



 Pana Community Hospital

2025 COMMUNITY HEALTH
NEEDS ASSESSMENT

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Pana Community Hospital

EMERGENCY ↑

EMERGENCY

Introduction

The original Huber Memorial Hospital was created as the dream of Dr. Jacob Huber, a physician in Pana, for 50 years. Dr. Huber's last will and testament provided that money from his estate be used to build a modern hospital in the city of Pana, Illinois. After his death, a Catholic order of nuns was contacted to own and operate the hospital. Groundbreaking was held on May 12, 1913, and more than 2,000 people attended the ceremony. Construction of the hospital was completed, and the building was readied for occupancy on May 10, 1914.

The Sisters of Misericorde of Montreal, Quebec, Canada, continued ownership and operation of Huber Memorial Hospital until January 20, 1966. With great surprise to the citizens of Pana, they made an announcement that they would be selling the six-acre hospital complex. This immediately set the community into action to attempt a purchase of the facility. Through a community-wide effort, the hospital was purchased, and the final sale documents were signed on June 20, 1967. The community worked together and successfully raised over \$500,000. The hospital was then re-named and has since been known as Pana Community Hospital.

Since its inception, Pana Community Hospital has worked hard to maintain good facilities, advanced diagnostic equipment, and high-quality inpatient, outpatient, and physician services through reinvestment of its resources. Pana Community Hospital will continue to strive to provide needed high-quality healthcare services to Pana and the surrounding communities.



Mission, Vision Statement & Values

MISSION

To provide compassionate, quality health services, in a responsible and charitable manner,
To be a leading partner in assuring community-based quality healthcare

VISION STATEMENT

To achieve our mission, we promote a vision striving:

- In partnership with other community healthcare providers, we seek to develop a comprehensive system of healthcare services to assist our neighbors in reaching their personal maximum for health.
- To provide programs that promote health education and wellness.
- To enhance our personalized care concept in the provision of services to our community.
- To maintain an environment which promotes satisfaction and opportunity for the patient, their family, the employee, and the physician.
- To maintain the hospital's ability to support the delivery of quality healthcare at reasonable costs, in accordance with community needs and the healthcare regulatory environment.
- To demonstrate by actions and results the commitment to continuous quality improvement.

VALUES

To achieve our vision, we promote these values:

PEOPLE – Believing that all human life is sacred and every human is special to God, we value all that we serve and those with whom we work. We encourage all persons to express ideas, and we consider and value suggestions from others. We work together as a team and treat each other with respect. We expect all persons associated with the organization to be of sound character and living out a high standard of values. We expect all behavior and resulting performance of individuals to be based upon the values of honesty, integrity, confidentiality, and fairness. All interactions between persons should be professional and courteous.

SERVICE – We value listening, caring, and being sensitive to the needs of others. We respond to patients, family members, each member of the hospital team, and whomever else we may serve in a manner that clearly indicates our desire to not only meet their needs, but to exceed their expectations.

COMMUNICATIONS – We value continuously improving effective communication within the organization and with all the public served by members of our team.

PERFORMANCE IMPROVEMENT – We value continually improving upon everything we do to achieve excellence in performance. This concept of improvement applies to people as well as encouraging personal growth and learning for all members of our team.

RESOURCE USE – We value our resources and recognize that we will fulfill our mission only if we successfully manage our financial and other resources. Therefore, we actively create innovative, cost-effective systems throughout the organization to continually improve the management of all resources used.

Executive Summary

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources to plan and act upon priority community health needs.

This assessment process results in a CHNA report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities.

ICAHN, with 60 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers.

This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Pana, Illinois, and the surrounding area. The CHNA process was coordinated by the Chief Financial Officer.

Two focus groups met to discuss the state of overall health and wellness in the Pana Community Hospital service area and to identify health concerns and needs in the delivery of healthcare and health services to improve wellness and reduce chronic illness for all residents. The focus groups included representatives of healthcare providers, community leaders, community services providers, schools, faith-based organizations, local elected officials, and others. Several members of these groups provided services to underserved and unserved persons as all or part of their roles.

