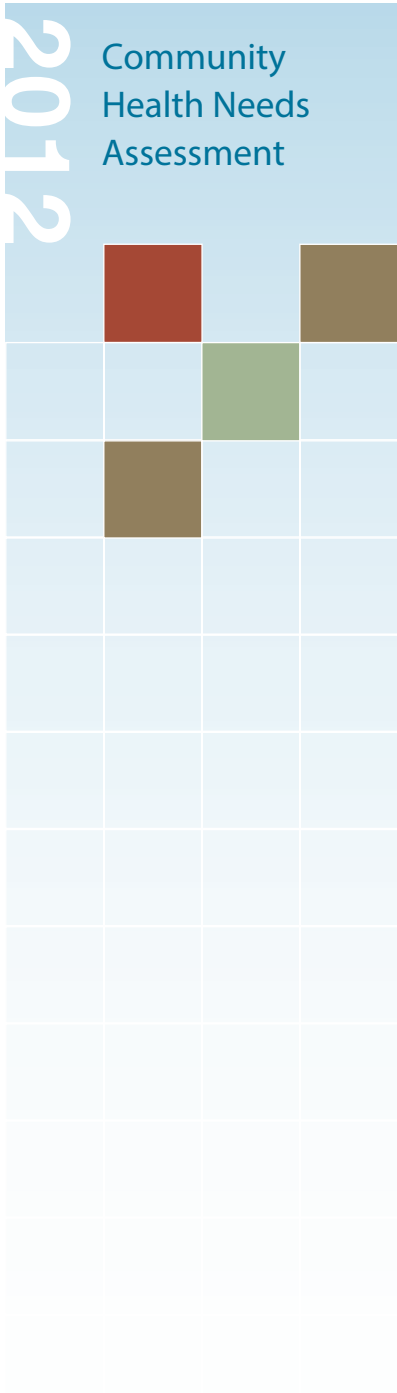


Community Health Needs Assessment

Perry Memorial Hospital | 2012





Perry Memorial Hospital

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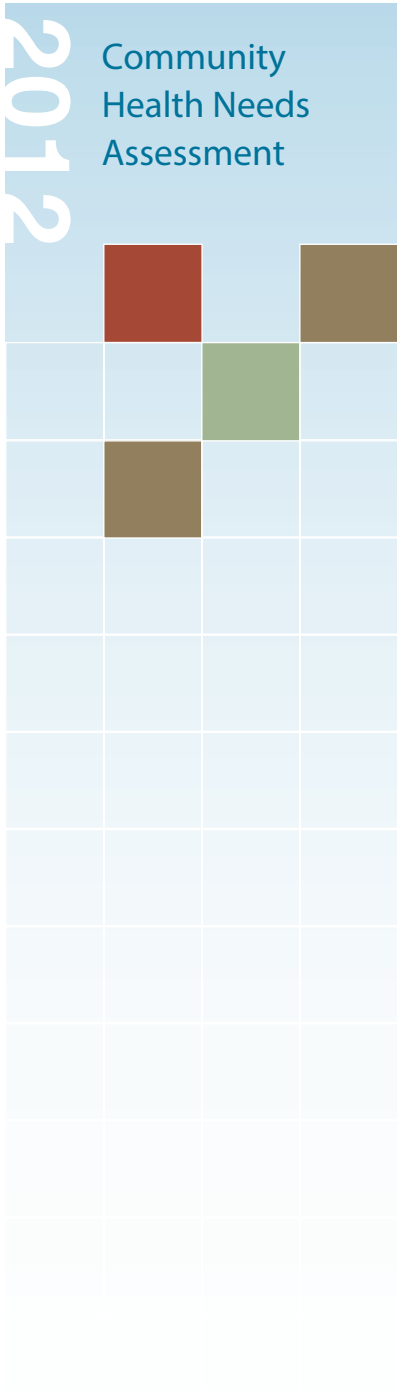


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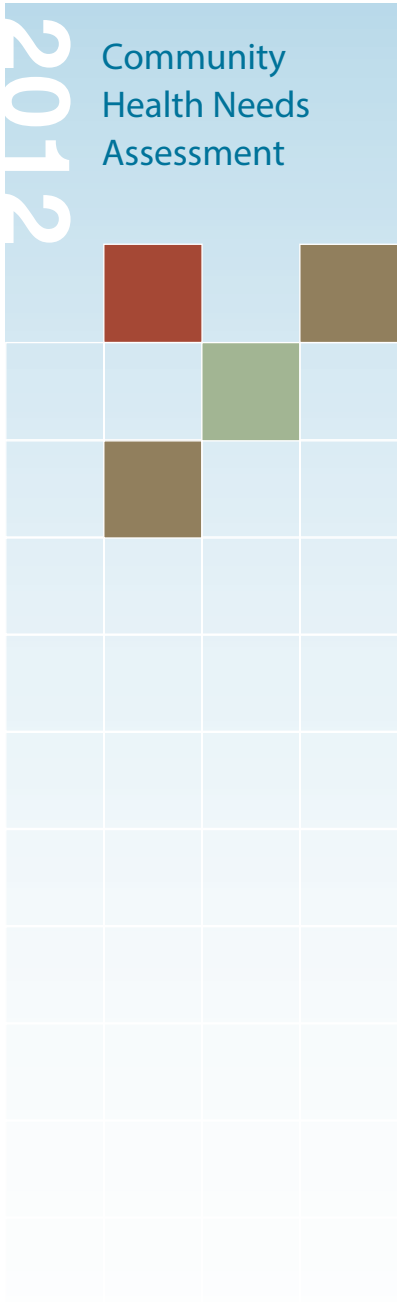
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Community Health Needs Assessment

PROCESS

Purpose

The mission of Perry Memorial Hospital is to provide compassionate, quality health services to the people and communities it serves. In the past, Perry Memorial Hospital has employed many different methods to assess the health needs of the area it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require 501(c)3 hospitals to conduct a local community health needs assessment, following specific guidelines, every three years and to report the completion of the assessment as part of their corporate tax filings with the Internal Revenue Service. Since Perry Memorial is a municipal hospital, it is not required; however, the hospital board of directors determined that Perry would participate to provide consistency in its planning process with other hospitals in the state of Illinois.

Perry Memorial Hospital provides compassionate, quality health services to the people and communities it serves.

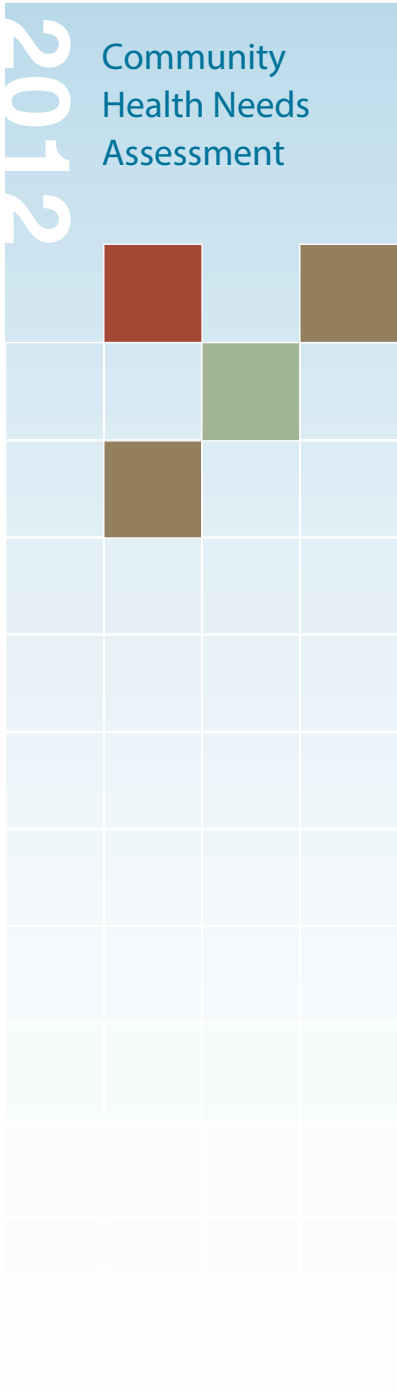
Assessing community health needs through a review of available health data and discussions with area health care partners, community leaders and representatives of the many groups served by the hospital gave Perry Memorial Hospital and its health care partners the opportunity to identify and address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

Scope of Assessment

Perry Memorial Hospital elected to conduct a community health needs assessment in 2012. The community health needs assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 51 member hospitals, is an independent network governed by a nine-member board of directors with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Perry 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 health care initiatives that will allow the hospital and its partners throughout the service area to best serve the emerging health needs of the Princeton area.



Community Health Needs Assessment

Methodology and Gaps Discussion

The community health needs assessment was conducted through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney and former educator and community development specialist, met with 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.

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

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

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

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

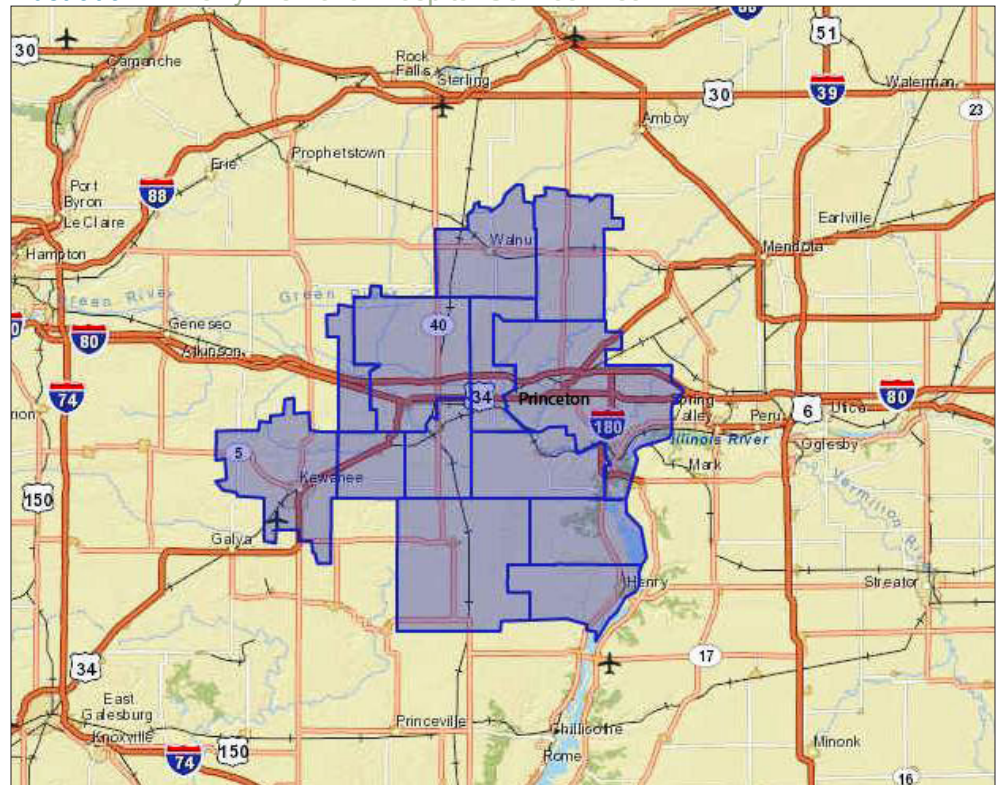
COMMUNITY

Geographic Assessment Area Defined

The Perry Memorial Hospital community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary hospital catchment area, which includes all or portions of the zip code service areas surrounding Princeton, Wyandot, Tiskilwa, Walnut, Henry, Sheffield, Ohio, Buda, Putnam, Mineral, Neponset, Bradford and Kewanee. This geographic area definition of community is well-suited to Perry Memorial Hospital, a designated critical access hospital providing primary care through inpatient/outpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.

The Perry Memorial Hospital service community is located primarily in Bureau County. Major medical centers in Peoria and Rockford receive patients from the service area.

