

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

*A collaborative approach
to impacting population
health in Pana and
surrounding areas*





Pana Community Hospital

2019 Community Health Needs Assessment

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1. INTRODUCTION

2019 Community Health Needs Assessment



2019 Community Health Needs Assessment

Insight into Pana Community Hospital's population

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

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

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 56 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 and the surrounding area.



Introduction / Background

Pana Community Hospital completed two Community Health Needs Assessments prior to 2019. In response to the first study conducted in 2013, the hospital took several steps outlined in the report following the 2016 CHNA. That report can be found on the hospital's website. Below is a summary of some of the steps taken to address the needs identified in the 2016 CHNA::

2016



1. Mental Health

- Worked to strengthen existing mental health programs/explored new programs
- Researched additional opportunities to offer mental health services, including telemedicine
- Researched local organizations to determine available services for substance abuse issues, worked to identify collaborative opportunities
- Contracted with a Licensed Clinical Social Worker (LCSW) to provide mental health services through Pana Community Hospital's Rural Health Clinic
- Continues to recruit for additional LCSW coverage

Background

2. Wellness

- Pana Community Hospital participates in the Illinois Vaccine For Children program to provide better access to vaccinations. PCH also continues to sponsor community wellness initiatives and education opportunities through the rehab wellness center and other collaborative arrangements.
- Pana Community Hospital provides fitness and education programs, including individual and group exercise programs, diabetes, and heart disease prevention group classes.
- Pana Community Hospital provides dietitian services that included a focus on diabetes management.
- Pana Community Hospital sponsored a community event with speakers who presented various wellness topics.
- Pana Community Hospital collaborates with the oncology group to provide oncology services locally.

3. Improve the Local Economy

- Members of Pana Community Hospital staff became involved in local economic development programs and activities. Administration continues to research opportunities to collaborate with others to improve the local economy.

4. Wellness

- Determined specialty physician needs through collaboration and input from Pana Community Hospital's medical staff
- Recruited additional nurse practitioner to join the hospital's primary care practices
- Recruited podiatrist
- Participated in ongoing collaborative efforts with large multispecialty physician groups to secure specialty outreach for the community, including urology, rheumatology, and plastic surgery
- Continues to work on development of a written physician supply plan

Pana Community Hospital continues to develop collaborative relationships in an effort to enhance the healthcare provided to its service area and to continue to further address the needs identified in prior assessments.

Executive Summary

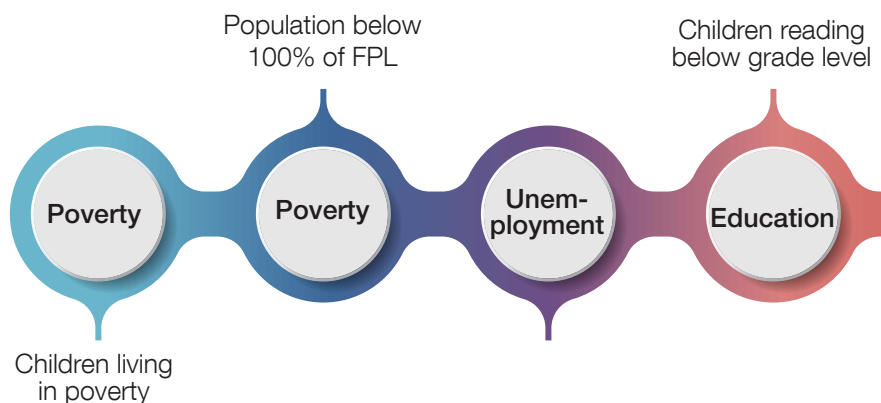
The 2019 Pana Community Hospital Community Health Needs Assessment was conducted in November of 2019. The Implementation Strategy was also developed in November of 2019. The CHNA is influenced by the large rural service area of Pana Community Hospital. The health profile of the service area of Pana Community Hospital is influenced by the following indicators of social determinants of health:

The health profile of the Pana Community Hospital service area is influenced by the following indicators of social determinants of health:

- Poverty – Children living in poverty
- Poverty – Population below 100% of Federal Poverty Level
- Education – Persons with Bachelor’s degrees or higher
- Education – Reading proficiency, 4th grade level
- Employment/Education – Young people not in school and not working

The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and added others. The identified and prioritized needs selected include:

1. Access to local services for mental health
 - Access to behavioral health counseling for all ages
 - Access to psychiatrists for all ages
 - Access to local services for substance use, including access to local Medication Assisted Treatment for persons with opioid use disorders
2. Improve life skills for youth, young adults, persons at-risk for substance abuse, and grandparents raising grandchildren
3. Address the needs of homeless in the community, including the needs of youth and young adults with no fixed place of residence as well as the needs of transient homeless
4. Maintain the vitality and viability of the community as a safe and healthy place for all ages to live and thrive



Executive Summary

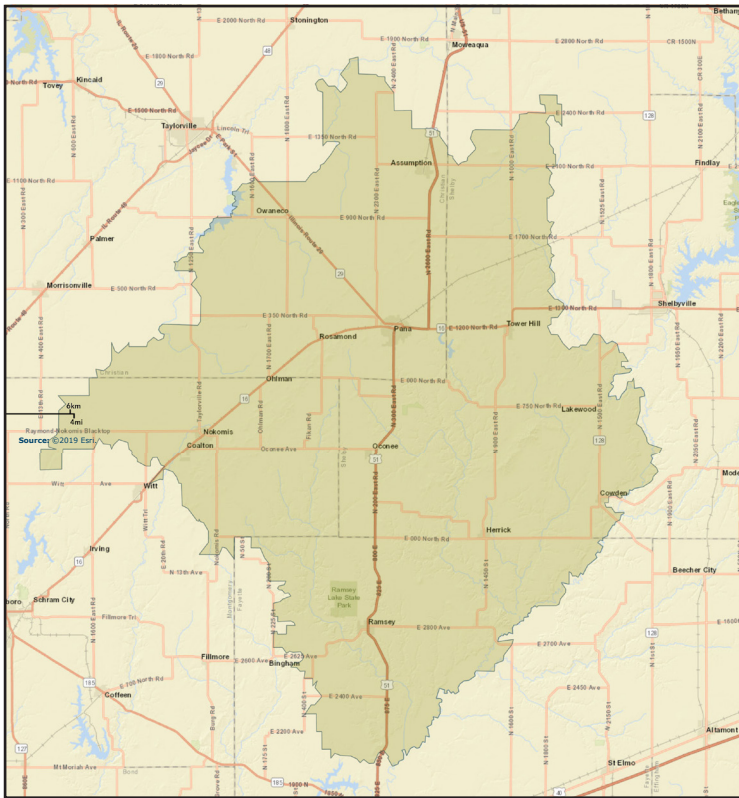
The Implementation Strategy developed by the senior staff at Pana Community Hospital is specific and thorough. The plan, set out in this report, includes these highlights:

- Pana Community Hospital will explore offering telepsychiatry.
- Pana Community Hospital will explore collaborating with other hospitals to provide mental health services, including Hillsboro Area Hospital and Carlinville Area Hospital.
- Pana Community Hospital will support the professional development of an internal candidate for Licensed Clinical Social Worker certification.
- Pana Community Hospital will explore supporting a local physician with offering Medication Assisted Treatment.
- Pana Community Hospital will explore collaboration with schools to provide education and programming for youth.
- Pana Community Hospital will explore collaboration with Public Health to provide community education and programming to improve life skills of young adults and persons at-risk for substance abuse.
- Pana Community Hospital will explore collaboration with Public Health to improve the skills and abilities of grandparents raising grandchildren.
- Pana Community Hospital will explore collaboration with other hospitals in the county and the area to develop life skills education and programming.
- Pana Community Hospital will explore collaboration with faith-based organizations to promote improvement of life skills in the community.
- Pana Community Hospital will explore collaboration with Public Health to provide education about teen pregnancy and awareness of the high local teen pregnancy rate.
- Pana Community Hospital will increase its participation with Pana Pride.
- Pana Community Hospital will share resources about community development with city leadership.
- Pana Community Hospital will collaborate with Pana Pride, city government, businesses, schools, the faith-based community, and others to maintain a safe, healthy community with a quality of life where current and future residents will have the chance to thrive.

