Risk Factors - GAHHS Service Area



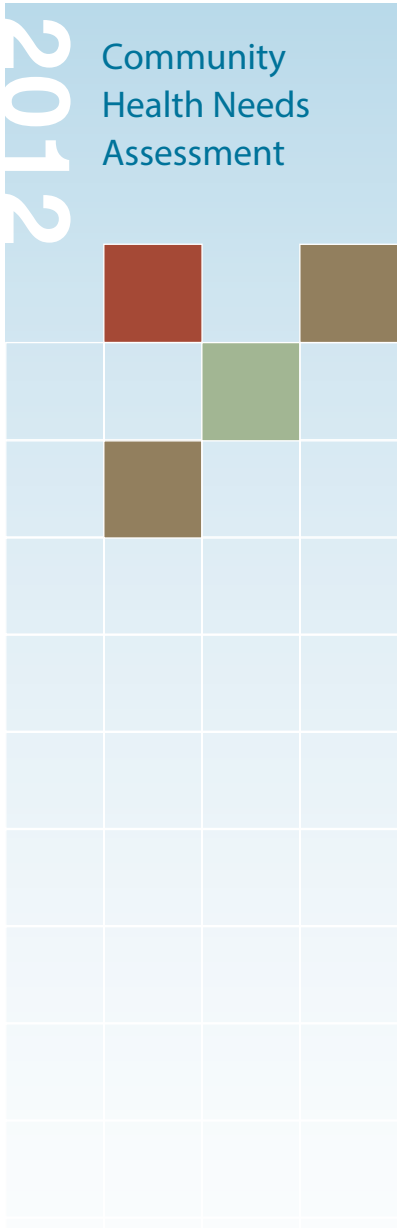
Illinois Behavioral Risk Factor Surveillance System, 2011)

Table 9. Health Risk Factors - GAHHS Service Area



Illinois Behavioral Risk Factor Surveillance System, 2011)

In the 2009 summaries, DeWitt, Ford, Iroquois and Livingston Counties all exceeded the state level for diagnosis of arthritis, high blood pressure, diabetes and asthma. All four counties also exceeded the state experience for at-risk alcohol use and smoking. All but Livingston County exceeded the state rate for obesity.



The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent available table for DeWitt, Ford, Iroquois and Livingston Counties showing the causes of death within each county is set out below.

Disease Type/Number of Deaths	DeWitt	Ford	Iroquois	Livingston
Diseases of the Heart	39	51	92	111
Malignant Neoplasm	45	40	86	87
Cerebrovascular diseases (stroke)	11	10	31	23
Lower Respiratory Diseases	15	14	29	24
Accidents	10	13	6	27
Alzheimer's disease	14	11	26	10
Diabetes mellitus	4	3	13	14
Influenza and Pneumonia	1	7	6	10
Nephritis, Nephrotic Syndrome, and Nephrosis	2	8	9	12
Septicemia	2	5	6	8
Intentional Self Harm (Suicide)	2	0	5	7
Chronic Liver Disease, cirrhosis	1	2	4	4
All other causes	41	46	75	59
TOTAL DEATHS	187	210	388	396

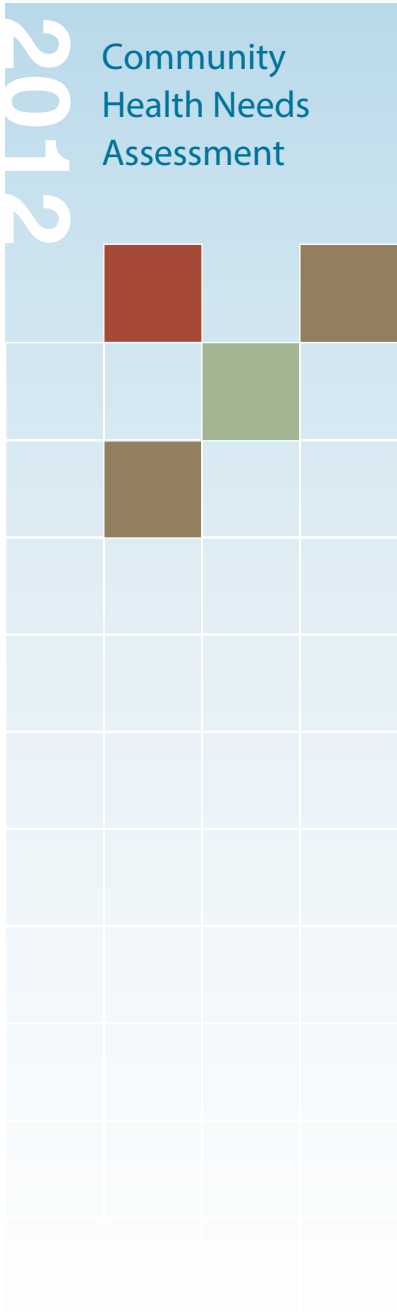
(Illinois Behavioral Risk Factor Surveillance System, 2011)

The mortality numbers are much as one would expect with diseases of the heart, cancer and lower respiratory diseases as leading factors. Motor vehicle accidents also accounted for a large number of deaths in the service area, ranking third for causes of death in Livingston County during the period.

The state cancer profiles compiled by the National Cancer Institute list DeWitt, Ford and Livingston counties at Priority Level 4 for all cancers, which means the cancer rate overall is above the U.S. rate and is stable over the recent past.

The state cancer profile lists Iroquois County at Priority Level 6 for all cancers, which means the cancer rate overall is similar to the U.S. rate and is stable over the recent past.

DeWitt, Ford, Iroquois and Livingston Counties all contain designated health professional shortage areas for primary medical care. DeWitt County contains a health professional shortage area for low income dental services and DeWitt, Iroquois and Livingston Counties contain health professional shortage areas for mental health care, according to the U.S. Department of Health and Human Services, Health Resources and Services Administration.



