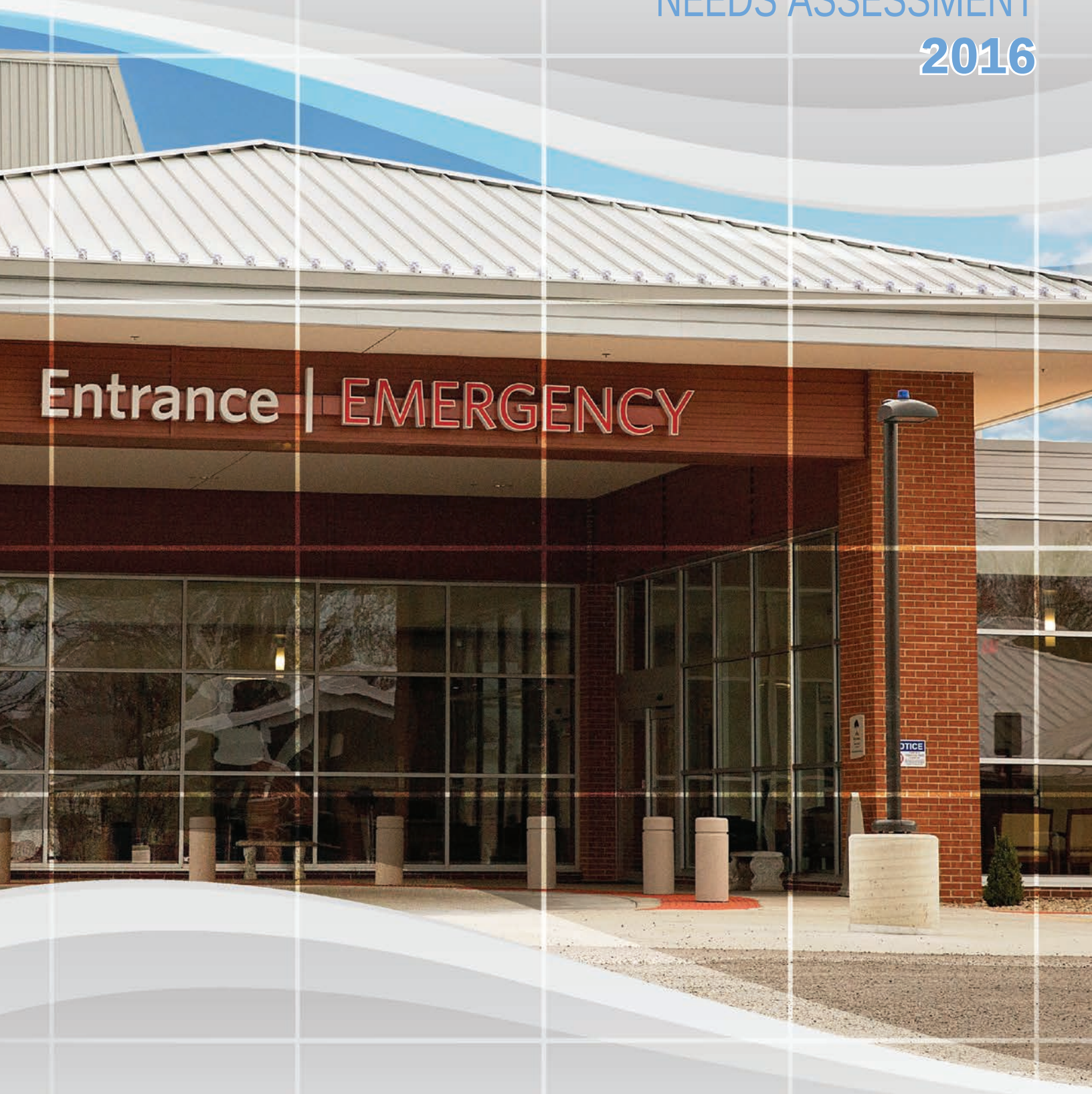
COMMUNITY HEALTH NEEDS ASSESSMENT 2016



A Collaborative Approach to Impacting Population Health in Staunton and Surrounding Areas

COMMUNITY MEMORIAL HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Community Memorial Hospital conducted a Community Health Needs Assessment (CHNA) during the summer and fall of 2015. 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 prioritized community health needs. This assessment process results in a CHNA report that 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 hospitals and their rural communities.

The process involved the review of several hundred pages of demographic and health data specific to the Community Memorial Hospital service area. The secondary data and previous public health planning conclusions draw attention to several common issues of rural demographics and economics and draw emphasis to issues related to mental health services, wellness, obesity, physician and specialist supply, and related issues.

In addition, the process involved focus groups comprised of area healthcare providers, partners, and persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health. 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, or experiencing barriers to healthcare due to geographic, language, financial, or other barriers.

Two focus groups met on May 12 and 13, 2015, to discuss the overall state of health and the local delivery of healthcare and health-related services. The groups identified positive recent developments in local services and care and also identified issues or concerns that they felt still existed in the area. A third group comprised of members or representatives of the focus groups then met in August of 2015 and considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities: the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs.

As an outcome of the prioritization process discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for future consideration.

Three needs were identified as significant health needs and prioritized:

1. Wellness
2. Mental health
3. Cancer

The consultant then compiled a report detailing key data and information that influenced the process and set out the conclusions drawn by the participants. This report was delivered to Community Memorial Hospital in March, 2016.

Background

Community Memorial Hospital is a 25-bed, short stay, not-for-profit, non-denominational hospital. It has been open to serve the citizens of the area since 1951. The hospital is licensed by the Illinois Department of Public Health. Community Memorial Hospital maintains medical/surgical units and multi-bed special care units. Twenty-four hour emergency care is available 365 days a 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, pulmonology, dermatology, neurology, obstetrics/gynecology, ophthalmology, orthopedics/sports medicine, podiatry, urology, oncology, allergy/asthma, rheumatology, and wound care.

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 hospitals and their rural communities. ICAHN, with 54 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 healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Staunton and the surrounding area.