Service Area Demographics

For the purpose of this CHNA, Pana Community Hospital defined its primary service area and populations as the general population within the geographic area in and surrounding the city of Pana, defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance. Pana Community Hospital's service area is comprised of approximately 714 square miles, with a population of approximately 20,473 and a population density of 29 people per square mile. The service area consists of the following rural communities:

Service Area Map



Cities

- Pana
- Assumption
- Nokomis

Villages and Unincorporated Communities

- Cowden
- Herrick
- Oconee
- Ohlman
- Owaneco
- Ramsey
- Rosamond
- Tower Hill
- Lakewood
- Millersville

Service Area Demographics

Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the Pana Community Hospital region fell from 21,465 to 21,002 between the year 2000 and 2010, a 2.16% decrease.

| Report Area | Total Population, 2000 Census | Total Population, 2010 Census | Total Population Change, 2000-2010 | Percentage Population Change, 2000-2010 |
|------------------------|-------------------------------|-------------------------------|------------------------------------|---|
| Service Area Estimates | 21,465 | 21,002 | -463 | -2.16% |
| Christian County | 35,372 | 34,800 | -572 | -1.62% |
| Fayette County | 21,802 | 22,140 | 338 | 1.55% |
| Montgomery County | 30,652 | 30,104 | -548 | -1.79% |
| Shelby County | 22,893 | 22,363 | -530 | -2.32% |
| Total Area (Counties) | 110,719 | 109,407 | -1,312 | -1.18% |
| Illinois | 12,416,145 | 12,830,632 | 414,487 | 3.34% |

Data Source: Community Commons (US Census Bureau, Decennial Census. 2000-2010. Source Geography: Tract)

The Hispanic population increased in Christian County by 126 (36.52%), increased in Fayette County by 130 (74.71%), increased in Montgomery County by 133 (40.8%), and increased in Shelby County by 70 (63.64%).

In Christian County, additional population changes were as follows: White -1.37%, Black -34.7%, American Indian/Alaska Native -10.53%, Asian 26.52%, and Native Hawaiian/Pacific Islander -11.98%.

In Fayette County, additional population changes were as follows: White 1.22%, Black -7.89%, American Indian/Alaska Native 34.62%, Asian 37.84%, and Native Hawaiian/Pacific Islander 0%.

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

In Shelby County, additional population changes were as follows: White -2.68%, Black 42.86%, American Indian/Alaska Native 38.71%, Asian 14.29%, and Native Hawaiian/Pacific Islander 400%.

Population by Age Groups

Population by gender in the service area is 50% male and 50% female, and the region has the following population numbers by age groups:

| Report Area | Total Population | Ages 0-4 | Ages 5-17 | Ages 18-24 | Ages 25-34 |
|------------------------|------------------|----------|-----------|------------|------------|
| Service Area Estimates | 20,473 | 1,268 | 3,638 | 1,594 | 2,181 |
| Christian County | 33,562 | 1,709 | 5,257 | 2,656 | 3,974 |
| Fayette County | 21,980 | 1,176 | 3,379 | 1,974 | 2,809 |
| Montgomery County | 29,173 | 1,476 | 4,381 | 2,362 | 3,736 |
| Shelby County | 21,906 | 1,172 | 3,550 | 1,608 | 2,393 |
| Illinois | 12,854,526 | 785,560 | 2,173,437 | 1,229,450 | 1,782,100 |

| Report Area | Ages 35-44 | Ages 45-54 | Ages 55-64 | Ages 65+ |
|------------------------|------------|------------|------------|-----------|
| Service Area Estimates | 2,032 | 2,626 | 3,032 | 4,102 |
| Christian County | 4,194 | 4,745 | 4,764 | 6,290 |
| Fayette County | 2,689 | 3,059 | 2,995 | 3,899 |
| Montgomery County | 3,504 | 4,054 | 4,142 | 5,518 |
| Shelby County | 2,393 | 3,026 | 3,218 | 4,593 |
| Illinois | 1,661,674 | 1,739,014 | 1,635,359 | 1,847,932 |



II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2019 Community Health Needs Assessment

Establishing the CHNA Infrastructure and Partnerships

Pana Community Hospital led the planning, implementation, and completion of the Community Health Needs Assessment through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, and former educator and community development specialist, conferenced with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

Internal

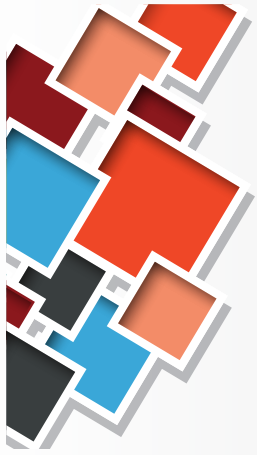
Pana Community Hospital undertook a one-month planning and implementation effort to develop the CHNA, identify, and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was overseen at the operational level by the CFO, reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate two focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Pana Community Hospital.
- The CFO worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Pana Community Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These steps include:

- The CFO secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out in the quantitative data list.
- Participation included representatives of the Christian County Health Department.



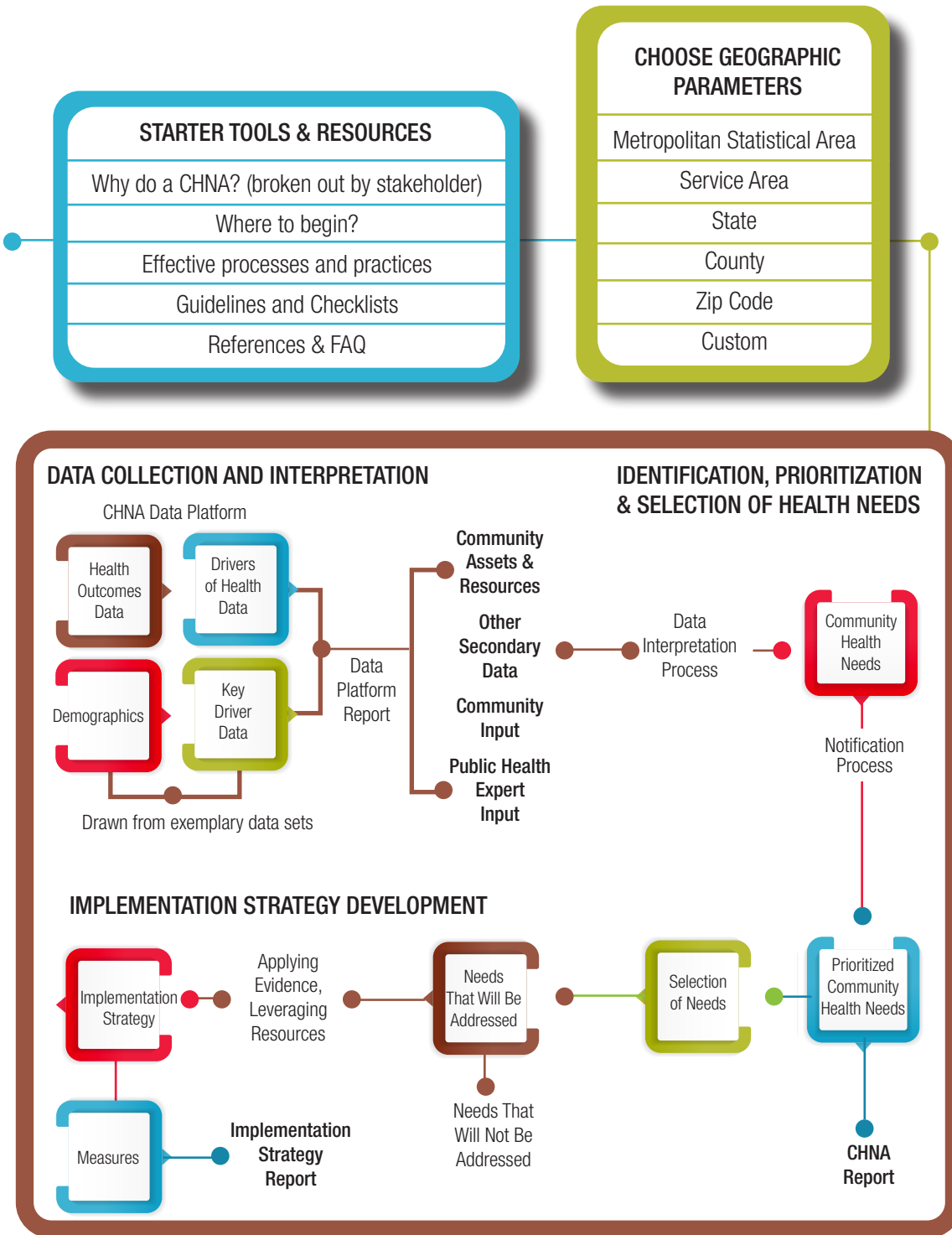
III. DATA COLLECTION AND ANALYSIS

2019 Community Health Needs Assessment

Description of Process and Methods Used

Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process.



