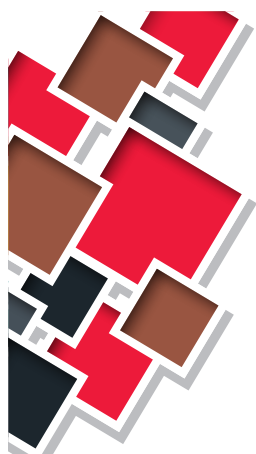


2018 COMMUNITY HEALTH NEEDS ASSESSMENT

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





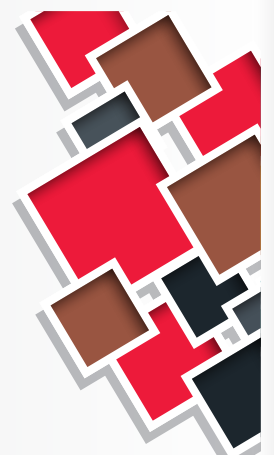
Gibson Area Hospital & Health Services

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1. INTRODUCTION

2018 Community Health Needs Assessment



GAHHS 2018 Community Health Needs Assessment

Insight into Gibson Area Hospital's community and 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 which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access 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 Gibson City and the surrounding area.



Introduction / Background

Gibson Area Hospital & Health Services completed two Community Health Needs Assessments prior to 2018.

The first CHNA was conducted in 2012 and identified three significant needs:

- Mental health services
- Substance abuse education
- Wellness education and basic wellness services for all ages

The second CHNA was conducted in 2015 and identified:

- Care coordination
- Transportation
- Mental health services



In response to the 2012 needs assessment, Gibson Area Hospital & Health Services took the following actions:

1. Mental health services — Started outpatient senior psychiatry and then expanded the program to include child and adult outpatient psychiatric services
2. Substance abuse — Worked with the schools to provide education to students through the Area Health Education Center at Gibson Area Hospital & Health Services
3. Wellness education and basic wellness services for all ages — Opportunities at ELITE locations for all ages to participate in activities specific to their age and experience level. Youth have opportunities to participate in various sport clubs (baseball, football, soccer, wrestling), regardless of financial disposition.

Background / Executive Summary

In response to the 2015 needs assessment, Gibson Area Hospital & Health Services took the following actions:

1. Care coordination
 - Participating in the Illinois Rural Community Care Organization
 - Clinics, specifically Level III Patient Centered Medical Homes, implement chronic care management, and schedules are designed to leave same day add-ons to address same day patient issues
 - Hospital has opened a weekend clinic to provide extended care without having to use the Emergency Department
 - Public education included the initiation of support groups that were open to the community (cancer, diabetes), CPR/first aid instruction, and nutrition services
2. Transportation
 - Explored potential solutions to transportation issues
3. Mental health services
 - Expanded mental health services to all rural health clinics

EXECUTIVE SUMMARY

The 2018 Gibson Area Hospital & Health Services Community Health Needs Assessment was conducted in September and October of 2018. The Implementation Strategy was also developed in October 2018. The CHNA was influenced by the large rural service area of Gibson Area Hospital & Health Services.

The health profile of the Gibson Area Hospital & Health Service's report area is influenced by the following indicators of social determinants of health:

- Poverty — Children living in poverty
- Poverty — Population below 100% of Federal Poverty Level
- Built Environment — Recreation and fitness facility access
- Unemployment
- 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. Five issues related to mental health, including:
 - Better access to local mental health counseling for youth
 - Better access to referrals for access to local outpatient services including screening, assessment, and counseling for all ages
 - Access to post-care services for persons returning from inpatient mental health or substance abuse care
 - Community education to support mental health awareness and reduce the stigma of seeking mental healthcare
 - Local access to Medication-Assisted Treatment
2. Transportation
 - Affordable transportation to local and distant medical appointments and non-emergency services
 - Information about accessing public transportation
3. Chronic illness, including:
 - High local incidence of cancer
 - Community education programs for families addressing wellness, chronic illness, mental health, and substance abuse
 - Awareness and education programs for youth about obesity and the importance of involvement in lifelong sports
4. Need for increased opportunities for exercise and recreation through public leagues and resources
5. Need for better access to dental care for low income, uninsured, and underinsured
6. Need for additional ambulances and trained emergency medical responders in the service area

Executive Summary

The Implementation Plan developed by the senior staff at Gibson Area Hospital & Health Services is specific and thorough. The plan, set out in this report, includes these highlights:

- Expand mental health first aid training
- Add Medication-Assisted Treatment certification for a staff physician
- Develop a resource tool for mental health and substance abuse referrals
- Hire an integrated behavioral health clinician to work in the primary care setting
- Gibson Area Hospital & Health Services will add a second van to its fleet
- Utilize social media to provide information to the community about services, availability, times, and routes of area transportation providers
- Gibson Area Hospital & Health Services will increase the capacity of the Infusion Center
- Establish a chronic disease management program
- Create a youth obesity education program
- Expand mental health first aid
- Gibson Area Hospital & Health Services will continue to expand the ELITE program
- Gibson Area Hospital & Health Services will open a full service dental clinic that will provide care to low income, underinsured, and uninsured patients
- Gibson Area Hospital & Health Services will explore partners and funding sources to support expansion of ambulances and emergency medical responders

Service Area Demographics

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

Gibson Area Hospital & Health Service's service area is comprised of approximately 2,028 square miles, with a population of approximately 83,852 and a population density of 41 people per square mile. The report area consists of the following rural communities:

Cities

- Gibson City
- Gilman
- Paxton
- Watseka

Villages and Unincorporated Communities

- | | | |
|------------------|--------------|-------------|
| • Buckley | • Milford | • Cropsey |
| • Chatsworth | • Onarga | • Forrest |
| • Claytonville | • Piper City | • Saybrook |
| • Cissna Park | • Clarence | • Strawn |
| • Fountain Creek | • Rankin | • Dewey |
| • Crescent City | • Roberts | • Watkins |
| • Elliott | • Thawville | • Fisher |
| • Loda | • Pittwood | • Foosland |
| • Ludlow | • Wellington | • Rantoul |
| • Melvin | • Woodland | • Mahomet |
| • Goodwine | • Anchor | • Tomlinson |
| • Stockland | • Bellflower | |

Service Area Demographics

Total Population Change, 2000 to 2010

According to U.S. Census data, the population in the Gibson Area Hospital & Health Service's service region fell from 85,686 people to 84,823 people between the years 2000 and 2010, a 1.01% decrease.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	85,686	84,823	-863	-1.01%
Champaign County	179,670	201,081	21,411	11.92%
DeWitt County	16,798	16,561	-237	-1.41%
Ford County	14,241	14,081	-160	-1.12%
Iroquois County	31,334	29,718	-1,616	-5.16%
Livingston County	39,678	38,950	-728	-1.83%
McLean County	150,433	169,572	19,139	12.72%
Piatt County	16,365	16,729	364	2.22%
Vermilion County	83,919	81,625	-2,294	-2.73%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	532,438	568,317	-35,879	-6.74%

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

The Hispanic population in Champaign County increased by 103.86%, increased in De Witt County by 66.2%, increased in Ford County by 67.05%, increased in Iroquois County 30.16%, increased in Livingston County by 45.08%, increased in McLean County by 93.95%, increased in Piatt County by 65.35%, and increased in Vermilion County by 37.42%.

In Champaign County, additional population changes were as follows: White 4.28%, Black 24.45%, American Indian/Alaska Native 26.79%, Asian 55.01%, and Native Hawaiian/Pacific Islander 86.11%.

In De Witt County, additional population changes were as follows: White -2.4%, Black 6.1%, American Indian/Alaska Native -18.75%, Asian 27.66%, and Native Hawaiian/Pacific Islander 0%.

In Ford County, additional population changes were as follows: White -2.18%, Black 142.86%, American Indian/Alaska Native 135.71%, Asian -19.57%, and Native Hawaiian/Pacific Islander, no data.

In Iroquois County, additional population changes were as follows: White 93.87%, Black 1.25%, Asian 0.49%, Native American/Alaska Native 0.04%, and Native Hawaiian/Pacific Islander 0%.

