

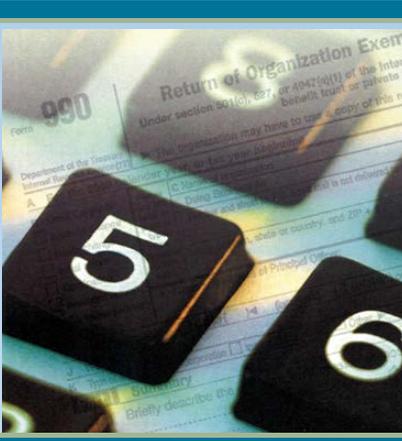


Community Health Needs Assessment

Greenville Regional Hospital | 2013



 **Greenville**
Regional Hospital
Caring for those you love.

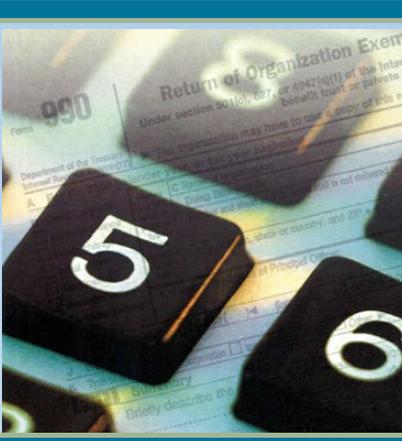


Greenville Regional Hospital

Community Health
Needs Assessment

2013

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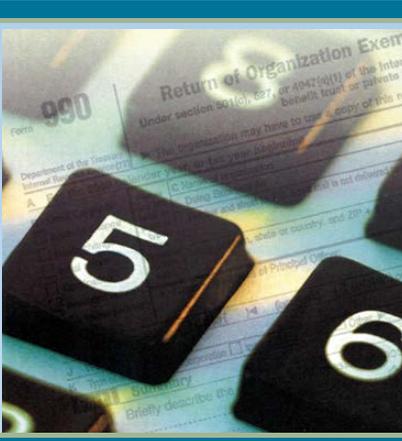
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PROCESS

Purpose

The mission of Greenville Regional Hospital is “caring for those you love.” In the past, Greenville Regional 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 most of those hospitals, including Greenville Regional Hospital, to conduct local Community Health Needs Assessments every three years and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

The mission of Greenville Regional Hospital is “caring for those you love.”

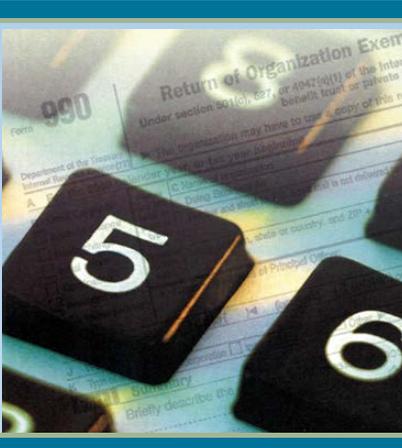
Assessing community health needs through a review of available health data and discussion with area health care partners, local officials, community leaders, and representatives of the many groups served by the hospital gives Greenville Regional Hospital and its health care partners the opportunity to identify and address the area’s most pressing health care needs.

Scope of Assessment

Greenville Regional Hospital elected to conduct a Community Health Needs Assessment in 2013. 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 52 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.

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 to best serve the emerging health needs of Greenville and all of Bond County.



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Methodology and Gaps Discussion

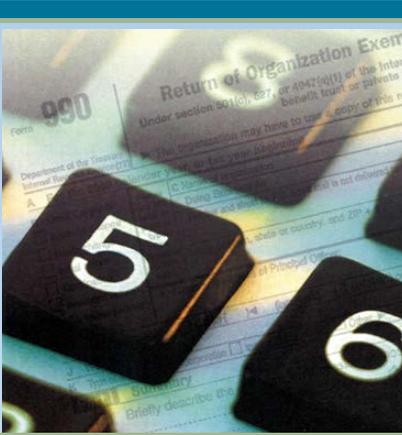
The Community Health Needs Assessment was conducted through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, former educator, and community development specialist, conferred with hospital executive staff to define the community, 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 through that process.

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, local officials, and community leaders.

Potential information gaps were discussed related to residents living in poverty in the Greenville Regional Hospital primary service area. This assessment has explored the insular needs of the identified groups by specifically seeking input from persons with knowledge of the specific health concerns. 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 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, federal, and professional sources, which are cited in text, were 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.



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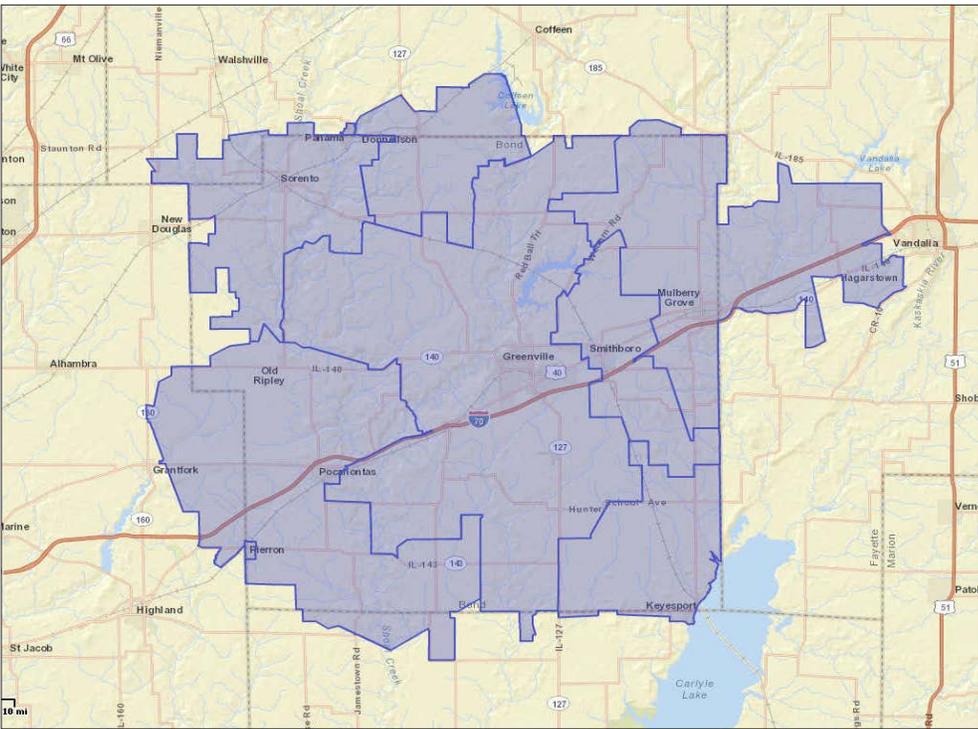
COMMUNITY

Geographic Assessment Area Defined

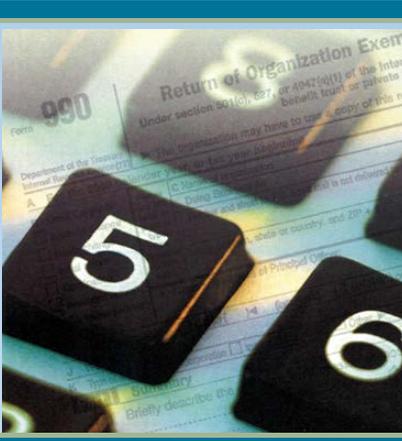
The Greenville Regional Hospital community was identified by senior staff as a geographic area determined to be the current primary and secondary hospital service areas which includes all or portions of the zip code service areas surrounding Greenville, Donnellson, Panama, Sorento, Keyesport, Mulberry Grove, Pierron, Pocahontas, and Smithboro. This geographic area definition of community is well-suited to Greenville Regional Hospital, which provides primary care through inpatient care, ancillary services, clinics, and specialty clinics to residents of a rural area.