Description of Data Sources

Quantitative Process

| | |
|---|--|
| Behavioral Risk Factor Surveillance System | The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death. |
| U.S. Census | National census data is collected by the U.S. Census Bureau every 10 years. |
| Community Commons | Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. |
| Illinois Department of Employment Security | The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information. |
| National Cancer Institute | The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients. |
| Illinois Department of Public Health | The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation. |
| HRSA | The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations. |

| | |
|--|--|
| 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 Illinois Population Health Institute. |
| Centers for Disease Control | Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system. |
| Local IPLANS | The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. |
| ESRI | ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined levels. |
| 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. |
| USDA | The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability. |
| Illinois Youth Survey | The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies. |

Secondary Data

Social Determinants of Health

Education – High School Graduation Rate

Within the Pana Community Hospital service area, 86.2% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

| Service Area | Total Student Cohort | Estimated Number of Diplomas Issued | Cohort Graduation Rate |
|------------------------|----------------------|-------------------------------------|------------------------|
| Service Area Estimates | 255 | 220 | 86.2% |
| Christian County | 367 | 335 | 91.3% |
| Fayette County | 213 | 185 | 86.9% |
| Montgomery County | 301 | 251 | 83.4% |
| Shelby County | 242 | 219 | 90.5% |
| Illinois | 88,525 | 75,853 | 85.7% |

Data Source: Community Commons (US Department of Education, ED Facts. Accessed via DATA.GOV. Additional data analysis by CARES 2016-17. Source District)

Education – No High School Diploma

Within the Pana Community Hospital service area, there are 1,567 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 11.21% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

| Service Area | Total Population Age 25+ | Population Age 25+ With No High School Diploma | Percent Population Age 25+ With No High School Diploma |
|------------------------|--------------------------|--|--|
| Service Area Estimates | 13,973 | 1,567 | 11.21% |
| Christian County | 23,940 | 2,663 | 11.12% |
| Fayette County | 15,451 | 2,696 | 17.45% |
| Montgomery County | 20,954 | 2,787 | 13.30% |
| Shelby County | 15,576 | 1,224 | 7.86% |
| Illinois | 8,666,079 | 991,424 | 11.44% |

*Data Source: Community Commons (US Census Bureau, American Community Survey 2013-2017).
Source Geography: Tract)*



Secondary Data

Social Determinants of Health

Education – Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in Grade 4 whose reading skills tested below the “proficient” level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

| Service Area | Total Students With Valid Test Scores | Percentage of Students Scoring ‘Proficient’ or Better | Percentage of Students Scoring ‘Not Proficient’ or Worse |
|------------------------|---------------------------------------|---|--|
| Service Area Estimates | 234 | 30.59% | 69.41% |
| Christian County | 341 | 27.66% | 72.34% |
| Fayette County | 226 | 30.63% | 69.37% |
| Montgomery County | 309 | 29.79% | 70.21% |
| Shelby County | 239 | 41.26% | 58.74% |
| Illinois | 148,056 | 36.84% | 63.16% |

Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. 2016-17. Source Geography: School District)

Education – Bachelor’s Degree or Higher

Of the population aged 25 and older, 11.67% or 1,631 adult students have obtained a Bachelor’s level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

| Service Area | Total Population Age 25+ | Population Age 25+ With Bachelor’s Degree or Higher | Population Age 25+ With Bachelor’s Degree or Higher |
|------------------------|--------------------------|---|---|
| Service Area Estimates | 13,973 | 1,631 | 11.67% |
| Christian County | 23,940 | 3,919 | 16.37% |
| Fayette County | 15,451 | 1,843 | 11.93% |
| Montgomery County | 20,954 | 3,021 | 14.42% |
| Shelby County | 15,576 | 2,487 | 15.97% |
| Illinois | 8,666,079 | 2,898,584 | 33.45% |

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)



Secondary Data

Economic Stability

Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 7,060 public school students (52.8%) are eligible for free/reduced price lunches out of 13,371 total students enrolled. This is higher than the Illinois statewide free/reduced price lunch eligibility rate of 49.88%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

| Service Area | Total Students | Number Free/Reduced Price Lunch Eligible | Percent Free/Reduced Price Lunch Eligible |
|------------------------|----------------|--|---|
| Service Area Estimates | 13,371 | 7,060 | 52.80% |
| Christian County | 5,148 | 2,812 | 54.62% |
| Fayette County | 2,944 | 1,637 | 55.60% |
| Montgomery County | 4,283 | 2,231 | 52.09% |
| Shelby County | 2,842 | 1,279 | 45.00% |
| Illinois | 2,009,567 | 1,008,830 | 50.20% |

Data Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data, 2016-17. Source Geography: Address)

Income – Median Household Income

This indicator reports the median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

| Service Area | Total Households | Average Household Income | Median Household Income |
|------------------------|------------------|--------------------------|-------------------------|
| Service Area Estimates | 8,349 | \$55,749 | No data |
| Christian County | 13,892 | \$61,863 | \$50,668 |
| Fayette County | 7,659 | \$58,101 | \$44,541 |
| Montgomery County | 11,234 | \$61,542 | \$47,807 |
| Shelby County | 9,183 | \$58,633 | \$49,807 |
| Illinois | 4,818,452 | \$85,262 | \$61,229 |

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.
Source Geography: Tract)*

Secondary Data

Economic Stability

Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

| Service Area | Total Population | Population Receiving SNAP Benefits | Percent Population Receiving SNAP Benefits |
|------------------------|------------------|------------------------------------|--|
| Service Area Estimates | 20,401 | 3,015 | 14.8% |
| Christian County | 33,642 | 5,330 | 15.8% |
| Fayette County | 22,043 | 3,457 | 15.7% |
| Montgomery County | 28,898 | 4,856 | 16.8% |
| Shelby County | 21,775 | 2,361 | 10.8% |
| Illinois | 12,859,995 | 1,935,887 | 15.1% |

Data Source: Community Commons (US Census Bureau, Small Area Income & Poverty Estimates, 2015. Source Geography: County)

Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Pana Community Hospital service area, 27.95% or 1,341 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

| Service Area | Total Population | Population Under Age 18 | Population Under Age 18 in Poverty | Percent Population Under Age 18 in Poverty |
|------------------------|------------------|-------------------------|------------------------------------|--|
| Service Area Estimates | 20,208 | 4,798 | 1,341 | 27.95% |
| Christian County | 31,580 | 6,859 | 1,245 | 18.15% |
| Fayette County | 20,029 | 4,417 | 1,189 | 26.92% |
| Montgomery County | 25,147 | 5,760 | 1,356 | 23.54% |
| Shelby County | 21,674 | 4,673 | 692 | 14.81% |
| Illinois | 12,551,822 | 2,915,860 | 549,508 | 18.85% |

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.
Source Geography: Tract)*



Secondary Data

Economic Stability

Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 17.28% or 3,440 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

| Service Area | Total Population | Population in Poverty | Percent Population in Poverty |
|------------------------|------------------|-----------------------|-------------------------------|
| Service Area Estimates | 20,208 | 3,440 | 17.28% |
| Christian County | 31,580 | 4,033 | 12.77% |
| Fayette County | 20,029 | 3,564 | 17.79% |
| Montgomery County | 25,147 | 3,916 | 15.57% |
| Shelby County | 21,674 | 2,630 | 12.13% |
| Illinois | 12,551,822 | 1,698,613 | 13.53% |

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.
Source Geography: Tract)*

Unemployment Rate

Total unemployment in the Pana Community Hospital service area for the month of August 2019 was 376 or 4.0% of the civilian non-institutionalized population age 16 and older (seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

| Service Area | Labor Force | Number Employed | Number Unemployed | Unemployment Rate |
|------------------------|-------------|-----------------|-------------------|-------------------|
| Service Area Estimates | 9,293 | 8,917 | 376 | 4.0% |
| Christian County | 14,883 | 14,224 | 659 | 4.4% |
| Fayette County | 10,020 | 9,633 | 387 | 3.9% |
| Montgomery County | 12,002 | 11,470 | 532 | 4.4% |
| Shelby County | 11,078 | 10,711 | 367 | 3.3% |
| Illinois | 6,530,304 | 6,284,256 | 246,048 | 3.8% |

Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics. 2019 – August. Source Geography: County)

Secondary Data

Economic Stability

Insurance – Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

| Service Area | Total Population (For Whom Insurance Status is Determined) | Total Uninsured Population | Percent Uninsured Population |
|------------------------|--|-------------------------------|---------------------------------|
| Service Area Estimates | 20,285 | 1,363 | 6.72% |
| Christian County | 31,656 | 1,781 | 5.63% |
| Fayette County | 20,167 | 2,045 | 10.14% |
| Montgomery County | 25,244 | 1,470 | 5.82% |
| Shelby County | 21,713 | 1,228 | 5.66% |
| Illinois | 12,674,162 | 1,079,822 | 8.52% |

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.
Source Geography: Tract)*

Young People Not in School and Not Working

This indicator reports the percentage of youth aged 16-19 who are not currently enrolled in school and who are not employed.