In Livingston County, additional population changes were as follows: White 92.46%, Black 4.4%, Asian 0.68%, Native American/Alaska Native 0.06%, and Native Hawaiian/Pacific Islander 0%.

In McLean County, additional population changes were as follows: White 83.42%, Black 8.22%, Asian 4.93%, Native American/Alaska Native 0.14%, and Native Hawaiian/Pacific Islander 0.02%.

In Piatt County, additional population changes were as follows: White 97.37%, Black 0.39%, Asian 0.46%, Native American/Alaska Native 0.03%, and Native Hawaiian/Pacific Islander 0%.

In Vermilion County, additional population changes were as follows: White 82.79%, Black 13.75%, Asian 0.89%, Native American/Alaska Native 0.23%, and Native Hawaiian/Pacific Islander 0.03%.



Service Area Demographics

Population by Age Groups

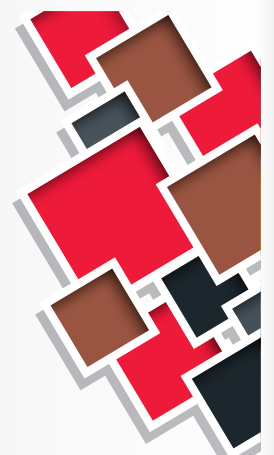
Population by gender in the service area is 49% male and 51% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	83,852	5,044	15,797	6,612	9,533
Champaign County	206,420	11,484	27,789	48,602	30,590
DeWitt County	16,322	911	2,646	1,174	1,825
Ford County	13,758	741	2,432	983	1,437
Iroquois County	28,814	1,549	4,857	2,132	2,989
Livingston County	37,278	2,035	6,106	3,066	4,748
McLean County	173,254	10,516	27,650	30,859	23,037
Piatt County	16,469	906	2,822	1,165	1,744
Vermilion County	79,613	5,209	13,889	6,516	9,619
Illinois	12,851,684	790,205	2,200,424	1,242,771	1,780,279

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	9,718	11,230	11,685	14,233
Champaign County	22,064	21,218	21,807	22,866
DeWitt County	2,016	2,396	2,429	2,925
Ford County	1,593	1,896	1,981	2,695
Iroquois County	3,165	4,007	4,197	5,917
Livingston County	4,333	5,333	5,194	6,463
McLean County	20,953	21,312	19,162	19,765
Piatt County	1,977	2,418	2,436	3,001
Vermilion County	9,139	10,529	10,825	13,887
Illinois	1,672,366	1,768,455	1,613,087	1,784,097

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2018 Community Health Needs Assessment



Establishing the CHNA Infrastructure and Partnerships

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

Internal

Gibson Area Hospital & Health Services 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 overseen at the operational level by the Director of Employee and Community Events, reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate two focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Gibson Area Hospital & Health Services.
- The Director of Employee and Community Events worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Gibson Area Hospital & Health Services 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:

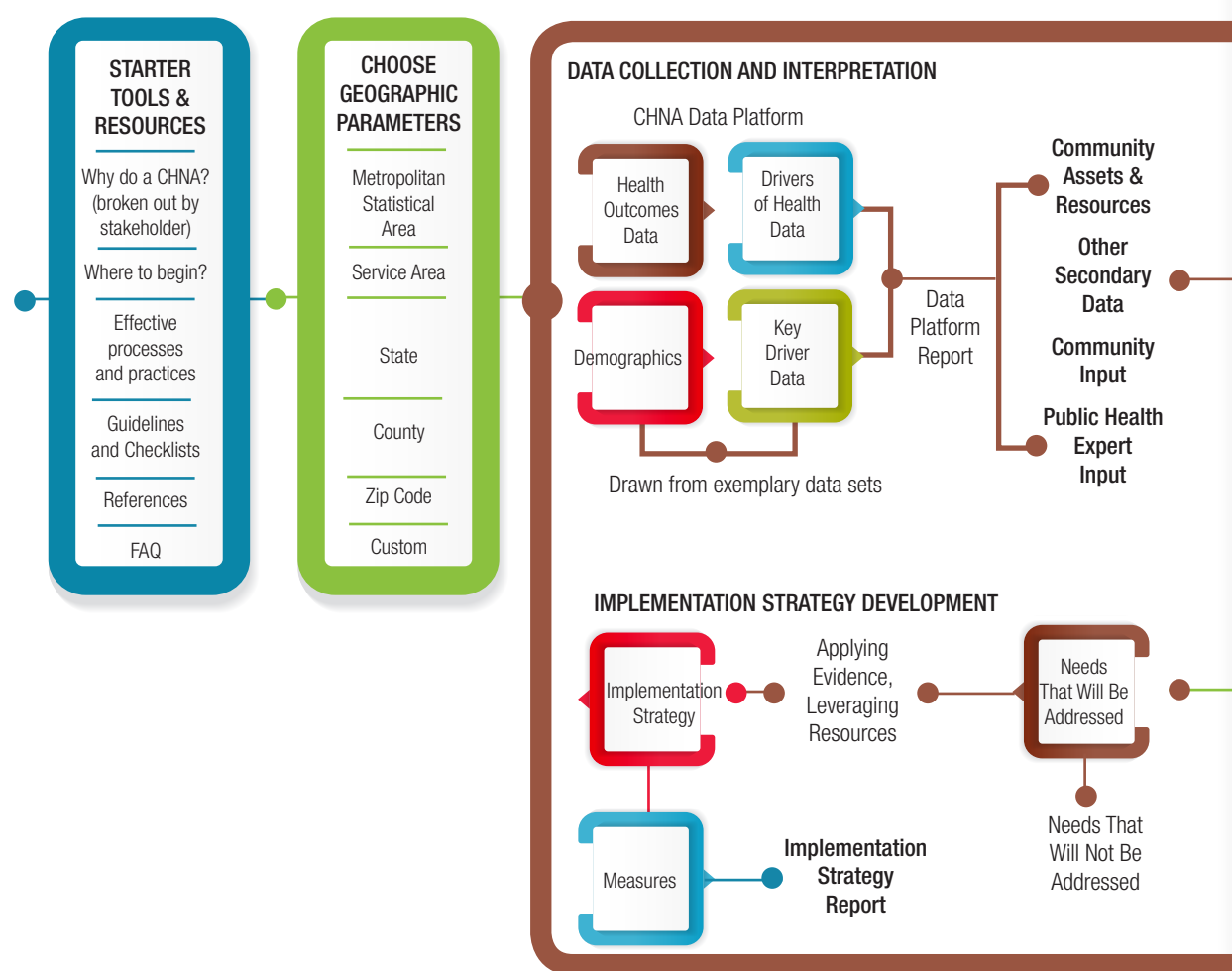
- The Director of Employee and Community Education secured the participation of a diverse group of representatives from the community and the health profession.
- ICAHN's consultant provided secondary data from multiple sources set out below in Section III. Data Collection and Analysis.
- Participation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

III. DATA COLLECTION AND ANALYSIS

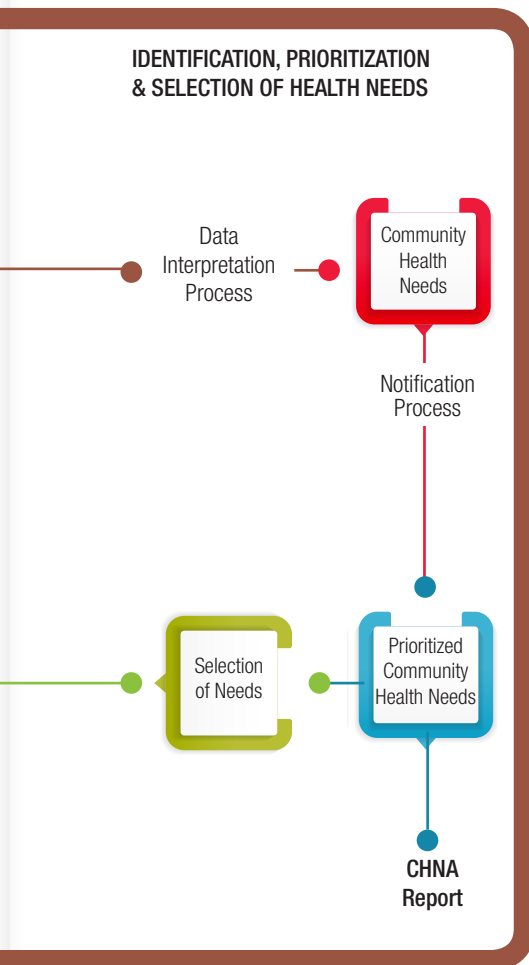
2018 Community Health Needs Assessment



Description of Process and Methods Used



Description of Data Sources



Qualitative Process

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

Description of Process and Methods Used

Quantitative Process

Behavioral Risk Factor Surveillance System	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.
U.S. Census	National census data is collected by the U.S. Census Bureau every 10 years.
Community Commons	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
Illinois Department of Employment Security	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
National Cancer Institute	The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.
Illinois Department of Public Health	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
HRSA	The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.

