



Community Health Needs Assessment





Community Memorial Hospital

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PROCESS

Purpose

Community Memorial Hospital (CMH) is dedicated to caring for its patients and the community it serves. In the past, CMH has employed many different methods to assess local health needs in the communities it serves, and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require CMH to conduct local community health needs assessments, following specific guidelines, every three years and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

Community Memorial Hospital (CMH) is dedicated to caring for its patients and the community it serves.

Assessing community health needs through a review of available health data and discussions with area health care partners, community leaders and representatives of the many groups served by the hospital gives Community Memorial Hospital and its health care partners the opportunity to identify and address the area's most pressing health care needs.

Scope of Assessment

Community Memorial Hospital elected to begin work on their community health needs assessment in late 2010. It was updated and refined through April 2012 when it was completed. The CMH community health needs assessment was developed and conducted by a consultant affiliated with the Illinois Critical Access Hospital Network (ICAHN).

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

The Community Health Needs Assessment will serve as a guide for planning and implementation of needs of the Staunton area. The assessment identifies and assesses the health needs of, and takes into account input from persons who represent the broad interests of, the community served by CMH.



Methodology

The Community Memorial Hospital community health needs assessment was conducted through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney and former educator and community development specialist, met with hospital executive staff to define the community and hospital service area, discuss the scope of the project, and address any special needs or concerns related to the project. An internal working group, possible local sources for secondary data collection, and key external contacts were identified, and a time line was established for the project.

Possible avenues for gathering primary data were reviewed and it was decided to proceed with two focus groups – comprised of area health care professionals, partners and community leaders, and a town hall meeting. Due to low turnout at the scheduled town hall meeting, a mail survey was conducted with 100 residents representative of each of the zip codes in the hospital service area. In addition, a key contact interview with the director of the Macoupin County Housing Authority was conducted to include input from residents that use public and public-supported housing.

Potential information gaps were identified in the service area due to the absence of population concentrations in Staunton and the CMH service area that could represent target groups of concern in other locations. Also, in the case of persons with chronic medical needs, the most knowledgeable resource for their circumstances and needs is, in some cases, internal staff that coordinates care and education for those groups. This assessment has addressed these gaps by including input from community members that are charged professionally with advancing the health and education of the community and all of its members including school officials dealing daily with youth and families, the Township supervisor who provides financial support for needs including health care, for the homeless and persons facing emergencies, and the director of public housing.

As related to many rural areas, secondary data may often be a year or more out of date. Where possible, this report looks to historic trends in that data representing the CMH service area.

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



COMMUNITY

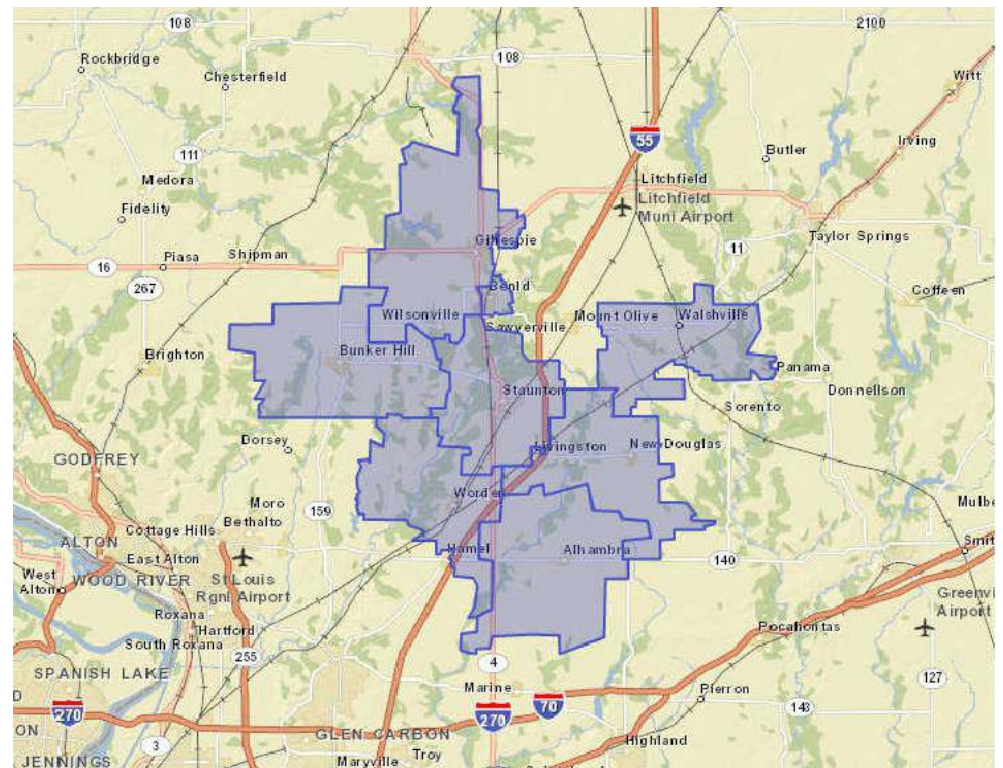
Geographic Assessment Area Defined

The Community Memorial Hospital community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current hospital catchment area, which includes all or portions of fourteen communities. The primary service area was identified as the city of Staunton, Illinois and the rural areas immediately surrounding it. The geographic area definition of community is well-suited to CMH, a designated Critical Access Hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.

The CMH service community is located approximately 35 miles northeast of St. Louis, Missouri and 65 miles southwest of Springfield, Illinois. Macoupin County is included in the St. Louis Metropolitan Statistical Area, although the local profile of the county is very different from most of the rest of the MSA. Major medical centers located in St. Louis and Springfield receive patients from the CMH service area.

Communities that make up the CMH service community include: Alhambra, Benld, Bunker Hill, Dorchester, Gillespie, Livingston, Mount Clare, Mount Olive, New Douglas, Sawyerville, Staunton, Walshville, Williamson, Wilsonville and Worden.

Illustration 1. Community Memorial Hospital Service Area



(ESRI - 2012)

Community Memorial Hospital, a designated Critical Access Hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.