| Service Area | Population Age 16-19 | Percentage of Population Age 16-19 Not in School and Not Employed |
|------------------------|----------------------|---|
| Service Area Estimates | 969 | 13.83% |
| Christian County | 1,489 | 11.01% |
| Fayette County | 961 | 11.45% |
| Montgomery County | 1,324 | 9.14% |
| Shelby County | 1,059 | 6.14% |
| Illinois | 683,326 | 6.67% |

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.
Source Geography: Tract)*

Secondary Data

Neighborhood and Physical Environment

Food Environment – Grocery Stores

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retaining a general line of food, such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also sell food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

| Service Area | Total Population | Number of Establishments | Establishments (Rate per 100,000 Population) |
|------------------------|------------------|--------------------------|--|
| Service Area Estimates | 21,002 | 3 | 14 |
| Christian County | 34,800 | 8 | 23 |
| Fayette County | 22,140 | 3 | 14 |
| Montgomery County | 30,104 | 4 | 13 |
| Shelby County | 22,363 | 4 | 18 |
| Illinois | 12,830,632 | 2,770 | 22 |

Data Source: Community Commons (US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source Geography: ZCTA)

Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

| Service Area | Total Population | Population With Low Food Access | Percent Population With Low Food Access |
|------------------------|------------------|---------------------------------|---|
| Service Area Estimates | 21,002 | 3,090 | 14.71% |
| Christian County | 34,800 | 1,859 | 5.34% |
| Fayette County | 22,140 | 8,717 | 39.37% |
| Montgomery County | 30,104 | 6,885 | 22.87% |
| Shelby County | 22,363 | 5,588 | 24.99% |
| Illinois | 12,830,632 | 2,483,877 | 19.36% |

Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015. Source Geography: Tract)



Secondary Data

Access to Care

Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists – qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

| Service Area | Total Population 2015 | Dentists 2015 | Dentists Rate Per 100,000 Population |
|------------------------|-----------------------|---------------|--------------------------------------|
| Service Area Estimates | 20,401 | 7 | 34 |
| Christian County | 33,642 | 8 | 24 |
| Fayette County | 22,043 | 8 | 36 |
| Montgomery County | 28,898 | 20 | 69 |
| Shelby County | 21,775 | 6 | 28 |
| Illinois | 12,859,995 | 9,336 | 73 |

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source Geography: County)

Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental healthcare.

| Service Area | Estimated Population | Number of Mental Health Providers | Ratio of Mental Health Providers to Population (1 Provider per # of Persons) | Mental Healthcare Provider Rate Per 100,000 Population |
|------------------------|----------------------|-----------------------------------|--|--|
| Service Area Estimates | No Data | No Data | No Data | No Data |
| Christian County | 33,102 | 17 | 1,947 | 51 |
| Fayette County | 21,784 | 14 | 1,556 | 64 |
| Montgomery County | 28,790 | 21 | 1,371 | 73 |
| Shelby County | 21,719 | 5 | 4,344 | 23 |
| Illinois | 12,742,849 | 26,484 | 481 | 208 |

Data Source: Community Commons (University of Illinois Population Health Institute, County Health Rankings. 2018. Source geography: County)

Secondary Data

Access to Care

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

| Service Area | Total Population 2014 | Primary Care Physicians 2014 | Primary Care Physicians Rate Per 100,000 Population |
|------------------------|-----------------------|------------------------------|---|
| Service Area Estimates | 20,561 | 7 | 36 |
| Christian County | 33,309 | 13 | 39 |
| Fayette County | 21,789 | 4 | 18 |
| Montgomery County | 28,952 | 17 | 59 |
| Shelby County | 21,717 | 6 | 28 |
| Illinois | 12,801,539 | 10,378 | 81 |

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source Geography: County)

Medical Conditions and Circumstances

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 Illinois 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, 2019).

Christian County is ranked 54 out of the 102 Illinois counties in the Rankings, released in April 2019. Shelby County is ranked 38. Montgomery County is ranked 41. Fayette County is ranked 58.

| Health Condition | Christian County | Shelby County | Montgomery County | Fayette County | Illinois |
|---|------------------|---------------|-------------------|----------------|----------|
| Adults Reporting Poor or Fair Health | 15% | 15% | 15% | 17% | 17% |
| Adults Reporting No Leisure Time/ Physical Activity | 26% | 23% | 29% | 24% | 22% |
| Adult Obesity | 30% | 29% | 30% | 26% | 29% |
| Children Under 18 Living in Poverty | 20% | 14% | 23% | 24% | 17% |
| Alcohol Impaired Driving Deaths | 39% | 36% | 29% | 6% | 33% |
| Teen Births | 35/1,000 | 30/1,000 | 26/1,000 | 37/1,000 | 23/1,000 |
| Uninsured | 6% | 5% | 6% | 7% | 7% |
| Unemployment | 5% | 4% | 6% | 5% | 5% |

Secondary Data

Behavioral Risk Factor Surveillance System

| Christian County | State 2014 | 2014 | 2009 | 2006 |
|----------------------------|-------------------|-------------|-------------|-------------|
| At-Risk for Binge Drinking | 20.3% | 20.4% | 22.3% | 21.8% |
| Asthma | 9.1% | 13.9% | 14.7% | 12.1% |
| Diabetes | 10.2% | 11.9% | 12.3% | 7.9% |
| Obesity | 29.5% | 38.7% | 30.5% | 27.6% |
| Smoking | 16.7% | 29.9% | 26.5% | 30.5% |

| Shelby County | State 2014 | 2014 | 2009 | 2006 |
|----------------------------|-------------------|-------------|-------------|-------------|
| At-Risk for Binge Drinking | 20.3% | 45.5% | 16.1% | 13.8% |
| Asthma | 9.1% | 10.8% | 9.3% | 11.6% |
| Diabetes | 10.2% | 9.8% | 8.1% | 9.4% |
| Obesity | 29.5% | 35.1% | 23.1% | 23.7% |
| Smoking | 16.7% | 20.5% | 11.7% | 19.7% |

| Montgomery County | State 2014 | 2014 | 2009 | 2006 |
|----------------------------|------------|---------|-------|-------|
| At-Risk for Binge Drinking | 20.3% | No data | 23.9% | 13.9% |
| Asthma | 9.1% | 11.0% | 6.9% | 19.1% |
| Diabetes | 10.2% | 10.5% | 7.3% | 7.5% |
| Obesity | 29.5% | 35.1% | 24.4% | 23.4% |
| Smoking | 16.7% | 20.9% | 29.7% | 24.3% |

| Fayette County | State 2014 | 2014 | 2009 | 2006 |
|----------------------------|------------|-------|-------|-------|
| At-Risk for Binge Drinking | 20.3% | 25.3% | 18.5% | 21.9% |
| Asthma | 9.1% | 11.4% | 16.8% | 14.4% |
| Diabetes | 10.2% | 11.1% | 8.1% | 9.1% |
| Obesity | 29.5% | 44.9% | 29.4% | 30.6% |
| Smoking | 16.7% | 25.8% | 25.4% | 31.6% |

Secondary Data

Health Indicators

Population With Any Disability

Within the service area, 13.87% or 2,795 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

| Service Area | Total Population (For Whom Disability Status is Determined) | Total Population With A Disability | Percent Population With A Disability |
|------------------------|---|---------------------------------------|---|
| Service Area Estimates | 20,285 | 2,795 | 13.78% |
| Christian County | 31,656 | 4,160 | 13.14% |
| Fayette County | 20,167 | 3,792 | 18.80% |
| Montgomery County | 25,244 | 3,527 | 13.97% |
| Shelby County | 21,713 | 2,706 | 12.46% |
| Illinois | 12,674,162 | 1,388,827 | 10.96% |

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.
Source Geography: Tract)*

Teen Births

This indicator reports the rate of total births to women ages 15-19 per 1,000 female population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support needs. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

| Service Area | Female Population Ages 15-19 | Births to Mothers Ages 15-19 | Births (Per 1,000 Population) |
|------------------------|------------------------------|------------------------------|-------------------------------|
| Service Area Estimates | Suppressed | Suppressed | Suppressed |
| Christian County | 1,146 | 50 | 43 |
| Fayette County | 686 | 31 | 45 |
| Montgomery County | 890 | 36 | 40 |
| Shelby County | 713 | 27 | 38 |
| Illinois | 448,356 | 15,692 | 35 |

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)



Secondary Data

Health Indicators

Low Birth Weight Rate

This indicator reports the percentage of total births that are low birth weight (under 2,500 grams = less than 5.15 pounds). This indicator is relevant because low birth weight infants are at a higher risk for health problems. This indicator can also highlight the existence of health disparities.