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.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
ESRI	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.
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.
USDA	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
Illinois Youth Survey	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 GAHHS service area, 85.3% 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	900	768	85.3%
Champaign County	1,408	1,229	87.3%
DeWitt County	228	201	88.2%
Ford County	179	148	82.7%
Iroquois County	343	302	88.0%
Livingston County	205	147	71.7%
McLean County	1,610	1,415	87.9%
Piatt County	217	208	95.9%
Vermillion County	842	649	77.1%
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 GAHHS service area, there are 5,686 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 10.08% 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	53,399	5,686	10.08%
Champaign County	118,545	6,337	5.35%
DeWitt County	11,591	958	8.27%
Ford County	9,602	1,073	11.17%
Iroquois County	20,276	2,288	11.28%
Livingston County	26,071	3,058	11.73%
McLean County	104,229	4,529	4.36%
Piatt County	11,576	551	4.47%
Vermilion County	53,999	6,897	12.77%
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	853	35.35%	64.65%
Champaign County	1,841	32.13%	67.87%
DeWitt County	153	29.99%	70.01%
Ford County	166	34.13%	65.87%
Iroquois County	300	34.64%	65.36%
Livingston County	411	33.26%	66.74%
McLean County	1,840	41.61%	58.39%
Piatt County	173	46.76%	53.24%
Vermilion County	951	23.74%	76.26%
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, 20.35% or 11,479 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	56,399	11,479	20.35%
Champaign County	118,545	52,073	43.93%
DeWitt County	11,591	2,365	20.40%
Ford County	9,602	1,669	17.38%
Iroquois County	20,276	2,964	14.62%
Livingston County	26,071	3,966	15.21%
McLean County	104,229	46,413	44.53%
Piatt County	11,576	3,457	29.86%
Vermilion County	53,999	7,538	13.96%
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, 18,636 public school students (45%) are eligible for free/reduced price lunches out of 41,422 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.88%. 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	41,422	18,636	44.99%
Champaign County	24,918	12,605	50.59%
DeWitt County	2,495	1,182	47.37%
Ford County	2,668	1,102	41.30%
Iroquois County	4,498	2,225	49.47%
Livingston County	6,004	2,621	43.65%
McLean County	25,766	8,897	34.53%
Piatt County	3,255	1,020	31.34%
Vermilion County	13,166	8,562	65.03%
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)

Income – 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 Househole Income
Service Area Estimates	33,723	\$64,809	No data
Champaign County	80,422	\$67,462	\$48,899
DeWitt County	6,721	\$68,022	\$53,510
Ford County	5,666	\$60,869	\$49,257
Iroquois County	11,899	\$61,599	\$47,823
Livingston County	14,525	\$68,089	\$54,074
McLean County	65,956	\$81,734	\$63,420
Piatt County	6,658	\$81,423	\$69,160
Vermilion County	31,540	\$55,731	\$43,552
Illinois	4,802,124	\$81,865	\$59,196

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	84,308	10,823	12.8%
Champaign County	208,861	24,413	11.7%
DeWitt County	16,247	2,226	13.7%
Ford County	13,736	1,483	10.8%
Iroquois County	28,672	3,884	13.6%
Livingston County	36,671	4,309	11.8%
McLean County	173,166	18,990	11.0%
Piatt County	16,387	1,141	7.0%
Vermilion County	19,282	17,612	22.2%
Illinois	12,859,995	1,935,887	15.1%

Secondary Data

Economic Stability

Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the GAHHS service area, 21.96% or 4,436 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	82,231	20,199	4,436	21.96%
Champaign County	190,404	38,165	7,807	20.46%
DeWitt County	16,059	3,535	673	19.04%
Ford County	13,329	3,151	763	24.21%
Iroquois County	28,265	6,277	1,528	24.34%
Livingston County	34,038	7,907	1,450	18.34%
McLean County	165,599	37,714	4,426	11.74%
Piatt County	16,375	3,675	247	6.72%
Vermilion County	76,473	18,379	5,537	30.13%
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)*



Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the GAHHS service area, 14.75% or 12,067 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	82,231	12,067	14.75%
Champaign County	190,404	41,161	21.62%
DeWitt County	16,059	1,926	11.99%
Ford County	13,329	1,871	14.04%
Iroquois County	28,265	4,556	16.12%
Livingston County	34,038	4,364	12.82%
McLean County	165,599	23,485	14.18%
Piatt County	16,375	927	5.66%
Vermilion County	76,473	15,093	19.74%
Illinois	12,548,538	1,753,731	13.98%

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

Secondary Data

Economic Stability

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	82,521	6,467	7.84%
Champaign County	204,456	13,719	6.71%
DeWitt County	16,081	1,114	6.93%
Ford County	13,349	983	7.36%
Iroquois County	28,362	2,328	8.21%
Livingston County	34,252	2,242	6.55%
McLean County	172,070	9,287	5.40%
Piatt County	16,418	705	4.29%
Vermilion County	77,191	6,602	8.55%
Illinois	12,671,738	1,233,486	9.73%

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

Unemployment Rate

Total unemployment in the GAHHS service area for the month of June 2018 was 2,197 or 5.3% of the civilian non-institutionalized population age 16 and older (seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	41,620	39,424	2,197	5.3%
Champaign County	104,704	99,812	4,892	4.7%
DeWitt County	7,820	7,455	365	4.7%
Ford County	6,544	6,234	310	4.7%
Iroquois County	15,270	14,684	586	3.8%
Livingston County	17,076	16,331	745	4.4%
McLean County	88,958	85,109	3,849	4.3%
Piatt County	8,506	8,140	366	4.3%
Vermillion County	34,317	32,259	2,058	6.0%
Illinois	6,559,734	6,264,990	294,744	4.5%

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

Secondary Data

Neighborhood and Physical Environment

Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Service Area	Total Population	Violent Crimes	Violent Crime (Rate per 100,000 Population)
Service Area Estimates	82,546	285	346
Champaign County	202,545	1,065	526
DeWitt County	12,000	20	169
Ford County	13,095	30	229
Iroquois County	28,910	34	118
Livingston County	38,483	81	211
McLean County	170,541	541	317
Platt County	15,117	25	163
Vermilion County	79,763	483	605
Illinois	12,519,201	49,706	397

Data Source: Community Commons (Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Interuniversity Consortium for Political and Social Research. 2012-14. Source Geography: County)

Built Environment – Recreation and Fitness Facility Access

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

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	84,823	7	8
Champaign County	201,081	21	10
DeWitt County	16,561	3	18
Ford County	14,081	1	7
Iroquois County	29,718	1	3
Livingston County	38,950	3	8
McLean County	169,572	21	12
Piatt County	16,729	2	12
Vermilion County	81,625	8	10
Illinois	12,830,632	1,402	11

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



Secondary Data

Food Environment

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. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	84,823	18	21
Champaign County	201,081	38	19
DeWitt County	16,561	4	24
Ford County	14,081	2	14
Iroquois County	29,718	8	27
Livingston County	38,950	10	26
McLean County	169,572	28	17
Platt County	16,729	3	18
Vermilion County	81,625	20	25
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)

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 ½ 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	84,823	19,770	23.31%
Champaign County	201,081	45,515	22.64%
DeWitt County	16,561	592	3.57%
Ford County	14,081	2,791	19.82%
Iroquois County	29,718	5,149	17.33%
Livingston County	38,950	4,088	10.50%
McLean County	169,572	55,625	32.80%
Piatt County	16,729	1,530	9.15%
Vermilion County	81,625	12,105	14.83%
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)