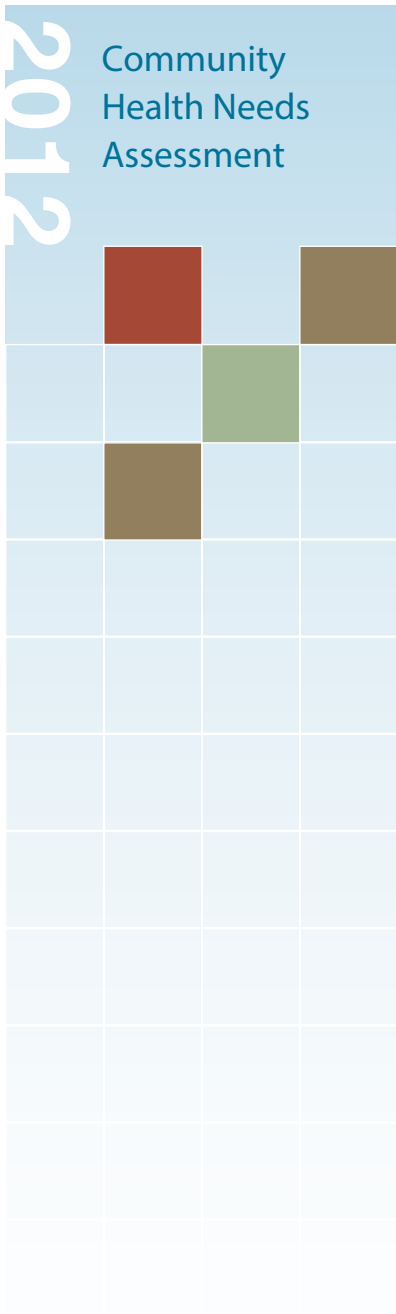
Synthesized Secondary Data

The demographics for GAHHS' service area reflect overall similar incomes when compared to other rural areas and Illinois overall.

The GAHHS service area reports a higher percent of population diagnosed with arthritis, high blood pressure, diabetes, asthma and reporting obesity, at-risk alcohol use and smoking than state averages. Diseases of the heart and cancer are the two leading causes of death by a wide margin. Death from motor vehicle crashes is reported as being over two times the statewide rate in recent data from Ford and Iroquois Counties.

Summary

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



Primary Source Information

Focus Group #1 – Community Officials

A focus group comprised of community officials met on April 19, 2012. The group included representatives of the Ford County Board, Gibson City, a school district and others.

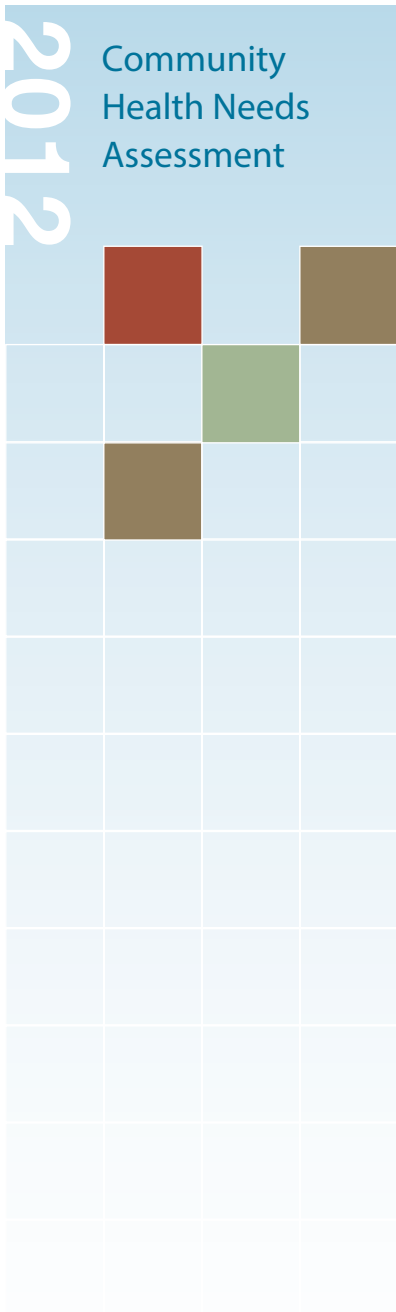
The focus group session opened with the identification of several positive events that took place within the GAHHS service area during the past five years.

The following developments were cited:

- Expanded services at GAHHS
- Ambulance services – paramedics
 - o largest ambulance service in region – 857 square miles
 - o 3,000 calls/year
 - o 2 in Gibson, 2 in Paxton, 4 additional
- Consolidated dispatch – E911 Ford County (law enforcement, fire, EMS)
- Interagency cooperation
- Adding doctors and clinics
- Sports’ training programs provided by GAHHS – on-site trainer

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

- Education for first responders
- Education for seniors about services available
- Education for young parents about children’s prescriptions
- Education about parenting for young parents
- Home health care for elderly is limited
- Access to free/low cost dental
- Vision care – no optometrist in some communities
- Mental health services
 - o 20 minutes from Blue Ridge schools
 - o no psychiatrist/psychologist other than Champaign
 - o inmates at jail and ER walk-ins lack referrals
- Assisted living – Gibson City is 20 miles away – city is working on this issue
- Education on agriculture issues – dust and chemicals (personal protection)
- Childhood obesity
 - o youth diabetes
 - o education for kids and families
 - o nutrition
 - o exercise
- Cancer
 - o more cases at younger ages
 - o more successful treatments because caught early
- Depression
 - o fibromyalgia
 - o suicide attempts



- Dementia/Alzheimer's – early onset possible
- Substances
 - o prescription – personal, sale, pharm-sharing
 - o synthetics – spice, K2-3, bath salts
 - o cocaine
 - o heroin – in areas north of Gibson City
 - o some methamphetamines
 - o cannabis

Focus Group #2 – Health Care Professionals and Partners

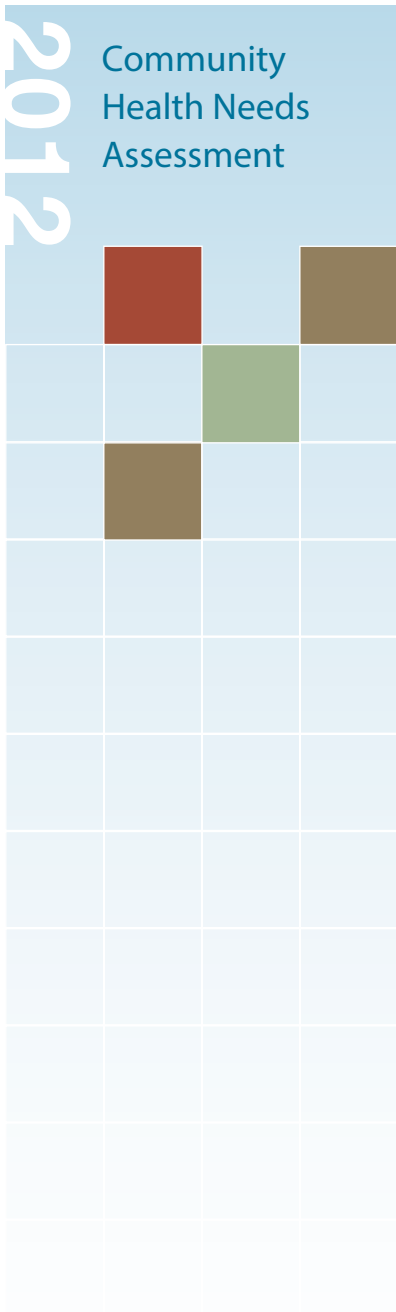
A focus group comprised of health care partners and professionals met on April 20, 2012. The group included physicians, a pharmacist, representatives of nursing homes, representatives of the Ford County Health Department and others.

