



1000 N. Allen Street Robinson, IL 62454

**2015 COMMUNITY HEALTH NEEDS ASSESSMENT  
AND IMPLEMENTATION PLAN**

**ADOPTED BY BOARD RESOLUTION JULY 15, 2015**

Dear Community Resident:

The mission of Crawford Memorial Hospital is to provide and continuously improve high quality and cost effective health care services. Crawford Memorial Hospital (CMH) welcomes you to review this document as we strive to meet the health and medical needs in our community. The Community Health Needs Assessment identifies local health and medical needs and provides a plan to indicate how CMH will respond to such needs. This document suggests areas where CMH can collaborate with other local organizations and agencies to achieve desired improvements that will advance the health of the community.

A Community Health Needs Assessment is required to be performed every three years. As you review this plan, please see if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing identified needs.

All not-for-profit hospitals are required to develop this assessment in compliance with the Affordable Care Act. The federal government requires not-for-profit hospitals to identify the community benefit it provides in responding to documented community need.

Please think about how to help us improve the health and medical services our area needs. We invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank You

CMH Board of Trustees

CMH Leadership

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## **Executive Summary**

Crawford Memorial Hospital, as a not-for profit organization, realizes the importance of local healthcare organizations in responding to the needs of the community. In order to maintain charitable hospital organization status, a Community Health Needs Assessment (CHNA) is required by the Patient Protection and Affordable Care Act (ACA) that was enacted March 23, 2010. A CHNA assures CMH identifies and responds to the primary health needs of the residents within its service area.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.

### **Project Objectives**

- Identify current and ongoing health needs of the population of Crawford County.
- Develop & implement an action plan to meet prioritized needs within the scope of the organization's capability.
- Communicate the Community Health Needs Assessment and Action Plan to the community.

### **Brief Overview of Community Health Needs Assessment Requirements**

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code.

The IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of the population in the community, focused on the assessed health needs of the population.

- Effective in tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;
- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment, and if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);
- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;
- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four); and
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

In order to provide the community with a complete needs assessment and action plan, the hospital must:

- Describe the processes and methods used to conduct the assessment;  
Sources of data and dates retrieved;  
Analytical methods applied;  
Information gaps impacting ability to assess the needs; and  
Identification of persons or organization with whom the Hospital collaborated.
- Follow the proposed regulations that provide that a hospital facility's CHNA report will be considered to describe how the hospital facility took into account input if the CHNA report:
  - 1) Summarizes, in general terms, the input provided and how and over what time period such input was provided;
  - 2) Provides the names of organizations providing input and summarizes the nature and extent of the organization's input; and
  - 3) Describes the medically underserved, low income, or minority populations being represented by organizations or individuals providing input.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs; and
- Identify the programs and resources the hospital facility plans to commit to meeting each identified need, and the anticipated impact of those programs and resources on the health need.

## Approach

The Crawford Memorial Hospital Community Health Needs Assessment was coordinated and conducted internally in collaboration with the Crawford County Health Department, QHR Consulting Services, and CMH Hospital Leadership and Community members. The community assessment and action plan development are included as part of the CMH Strategic Planning process, which begins in August and concludes with Board of Trustees approval in April prior to the beginning of the fiscal year.

Crawford Memorial Hospital has been a significant participant in the Illinois Project of Local Assessment of Needs (IPLAN) for Crawford County since 1995. The IPLAN project is required for all counties in Illinois as a response to the *Healthy People* initiative released by the secretary of Health and Human Services in 1990. Since 1990, two updated versions of *Healthy People* have been released with the updated national data. These baselines along with US Census data and other publically reported health data are utilized in the IPLAN assessment. Due to the small size of the county, the IPLAN committee members and the CMH Community Health Needs Assessment members overlap, and collaboration on health improvement strategies are more efficiently carried out in partnership.

The progression of the process included (1) Data collection of both qualitative and quantitative data, (2) data analysis to identify trends and priority issues, (3) development of a community action plan (4) presentation to the Board of Trustees for approval and concluding with dissemination to the community.