The findings of the focus groups were presented along with secondary data analyzed by the consultant to a focused group for identification and prioritization of the significant health needs facing the community.



Identification and Prioritization

Addressing the Need

Priority areas were considered based on community survey, onsite meetings, and secondary data. At the conclusion of their review and discussion, the identification and prioritization group advanced the goals and actions:

1. **Access to Mental Health**
2. **Chronic Disease Management/Access to Specialists**
3. **Substance Abuse**

Senior staff at Pana Community Hospital identified and prioritized needs and developed potential actions to address them.



Addressing the Need

Creating the Plan

The group addressed the needs with the following strategies:

- Continue their focus on mental health and recruitment of appropriate providers to expand the program.
- Further develop partnerships with schools to create avenues for students' mental and physical health education. Leverage the relationship that already exists with the facility's athletic trainer.
- Leverage the Rehab and Wellness programs already established at PCH to address chronic diseases, chronic dx and promote healthy living.
- Investigate resources from the Illinois Critical Access Hospital Network (ICAHN) for smoking cessation.
- Investigate community partnerships to address substance abuse in the community, with a focus on alcohol and tobacco use/misuse.



Background

The Community Health Needs Process is conducted every three years. Pana Community Hospital has taken the following actions in response to issues identified and prioritized, and the implementation strategy has been developed to address them.

Pana Community Hospital CHNA 2022

Five needs were identified as “significant health needs” and prioritized:

Priority #1 – Expand access to local mental health services, including counseling, psychiatry, and professional consultation, especially for the uninsured and underinsured.

Actions:

- Attempted to recruit LCSW/LCPC and psych NP to provide outpatient services.
- Explored telehealth access to psychiatrists for children.
- Explored methods for providing mental health care to underinsured and uninsured patients. Grants were sought to support mental health services.

Evaluation of Prior Impact:

- In 2024, the clinic had 343 mental health visits.
- YTD 2025 – as of 9-30-25, 1,229 mental health visits have been completed.



Priority #2 – Address homelessness.

Actions:

- Participated in community collaboration to develop a strategy to address local homelessness.

Evaluation of Prior Impact:

- The Director of Business Development attended meetings with Christian County partners to discuss homelessness in the community and how to best address it.
- PCH continues to be a cooling and warming shelter in extreme weather.
- Partnered with the local Mission Center to provide winter coats and other resources to those in need.

Priority #3 – Improve access to daycare, especially for the healthcare workforce.

Actions:

- Investigated the opportunities to provide childcare services for the employees of PCH.

Evaluation of Prior Impact:

- PCH reviewed the regulation and licensing requirements for daycare facilities. This initiative was tabled due to staffing and facility constraints.
 - PCH does offer a dependent care flex spending program.
-

Priority #4 – Expand local prevention efforts and services for substance abuse and substance use disorders.

Actions:

- Cosponsored Medication Assisted Recovery Van
- Partnered with Christian County Safe Passages

Evaluation of Prior Impact:

- The MAR van was discontinued in the service area due to low volumes.
-

Priority #5 – Expand local availability of in-home care.

Actions:

- Explored opportunities to provide in-home nursing care

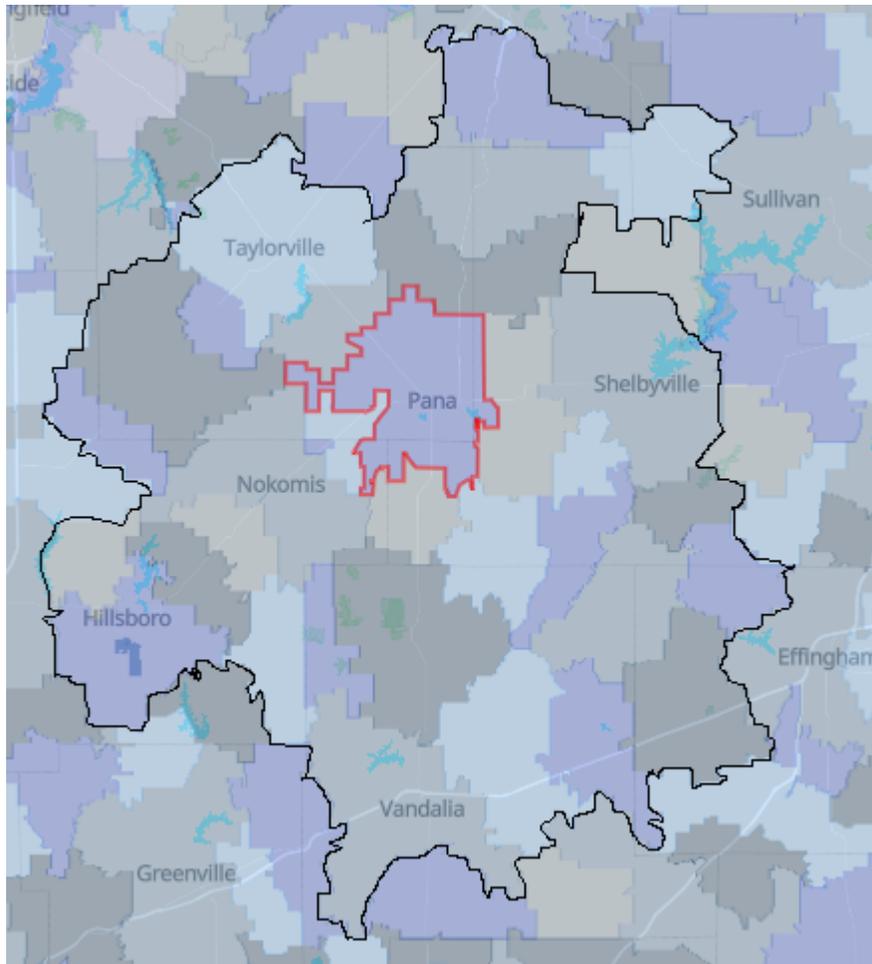
Evaluation of Prior Impact:

- PCH reviewed the current home care services lines and determined that expansion was not necessary except for the potential to offer private duty nursing services.
 - After review and consideration, it was decided to continue the current home care service lines and table the addition of private duty services.
-

Pana Community Hospital Service Area

For this CHNA, Pana Community Hospital has defined its primary service area and populations as the general population within the geographic area of Pana, Illinois, and its surrounding area, as defined below. The hospital's patient population includes all patients who receive care regardless of insurance coverage or eligibility for assistance.

A total of 84,626 people live in the 2048.21-square-mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2019-23 5-year estimates. The population density for this area, estimated at 41 persons per square mile, is less than the national average population density of 94 persons per square mile.



The primary, secondary and tertiary service areas, defined by zip code data include the following rural communities:

Bethany, Bingham, Butler, Fillmore, Hillsboro, Irving, Nakomis, Ramsey, Rosamond, Taylor Springs, Witt, Alamont, Beecher City, Brownstown, Cowden, Mode, St. Elmo, Shumway, Vandalia, Assumption, Harvel, Macon, Morrisonville, Moweaqua, Oconee, Locust, Palmer, Pana, Shelbyville, Taylorville, and Tower Hill.



PANA KEY FACTS

KEY FACTS

84,363
Population

41.9
Median Age

2.4
Average Household Size

\$76,714
Average Household Income

EDUCATION

9.73%
No High School Diploma

41.56%
High School Graduate

31.69%
Some College/ Associate Degree

17.02
Bachelors Degree or Greater

BUSINESS



54.19%

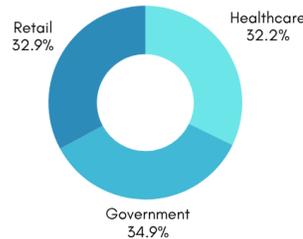
Labor Force Participation Rate



37,569

Total Employees Age 16+

TOP 3 EMPLOYMENT SECTORS



INCOME



\$96,416

Average Family Income



\$31,511

Per Capita Income



3.5%

Unemployment

HOUSEHOLD BY INCOME

Income	Report Area	Illinois
Under \$25,000	20.06%	14.85%
\$25-\$49,999	21.22%	16.58%
\$50-\$99,999	33.02%	27.85%
\$100-\$199,999	21.62%	27.82%
\$200,000+	4.09%	13.10%