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

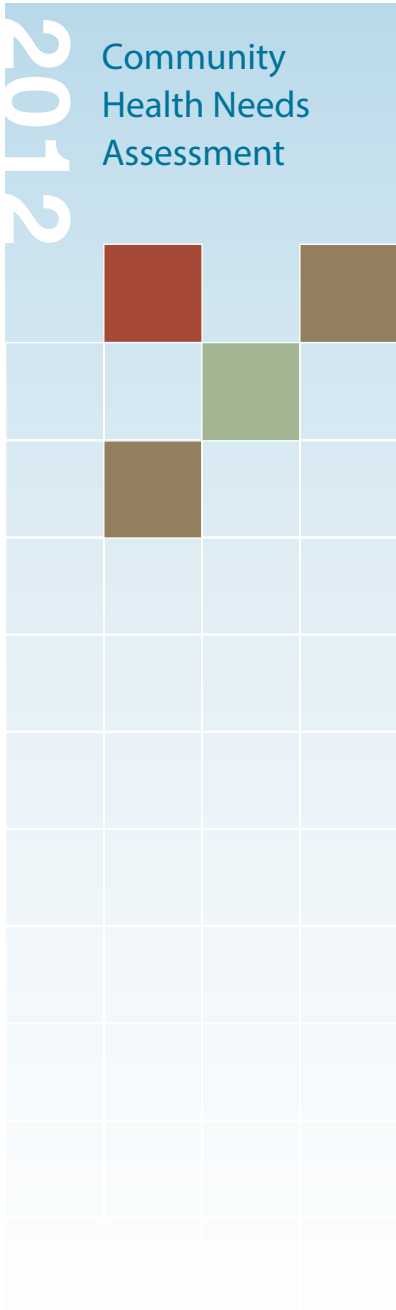
- The clinics
- Expanded OB services
 - o positive impact to low income women
 - o prenatal and well-child care
- Onarga clinic has 3 staff that speak fluent Spanish
 - o serving a resident Hispanic population
 - o 40% of clinic patients at Onarga are Hispanic
- E-prescribing
- Ortho group – has raised bar of care in GAHHS
- Athletic trainers in schools
- Geriatric – psych
- GAHHS has not lost personal approach
- GAHHS partnering with other providers
- CRCC has psychiatrist 2 days a week and Spanish-speaking counselor
- Current CEO and team
- Radiology department is well equipped and staffed

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

- More physical space for outpatient services
 - o comprehensive physical rehab center
 - o prevention and family-oriented care
- Pain clinic/pain management
- Address occupational health
- Pediatric behavioral health – especially uninsured and underinsured
- Anesthesiologist
- Cardiologist



- Recreation
 - Gibson City has no park district
 - old pool
 - no place for group exercise
- Integrated care – better communication between professionals
- Encourage kids to walk – discourage drop-off (safe walk programs)
- Health foods education
 - community gardens
 - there is a good local foods project in Fairbury
- Psychiatry – especially youth
- Home care needs “GAHHS-centric” coordination
- Substance abuse
 - Prescriptions
 - abuse – all
 - no care coordination
 - alcohol
 - youth and adults
 - synthetics
- Depression – suicide attempts
- Obesity
- Diabetes
- Dietitian
- Nutritionist education
- Registries
- Osteoporosis
- Cancer – across the board
- Transportation – convenient public transportation is unavailable
- Mobile X-ray to Paxton
- Primary care doctors
- Health information education/educator
 - follow-up
 - health literacy materials and training for professionals on how to interact
- Services to allow elderly to live at home
 - contacts/routine daily health checks
 - identify patients with follow-up needs and get it to them
- Value/accountability
- Low income/underinsured and uninsured – education for this population
- Onarga needs an ambulance – can wait 20-25 minutes for emergency transfer



Community Health Needs Assessment

Focus Group #3 – Community Leaders

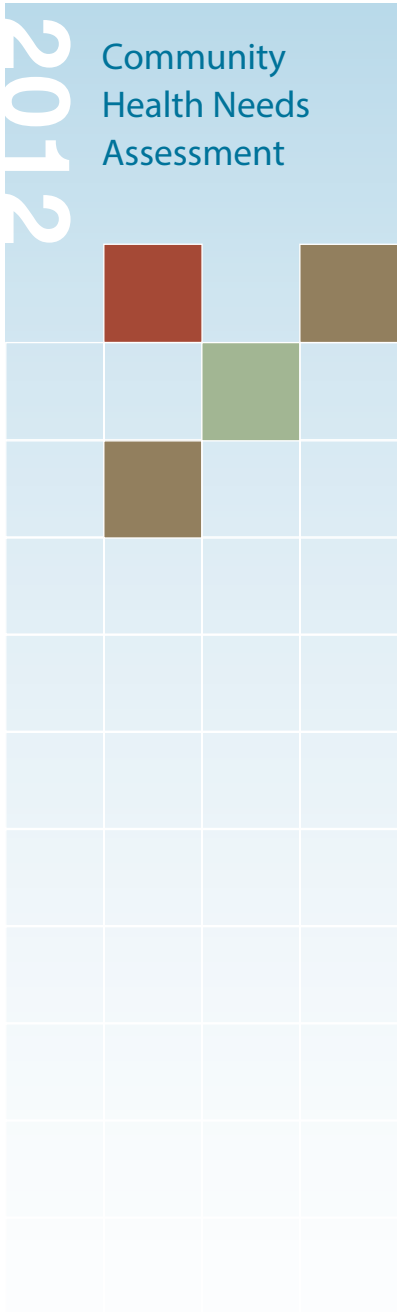
A focus group comprised of community leaders met on April 20, 2012. The group included business leaders, farmers, clergy and others.