Major medical centers in Springfield, IL, St. Louis, MO, and other locations receive patients from the service area.

Illustration 1. Greenville Regional Hospital Service Area



(ESRI, 2013)



Demographic Profile

Table 1. Population by Race – Greenville Regional Hospital Service Area

RACE and ETHNICITY	2012		2017	
	Number	Percent	Number	Percent
White	17,839	90.5%	17,470	89.6%
Black	1,268	6.4%	1,307	6.7%
American Indian	95	0.5%	98	0.5%
Asian	80	0.4%	102	0.5%
Pacific Islander	4	0.0%	4	0.0%
Other	68	0.3%	80	0.4%
Two or More Races	359	1.8%	437	2.2%
Hispanic Origin (any race)	632	3.2%	788	4.0%

(ESRI, 2013)

The race and ethnicity makeup of the service area indicates that the numbers are similar to those in much of rural Illinois, with 90% or more of the population being identified as white alone. No significant change in the profile is projected over the next five years.

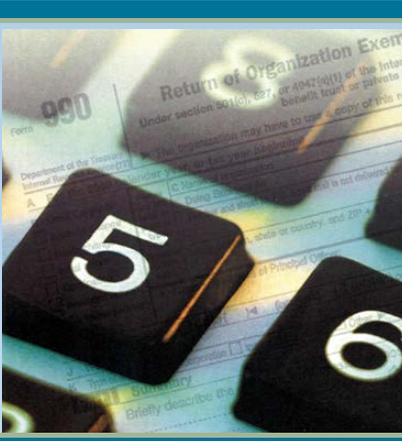
The broad demographic profile of the Greenville Regional Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following chart and data profile trends in the demographic environment surrounding the Greenville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

Table 2. Demographic Trends – Greenville Regional Hospital Service Area

SUMMARY	2010	2012	2017
Population	19,816	19,713	19,498
Households	7,250	7,206	7,146
Families	4,944	4,891	4,824
Average Household Size	2.40	2.43	2.42
Owner Occupied Housing Units	5,673	5,578	5,552
Renter Occupied Housing Units	1,577	1,628	1,594
Median Age	39.8	40.1	40.6
TRENDS: 2011-2016 Annual Rate	AREA	U.S.	
Population	-0.22%	0.68%	
Households	-0.17%	0.74%	
Families	-0.28%	0.72%	
Owner Households	-0.09%	0.91%	
Median Household Income	2.85%	2.55%	

(ESRI, 2013)

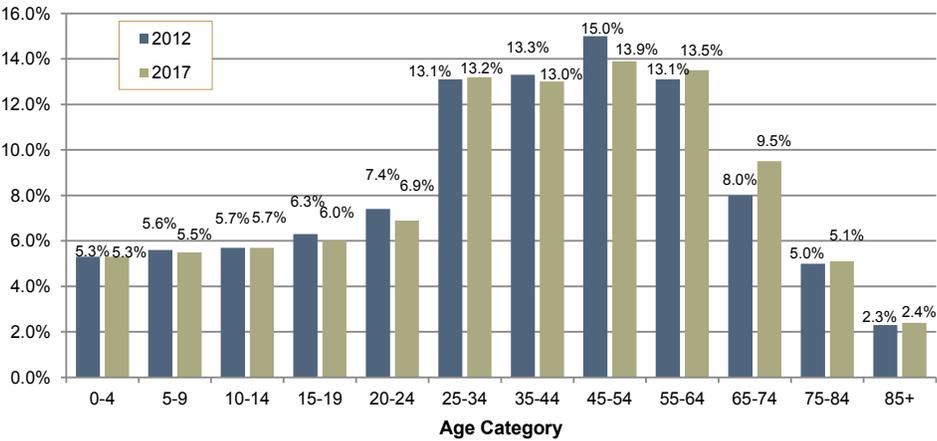
The overall population of the service area is trending toward a small decline with similar overall expected trends in most related demographic categories. The median age is projected to continue to increase over the next five years to 40.6 years of age, which is slightly younger than many rural areas in downstate Illinois.



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Table 3. Population by Age – Greenville Regional Hospital Service Area



(ESRI, 2013)

The Greenville Regional Hospital service area is projected to gain population distribution in all groupings over age 55 and experience declines in most other groups. This pattern is not unusual when compared to much of rural Illinois.

Economic Profile

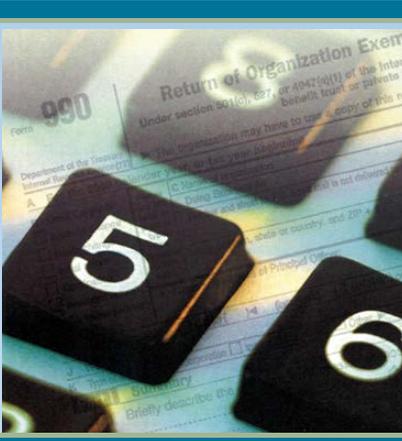
Table 4. Household Income Profiles – Greenville Regional Hospital Svc Area

HOUSEHOLDS BY INCOME	2012		2017	
	Number	Percent	Number	Percent
<\$15K	1,023	14.2%	980	13.7%
\$15K-\$24K	792	11.0%	607	8.5%
\$25K-\$34K	797	11.1%	609	8.5%
\$35K-\$49K	1,157	16.1%	1,001	14.0%
\$50K-\$74K	1,579	21.9%	1,536	21.5%
\$75K-\$99K	836	11.6%	1,151	16.1%
\$100K-\$149K	734	10.2%	892	12.5%
\$150K-\$199K	169	2.3%	233	3.3%
\$200K+	119	1.7%	137	1.9%

Median Household Income	\$47,183	\$54,292
Average Household Income	\$58,900	\$66,918
Per Capita Income	\$25,096	\$28,253

(ESRI, 2013)

Median household income for 2012 was \$47,183 in the Greenville Regional Hospital service area, compared to \$50,502 in 2011 for all U.S. households. The median household income in Illinois was \$53,234 for 2011. Median household income in the service area is projected to be \$54,292 in 2017. 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. These numbers are higher than those seen in many rural communities in Illinois. (ESRI, 2013, U.S. Census 2012)



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Median home value in the area is \$101,352 compared to a median home value of \$167,749 for the U.S. In five years, median value is projected to change by 2.70% annually to \$115,777. (ESRI, 2013)