The population assessed was the identified service area which includes portions of Macoupin, Montgomery, Madison, and Bond counties. Data collected throughout the assessment process was supplemented with:

- A local asset review
- Qualitative data gathered from broad community representation
- Focus groups, including input from local leaders, medical professionals, health professionals, and community members who serve the needs of persons in poverty and the elderly

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

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

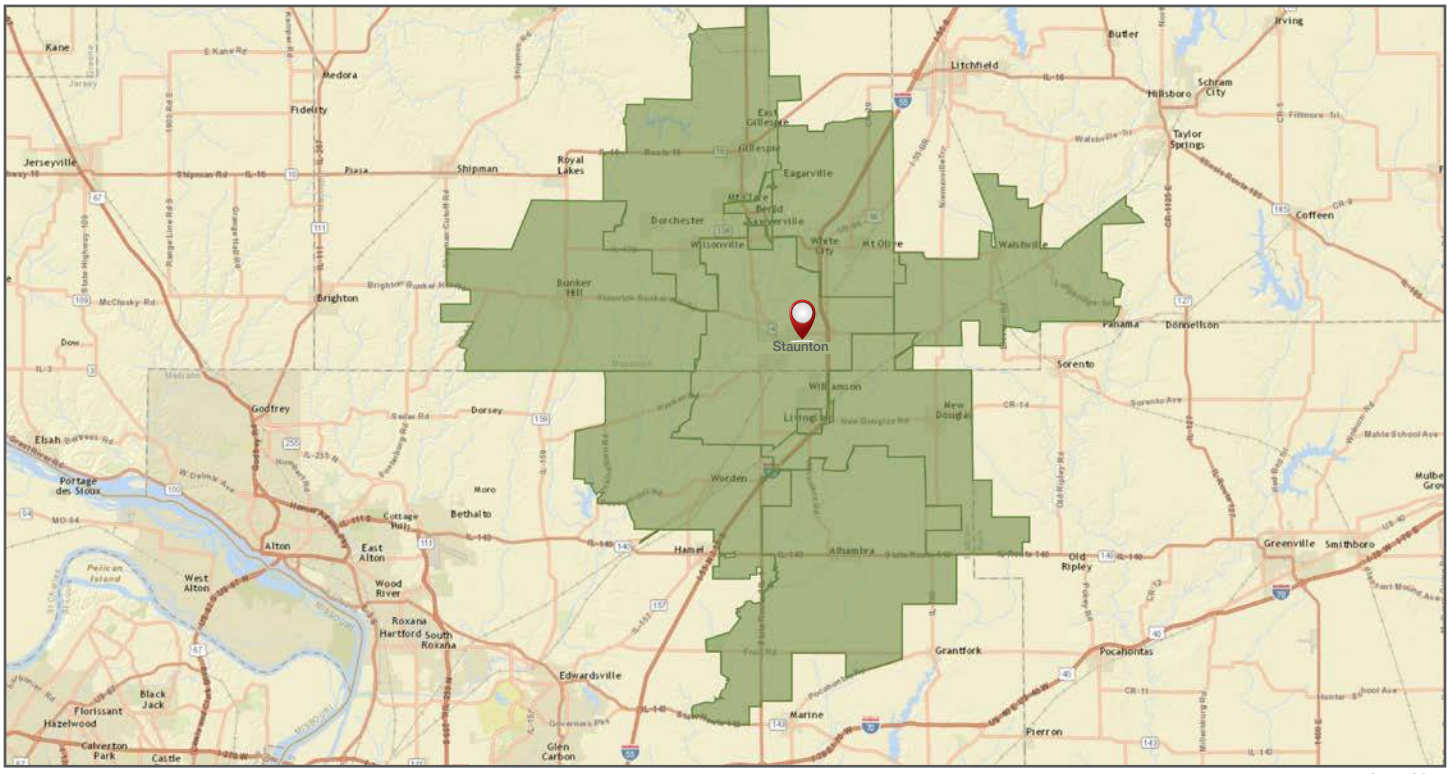
DEMOGRAPHICS

Community Memorial Hospital's service area is comprised of approximately 322 square miles, with a population of approximately 28,093 and a population density of 88 residents per square mile. The service area consists of the following rural communities:

Cities and Towns
- Benld
- Bunker Hill
- Gillespie
- Mount Olive
- Staunton

Villages
- Alhambra
- Livingston
- New Douglas
- Sawyerville
- Walshville
- Wilsonville
- Worden

Illustration 1. Community Memorial Hospital's Service Area



ESRI – 2015

The service area estimates reported in the following tables from Community Commons represent the zip codes identified as the service area. The full county data for Bond, Macoupin, Madison, and Montgomery counties are included in most tables for comparison.

TOTAL POPULATION CHANGE, 2000-2010

According to the U.S. Census data, the population in the region grew from 28,075 to 28,590 between the years 2000 and 2010, a 1.83% increase.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	28,075	28,590	515	1.83%
Bond County	17,633	17,768	135	.77%
Macoupin County	49,019	47,765	-1,254	-2.56%
Madison County	258,947	269,282	10,341	3.99%
Montgomery County	30,652	30,104	-548	-1.79%
Illinois	12,419,231	12,830,632	411,401	3.31%
Total Area (Counties)	175,706	180,365	4,659	2.65%

Data Source: Community Commons

The Hispanic population increased in Bond County by 294 (116.21%), increased in Macoupin County by 113 (37.05%), increased in Madison County by 3,388 (86.32%), and increased in Montgomery County by 133 (40.8%).

In Bond County, additional population changes were as follows: White 0.89%, Black -17.3%, American Indian/Alaska Native 13.58%, Asian 47.83%, and Native Hawaiian/Pacific Islander -62.5%.

In Macoupin County, additional population changes were as follows: White -2.99%, Black -10.25%, American Indian/Alaska Native 15.6%, Asian 44.94%, and Native Hawaiian/Pacific Islander -21.43.

In Madison County, additional population changes were as follows: White 1.71%, Black 12.15%, American Indian/Alaska Native -5.86%, Asian 46.17%, and Native Hawaiian/Pacific Islander 98.15%.

In Montgomery County, additional population changes were as follows: White -1.55%, Black -16.71%, American Indian/Alaska Native -25.4%, Asian 58.57%, and Native Hawaiian/Pacific Islander 22.22%.

POPULATION BY AGE GROUPS

Population by gender for the Community Memorial Hospital service area is 49% male and 51% female. 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	28,093	1,718	4,293	2,277	3,168
Bond County	17,655	1,217	2,892	2,019	1,835
Macoupin County	47,462	2,633	7,966	3,874	5,351
Madison County	268,373	16,152	44,378	26,544	34,657
Montgomery County	29,878	1,629	4,620	2,433	3,812
Illinois	12,848,554	820,771	2,265,645	1,252,399	1,778,128

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	3,318	4,489	4,001	4,829
Bond County	1,978	2,576	2,302	2,846
Macoupin County	5,640	7,121	6,615	8,262
Madison County	33,509	40,077	33,755	39,301
Montgomery County	3,618	4,558	3,981	5,227
Illinois	1,711,098	1,842,487	1,521,168	1,656,858

Data Source: Community Commons, 2015

HIGH SCHOOL GRADUATION RATE

Within the service area, 86% of students are receiving their high school diploma within four years. This is greater than the Healthy People 2020 target of 82.4% and is greater than the statewide average. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Service Area Estimates	373	321	85.91
Bond County	184	157	85.3
Macoupin County	742	642	86.5
Madison County	3,159	2,594	82.1
Montgomery County	410	326	79.6
Illinois	169,361	131,670	77.7

Note: This indicator is compared with the state average. Data Source: Community Commons

Healthy People is a federal health initiative which provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors
- Empower individuals toward making informed health decisions
- Measure the impact of prevention activities

Healthy People 2020 (HP 2020) continues in this tradition with the launch on December 2, 2010 of its ambitious, yet achievable, 10-year agenda for improving the nation's health. Healthy People 2020 is the result of a multi-year process that reflects input from a diverse group of individuals and organizations.