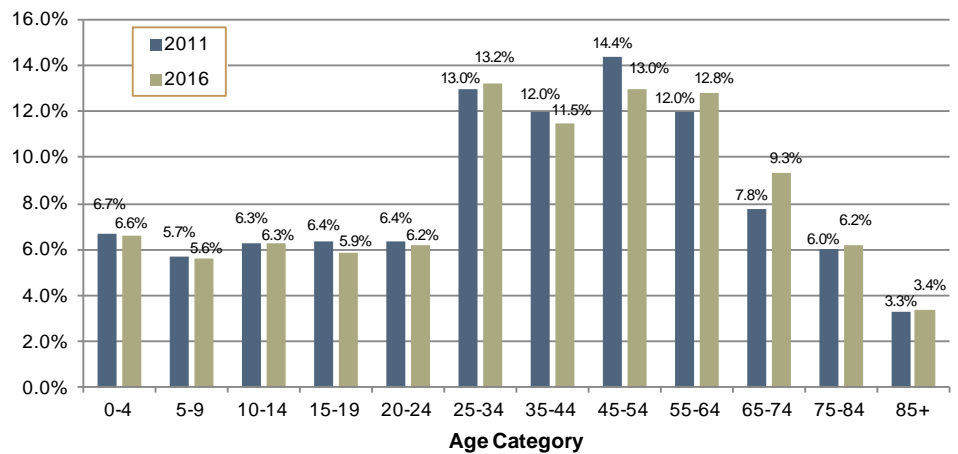
Demographic Profile

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

United States Census Bureau Quick Facts for 2009 combined data and estimates. Those numbers suggest that the overall Macoupin County population dropped an estimated 2.5% between 2000 and 2009, compared to a 4.0% population increase statewide during the same period.

Actual data from the 2010 United States Census shows the Macoupin County population to be 47,765, only 9 people less than the 2009 estimate. ESRI data analysis projects a very minor continued decline in local population through 2016 compared to a modest increase in the state population during the same period.

Table 1. Population Trends by Age Category - City of Staunton



ESRI, 2012

As is common with many rural areas, ESRI data suggests that the Staunton Population over age 65 is currently 17.1% compared to the state census level of 12.4%. ESRI projects this population to reach 19.9% by 2016. There are also modest population increases projected in the ages 25-34 and 55-64 groups.

Consistent with state and national statistics, 51% of the Macoupin County population is female and 49% is male. In Macoupin County, 57.4% of the male population is married, while 52.9% of the female population is married. In the male segment, 27.1% have never been married, while in the female population 21.3% have never been married. (American Communities Survey, 2005-2007 estimates, 2011)



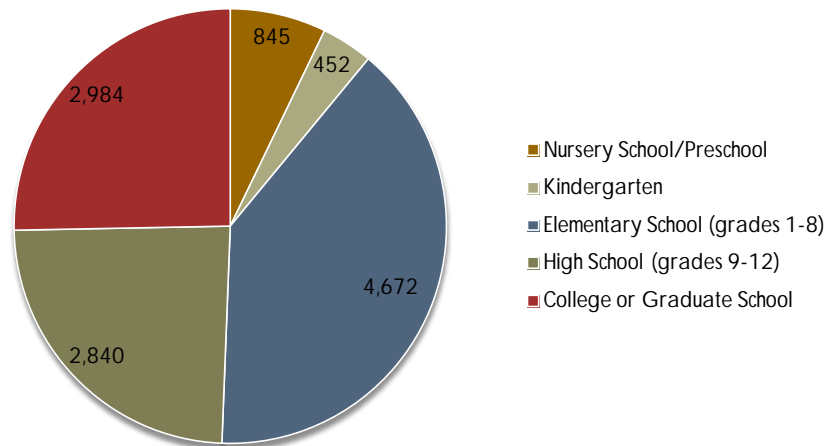
Table 2. Population by Race & Ethnicity - CMH Service Area

RACE	2011	2016
White	97.8%	97.6%
Black	0.4%	0.4%
American Indian	0.3%	0.3%
Asian	0.2%	0.3%
Other	0.3%	0.3%
Two or More Races	1.0%	1.1%
Hispanic Origin (any race)	1.0%	1.2%

ESRI, 2012

The racial composition of Macoupin County (and the CMH catchment area) reflects a mostly white population and is similar to that of many rural Illinois counties, but contrasts with the greater diversity found generally in the St. Louis Metropolitan Statistical Area and the State of Illinois overall. ESRI predicts that the racial composition of Staunton will remain statistically identical through 2016.

Table 3. School Enrollment by Grade Category - Macoupin County

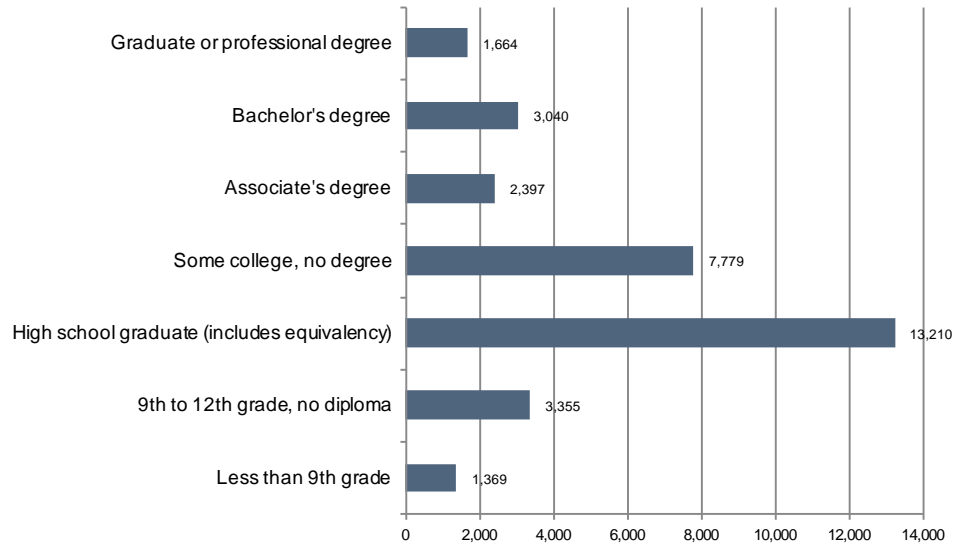


American Communities Survey - 2009 Estimates, 2011)

The chart above depicts the number of Macoupin County residents attending school at all grade levels. Of the total number of residents currently enrolled at any level, the percent enrolled in college or graduate school (25.3%) is slightly below the corresponding figure for the entire State of Illinois (27.4%).