| Service Area | Total Live Births | Low Birth Weights (Under 2,500g) | Low Weight Births, Percent of Total |
|------------------------|-------------------|----------------------------------|-------------------------------------|
| Service Area Estimates | Suppressed | Suppressed | Suppressed |
| Christian County | 2,891 | 269 | 9.3% |
| Fayette County | 1,750 | 145 | 8.3% |
| Montgomery County | 2,289 | 163 | 7.1% |
| Shelby County | 1,708 | 121 | 7.1% |
| Illinois | 1,251,656 | 105,139 | 8.4% |

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System). Accessed via CDC WONDER. 2006-12. Source Geography: County)

30-Day Hospital Readmissions

This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization.

| Service Area | Medicare Part A and B Beneficiaries | Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries |
|-------------------|-------------------------------------|---|
| Christian County | 619 | 14.1 |
| Fayette County | 374 | 14.5 |
| Montgomery County | 528 | 12.0 |
| Shelby County | 380 | 13 |
| Illinois | 143,569 | 15.2 |

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care)

Preventable Hospitalizations – Medicare Population

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return of investment” from interventions that reduce admissions through better access to primary care resources.

| Service Area | Total Medicare Part A Enrollees | Ambulatory Care Sensitive Condition Hospital Discharges | Ambulatory Care Sensitive Condition Discharge Rate Per 1,000 |
|------------------------|---------------------------------|---|--|
| Service Area Estimates | 2,445 | 187 | 77 |
| Christian County | 3,687 | 293 | 80 |
| Fayette County | 2,329 | 198 | 85 |
| Montgomery County | 3,480 | 240 | 69 |
| Shelby County | 2,631 | 188 | 72 |
| Illinois | 985,968 | 53,973 | 55 |

*Data Source: Community Commons (Centers for Medicare & Medicaid Services, 2015.
Source Geography: County)*

Secondary Data

Mortality Tables

Christian County Mortality, 2018

| Cause of Mortality | Total Deaths |
|---|--------------|
| Malignant Neoplasms | 100 |
| Diseases of the Heart | 95 |
| Chronic Lower Respiratory Diseases | 31 |
| Septicemia | 17 |
| Influenza and Pneumonia | 16 |
| Accidents | 15 |
| Cerebrovascular Diseases | 15 |
| Alzheimer's Disease | 11 |
| Nephritis, Nephrotic Syndrome, and Nephrosis | 9 |
| Chronic Liver Disease and Cirrhosis | 7 |
| Pneumonitis due to solids and liquids | 7 |
| Diabetes Mellitus | 6 |
| Parkinson's Disease | 6 |
| Intentional Self-Harm (Suicide) | 4 |
| Essential Hypertension and Hypertensive Renal Disease | 3 |
| In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior | 3 |
| Certain Conditions Originating in the Perinatal Period | 3 |
| Aortic Aneurysm and Dissection | 2 |
| Congenital Malformations, Deformations, and Chromosomal Abnormalities | 2 |
| Complications of Medical and Surgical Care | 1 |
| Cholelithiasis and Other Disorders of the Gallbladder | 1 |
| Nutritional Deficiencies | 1 |
| Viral Hepatitis | 1 |

Montgomery County Mortality, 2018

| Cause of Mortality | Total Deaths |
|---|--------------|
| Malignant Neoplasms | 79 |
| Diseases of the Heart | 62 |
| Accidents | 31 |
| Chronic Lower Respiratory Disease | 27 |
| Alzheimer's Disease | 18 |
| Cerebrovascular Diseases | 18 |
| Septicemia | 10 |
| Influenza and Pneumonia | 9 |
| Intentional Self-Harm (Suicide) | 6 |
| Nephritis, Nephrotic Syndrome, and Nephrosis | 6 |
| Diabetes Mellitus | 6 |
| Certain Conditions Originating in the Perinatal Period | 4 |
| Chronic Liver Disease and Cirrhosis | 3 |
| Essential Hypertension and Hypertensive Renal Disease | 3 |
| Parkinson's Disease | 3 |
| Congenital Malformations, Deformations, and Chromosomal Abnormalities | 2 |
| Legal Intervention | 1 |
| Peptic Ulcer | 1 |
| Pneumonitis due to solids and liquids | 1 |
| Hernia | 1 |
| In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior | 1 |
| Infections of the Kidney | 1 |
| Aortic Aneurysm and Dissection | 1 |
| Viral Hepatitis | 1 |

Secondary Data

Mortality Tables

Shelby County Mortality, 2018

| Cause of Mortality | Total Deaths |
|---|--------------|
| Diseases of the Heart | 65 |
| Malignant Neoplasms | 48 |
| Accidents | 13 |
| Cerebrovascular Diseases | 11 |
| Chronic Lower Respiratory Diseases | 11 |
| Influenza and Pneumonia | 9 |
| Alzheimer's Disease | 8 |
| Diabetes Mellitus | 6 |
| Septicemia | 6 |
| Chronic Liver Disease and Cirrhosis | 5 |
| Intentional Self-Harm (Suicide) | 4 |
| Nephritis, Nephrotic Syndrome, and Nephrosis | 3 |
| Pneumonitis due to solids and liquids | 2 |
| Essential Hypertension and Hypertensive Renal Disease | 2 |
| In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior | 1 |
| Congenital Malformations, Deformations, and Chromosomal Abnormalities | 1 |
| Aortic Aneurysm and Dissection | 1 |

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source geography: County)

Fayette County Mortality, 2018

| Cause of Mortality | Total Deaths |
|---|--------------|
| Diseases of the Heart | 47 |
| Malignant Neoplasms | 45 |
| Chronic Lower Respiratory Diseases | 18 |
| Accidents | 14 |
| Cerebrovascular Diseases | 13 |
| Alzheimer's Disease | 11 |
| Influenza and Pneumonia | 9 |
| Diabetes Mellitus | 9 |
| Intentional Self-Harm (Suicide) | 6 |
| Nephritis, Nephrotic Syndrome, and Nephrosis | 6 |
| Chronic Liver Disease and Cirrhosis | 6 |
| Essential Hypertension and Hypertensive Renal Disease | 3 |
| Congenital Malformations, Deformations, and Chromosomal Abnormalities | 2 |
| Parkinson's Disease | 2 |
| Pneumonitis due to solids and liquids | 2 |
| Septicemia | 2 |
| In Situ Neoplasms, Benign Neoplasms, and Neoplasms of Uncertain or Unknown Behavior | 1 |
| Nutritional Deficiencies | 1 |
| Anemias | 1 |
| Aortic Aneurysm and Dissection | 1 |
| Certain Conditions Originating in the Perinatal Period | 1 |
| Complications of Medical and Surgical Care | 1 |

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source geography: County)

Secondary Data

Mortality Tables

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

| Service Area | Total Births | Total Infant Deaths | Infant Mortality Rate (Per 1,000 Births) |
|------------------------|--------------|---------------------|--|
| Service Area Estimates | Suppressed | Suppressed | Suppressed |
| Christian County | 1,980 | 15 | 7 |
| Fayette County | 1,260 | 6 | 5 |
| Montgomery County | 1,595 | 14 | 9 |
| Shelby County | 1,200 | 12 | 10 |
| Illinois | 879,035 | 6,065 | 7 |

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source Geography: County)

Mortality – Cancer

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

| Service Area | Total Population | Average Annual Deaths 2010-2014 | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|------------------------|------------------|---------------------------------|---|--|
| Service Area Estimates | Suppressed | Suppressed | Suppressed | Suppressed |
| Christian County | 33,649 | 95 | 284 | 191 |
| Fayette County | 21,909 | 53 | 241 | 175 |
| Montgomery County | 29,131 | 83 | 284 | 192 |
| Shelby County | 21,876 | 55 | 251 | 162 |
| Illinois | 12,845,254 | 24,449 | 190 | 166 |

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Mortality – Coronary Heart Disease

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

| Service Area | Total Population | Average Annual Deaths 2010-2014 | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|------------------------|------------------|---------------------------------|---|--|
| Service Area Estimates | Suppressed | Suppressed | Suppressed | Suppressed |
| Christian County | 33,649 | 59 | 177 | 111 |
| Fayette County | 21,909 | 26 | 118 | 82 |
| Montgomery County | 29,131 | 45 | 156 | 101 |
| Shelby County | 21,876 | 34 | 154 | 92 |
| Illinois | 12,845,254 | 13,542 | 105 | 90 |

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Mortality – Drug Poisoning

This indicator reports the rate of death due to drug overdose per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

| Service Area | Total Population | Average Annual Deaths 2010-2014 | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|------------------------|------------------|---------------------------------|---|--|
| Service Area Estimates | Suppressed | Suppressed | Suppressed | Suppressed |
| Christian County | 33,956 | 7 | 19 | 21 |
| Fayette County | 21,955 | 3 | 14 | Suppressed |
| Montgomery County | 29,297 | 5 | 16 | 17 |
| Shelby County | 21,971 | 2 | 9 | Suppressed |
| Illinois | 12,859,901 | 1,832 | 14 | 14 |