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	84,307	38	45
Champaign County	208,861	120	57
DeWitt County	16,247	4	31
Ford County	13,736	5	36
Iroquois County	28,672	11	38
Livingston County	36,671	14	38
McLean County	173,166	111	64
Piatt County	16,387	5	31
Vermilion County	79,282	26	33
Illinois	12,859,995	9,336	73

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source Geography: County)

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
Champaign County	207,131	445	466	215
DeWitt County	16,282	6	2,714	37
Ford County	13,688	44	311	321
Iroquois County	28,880	64	451	222
Livingston County	37,902	31	1,223	82
McLean County	174,062	366	476	210
Platt County	16,429	6	2,738	37
Vermilion County	79,728	162	492	203
Illinois	12,860,917	23,090	555	180

Data Source: Community Commons (University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source Geography: County)



Secondary Data

Access to Care

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals 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	84,456	63	75
Champaign County	207,133	232	112
DeWitt County	16,284	6	37
Ford County	13,688	8	58
Iroquois County	28,879	15	52
Livingston County	37,903	20	53
McLean County	174,061	108	62
Piatt County	16,461	8	49
Vermilion County	79,728	38	48
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)

Federally Qualified Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide healthcare to vulnerable populations. They receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Service Area	Total Population	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers Per 100,000 Population
Service Area Estimates	84,823	3	4
Champaign County	201,081	5	3
DeWitt County	16,561	5	3
Ford County	14,081	0	0
Iroquois County	29,718	1	3
Livingston County	38,950	0	0
McLean County	169,572	1	1
Piatt County	16,729	0	0
Vermillion County	81,625	1	1
Illinois	12,830,632	364	3

Data Source: Community Commons (US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018. Source Geography: Address)

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. 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 County Health Rankings help counties understand what influences how healthy residents are and how long they will 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*).

Ford County is ranked 55 out of the 102 Illinois counties in the County Health Rankings released in April 2018. Iroquois County is ranked 81. Vermillion County is ranked 99. Livingston County is ranked 54. Champaign County is ranked 41. Piatt County is ranked 11. De Witt County is ranked 77. McLean County is ranked 23.

County Health Ranking Observation	Adults Reporting Poor or Fair Health	Adults Reporting No Leisure Time/Physical Activity	Adult Obesity	Children Under 18 Living in Poverty	Alcohol Impaired Driving Deaths	Teen Births Per 1,000	Uninsured	Unemployment
Ford	16%	24%	26%	17%	33%	26	6%	5.5%
Iroquois	16%	27%	33%	18%	26%	29	8%	5.5%
Vermilion	19%	28%	34%	30%	28%	50	6%	7.2%
Livingston	15%	27%	31%	18%	24%	29	6%	5.5%
Champaign	17%	21%	26%	16%	27%	15	7%	5.1%
Platt	11%	23%	28%	8%	43%	17	5%	5.0%
DeWitt	14%	23%	29%	17%	33%	29	5%	5.7%
McLean	14%	23%	26%	12%	37%	14	5%	5.1%
Illinois	17%	22%	28%	18%	33%	26	8%	5.9%



Secondary Data

Behavioral Risk Factor Surveillance System

Ford County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	20.9%	19.2%	15.0%
Asthma	9.1%	11.0%	20.1%	11.2%
Diabetes	10.2%	7.5%	9.7%	7.4%
Obesity	29.5%	28.9%	27.2%	23.7%
Smoking	16.7%	18.9%	23.0%	20.7%

Iroquois County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	17.4%	19.7%	15.7%
Asthma	9.1%	No data	14.0%	13.3%
Diabetes	10.2%	8.7%	10.3%	12.4%
Obesity	29.5%	37.1%	30.5%	29.2%
Smoking	16.7%	14.6%	24.9%	21.6%

Vermilion County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	14.4%	22.0%	14.2%
Asthma	9.1%	10.5%	13.9%	9.9%
Diabetes	10.2%	11.5%	10.4%	9.0%
Obesity	29.5%	34.8%	30.0%	27.1%
Smoking	16.7%	22.6%	27.8%	30.6%

Livingston County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	20.4%	22.7%	22.0%
Asthma	9.1%	10.0%	14.6%	12.8%
Diabetes	10.2%	15.1%	10.2%	7.9%
Obesity	29.5%	34.6%	22.0%	23.0%
Smoking	16.7%	9.7%	28.7%	24.3%

Champaign County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	13.9%	23.3%	18.1%
Asthma	9.1%	10.4%	10.9%	14.4%
Diabetes	10.2%	5.2%	6.3%	4.3%
Obesity	29.5%	22.3%	18.3%	17.1%
Smoking	16.7%	19.1%	19.9%	20.1%

Piatt County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	13.3%	18.8%	15.1%
Asthma	9.1%	4.9%	16.1%	11.5%
Diabetes	10.2%	9.1%	12.9%	7.9%
Obesity	29.5%	32.2%	25.3%	26.0%
Smoking	16.7%	14.5%	15.9%	21.3%

DeWitt County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	19.2%	19.7%	24.2%
Asthma	9.1%	13.0%	15.5%	11.8%
Diabetes	10.2%	11.0%	8.8%	7.6%
Obesity	29.5%	35.9%	34.7%	29.6%
Smoking	16.7%	14.9%	25.3%	30.3%

McLean County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	26.9%	19.0%	20.3%
Asthma	9.1%	8.1%	18.0%	9.4%
Diabetes	10.2%	7.8%	6.8%	3.6%
Obesity	29.5%	32.1%	22.0%	20.7%
Smoking	16.7%	11.6%	16.1%	20.8%

Secondary Data

Health Indicators

Population With Any Disability

Within the service area, 13.6% or 11,225 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	82,521	11,225	13.60%
Champaign County	204,456	17,395	8.51%
DeWitt County	16,081	1,941	12.07%
Ford County	13,349	2,224	16.66%
Iroquois County	28,362	4,088	14.41%
Livingston County	34,252	5,004	14.61%
McLean County	172,070	15,818	9.19%
Piatt County	16,418	1,833	11.16%
Vermilion County	77,191	11,881	15.39%
Illinois	12,671,738	1,376,858	10.87%

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

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
Champaign County	9,783	190	19
DeWitt County	531	19	37
Ford County	444	14	33
Iroquois County	979	33	34
Livingston County	1,266	44	35
McLean County	7,902	139	18
Piatt County	530	12	24
Vermilion County	2,770	155	56
Illinois	448,356	15,692	35

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)

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
Champaign County	16,933	1,372	8.1%
DeWitt County	1,358	125	9.2%
Ford County	1,134	99	8.7%
Iroquois County	2,324	146	6.3%
Livingston County	3,535	293	8.3%
McLean County	15,302	1,209	7.9%
Piatt County	1,281	87	6.8%
Vermilion County	7,756	721	9.3%
Illinois	1,251,656	105,139	8.4%

Data Source: Same as above

Secondary Data

Health Indicators

30-Day Hospital Readmissions – Medicare Beneficiaries

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

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions Among Medicare Beneficiaries (per 1,000)
Service Area Estimates	No Data	No Data
Champaign County	988	18.7%
DeWitt County	229	20.2%
Ford County	174	No data
Iroquois County	445	18.4%
Livingston County	503	13.0%
McLean County	1,286	14.3%
Piatt County	206	10.7%
Vermillion County	1,047	16.2%
Illinois	143,569	15.2%

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care)



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 which measures blood sugar levels, administered by a healthcare professional in the past year. In the service area, 823 Medicare enrollees with diabetes have had an annual exam out of 931 Medicare enrollees in the service area with diabetes, or 88.4%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

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	8,735	931	823	88.4%
Champaign County	9,597	973	879	90.3%
DeWitt County	2,004	253	215	85.0%
Ford County	1,727	179	159	88.8%
Iroquois County	4,389	467	411	88.2%
Livingston County	4,092	420	372	88.6%
McLean County	12,883	1,324	1,198	90.5%
Piatt County	1,614	170	154	90.6%
Vermilion County	7,492	933	792	84.9%
Illinois	1,210,320	129,125	111,696	86.5%