Table 4. Educational Attainment for Persons over 25 - Macoupin County



American Communities Survey - 2009 Estimates, 2011)

Economic Profile

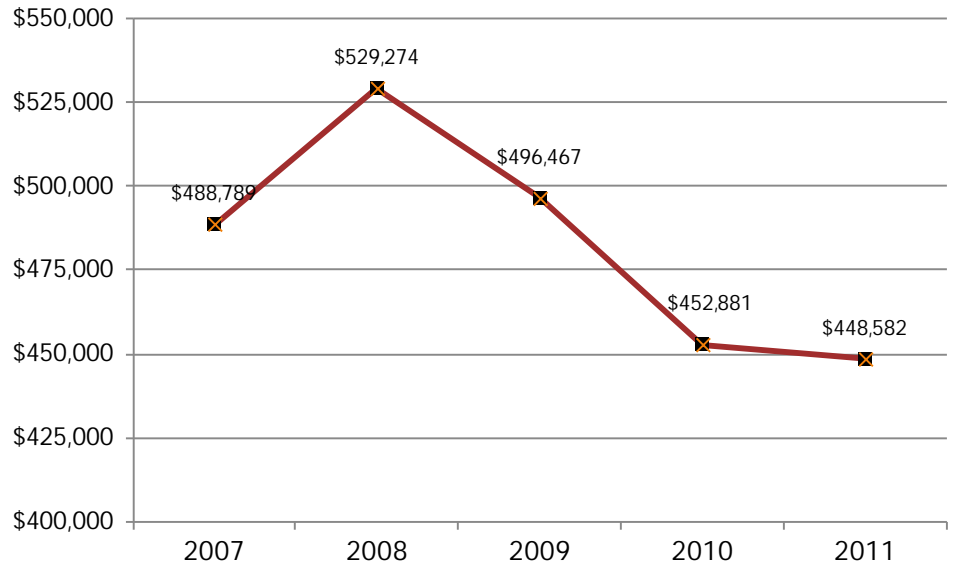
Persons living below the poverty level in Macoupin County represented 12.6% of the population in 2008, compared to 12.2% statewide. Staunton Community School District's Interactive Report Card suggests that the percentage of pupils district-wide, ages 3 to 17 inclusive, from families living in institutions for neglected or delinquent children, being supported in foster homes with public funds, or eligible to receive free or reduced-price school lunches increased from 19.4% in 2000 to 31.5% in 2010.

Average household income and median home values in Staunton trail State of Illinois numbers. The median home value in Staunton in 2011 was \$102,019 compared to \$177,601 statewide. The average household income for Staunton in 2011 was \$50,816 compared to \$60,254 for the state. The average household income for Staunton is projected to increase to \$58,238 by 2016.

Unemployment, declining sales tax revenue, increasing numbers of children eligible for free or reduced lunch and modest incomes and housing values paint the service area as similar to many rural communities in Illinois today.



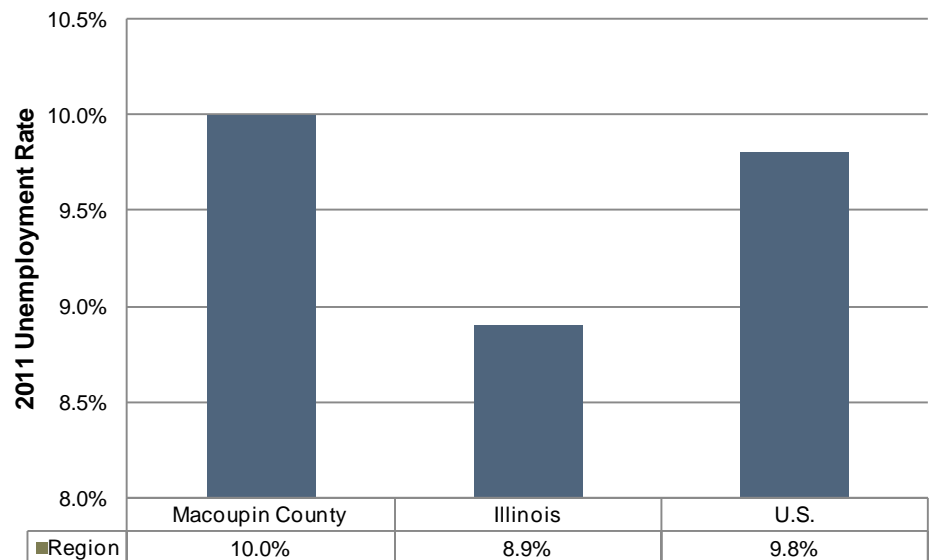
Table 5. Staunton Sales Tax Revenue, 2007-2011



Illinois Department of Revenue, 2011)

The Illinois Department of Employment Security’s monthly employment summary for February 2012 reported that unemployment in Macoupin County was higher than the state and national averages respectively (Macoupin County 12.0%, Illinois 9.4%, U.S. 8.7%) The February 2012 level of 12.0% compares with 11.6% in 2011 and 13.4% in 2010. The higher than state and national averages rate, which is also reflected in the 2011 annual rate (below), is typical of all of the counties surrounding Macoupin county.

Table 6. 2011 Unemployment Rates



Illinois Department of Employment Security, 2011)



Macoupin County enjoys diverse employment opportunities overall. The second largest employment category is Education and Health Services. CMH and its supporting health care services and partners are included in this group.