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Secondary Data

Mortality Tables

Mortality – Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because lung disease is a leading cause of death in the United States.

| Service Area | Total Population | Average Annual Deaths 2010-2014 | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|------------------------|------------------|---------------------------------|---|--|
| Service Area Estimates | Suppressed | Suppressed | Suppressed | Suppressed |
| Christian County | 33,649 | 22 | 66 | 44 |
| Fayette County | 21,909 | 16 | 75 | 53 |
| Montgomery County | 29,131 | 20 | 70 | 47 |
| Shelby County | 21,876 | 14 | 65 | 40 |
| Illinois | 12,845,254 | 5,614 | 44 | 38 |

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County

Mortality – Motor Vehicle Crash

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

| Service Area | Total Population | Average Annual Deaths 2010-2014 | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|------------------------|------------------|---------------------------------|---|--|
| Service Area Estimates | Suppressed | Suppressed | Suppressed | Suppressed |
| Christian County | 33,649 | 6 | 19 | 18 |
| Fayette County | 21,909 | 5 | 25 | 23 |
| Montgomery County | 29,131 | 4 | 13 | Suppressed |
| Shelby County | 21,876 | 3 | 14 | Suppressed |
| Illinois | 12,845,254 | 1,087 | 9 | 8 |

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Mortality – Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian motor vehicle crash deaths are preventable and they are a cause of premature death.

| Service Area | Total Population 2010 | Total Pedestrian Deaths 2011-2015 | Average Annual Deaths (Rate Per 100,000 Population) |
|------------------------|-----------------------|-----------------------------------|---|
| Service Area Estimates | No data | No data | No data |
| Christian County | 34,800 | 2 | 2 |
| Fayette County | 22,140 | 4 | 6 |
| Montgomery County | 30,104 | 4 | 4 |
| Shelby County | 22,363 | 0 | 0 |
| Illinois | 12,830,632 | 827 | 2 |

Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County)

Mortality – Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because stroke is a leading cause of death in the United States.

| Service Area | Total Population | Average Annual Deaths 2010-2014 | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|------------------------|------------------|---------------------------------|---|--|
| Service Area Estimates | Suppressed | Suppressed | Suppressed | Suppressed |
| Christian County | 33,649 | 18 | 53 | 33 |
| Fayette County | 21,909 | 11 | 49 | 35 |
| Montgomery County | 29,131 | 25 | 85 | 50 |
| Shelby County | 21,876 | 11 | 49 | 32 |
| Illinois | 12,845,254 | 5,634 | 44 | 38 |

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Secondary Data

Mortality Tables

Mortality – Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. This indicator is relevant because suicide is an indicator of poor mental health.

| Service Area | Total Population | Average Annual Deaths 2010-2014 | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|------------------------|------------------|---------------------------------|---|--|
| Service Area Estimates | Suppressed | Suppressed | Suppressed | Suppressed |
| Christian County | 33,649 | 6 | 18 | 17 |
| Fayette County | 21,909 | 3 | 16 | Suppressed |
| Montgomery County | 29,131 | 4 | 15 | 15 |
| Shelby County | 21,876 | 3 | 16 | Suppressed |
| Illinois | 12,845,254 | 1,394 | 11 | 11 |

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Mortality – Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. This indicator is relevant because accidents are a leading cause of death in the U.S.

| Service Area | Total Population | Average Annual Deaths 2010-2014 | Crude Death Rate (Per 100,000 Population) | Age-Adjusted Death Rate (Per 100,000 Population) |
|------------------------|------------------|---------------------------------|---|--|
| Service Area Estimates | Suppressed | Suppressed | Suppressed | Suppressed |
| Christian County | 33,649 | 22 | 65 | 59 |
| Fayette County | 21,909 | 13 | 61 | 55 |
| Montgomery County | 29,131 | 19 | 64 | 54 |
| Shelby County | 21,876 | 11 | 50 | 39 |
| Illinois | 12,845,254 | 5,106 | 40 | 38 |

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source Geography: County)

Qualitative Data

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,2 and the subsequent final rules reported at 79 FR 78953, the qualitative/primary data received and reviewed included primary input from (1) at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community and, (2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations. The organizations and persons that participated are detailed in the appendix.

No written comments were received concerning the hospital facility's most recently conducted CHNA nor on the most recently adopted implementation strategy. A method for retaining written public comments and responses exists, but none were received.

Data was also gathered representing the broad interests of the community. The hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to health care due to geographic, language, financial or other barriers.

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

Primary Data

Qualitative Data

Focus Group 1 – Medical Professionals and Partners

The first focus group consisted of medical professionals and partners. The group included representatives of physicians, nurse practitioners, senior care providers, and others. The group met at 7:00 am on November 4, 2019 at Pana Community Hospital. Positive developments in the service area in recent years were identified as:

- Expansion at Pana Community Hospital
- Delivery services offered by a local pharmacy
- Meals on Wheels
- A coffee shop is working with youth with disabilities through the Autism and Movement Project (AAMP) program to develop job skills
- Care coordination at Pana Community Hospital
- Pana Community Hospital provides transportation services for medical appointments and needs
- New family practice providers
- New program to expose high school students to healthcare-related career opportunities
- Summer food for youth program (sponsored by the TMHC Foundation)
- Pana Community Inter-Agency Group
- Increased services offered at specialty clinic
- New Wellness Center, Live Well program, and Silver Sneakers program
- Implementation of Cerner at Pana Community Hospital
- ICAHN Flex grant for chronic care management program
- Licensed Clinical Social Workers at Pana Community Hospital
- Swing beds at Pana Community Hospital
- Food pantry
- Pana Community Hospital has a strong mission

Needs and health issues were identified as:

- Access to detoxification
- Private caregivers for programs and services in the home
- Address needs of aging and increasingly isolated population
- Develop ways to replace income lost by services that increase wellness and reduce care visits
- Better access to care coordination in homes and in assisted living
- Access to psychiatric care for adolescents
- Support groups for a variety of issues

- Improved reimbursement for services
- Increased access to providers
- Address service needs of psychiatric patients in the Emergency Room and lack of availability of the next bed for those patients
- Maintain the vitality and viability of the community
- Better involvement of the entire faith community in the health of the overall community
- Dialysis
- Address the cost of pharmaceuticals
- Access to crisis housing and services
- Education for life skills for youth and young adults
- Education and services for grandparents raising grandchildren
- Address vaping
- Address THC-infused gummies

Primary Data

Qualitative Data

Focus Group 2 – Community Leaders and Representatives

The second focus group consisted of community leaders and representatives of groups that represent or serve persons that may be underserved by local medical services. The group met at noon on November 4, 2019 at Pana Community Hospital. Positive developments in the service area in recent years were identified as:

- Wellness Center
- Job shadowing program for high school students at Pana Community Hospital
- Community Mission Center
- Improved partnership between schools and Pana Community Hospital to address employee wellness
- Increased availability of specialists at Pana Community Hospital
- The community overall is working better together to address issues
- Pana Community Hospital has contributed to the overall improvement of the local transportation picture
- Employment at Pana Community Hospital has increased
- Energy and cooperation in the community have improved
- Pana Community Hospital provides home health care and hospice
- Regulation of opioid prescriptions at Pana Community Hospital
- Pana Community Hospital provides sports medicine services to the schools
- Better information sharing among agencies with Pana Community Hospital

Needs and health issues were identified as:

- Hope
- Address current communications issues with patient contacts
- Expansion of the Wellness Center to improve access to rehabilitation equipment and wellness classes
- Address homelessness, local and transient, of all ages
- Private care givers for home care
- Access to a geriatric psychiatrist
- Access to treatment for substance use disorder with dual diagnosis
- Easier access to substance use treatment
- Access to memory care
- Plan for healthcare for an aging population

- Organized, coordinated support and aftercare for persons in recovery with Substance Use Disorders
- Life skills for youth and young adults
- Information about insurance and billing to help patients understand different charges and rates
- Access to a psychiatrist
- Prompt care
- Wellness education for families
- Wellness education for grandparents raising grandchildren
- Address resurgence of lack of parenting skills
- Strong local substance use disorder support system
- Education about vaping