Illustration 1. Perry Memorial Hospital Service Area



(ESRI - 2012)

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

Demographic Profile

Table 1. Population by Race - Perry Memorial Hospital Service Area

RACE and ETHNICITY	2011		2016	
	Number	Percent	Number	Percent
White	37,347	93.7%	37,088	93.2%
Black	736	1.8%	799	2.0%
American Indian	90	0.2%	98	0.2%
Asian	216	0.5%	228	0.6%
Pacific Islander	12	0.0%	13	0.0%
Other	824	2.1%	906	2.3%
Two or More Races	615	1.5%	673	1.7%
Hispanic Origin (any race)	2,040	5.1%	2,296	5.8%

(ESRI – 2012)

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

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

Table 2. Demographic Trends - Perry Memorial Hospital Service Area

SUMMARY	2010	2011	2016
Population	39,810	39,840	39,805
Households	16,334	16,345	16,387
Families	10,737	10,751	10,676
Average Household Size	2.39	2.39	2.38
Owner Occupied Housing Units	12,228	12,128	12,232
Renter Occupied Housing Units	4,106	4,217	4,155
Median Age	42.4	42.6	43.7
TRENDS: 2011-2016 Annual Rate	AREA	STATE	U.S.
Population	-0.02%	0.00%	0.67%
Households	0.05%	0.00%	0.71%
Families	-0.14%	0.00%	0.57%
Owner Households	0.17%	0.00%	0.91%
Median Household Income	3.27%	0.00%	2.75%

(ESRI – 2012)

The overall population of the service area is trending toward little change with expected related trends in most demographic categories. The median age is projected to continue to increase over the next five years to 43.7 years of age.

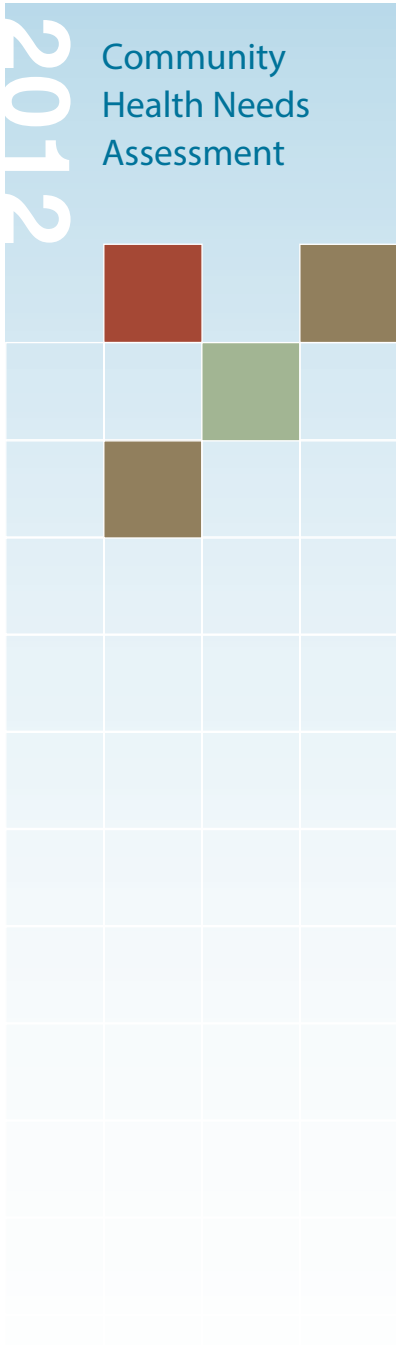
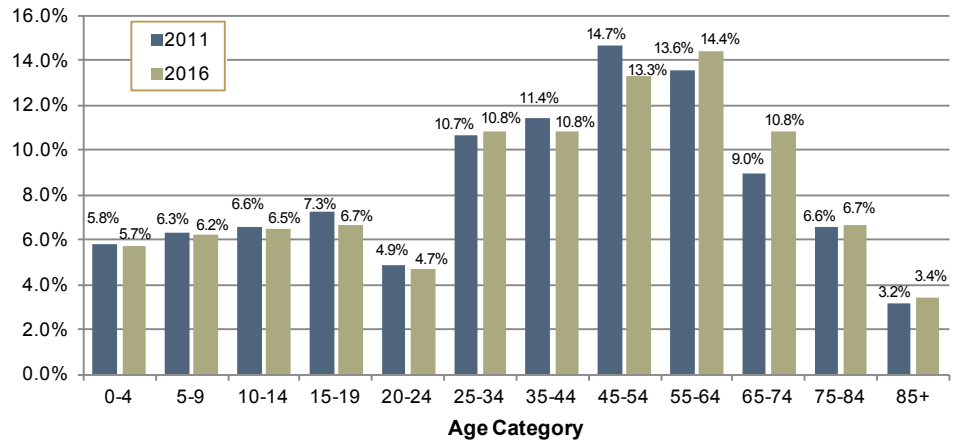


Table 3. Population Age Trends - Perry Memorial Service Area



(ESRI – 2012)

The Perry Memorial Hospital service area is projected to gain population distribution in all groupings over age 55 and experience a stable level in the 0-4 age group and a small increase in the 25-34 age group. This pattern is typical of rural Illinois.

Economic Profile

Table 4. Household Income Profile - Perry Memorial Hospital Service Area

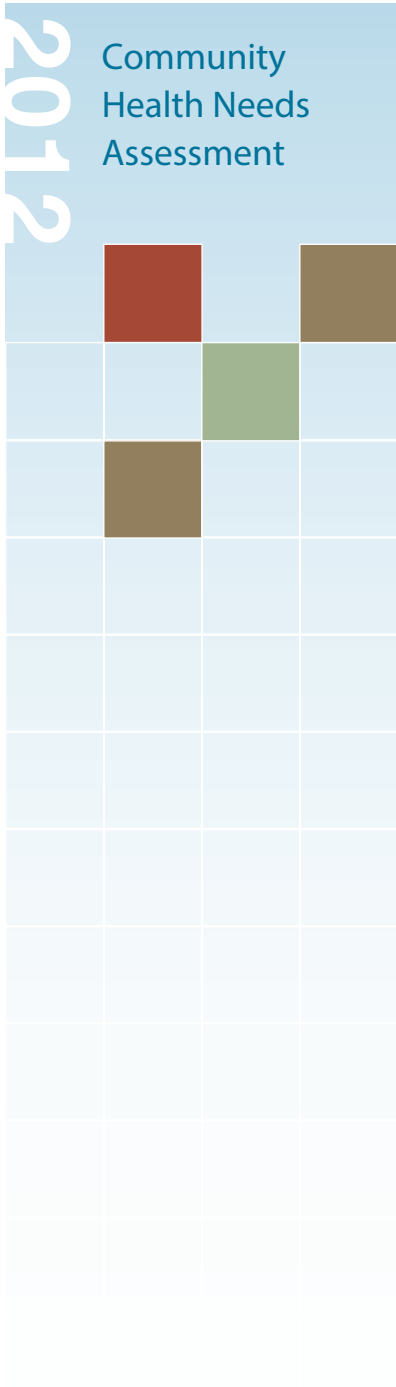
HOUSEHOLDS BY INCOME	2011		2016	
	Number	Percent	Number	Percent
<\$15K	2,382	14.6%	2,313	14.1%
\$15K-\$24K	2,335	14.3%	1,829	11.2%
\$25K-\$34K	2,128	13.0%	1,826	11.1%
\$35K-\$49K	2,761	16.9%	2,468	15.1%
\$50K-\$74K	3,224	19.7%	3,610	22.0%
\$75K-\$99K	1,701	10.4%	2,189	13.4%
\$100K-\$149K	1,325	8.1%	1,542	9.4%
\$150K-\$199K	294	1.8%	395	2.4%
\$200K+	195	1.2%	215	1.3%

Median Household Income	\$40,923	\$48,057
Average Household Income	\$53,355	\$59,388
Per Capita Income	\$22,412	\$24,990

(ESRI – 2012)

Median household income for 2011 was \$40,923 in the Perry Memorial Hospital service area, compared to \$54,442 for all U.S. households. The median household income in Illinois was \$50,761 for 2011. Median household income is projected to be \$48,057 in five years. Median household income is the amount where one-half of the households in an identified area have a higher income and one-half of the households have a lower income. (ESRI, 2012)

Median home value in the area is \$95,406, compared to a median home value of \$157,913 for the U.S. In five years, median value is projected to increase to \$108,181. (ESRI, 2012)



According to the Illinois Department of Employment Security, Local Employment Dynamics data, 367 new jobs were created in Bureau County during the first quarter of 2011. The average over Q1-2011 and the prior three quarters was 620. That is the most recent data reported for the county. The average net job flow (jobs created – jobs lost) for the same period was a loss of 19 jobs. *(IDES, May 2012)*

Bureau County’s annual average unemployment rate for 2011 was 10.4%, compared to 9.8% for Illinois and 8.9% for the U.S. In April 2012, the monthly rate was 8.6%, compared to 8.6% for Illinois and 7.7% for the U.S. *(IDES, May, 2012)*

Table 5. Collected Sales Tax Trends - Perry Memorial Hospital Service Area

	Princeton	Sheffield	Walnut	Henry
FY 2011	\$2,155,754	\$45,118	\$79,253	\$234,883
FY 2010	\$2,141,028	\$45,269	\$72,495	\$195,675
FY 2009	\$2,216,106	\$45,893	\$77,482	\$231,610

(Illinois Department of Revenue, 2012)

Sales tax revenues in the PMH service area are recovering from a general economic downturn that occurred in fiscal year 2010.

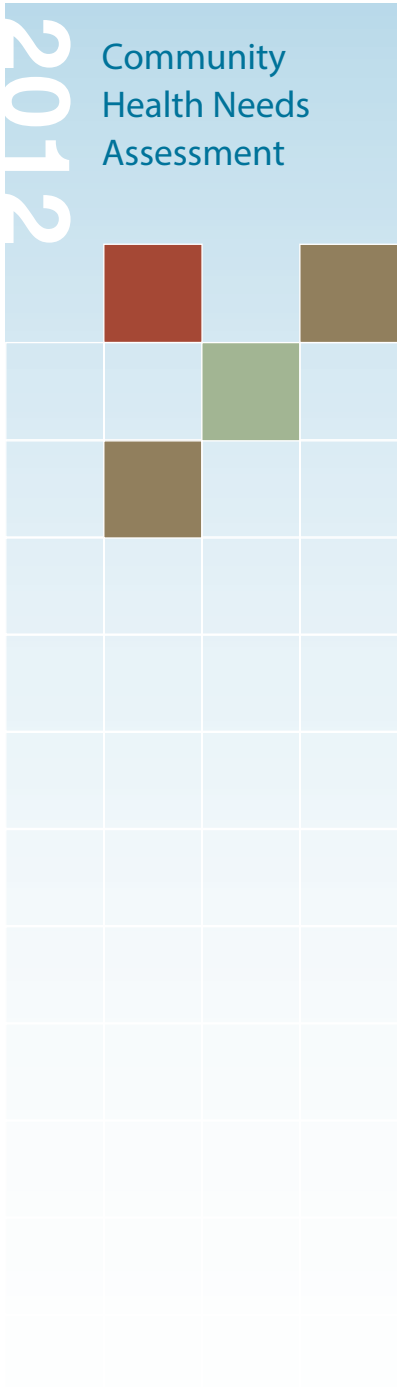
Table 6. Educational Attainment for Persons over Age 25 - PMH Service Area

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

(ESRI – 2012)

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

Low-income students are pupils age 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds or eligible to receive free or reduced-price lunches. The percentage of low-income students is the count of low-income students, divided by the total fall enrollment, multiplied by 100. *(American Communities Survey - 2009 estimates, 2011)*



The majority of the PMH service area is included in nine public school districts reflecting the following levels of low income students:

Percent Low-Income Students		
District	2000	2011
Bureau Valley CUSD 340	25.4	41.4
Malden CCSD 84	14.0	34.9
Ohio CCSD 17	6.6	36.0
Ohio CHSD 5	7.0	38.2
Princeton ESD 115	19.8	39.4
Princeton HSD 500	11.4	27.8
Kewanee CUSD 229	51.0	72.1
Putnam County CUSD 535	24.2	29.2
Henry-Senachwine CUSD 5	27.8	38.6