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source Geography: County)

Secondary Data

Health Indicators

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	11,037	1,830	16.6%
Champaign County	12,894	2,211	17.1%
DeWitt County	2,393	409	17.1%
Ford County	1,913	288	15.1%
Iroquois County	5,742	960	16.7%
Livingston County	5,043	872	17.3%
McLean County	15,867	2,514	15.8%
Piatt County	2,128	354	16.6%
Vermilion County	9,995	1,670	16.7%
Illinois	1,451,929	219,143	15.1%

*Data Source: Community Commons (Centers for Medicare & Medicaid Services, 2015.
Source Geography: County)*



Preventable Hospital Events – 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 (*for example, for uninsured or Medicaid patients*) 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	7,044	333	47.4%
Champaign County	8,305	338	40.7%
DeWitt County	1,587	110	69.6%
Ford County	1,380	51	37.5%
Iroquois County	3,447	166	48.3%
Livingston County	3,206	141	44.3%
McLean County	10,395	427	41.2%
Piatt County	1,313	88	67.5%
Vermilion County	6,108	483	79.1%
Illinois	985,698	53,973	54.8%

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source Geography: County)

Secondary Data

Health Indicators

Sexually Transmitted Infections – Chlamydia Incidence

This indicator reports the incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.*

Service Area	Total Population	Total Chlamydia Infections	Chlamydia Infections (Rate Per 100,000 Population)
Service Area Estimates	84,308	395	469
Champaign County	208,861	1,423	681
DeWitt County	16,247	38	234
Ford County	13,736	26	189
Iroquois County	28,672	98	342
Livingston County	36,671	96	262
McLean County	173,166	885	511
Piatt County	16,387	38	232
Vermillion County	79,282	539	680
Illinois	12,859,995	72,201	561

Sexually Transmitted Infections – Gonorrhea Incidence

This indicator reports the incidence rate of gonorrhea cases per 100,000 population.*

Service Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infections (Rate Per 100,000 Population)
Service Area Estimates	84,308	89	106
Champaign County	208,861	364	174
DeWitt County	16,247	5	31
Ford County	13,736	7	51
Iroquois County	28,672	3	11
Livingston County	36,671	19	52
McLean County	173,166	215	124
Piatt County	16,387	4	24
Vermillion County	79,282	193	234
Illinois	12,859,995	21,199	165

Sexually Transmitted Infections – HIV Prevalence

This indicator reports the prevalence rate of HIV cases per 100,000 population.*

Service Area	Total Population	Total HIV Cases	HIV Cases (Rate Per 100,000 Population)
Service Area Estimates	71,386	104	.15
Champaign County	179,033	368	206
DeWitt County	13,821	7	51
Ford County	11,545	7	61
Iroquois County	24,312	15	62
Livingston County	31,254	77	246
McLean County	145,347	161	111
Platt County	No data	No data	No data
Vermilion County	65,474	123	188
Illinois	10,735,515	35,441	330

* Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016. Source Geography: County)



Secondary Data

Cancer Incidence

Breast Cancer

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

Service Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Service Area Estimates	51,953	69	133
Champaign County	9,635	127	132
DeWitt County	1,060	15	142
Ford County	997	17	171
Iroquois County	2,189	25	114
Livingston County	2,526	33	131
McLean County	8,735	12	141
Piatt County	1,182	14	118
Vermillion County	5,307	63	119
Illinois	755,277	9,947	132

Data Source: Community Commons (State Cancer Profiles. 2011-15. Source Geography: County)



Prostate Cancer

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

Service Area	Estimated Total Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Service Area Estimates	48,878	54	111
Champaign County	8,806	93	106
DeWitt County	1,067	15	141
Ford County	945	11	116
Iroquois County	2,074	20	96
Livingston County	2,396	30	125
McLean County	8,003	99	124
Piatt County	1,129	13	115
Vermilion County	5,115	64	125
Illinois	684,247	7,862	115

Data Source: Community Commons (State Cancer Profiles. 2011-15. Source Geography: County)

Secondary Data

Mortality Tables

Ford County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	48
Malignant Neoplasms	36
Chronic Lower Respiratory Diseases	14
Cerebrovascular Diseases	14
Alzheimer's Disease	10
Accidents	6
Parkinson's Disease	4
Pneumonitis due to solids and liquids	3
Intentional Self-Harm (suicide)	3
Chronic Liver Disease and Cirrhosis	3
Anemias	2
Essential Hypertension and Hypertensive Renal Disease	2
Nephritis, Nephrotic Syndrome, and Nephrosis	2
Peptic Ulcer	2
Septicemia	1
Influenza and Pneumonia	1
Congenital Malformations, deformations, and chromosomal abnormalities	1

Iroquois County Mortality, 2015

Cause of Mortality	Total Deaths
Malignant Neoplasms	93
Diseases of the Heart	90
Chronic Lower Respiratory Diseases	25
Alzheimer's Disease	23
Accidents	18
Cerebrovascular Diseases	16
Diabetes Mellitus	14
Influenza and Pneumonia	8
Nephritis, Nephrotic Syndrome, and Nephrosis	7
Septicemia	7
Parkinson's Disease	4
Intentional Self-Harm (Suicide)	4
Congenital Malformations, Deformations, and Chromosomal Abnormalities	4
Chronic Liver Disease and Cirrhosis	3
Essential Hypertension and Hypertensive Renal Disease	3
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	3
Pneumonitis due to solids and liquids	3
Pregnancy, Childbirth, and the Puerperium	2
Viral Hepatitis	2
Aortic Aneurysm and Dissection	2
Assault (Homicide)	2
Atherosclerosis	1
Anemias	1
Inflammatory Diseases of Female Pelvic Organs	1
Peptic Ulcer	1

Secondary Data

Mortality Tables

Vermilion County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	289
Malignant Neoplasms	218
Chronic Lower Respiratory Diseases	84
Cerebrovascular Diseases	50
Accidents	47
Nephritis, Nephrotic Syndrome, and Nephrosis	35
Alzheimer's Disease	28
Diabetes Mellitus	19
Chronic Liver Disease and Cirrhosis	14
Septicemia	14
Intentional Self-Harm (Suicide)	14
Parkinson's Disease	11
Essential Hypertension and Hypertensive Renal Disease	9
Influenza and Pneumonia	7
Anemias	4
Aortic Aneurysm and Dissection	4
Certain Conditions Originating in the Perinatal Period	4
Congenital Malformations, Deformations, and Chromosomal Abnormalities	4
Assault (Homicide)	3
Human Immunodeficiency Virus (HIV) Disease	3
Viral Hepatitis	3
Nutritional Deficiencies	3
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	2
Hernia	1
Diseases of the Appendix	1

Livingston County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	113
Malignant Neoplasms	87
Cerebrovascular Diseases	26
Accidents	22
Chronic Lower Respiratory Diseases	11
Diabetes Mellitus	10
Essential Hypertension and Hypertensive Renal Disease	10
Alzheimer's Disease	10
Influenza and Pneumonia	10
Intentional Self-Harm (Suicide)	8
Nephritis, Nephrotic Syndrome, and Nephrosis	7
Parkinson's Disease	4
Pneumonitis due to solids and liquids	4
Septicemia	4
Certain Conditions Originating in the Perinatal Period	3
Chronic Liver Diseases and Cirrhosis	3
Congenital Malformations, Deformations, and Chromosomal Abnormalities	2
Human Immunodeficiency Virus (HIV) Disease	2
Assault (Homicide)	2
Viral Hepatitis	2
Nutritional Deficiencies	1
Atherosclerosis	1
Cholelithiasis and Other Disorders of the Gallbladder	1
Anemias	1
Aortic Aneurysm and Dissection	1