Table 7. Employment by Industry - Macoupin County

CATEGORY	EMPLOYED	% OF WORKING POPULATION
Trade, Transportation & Utilities	2,540	31.0%
Education & Health Care Services	1,735	21.0%
Leisure & Hospitality	1,084	13.0%
Manufacturing	777	9.0%
Construction	627	8.0%
Real Estate, Finance & Insurance	517	6.0%
Professional & Business Services	498	6.0%
Other Services	300	4.0%
Agriculture, Natural Resources & Mining	101	1.0%
Information	96	1.0%
TOTALS:	8,275	100.0%

(U.S. Department of Labor, Bureau of Labor Statistics, 2010)

CMH represents the second largest employer in Staunton behind the public schools. With over 125 employees, including many professionals, CMH plays an important role in the health and economic vitality of the area as well.

Staunton's social and economic picture is influenced by the fact that just over 71 percent of the land in Macoupin County consists of farms according to 2009 data from the USDA. (Atlas of Rural and Small Town America, 2011) Thirty-four percent of local farm operators work off-farm to supplement farm income and provide benefits for their families. From the early 1900's until the Second World War, coal mining was another major industry for the Staunton area. Just recently, a Macoupin County coal mining operation that had previously been shut down has renewed its operations. The CMH catchment area is typical of much of rural Illinois. It is marked by small communities relying primarily on small businesses and industries, agriculture and service providers for its employment. In addition, coal mining continues to influence the area to some degree. There are no single employers in the catchment area having more than a few hundred employees.

The demographic/economic profile of the CMH service area is not extraordinarily different from many rural Midwest communities. In the near term, the profile is expected to remain substantially similar in all categories reviewed for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.



INPUT

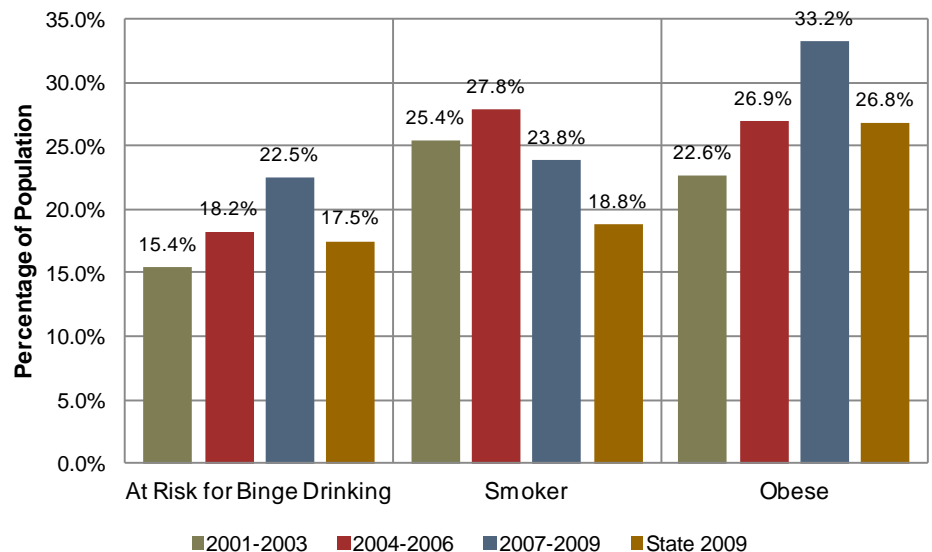
Health Profiles from Existing Studies and other Secondary Data

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

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

The following tables reflect longitudinal information from the IBRFSS that indicate areas of likely health care needs.

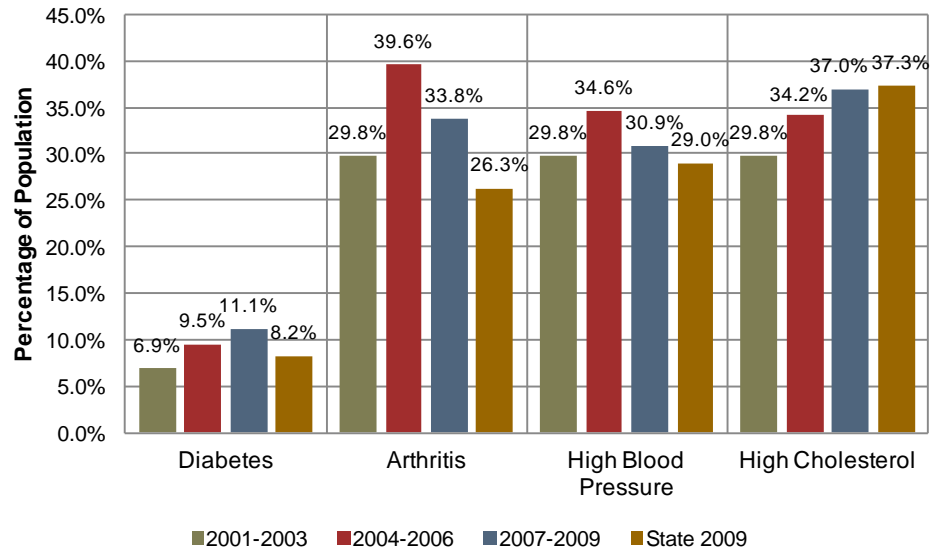
Table 8. Health Risk Factors - Macoupin County



(Illinois Behavioral Risk Factor Surveillance System, 2011)

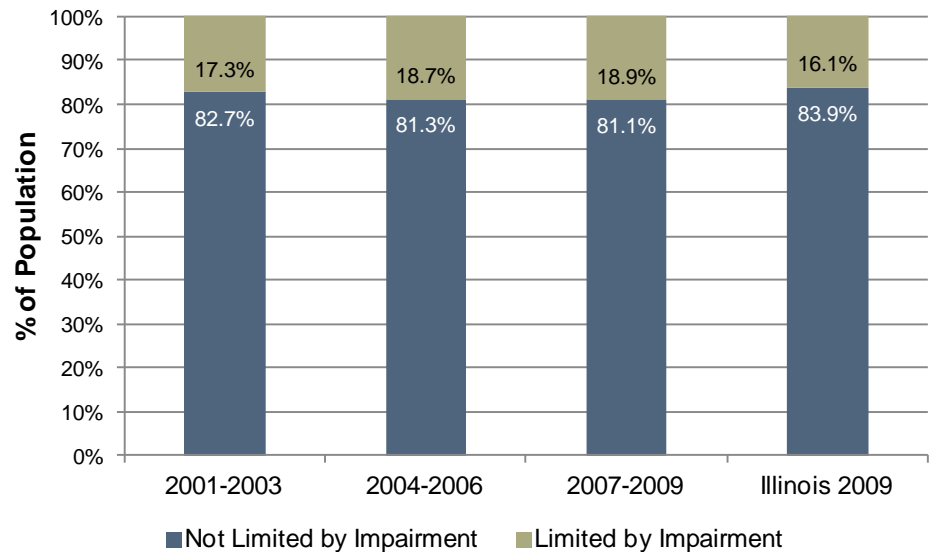


Table 9. Incidence by Disease Type - Macoupin County



(Illinois Behavioral Risk Factor Surveillance System, 2011)