### Data Collection:

- Qualitative data was obtained from community members representing a broad spectrum of interests in the community (Department of the Treasury, Notice 2011-52) including business, schools, industry, volunteers and civic leaders. Members were chosen based on their ability to advocate/speak for community members who are medically underserved, low-income, representative of the community at large, representative of the healthcare community, representatives of the business and industry, have knowledge of public health issues. Participants were not paid for their input. Focus groups, invited written responses, and private interviews were the methods utilized to obtain information. A standard set of questions was utilized (see Appendix B) for all groups.

### **August 2014**

- ❖ QHR consultant Linda Kirkman met with community members and CMH staff focus groups to obtain qualitative data on the perceived needs of the community and the role of the Hospital in improving the health of the community.
- ❖ CMH leadership, including the Administrative Team and Department Directors, met to give input on overall strategic planning including current issues identified within the community and possible action items.
- ❖ Quantitative data was compiled from data that is made publically available, such as the IL Department of Public Health, Local government & public health sources, and internal data from CMH. Most data used in the analysis is available from public internet sources.
  - See Appendix A for comprehensive list of data sources

## Data Analysis/Action Plan Development:

Data Analysis of the qualitative and quantitative data revealed that community health concerns were similar to the health concerns revealed through the statistical data. These concerns were compared to the Crawford County IPLAN, the 2012 CMH CHNA and Healthy People 2020 objectives. Health improvement issues were identified and prioritized from the data.

Linda Kirkman, QHR consultant, presented the data and data analysis to the Board of Trustees, Administrative Team, and Selected Members of the Medical Staff at the Crawford Memorial Hospital Strategic Planning retreat in September 2014. The information was utilized in the development of the 2016-2019 multi-year strategic plan. The Board of Trustees approved the 2016 Strategic Plan in April 2015.

## Dissemination of CHNA and Action Plan

The results of the strategic planning session were communicated to the CMH Leadership Team in May 2015. CMH Leadership then developed annual goals to meet the 2016 organizational goals established by the Board of Trustees. CMH Leaders are accountable for ongoing monthly reporting of progress toward meeting goals. This information is available to the Board of Trustees, leadership and front-line employees on a monthly basis. The CMH Community Health Needs Assessment is widely available to the public through the Crawford Memorial Hospital Web site, [www.crawfordmh.org](http://www.crawfordmh.org). The assessment is downloadable. Printed copies are available on request. The CHNA is an agenda item on the Critical Access Hospital Annual Advisory Committee meeting and the Crawford Memorial Foundation meeting.