According to the Illinois Department of Employment Security, Local Employment Dynamics data, 243 new jobs were created in **Bond County** during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 184 new jobs. That is the most recent data reported for the county. The average net job flow (jobs created – jobs lost) for the four quarters was 6. (IDES, May 2013)

There were 475 new jobs created in **Fayette County** during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 284 new jobs. That is the most recent data reported for the county. The average net job flow for the same period was -2. (IDES, May 2013)

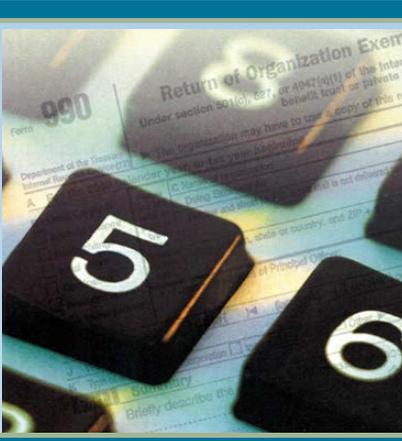
There were 640 new jobs created in **Montgomery County** during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 417 new jobs. That is the most recent data reported for the county. The average net job flow for the same period was 21. (IDES, May 2013)

Table 5. Employment by Industry – Bond County

CATEGORY	EMPLOYED	% OF WORKING POPULATION
Manufacturing	1,123	13.7%
Health care and social assistance	939	11.4%
Educational services	881	10.7%
Retail trade	692	8.4%
Accommodation and food services	673	8.2%
Construction	617	7.5%
Public administration	524	6.4%
Transportation and warehousing	403	4.9%
Other services, except public administration	396	4.8%
Agriculture, forestry, fishing, and hunting	366	4.5%
Wholesale trade	305	3.7%
Finance and insurance	260	3.2%
Arts, entertainment, and recreation	245	3.0%
Information	228	2.8%
Professional, scientific, and technical services	217	2.6%
Administrative support/waste management services	142	1.7%
Utilities	126	1.5%
Real estate, rental, and leasing	57	0.7%
Mining, quarrying, and oil and gas extraction	9	0.1%
Management of companies and enterprises	0	0.0%

(ESRI, 2013)

Bond County enjoys diverse employment opportunities overall. The second largest employment group is health care and social assistance. Greenville Regional Hospital and its supporting services and partners are included in this group. Greenville Regional Hospital plays an important role in the economic vitality of the area as well as its health.



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The annual average unemployment rate for 2012 was 8.9% for Illinois and 8.1% for the U.S. The annual average unemployment rate for 2012 was 8.7% in Bond County, 10.5% in Fayette County, and 11.9% in Montgomery County.

Table 6. Collected Sales Tax Trends – Greenville Regional Hospital Svc Area

	<u>Greenville</u>	<u>Donnellson</u>	<u>Keyesport</u>
FY 2013	\$1,230,057	\$11,198	\$31,491
FY 2012	\$1,277,460	\$10,951	\$27,760
FY 2011	\$1,212,970	\$13,439	\$28,799

Table 7. Educational Attainment for Persons over Age 25 – GRH Service Area

In 2011, the educational attainment of the population aged 25 years or older in the area was distributed as follows:
86% had attained at least a high school diploma (87% statewide)
24% had attained a bachelor's degree or higher (31% statewide)

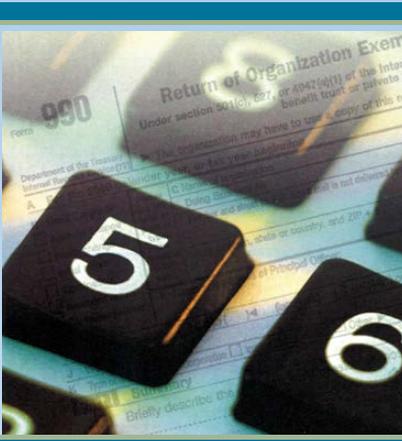
In Bond County in 2011, 86% of persons age 25 or over had attained at least a high school diploma, compared to 87% statewide. Twenty-four percent had attained a bachelor's degree or higher, compared to 31% in the state overall. (ESRI 2013)

Low-income students are pupils ages 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. A large portion of the service area is included in two public school districts reflecting the following levels of low income students:

Percent Low-Income Students		
<u>District</u>	<u>2000</u>	<u>2012</u>
Bond County CUSD 2	23.3	44.6
Mulberry Grove CUSD 1	41.9	44.6

The population of low income students for the state of Illinois went from 36.7% in 2000 to 49% low income students in 2012. Mulberry Grove CUSD exceeded the state level in 2000 but not 2012.

The Greenville Regional Hospital service area is experiencing varying unemployment numbers, with Bond County below the state level and Montgomery County surpassing most other counties. Sales tax revenue has been inconsistent in the communities sampled. Numbers of children eligible for free or reduced lunch are increasing, which is not unusual in rural areas, although it is notable that the percentage in the Bond County district has nearly doubled.



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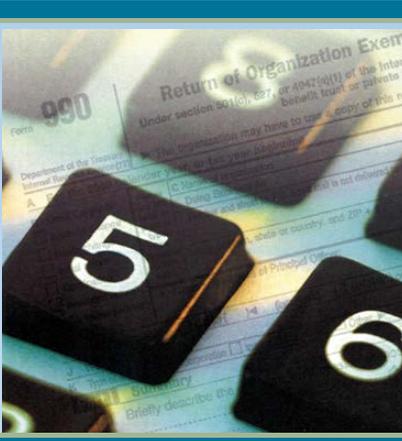
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The service area's social and economic picture is influenced by the fact that over 92% of the land area in Bond County consists of farms, according to 2007 data from the USDA. Forty-three percent of farm operators in Bond County work off-farm.

(Atlas of Rural and Small Town America, 2013)

The Greenville Regional Hospital service 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 Greenville Regional Hospital service area overall is typical of many rural Illinois 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.



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INPUT

Health Profiles from Existing Studies and other Secondary Data

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

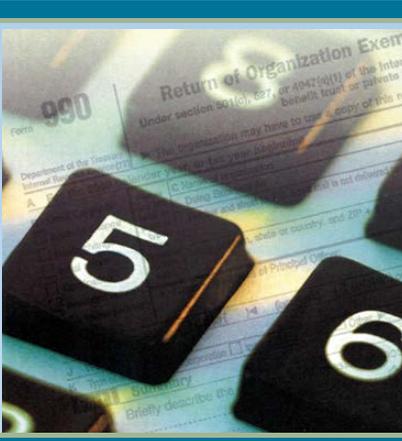
- Kaiser State Health Facts – The Kaiser Family Foundation
- Illinois County Health Rankings – Robert Wood Foundation
- State Cancer Profiles – The National Cancer Institute
- Community Health Status Indicators – U.S. Department of Health and Human Services
- Illinois Behavioral Risk Factor Surveillance 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
- County Health Rankings

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)

Bond County is ranked 62 out of the 102 Illinois counties in the Health Outcomes Rankings released in April 2013. Fayette County is ranked 42 and Montgomery County is 79. The chart on the next page highlights areas of interest to this report from the County Health Rankings. The categories are just a small portion of the data measured for the County Health Rankings.