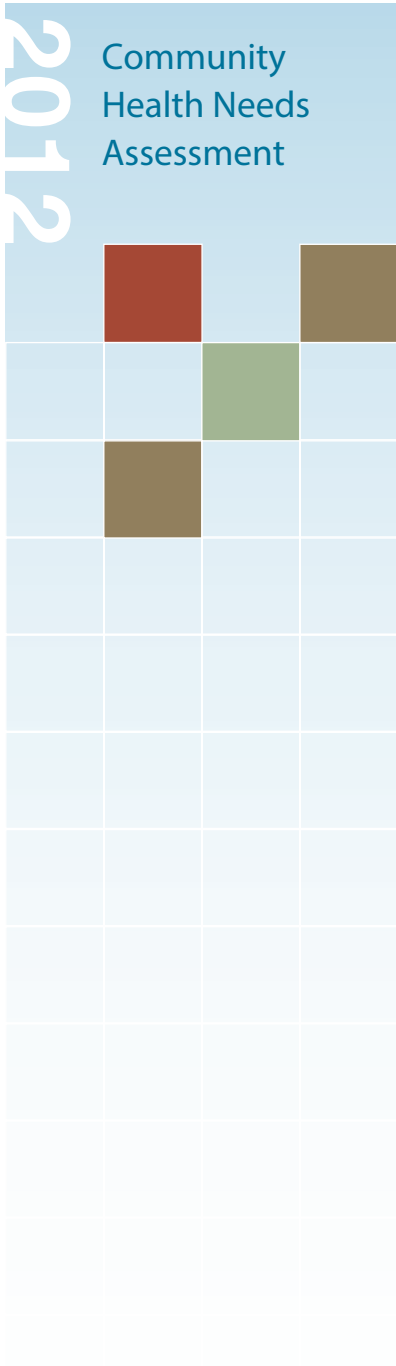
(ESRI - 2012)

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

The Perry Memorial Hospital service area is experiencing recovering employment numbers and sales tax revenue overall and numbers of children eligible for free or reduced lunch, which are increasing but remain generally similar when compared to many rural districts, and which are below the statewide trend. The service area is in a similar economic position to many rural communities in Illinois today.

Analysis of the 2010 U.S. Census data discloses an area roughly contiguous with the zip code for Kewanee that has a concentration of population below poverty level and a population of adults without high school diplomas which exceeds 20% in both categories. There is also an area immediately south of Kewanee extending into northern Stark County that has a population below the poverty level exceeding 20%. Finally, there are census blocks on the eastern edge of the service area in Bureau and Putnam counties (extending from between and including Malden and Arlington to just north of the Village of Putnam) that exceeds the 20% level for adults without high school diplomas.

A high percentage of persons below the poverty level and/or adults without high school diplomas are potential indicators of concentrations of underinsured and uninsured populations. In this case, the population concentrations of possible concern are in locations where service areas of other hospitals overlap that of PMH and suggest that cooperative planning with those hospitals may be appropriate to address the potential needs while sharing the impact of serving them.



Community Health Needs Assessment

Table 7. Employment by Industry - Perry Memorial Hospital Service Area

CATEGORY	EMPLOYED	% OF WORKING POPULATION
Manufacturing	3,354	17.0%
Health care and social assistance	2,545	12.9%
Retail trade	2,901	14.7%
Educational services	1,247	6.3%
Construction	1,196	6.0%
Accommodation and food services	1,044	5.3%
Transportation and warehousing	1,088	5.5%
Other services, except public administration	998	5.0%
Administrative and support and waste management services	408	2.1%
Finance and insurance	765	3.9%
Wholesale trade	773	3.9%
Public administration	647	3.3%
Agriculture, forestry, fishing and hunting	1,130	5.7%
Professional, scientific and technical services	577	2.9%
Information	295	1.5%
Arts, entertainment and recreation	248	1.3%
Utilities	210	1.1%
Real estate, rental and leasing	278	1.4%
Mining, quarrying, and oil/gas extraction	31	0.2%
Management of companies and enterprises	35	0.2%
TOTALS:	19,770	100.0%

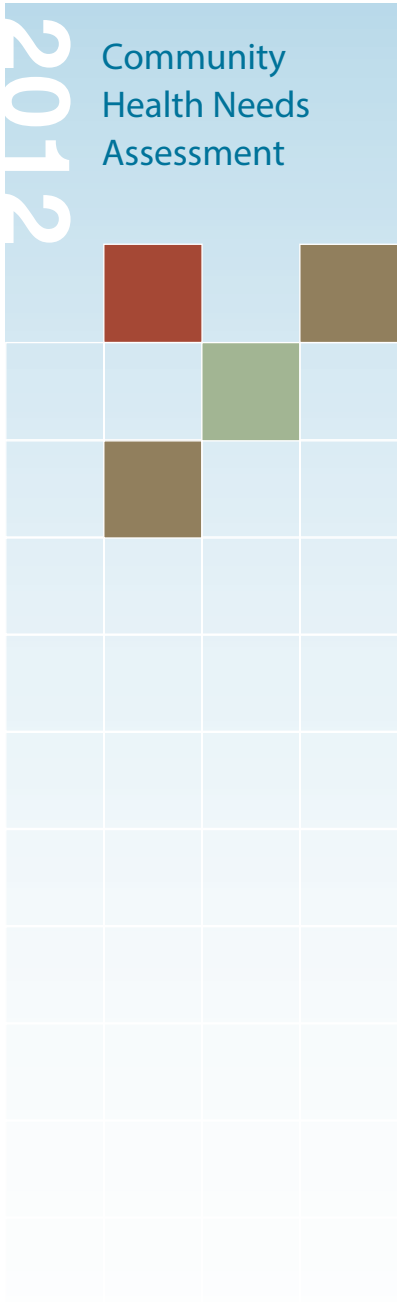
(ESRI – 2012)

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

The service area’s social and economic picture is influenced by the fact that 86% of the land area in Bureau County consists of farms, according to 2007 data from the USDA. Thirty-four percent of local farm operators work off-farm. (*Atlas of Rural and Small Town America, 2011*)

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

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



INPUT

Health Profiles from Existing Studies and other Secondary Data

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

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

(County Health Rankings and Roadmaps, 2012)

Bureau County is ranked 25th out of the 102 Illinois counties in the Rankings released in April 2012. The following observations from the Rankings are of interest to the health needs assessments of the PMH service area.

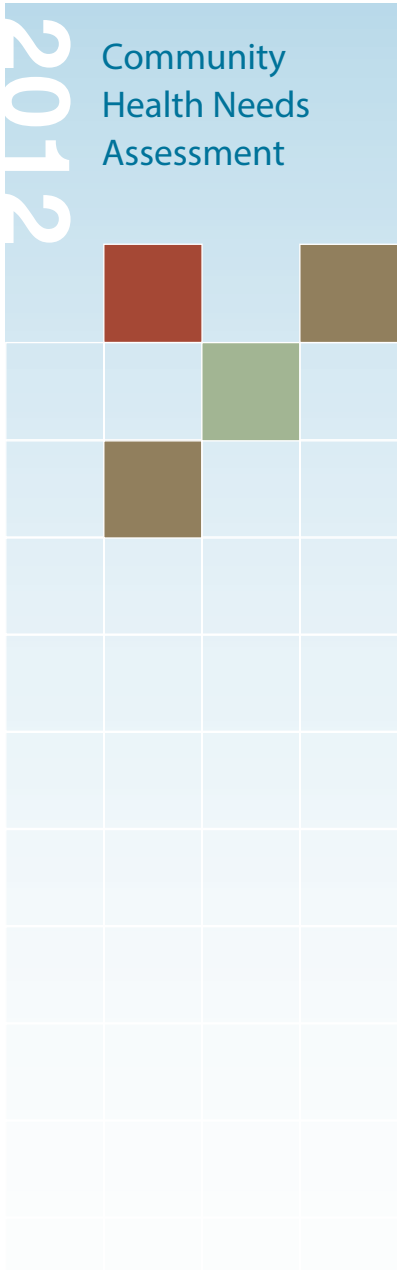
Table 8. Bureau County Health Rankings

Observation	Bureau County	Illinois
Adults reporting poor or fair health	14%	16%
Adults reporting no leisure time physical activity	30%	25%
Adult obesity	28%	27%
Children under 18 living in poverty	18%	19%

(ESRI – 2012)

The County Health rankings also show a motor vehicle crash death rate of 24 (per 100,000 population) in Bureau County, compared to a rate of 11 statewide.

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

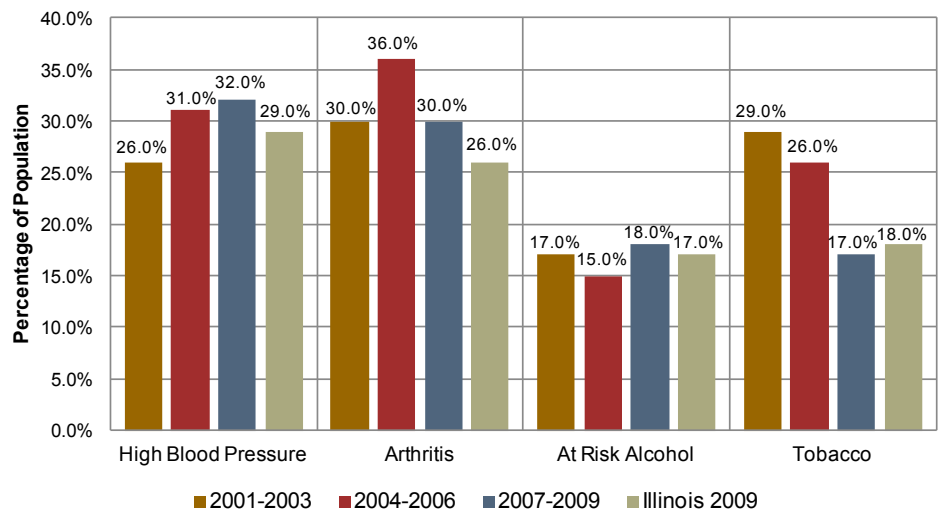


Secondary data reports and other resources were reviewed for this assessment in order to provide points of comparison for the primary facts and anecdotes offered through the primary information collection process. Those secondary sources included:

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

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

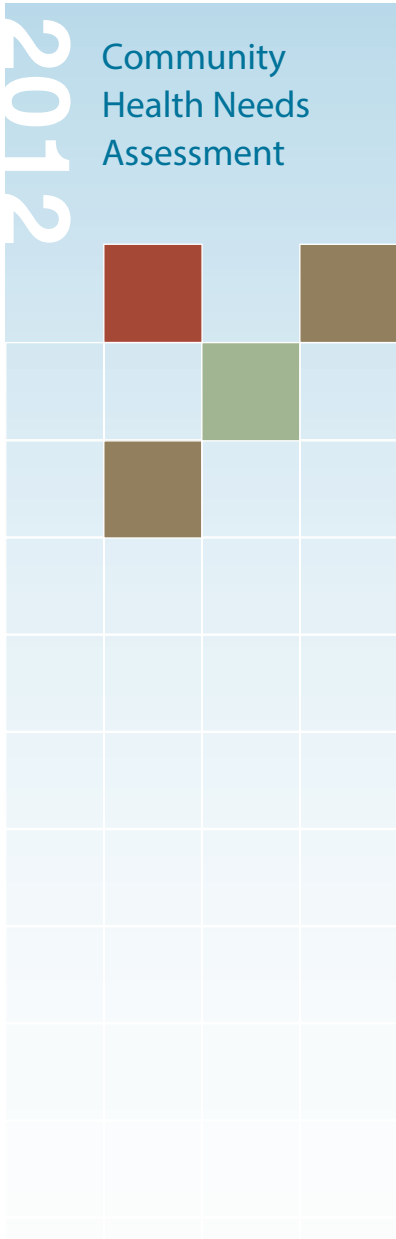
Table 9. Health Risk Factors - Bureau County



Illinois Behavioral Risk Factor Surveillance System, 2011)

Since 2003, reports of diagnosis of high blood pressure have risen slowly to exceed the state level, and reports of diagnosis of arthritis and persons at-risk for acute or binge drinking and using tobacco have varied while generally exceeding the state level.