The average household size of the area, at 2.4, is lower than both Illinois and the U.S. The median age is 41.9 years, which is higher than in Illinois, and the U.S. The largest education segment is high school graduates, followed by those with some college. 9.73% of the population has no high school diploma or GED, and 41.56% of the community's population has only a high school degree. Unemployment at the time of writing was 3.5% which is under both the State of Illinois and the United States unemployment rate averages.

The average household income for the service market area, based on the latest 5-year American Community Survey estimates was \$76,714. This is slightly under the state (\$112,993) and United States (\$110,491) averages.

Social Determinants of Health (SDoH)

The data and discussion on the following pages will investigate the social determinants in the Pana Community Hospital service area and will offer insight into the complexity of circumstances that impact physical and mental wellness.

The infographic provides a snapshot of the at-risk population served by PCH.

Five Key Areas of SDoH

Healthcare Access and Quality includes access to healthcare overall, primary care, health insurance coverage, health literacy, and compliance with recommended screenings and incidents of certain health-related conditions.

Education Access and Quality which includes high school graduation rates, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

Social and Community Context includes the incidents of homelessness, teen birth rates, juvenile arrest rates, and the incidents of young people not in school and not working.

Economic Stability includes average household income, rates of unemployment, cost of living, people living in poverty, employment, food security, and housing stability.

Neighborhood and Built Environment include the cost and quality of housing, access to transportation, access to healthy food, air and water quality, broadband access, access to fitness and recreation facilities, walkability, and rates of crime and violence.