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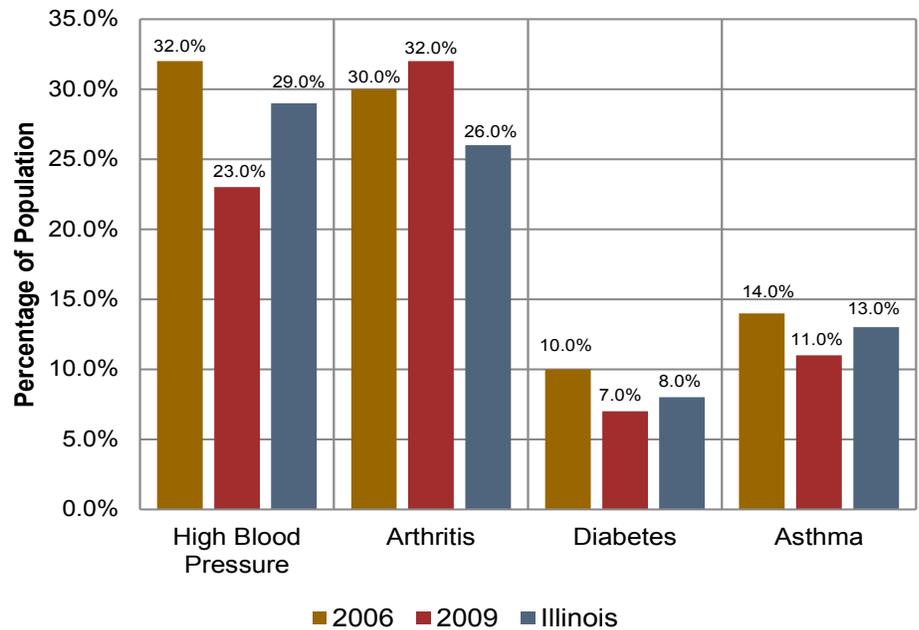
Table 8. Health Rankings by County – Bond/Fayette/Montgomery

Observation	Bond	Fayette	Montgomery	Illinois
Adults reporting no leisure time physical activity	29%	32%	29%	25%
Adult obesity	31%	30%	25%	27%
Children under 18 living in poverty	19%	28%	22%	21%
Teen birth rate (per 1,000 females, ages 15-19)	33/1,000	44/1,000	48/1,000	38/1,000
Low birth weight	7%	9%	7%	8%
Motor vehicle crash rate (per 100,000)	21/100,000	20/100,000	19/100,000	10/100,000
Percentage of all restaurants that are fast food	32%	30%	43%	50%

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.

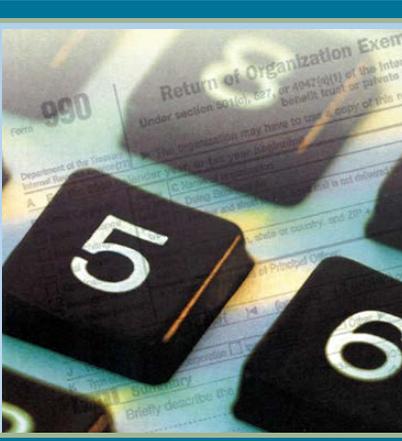
The following tables reflect information from the IBRFSS that indicate areas of likely health care needs.

Table 9. Diagnosed Disease Factors – Bond County



(Illinois Behavioral Risk Factor Surveillance System, 2010)

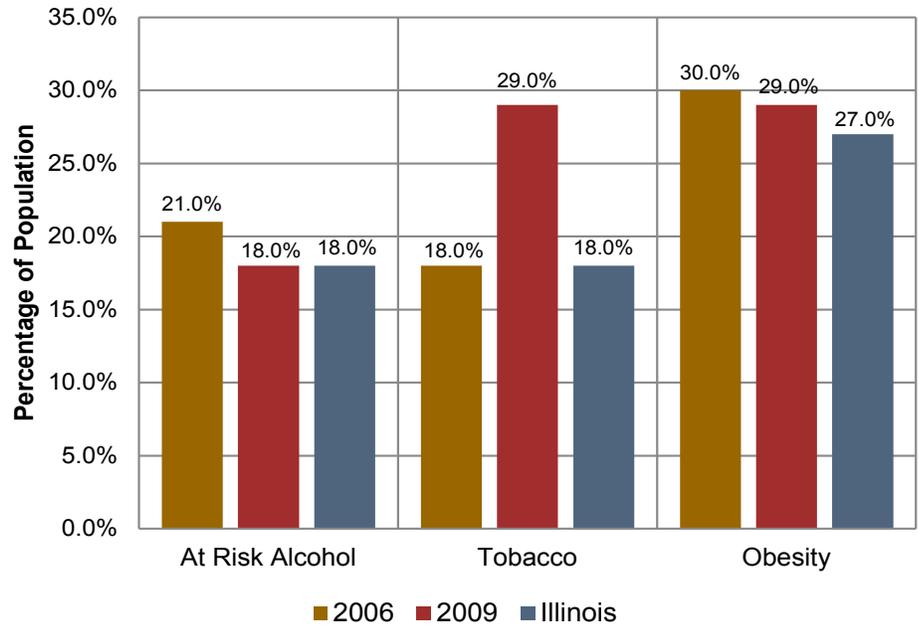
Diagnosis of high blood pressure, diabetes, and asthma in Bond County declined between 2006 and 2009, placing all three measures below state levels.



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Table 10. Health Risk Factors – Bond County

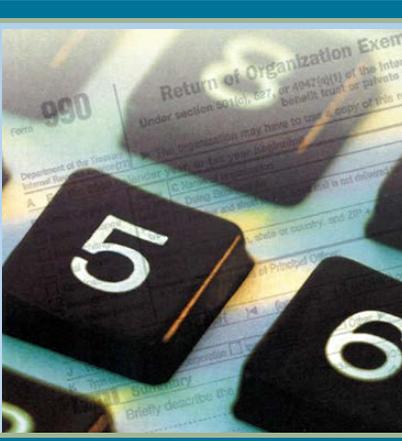


(Illinois Behavioral Risk Factor Surveillance System, 2010)

Tobacco use rose sharply between 2006 and 2009. The rate of persons reporting obesity is above the state level in the IBRFSS for Bond County. Bond and Fayette counties exceeded the statewide rate for obesity in the County Health Rankings. Teen birth rates and low birth weights in Bond County and the surrounding counties are high compared to many rural areas.