The State Cancer Profiles compiled by the National Cancer Institute list Bureau, Henry and Marshall counties at Priority Level 6 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and is stable over the recent past.



Putnam County is designated as Level 4, which indicates a stable rate that is higher than the U.S. rate. *(National Cancer Institute, State Cancer Profiles, 2009)*

Table 10. Incidence by Disease Type - Bureau County

<u>Disease Type</u>	<u>Number of Deaths</u>
Diseases of the Heart	102
Malignant Neoplasm	95
Cerebro-vascular diseases (stroke)	17
Lower Respiratory Diseases	22
Accidents	21
Alzheimer's disease	18
Diabetes mellitus	7
Influenza and Pneumonia	10
Nephritis, Nephrotic Syndrome, and Nephrosis	23
Septicemia	2
Intentional Self Harm (Suicide)	6
Chronic Liver Disease, cirrhosis	5
All other causes	69
TOTAL DEATHS	397

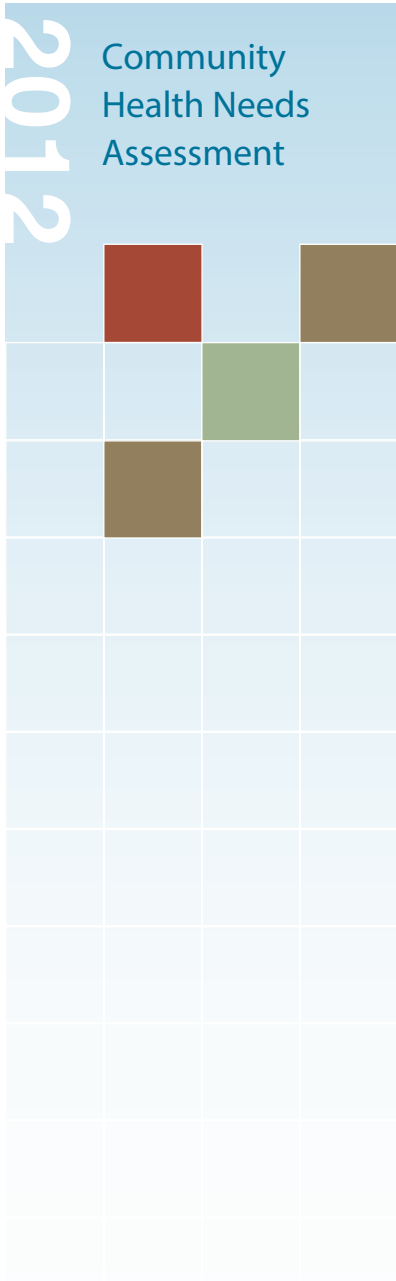
(Illinois Behavioral Risk Factor Surveillance System, 2011)

The mortality numbers are much as one would expect with diseases of the heart, cancer and lower respiratory diseases as leading factors. Nephritis and related kidney conditions also account for a significant number of deaths in the county.

The state cancer profiles compiled by the National Cancer Institute list Bureau County at Priority Level 6 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and is stable over the recent past.

A recent study of 13 counties in northwestern Illinois by the University of Illinois College of Medicine determined that the prevalence of Multiple Sclerosis in Bureau County of 68.7 cases per 100,000 population was lower than the national rate of 100 per 100,000 population. However, the rate for the PMH service area community of Tiskilwa (213.4 cases per 100,000 population) was well above the national rate and among the 10 highest rates in individual zip codes in the study. *(Multiple Sclerosis (MS) Prevalence in Thirteen Northwest Illinois Counties. University of Illinois, College of Medicine, Joel B. Cowen, Principal Investigator (2009))*

Bureau County is a designated health professional shortage area for mental health, low income dental services and low income primary medical care, according to the U.S. Department of Health and Human Services, Health Resources and Services Administration. The Bureau-Putnam Health Department overlaps most of the PMH service area.



IPLAN

The Bureau & Putnam County Health Department (BPHD) works actively with hospitals and other health care providers in Bureau and Putnam counties, including Perry Memorial Hospital and many of its partners. The service area of the BPHD overlaps a large portion of the area served by Perry Memorial Hospital, but they are not contiguous.

The BPHD conducts a community health planning process under the Illinois Project for Local Assessment of Needs (IPLAN) every five years. Every health department in Illinois develops a local IPLAN. The 2012-2016 Bureau & Putnam County IPLAN was released in July 2012.

Through a process involving surveying and meeting with community stakeholders informed by secondary data from various sources, four health problems were prioritized for the two counties and plans were developed to address them.

The identified problems are:

- Substance abuse
- Nutrition, physical activity and obesity
- Access to care
- Mental health

In detailed discussion of these problems, the IPLAN highlighted reducing substance abuse among youth and binge drinking among adults (pp. 10-17), reducing obesity, increasing intake of nutritional foods and increasing physical activity levels of all ages (pp. 18-24), increasing capacity and knowledge about the health care system (p. 28) and increasing the number of good mental health days and decreasing depression (p. 34).

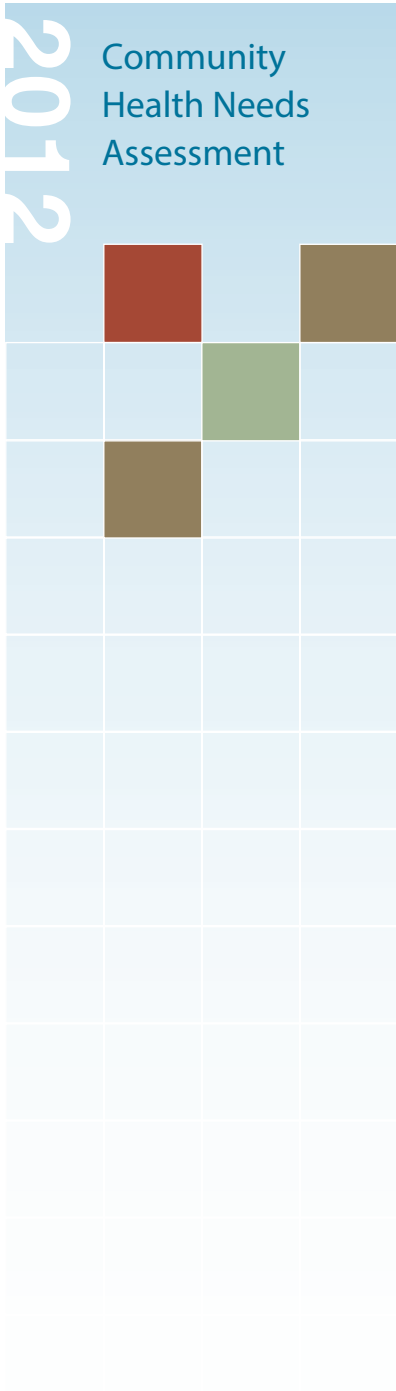
Synthesized Secondary Data

The population and economic demographics for Perry Memorial Hospital's service area are similar to other rural areas of Illinois in most categories.

Bureau County reports a higher percent of population diagnosed with arthritis, high blood pressure and reporting obesity than state averages. Diseases of the heart and cancer are the two leading causes of death by a wide margin. Although cancer, in all forms is a leading cause of death, the cancer rate has been reported to be stable over recent years. Death from motor vehicle crashes is reported as being over two times the statewide rate.

Summary

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



Primary Source Information

Focus Group #1 – Community Leaders and Groups

A focus group comprised of community leaders and group representatives met on March 5, 2012. The group included representatives of local Rotary and Lions clubs, a Chamber of Commerce executive and an administrator of a nursing home.

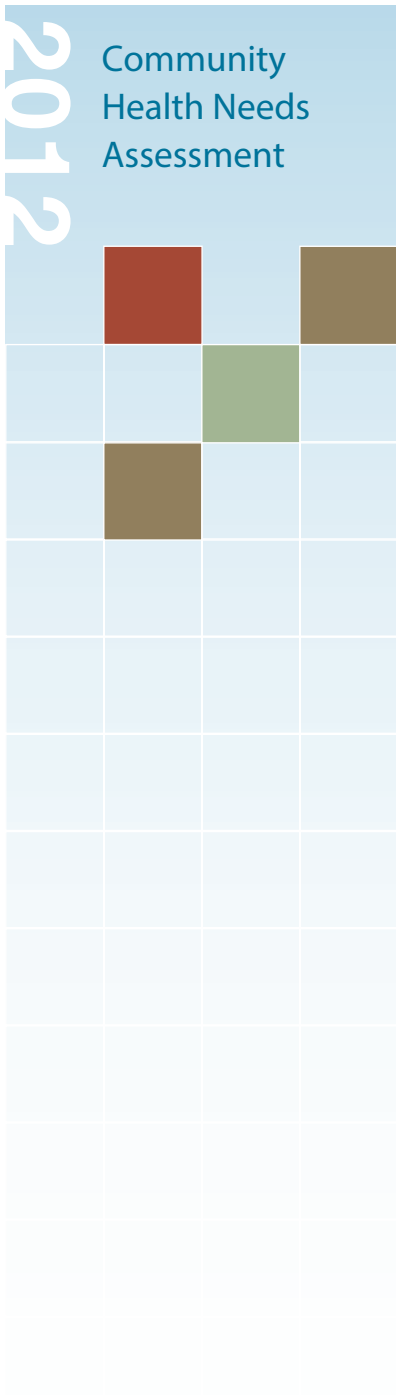
The focus group session opened with the identification of several positive events that took place within the Perry Memorial Hospital service area during the past five years.

The following developments were cited:

- Urgent care
- Renovations at PMH
- Expansion of transportation services (up to 65 miles)
- Ambulance/EMT services at Princeton Fire Department
- Hospital recruiting experienced staff
- Obstetrics has improved
- Dr. Sompalli (orthopedic surgeon)
- Quality assurance program
- Transition follow-up

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

- Coordinated women’s health – medical
- Wound care
 - o nearest services are in Sterling or Peoria
- Oncology treatment
- Psychiatric
 - o mental illness, including depression
 - o medication compliance
 - o closest care is Ottawa, Morris, Peoria – no psychiatrist here
 - o North Central Behavioral Health Systems (NCBHS) – counseling
- Pediatric psychiatric
- Speech therapy
- Hepatitis – B and C
- Upper respiratory and pneumonia
- Suicide
- Cancer
 - o all kinds of cancer
 - o seems like there is a lot of urinary tract and colon cancer
- Education about cancer and testing
- Homelessness
- Alcohol
- Substance abuse
 - o methamphetamines
 - o heroin
 - o synthetics



Community Health Needs Assessment

- o prescriptions
- o abuse
- o resale
- o theft
- Hearing testing
- Nutrition
 - o education
 - o parents' groups and schools try to provide healthy lunch

Focus Group #2 – Official and Community Leaders

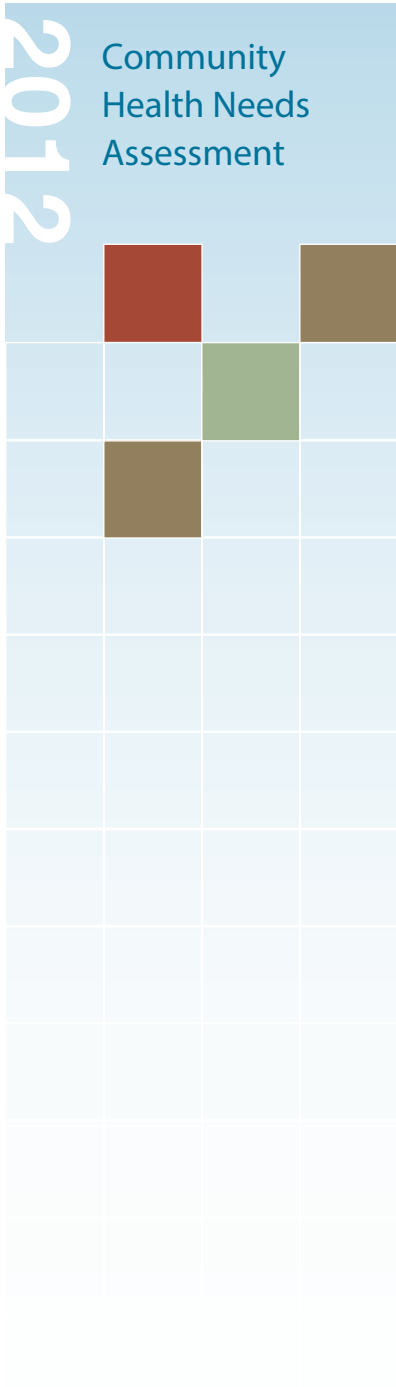
A focus group comprised of community leaders and elected officials met on March 7, 2012. The group included the chairman of the Bureau County Board, the Princeton mayor, the county sheriff, the Princeton High School superintendent, a director of a day care center, a township tax assessor and the administrator of the Bureau County Housing Authority.