AT RISK POPULATION PROFILE

41.9
Median Age

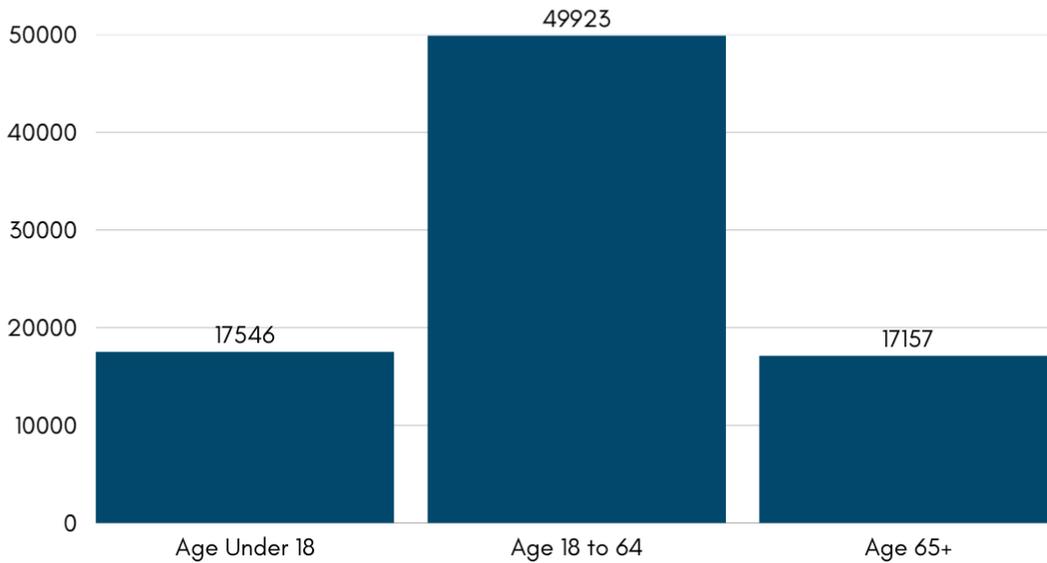
2.4
Average Household Size

84,6263
Total Population

33,121
Number of Households

\$76,714
Average Household Income

POPULATION BY AGE



15.81%

Population With Disability



20.27%

Population Over Age 65



5.93%

Population Without Motor Vehicle



5.78%

Population Uninsured



12.93%

Population Below Poverty Level



13.27%

Population Experiencing Food Insecurity



0.76%

Population With Limited English



51.29%

Population With High School Diploma or Less

Process Methods and Accountability

Establishing the CHNA Infrastructure and Partnerships

Description of Data Sources – Quantitative/Secondary Data

Quantitative (secondary) data is collected from many resources, including, but not restricted to, the following:

Source	Description
Behavioral Risk Factor Surveillance System	The largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
SparkMap	An online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
U.S. Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.
County Health Rankings	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
American Communities Survey	A product of the U.S. Census Bureau which helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
Illinois Department of Employment Security	The state's employment agency that collects and analyzes employment information.

Secondary data is initially collected through the Spark Map and/or ESRI systems and then reviewed. Questions raised by the data reported from those sources are compared with other federal, state, and local data sources to resolve or reconcile potential issues with reported data.

Secondary data is available in a separate document titled, "Pana Community Hospital 2025 Secondary Data."

Source	Description
National Cancer Institute	Coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients, and the families of cancer patients.
Illinois Department of Public Health	IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
Health Resources and Services Administration	The US Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process conducted every five years by local health jurisdictions in Illinois.
ESRI (Environmental Systems Research Institute)	An international supplier of Geographic Information System (GIS) software, web GIS and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined, level.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year, it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
United States Department of Agriculture	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

Primary Data

Two focus groups were convened at Pana Community Hospital in September of 2025. Twenty-five community members participated, representing local service groups, healthcare providers, schools, and churches. A complete listing of participants is in the Secondary Data document.

Anecdotal data collected from the focused groups revealed the following:

The Top Six (6) Strengths (three tied for fourth place):

- Hospital staff/culture/service/quality/clinic access
- Specialty care available locally
- Hospital provided transportation service
- Mental health resources
- Urgent Care/ED
- Active faith community

The Top Five (5) Opportunities That Need To Be Addressed:

- Educational resources
- Mental health access
- Access to healthy and affordable foods
- Access to affordable and safe childcare
- Community economics/infrastructure improvements

The Top Five (5) Aspirations:

- Focus on prevention and health improvement
- All have access to the basics: food, clothing, shelter, healthcare and affordable medications
- Mental health access
- Decreased substance abuse/access to help
- Funding for homeless services



Description of the Community Health Needs Identified

At the conclusion of their review and discussion, the identification and prioritization group advanced the following areas of focus:

1. **Access to Mental Health**
2. **Chronic Disease Management/Access to Specialists**
3. **Substance Abuse**



Resources Available to Meet Priority Health Needs

Hospital Resources

- Hospital Executive and Leadership teams
- Mental health providers
- Rehab and Wellness teams

Healthcare Partners or Other Resources, Including Telemedicine

- Christian County Health Department
- Mental Health agencies, providers and organizations
- Illinois Critical Access Hospital Network (ICAHN)

Community Resources

- Schools
- Community action agencies
- Community organizations
- Faith-based organizations
- Local government leaders
- Law Enforcement
- University of Illinois Extension

Documenting and Communicating Results

This CHNA report will be available to the community on the hospital's website, www.panahospital.com. A hard copy may be reviewed at the hospital by inquiring at the information desk at the main entrance.

No written comments were received concerning the hospital facility's most recently conducted CHNA or the adopted Implementation Strategy. A method for retaining written public comments and responses exists, but none were received.



Planning Process

The Implementation Strategy was developed during a facilitated meeting involving key administrative staff of Pana Community Hospital in November 2025. The group reviewed the needs assessment process completed to that point and considered the significant needs and supporting documents. They also considered internal and external resources that could address the current prioritized needs.

The group then considered each of the prioritized needs. For each of the priority areas, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need.