Table 10. Activities Limited by Impairment - Macoupin County

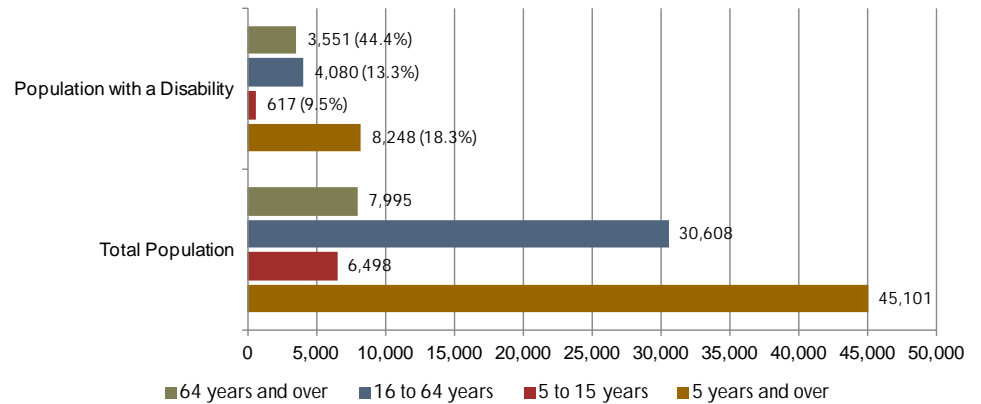


(Illinois Behavioral Risk Factor Surveillance System, 2011)

The National Cancer Institute rates Macoupin County at Priority 6 out of 9 levels on death rates for all cancer, with Priority 1 being highest and Priority 9 lowest. Priority 6 indicates stable rates over time, similar to the Illinois rate. Breast cancer rates are Priority 9, meaning that the Macoupin County rate is both declining and below the state rate. Here, lung and bronchus cancer is at Priority 2, a rate that is rising but still similar to the Illinois average. (National Cancer Profiles, State Cancer Profiles through 2007)



Table 11. Population with a Disability, by Age - Macoupin County



(American Communities Survey, 2005-2007 estimates)

According to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions (January 2011), Macoupin County is a designated health professional shortage area for dental, mental and primary care. There are more than 30 state and federal programs available to HPSAs to help meet local health care needs.

The Macoupin County Health Department works actively with hospitals and other health care providers in the county. The Department conducts a community health planning process under the Illinois Project for Local Assessment of Needs (IPLAN) every five years. The IPLAN summaries presented below are verbatim from the IPLAN reports:

IPLAN 2009-2014

A new 5-year Community Health Planning process was conducted during the Fiscal Year 2009 with the participation of 28 community planning members. Certification was granted in October 2009.

Three Major Health Problems

1. Macoupin County has higher rates of elderly residents than Illinois as a whole. Health conditions affecting the elderly are important discussion points because by 2030, one in three US residents will be 50 years old or older. Lack of a comprehensive county-wide disease prevention/management program designed for the elderly population.
2. Lack of a Comprehensive county-wide prevention education program that includes drug and alcohol abuse prevention, tobacco prevention, sexually-transmitted disease prevention.
3. Lack of a comprehensive county-wide prevention education program for obesity and life style choices as related to diabetes.



Three Major Health Indicators

1. Elderly Issues specific to chronic health management.
2. Reducing Risky Teen Behavior specific to alcohol & drug usage, tobacco usage and sexual behavior.
3. Diabetes

Over the years, the Macoupin County IPLAN process has led to the following responses from the health care community:

- Youth tobacco prevention and education program
- County-wide DUI Task Force
- SAFE KIDS Coalition providing comprehensive programs, such as Bicycle Safety, Car Seat Safety and Smoke Alarms in every home
- Medical transportation program
- Rural health clinics for the low-income or uninsured
- Medicaid dental clinic
- Breast and cervical cancer screening and control program
- Women's support group and counseling program aimed at reducing the risk of domestic violence
- Comprehensive cholesterol, lipid and glucose blood screening program

Synthesized Secondary Data

Macoupin county demographics reflect overall lower income and housing values than statewide comparisons, but at levels that are not inconsistent with other rural areas of the State. The county's population dropped slightly between 2000 and 2010 compared with a slight increase statewide during the same period. In 2010, Staunton's population of people over the age 65 was 16.9% compared to the state level of 12.4%. The percentage of local population over 65 is expected to reach 19.5% by 2016. Significant disability numbers are also reported for persons over age 65.

Average 2010 unemployment in the county was slightly higher than state and federal averages. Sales tax for Staunton decreased from 2008 to 2011, which was generally consistent with state and national trends.

Macoupin County reports a higher population at risk for binge drinking (at all ages), smoking and obesity than state averages. The risk for binge drinking and obesity has increased for each of the last three reporting periods. The risk for smoking declined from 2007 to 2009, but remains five percent higher than the state overall.

The county also reports patients diagnosed with diabetes, arthritis and high blood pressure at higher than state levels and high cholesterol just below the state level, but trending steadily upward over the last ten years. The incidence of arthritis and high blood pressure has declined in the past three years, but still remains above state levels. By contrast, diagnosis of diabetes has continued to trend steadily upward.