POPULATION WITHOUT A HIGH SCHOOL DIPLOMA (Ages 25 and Older)

Within the service area, there are 1,978 people aged 25 and older without a high school diploma (or equivalent) or higher. This represents 9.98% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes. (Freudenberg Ruglis, 2007)

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	19,816	1,978	9.98%
Bond County	11,537	1,584	13.73%
Macoupin County	32,989	3,598	10.91%
Madison County	181,299	16,477	9.09%
Montgomery County	21,196	3,155	14.88%
Illinois	8,509,739	1,082,381	12.72%
United States	206,587,856	28,887,720	13.98%

Data Source: US Census Bureau, American Community Survey. 2009-13. Sourge Geography: Tract

POVERTY – CHILDREN BELOW 100% FPL

In the service area, 19.52% or 1,141 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.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	% Population Under Age 18 in Poverty
Service Area Estimates	5,844	5,844	1,141	19.52%
Bond County	16,852	4,026	742	18.43%
Macoupin County	46,263	10,362	1,890	18.24%
Madison County	261,594	59,158	11,727	19.82%
Montgomery County	24,504	6,146	1,066	17.34%
Illinois	12,547,066	3,044,377	606,606	19.93%
United States	303,692,064	72,748,616	15,701,799	21.58%

Data Source: US Census Bureau, American Community Survey. 2009-13. Sourge Geography: Tract

INCOME – FAMILIES EARNING OVER $75,000

In the service area, 38.83% or 3,104 families report a total annual income of $75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families with Income Over $75,000	% Families with Income Over $75,000
Service Area Estimates	7,996	3,104	38.83%
Bond County	4,264	1,530	35.88%
Macoupin County	13,273	4,804	36.19%
Madison County	71,740	31,196	43.48%
Montgomery County	7,523	2,488	33.07%
Illinois	3,136,362	1,467,319	46.78%

Data Source: Community Commons, 2015

POPULATION WITH ANY DISABILITY

Within the service area, 14.41% or 3,990 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.48%. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population With a Disability	% Population With a Disability
Service Area Estimates	27,685	3,990	14.41%
Bond County	17,456	2,539	14.55%
Macoupin County	46,814	6,954	14.85%
Madison County	264,912	31,319	11.82%
Montgomery County	24,596	3,584	14.57%
Illinois	12,668,117	1,327,536	10.48%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2015

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the service area, 52.52% or 2,280 public school students are eligible for free/reduced price lunch out of 4,341 total students enrolled. This is higher than the statewide free/reduced price lunch of 50.56%. 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.

Report Area	Total Students	Number Free/Reduced Price Eligible	% Number Free/Reduced Price Eligible
Service Area Estimates	4,341	2,280	52.52%
Bond County	2,436	1,103	45.28%
Macoupin County	8,754	4,282	48.91%
Madison County	39,173	18,383	46.93%
Montgomery County	4,611	2,310	50.1%
Illinois	2,055,502	1,027,336	50.56%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2015

INCOME – PER CAPITA INCOME

The annual per capita income for the report area is $26,007. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Service Area Estimates	28,093	$712,284,358	$25,354
Bond County	17,665	$409,773,600	$23,194
Macoupin County	47,462	$1,170,322,048	$24,658
Madison County	268,373	$7,355,305,472	$27,407
Montgomery County	29,878	$595,077,824	$19,916
Illinois	12,848,554	$381,170,548,736	$29,666

Note: This indicator is compared with the state average. Data Source: Community Commons, 2015

INCOME – PUBLIC ASSISTANCE INCOME

This indicator reports the percentage of households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or non-cash benefits, such as food stamps.

Report Area	Total Households	Households with Public Assistance Income	% Households with Public Assistance Income
Service Area Estimates	11,682	160	1.37%
Bond County	6,373	143	2.24%
Macoupin County	19,254	257	1.33%
Madison County	107,238	1,737	1.62%
Montgomery County	11,192	185	1.65%
Illinois	4,772,723	117,792	2.47%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2015

INSURANCE – POPULATION RECEIVING MEDICAID

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). 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.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	% of Insured Population Receiving Medicaid
Service Area Estimates	27,685	24,766	5,297	21.39%
Bond County	17,456	16,047	4,510	28.1%
Macoupin County	46,814	42,012	9,157	21.8%
Madison County	264,912	239,556	43,808	18.29%
Montgomery County	24,596	22,536	5,385	23.91%
Illinois	12,668,117	11,021,355	2,212,779	20.08%
United States	306,448,480	260,878,816	52,714,280	20.21%

Data Source: US Census Bureau, American Community Survey. 2009-13. Source Geography: Tract

Overall, the service area of Community Memorial Hospital is favorably positioned in many key economic and other demographic indicators when compared not only to state and federal measures but also to the overall data from the counties touched.

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Community Memorial Hospital 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

Community Memorial Hospital undertook a six-month planning and implementation effort to develop the CHNA, 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 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 Community Memorial Hospital.
- The CEO worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Community Memorial Hospital 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:

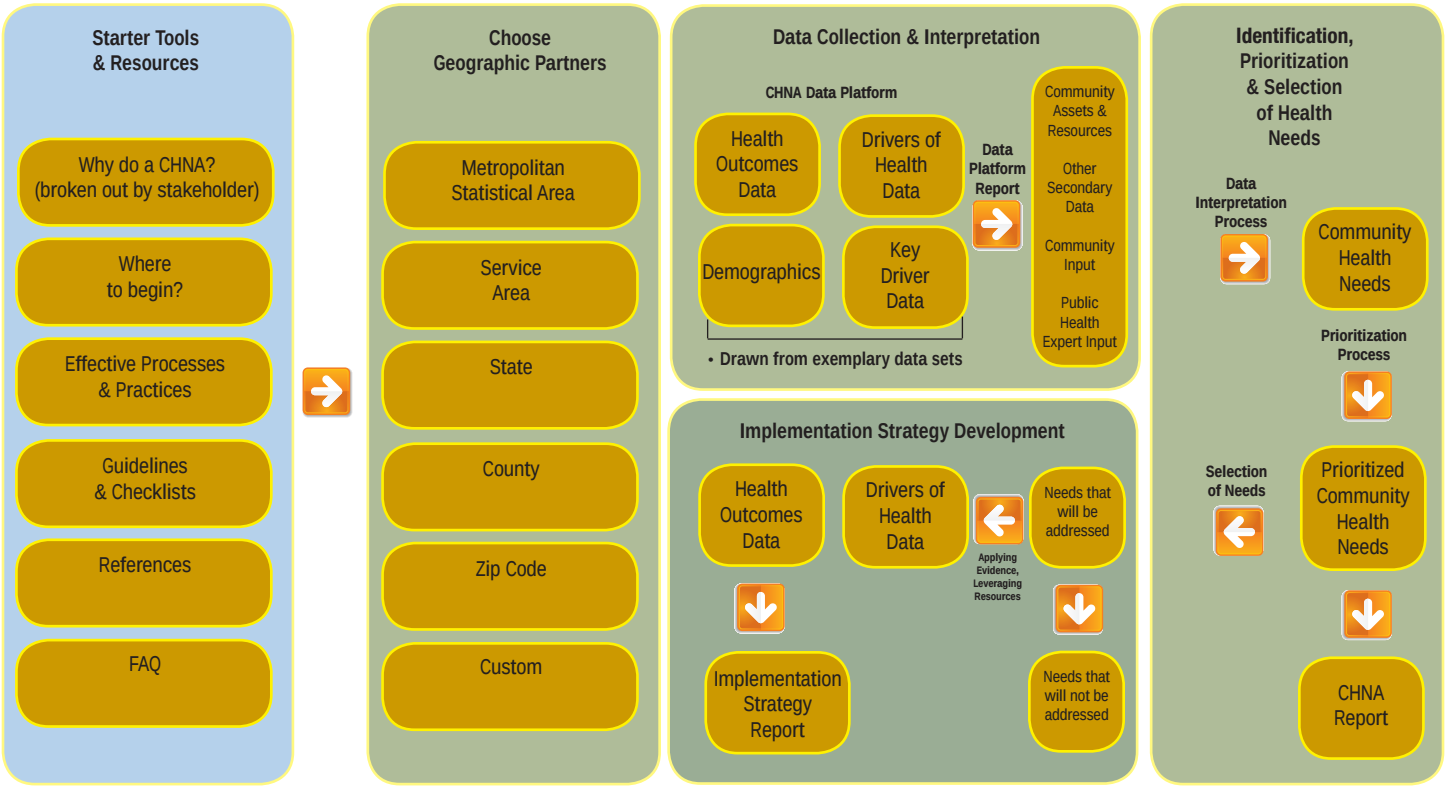
- The hospital secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out on the following pages in the quantitative data list.
- Participation included representatives of the county health department, serving the great majority of the area served by the hospital.

III. DEFINING THE PURPOSE AND SCOPE

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, and 2) identify resources and assets available to support initiatives to address the health priorities identified.

IV. DATA COLLECTION AND ANALYSIS

The overarching framework used to guide the CHNA planning and implementation is consistent with the Catholic Health Association's (CHA) Community Commons CHNA flow chart shown below:



DESCRIPTION OF DATA SOURCES

Quantitative

The following quantitative sources were reviewed for health information relating to Bond, Macoupin, Madison, and Montgomery counties.

Source and Description

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.*

US Census – National census data is collected by the US Census Bureau every 10 years.

Center for Disease Control – Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.

County Health Rankings – *Each year, the overall health of each county in all 50 states is assessed and ranked using* the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

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.

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, level.*

Illinois State Board of Education – The Illinois State Board of Education administers public education in the state of *Illinois. Each year, it releases school 'report cards' which analyze the make-up, needs, and performance of local schools.*

USDA – USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

SECONDARY DATA DISCUSSION

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

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The *Rankings*, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. *(County Health Rankings and Roadmaps, 2015)*

Macoupin County is ranked 43rd out of the 102 Illinois counties in the *Rankings* released in April 2015.

HEALTH RANKING OBSERVATIONS

Table 1. Health Ranking Observations – Macoupin County

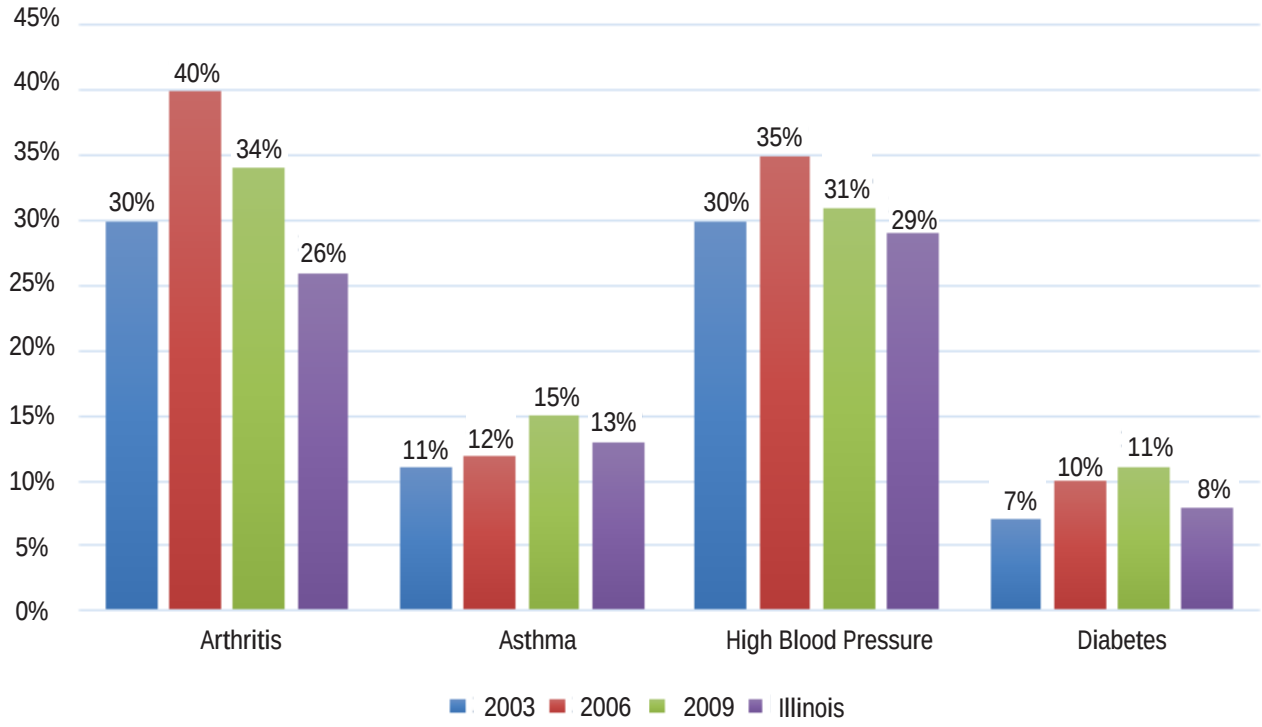
Observation	Macoupin	Illinois
Adults reporting no leisure time physical activity	31%	23%
Adult obesity	33%	27%
Children under 18 living in poverty	21%	21%
Uninsured	15%	19%
Teen birth rate (ages 15-19)	34/1,000	36/1,000
Alcohol crash deaths/ total crash deaths	56%	37%

IBFRSS, 2015 Report

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

The following tables reflect information from the IBRFSS that indicate areas of likely healthcare needs.