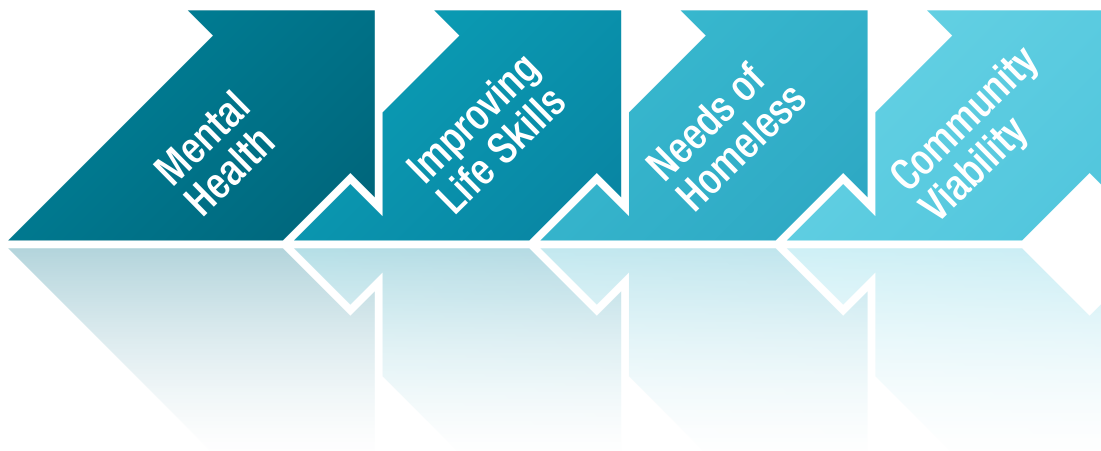
IV. IDENTIFICATION AND PRIORITIZATION OF NEEDS

2019 Community Health Needs Assessment

Identification and Prioritization of Needs

Description of the Community Health Needs Identified

The steering group, comprised of representatives from both focus groups (including a nurse representative and the medical director of the local health department, educators, medical professionals and others, including members serving persons likely to be unserved, underserved or otherwise experiencing unmet needs), met on November 15, 2019 to identify and prioritize significant health needs. The group reviewed a community survey, notes from the focus groups, and summaries of data reviewed by the consultant which included CARES, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Pana Community Hospital service area:



Local needs surrounding mental health including substance abuse, life skills education, homelessness and the vitality and viability of the community dominated the discussion.

1. Access to local services for mental health

- Access to behavioral health counseling for all ages
- Access to psychiatrists for all ages
- Access to local services for substance use disorders
 - Access to Medication Assisted Treatment for persons with opioid use disorders

Primary Data

Description of the Community Health Needs Identified

2. Improve life skills for:

- Youth
- Young adults
- Persons at-risk for substance abuse
- Grandparents raising grandchildren

3. Address the needs of homeless in the community

- Address the needs of youth and young adults with no fixed place of residence
- Address the needs of transient homeless

4. Maintain the vitality and viability of the community as a safe and healthy place for all ages to live and thrive

**V. RESOURCES AVAILABLE TO MEET
PRIORITY HEALTH NEEDS**
2019 Community Health Needs Assessment



Resources Available to Meet Priority Health Needs

Resources Available to Meet Priority Health Needs

Hospital Resources

- Cardiopulmonary
- Cardiopulmonary rehabilitation
- Breast care services
 - Screening and diagnostic mammograms with 3D imaging
 - Breast ultrasound
 - Ultrasound vacuum assisted breast biopsy
 - Cyst aspirations
 - Stereotactic breast biopsy
 - Breast needle localizations via mammography and ultrasound
 - Sentinel node mapping (nuclear medicine)
 - Lumpectomy and mastectomy
- Bridge to Home services
- Emergency care
- Imaging services
 - Computed Tomography (CT)
 - Magnetic Resonance Imaging (MRI)
 - Mammography with enhanced 3D imaging
 - Ultrasound
 - Nuclear medicine, including myocardial perfusion studies
 - Dual-Energy X-ray Absorptiometry (DEXA) bone density
 - Interventional services, including breast biopsies, prostate biopsies, and joint injections for pain relief
 - General x-ray services
- Inpatient services
- Laboratory and testing
- LiveWell fitness
- Nutritional services
 - Home bound meals
 - Catering services
 - Dietary counseling
- Rehabilitation
 - Physical therapy
 - Occupational therapy
 - Speech therapy
 - Aquatic therapy

- Specialty Clinics
 - OB/GYN
 - Oncology
 - Orthopedics
 - Ophthalmology
 - Pulmonology
 - Podiatry
 - Rheumatology
 - Urology
- Surgery
 - Endoscopic
 - Laparoscopic
 - Podiatry
 - Ophthalmology
 - Orthopedic
 - General Surgery
- Patient Transportation Services

Community Resources

- Christian County Health Department
- Christian County Board
- Hillsboro Area Hospital
- Carlinville Area Hospital
- Other interested hospitals
- Illinois Telehealth Network
- Public Health Department
- City of Pana
- Pana Pride
- Local businesses
- Local schools
- Other interested organizations
- Other interested persons
- Faith-based organizations



VI. IMPLEMENTATION STRATEGY

2019 Community Health Needs Assessment

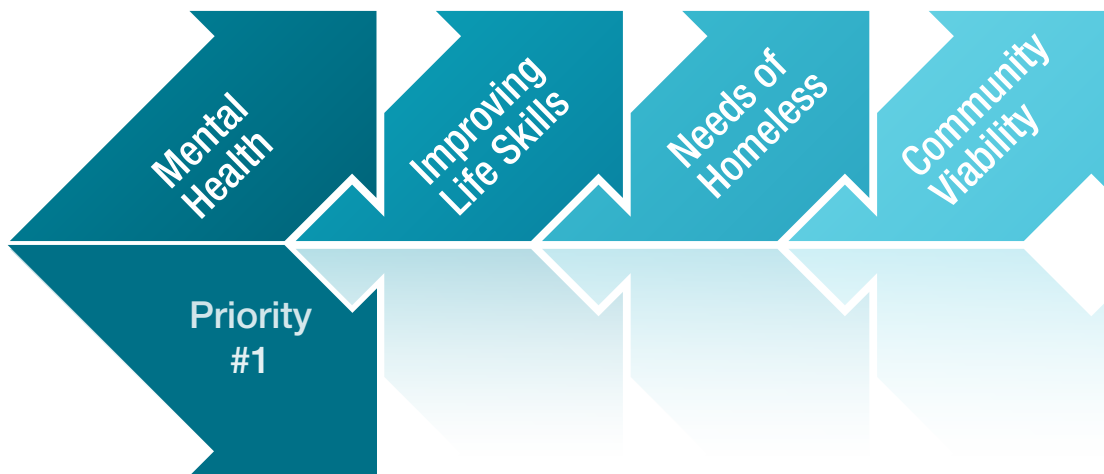
Implementation Strategy

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Pana Community Hospital on November 15, 2019. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

The group then considered each of the prioritized needs. For each of the four categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Implementation Strategy – Priority #1



1. Access to local services for mental health

- Access to behavioral health counseling for all ages
- Access to psychiatrists for all ages
- Access to local services for substance use disorders
 - Access to Medication Assisted Treatment for persons with opioid use disorders

Implementation Strategy

Planning Process

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

- Pana Community Hospital will explore offering telepsychiatry.
- Pana Community Hospital will explore collaborating with other hospitals to provide mental health services, including Hillsboro Area Hospital and Carlinville Area Hospital.
- Pana Community Hospital will support the professional development of an internal candidate for Licensed Clinical Social Worker certification.
- Pana Community Hospital will explore supporting a local physician with offering Medication Assisted Treatment.

Anticipated impacts of these actions:

Pana Community Hospital anticipates that these steps will provide reasonable, realistic, and effective answers to the issues raised.

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

- Administration
- Clinic Manager
- Providers

Planned collaboration between the hospital and other organizations:

- Hillsboro Area Hospital
- Carlinville Area Hospital
- Other interested hospitals
- Illinois Telehealth Network
- Public Health Department

Implementation Strategy – Priority #2



2. Improve life skills for:

- Youth
- Young adults
- Persons at-risk for substance abuse
- Grandparents raising grandchildren

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

- Pana Community Hospital will explore collaboration with schools to provide education and programming for youth.
- Pana Community Hospital will explore collaboration with the Public Health Department to provide community education and programming to improve life skills of young adults and persons at-risk for substance abuse.
- Pana Community Hospital will explore collaboration with the Public Health Department to improve the skills and abilities of grandparents raising grandchildren.
- Pana Community Hospital will explore collaboration with other hospitals in the county and the area to develop life skills education and programming.
- Pana Community Hospital will explore collaboration with faith-based organizations to promote improvement of life skills in the community.
- Pana Community Hospital will explore collaboration with the Public Health Department to provide education about teen pregnancy and awareness of the high local teen pregnancy rate.

Implementation Strategy

Planning Process

Anticipated impacts of these actions:

Pana Community Hospital anticipates that the steps above, in combination, will lead to improvement of life skills across the identified community segments.