Secondary Data

Mortality Tables

Champaign County Mortality, 2015

Cause of Mortality	Total Deaths
Malignant Neoplasms	271
Diseases of the Heart	220
Cerebrovascular Diseases	79
Accidents	78
Alzheimer's Disease	73
Chronic Lower Respiratory Diseases	71
Influenza and Pneumonia	28
Chronic Liver Disease and Cirrhosis	23
Intentional Self-Harm (Suicide)	21
Nephritis, Nephrotic Syndrome, and Nephrosis	20
Parkinson's Disease	19
Septicemia	17
Diabetes Mellitus	14
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behaviors	12
Pneumonitis due to solids and liquids	10
Congenital Malformations, Deformations, and Chromosomal Abnormalities	9
Essential Hypertension and Hypertensive Renal Disease	5
Anemias	5
Assault (Homicide)	4
Nutritional Deficiencies	4
Viral Hepatitis	3
Aortic Aneurysm and Dissection	3
Human Immunodeficiency Virus (HIV) Disease	3
Complications of Medical and Surgical Care	3
Certain Conditions Originating in the Perinatal Period	2

Piatt County Mortality, 2015

Cause of Mortality	Total Deaths
Diseases of the Heart	37
Malignant Neoplasms	33
Chronic Lower Respiratory Diseases	9
Influenza and Pneumonia	6
Accidents	5
Cerebrovascular Diseases	5
Diabetes Mellitus	2
Nephritis, Nephrotic Syndrome, and Nephrosis	2
Parkinson's Disease	2
Pneumonitis due to solids and liquids	2
Septicemia	1
Cholelithiasis and Other Disorders of the Gallbladder	1
Chronic Liver Disease and Cirrhosis	1
Alzheimer's Disease	1
Anemias	1
Congenital Malformations, Deformations, and Chromosomal Abnormalities	1
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	1

Secondary Data

Mortality Tables

DeWitt County Mortality, 2015

Cause of Mortality	Total Deaths
Malignant Neoplasms	44
Diseases of the Heart	37
Accidents	19
Alzheimer's Disease	14
Cerebrovascular Diseases	13
Chronic Lower Respiratory Diseases	9
Diabetes Mellitus	6
Chronic Liver Disease and Cirrhosis	5
Influenza and Pneumonia	5
Septicemia	5
Essential Hypertension and Hypertensive Renal Disease	4
Nephritis, Nephrotic Syndrome, and Nephrosis	4
Anemias	2
Aortic Aneurysm and Dissection	1
Assault (Homicide)	1
Diseases of the Appendix	1
Certain Conditions Originating in the Perinatal Period	1
Nutritional Deficiencies	1
Parkinson's Disease	1
Pneumonitis due to solids and liquids	1
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	1

McLean County Mortality, 2015

Cause of Mortality	Total Deaths
Malignant Neoplasms	44
Diseases of the Heart	37
Accidents	19
Alzheimer's Disease	14
Cerebrovascular Diseases	13
Chronic Lower Respiratory Diseases	9
Diabetes Mellitus	6
Chronic Liver Disease and Cirrhosis	5
Influenza and Pneumonia	5
Septicemia	5
Essential Hypertension and Hypertensive Renal Disease	4
Nephritis, Nephrotic Syndrome, and Nephrosis	4
Anemias	2
Aortic Aneurysm and Dissection	1
Assault (Homicide)	1
Diseases of the Appendix	1
Certain Condition Originating in the Perinatal Period	1
Nutritional Deficiencies	1
Parkinson's Disease	1
Pneumonitis due to solids and liquids	1
In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior	1

Secondary Data

Mortality Tables

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
Champaign County	12,235	91	7
DeWitt County	965	7	7
Ford County	845	3	4
Iroquois County	1,665	10	6
Livingston County	2,525	22	9
McLean County	11,025	68	6
Piatt County	920	7	8
Vermilion County	5,440	40	7
Illinois	879,035	6,065	7

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source Geography: County)

Mortality – Cancer

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

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
Champaign County	206,517	272	132	143
DeWitt County	16,322	42	260	186
Ford County	13,768	42	305	202
Iroquois County	28,821	85	296	196
Livingston County	37,587	96	257	189
McLean County	173,315	260	150	159
Platt County	16,463	42	254	182
Vermilion County	79,635	228	287	215
Illinois	12,859,901	24,531	191	169

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. 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
Champaign County	206,517	134	65	71
DeWitt County	16,322	26	162	117
Ford County	13,768	25	180	106
Iroquois County	28,821	62	214	123
Livingston County	37,587	54	143	99
McLean County	173,315	139	80	82
Piatt County	16,463	22	135	92
Vermilion County	79,635	166	209	153
Illinois	12,859,901	13,901	108	94

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

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. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

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
Champaign County	206,517	72	35	39
DeWitt County	16,322	11	69	50
Ford County	13,768	14	100	58
Iroquois County	28,821	23	79	47
Livingston County	37,587	20	53	38
McLean County	173,315	74	43	46
Piatt County	16,463	13	77	55
Vermilion County	79,635	83	105	77
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)



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	Total Pedestrian Deaths 2011-2015	Average Annual Deaths (Rate Per 100,000 Population)
Service Area Estimates	No Data	4	No Data
Champaign County	201,081	11	2
DeWitt County	16,561	1	2
Ford County	14,081	0	0
Iroquois County	29,718	6	7
Livingston County	38,950	3	3
McLean County	169,572	12	2
Platt County	16,729	0	0
Vermilion County	81,625	7	3
Illinois	12,830,632	827	2

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



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
Champaign County	206,517	61	30	32
DeWitt County	16,322	10	59	40
Ford County	13,768	11	81	48
Iroquois County	28,821	21	72	41
Livingston County	37,587	24	64	43
McLean County	173,315	52	30	31
Piatt County	16,643	8	47	33
Vermilion County	79,635	46	58	43
Illinois	12,859,901	5,497	43	38

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 – 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
Champaign County	206,517	20	10	11
DeWitt County	16,322	No data	Suppressed	Suppressed
Ford County	13,768	No data	Suppressed	Suppressed
Iroquois County	28,821	6	20	19
Livingston County	37,587	5	13	13
McLean County	173,315	22	13	12
Piatt County	16,463	No data	Suppressed	Suppressed
Vermilion County	79,635	12	15	15
Illinois	12,859,901	1,358	11	10

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

Mortality – Unintentional Injury

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

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
Champaign County	206,517	76	37	40
DeWitt County	16,322	10	63	58
Ford County	13,768	8	58	46
Iroquois County	28,821	20	69	65
Livingston County	37,587	21	55	48
McLean County	173,315	64	37	38
Piatt County	16,463	9	52	46
Vermilion County	79,635	47	59	56
Illinois	12,859,901	4,800	37	36

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

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 – Medical Professionals and Partners

The first focus group consisted of medical professionals and partners. The group included a physician, nurses, health services providers, and others. The group met in the morning on September 17, 2018 at Gibson Area Hospital & Health Services. Positive developments in the service area in recent years were identified as:

- New hospital-based clinic with dental providers that accept Medicaid
- All eight hospital-owned clinics are NCQA Level 3 PCMH
- New food pantry in Gibson City serving residents in eight counties
- Expanded Medivan services for medical appointments
- Expansion of ELITE Services for wellness
- New weekend clinic
- Expanded geriatric behavioral health services, including a therapy dog
- Backpack weekend food program for Gibson City and Paxton schools
- Every Gibson Area Hospital & Health Services' clinic has mental health counseling services
- New employee wellness program and goals at Gibson Area Hospital & Health Services
- Wellness awareness signage in hospital at cafeteria and other locations
- New community fishing pond in Gibson City
- Consortium to improve social determinants of health
- Community gardens in Paxton and Gibson City
- Golf course re-opened
- Rotary has re-done the primary park playground in Gibson City

Needs and health issues were identified as:

- Improved transportation to medical services
- Cancer, especially breast cancer and lung cancer
- Community education about health benefits
- Substance abuse and addiction prevention programming and education
- Better access to inpatient detoxification services
- More green space, especially in smaller communities
- Better sidewalks in Gibson City
- Resources for EMS for medical surgery
- Maximizing patient transition of care follow-up
- Education to reduce stigma associated with seeking mental health services
- Reduce dropout rate in Ford County

Primary Data

Qualitative Data

- Obesity among youth
- Identify and address social determinants of health
- More robust support programs for grandparents raising grandchildren, including mental health services
- Home healthcare for home infusion
- Fitness and wellness education for senior citizens

