

2018 COMMUNITY HEALTH NEEDS ASSESSMENT

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





Gibson Area Hospital & Health Services

TABLE OF CONTENTS

| | |
|---|--------------|
| I. Introduction..... | 3 |
| – Background..... | 4-5 |
| – Executive Summary | 6-8 |
| – Background..... | 9-12 |
| II. Establishing the CHNA Infrastructure and Partnerships..... | 13-14 |
| III. Data Collection and Analysis..... | 15 |
| – Description of Process and Methods Used..... | 16 |
| – Description of Data Sources..... | 17-19 |
| – Secondary Data Social Determinants of Health..... | 20-49 |
| – Additional Relevant Data..... | 50-67 |
| – Primary Data..... | 68-71 |
| IV. Identification and Prioritization of Needs..... | 72 |
| – Description of the Community Needs Identified..... | 73-74 |
| V. Resources Available to Meet Priority Health Needs..... | 75-77 |
| VI. Implementation Strategy..... | 78 |
| – Planning Process and Implementation Strategy..... | 79-85 |
| VII. Documenting and Communicating Results..... | 86-87 |
| VIII. References and Appendix..... | 88-91 |

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

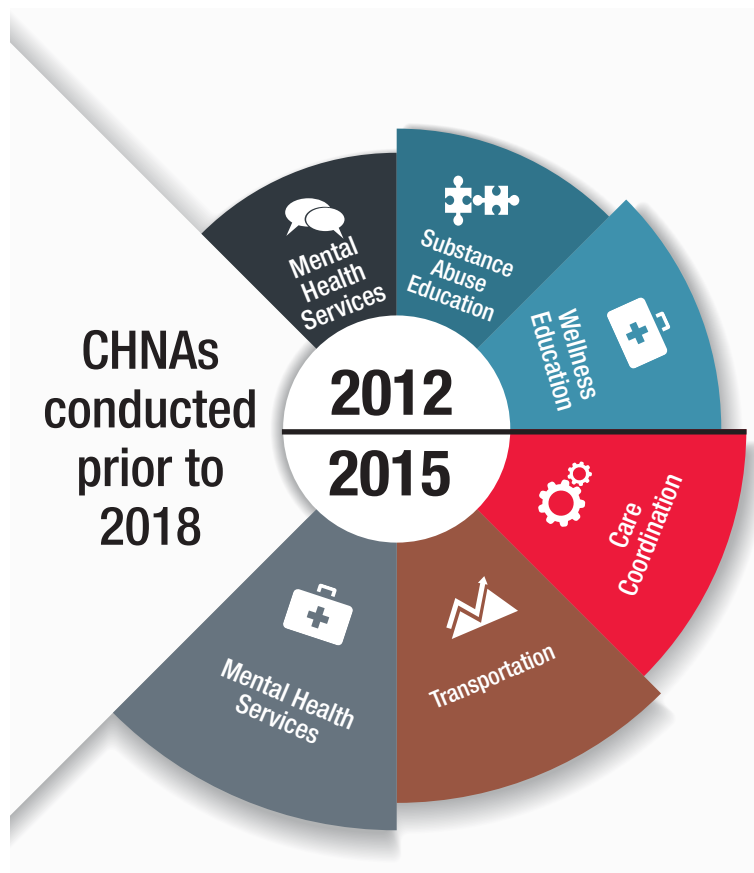
Gibson Area Hospital & Health Services completed two Community Health Needs Assessments prior to 2018.

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

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 Vermillion 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.

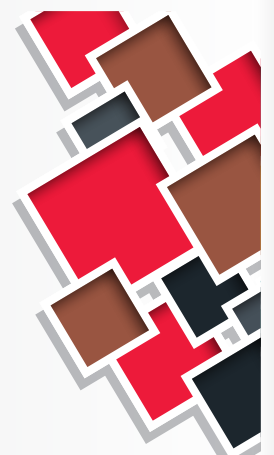
External

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:

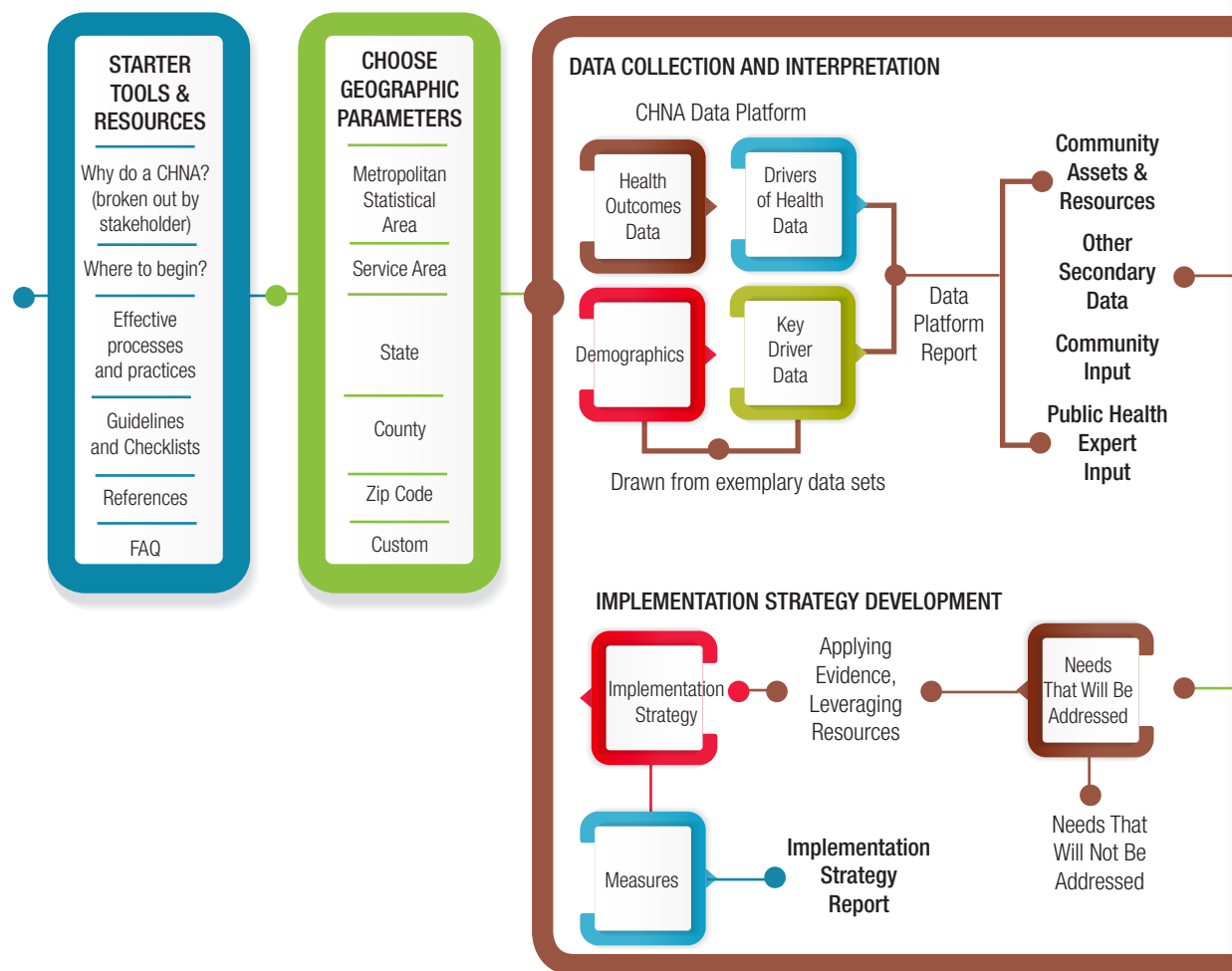
- The Director of Employee and Community Education secured the participation of a diverse group of representatives from the community and the health profession.
- ICAHN's consultant provided secondary data from multiple sources set out below in Section III. Data Collection and Analysis.
- Participation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

IDENTIFICATION, PRIORITIZATION & SELECTION OF HEALTH NEEDS

Data Interpretation Process

Community Health Needs

Notification Process

Selection of Needs

Prioritized Community Health Needs

CHNA Report

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% |
| Vermillion 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% |
| Platt 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 |
| Platt 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% |
| Platt 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% |
| Platt 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% |
| Platt 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 |
| Platt 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 |
| Vermillion 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% |
| Platt 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 |
| Platt 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 |
| Vermillion 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 resummairized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

| Service Area | Total Population | Average Annual Deaths 2010-2014 | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|------------------------|------------------|---------------------------------|---|--|
| Service Area Estimates | Suppressed | Suppressed | Suppressed | Suppressed |
| 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 |
| Vermillion 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 |
| Platt 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 |
| Vermillion 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 |
| Platt 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