The Macoupin County Health Department designated three primary countywide health problems for its 2009-2014 IPLAN:

1. Elderly Issues specific to chronic health management
2. Reducing Risky Teen Behavior specific to alcohol & drug usage, tobacco usage and sexual behavior.
3. Diabetes

Summary

The secondary data and previous planning conclusions focus attention on several common issues of rural demographics and economies of the day and draw emphasis to health issues related to the elderly, risky behavior with regard to substances and obesity and related concerns, especially diabetes.



Primary Source Information

Focus Group #1 - Health Care Professionals/Partners

Focus Group #1 was comprised of representatives of the Macoupin County Health Department, VNA-TIP, a local pharmacist, Staunton Area Ambulance Services, Community Memorial Hospital department heads, The Glenwood Supportive Living Community and Heritage Manor of Staunton.

The first focus group session opened with identification of several positive events and developments in the Community Memorial Hospital service area over the past 5 years. The following developments were cited:

- Glenwood Supportive Living Center opened
- Disaster plan under development in Staunton
- Stat-Heart for transporting patients
- VNA-TIP® purchased Staunton Home Care
- New medical office building opened at CMH
- Helicopter service based in Litchfield with 8 minute response time to CMH
- Staunton Ambulance service restructured
- Hospitalist started at CMH
- Gillespie Community partnership began providing senior meals

The group then held a discussion about the many issues related to State and Federal funding and professional liability costs, which were identified as major concerns facing the profession but generally beyond the realistic reach of local community resolution.

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses in the delivery of health care in the CMH Service Area. They then discussed the identified concerns and each member chose what they considered to be priority items from the entire list.

The items which received prioritization were:

- Transportation to or from the hospital, to or from anywhere -
- No cab service exists
- No public transportation exists
BUT, Macoupin County Health Department has a green light to begin a public transport program (no funds yet) with 3 vans operating from 7:00am-7:00pm Monday through Friday and 7:00am – 1:00pm on Saturday. The service, to be dispatched from Gillespie, will be available for medical-related transports first, then shopping, education, etc. Fees are anticipated to be \$2.00 for in town, \$3.00 for next town and \$5.00 for elsewhere in the county.
- Community nutrition (only Benld has a program)
- Mental Health/Behavioral Services -
emergency, long-term, senior
- Obesity -
related issues are cardio and diabetes
education, awareness, support



- Health-related education (not so much availability but marketing/promotion)
- Dental care for medicaid and uninsured (beyond the capacity of the local health department)

The group also considered existing service providers in the area and collectively suggested needs from the identified list that may be best addressed by or in partnership with the hospital. Those included:

- Mental health
- Dental care
- Maternal health / child care / OB-Gyn

Finally, the group revisited the question of mental health services and formulated a vision for optimal mental health services for the area which would be full scale and serve all ages, provide transportation, provide access to a full time psychiatrist or specialty clinic in the service area beyond the current capabilities of the Locust Street facility (specifically offered without criticism of Locus Street), and a method to assist individuals with medication issues.

While not identified as an issue, the facilitator noted that this group engaged in conversation about the need for more open communication among them, and during that discussion the hospital agreed to host quarterly meetings for local health care providers in order to better share information.

Focus Group #2 - Community Leaders and Elected Officials

Focus Group #2 was attended by the superintendents of two local school districts, the Staunton Township Supervisor, a community-based ambulance representative, a representative of the nursing program at Lewis and Clark Community College, and a local physician.

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

- Local government commitment to ambulance service in Staunton
- Primary care assignments from Medicaid
- Sexual assault nurse examiner (SANE) trained nurses
- Improved ambulance services
- Team approach within CMH including physicians
- Health education expansion – Lewis & Clark mobile unit
- STAT HEART program
- Specialty care physicians
- Local schools co-opting with Lewis & Clark for nursing education
- Tax support for local ambulance programs
- School health programs with the local Health Department
- Schools providing speech therapy and other services
- New facilities have been built by CMH and others



- Physicians co-opting for school physicals
- CMH providing a physical therapist for school teams
- Schools looking to form smaller special education cooperatives

The group also discussed issues related to state and federal funding and professional liability costs which were identified as major concerns facing the health profession, education and local government but generally beyond the realistic reach of local community resolution.

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses in the delivery of health care in the CMH service area. Identified concerns were then discussed, and each member chose what they considered to be priority items from the entire list.

The items which received prioritization were:

- Mental Health
 - substance abuse
 - psychological issues
 - evaluation
 - seems crisis oriented
 - lack of follow through
 - lack of transportation
 - recidivism is high
 - school related
 - single families
 - absent parents
 - dysfunctional families
 - proxy-parents – siblings/grandparents
 - basic skills lacking at home
 - violence at school
 - crosses status lines
- Obesity / Diabetes / Heart Disease
- Hygiene for youth
- Wellness awareness for all ages needs to be improved
- Duplication of services
 - redundancy every 15 miles or so in \$ multimillion equipment
 - contracting outside for physician care (by health department) which is available locally
 - use of outside labs when local services are available
 - transportation

Key Informant Interviews

In order to assure input concerning residents of public and supported housing, an individual contact was made with Margaret Barkley, Director of the Macoupin Housing Authority. Ms. Barkley reported that the Housing Authority has a formal relation-



ship with the hospital concerning residents' health care needs and that "a very good relationship exists." Director Barkley also cited the new doctors' office building as a positive addition to the overall health care picture in the Staunton area.

Mail Survey

Community Memorial Hospital staff developed an in-house computer-generated list of names and addresses from each zip code in the catchment area. One hundred names were selected from the list using random selection modified by the requirement that every zip code be represented. Thirty three percent (33%) of the surveys were returned completed from 9 zip code areas.

Of the mail survey respondents, 29 had been seen or treated at Community Memorial Hospital and/or 8 other hospitals in the past 24 months. All survey respondents indicated that they had a primary care physician and a regular pharmacy.

Five respondents reported experiencing problems obtaining health services in the past year. Of those five respondents, three related problems due to Medicaid coverage or lack of insurance. One respondent alleges that he was transferred to the wrong hospital by a local ambulance service.

Eleven respondents offered suggestions to improve health care within the service area. The suggestions related to insurance availability, access to specialists for persons on Medicaid, and improving the experience in the emergency room.