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

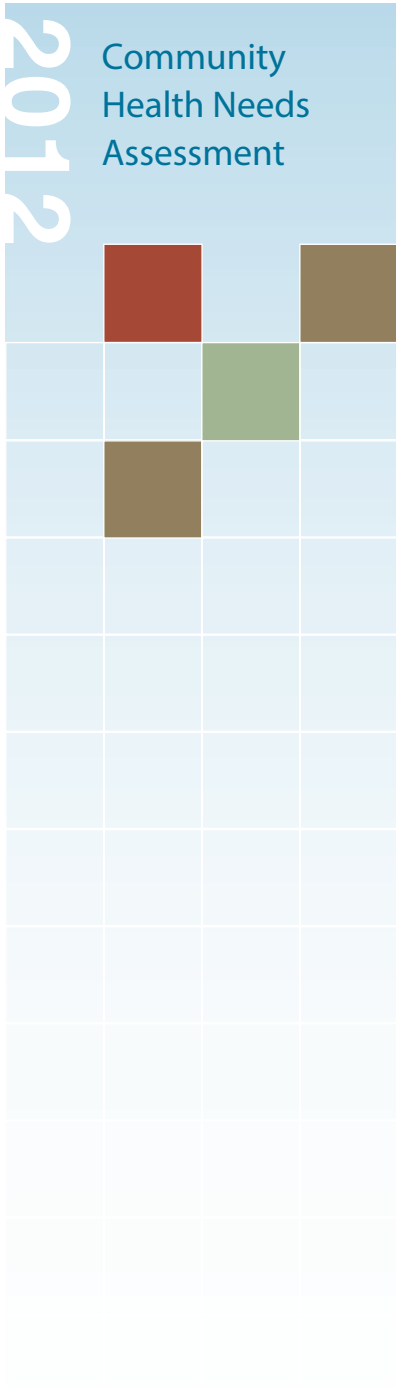
- Updates at PMH
- CPASA (Community Partners Against Substance Abuse)
- Ambulance services at Princeton and surrounding area
- Significantly reduced cost of lab services
- Emergency room at Perry
- Cooperation between PMH and schools
- Outreach to childcare
- Expansion of Bureau-Putnam Rural Area Transit (BPART) transportation system
- Improvements in mental health services from PMH ambulances and helicopter out of Peru
- PMH collaborations with other partners and health department
- PMH reaching out to spiritual community
- Improved sense of concern for families, visitors, etc.
- Gold Coats' volunteer program at PMH

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

- Need to attract pregnant patients
- Physician recruitment
 - o replacing aging physicians
 - o specialists
- Aggressive recruiting
- Providers who will take medical cards
- Sexually transmitted disease testing for young men



- Local medical services for inmates
- Pediatric doctor
- Education for young parents
- Resource directory/lists
- Sick child care
- Athletic training services for high schools
- Adult day care
- Radon education
- Sustaining Community Partners Against Substance Abuse (CPASA)-like efforts
- Mental health care
 - o lack of providers – there is only an “occasional” psychiatrist
North Central Behavioral Health Systems (NCBHS) – does some counseling
Youth Services Bureau (YSB) – does some counseling
private counselors are small in number
 - o for seniors
depression
substances
alcohol
 - o for disabled
depression
substances
alcohol
 - o for low income
depression
substances
alcohol
- Health care access for underinsured and uninsured (Bureau County Health and Wellness-like services)
- Substances – prevention and early intervention
 - o prescription drugs
 - o marijuana
 - o tobacco
 - o alcohol
 - o heroin
 - o methamphetamines and crack cocaine
- Tobacco – pregnant women higher than most of state
- Cancer
 - o breast
 - o bladder
 - o throat
 - o skin – melanoma
 - o tumors
 - o esophageal
- Strokes



- Heart attacks/disease
- Alzheimer's/dementia
- Mental health issues generally
- Soft tissue/skin infections
- MRSA, VRE, etc.
- Suicide
- Stress-related illnesses
- Obesity

Focus Group #3 – Health Professionals and Partners

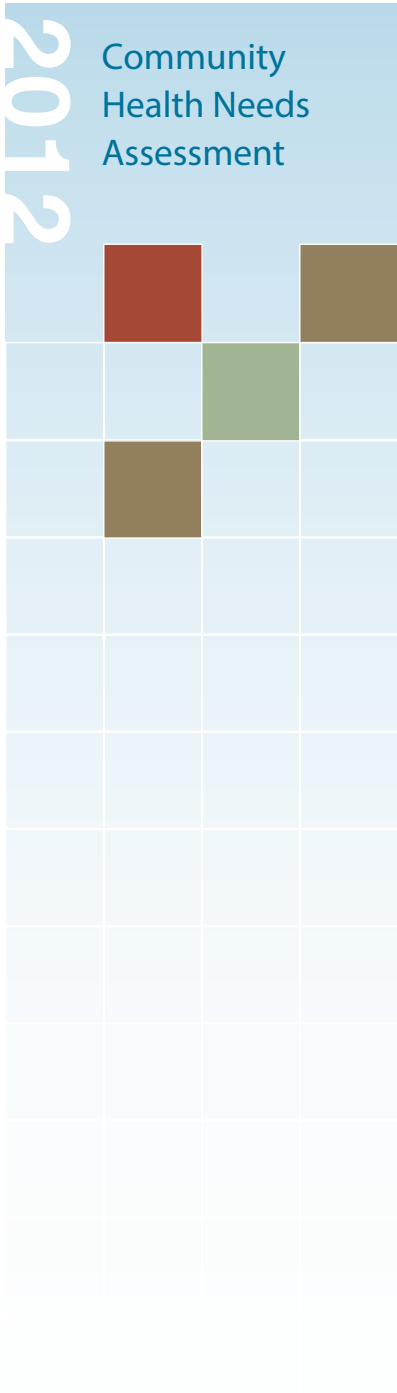
A focus group comprised of health professionals and partners met on March 8, 2012. The group included a physician, the Princeton fire chief, the Ohio High School superintendent, a hospice director, the director of the Bureau-Putnam Health Department and a pharmacist.

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

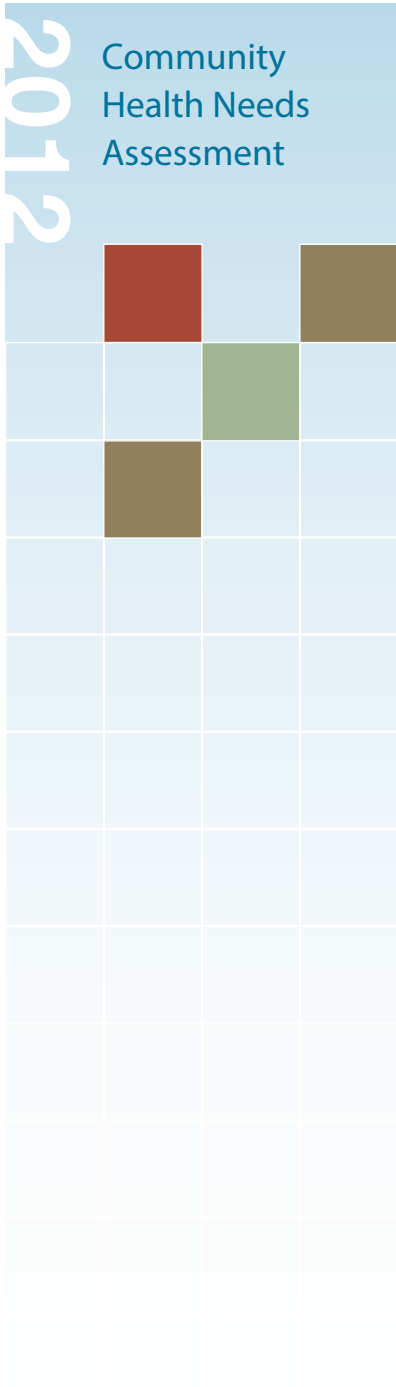
- Initiation of palliative care bridging
- Expansion of rural transport
- Administration at hospital
- Improved interoperability
- PMH growth in collaboration
- Emergency response collaboration

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

- Educating low income parents on how to find services
- Services for low income, underinsured and uninsured
- Education about farm exposure to carcinogens, etc.
- More information about MS
- Sheffield nuclear site remains a concern
- Mental health
 - o depression
 - o suicide
 - o youth
 - o substances
 - heroin
 - synthetics
 - marijuana
 - methamphetamines
 - prescriptions
 - abuse
 - access by children and others
- Bullying
- Allocate overflow in emergency room to accommodate ambulance and true emergency



- Weekend care – Prompt Care
- Maintain and plan to maintain levels of emergency care in face of new regulations
- Obesity
 - heart disease
 - diabetes
- Alzheimer's
- Scabies, MRSA
- Cancer
 - younger people with cancer
 - lung (smoke, secondary, radon) (farm exposure)
 - breast
 - bladder
 - ovarian
 - leukemia (rare forms due to farm exposure)
 - esophageal
- Norovirus in nursing homes and schools



PRIORITIZATION

Reconciliation of Primary Source Information with Secondary Data

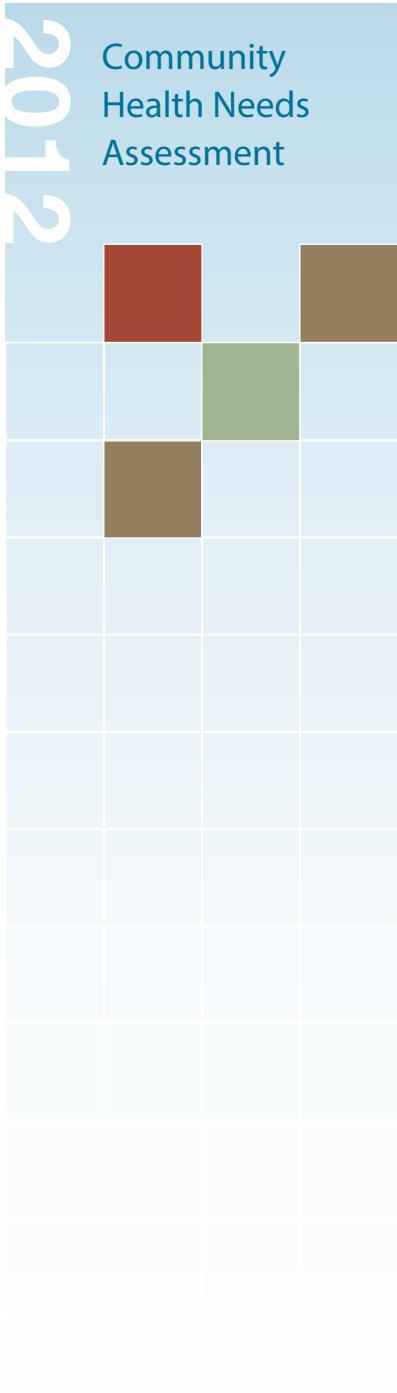
The facilitated primary information gathering process resulted in the discovery of issues subsequently prioritized during discussion by participants and repetition among groups to a list of concerns largely common to the overarching categories of delivery of mental health services, prevention of substance abuse, issues falling under wellness education, access to services for all residents and planning for securing and maintaining local availability of medical specialists. The areas chosen were consistent with the needs identified from the secondary information collected and observed.