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

Disease Type	Bond	Fayette	Montgomery
Diseases of the heart	43	45	87
Malignant neoplasms	45	42	86
Lower respiratory diseases	11	20	24
Cardiovascular diseases (stroke)	10	15	21
Accidents	5	11	21
Alzheimer's disease	9	7	21
Diabetes mellitus	5	9	8
Nephritis, nephrotic syndrome, nephrosis	5	6	16
Influenza and pneumonia	10	11	12
Septicemia	4	0	2
Intentional self harm (suicide)	0	2	4
Chronic liver disease, cirrhosis	1	2	6
All other causes	20	35	67
TOTAL DEATHS	168	205	375



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

The State Cancer Profiles compiled by the National Cancer Institute list Bond County at 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. Montgomery County is rated at Level 5 for all cancers, which means that the cancer rate overall is above the U.S. rate but has fallen over the recent past. Fayette County is at Level 8 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and is falling over the recent past. *(National Cancer Institute, 2010)*

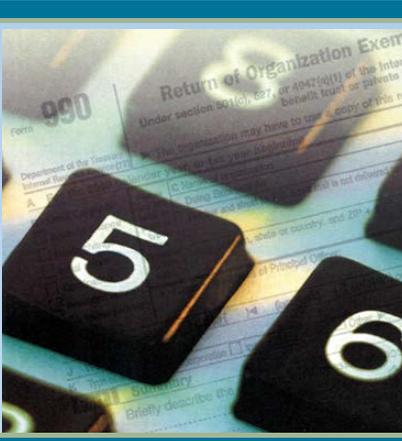
Synthesized Secondary Data

The demographics for Greenville Regional Hospital service area reflect slightly better income when compared to many other rural areas but high levels of students eligible for free or reduced lunch.

The percent of adults reporting no leisure time physical activity exceeds state levels throughout the service area. Teen birth rates and low birth weights throughout the service area are high. Diseases of the heart and cancer are the two leading causes of death throughout the service area. The rate of death from motor vehicle crashes is higher in the service area than the statewide rate.

Summary

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



Primary Source Information

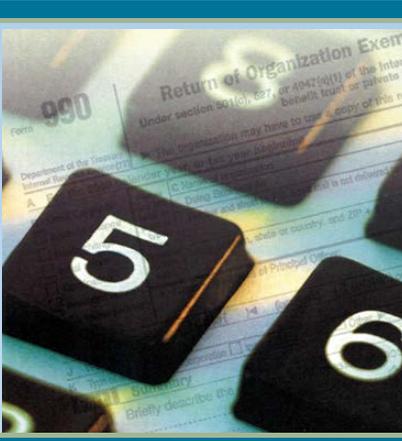
Focus Group #1 – Health Care Professionals and Partners

A focus group comprised of health care professionals and partners met on June 5, 2013. The group included a representative of the Bond County Health Department and physicians. The focus group session opened with the identification of several positive events that took place within the Greenville Regional Hospital service area during the past five years. The following developments were cited:

- Emergency medical services are good and have improved
- New urgent care center in Clinton County
- Digital technology and imaging services at Greenville Regional Hospital have improved significantly in recent years
- Communication between the prison and Greenville Regional Hospital has improved
- There are more specialists available locally
- Bond County Transit has opened and is easing transportation issues
- There is good cooperation among the lab at Greenville Regional Hospital and other agencies and providers

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

- Local urgent care
- General surgeon
- Expanded local neurological services
- Dermatologist
- Shorter turnaround time for stress testing
- Continued cooperation between the health department and Greenville Regional Hospital on provision of services and maximizing utility of available local resources
- Better marketing and promotion of Greenville Regional Hospital and its services and processes
- Better indications of sensitivity to the community by the Greenville Regional Hospital Board and openness about circumstances and changes at the hospital
- Better outreach and marketing of services to the prison from Greenville Regional Hospital
- Better communication between Greenville Regional Hospital emergency room physicians and the physicians at the prison
- There seems to be a high incidence of brain cancer in Bond County, including one anecdotal report of six cases in a four block area of Greenville
- Planning to sustain care and services for an aging population



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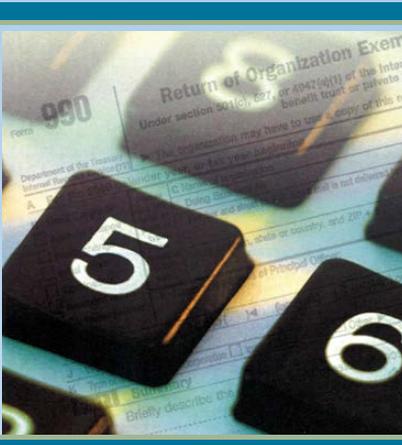
Focus Group #2 – Officials

A focus group comprised of officials also met on June 5, 2013. The group included the Greenville Mayor, the 911 coordinator, and county officials. The second focus group session opened with the identification of several positive events that took place within the Greenville Regional Hospital service area during the past five years. The following developments were cited:

- Specialties clinic at Greenville Regional Hospital
- Electronic medical record access for doctors visiting patients outside the hospital
- Resumption of maternity services at Greenville Regional Hospital
- Annual health fair conducted by Greenville Regional Hospital
- Ambulances from Greenville Regional Hospital are all staffed with paramedics
- Wellness testing at the health fair
- New transit system is providing access for the elderly
- Emerald Pointe – senior living facility
- Strong relationship between Greenville Regional Hospital and the special services district
- Ambulances are well equipped
- Availability of supportive living at The Glenwood
- Dental clinic at the health department
- Availability of local first responders in the outlying communities
- 911
- Cooperation on the disaster plan by all involved
- Greenville Regional Hospital emergency room has been approved as a resource hospital for paramedic services
- Sunrise caregivers

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 Greenville Regional Hospital service area.

- More general practitioners – it is difficult to find a physician taking new patients regardless of ability to pay
- Urgent care
- Pediatrician
- Better communications between private physicians and the employed/contracted doctors at Greenville Regional Hospital
- Consistency in local provision of surgical services
- Adult day care
- Morgue at Greenville Regional Hospital
- Expanded orthopedic services
- Expanded podiatry services
- Dialysis – closest is 16 miles away
- Address the financial realities of aging
- Cancer
- Sustaining local care for the aging population
- Sustaining Greenville Regional Hospital
- Better access to psychiatric care and counseling



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- Alzheimer's and dementia care
- Address anecdotal reports of muscle deterioration among local seniors
- Explore death with dignity
- Substance abuse, including smoking, alcohol, methamphetamines, heroin, marijuana, cocaine, and synthetic drugs

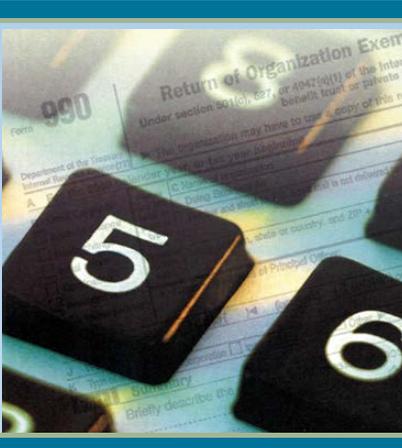
Focus Group #3 – Community Leaders

A focus group comprised of community leaders also met on June 5, 2013. The group included a representative of the White Hall Lions Club, business owners and others. The third focus group session also opened with the identification of several positive events that took place within the Greenville Regional Hospital service area during the past five years. The following developments were cited:

- Expansion of outpatient services at Greenville Regional Hospital
- The health fair sponsored by Greenville Regional Hospital has grown
- Maternity services and pediatric care have improved
- Emergency medical services overall
- Sports medicine at Greenville Regional Hospital
- Level of support for Greenville Regional Hospital from the auxiliary and the community
- Strong partnerships between Greenville Regional Hospital and Kaskaskia College and allied health programs
- Cooperation among Greenville Regional Hospital, the health department, and local pharmacies to maximize resources and avoid duplication
- Senior health insurance program from the senior center
- Expansion of Bond County Transit has made it easier for seniors to keep appointments
- Greenville Regional Hospital specialty clinic
- Greenville Regional Hospital is good about communicating with the public
- Greenville Regional Hospital is responsive to local needs and conscious of local economic and community development concerns

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 Greenville Regional Hospital service area.