The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.



Implementation Strategy

The group addressed the needs with the following strategies:

Priority #1 - Access to Mental Health

Indicators that Support this Priority

- This was the number two opportunity identified by the onsite meeting participants.
- 22.41% of the community survey respondents have sought mental health care in the past 12 months. 11.67% of participants felt they needed mental health help but did not know how to access it.
- Access to mental health resources was identified by the community surveyed as the top health-related need currently not being addressed in the service market area. 61.29% of the respondents named access to mental health as one of the top five most important health issues in the community.
- Access to Mental Health providers is lower than the state or national average.

Report Area	Access to Mental Health Providers
PCH	87.65
Illinois	339.64
United States	327.68

Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System

- The percentage of adults aged 18 and older who reported more than 14 of the past 30 days during which their mental health was “not good” is elevated.

Report Area	Poor Mental Health
PCH	16.6%
Illinois	15.4%
United States	15.8%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

- The number of Poor Mental Health Days self-reported in the community is 5.6/30. The state average is 4.8.
- Rates of depression are elevated in adults.

Report Area	Depression (Adult 18+)	Depression (Medicare)
PCH	21.6%	16%
Illinois	19%	15%
United States	20.7%	17%

- Deaths of despair, defined as deaths due to intentional harm with alcohol-related disease and drug overdose, are higher than the state average (53.7/100,000 compared to 51.8/100,000 in the state).
- Rates of suicide are very high (18.9/100,000) compared to the state (11.7) or nation (14.5).

Actions the Hospital Intends to Take to Address the Health Need

- Promotion of the resources that are available at PCH. There are two LCSWs and one LCPC with appointments available.
- Investigate the addition of telepsychiatry providers.
- Develop a campaign for the community that addresses the stigma associated with seeking mental health or substance abuse treatments.
- Partner with the schools to improve awareness of resources and to help normalize seeking mental health services when needed.
- Leverage the current partnership with schools and the mental health counselors to continue providing services.

Anticipated Impacts of These Actions

- Improved knowledge of the mental health resources available at PCH.
- Reduction of the stigma of seeking mental health services.
- People will have improved knowledge of the tools and resources available in the Pana service market area if they need mental health services.

Implementation Strategy Continued

Programs And Resources That The Hospital Plans To Commit To Address The Health Need

- Hospital leadership
- Rural Health Clinic staff and providers
- Health Educators
- Mental health counselors

Planned Collaboration Between the Hospital and Other Facilities or Organizations

- Schools
- Mental Health providers
- University of Illinois Extension



Implementation Strategy Continued

Priority #2 – Chronic Disease Management/Access to Specialists

Indicators that Support this Priority

- Chronic disease management and access to specialists was tied for the fifth opportunity identified by the onsite group. It was also the second highest health issue identified in the community survey.
- There are significant percentages of the population with chronic diseases.

Medicare Recipients

Report Area	COPD	Kidney Disease	High BP	High Cholesterol	Diabetes	Heart Disease	Multiple Chronic
PCH	16%	18%	70%	47.9%	27%	24%	71.2%
Illinois	13%	19%	66%	48.9%	26%	22%	69.3%
United States	12%	19%	65%	47.7%	26%	21%	68.9%

Adult

Report Area	COPD	Kidney Disease	High BP	High Cholesterol	Diabetes	Heart Disease
PCH	8.7%	3.3%	37.2%	36.0%	12.6%	8.2%
Illinois	6.2%	3.1%	31.8%	32.1%	11.8%	6.3%
United States	6.8%	3.1%	32.7%	35.5%	12.0%	6.8%

Data Source: Centers for Disease Control and Prevention, CDC – Atlas of Heart Disease and Stroke. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

- A significant percentage of the population has a BMI greater than 30 and is considered obese.