Focus Group – Community Health Leaders

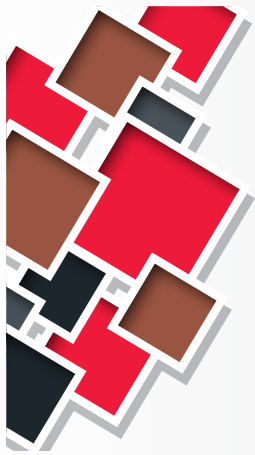
The second focus group consisted of community leaders and representatives of groups that represent or serve persons that may be underserved by local medical services. The group met at noon on September 17, 2018 at Gibson Area Hospital & Health Services. Positive developments in the service area in recent years were identified as:

- Behavioral health services at Gibson Area Hospital & Health Services have improved
- Gibson Area Hospital & Health Services is more involved in community problem-solving
- Extended hours and services at Paxton Clinic
- Gibson Area Hospital & Health Services has expanded community education and outreach
- Outpatient services at Gibson Area Hospital & Health Services are more efficient
- Outpatient surgery and diagnostics at Gibson Area Hospital & Health Services have improved
- There are more specialists
- Expansion of ELITE
- Gibson Area Hospital & Health Services has improved billing services
- Gibson Area Hospital & Health Services' sports medicine outreach has expanded
- Gibson Area Hospital & Health Services has expanded its rural reach to communities needing coverage
- Transportation in DeWitt and Piatt counties has improved
- Gibson Area Hospital & Health Services has become a larger responsible employer
- ELITE is available to anyone
- Food bank
- "Girls on the Run"

- Business mentoring program
- AHEC (Area Health Education Center)
- Saturday walk-in clinic
- Gibson Area Hospital & Health Services is more involved in financial support of schools and community organizations and projects

Needs and health issues were identified as:

- Cheaper healthcare
- Services for addiction
- Transportation to medical care, especially outlying communities
- Substance abuse prevention and education
- Improve local access to behavioral health services
- Local access to mental health services for youth and seniors
- Expansion of local ambulance services – increase basic life support providers and paramedics
- Access to crisis mental healthcare for local jail detainees
- Assisted living in Paxton
- Local memory care for seniors
- After hour clinic hours on weekdays
- After hour pharmacy access
- More parking spaces at Gibson Area Hospital & Health Services



IV. IDENTIFICATION & PRIORITIZATION OF NEEDS

2018 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 met on October 1, 2018, to identify and prioritize significant needs, including members serving persons likely to be unserved, underserved, or otherwise 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 Gibson Area Hospital & Health Services' service area.



1. The group identified and prioritized five issues related to mental health services, including:
 - a. Better access to local mental health counseling for youth
 - b. Better access to referral for access to local outpatient services, including screening, assessment, and counseling for all ages
 - c. Access to after-care services for persons returning from inpatient mental health or substance abuse care
 - d. Community education to provide mental health awareness and reduce the stigma of seeking mental healthcare
 - e. Local access to Medication Assisted Treatment for persons facing substance use disorders

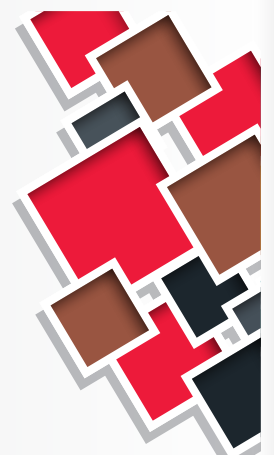
Identification and Prioritization of Needs

Description of Community Needs Identified

2. The group next prioritized two needs related to transportation
 - a. Affordable transportation to local and distant medical appointments and non-emergency services
 - b. Information about accessing public transportation
3. The third prioritized need was to address issues related to chronic illness, including:
 - a. High local incidence of cancer
 - b. Community education programs for families addressing wellness, chronic illness, mental health, and substance abuse
 - c. Awareness and education programs for youth about obesity and the importance of involvement in lifelong sports
4. The group next identified a need for increased opportunities for exercise and recreation through public leagues and resources
5. The next identified and prioritized need was the need for better access to dental care for low income, uninsured, and underinsured residents
6. The final identified and prioritized need was the need for additional ambulances and trained emergency medical responders in the service area

V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

2018 Community Health Needs Assessment



Resources Available to Meet Priority Health Needs

Gibson Area Hospital & Health Services Resources

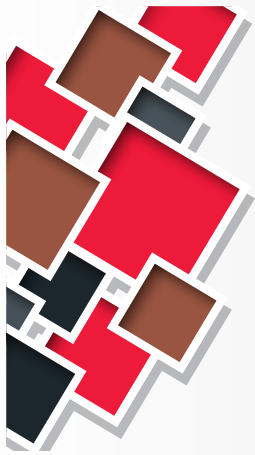
Hospital Resources

- Nursing Departments and Services
 - Emergency Department
 - Emergency Management
 - Intensive Care Unit
 - Medical Surgery Unit
 - Nursing Intern Program
 - Skilled Nursing – Swing Beds
 - Social Services
 - Surgery and Recovery Department
- Clinical
 - Ambulance Services
 - Cardiopulmonary Care
 - Plastic Surgery and 'Cosmedics'
 - Dermatology
 - Diagnostic Imaging Services
 - General Surgery
 - Health Information Management (Medical Records)
 - Laboratory
 - Mental Health
 - Nutrition Services
 - Orthopaedics
 - Pharmacy
 - Sleep Disorder Center
 - Urology
 - Women, Infants and Children's Services
 - Wound Healing Clinic
- Wellness Program
 - Cancer Support Group
 - Cardiac Rehabilitation
 - Chronic Care Management
 - CPR/First Aid Instruction
 - Diabetes Education/Support Program
 - Nutrition Services
 - Paxton Community & Wellness Center
 - Pulmonary Rehabilitation
 - Safe Sitters
 - Social Services

- Geriatric Behavioral Services
- Sports Therapy
 - o Aqua Therapy
 - o ELITE Performance
 - o Gibson Area Hospital & Health Services' Orthopaedics
 - o Industrial Rehabilitation
 - o Occupational Therapy
 - o Physical Therapy
 - o Speech Therapy
 - o Sports Medicine
 - o Step Down Program
- Baby Central
 - o Five State-of-the-Art Birthing Suites
 - o Childbirth Education and Breastfeeding Class
 - o Certified Lactation Consultant and Counselors

Community Resources

- Community Resources and Counseling Center
- Schools
- Inpatient providers
- Choices (Screening and Support Services)
- Local Health Departments
- Local Governments
- Parkland College
- Local Dentists
- Showbus Public Transportation
- Telecare Taxi Service



VI. IMPLEMENTATION STRATEGY

2018 Community Health Needs Assessment

Implementation Strategy

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Gibson Area Hospital & Health Services on October 1, 2018. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

The group then considered each of the prioritized needs. For each of the six categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Implementation Strategy – Priority #1



The following process by which needs will be addressed was developed:

1. *The group identified and prioritized access to mental health services as the first significant issue facing the Gibson Area Hospital & Health Services' report area. They specified five mental health access needs, including:*

- a. Better access to local mental health counseling for youth
- b. Better access to referral for access to local outpatient services, including screening, assessment, and counseling for all ages
- c. Access to after-care services for persons returning from inpatient mental health or substance abuse care
- d. Community education to provide mental health awareness and reduce the stigma of seeking mental healthcare
- e. Local access to Medication Assisted Treatment for persons facing substance use disorders

Implementation Strategy

Planning Process

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

- Gibson Area Hospital & Health Services will add a full time psychiatrist to its providers
- Add behavioral health access services for adults with Medicaid
- Conduct annual mental health awareness days for youth
- Expand mental health first aid training
- Add certification with Medicine Assisted Treatment for a staff physician
- Explore ways to improve discharge communications from inpatient care facilities
- Develop a resource tool for mental health and substance abuse referrals
- Hire an integrated behavioral health clinician to work in the primary care setting
- Develop relationships with the Schools of Social Work at University of Illinois and Illinois State University to encourage internships and develop future employees

Anticipated impacts of these actions:

When fully implemented, it is anticipated that these actions will result in the following actions.