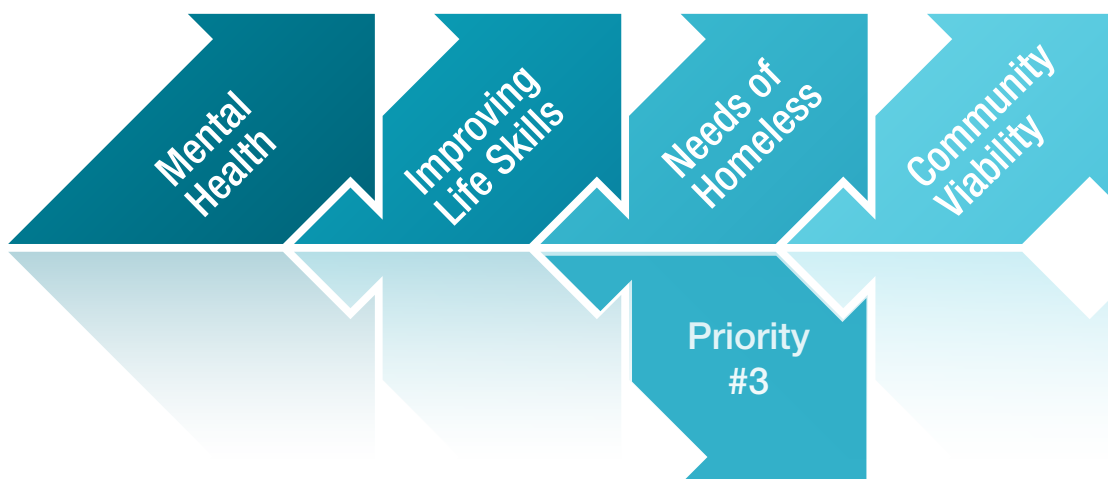
Programs and resources the hospital plans to commit to address the need:

- Administration
- Director of Business Development

Planned collaboration between the hospital and other organizations:

- Schools
- Christian County Health Department
- Hillsboro Area Hospital
- Carlinville Area Hospital
- Other interested hospitals
- Faith-based organizations

Implementation Strategy – Priority #3



3. Address the needs of homeless in the community

- Address the needs of youth and young adults with no fixed place of residence
- Address the needs of transient homeless

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

Pana Community Hospital recognizes homelessness as a complex community issue that includes both local residents that have become homeless, in the sense that they have no permanent fixed place of residence for any of a variety of reasons and those who are transient to the community and have no shelter or other basic needs.

Pana Community Hospital does provide a variety of services to homeless persons that may present at the emergency room and will continue those services as are reasonable and appropriate. In addition, Pana Community Hospital stands ready to assist the Public Health Department, County Board, City Council and the faith-based community or other appropriate authorities or providers in their efforts to address this issue.

Anticipated impacts of these actions:

Pana Community Hospital anticipates that local authorities and providers will recognize the scope of this issue and take steps to address it. Pana Community Hospital is committed to assist those efforts.

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

- Administration

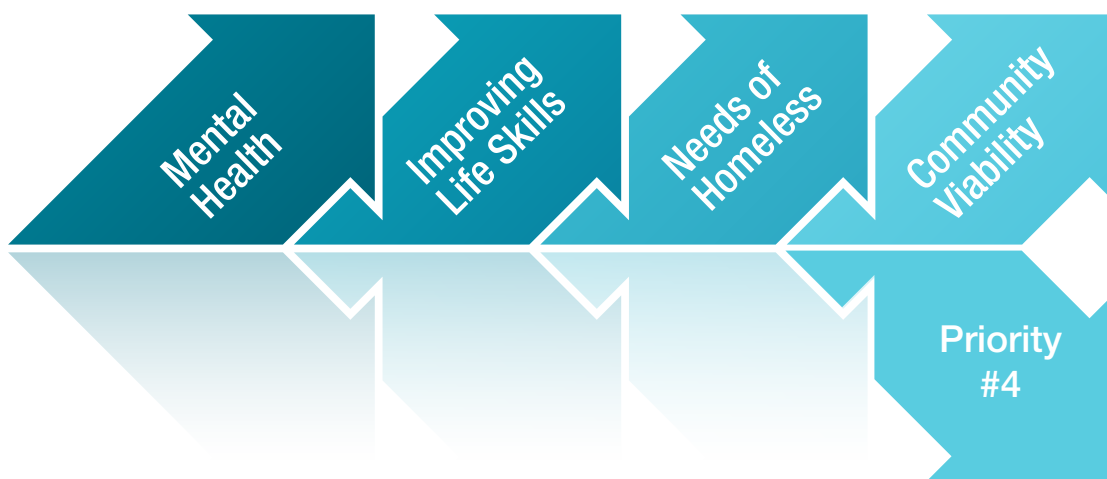
Planned collaboration between the hospital and other organizations:

- Christian County Public Health Department
- Christian County Board
- City of Pana
- Schools
- Faith-based community

Implementation Strategy

Planning Process

Implementation Strategy – Priority #4



4. Maintain the vitality and viability of the community as a safe and healthy place for all ages to live and thrive

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

- Pana Community Hospital will increase its participation with Pana Pride.
- Pana Community Hospital will share resources about community development with city leadership.
- Pana Community Hospital will collaborate with Pana Pride, city government, businesses, schools, the faith-based community and others to maintain a safe, healthy community with a quality of life where current and future residents will have the chance to thrive.

Anticipated impacts of these actions:

Pana Community Hospital believes that the physical and mental wellness of the community is dependent in many ways on the quality of life the residents experience and believes that enhancing quality of life and improving the social determinants of health impacting the community will make the community healthier in many ways.

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

- Administration

Planned collaboration between the hospital and other organizations:

- Pana Pride
- City of Pana
- Businesses
- Schools
- Other interested organizations
- Other interested persons

VII. DOCUMENTING AND COMMUNICATING RESULTS

2019 Community Health Needs Assessment



Documenting and Communicating Results

Approval

This CHNA Report will be available to the community on the hospital's public website: <http://www.panahospital.com>. A hard copy may be viewed at the hospital by inquiring at the registration desk at the main entrance.

This Community Health Needs Assessment and Implementation Plan of Pana Community Hospital was approved by the Pana Community Hospital Board of Directors on the 10th day of December, 2019.

VIII. REFERENCES AND APPENDIX
2019 Community Health Needs Assessment



References

References

- *County Health Rankings, 2019 County Health Rankings*
- CARES, 2019
- *Community Commons, 2019 Community Commons*
- Illinois Department of Employment Security, 2019
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2019
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2019
- ESRI, 2019
- Illinois State Board of Education, *Illinois Report Card, 2018 - 2019*
- *Atlas of Rural and Small Town America, USDA, 2018*
- *Behavioral Risk Factor Surveillance Survey – Illinois - Counties – 2018*
- *Illinois Youth Survey, 2018*
(Support documentation on file and available upon request)

Appendix

Focus Group 1 – Medical Professionals and Partners

| | | |
|----------------|-------------------------------------|--|
| Marlon Muneses | MD | Pana Medical Group |
| Tabitha Litz | FNP | Pana Medical Group |
| Colleen Rakers | FNP | Pana Medical Group |
| Cassie Eilers | Social Service Director | Heritage Health |
| Tom Culberson | Director | Quad County Home Health, Hospice & DME |
| James Moon | CFO | Pana Community Hospital |
| Vickie Coen | CNE | Pana Community Hospital |
| Dianne Bailey | CIO | Pana Community Hospital and Board Member of the Christian County Public Health Department |
| Luann Funk | Human Resources | Pana Community Hospital |
| Carol Chandler | Director of Business Development | Pana Community Hospital |

Appendix

Appendix

Focus Group 2 – Community Members and Representatives

| | | |
|----------------------|-------------------------------------|---|
| Daniel Bland | Chief of Police | City of Pana |
| Bruce Kettlekamp | Sheriff | Christian County Sheriff's Department |
| Jason Bauer | Superintendent | Pana Community Unit School District #8 |
| Cheri Wysong | Principal | Washington County Elementary School and Pana Community Unit School District #8 |
| Deb Zueck | Principal | Sacred Heart School |
| Casey Adams | Principal | Pana Senior High School, Pana Community Unit School District #8 |
| John Gardner | President/CEO | Peoples Bank & Trust |
| Al Stupek | Vice President | Taylorville Community Credit Union |
| Rev. Amanda Richards | Pastor | First United Methodist Church |
| Jay Denton | Council Member | United in Faith Church |
| Linda Parkinson | Council Member | United in Faith Church |
| Rev. Dr. Steve Nance | Pastor | St. Paul's United Church of Christ |
| James Moon | CFO | Pana Community Hospital |
| Carol Chandler | Director of Business Development | Pana Community Hospital |
| Michele Bauman | DON | Heritage Health |

Notes



2019 Community Health Needs Assessment
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