- Urgent care
- Alzheimer's and dementia care
- Dialysis
- Federal Qualified Health Clinic
- More primary care physicians
- Sustainability of Greenville Regional Hospital
- Better access to psychiatric services and counseling
- Substance abuse, including methamphetamines, marijuana, and prescription drug abuse by patients in the form of doctor shopping, sharing, and selling
- Greenville Regional Hospital needs to explain and promote the importance of recent internal changes
- Cancer



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 access to wellness education and opportunities for physical activity for seniors, teen pregnancy, prevention of substance abuse, and addressing perceived issues with communications and public information. The areas chosen were consistent with the needs identified from the secondary information collected and observed.

Issues were raised in focus groups about a perception of recent elevated levels of cancer and possible muscle disease. No secondary data reviewed supported the anecdotal reports but this may warrant further investigation if possible.

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.

1. Addressing the health needs of an aging population

Wellness education and care issues and specialized services for seniors were raised in the focus groups. Secondary data confirms that the population is aging overall. (The median age in the service area is currently lower than many rural areas, but this number may be influenced by the presence of a prison.) Residents reporting obesity and lack of physical activity exceed statewide levels.

2. Addressing access to local quality health care

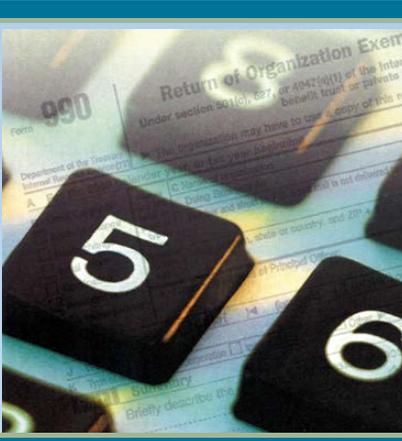
This issue was raised in several contexts related to increasing access to specialists, sustaining availability of local general practitioners and planning for future services provided at Greenville Regional Hospital for the community in general and for underinsured and uninsured residents. All of the focus groups indicated a need for the local availability of prompt care (urgent care) for issues requiring attention after normal hours that could be addressed without an emergency room visit.

3. Substance abuse

Substance abuse was raised in two of the focus groups and is confirmed in the secondary data. This is an area particularly well-suited for community cooperation and collaboration.

4. Birth related issues

Higher than expected teen pregnancy rates and low birth weight percentages were identified as an issue in the secondary data although not raised in the focus groups.

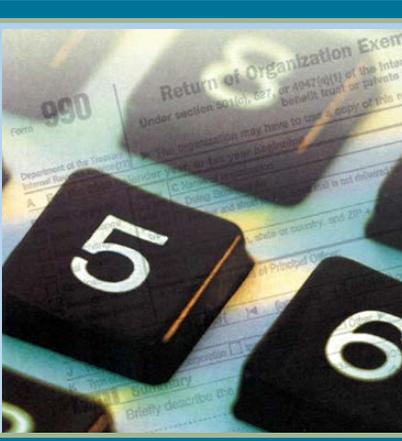


5. Communications and public information

All of the focus groups raised suggestions of the need for better communication and public information from Greenville Regional Hospital. Issues ranged from communications between emergency room staff and prison medical staff to general public information about developments at the hospital.

6. Unconfirmed health concerns

The focus groups raised concerns over perceived elevated levels of cancer in the service area, especially brain cancer. One group also raised an issue related to anecdotal reports of unexplained muscle weakness in seniors. Secondary data from the National Cancer Institute indicated that the Bond County cancer rate in 2010 was comparable to national numbers and steady over time. There was insufficient data for a rating specifically for brain cancer. While unconfirmed in the secondary data, these issues may warrant further investigation by appropriate agencies or resources.



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RESOURCE INVENTORY

Greenville Regional Hospital

Greenville Regional Hospital offers a wide range of services and care to its service area. Greenville Regional Hospital provides general medical and surgical care for inpatient, outpatient, satellite clinic patients, emergency room patients, and participates in the Medicare and Medicaid programs. Services include:

- Emergency Department
- Outpatient specialty clinics
- Inpatient Acute Care
- Sleep Disorder Center
- Full spectrum of imaging services, including 3D ultrasound, digital mammography, CT, and MRI
- Complete laboratory
- Physical therapy
- Family Birth Center

Area Health Services Review

Facilities

Greenville Medical Associates

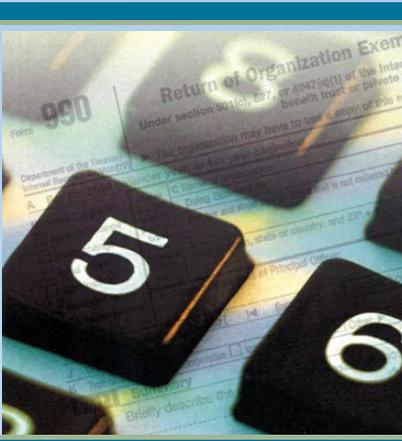
101 Health Care Drive, Greenville, IL 62246
(618) 664-2531

- Dr. Richard Funneman – Family Medicine
- Dr. Kelsey Hopkins – Rural Family Medicine
- Dr. Philip Siefken – Internal Medicine/Pediatrics
- Donna Swain, CFNP – Certified Family Nurse Practitioner
- Christy Forbes, CFNP – Certified Family Nurse Practitioner
- Charlotte Hall, CFNP – Certified Family Nurse Practitioner

McCracken, Dawdy, Hall Family Practice

201 Health Care Drive, Greenville, IL 62246
(618) 664-1380

- Dr. Boyd A. McCracken – Family Medicine
- Dr. John Dawdy – Family Medicine
- Dr. Tracy Hall – Family Medicine
- Julie Doll – Certified Family Nurse Practitioner
- Cynthia Gray – Certified Family Nurse Practitioner
- Amy Reynolds – Certified Family Nurse Practitioner
- Amanda Ennen – Certified Family Nurse Practitioner
- Stephanie Comrie – Certified Family Nurse Practitioner



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Greenville Family Wellness Center

Services include counseling, depression management, anger management, marriage counseling, parenting education, ADD/ADHD assessment, eating disorder recovery, interpersonal skill enhancement, children and adolescent psychiatry, stress management, anxiety reduction, panic disorder reduction, divorce coping skills, behavior disorder management, physical and sexual abuse counseling, and obsessive/compulsive behavior management.