## **Community Served by Crawford Memorial Hospital**

### **Description of Primary Service Area**

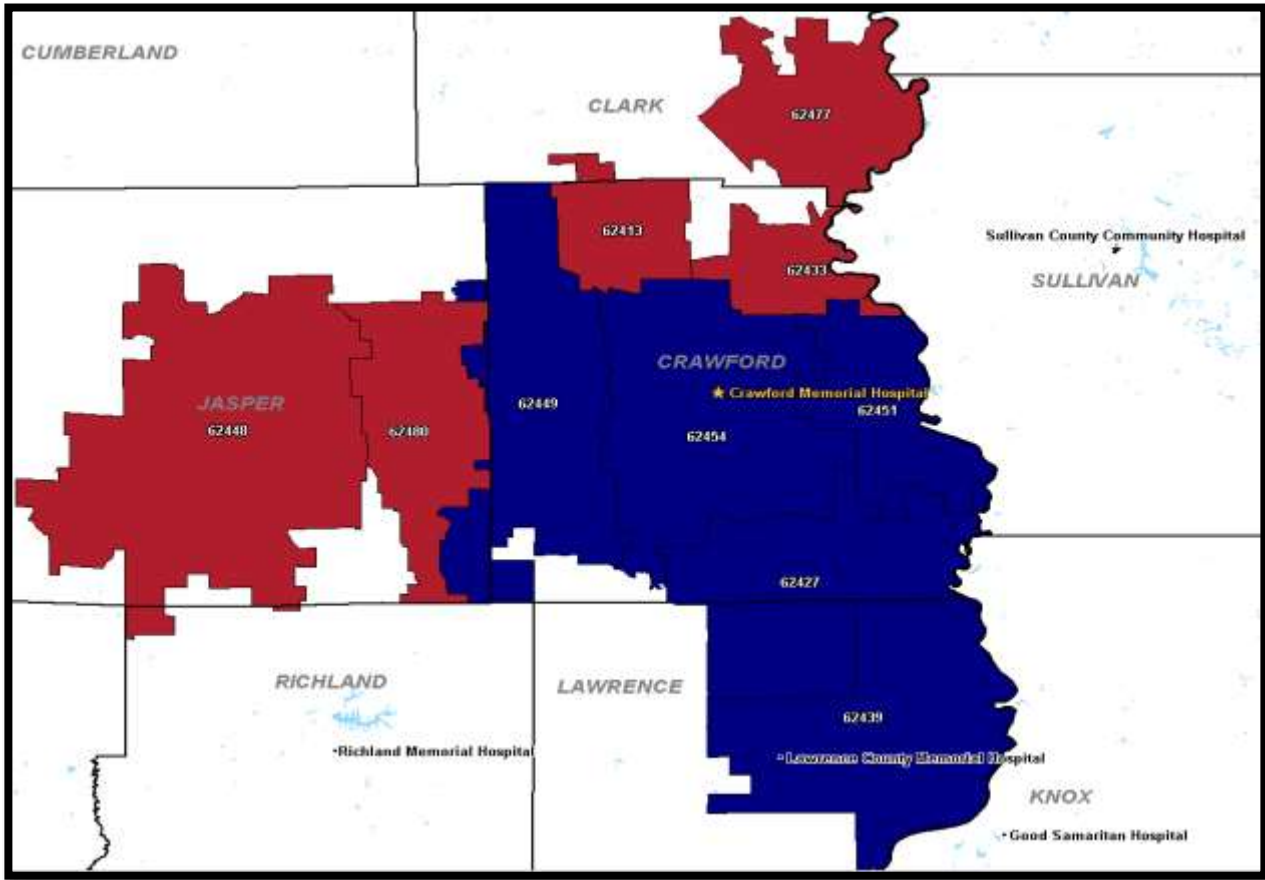
For the purpose of the Community Health Needs Assessment, the community that CMH serves is defined as the primary service area for CMH, which includes the city of Robinson and the rural areas immediately surrounding it. This includes all or portions of five additional communities. Communities that make up the CMH primary service area include: Flat Rock, Oblong, Palestine, and Robinson. Lawrenceville is also considered as part of the primary service area, though it is served by Lawrence County Memorial Hospital, a Critical Access Hospital. Lawrence County Memorial conducts a separate community needs assessment specific to its primary service area; therefore Lawrence County health data is not included in this assessment. A secondary service area is identified as the communities of Annapolis, Hutsonville, Newton, West Union, and Willow Hill. In 2014 The Hospital received 80% of its patients from the primary service area.

#### Primary Service Area Zip codes:

- 62427 Flat Rock
- 62439 Lawrenceville
- 62449 Oblong
- 62451 Palestine
- 62454 Robinson

#### Secondary Service Area Zip Codes:

- 62413 Annapolis
- 62433 Hutsonville
- 62448 Newton
- 62477 West Union
- 62480 Willow Hill



### Demographic profile

#### Age Distribution:

The 2014 population for Crawford County is estimated to be 25,219 and is expected to decline at a rate of -2.5% within the next 5 years. This is in contrast to the 3.3% national rate of growth and the Illinois growth rate of 0.6%. According to the population estimates provided by Truven Analytics, the 2014 median age for the county is 42.6 years, which is older than the Illinois median age (37.1 years) and the national median age (38 years). The population less than 18 years of age represents 20.1% of the population and is expected to decrease by 6% within 5 years. Ages 18-64 make up 60.9% of the population and that number is expected to decrease by 4.7%. The female age 15-44 (childbearing age) represents 16.4% of the population and is projected to decrease by 2.9%. The 65+ age group is projected to grow by 8.5% by 2019. It is the only age group projected to grow.