The group first discussed positive developments in the GAHHS service area in the recent past. They identified the following changes:

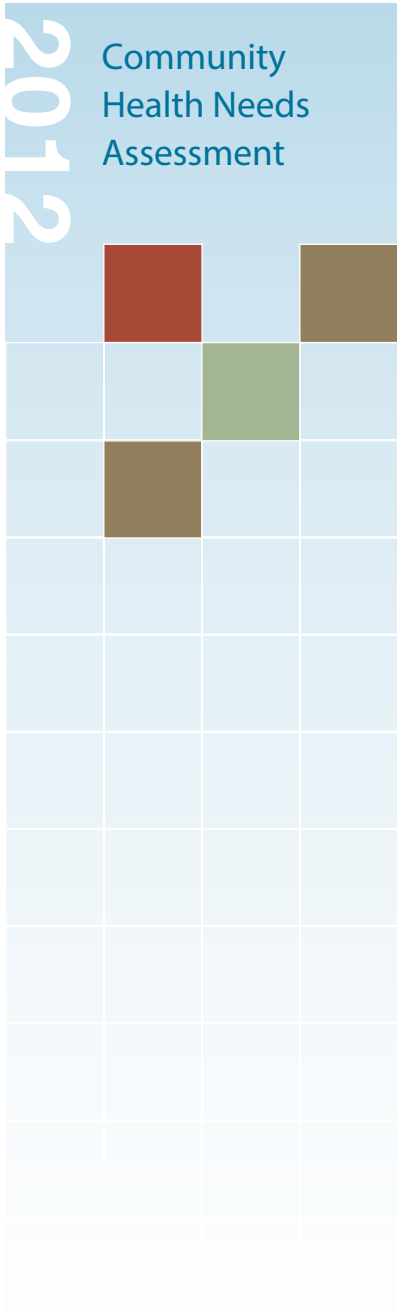
- Ambulance service
- ER improvements
- More physicians
- Paxton clinic and the x-ray technology there
- Diversity of opportunities
- Farmer City clinic, physician, nurse practitioner and pharmacy
- Emergency services are well coordinated for disasters
- GAHHS personal attention and approach
- Critical access designation
- CEO and nurse administrator are big positives
- Nursing home and swing beds
- Tele-care transport
- Availability of specialists locally
- Courtesy rides from parking into GAHHS complex
- Forrest Clinic
- GAHHS as economic development driver – it is a draw for housing sales
- Meals on Wheels from GAHHS to Gibson City
- GAHHS partnerships with schools
- Outpatient care/clinics
- Physical therapy is one-on-one and personal – consistent
- Scholarships for nurses
- Cardiologist
- Assisted living

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

- Mental health – synthetic drugs (need education)
- Wellness and health education (generally)
 - partner with schools
 - public events
- Adult day care and respite care – Heritage
- Centralized recreation center with hospital involved
- Getting the ambulance to go where you want
- Extended hour clinics throughout area (convenient care centers)
- Access to healthy food for youth
- Home care assistance
- Chaplaincy program
- Pain management clinic or practice
- Education for medical and other first responders about local hazards at businesses



- Obesity
 - dietary education
 - proactive involvement of grocery and other food service stores
- Diabetes
- Healthy lifestyle education – food planning and preparation meal planning
- Education, counselors
 - heroin
 - cannabis
 - cocaine
- Alcohol prevention education
- Jobs
- Wellness screenings
- Understanding of and education about autism
- Pollution and pesticides
- Hearing screening



PRIORITIZATION

Reconciliation of Primary Source Information with Secondary Data

The facilitated primary information gathering process resulted in the discovery of issues subsequently prioritized during discussion by participants. There was repetition among groups to a list of concerns largely common to the overarching categories of mental health issues, including access to services and prevention of substance abuse and risky behavior, increasing wellness education and opportunities for wellness care, and access to services for all residents including youth and the elderly. The areas chosen were consistent with the needs identified from the secondary information collected and observed.

Summary of Findings and Recommendations

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

1. Mental Health Services

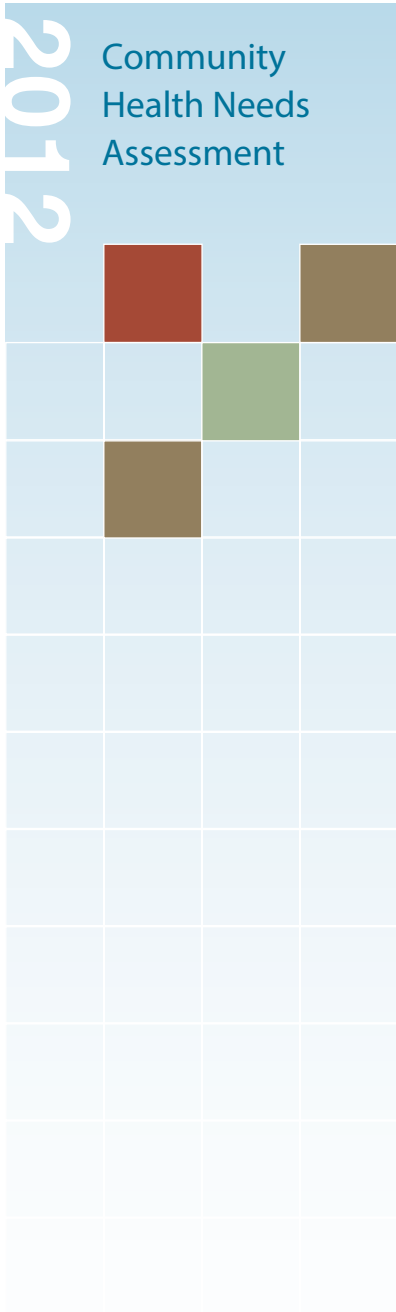
Gaps in access to mental health services at several levels were identified in the focus groups and supported by secondary data. Needs were identified for more direct services and programming for youth. Concern was also expressed about short- and long-term care after contact with authorities or GAHHS. Many of the identified issues involve health delivery and community partners outside the control of GAHHS but providing opportunities for external partnerships and cooperative planning for resolution.

2. Substance Abuse

Issues concerning substance abuse and risky behavior were also identified in each group and supported by the secondary data. These issues also provide the opportunity for external collaboration.

3. Wellness education and basic wellness services for all ages

The groups identified a need for better availability of information on wellness education, basic wellness care opportunities for the community in general and also improved information to the community that explains services and options for youth, the elderly and the underinsured and uninsured. A shortage of opportunities for recreation and exercise in Gibson City was identified. Primary and secondary inquiry emphasized the need to address the issues of obesity, smoking and healthy living.