- The steps above will create better access to local mental health counseling for youth
- Better access to local outpatient services including screening, assessment, and counseling for all ages
- Improved after-care services for persons returning from inpatient mental health or substance abuse care
- Expanded community education to provide mental health awareness and reduce the stigma of seeking mental healthcare
- Create local access to Medication Assisted Treatment for persons facing substance use disorders

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

- Administration
- Behavioral Wellness
- Patient Centered Medical Home

Planned collaboration between the hospital and other organizations:

- Community Resources and Counseling Center
- Schools
- Inpatient providers
- Choices (Screening and Support Services)

Implementation Strategy – Priority #2



2. The group next prioritized two needs related to transportation, including:

- a. Affordable transportation to local and distant medical appointments and non-emergency services
- b. Information about accessing public transportation

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

- Gibson Area Hospital & Health Services will add a second van to its fleet
- Will utilize social media to provide information to the community about services, availability, times, and routes of area transportation providers

Anticipated impacts of these actions:

- Improved access to transportation for medical needs
- Improved information about accessing public transportation

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

- Courier
- Marketing

Implementation Strategy

Planning Process

Planned collaboration between the hospital and other organizations:

- Showbus public transportation
- Telecare taxi service

Implementation Strategy – Priority #3



3. The third prioritized need addresses issues related to chronic illness, including:

- a. High local incidence of cancer
- b. Community education programs for families addressing wellness, chronic illness, mental health, and substance abuse
- c. Awareness and education programs for youth about obesity and the importance of involvement in lifelong sports

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

- Gibson Area Hospital & Health Services will increase the capacity of the Infusion Center
- Continue AHEC (Area Health Education Center) programs
- Establish a chronic disease management program
- Create a youth obesity education program
- Expand Mental Health First Aid
- Encourage Public Health and local governments to explore potential causes of elevated cancer rates

Anticipated impacts of these actions:

- These steps will provide increased services to address the high local incidence of cancer
- Provide community education programs for families addressing wellness, chronic illness, mental health, and substance abuse
- Provide awareness and education programs for youth about obesity and the importance of involvement in lifelong sports

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

- Area health education consortium
- Physicians
- Behavioral wellness

Planned collaboration between the hospital and other organizations:

- Public Health
- Schools
- Local governments

Implementation Strategy – Priority #4



4. The group next identified a need for increased opportunities for exercise and recreation through public leagues and resources

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

- Gibson Area Hospital & Health Services will continue to expand the ELITE program

Implementation Strategy

Planning Process

Anticipated impacts of these actions:

- It is anticipated that expanded opportunities for sports performance programs and personal training will provide increased opportunities for exercise and recreation and encourage residents to participate organized community sports

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

- ELITE

Planned collaboration between the hospital and other organizations:

- No external collaboration is foreseen for this undertaking

Implementation Strategy – Priority #5



5. The next identified and prioritized need was the need for better access to dental care for low income, uninsured, and underinsured residents

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

- Gibson Area Hospital & Health Services will open a full service dental clinic that will provide care to low income, underinsured, and uninsured patients

Anticipated impacts of these actions:

- Improved access to dental care for low income, underinsured, and uninsured patients

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

- Administration
- Dental clinic

Planned collaboration between the hospital and other organizations:

- Local dentists

Implementation Strategy – Priority #6



6. The final identified and prioritized need was the need for additional ambulances and trained emergency medical responders in the service area

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

- Gibson Area Hospital & Health Services will explore partners and funding sources to support expansion of ambulances and emergency medical responders
- Will continue use of chase cars to provide faster response of trained personnel
- Will explore a relationship with Parkland College to create a local training rotation site for the emergency medical responders program

Anticipated impacts of these actions:

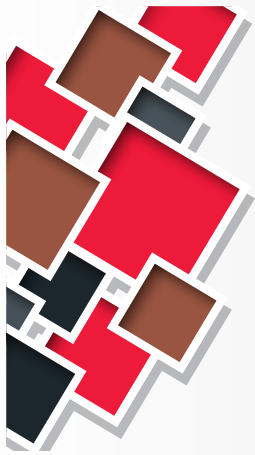
- It is anticipated that the steps outlined above could lead to increasing the number of ambulances and available trained personnel

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

- Administration
- Ambulance Department

Planned collaboration between the hospital and other organizations:

- Piper City
- Other communities
- Parkland College



VII. DOCUMENTING AND COMMUNICATING RESULTS

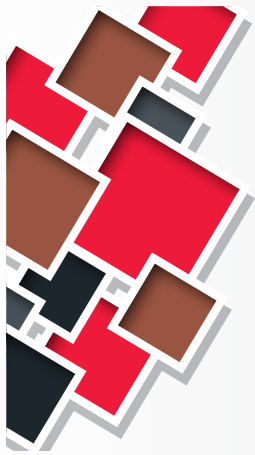
2018 Community Health Needs Assessment

Documenting and Communicating Results

Approval

This CHNA Report will be available to the community on the hospital's public website: <http://www.gibsonhospital.com>. 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 Gibson Area Hospital & Health Services was approved by the Gibson Area Hospital & Health Services Board of Trustees on the ---- day of, -----.



VIII. REFERENCES AND APPENDIX

2018 Community Health Needs Assessment

REFERENCES AND APPENDIX

References

- *County Health Rankings, 2018 County Health Rankings*
- *Community Commons, 2018 Community Commons*
- Illinois Department of Employment Security, 2018
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2018
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2018
- ESRI, 2018
- Illinois State Board of Education, *Illinois Report Card, 2016 - 2017*
- *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>, July 18, 2018*
(Support documentation on file and available upon request)

Appendix

Focus and Steering Group Participants

The following persons contributed to the needs assessment process through their participation in the first focus group.

Dr. David Hagan	GAHHS employed physician
Barb Meyer, RN	GAHHS Executive Director of Nursing
Karen Christiansen	GAHHS Annex Administrator
Patrick Bean	GAHHS Director of Laboratory
Denise Birkey, RN	GAHHS Rick Management
Tracy Maynard	Paxton Wellness Center
Sheree Stachura, BSN	GAHHS Director of Wound Clinic
Josh Johnson	GAHHS Director of Patient Access/ Revenue Cycle
Rob Schmitt	GAHHS CEO

Appendix

Appendix

Focus and Steering Group Participants

The following persons contributed to the needs assessment process through their participation in the second focus group.

Mark Doran	Ford County Sheriff
Adam Elder	Business Owner
Bill Ingold	Mayor of Paxton
Mike Allen	Assistant Principal, Gibson City-Melvin-Sibley High School
Tim Shafer	Bank of Gibson City (Fairbury resident)
Susie Tongate	Community (Lions Club, Rotary Club)
Guy Percy	Country Financial, Railside Golf Course
Curt Homann	Farmer City Chamber of Commerce
Zach Kirby	Busey Bank Branch Manager

Identification and Prioritization Group

The following persons contributed to the needs assessment process as the Identification and Prioritization group.

Susan Bense	GAHHS Iroquois County Liaison
Mark Doran	Ford County Sheriff
Mike Allen	Assistant Principal, Gibson City-Melvin-Sibley High School
Tim Shafer	Bank of Gibson City (Fairbury resident)
Susie Tongate	Community (Lions Club, Rotary Club)
Guy Percy	Country Financial, Railside Golf Course

Implementation Strategy Group

The following persons contributed to the needs assessment process as the Implementation Strategy group.

Rob Schmitt	GAHHS CEO
Mike Meunier	GAHHS CCO/Marketing
Matthew Ertel	GAHHS CFO
Julie Bowen	GAHHS Director of IT/Education
Jessica Delost	In-House Counsel
Dr. Benjamin Brewer	Physician
Dr. Mark Spangler	Physician, Ford County Board of Health Secretary
Ty Royal	GAHHS Executive Director of Human Resources
Kenna Dunlap-Johnson	GAHHS Director of Behavioral Wellness
Marty Nuss	GAHHS Board Member

The background of the page features an abstract geometric design. It consists of several rectangular blocks of color: dark gray, blue, red, and brown. These blocks are arranged in a grid-like pattern, with some blocks being larger than others. A vertical gradient bar, transitioning from light gray at the top to white at the bottom, is positioned on the right side of the page.

2018 Community Health Needs Assessment
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