Four persons offered unsolicited additional comments complimenting the hospital on some service or services and/or asserting the value of CMH to the community.

Town Hall Meeting

One senior citizen attended as the only community member for the scheduled town hall meeting. The meeting had been well publicized; however, the weather conditions were not favorable on the night of the meeting. Four senior staff members from CMH were also in attendance.

The only issue raised by the citizen in attendance was the difficulty she had encountered transporting her disabled husband to the hospital for necessary blood tests.



PRIORITIZATION

Reconciliation of Primary Source Information with Secondary Data

The facilitated primary information gathering process resulted in the discovery of issues subsequently refined and prioritized by participants into a list of concerns largely common to the overarching categories of transportation, risky behavior, mental health, obesity and related illnesses, and health education. The areas chosen were very consistent with the needs identified from the secondary information collected, which included evidence of risky behavior with alcohol and smoking, obesity, diagnosis of diabetes, arthritis and high blood pressure all at higher levels than statewide occurrence rates. Secondary sources drew additional attention to specific issues as they related to the elderly.

Countywide secondary data from the National Cancer Institute for Macoupin County for 2007 suggests that lung and bronchus cancer is at Priority 2, a rate that is rising but still similar to the Illinois average. Hospital experience, however, does not reflect such an increase or an impact to care plans or patient load. Smoking has been identified as a health risk in secondary data and also confirmed by the focus group discussions.

The surveys also highlighted issues and concerns related to transportation. Those respondents who expressed specific issues largely shared concerns with insurance, Medicaid and access for uninsured. The remainder of specific issues focused on matters of convenience and care related to the emergency room.

Summary of Findings and Recommendations

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

Transportation

Transportation to and from Community Memorial Hospital and other health resources is a consistently recognized problem. Concerns with transportation should lessen significantly with the anticipated roll-out of the Macoupin Health Department transportation program, which will provide a comprehensive countywide solution to current public transportation needs. This program will present an excellent opportunity for cooperation and collaboration between CMH and its community partners through exploring ways to maximize the utility of the new service for patients and clients.

Obesity/Diabetes

Obesity-related issues are more prevalent in Macoupin County than statewide. Primary information sources recognized and prioritized this subject. The Macoupin County Health Department's 5-year (2009-2014) IPLAN calls for a countywide ap-



proach to addressing obesity and related lifestyle choices and diabetes. This is an area where coordination and collaboration among communities, schools, health care partners and CMH on education, opportunities for healthy living and health care could reduce numbers in both risk and disease.

Mental Health

This is a broad topic area that was raised in both focus groups and also supported by risk factors from the secondary data. Needs were identified in emergency, long term and senior care. The health professionals/partners group formulated a vision for optimal mental health services for the area which would:

- Be full scale and serve all ages;
- Provide for transportation;
- Provide access to a full time psychiatrist or specialty clinic in the service area beyond the current capabilities of the Locust Street facility (specifically offered without criticism of Locust Street); and,
- Develop a method to assist individuals with medication issues.

This, again, presents CMH with the opportunity to work with other health care providers toward a collaborative resolution.

Health Education / Risk Education

The need for health education was identified both in the discussions of primary sources as well as in the secondary information. Education and community organization around risk for alcohol abuse and smoking were supported as needs by both primary and secondary sources. It was suggested that, in at least some cases the education programs may already exist at CMH but may not be marketed as effectively as possible. Health partners and community leaders both expressed interest in cooperatively developing and promoting health education programs.

Health Costs / Efficiencies

Survey respondents addressed issues related to insurance, Medicaid and health care costs that are largely beyond the hospital's control. The community leader focus session did advance suggestions for the possibility of reducing duplication of resources and more reliance on local resources as means of reducing costs and advancing the local economy.

Improved Access to Dental Care

This area was identified by the health care professionals/partners group as a need.



RESOURCE INVENTORY

Community Memorial Hospital

Community Memorial Hospital is a 25-bed, short stay, not-for-profit nondenominational hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics. CMH is designated a critical access hospital and has been open to serve the citizens of the area since 1951.

Community Memorial Hospital maintains medical/surgical units and multi-bed special care units. Twenty four hour emergency care is available 365 days per year. Nurses are specially trained in cardiac life support, trauma life support and specialized pediatric care.

Community Memorial Hospital provides specialty services for the following: Audiology, Cardiology and Pulmonary, Dermatology, Neurology, Oncology, Obstetrics/Gynecology, Ophthalmology, Orthopedics/Sports Medicine, Otolaryngology (Ear, Nose, and Throat), Podiatry, Gastroenterology and Urology. There are 24 physicians currently affiliated with the hospital.

Outpatient Services

Surgical Services - CMH provides a wide scope of surgical services, including inpatient, outpatient, day surgery and minimally-invasive procedures. The CMH surgical team provides procedures in the following areas: General Surgery, Ear-Nose-Throat, Endoscopy/Laparoscopy, Gynecological, Orthopedic, Ophthalmology, Podiatry, Thoracic Surgery and Urology.

Specialty Physician Clinics - CMH provides a wide range of specialty services in Audiology, Cardiology, Pulmonary, Dermatology, Neurology, Oncology, Ophthalmology, Orthopedics and Sports Medicine, Otolaryngology, Podiatry, Gastroenterology and Urology.

Chemotherapy - CMH is equipped to provide state of the art care where new oncology suites offer patients a private room for their personal use and comfort while they are receiving treatment. A wide variety of treatments are offered including chemotherapy medications, blood and blood products, injections and infusions, and fluid replacement.

Health and Wellness Services – Speech therapy services are available to individuals who experience difficulties with speech language, cognitive-linguistic or swallowing abilities. An on-staff dietician provides nutritional evaluations and teaching for patients with individual dietary needs. Outpatient infusions and injections are provided utilizing a wide range of specialized outpatient medications.

Inpatient Services

The inpatient unit staff cares for patients who are making their way toward recovery from illness or injury before returning home. The team of caring professionals, led by



specially trained registered nurses makes certain that patients receive the hospital services they need, including ongoing or nursing care at discharge, rehabilitation services such as speech, physical or cardiopulmonary rehab, dietary services, pharmacy services and respiratory care services.