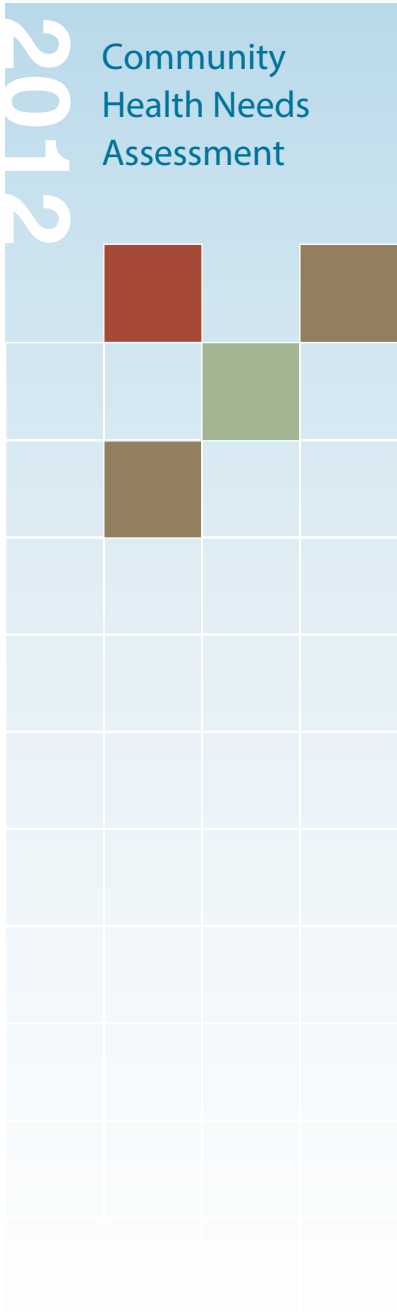


RESOURCE INVENTORY

Gibson Area Hospital & Health Services

Gibson Area Hospital & Health Services is a critical access hospital delivering a wide range of services to its communities. Services include:

- Emergency department
- Emergency management for GAHHS and the community
- Cosmetics clinic
- Obstetric department
- Medical surgical unit
- Surgery and recovery unit
- Intensive care unit
- Cardiopulmonary care
- Orthopaedic surgery
- Diagnostic imaging
- Laboratory
- Sleep disorder center
- Pharmacy
- Nutrition services
- Outpatient clinics
- Wound care
- Longterm care – annex
- Gibson Area Ambulance Services
- Therapy services and sports medicine
 - Physical therapy
 - Occupational therapy
 - Athletic training
 - Speech therapy
- Geriatric behavioral services
- Wellness services
 - Arthritis support group
 - Cancer support group
 - Cardiac rehabilitation
 - Community wellness center in Paxton
 - CPR/first aid instruction
 - Diabetes education/support program
 - Healthy Steps for Teen Parents
 - Nutrition services
 - Pulmonary rehabilitation
 - Safe Sitters® training
 - Social services
- High school affiliation program
 - GCMS High School – Gibson City
 - Paxton-Buckley-Loda High School – Paxton
 - Blue Ridge High School – Farmer City
 - Iroquois West High School – Gilman
 - Prairie Central School District - Fairbury