		Primary Service Area	Secondary Service Area	Illinois	USA
Total Population	2014	25,219	9,010	12,894,331	314,861,807
	2019	24,601	8,751	12,970,164	325,322,193
	Proj % Change	(2.5%)	(2.9%)	0.6%	3.3%
Female Age 15-44 Population (Obstetrics)	% Proj. Change	(2.9%)	(0.9%)	(1.8%)	(0.1%)
	% of Total Pop	16.4%	16.8%	20.1%	19.8%
Age 65+ Population (Medicare)	% Proj. Change	8.5%	9.4%	15.1%	16.3%
	% of Total Pop	19.1%	18.6%	13.7%	14.2%
Age 18-64 Population (Adult)	% Proj. Change	(4.7%)	(5.5%)	(1.3%)	0.9%
	% of Total Pop	60.9%	59.7%	62.7%	62.3%
Age <18 Population (Pediatrics)	% Proj. Change	(6.0%)	(6.1%)	(2.7%)	2.0%
	% of Total Pop	20.1%	21.7%	23.6%	23.7%
Median Age	2014	42.6	43.2	38.0	37.7
Median HH Income	2014	\$44,882	\$51,101	\$56,990	\$51,423

### Population by Race

The racial makeup of the service area is typical of rural Illinois. There are no significant changes in the profile projected over the next five years.

Race	Number	Percent %	National Ave.%
One Race	19,108	97	97.2
White	18,325	93	74
Black	523	2.7	12.6
American Indian & Alaska Native	131	0.7	0.8
Asian	83	0.4	4.9
Asian Indian	16	0.1	1.0
Chinese	38	0.2	1.1
Filipino	12	0.1	0.8
Japanese	6	0.0	0.7
Korean	7	0.0	0.5
Other Asian	4	0.0	0.7
Some Other Race	37	0.2	4.7
Two or More Races	599	3%	2.8%

## Economic Profile

The 2014 Median Household Income for the area is \$44,882 which is lower than the Illinois median income of \$56,990 and the national median income of \$51,423. Unemployment rate as of May 2014 is 5.0%, which is lower than the 5.6% Illinois statewide rate, and also lower than the national rate of 5.3%. (Appendix C)

Crawford County has a variety of employment opportunities. Two international companies are the largest employers in the county. Schools and Healthcare are the next most significant employers in the community. CMH plays an important role in the economic vitality of the area as well as its health. There is also a significant small business and industry presence in the county.

### **Crawford County Key Employer Summary**

<b>Company Name</b>	<b>Product/Service</b>	<b>Employees</b>
Marathon Petroleum	Refinery	700+
Hershey Chocolate USA	Candy	700
Community Schools/College	Education	600
Crawford Memorial Hospital	Healthcare	375
Robinson Correctional Center	Corrections	300
Dana Corporation	Gaskets	220
E.H. Baare	Wire	120
SESCO	Labor	112
Data Max / Pioneer	Labels	95
Tempco Products	Alum/Vinyl/Doors-Windows	65
Fair-Rite Product	Electronic Shields	45
Lincolmland Argi-Energy	Ethanol	33
Illiana Cores	Cardboard Cores	17
Illini Quik Pak	Frozen Foods	15

The service area's social and economic picture is influenced by the fact that just over seventy-two percent of the land in Crawford County consists of farms according to 2009 data from the USDA. (Atlas of Rural and Small Town America, 2011) Thirty-eight percent of local farm operators work off-farm.

## Educational Attainment

In 2014, 35.3% of Crawford County residents had obtained a High School Diploma (includes GED), which is substantially greater than the national average of 28.1. The cumulative percent of those with some college to graduate or professional degrees is 53.9%, which is slightly below the national average of 57.8.

<b>Education Level</b>	<b>Number</b>	<b>Percent</b>	<b>National Ave.</b>
Less than 9 <sup>th</sup> grade	460	3.3	5.9
9 <sup>th</sup> - to 12 <sup>th</sup> , no diploma	1,041	7.5	8
High school graduate (GED)	4,892	35.3	28.1
Some college, no degree	3,262	23.6	21.2
Associate Degree	1,825	13.2	7.8
Bachelor's Degree	1,498	10.8	18
Graduate or professional degree	872	6.3	10.8

## Health Assessment Data of Primary Service Area

**Health Status** is a combination of the PULSE Healthcare Survey, PRIZM segments, and the Behavioral Risk Factor Surveillance System. Health Status provides a baseline from which effectiveness of health status improvement efforts can be measured. The overall score for the Primary Service Area is 49.0, significantly below the US Health Status Score Mean of 59.9. Four of the five communities in the Primary Service Area (PSA) score in the fair category, with one community scoring in the poor category.