One focus group mentioned a high level of perceived cases of multiple sclerosis in the service area. As noted, previously in this report, a recent study of 13 counties in northwestern Illinois by the University of Illinois College of Medicine determined that the prevalence of Multiple Sclerosis in Bureau County of 68.7 cases per 100,000 population was lower than the national rate of 100 per 100,000 population. However, the rate for the PMH service area community of Tiskilwa (213.4 cases per 100,000 population) was well above the national rate and among the 10 highest rates in individual zip codes in the study. *Multiple Sclerosis (MS) Prevalence in Thirteen Northwest Illinois Counties. University of Illinois, College of Medicine, Joel B. Cowen, Principal Investigator (2009)*

Countywide secondary data for Bureau County for 2007 from the National Cancer Institute suggests cancer levels are stable in the service area, although mortality tables indicate it is the second most common cause of death, and the primary information gathering process resulted in discussion of concerns over several forms of cancer.

The 2012-2016 Bureau & Putnam County IPLAN prioritized four community health problems:

- Substance abuse
- Nutrition, physical activity and obesity
- Access to care
- Mental health



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.

Mental Health Services

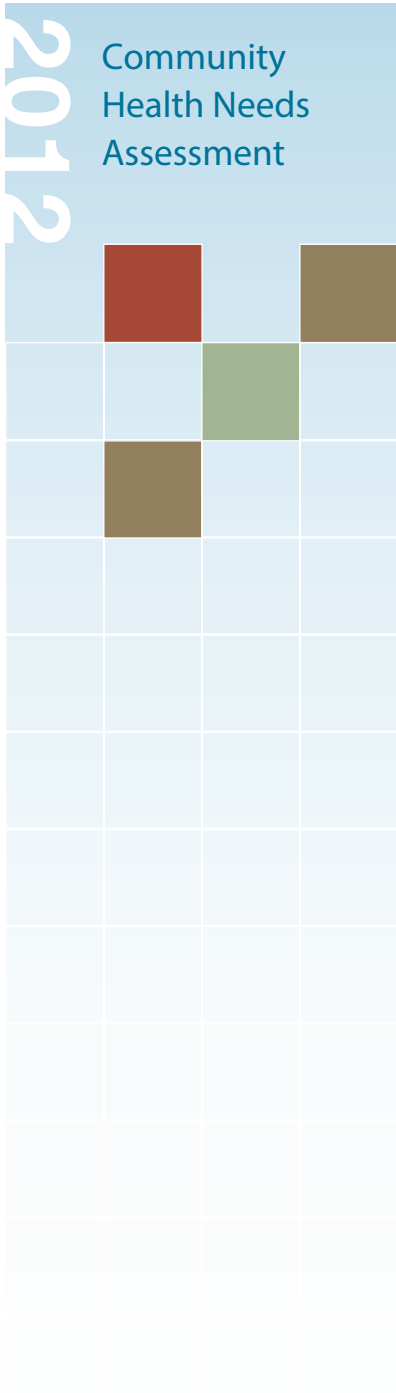
Gaps in access to mental health services at virtually all levels were identified in all the focus groups and supported by secondary data. Many of the identified issues involve health delivery and community partners outside the control of PMH but providing opportunities for external partnerships and cooperative planning for resolution. Related issues concerning substance abuse were also identified in each group and supported by the secondary data. These issues also provide the opportunity for external collaboration.

Wellness education and basic wellness services for all ages

This was identified as a need for better availability of information on wellness education, basic wellness care opportunities for the community in general and also improved information to the community that explains services and options for the underinsured and uninsured. Primary and secondary inquiries emphasized the need to address the issues of obesity, smoking and healthy living.

Planning for continued local availability of physicians and medical specialists

While there was general satisfaction expressed with currently availability of local and regional physicians and specialists, there was discussion of the need for succession planning for the primary care medical community and identification of specific specialists that are not available locally; although those specialties are available in Peoria and/or Rockford.



RESOURCE INVENTORY

Perry Memorial Hospital

Perry Memorial Hospital is a critical access hospital delivering a wide range of services to its communities. Services include:

Ambulatory Care

- DOT testing
- Fit testing
- Chemotherapy
- Diabetic education and teaching

Care Management

- Social worker and case coordinator
- Assistance with discharge arrangements
- Arrangements for medical supplies
- Home health referrals
- Reach to Recovery referrals

Diagnostic Imaging

- Diagnostic x-ray
- CT scan
- Nuclear medicine
- Mammography
- Ultrasound
- Angiography
- MRI

Emergency Care

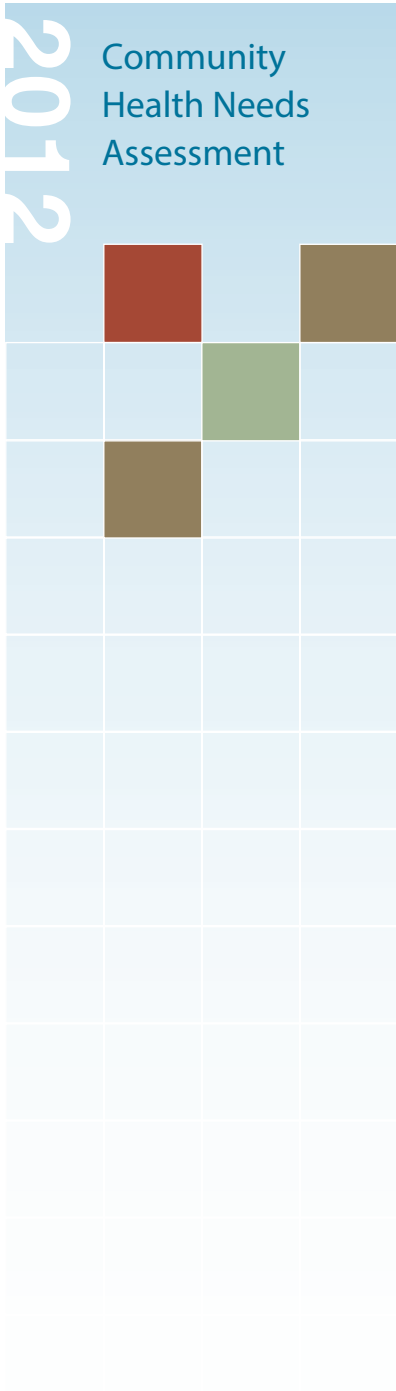
- Newly remodeled
- State-of-the-art trauma rooms
- Specialized OB/GYN room
- Specialized decontamination ED treatment

Food Services

- Park Avenue Cafe
- Meals for patients, family, guests and staff
- Dietitian on staff

Intensive Care

- All private rooms
- State-of-the-art continuous monitoring
- Intermediate care



Community Health Needs Assessment

Medical

- All private in-patient rooms
- Pediatrics
- Adult
- Geriatric care

Medical Rehabilitation

- Isokinetic testing
- Speech therapy, including video swallow evaluation
- Post mastectomy product fitting (bras and prosthetics)
- Upper extremity splinting
- Physical therapy
- Occupational therapy
- Cardiopulmonary rehabilitation
- Prevention and wellness program
- Continence therapy
- Lymphedema therapy
- Massage therapy
- Aquatic therapy
- Sports rehabilitation
- Key functional capacity evaluations
- Work condition/simulation programs

Pastoral Care

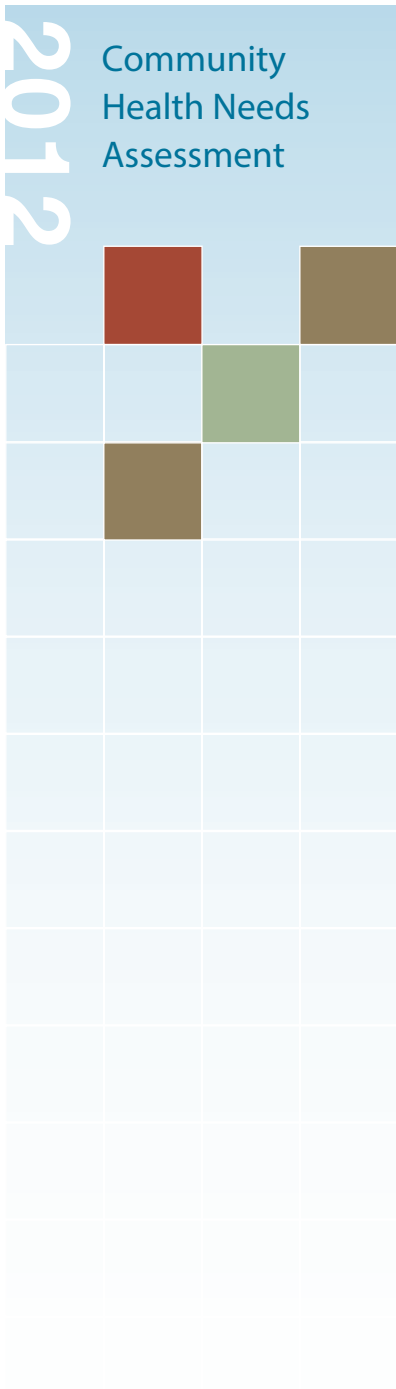
- Chaplains on call 24/7
- Chapel on-site

Perry Home Medical

- Oxygen concentrators and portable systems and supplies
- CPAP machines and humidifiers
- CPAP/BIPAP fitting and set-up
- Liftchairs
- Wheelchairs
- Hospital beds
- Nebulizers
- Walkers and rollabouts
- Crutches, braces and support services
- Wound care products
- Uniforms
- Breast pumps and kits
- Many additional aids for daily living

Pharmacy

- Registered pharmacists
- On-site pharmacy



Community Health Needs Assessment

Respiratory

- Complete pulmonary function testing
- Inhaled medication treatments
- Arterial blood gas sampling and analysis
- Methacoline challenge testing
- Bronchial hygiene therapies
- Home nebulizer instruction
- Pulmonary function screening
- Hyperinflation therapies

Sleep Center

- Polysomnography (sleep studies)
- Polysomnography with CPAP trial

Special Procedures

- Endoscopy (EGD, Colon, ERCP, Flex Sigmoidoscopy)
- Angiography
- Pain management
- Minor operative procedures
- Liver biopsy
- Capsule endoscopy
- Thoracentesis
 - o paracentesis

Surgery

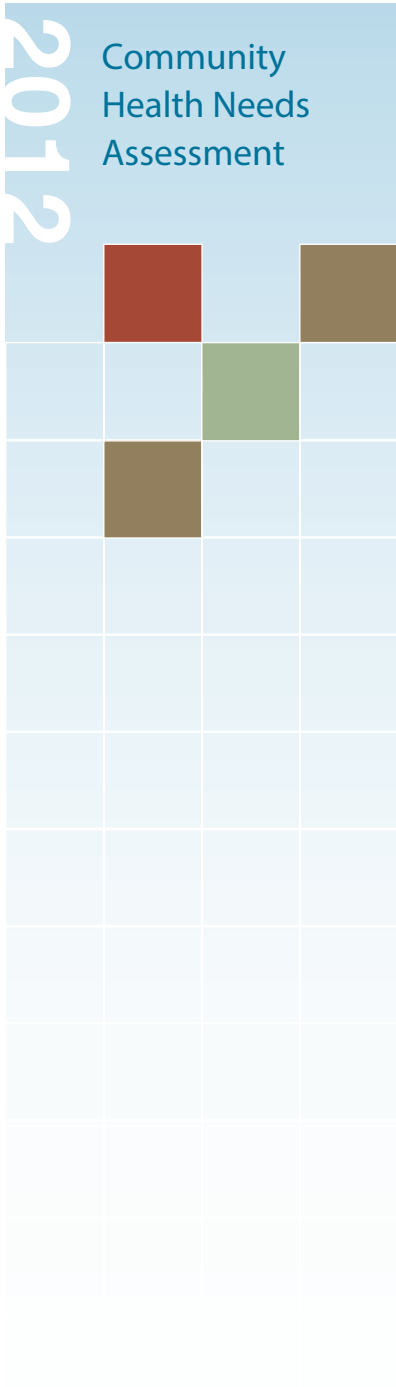
- Presurgical teaching for patients
- Outpatient and inpatient procedures

Women's Healthcare

- All private rooms
- Wireless fetal monitoring
- Certified car seat technicians
- Certified lactation counselors
- Whirlpool
- Web nursery baby photos
- Staff certified in neonatal resuscitation
- Beginning pregnancy classes
- Breastfeeding classes
- Sibling classes
- Home visit program

Perry Memorial Hospital also offers the following support groups and classes:

- ACLS – Advanced Cardiac Life Support
- Blood donations – Mississippi Valley Regional Blood Center
- Breastfeeding mothers' support group



- CPR – healthcare provider course
- Basic EKG
- Diabetic meeting – monthly
- EMT-B
- “Experienced Mommies” class
- Free foot screening – offered by a private physician
- Grief and loss support group
- Health screening
- Intro to breastfeeding
- Mother’s Little Helper (sibling class)
- PALS – Pediatric Advanced Life Support
- Partners in childbirth classes
- Prostate screening
- Tai Chi for arthritis
- Community lab testing
- Senior exercise with pre/post BP testing

Perry Memorial also provides contracted linen and laundry services to the community and surrounding facilities.