Area Health Services Review

Physicians

Family Practice

Kate Austman, MD
Gibson City and Forrest

George Bark, MD, PhD
Paxton

Benjamin Brewer, MD
Forrest, Gibson City, Onarga

Gregory Delost, MD
Gibson City

Richard Foellner, DO
Paxton

David Hagan, MD
Gibson City and Fisher

Jeremy Henrichs, MD
Paxton

Bernadette Ray, MD
Gibson City and Paxton

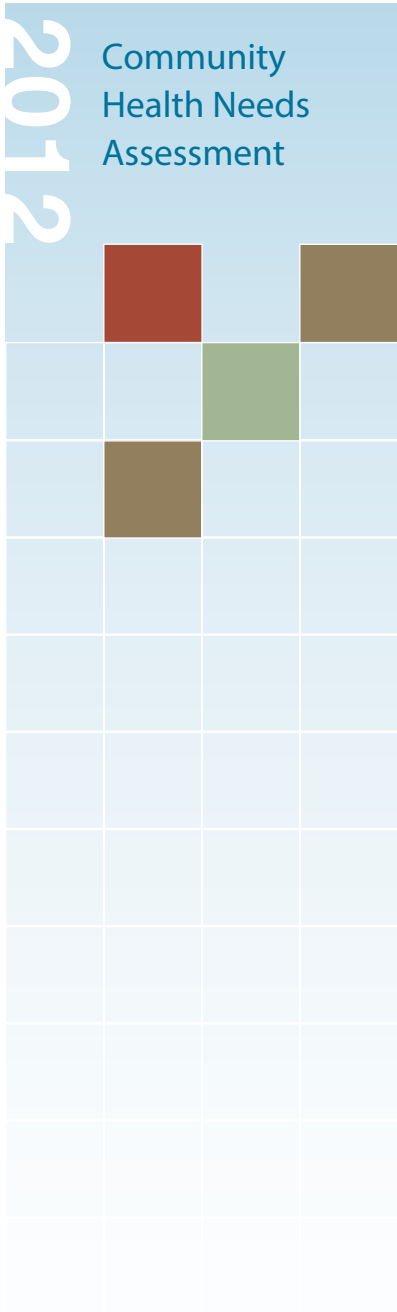
Darrin Ray, MD
Farmer City

Laura Smith, MD
Hoopeston

Mark Spangler, MD
Gibson City

Adree Venatta, MD
Hoopeston

Rachel Wenger, MD
Fairbury



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Mental Health

Martin Repetto, MD, PhD

Gibson City

Orthopaedics

Chris Dangles, MD

Gibson City

Joe Norris, MD

Gibson City

William Price, MD

Gibson City

Plastic Surgery

Chad Tattini, MD

Gibson City

General Surgery

Joseph Chung, MD

Gibson City

Cristina Medrano, MD

Gibson City

Anthony San Diego, MD

Gibson City and Hoopeston

Radiology

Gary Kerber, MD

Gibson City

Internal Medicine

Omar Gead, MD

Hoopeston

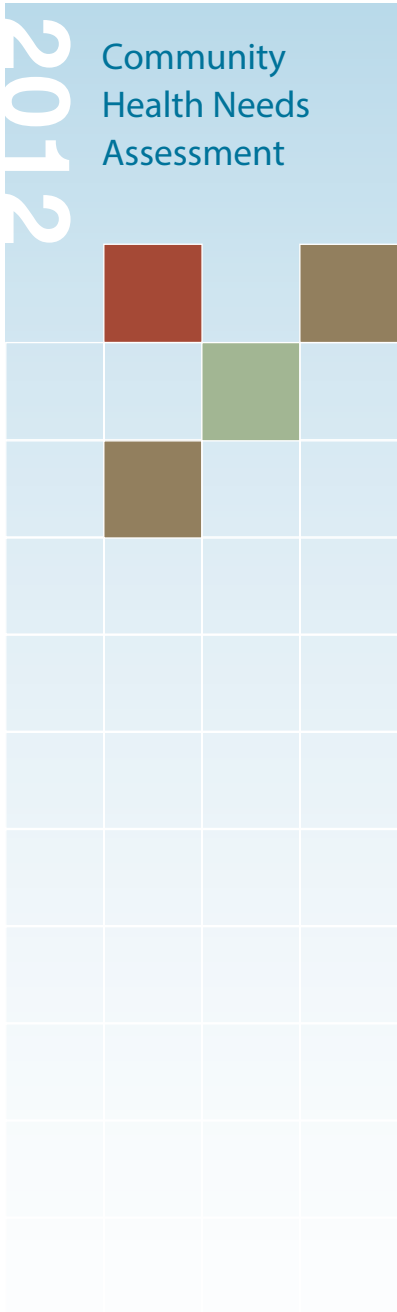
Neil Nelson, MD

Gibson City

Urology

Scott Morgan, MD

Gibson City



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**Emergency Medicine
All-Inclusive Medical Services**

Bashar Alzein, MD
Gibson City

Sports Medicine
Jeremy Henrichs, MD

Paxton

Joe Norris, MD
Gibson City

Clinics
GAHHS General Surgery
Gibson City

GAHHS Outpatient Clinic
Gibson City

GAHHS Orthopaedics
Gibson City

Geriatric Behavioral Services
Gibson City

Family Health Care of Gibson City
Gibson City

Family Health Care of Fairbury
Fairbury

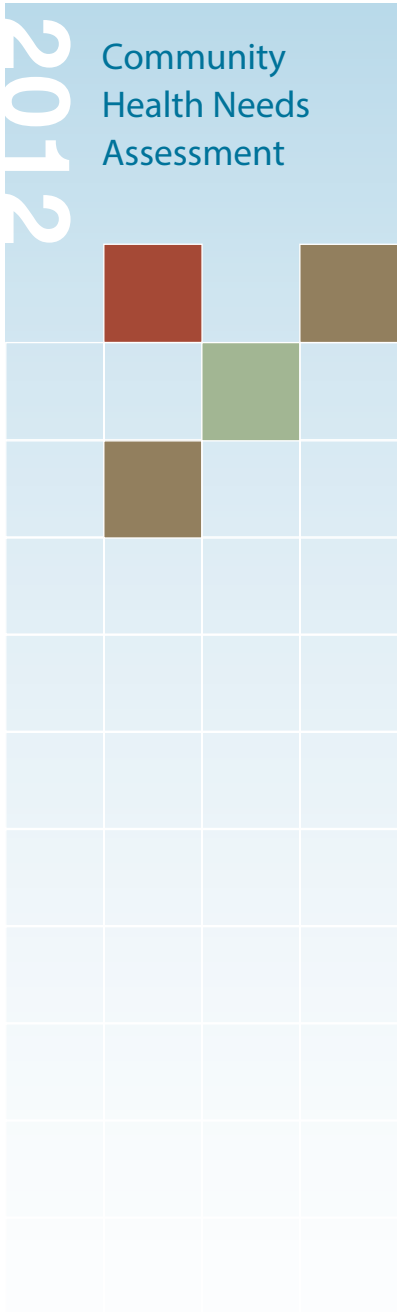
GAHHS Cosmetics
Gibson City

Family Health Clinic of Farmer City
Farmer City

Family Health Care of Hoopston
Hoopston

The Paxton Clinic
Paxton

Prairie Family Medicine
Forrest



Community Health Needs Assessment

The Onarga Clinic

Onarga

Home Health Care

- BroMenn Home Health in Bloomington
- Carle Home Health in Champaign
- Champaign Public Health Department
- Provena Home Health at Champaign
- Ford-Iroquois Public Health Department
- Iroquois Home Care
- St. James Home Health in Pontiac
- St. Joseph Home Health in Normal