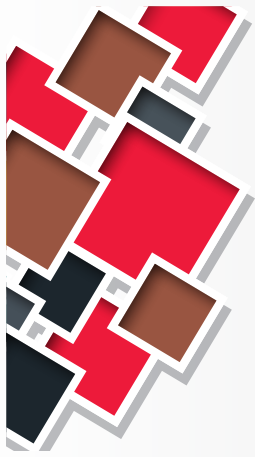
The second focus group consisted of community leaders and representatives of groups that represent or serve persons that may be underserved by local medical services. The group met at noon on September 17, 2018 at Gibson Area Hospital & Health Services. Positive developments in the service area in recent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



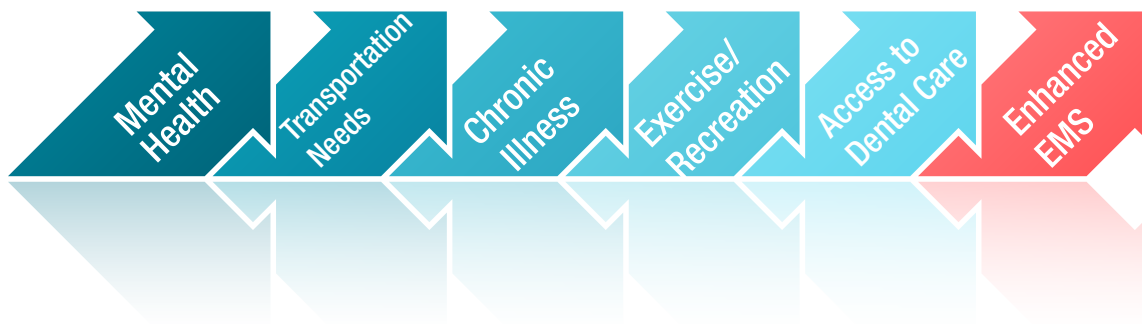
IV. IDENTIFICATION & PRIORITIZATION OF NEEDS

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.



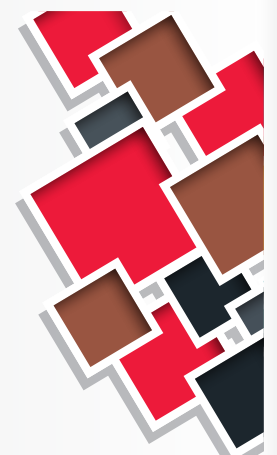
1. The group identified and prioritized five issues related to mental health services, including:
 - a. Better access to local mental health counseling for youth
 - b. Better access to referral for access to local outpatient services, including screening, assessment, and counseling for all ages
 - c. 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

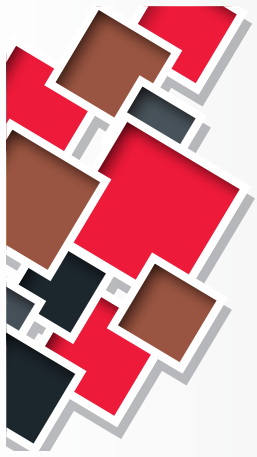
Hospital Resources

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

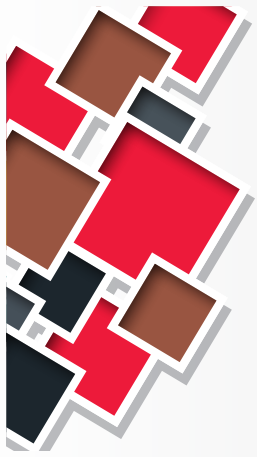
- It is anticipated that the steps outlined above could lead to increasing the number of ambulances and available trained personal

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

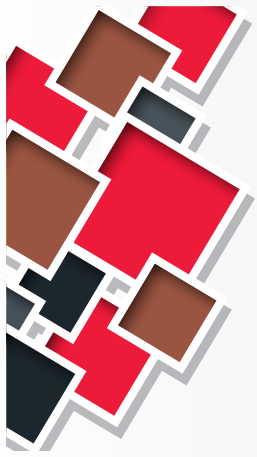
2018 Community Health Needs Assessment

Documenting and Communicating Results

Approval

This CHNA Report is 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 19th day of December, 2018.



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 |



2018 Community Health Needs Assessment
GIBSON AREA HOSPITAL & HEALTH SERVICES
1120 N. Melvin Street • Gibson City, IL 60936
217.784.4251 • www.gibsonhospital.org