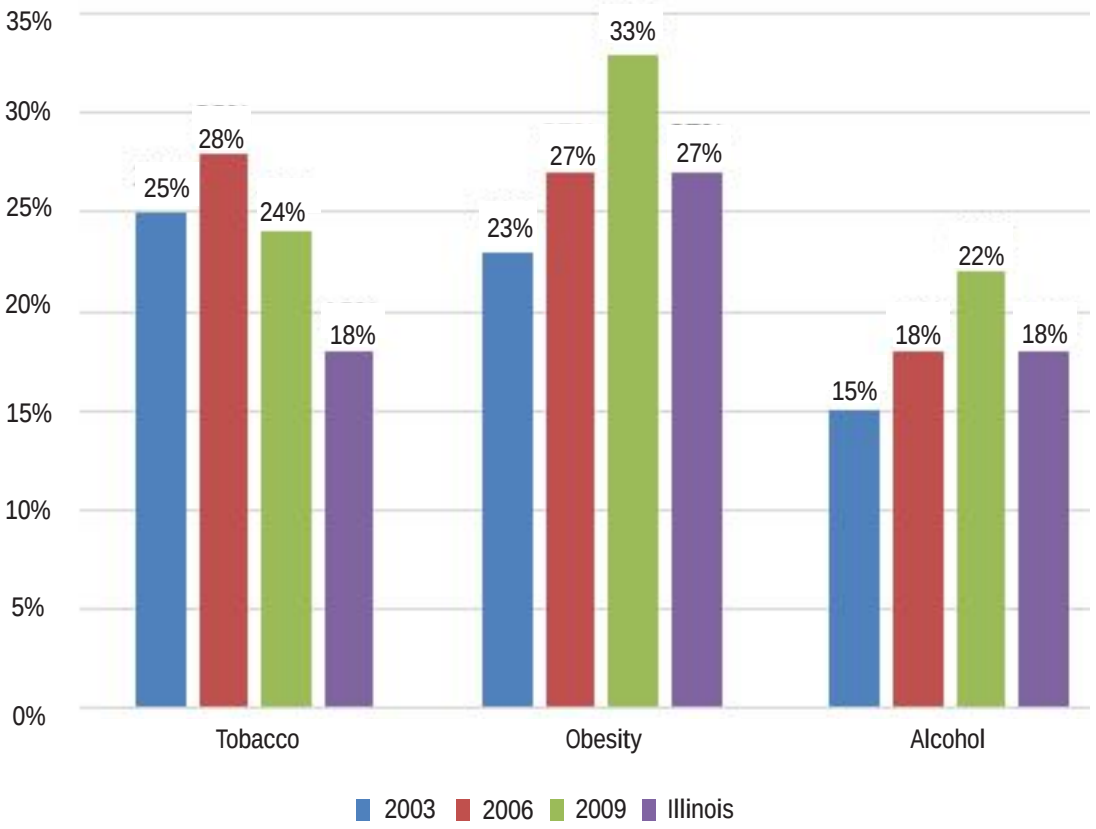
Table 2. Diagnosed Disease Factors – Macoupin County



IBFRSS, 2015 Report

Diagnosis of arthritis and high blood pressure has exceeded the state level in the past decade. Diagnosis of asthma and diabetes has increased to exceed the state level.

Table 3. Health Risk Factors – Macoupin County



IBFRSS, 2015 Report

Tobacco use has consistently exceeded the state levels. The rate of persons reporting obesity and consuming alcohol has increased to exceed the state level. Teen birth rates (ages 15-19), as noted in Table 1, are just below the state rate.

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute list Macoupin County at Level 8 for all cancers, which means that the cancer rate is similar to the U.S. rate and is falling over the recent past. This is confirmed by the local cancer data set out on the following pages.

Cancer Incidence – Breast

The 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 a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Female Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	14,509	24	128.1
Bond County	8,813	15	150.3
Macoupin County	24,394	42	128.4
Madison County	137,377	205	126.5
Montgomery County	14,347	25	126.4
Illinois	6,517,603	9,221	127.4
United States	155,863,552	216,052	122.7
HP 2020 Target	–	–	<=40.9

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Community Commons, 2015

Cancer Incidence – Colon and Rectum

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum 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.

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	28,620	20	52.1
Bond County	17,849	13	63.2
Macoupin County	47,879	34	52.2
Madison County	268,473	158	50.8
Montgomery County	30,126	25	60.7
Illinois	12,790,182	6,495	48.6
United States	306,603,776	142,173	43.3
HP 2020 Target	–	–	<=38.7

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Community Commons, 2015

Cancer Incidence – Lung

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung 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.

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate, Per 100,000 Population
Service Area Estimates	28,620	32	85.1
Bond County	17,849	16	74.8
Macoupin County	47,879	55	85.5
Madison County	268,473	258	83.7
Montgomery County	30,126	36	89.9
Illinois	12,790,182	9,336	70.6
United States	306,603,776	212,768	64.9

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Community Commons, 2015

Cancer Incidence – Prostate

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of 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.

Report Area	Male Population	Average New Cases Per Year	Annual Incidence Rate, Per 100,000 Population
Service Area Estimates	14,112	26	152.4
Bond County	9,036	11	111.9
Macoupin County	23,485	46	157.9
Madison County	131,096	195	136.1
Montgomery County	15,779	23	126.0
Illinois	6,272,579	9,168	149.4
United States	150,740,224	220,000	142.3

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Community Commons, 2015

MORTALITY

Mortality – Cancer

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate, Per 100,000 Population	Age-Adjusted Death Rate, Per 100,000 Population
Service Area Estimates	28,618	71	247.95	188.71
Bond County	17,847	42	234.21	192.70
Macoupin County	47,874	122	255.67	187.24
Madison County	268,467	598	222.75	191.95
Montgomery County	30,129	86	285.44	210.98
Illinois	12,787,914	24,135	188.74	181.31
United States	306,486,831	569,481	185.81	174.08
HP 2020 Target	–	–	–	<=160.60

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-11. Source Geography: County. Community Commons, 2015

Red numbers indicate rates that exceed state levels. The green highlights that the indicated service area is below the state level.