- Behavioral Health Team
 - o Jeanie Thompson, M.D. – Psychiatrist
 - o Julie Reuter, LCSW – Therapist
 - o Todd Holsapple – Therapist
- OB/GYN Services
 - o Dr. Dawn McDaid – OB-GYN Specialist
 - o Dr. Christina Dothager – OB-GYN Specialist
 - o Liz Nolker – Certified Nurse Midwife
 - o Deb Morris – Certified Nurse Midwife

Senior Living Services

Emerald Pointe

Emerald Pointe is a senior living community for individuals and couples age 55 years and older.

- Emerald Pointe Apartments
 - o Located in a quiet and secure setting, Emerald Pointe Apartments are available to individuals and couples aged 55 and older. Apartment selection ranges from studios to two-bedroom floor plans, and all maintenance is included in your rent.
- The Villas at Emerald Pointe
- White Oaks
 - o Along with the patient, family members, and the family doctor, the team includes a medical director, nurse manager, clerk, program director, and primary therapist helping seniors cope with depressed mood, anxiety, nervousness, isolation or loneliness, difficulty with concentration, feelings of hopelessness or helplessness, low self-esteem, unresolved grief, worry, difficulty coping with health and other physical changes, sleep or appetite changes, anger, and personality changes.
- Senior Wellness
 - o Confidential
 - o Provides group, individual, and family therapy as well as medication management for behavioral health diagnosis
 - o Provides a noon meal during the treatment day
 - o Coordinates the patient's care with the individuals primary care physician
 - o Lasts for 6-12 weeks (2-4 days per week)
 - o Provides follow-up care after discharge



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Physicians and Healthcare Providers

Dr. Richard Funneman

Family Medicine
Greenville Medical Associates

Dr. Kelsey Hopkins

Rural Family Medicine
Greenville Medical Associates

Dr. Philip Siefken

Internal Medicine/Pediatrics
Greenville Medical Associates

Donna Swain, CFNP

Certified Family Nurse Practitioner
Greenville Medical Associates

Christy Forbes, CFNP

Certified Family Nurse Practitioner
Greenville Medical Associates

Kathleen Johnson, CFNP

Certified Family Nurse Practitioner
Greenville Medical Associates

Dr. Boyd A. McCracken

Family Medicine
McCracken/Dawdy/Hall

Dr. John Dawdy

Family Medicine
McCracken/Dawdy/Hall

Dr. Tracy Hall

Family Medicine
McCracken/Dawdy/Hall

Julie Doll, CFNP

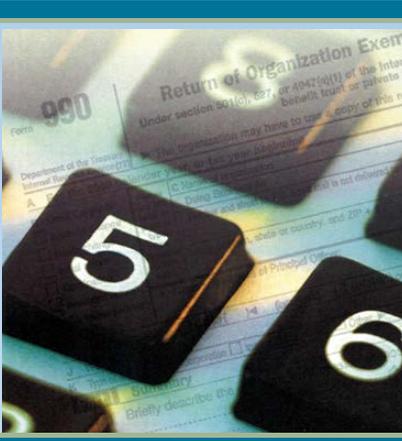
Certified Family Nurse Practitioner
McCracken/Dawdy/Hall

Cynthia Gray, CFNP

Certified Family Nurse Practitioner
McCracken/Dawdy/Hall

Amy Reynolds, CFNP

Certified Nurse Practitioner
McCracken/Dawdy/Hall



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Dr. Jeanie Thompson

Psychiatry

Greenville Family Wellness Center – Behavioral Health Services

Julie Rueter, LCSW

Licensed Clinical Social Worker

Greenville Family Wellness Center – Behavioral Health Services

Todd Holsapple, LCSW

Licensed Clinical Social Worker

Greenville Family Wellness Center – Behavioral Health Services

Dr. Dawn McDaid

OB-GYN

Greenville Family Wellness Center – OB-GYN Services

Dr. Christina Dothager

OB-GYN

Greenville Family Wellness Center – OB-GYN Services

Deb Morris, CNM

Certified Nurse Midwife

Greenville Family Wellness Center – OB-GYN Services

Liz Nolker, CNM

Certified Nurse Midwife

Greenville Family Wellness Center – OB-GYN Services

Dr. Raymond Ryan

General Surgeon

Surgery

Dr. Ann Borwick

Hospitalist

Dr. Barry Zeffren

Allergy and Immunology

Outpatient Specialty Clinic

Susan Hamilton, CCC-A

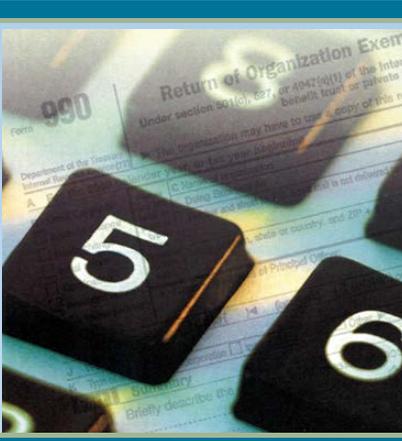
Audiology

Outpatient Specialty Clinic

Dr. Kenneth Selke

Cardiology

Outpatient Specialty Clinic



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Ruth Thureau, Nurse Practitioner

Cardiology
Outpatient Specialty Clinic

Dr. Robert Trask

Cardiology
Outpatient Specialty Clinic

Dr. James Fernandez

Ear/Nose/Throat
Outpatient Specialty Clinic

Bob Klopper, Licensed Physical Therapist

EMG Services
Outpatient Specialty Clinic

Dr. Peter Kim

Gastroenterology
Outpatient Specialty Clinic

Dr. Daniel Adamovsky

Podiatry
Outpatient Specialty Clinic

Dr. Anibal Melo

Nephrology
Outpatient Specialty Clinic

Dr. Albert VanAmberg

Oncology/Hematology
Outpatient Specialty Clinic

Dr. William Thom

Pain Management
Outpatient Specialty Clinic

Dr. James B. Sola

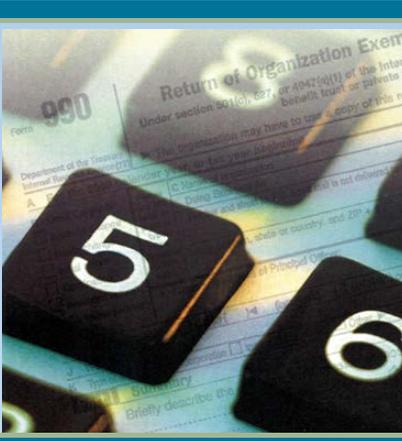
Orthopedic Surgery
Outpatient Specialty Clinic

Dr. Lisa Sasso

Hand Surgeon
Outpatient Specialty Clinic

Dr. Gregory Collins

Pain Management
Outpatient Specialty Clinic



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Dr. Arnold Tepper
Pulmonary Medicine
Outpatient Specialty Clinic

Dr. Douglas Dothager
Sleep/Wake Disorders/Pulmonary Medicine
Outpatient Specialty Clinic