Types of inpatient care provided include:

- Special Care/Telemetry – for the critically ill who may require intensive monitoring.
- Acute Care/Medical/Surgical – for patients having an acute illness or injury or who are recovering from surgery.
- Swing Bed – a short-term program designed for people who had an acute problem that is now stabilized but are not yet ready to return home and may require additional services such as rehabilitation or continued intravenous medications. The purpose is to assist in recovery and rehabilitation and in some cases to provide comfort and pain control for the terminally ill.
- Hospice Care – designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure.

Nurse Staffing

Community Memorial Hospital's staff of nurses is dedicated to providing the highest quality and safest care to their patients. Nursing units are staffed with highly skilled registered nurses, licensed practical nurses and technicians. The patient census is reviewed each shift by the charge nurse or nurse managers and staffing is adjusted accordingly to meet the needs of our patient population. A charge nurse is available on all shifts to assist with any adjustments that need to be made to the nurse and patient assignments.

Cardiopulmonary

Community Memorial Hospital's cardiopulmonary department offers respiratory, cardiac and sleep services. The staff consists of registered, certified and licensed therapists with over 60 years of experience. Respiratory therapists are health care professionals who provide a wide range of treatments and diagnostic tests to treat patients with lung and heart conditions.

Cardiology and pulmonary outpatient clinics are also staffed by the cardiopulmonary department. The following diagnostic tests and therapeutic services are available with a physician's order:

Emergency Department

Community Memorial Hospital's emergency department provides excellent care 24 hours each day, 7 days per week for all types of emergencies.

The emergency team has physicians and nurses who are specifically trained in the management of critically ill or injured patients. The physician/nurse team is certified in advance cardiac and advanced pediatric life support. The department is fully equipped to provide necessary treatment and stabilization of adults and children. The



emergency department is recognized by the Illinois Department of Public Health and the Emergency Medical Services for Children (EMSC) programs as an emergency department approved for pediatrics.

CMH recently added a patient care technician (PCT) to the care team. This new staff member will serve as a liaison between patients, families and hospital care teams.

Radiology Services

The radiology department is staffed 24/7 with daytime appointments varying from 8:00am to 4:00pm. The following services are all connected to the PACS digital network:

- 64 Slice CT
- MRI
- Ultrasound
- Echocardiogram
- Nuclear Medicine
- Mammography
- DEXA (Bone Density) Scan
- CR (Computed Radiography) Equipment

Laboratory Services

Laboratory services are available Monday through Saturday from 7:30am to 7:30pm for outpatients and 24/7 for inpatient care

Physical Therapy

CMH provides an expert team of physical therapists and assistants in both the inpatient and outpatient settings, assisting patients who are recovering from surgery, injury or illness.

Area Health Services Review

Macoupin County Health Department

Beyond the programs and care offered at CMH, the Macoupin County Health Department which employs more than fifty persons, delivers broad-based direct and ancillary health care services in the service area including a transportation network and a health clinic.

VNA-Tip

VNA-Tip delivers advanced in-home health care and hospice services to the service area from offices located within CMH.

Staunton Township

Staunton Township provides vouchers to assist with health care on an emergency need basis and other services related to temporary housing or needs.



Staunton Ambulance Service

Staunton Ambulance Service - and a State medevac helicopter based 8 minutes from CMH - provide specialized transportation.

Gillespie Community Partnership

Gillespie Community Partnership offers senior meals in a portion of the service area.

Lewis and Clark Community College

Lewis and Clark Community College offers a mobile health unit which provides preventative health screening, health education and dental services through its nursing program.

Glenwood Assisted Living Center

The Glenwood Assisted Living Center provides intermediate care for persons who cannot reside on their own.

Gillespie/Benld Ambulance Service

The Gillespie/Benld ambulance service provides essential services to those communities.



REMARKS

The Community Memorial Hospital community health needs assessment was the pilot project for the ICAHN network. The project began in late 2010 and continued through spring of 2012. During the process, interim IRS guidelines were released allowing for a more confident focus of effort and resources.

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

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

This report was submitted to the administration of Community Memorial Hospital in May 2012, subject to further revision reflecting data updates or changes in local circumstances prior to wide spread publication.



APPENDIX

Focus Group and Interview Participants

Healthcare Providers

Kent Tarro
Administrator
Macoupin County Public Health Department

Jean Straubaugh
Administrator
Heritage Manor Nursing Home

Connie LeVora
Marketing Coordinator
VNA TIP Homecare

Todd Anderson
Pharmacist
Fritz Drugs

Jean Holesko
Board Member
Gillespie/Benld Ambulance Service

Missy Hoehn
Administrator
The Glenwood Assisted Living Center

Dr. Rajneesh Jain
Physician
Staunton Clinic

Key Contacts

Peg Barkley
Executive Director
Macoupin County Housing Authority

Community Leaders

Kyle Hlafka
Superintendent
Staunton School District



Paul Skeans
Superintendent
Gillespie School District

Bill Adler
Executive Director
Staunton Area Ambulance Service

Joe Spudich
Staunton Township Director

Vickie Young
Lewis & Clark Community College

CMH Staff Providing Information

Sue Campbell
CEO

Roberta Brown
Management Team & Nursing Administrator

Joann Baum
Management Team & Cardiopulmonary Supervisor

Susan Caldieraro
Utilization Review/Discharge Planner

Alva Tevini
Social Worker

Brandi Crawford
Manager Med./Surg. Floor

Stacy Schuette
Nurse Manager

Sue Laughlin
ER Supervisor

Unidentified

One senior Staunton resident attended the Town Hall meeting.

Thirty three area residents responded to a random blind survey distributed by mail.



Collaborators

The CMH community health needs assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

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

Terry Madsen, M.A., J.D., a licensed attorney, former University of Illinois Extension educator and community development specialist, was the lead collaborator for this project. Mr. Madsen is a member of the City Council and Commissioner for Public Health and Safety for the City of Princeton, Illinois, which owns a critical access hospital. He has participated in specialized training in community needs assessment, community organization, diversity, ethics, community and youth development and project evaluation.

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

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



NOTES:

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