Mortality – Heart Disease

Within the service area, the rate of death due to coronary heart disease per 100,000 population is 199 people. Figures are reported as crude rates, and as rate 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.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	28,618	83.89	293.12	210.44
Bond County	17,847	45	253.26	201.34
Macoupin County	47,874	147	307.06	209.87
Madison County	268,467	677	252.25	213.85
Montgomery County	30,129	83	276.81	181.82
Illinois	12,787,914	25,354	198.26	186.84
United States	306,486,831	605,315	197.50	184.55

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-11. Source Geography: County. Community Commons, 2015

Mortality – Ischaemic Heart Disease

Within the report area, the rate of death due to ischaemic heart disease per 100,000 population is 127 people. This rate is greater than the Healthy People 2020 target of less than or equal to 103 people per 100,000. 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.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate, Per 100,000 Population	Age-Adjusted Death Rate, Per 100,000 Population
Service Area Estimates	28,618	50.64	176.96	127.34
Bond County	17,847	31	174.82	138.72
Macoupin County	47,874	88	183.40	125.37
Madison County	268,467	423	157.56	133.86
Montgomery County	30,129	52	173.25	113.08
Illinois	12,787,914	15,813	123.66	116.58
United States	306,486,831	390,568	127.43	118.96
HP 2020 Target	–	–	–	<=103.4

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-11. Source Geography: County. Community Commons, 2015

Cancer Incidence – 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 the 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.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate, Per 100,000 Population	Age-Adjusted Death Rate, Per 100,000 Population
Service Area Estimates	28,618	20.01	69.93	52.22
Bond County	17,847	11	60.51	50.73
Macoupin Countyy	47,874	35	73.11	52.32
Madison County	268,467	163	60.79	52.32
Montgomery County	30,129	19	62.40	44.82
Illinois	12,787,914	5,253	41.08	39.95
United States	306,486,831	137,478	44.86	42.67

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-11. Source Geography: County. Community Commons, 2015

Mortality – Stroke

Within the service area, there are an estimated 44 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 34 people. 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.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate, Per 100,000 Population	Age-Adjusted Death Rate, Per 100,000 Population
Service Area Estimates	28,618	18.11	63.30	44.41
Bond County	17,847	8	44.83	35.87
Macoupin County	47,874	31	65.59	43.44
Madison County	268,467	149	55.57	47.10
Montgomery County	30,129	25	84.30	52.91
Illinois	12,787,914	5,526	43.21	40.95
United States	306,486,831	131,470	42.90	40.39
HP 2020 Target	–	–	–	<=33.8

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-11. Source Geography: County. Community Commons, 2015

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.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate, Per 100,000 Population	Age-Adjusted Death Rate, Per 100,000 Population
Service Area Estimates	28,618	15.29	53.42	46.19
Bond County	17,847	10	53.79	49.15
Macoupin County	47,874	25	51.80	43.21
Madison County	268,467	156	58.18	55.02
Montgomery County	30,129	17	56.42	49.78
Illinois	12,787,914	4,142	32.39	31.77
United States	306,486,831	122,185	39.87	38.85
HP 2020 Target	–	–	–	<=36.0

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-11. Source Geography: County. Community Commons, 2015

The Illinois Department of Health releases countywide mortality tables from time to time. The most recent table available for Macoupin County, showing the causes of the death within the county, is set out below.

Disease Type	Macoupin
Diseases of the Heart	154
Malignant Neoplasms	117
Lower Respiratory Systems	30
Cardiovascular Diseases (Stroke)	32
Accidents	19
Alzheimer's Disease	16
Diabetes Mellitus	16
Nephritis, Nephrotic Syndrome, and Nephrosis	14
Influenza and Pneumonia	15
Septicemia	8
Intentional Self-Harm (Suicide)	4
Chronic Liver Disease, Cirrhosis	4
All Other Causes	118
Total Deaths	547

IDPH, 2011 Data

The mortality numbers are much as one would expect with diseases of the heart and cancer as the leading causes of death in each county. These numbers are consistent with the mortality reports from other rural Illinois counties.

Qualitative Sources

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 below.

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 healthcare due to geographic, language, financial or other barriers.

Members of the CHNA Steering Committee, those who participated in the needs identification and prioritization process, were chosen based on their unique experience and expertise, informed perspectives and involvement with the community.

CHNA Steering Committee Member and Area of Expertise:

Ron Maedge, Deputy, Macoupin County Sheriff's Department
Bernice Henke, Board Member, Community Memorial Hospital
Sylvia Lux, Board Member, Community Memorial Hospital, and Chamber of Commerce Member
Lenny Luckett, Member and Community Service Program Outreach Coordinator, St. Paul Church of Christ
Debbie Link, Macoupin County Public Health Department
Hulda Black, Board Member, Community Memorial Hospital
Tisha Vaughn, Director, Senior Life Solutions (a senior outpatient psych program offered through the hospital)
John Saracco, LCSW, Senior Life Solutions
Rena Schmollinger, Secretary, Senior Life Solutions
Joann Baum, Supervisor of Cardiopulmonary Department and Team Leader of Ancillary Services, Community Memorial Hospital

Others providing input included through the focus groups included:

Sheriff Shawn Kahl, Sheriff, Macoupin County
Dr. Bart Pola, President, Medical Staff, Community Memorial Hospital
Bernice Henke, Secretary of the Board of Trustees and former Nursing Administrator, Community Memorial Hospital
Alva Tevini, Social Services and Case Management, Community Memorial Hospital
Roberta Brown, Nursing Administrator, former flight and ER nurse, Community Memorial Hospital

FOCUS GROUP – CMH MEDICAL PROFESSIONALS AND PARTNERS

Two focus groups were convened at Community Memorial Hospital on May 12 and 13, 2015. The Medical Professionals Group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past two to three years. They responded with the following:

- Chemotherapy and oncology – in-house infusion
- Macoupin County Transit Services
- Helicopter
- Access to specialists is better and continues to improve
- Ongoing construction at the hospital is good for community morale
- Wound clinic
- Senior Life Solutions – Medicare, geriatric, and outpatient group therapy