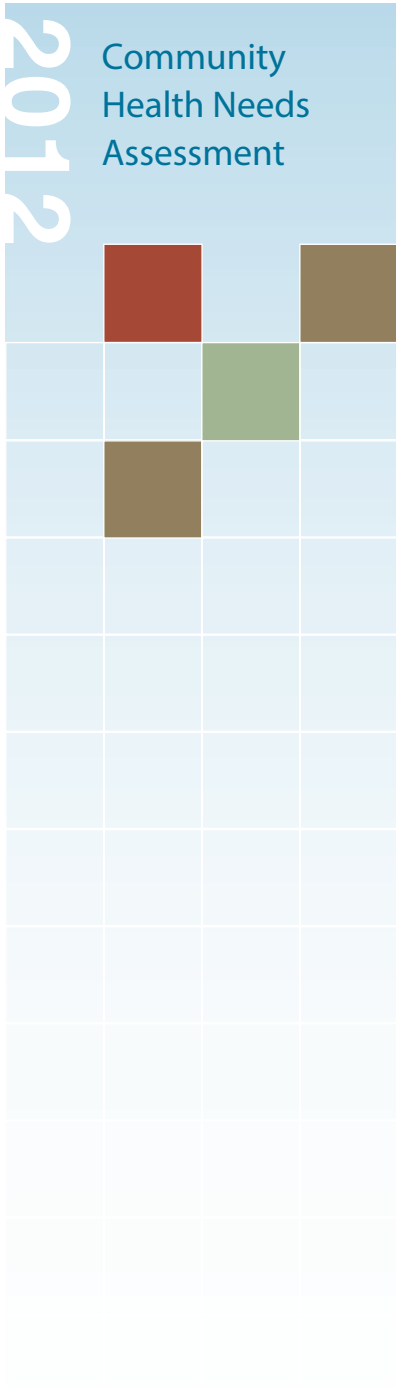
Area Health Services Review

Clinics

Princeton Prompt Care

Princeton Prompt Care is located near Interstate 80. It is open 8:00 a.m. - 6:00 p.m. Monday through Friday and 10:00 a.m. - 4:00 p.m. on Saturday. Princeton Prompt care does not accept Medicaid.

- Coughs, colds, flu and sore throat
- Cuts, scrapes, burns and abscesses
- Fractures, sprains and strains
- Ear aches and upper respiratory infections
- Asthma, bronchitis and pneumonia
- Nose bleeds and sinusitis
- Nausea, vomiting and diarrhea
- GERD (acid reflux)
- Skin rashes, bites and poison ivy
- Allergic reactions
- Women’s health issues
- Sexual diseases and urinary infections
- Headaches
- Back pain and muscle aches
- Joint pain, arthritis and gout
- Work-related injuries
- Work and DOT physicals
- Travel medicine and vaccines



- Tetanus and flu shots
- Short-term medication refills
- On site x-ray

Bureau County Health and Wellness Clinic

Bureau County Health and Wellness Clinic provides primary medical care to uninsured and low income patients. The clinic receives support through volunteer time of local physicians and donation of lab and other services by Perry Memorial Hospital and St. Margaret’s Hospital. Local churches, community groups, drug companies and grant provide additional support.

Bureau County Dental Clinic

The dental clinic, administered by the Bureau-Putnam County Health Department, serves the dental needs of families (children and adult) receiving Public Aid, Illinois All Kids or those that qualify under low-income guidelines.

Eligible dental clients include residents of Bureau, Putnam and LaSalle counties, ages 4 and older with:

- Current Illinois Public Aid card
- At or below 185% poverty level
 - o services offered at a reduced fee
 - o income verification calculated from last year’s income tax return

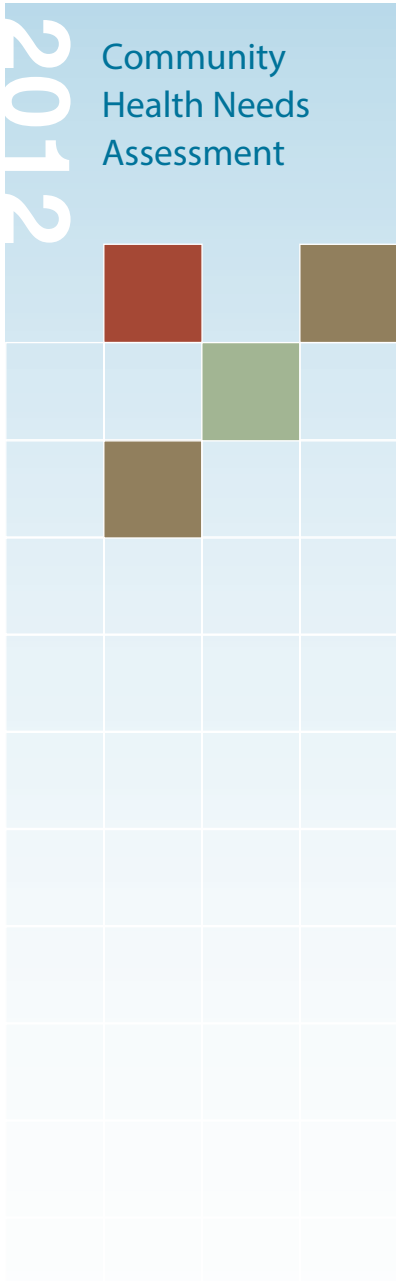
Services offered include:

- Preventive care
 - o check-ups
 - o cleanings
 - o sealants
- Pain management
 - o emergency visits
 - o some extractions
 - o some root canals
- Restorative treatment:
 - o aesthetic (white) fillings
 - o crowns for baby teeth
 - o partials
 - o smile enhancement
 - o consultations
 - o specialty referrals

Services

Bureau-Putnam County Health Department

The Bureau-Putnam County Health Department provides immunizations, comprehensive services and education programs in the areas of disease prevention, family health, environmental health, health promotion and emergency preparedness, in addition to a dental clinic.



Community Health Needs Assessment

Gateway Services

Gateway Services is a community-based organization that provides comprehensive services to adults and children with disabilities and their families in Bureau, Marshall, and Putnam counties.

Abilities Plus

Abilities Plus is a not-for-profit organization located in Kewanee, Illinois, focused on serving individuals with developmental disabilities.

Public Transportation

BPART

Bureau-Putnam Area Rural Transit (BPART) is a public transportation service as well as an ADA transportation service for the elderly and persons with disabilities, providing for the Bureau and Putnam County areas.

Nursing Homes and Senior Care

Colonial Hall Care Center

Colonial Hall Care Center provides long and short-term care and respite opportunities. Services include:

- 24-hour skilled nursing center
- Longterm and short-term care
- In-house physical, occupational and speech therapy
- Restorative nursing program
- Respite care
- End of life care
- IV therapy
- Wound care

Greenfield Retirement Home

Greenfield Home offers assisted sheltered care and independent living apartments.

Liberty Village

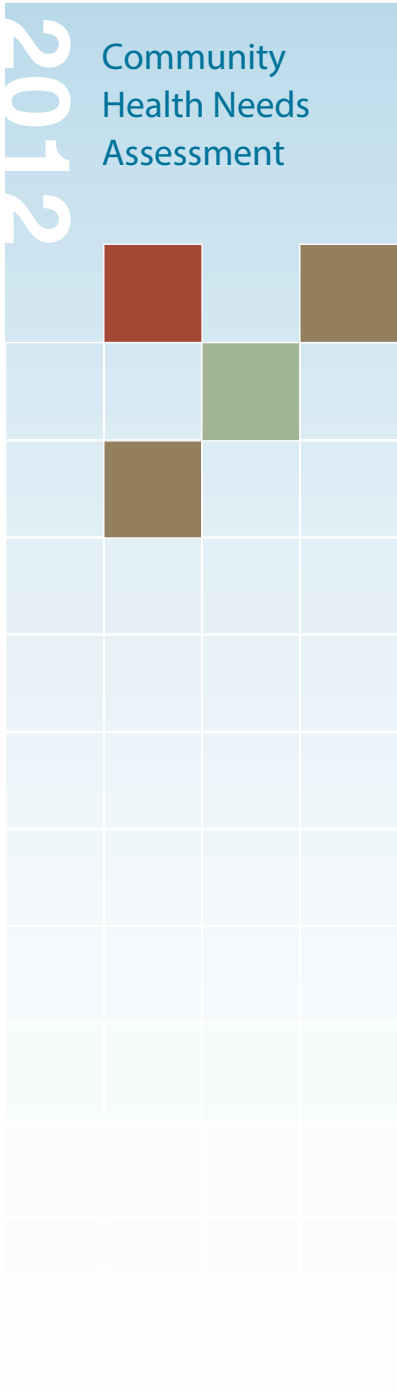
Liberty Village in Princeton offers complete retirement community offering rehabilitation services, Alzheimer’s and dementia care, independent living and assisted living.

The Liberty Village complex includes:

- Villas: single family and duplex homes
- Hawthorne Inn: supported living apartments
- Manor Court: skilled nursing care
- Garden Court: Alzheimer’s/dementia care
- Bounce Back Rehabilitation: Rehab, Recover, Return Home
- AJ’s Fitness Center: On Track To Good Health

Walnut Manor Nursing Home

Walnut Manor Nursing Home offers skilled nursing, hospice care, respite care, rehabilitation services and independent living apartments.