Nursing Homes

Heartland of Paxton Nursing Home

Paxton

Illinois Knights Templar Home

Paxton

Heritage Manor Nursing Home

Gibson City

Asta Care Center

Paxton and Colfax

Piper City Rehab and Living Center

Piper City

Greenbriar Senior Living

Piper City

Farmer City Rehab and Health Care

Farmer City

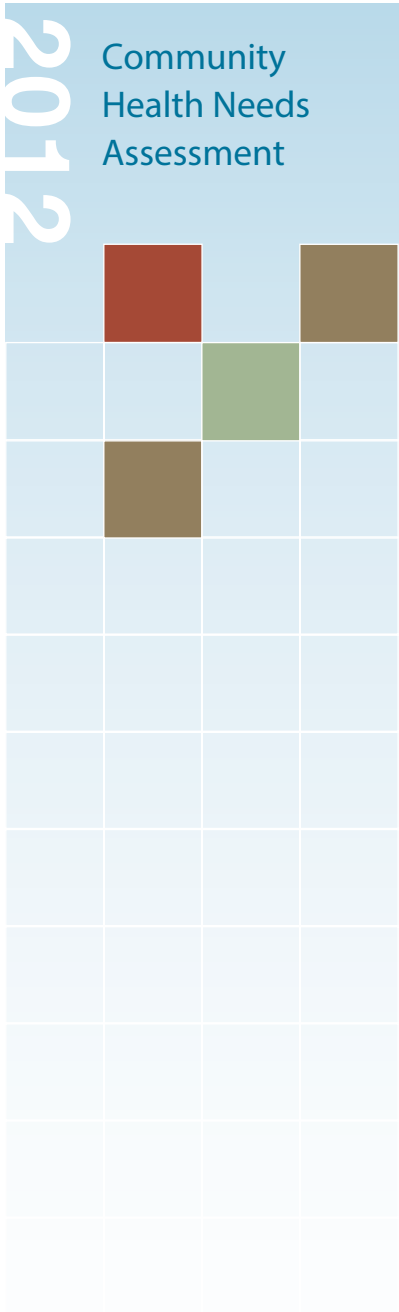
Fairview Haven Nursing Home

Fairbury

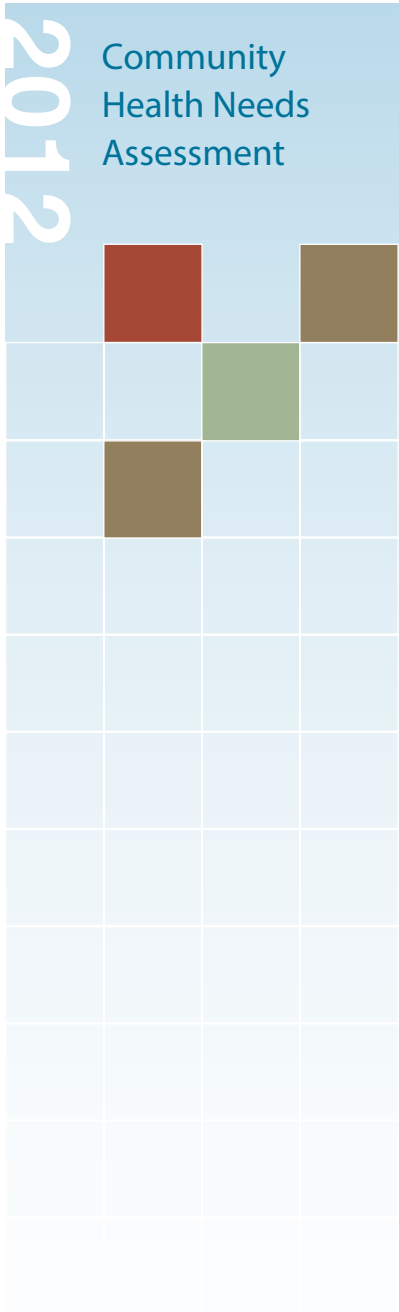
Ford-Iroquois Health Department

Ford-Iroquois Health Department offers the following programs:

- International travel program
- Diabetes self-management program (DSMP)
- Diabetes program
- Chronic disease self-management program
- Immigration and naturalization program
- Jails and institutions' program



- Coordinated school health program
- Communicable diseases services
- Emergency preparedness and bioterrorism program
- Vision and hearing screening program
- Tuberculosis program (TB)
- School nurse program
- Paternity testing
- Life skills education
- Dental program
- Blood pressure, diabetes and cholesterol screenings
- HIV/AIDS surveillance and education
- Adult immunization program



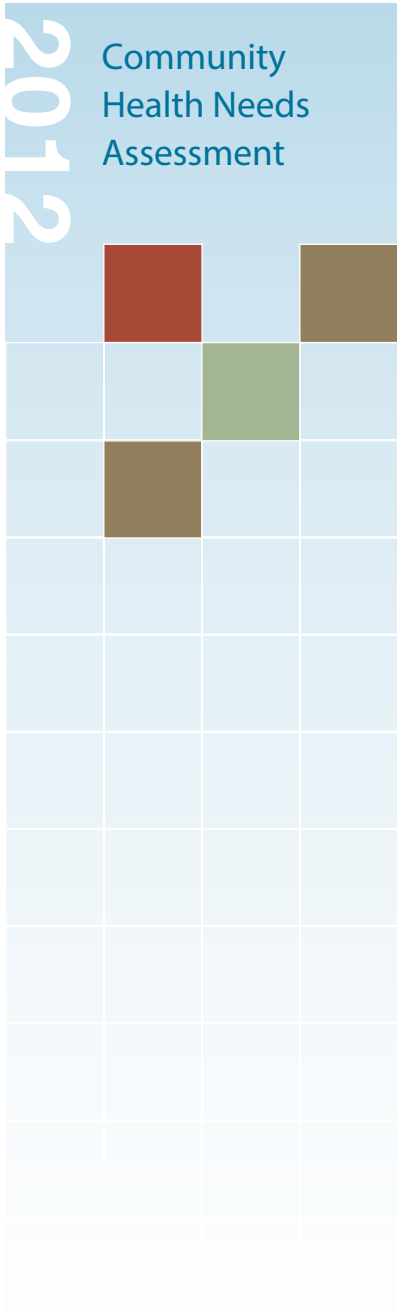
REMARKS

The GAHHS Community Health Needs Assessment was conducted in the spring of 2012. The process followed interim IRS guidelines allowing for a more confident focus of effort and resources.

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

ICAHN and GAHHS are also grateful to the health care professionals, community leaders and citizens who offered their thoughtful input for the assessment.

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



APPENDIX

Focus Group and Interview Participants

Bart Lytel, Board Member

Blue Ridge CUSD 18
Farmer City

Susan Wilson, Superintendent

Blue Ridge CUSD 18
Farmer City

Mark Doran, Sheriff

Ford County
Paxton

Elynor Stagen, Vice-chair

Ford County Board
Gibson City

Steve Cushman, Chief

Gibson City Police
Gibson City

Dan Dickey, Mayor

Gibson City

Lucinda Redenius, Administrator

Heartland
Paxton

Scott Edgar, Pharmacist

Scott's Pharmacy
Gibson City

Doug Corbett, Administrator

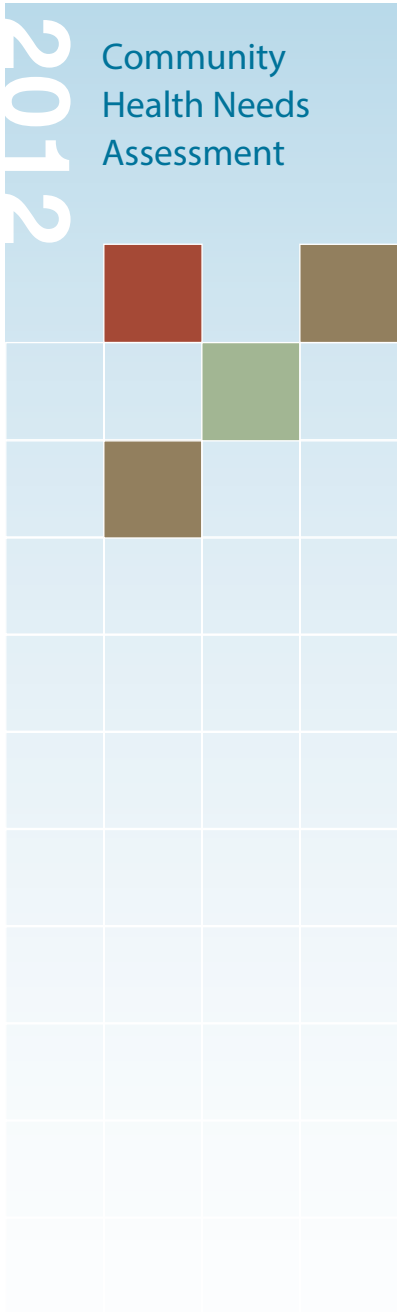
Ford County Health Department

Laurelyn Cropek

CRCC
Paxton

William Price, Physician

GAHHS Orthopaedics
Gibson City



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Laura Brinkley, Nurse Practitioner