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Wellness
    - Access to nutritionist
    - Education on nutrition and obesity
    - Diabetes education
- Mental health referrals for screening and care are difficult
- Dental care for underinsured and uninsured
- Substance abuse
    - Referrals and local evaluation
    - Heroin
    - Alcohol
    - Prescription drugs
        - Sharing
        - Use
        - Theft
- Local access to dialysis
- Local specialist services
    - GI services for routine screenings
    - Infectious disease
    - Endocrinology for diabetics
- Diabetes
- Obesity

FOCUS GROUP – COMMUNITY LEADERS

The Community Leaders Group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past two to three years. They responded with the following:

- Non-emergency transportation services have improved
- Local ambulance services have improved
- Facility improvements at Community Memorial Hospital (and at Carlinville Area Hospital)
- Community commitment to the future of Community Memorial Hospital
- Strong medical staff
- Wound care clinic
- Local oncology and cardiac care is excellent

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services in the community. They responded with the following:

- Substance abuse
    - Heroin
    - Methamphetamines (north end of county)
    - Prescription drugs
        - Abuse by patients
        - Sale of prescriptions
        - Theft
    - Alcohol
- Mental health
    - Law enforcement down time due to mental health patients
    - Local access to mental health support and substance abuse support for low income
    - No community prevention group
- Security in the hospital
- Memory problems and Alzheimer's
    - Adult day care
    - Education for caregivers
- Access to food/nutrition for youth
- Services for working poor
    - Adult day care
    - Education related to personal health
- Support mechanisms for aging and ill adults
- Opportunities for physical fitness and recreation
- Autism in teens seems high

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

The steering group met on August 20, 2015, to consider the results of the focus groups and summarized secondary data. As part of the identification and prioritization of health needs, the CHNA Steering Committee considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities: the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs. The identification and prioritization group included a representative of the Macoupin County Health Department.

As an outcome of the prioritization process, discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for consideration for the Implementation Strategy.

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

After reviewing the information and data, the group identified and prioritized three significant health needs facing the Community Memorial Hospital Service area. The identified needs were:

1. WELLNESS

The group expressed concerns over data related to obesity, heart disease, and Chronic Obstructive Pulmonary Disease (COPD). They agreed with needs identified in the focus groups and prioritized needs for the following:

- Opportunities for exercise and recreation for persons of all ages
- Nutrition information and education
- Education addressing healthy living and chronic illness

2. MENTAL HEALTH

Both focus groups indicated concerns with local access to mental health services. Issues raised included availability of local mental health services including crisis care, intervention counseling, access to transfer, and addressing substance abuse issues, especially prescription drug abuse and use of synthetic drugs. Secondary data considered by the identification and prioritization group supported the needs raised by the focus groups. The steering group consolidated mental health issues into the following needs – many of which are community based:

- Local access to mental health professionals, including psychiatrists and counselors
- Beds for transfer when extended care is indicated
- Reducing law enforcement downtime in the field and at the hospital
- Explore a comprehensive substance prevention coalition
- Parenting education
- Identify scope of homelessness and address as necessary

3. CANCER

The group was concerned about anecdotal information about cancer and also the secondary data. They identified the need for further exploration of the cancer situation within the service area of Community Memorial Hospital, including the search for ways to impact local cancer rates.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH COMMUNITY MEMORIAL HOSPITAL

Hospital Services

- Cardiopulmonary
- Community family practice
- Emergency medicine
- Inpatient services
- Laboratory
- Occupational therapy
- Outpatient services
- Physical therapy
- Radiology
- Senior Life Solutions
- Transitional care
- Specialty clinics
    - Allergy and immunology
    - Audiology
    - Dermatology
    - Dietitian
    - General surgery
    - Nephrology
    - Neurology
    - OB-GYN
    - Oncology
    - Ophthalmology
    - Orthopedics
    - Podiatry
    - Urology
    - Wound care

Community Organizations, Health Partners, and Government Agencies

- Macoupin County Health Department
- Macoupin County Sheriff
- Macoupin County Housing Authority
- Kids' Café
- Farmers' markets
- Southern Illinois University School of Medicine
- Senior organizations
- Community organizations
- Area schools
- Local governments
- Area churches and faith-based organizations

VIII. STEPS TAKEN SINCE THE LAST CHNA TO ADDRESS IDENTIFIED NEEDS

Since the development of the last Implementation Strategy, the hospital has taken several steps to meet the strategies selected. The steps taken are set out below in the context of the action plan along with impacts where available.

The significant needs identified in the last CHNA included:

1. TRANSPORTATION
2. OBESITY/DIABETES
3. MENTAL HEALTH
4. HEALTH EDUCATION/RISK EDUCATION
5. HEALTH COSTS/EFFICIENCIES
6. IMPROVED ACCESS TO DENTAL CARE

Community Memorial Hospital has partnered with the Macoupin County Health Department to improve transportation to and from the hospital and appointments by providing parking accommodations for a transport van and assisting the driver with receiving orders and faxing information. CMH also provides advertising for the transportation services.

In addition, CMH supports and promotes health department initiatives in mental health and other services as well as education programs, including assisting with the 'Take Charge of Your Diabetes' program.

Community Memorial Hospital has initiated direct counseling services with the CMH dietitian.

Community Memorial Hospital offers Senior Life Solutions, an outpatient psych program for seniors.

Community Memorial Hospital has undergone major changes to its physical plant over the past three years and believes that some of those improvements will directly impact some of the identified needs, including health costs and efficiencies and a better environment for patient care and education. The hospital has also begun a private pay discount program to help address health costs and continues to explore efficiencies and cost reduction innovations.

CMH and the community continues to struggle with access to dental care. CMH supports and promotes the efforts of Macoupin County Health Department to make these services available and also supports local efforts to encourage and recruit new dentists.

IX. REFERENCES

- *County Health Rankings, 2014*
- *Community Commons, 2014*
- Illinois Department of Employment Security, 2015
- National Cancer Institute, 2015 (data through 2011)
- Illinois Department of Public Health, 2015
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2015
- Macoupin County Health Department, IPLAN
- ESRI, 2015
- Illinois State Board of Education, Illinois Report Card, 2013-14
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.

X. DOCUMENTING AND COMMUNICATING RESULTS

This CHNA Report will be available to the community on the hospital's public website: www.stauntonhospital.org. A hard copy may be reviewed at the hospital by inquiring at the information desk at the main entrance. The hospital will also provide in its annual IRS Schedule H (Form 990) the URL of the webpage on which it has made the CHNA Report and Implementation Plan widely available to the public as well as a description of the actions taken during the taxable year to address the significant health needs identified through its most recent CHNA as well as the health indicators that it did not address and why.

Approval

This Community Health Needs Assessment of Community Memorial Hospital was accepted, and the Implementation Strategy was approved, by the Community Memorial Hospital Board of Directors in March, 2016.