**US Health Status Score Mean = 59.9**

<b>Excellent</b>	<b>79-100</b>
<b>Very Good</b>	<b>65-78</b>
<b>Good</b>	<b>56-64</b>
<b>Fair</b>	<b>43-55</b>
<b>Poor</b>	<b>0-42</b>

Service Area Health Status Compared to U.S. Mean				
	ZIP Code	City	Score	Rank
PSA	62449	Oblong	54.9	4-Fair
	62427	Flat Rock	54.8	4-Fair
	62454	Robinson	51.7	4-Fair
	62439	Lawrenceville	43.2	4-Fair
	62451	Palestine	41.9	5-Poor
				49.0

## Health Outcomes Ranking for Crawford County & IL

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

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (County Health Rankings and Roadmaps, 2014).

Crawford County is ranked 85th out of 102 the Illinois counties in the Rankings released in May 2014. The following observations from the rankings are of interest to the health needs assessments of the CMH service area.

**Crawford County is**  
**85<sup>th</sup> in overall health outcomes rank**  
**52<sup>nd</sup> in mortality attributed to premature death**  
**99<sup>th</sup> in morbidity**

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

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

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

Reports diagnosing high blood pressure, obesity, and self-designation as being a current smoker in Crawford County all exceed state levels.

The State Cancer Profiles compiled by the National Cancer Institute list Crawford County at Level 6 for all cancers which means that the cancer rate overall is below the U.S. rate and is stable over the recent past.

The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent available data for Crawford County, showing the causes' frequency of death within the county, is presented below.

Disease Type & # of Deaths	
Diseases of the heart	61
Malignant Neoplasms	59
Cerebrovascular Diseases	18
Lower Respiratory Diseases	21
Accidents	7
Alzheimer's Disease	5
Diabetes Mellitus	4
Influenza & Pneumonia	7
Nephritis, Nephrotic syndrome and Nephrosis	10
Septicemia	0
Intentional self-harm (suicide)	3
Chronic Liver Disease, Cirrhosis	0
All other causes	40
<b>TOTAL DEATHS</b>	<b>235</b>

The mortality numbers are much as one would expect for a rural Illinois county with diseases of the heart, cancer, and lower respiratory diseases as leading factors.