GAHHS Orthopaedics
Gibson City

Wamaitha Sullivan, Family Nurse Practitioner

The Onarga Clinic
Onarga

Rodney Plackett, President

First National Bank of Paxton
Paxton

Jean Johanns, Officer

Farmer City State Bank
Farmer City

Paul Thomason, Pastor

Gibson City Bible Church
Gibson City

Jill Arends

Family member of nursing home resident
Champaign

Kent Daniels, Safety Manager

One Earth Energy
Gibson City

Don Bathgate, Retired

Former School Principal
Gibson City

Scott Allen, Vice President

Paxton True Value Hardware
Paxton

Jerry Nord, Retired

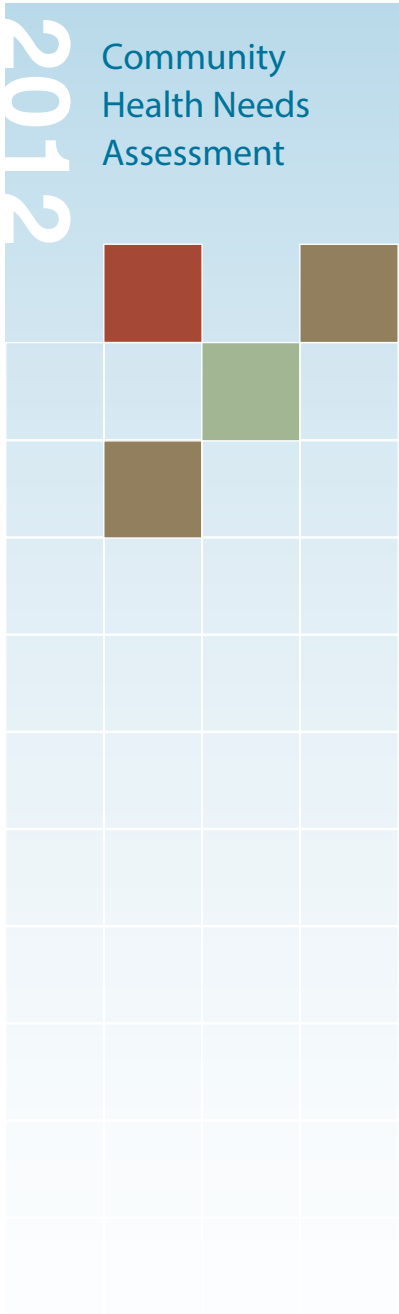
Insurance Agent
Saybrook

Dale Ashmore, Attorney

Gibson City

Jim Gulliford

Former Mayor of Forrest
Forrest



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Karen Christensen, Annex Administrator

GAHHS
Gibson City

Ted Swanson, Director

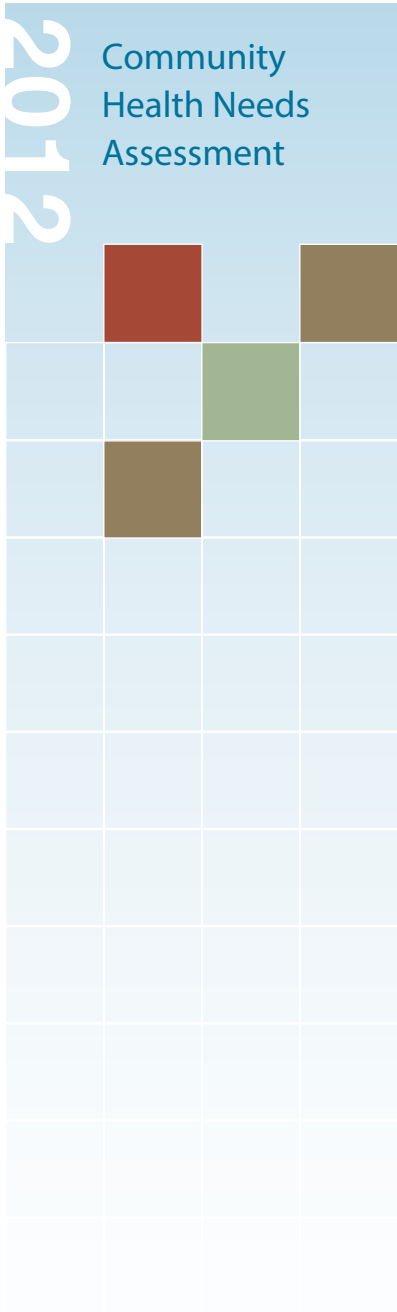
GAHHS
Gibson City

Melanie Warfield, Chair

GAHHS Foundation
Gibson City

Ron Hood, Officer

Hoods Ace Hardware
Gibson City



COLLABORATORS

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

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

Terry Madsen, M.A., J.D., former University of Illinois Extension educator and community development specialist, was the lead collaborator for this project. Mr. Madsen is a member of the city council and commissioner for public health and safety for the city of Princeton, Illinois, which owns a critical access hospital. He has participated in specialized training in community needs' assessment, community organization, diversity, ethics, community and youth development and project evaluation.

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

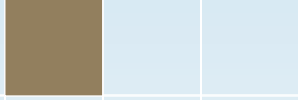
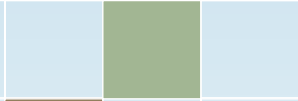
Curt Zimmerman, Director of Business Services and Development at ICAHN, provides technical support, design/layout direction, proofreading and editorial support for the community health needs assessments' projects provided through ICAHN and Mr. Madsen.

2012	Community Health Needs Assessment		
	Red		Brown
		Green	
	Brown		

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