IMPLEMENTATION STRATEGY

IMPLEMENTATION STRATEGY

This Community Health Needs Assessment Implementation Strategy outlines how Community Memorial Hospital intends to enhance its community benefit efforts in response to identified needs. A Community Health Needs Assessment was conducted by Community Memorial Hospital in collaboration with several other community organizations during the summer and fall of 2015. This Implementation Strategy is in direct response to the prioritized community healthcare needs identified during the Community Health Needs Assessment.

Target Areas and Populations

Twelve cities, villages, and surrounding areas were the target of the Community Health Needs Assessment and thus are also the target geographical areas to be addressed through this Implementation Strategy.

How Significant Health Needs Were Identified and Prioritized

The CHNA Steering Committee, comprised of community leaders, healthcare providers, and community volunteers serving low income community members, met on August 20, 2015 to review the primary and secondary data collected to that point and to identify and prioritize significant health needs in the service area.

The CHNA Steering Committee considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities: the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs. The group included a representative of the Macoupin County Health Department.

The group reviewed secondary data and data summaries from Community Commons, ESRI, USDA, *County Health Rankings,* the Macoupin County Health Department IPLAN, National Cancer Institute, Illinois Behavioral Risk Factor Surveillance System, Illinois State Board of Education, and other sources as well as the results of focus groups conducted with community members and medical professionals and partners.

The group utilized a roundtable discussion to identify significant needs consolidating concerns expressed in the focus groups, which found support in the secondary data. They then applied individual power rankings to the needs and discussed the tabulated results before finalizing the prioritization.

Community Memorial Hospital's identified and prioritized health needs:

1. WELLNESS

The group expressed concerns over data related to obesity, heart disease, and Chronic Obstructive Pulmonary Disease (COPD). They agreed with needs identified in the focus groups and prioritized needs for the following:

- Opportunities for exercise and recreation for persons of all ages
- Nutrition information and education
- Education addressing healthy living and chronic illness

2. MENTAL HEALTH

Both focus groups indicated concerns with local access to mental health services. Issues raised included availability of local mental health services including crisis care, intervention counseling, access to transfer, and addressing substance abuse issues and especially prescription drug abuse and use of synthetic drugs. Secondary data considered by the identification and prioritization group supported the needs raised by the focus groups. The steering group consolidated mental health issues into the following needs – many of which are community based:

- Local access to mental health professionals, including psychiatrists and counselors
- Beds for transfer when extended care is indicated
- Reducing law enforcement down time in the field and at the hospital
- Explore a comprehensive substance prevention coalition
- Parenting education
- Identify scope of homelessness and address as necessary

3. CANCER

The group was concerned about anecdotal information about cancer and also the secondary data. They identified the need for further exploration of the cancer situation within the service area of Community Memorial Hospital, including the search for ways to impact local cancer rates.

IMPLEMENTATION STRATEGY

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Community Memorial Hospital including:

- Susie Campbell, CEO
- Brian Engelke, CFO
- Roberta Brown, Nursing Administrator
- Joann Baum, Supervisor of Cardiopulmonary and Ancillary Services
- Marilyn Herbeck, HR Coordinator
- Cheryl Horner, IT Supervisor and Team Leader of Support Services

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 four 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.

Process by which Community Memorial Hospital's healthcare needs will be addressed:

1. WELLNESS

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

- Initiate indoor walking program for the public at the hospital for winter months
- Provide space, supplies, refrigerator, and other resources for Kids' Café summer foods program for youth
- Provide nutrition and healthy living information for distribution through Kids' Café
- Build relationships and begin to provide resources and support for community walks, runs, and opportunities for exercise and recreation
- Make nutrition information available on the Community Memorial Hospital website
- Continue to participate in health fairs and expand screenings and educational materials related to chronic illness management and healthy lifestyles
- Increase sharing of nutrition information with area schools
- Explore opportunities to support farmer's markets, summer foods partnerships, and community gardens
- Establish one related quantifiable outcome measure to enable the facility to improve population health

Anticipated impact of these actions:

- Free access to safe exercise during winter months
- Healthy meals for underserved youth
- Expanded access to local opportunities for recreation and exercise
- Expanded access to healthy living, chronic disease management, and nutrition information
- Expanded access to screenings
- Expanded access to healthy foods
- Measurable outcomes to support evaluation will include increases in persons receiving education, screenings, and utilizing exercise and recreation opportunities

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

- Administration
- Physical plant
- Dietitian
- Marketing
- Clinical staff

Planned collaboration between the hospital and other facilities or organizations:

- Macoupin County Health Department
- Kids' Café
- Schools
- Churches
- City of Staunton
- Senior organizations
- Community organizations
- Farmers' markets

2. MENTAL HEALTH

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

- Recognizing a lack of internal resources to address mental health issues surrounding community-based substance abuse programs, the hospital will support law enforcement and developing local coalitions through staff and/or appropriate resources
- Explore community partnerships to provide community services to homeless persons and other low-income youth and adults
- Increase dialog with schools to explore common goals for mental health services and begin to partner toward those goals
- Identify or generate one data set surrounding this need which will enable the facility to establish one measurable outcome

Anticipated impact of these actions:

- Expanded community awareness of substance abuse issues
- Development of local substance abuse prevention strategies
- Access to community services, including mental health services for underserved persons
- Mental health and wellness initiatives in the communities and the schools
- Measurable outcomes to support evaluation will include the expansion of reach of community and mental health services available within the service area

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

- Administration

Planned collaboration between the hospital and other facilities or organizations:

- Macoupin County Health Department
- Macoupin County Sheriff
- Staunton schools
- Churches

3. CANCER

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

- Continue weekly local oncology and infusion services
- Explore formation of cancer support groups and/or support of existing community support groups
- Recognizing that the exploration of the possible reasons for what seems to be high local cancer numbers is beyond the mission and resources of the hospital, Community Memorial Hospital will encourage and cooperate with any efforts undertaken to review these circumstances by an appropriate entity
- Establish one related quantifiable outcome measure of cancer care services

Anticipated impact of these actions:

- Continued and expanded access to cancer care services
- Possible review of local causes of cancer

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

- Pharmacy
- Oncology nurses

Planned collaboration between the hospital and other facilities or organizations:

- Southern Illinois University
- Physicians
- Community organizations

Committed Resources

In addition to staff and facility resources, Community Memorial Hospital has budgeted a percent increase in spending for discretionary community benefit activities to help support this Implementation Strategy.

Approval

The Community Memorial Hospital Board of Directors reviews on an annual basis the prior fiscal year's community benefit role and approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment and other plans for community benefit.

This Implementation Strategy for the Community Needs Assessment of Community Memorial Hospital was approved by the Community Memorial Hospital Board of Directors in March, 2016.

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