Petersen Health Care

Petersen Health Care provides a full range of skilled nursing, assisted living, supportive living and independent living services at its Kewanee locations:

- Kewanee Care
- Courtyard Estates of Kewanee
- Courtyard Village of Kewanee
- Royal Oaks Care Center

Oakwood Health Care Center

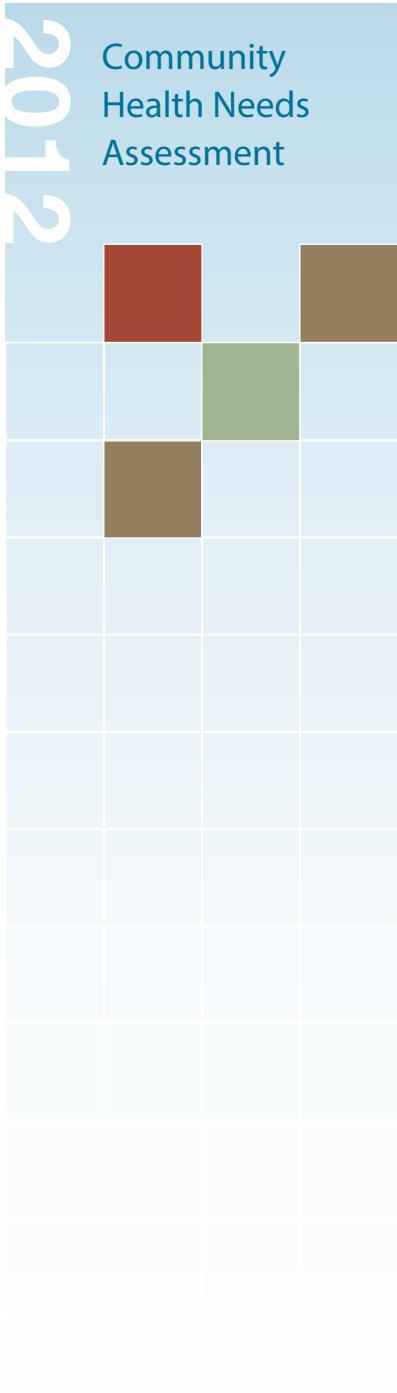
Oakwood Health Care Center provides extended stay nursing care.

In-Home Care VNA

In-Home Care VNA is a private, not-for-profit, Medicare-certified agency established to provide professional health care in the home. The agency serves residents of Illinois in the following counties: Bureau, Putnam, Stark, Marshall, LaSalle, Lee and northern Peoria.

Bureau Valley Area Hospice

Bureau Valley Area Hospice provides hospice services in the PMH service area and surrounding locations.



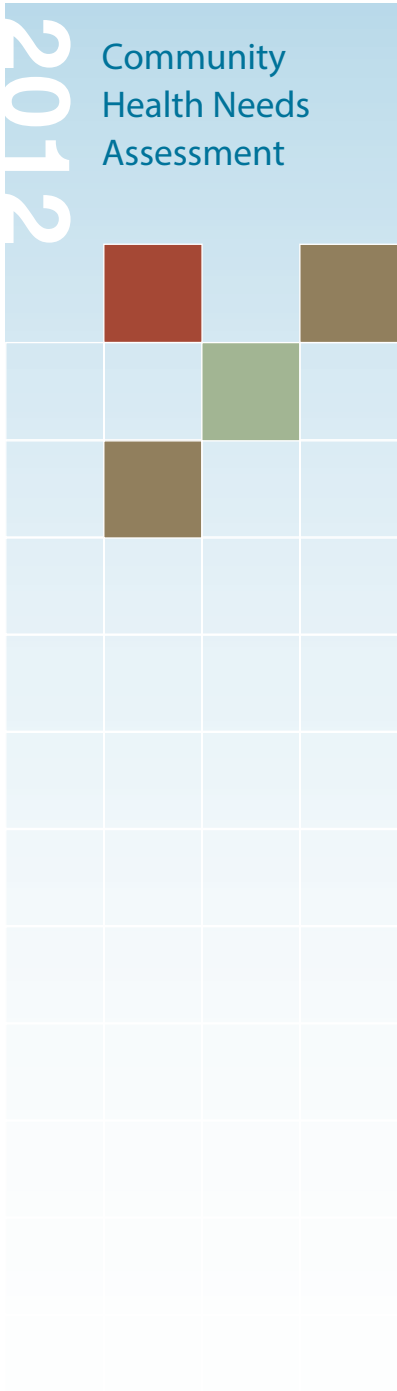
REMARKS

The Perry Memorial Hospital community health needs assessment was conducted in the spring of 2012. The process followed interim IRS guidelines allowing for a more confident focus of effort and resources.

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

This report is submitted to the administration of Perry Memorial Hospital in July 2012, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.



APPENDIX

Focus Group and Interview Participants

Jeff Dean
Rotary President/Gateway Services CEO

Kim Frey
Executive Director
Princeton Chamber of Commerce

Don Smith
Lions Club President

Kathleen Dilbeck
Administrator
Liberty Village

Keith Cain
Mayor
City of Princeton

Lori Kerr
Bureau County Housing Authority

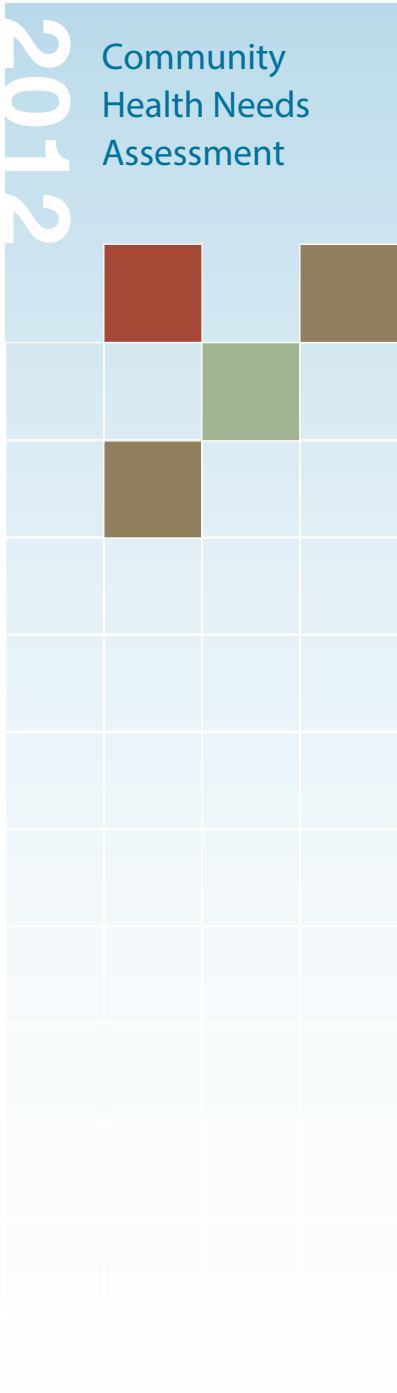
Kirk Haring
Superintendent
Princeton High School

Ruth Wood
Tax Assessor
Wyanet

Dale Andersen
Chair
Bureau County Board

John Thompson
Bureau County Sheriff

Andrea Anderson
Executive Director
Zearing Day Care Center



Community
Health Needs
Assessment

Diana Rawlings
Director
Bureau County Health Department

Jeff Schlesinger
Chairman
PMH Chaplaincy Committee

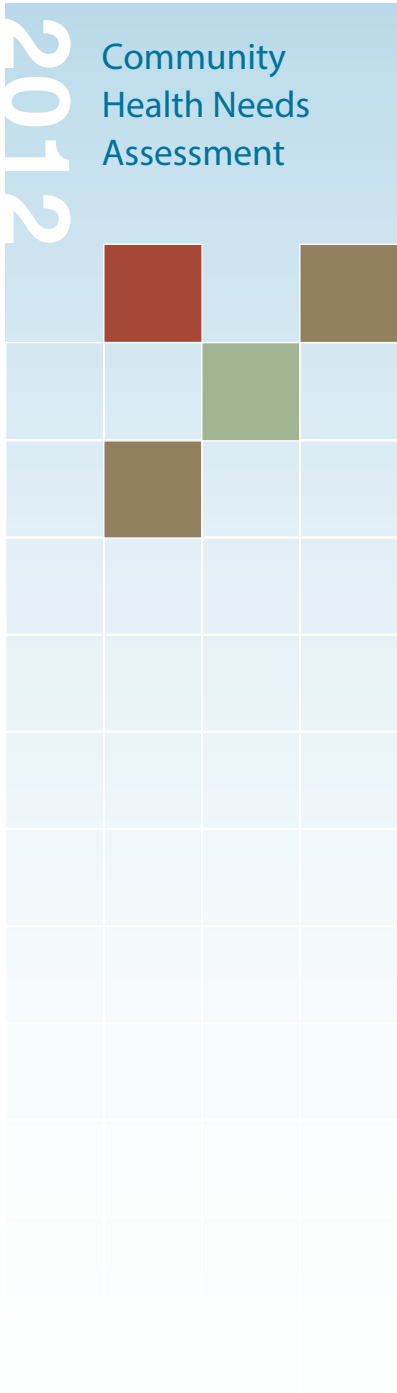
John Petrakis
Fire Chief
City of Princeton

Lisa Stefani
Retail Pharmacist

Susan Moore
Hospice Director

Dr. Timothy A. Pratt
Physician

Sharon Sweger
Superintendent
Ohio High School



COLLABORATORS

The Perry Memorial Hospital 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. Perry Memorial Hospital is a member of the Illinois Critical Access Hospital Network.

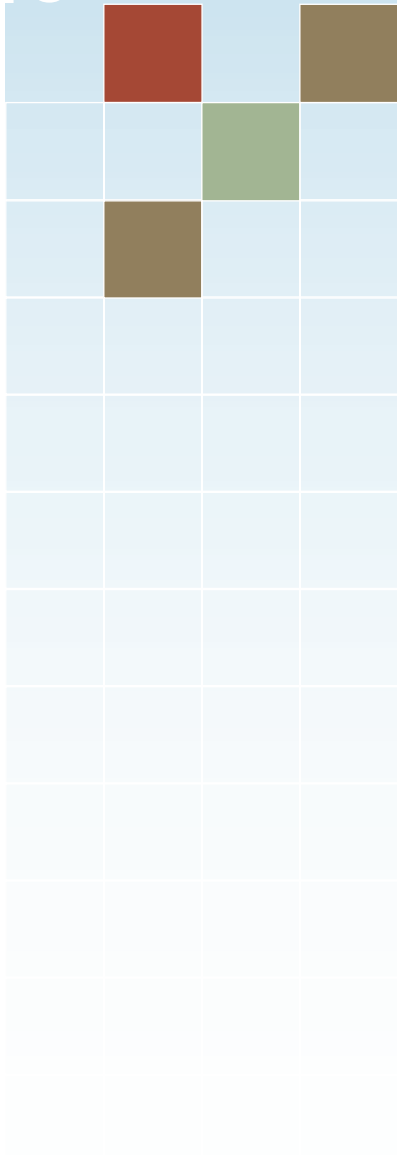
Terry Madsen, M.A., J.D., former University of Illinois Extension educator and community development specialist, was the lead collaborator for this project. Mr. Madsen is a member of the city council and commissioner for public health and safety for the city of Princeton, Illinois, which owns a critical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

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

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

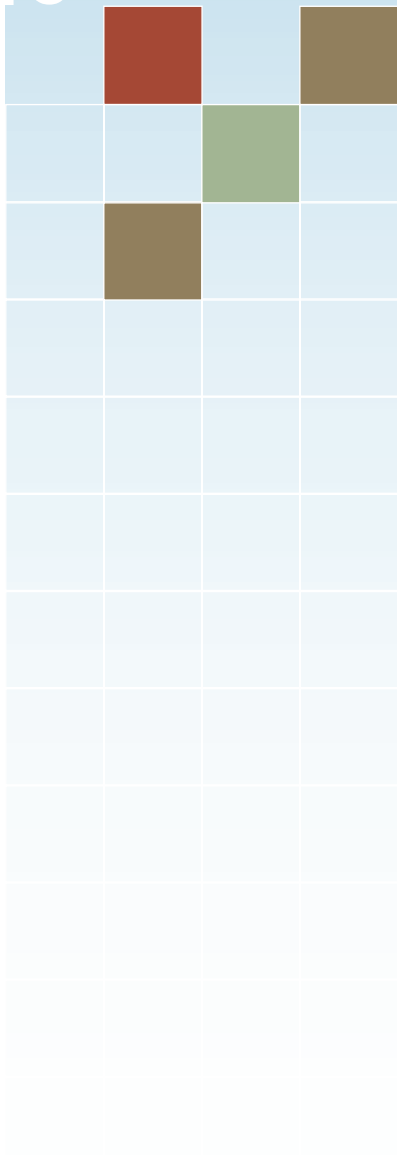
2012

Community Health Needs Assessment



2012

Community Health Needs Assessment



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