Report Area	Obesity
PCH	36.8%
Illinois	34.3%
United States	33.3%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Report Area	Pre-Pregnancy Obesity
PCH	39.7%
Illinois	32.7%
United States	30.7%

Data Source: University of Wisconsin Population Health Institute, County Health Rankings

Actions the Hospital Intends to Take to Address the Health Need

- Continue the partnership with the schools for athletic training. Consider adding diet and nutrition education focused on long-term obesity reduction.
- Investigate how PCH can work with schools to address additional educational needs of health, health habits, and health concerns. This could be with students or teachers/staff.
- Leverage the Rehab and Wellness programs with a focus on the reduction of obesity.
- Leverage the skills of the staff dietician and partner with the University of Illinois Extension to provide resources and education to the community on healthy eating and how poor diet and chronic diseases are linked.
- Continue current recruitment efforts to provide more specialty care to the community.

Anticipated Impacts of These Actions

- Community members will be more informed about health maintenance and health concerns.
- The community will be informed about the kinds of resources available and how to access them to improve their physical and mental health.
- Collaborations will help to stretch scarce people and financial resources to better serve the community's health needs.
- Long term, the percentage of adults who are obese will decline.

Implementation Strategy Continued

Programs And Resources That The Hospital Plans To Commit To Address The Health Need

- Hospital executive and leadership teams
- Educators
- Dietitian
- Social Workers
- Athletic trainer

Planned Collaboration Between the Hospital and Other Facilities or Organizations

- Schools
- Churches
- Community Businesses
- University of Illinois Extension



Implementation Strategy Continued

Priority #3 – Substance Abuse

Indicators that Support this Priority

- Substance abuse was mentioned as a top priority by the onsite meeting participants. It was also the #3 opportunity identified in the community survey. It was also the number one health issue identified in the community survey.
- MVA deaths with alcohol involved are very high.

Report Area	MVA Deaths/Alcohol Involved	MVA Deaths
PCH	5.3 (Christian Co.)	19.1
Illinois	1.5	10.2
United States	2.3	12.8

Data Source: Centers for Disease Control and Prevention, CDC – National Vital Statistics System

- Heavy alcohol consumption is high. The definition of heavy alcohol consumption is that people consume two or more drinks every day.

Report Area	Binge Drinking	Heavy Alcohol Consumption
PCH	18.8%	22.73%
Illinois	19.2%	19.29%
United States	16.6%	19.35%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

- 17.5% of the population identified as current smokers according to the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. And the percentage of mothers who smoke during pregnancy is over 100 times the state average. (16.36% in Pana versus 4.4% in Illinois).

- Although there is no local data source on vaping, this was mentioned in the onsite meetings. Data from the National Health Interview Survey states that the percentage of adults using e-cigarettes increased from 4.5% in 2019 to 6.5% in 2023. In young adults ages 21–24, 15.5% used e-cigarettes (2023 data). According to the FDA (2024 data), over 5.9% of middle and high school students (1.63 million) reported using e-cigarettes.
- The percentages of the population with cardiac disease have increased over the state and national averages.

Actions the Hospital Intends to Take to Address the Health Need

- Develop community education with a focus on smoking and vaping cessation as well as the impact of tobacco use on health.
- Develop education around alcohol abuse and how misuse can impact health.
- Investigate ICAHN resources for smoking cessation.
- Leverage the athletic trainer’s relationship with the schools to educate students on the hazards of substance abuse focusing on vaping and the misuse of tobacco and alcohol.

Anticipated Impacts of These Actions

- People in the community will learn tactics to improve their own health. This could include smoking or vaping cessation.
- People who want to stop using tobacco or alcohol will know how and where to find resources.
- Fewer pregnant mothers will drink alcohol or use tobacco.
- Over a series of years, the number of people in the community who have disease and complications due to substance abuse will decrease.

Programs And Resources That The Hospital Plans To Commit To Address The Health Need

- Hospital executive and leadership teams
- Providers
- Rural health clinic teams
- Marketing team
- Health educators
- Athletic trainer

Planned Collaboration Between the Hospital and Other Facilities or Organizations

- Schools
- Churches
- Community businesses
- ICAHN



Pana Community Hospital





Pana Community Hospital

2025 Community Health Needs Assessment