Dr. Jose Diaz
Surgery/Vascular Surgery
Outpatient Specialty Clinic

Dr. Charles Lane
Surgery/Vascular Surgery
Outpatient Specialty Clinic

Dr. David McNichols
Urology
Outpatient Specialty Clinic

Dr. P.D. Nayak
Urology
Outpatient Specialty Clinic

Dr. Sanjay Nigam
Medical Director, Senior Behavioral Health Unit
Outpatient Specialty Clinic

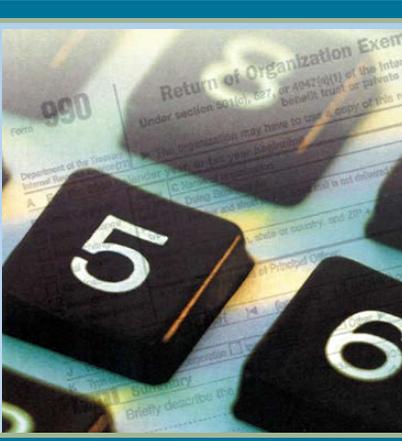
Dr. Todd Wente
Orthopedics and Sports Medicine
Outpatient Specialty Clinic

Dr. Meghan Arnold
Podiatry
Outpatient Specialty Clinic

Dr. Shailesh Nandish
Cardiology
Outpatient Specialty Clinic

Mark Stampehl
Cardiology
Outpatient Specialty Clinic

Jennifer Black, Nurse Practitioner
Cardiology
Outpatient Specialty Clinic



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Senior Care

The Glenwood of Greenville

The Glenwood of Greenville is a supportive living facility.

Helia Healthcare

Located in Greenville, Helia Healthcare offers skilled nursing, an accelerated therapy center, therapy programs, restorative nursing, nutritional support, long-term care, and hospice care.

Brauns Terrace

Brauns Terrace is a supportive living facility located in Greenville.

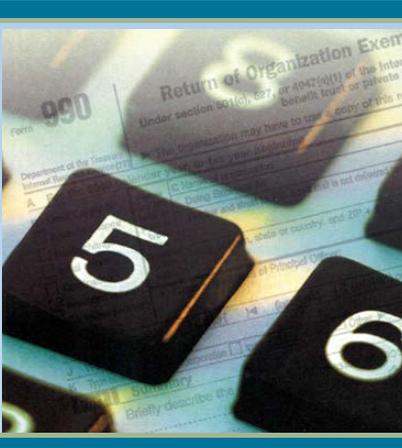
Fair Oaks Nursing Home

Located in Greenville

Health Department

Bond County Health Department

Services include immunizations and vaccines, dental services, hospice, Prairie Counseling Center (mental health services), and health and wellness education.



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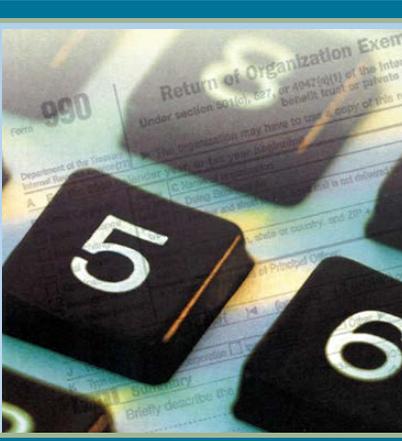
2013

REMARKS

The Greenville Regional Hospital Community Health Needs Assessment was conducted in 2013. The process followed interim IRS guidelines allowing for a more confident focus of effort and resources.

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

This report was submitted to the administration of Greenville Regional Hospital in August, 2013, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.



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APPENDIX

Focus Group Participants

Dr. Matt Chenault

Greenville Rehabilitation and Pain Clinic

Dr. Tom Dawdy

Physician

Dr. Dou Kruse

FCI Prison Physician

Peggy Sohn

Bond County Health Department

Penny Crabtree, Administrator

The Glenwood

Alan Gaffner, Mayor

City of Greenville

Rex Catron, Circuit Clerk

Bond County

Randy Reitz, County Clerk

Bond County

Allen Davis, Coordinator

Bond County 911

Tony Brooks, Coroner

Bond County

Debra Langham, Supervisor of Assessments

Bond County

Bill Johnston, Fire Marshall

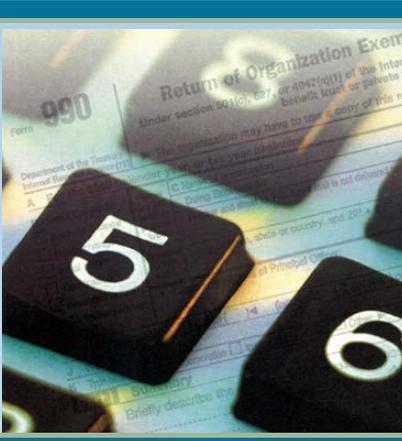
Fire Protection District

Toni Stone, Coordinator

Sunrise Care Givers

John Goldsmith, Director

Greenville Chamber of Commerce



Darryl Bolen, Pastor

First Christian Church

John Kennedy, Owner

WGEL Broadcasting

Boyd Vieregge, President

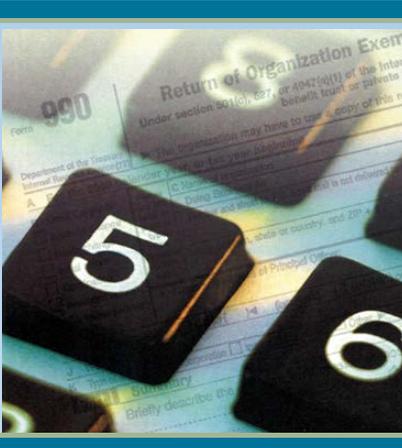
Greenville Regional Hospital Auxiliary

Cheryl Marchello, Director

Greenville FCC Preschool

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COLLABORATORS

The Greenville Regional 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 52 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.

Terry Madsen, M.A., J.D., former community development specialist and University of Illinois Extension educator, was the lead collaborator for this project. Mr. Madsen is a former member of the City Council and Commissioner for Public Health and Safety for the City of Princeton, IL, 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.

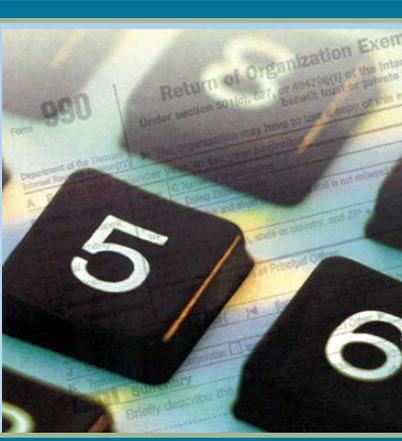
Through ICAHN, Mr. Madsen has direct access to data services and specialized production equipment as well as educational, management and marketing support from in-house staff and consultants.

Curt Zimmerman, ICAHN Director of Business Services and Development, and Stephanie Cartwright, ICAHN Communications and Media Specialist, provide technical support, design/lay-out direction, proofreading, and editorial support for the Community Health Needs Assessment projects through ICAHN and Mr. Madsen.

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