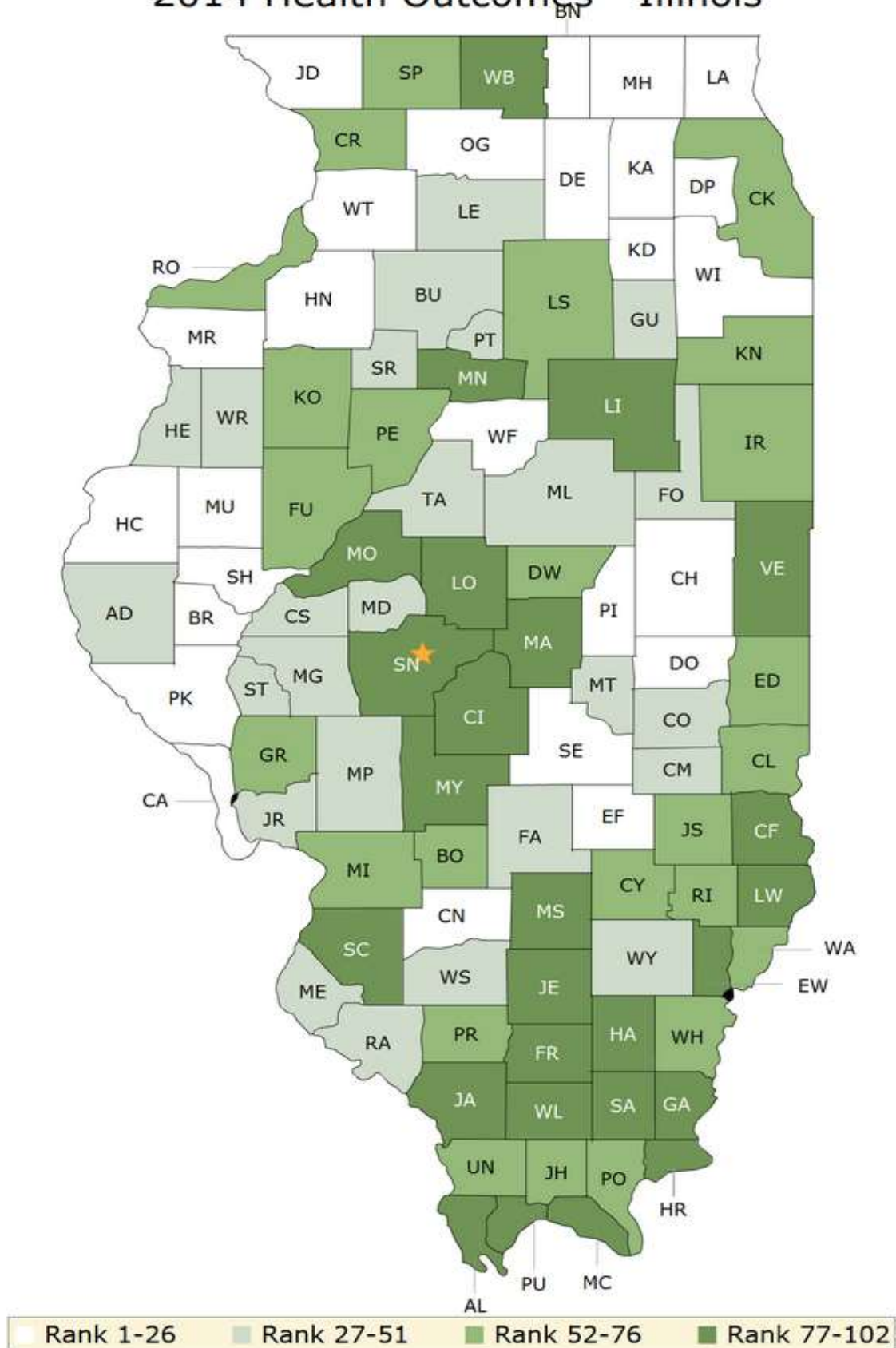
It is also potentially significant that, according to the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions (January 2011), Crawford County is a designated health professional shortage area for dental, mental, and primary care. There are more than 30 state and federal programs available to HPSAs to help meet local health care needs.

Crawford County demographics reflect overall lower income and housing values than statewide comparisons but levels that are not inconsistent with other rural areas of the State. Average March 2012 unemployment in the county was lower than state and federal averages.

Crawford County reports a higher percent of population at risk for smoking and reporting obesity than state averages and a higher percent of residents who have been diagnosed with high blood pressure.

	Crawford (Out of 102)
<b>Overall Health Outcomes Rank</b>	<b>85</b>
<b>Mortality:</b> Premature Death	52
<b>Morbidity</b> Poor Health Poor Physical Health Days Poor Mental Health Days Low Birth Weight	99

# 2014 Health Outcomes - Illinois



## Crawford County Rates Poorly in Overall Health Behaviors

Crawford  
(Out of 102)

Overall Health Factor Rank		76
<b>Health Behaviors</b>		
Smoking Excessive Drinking Obesity Physical Inactivity Sexually Transmitted Disease Teen birth rates		82
<b>Clinical Care</b>		
Uninsured Primary Care Physicians Preventable Hospital Stays Diabetes Screening Mammography Screening		70
<b>Social &amp; Economic Factors</b>		
High School Graduation Unemployment Children in Poverty Inadequate Social Support Children in single-parent households Violent Crime Rate		61
<b>Physical Environment</b>		
Air Pollution Access to recreation facilities Limited Access to Healthy Foods Fast Food Restaurants		80

### Overall findings and Community Need Priority Ranking

There were several common themes identified from the community perception data and the publically reported statistical data. This indicates that the community is knowledgeable about both the health issues of the community population and the health care provided in the county. Data draws attention to issues common to many small rural communities including:

- ❖ **Health services related to the increasing population of elderly and chronic disease processes**
- ❖ **Self-reporting of fair or poor health related to health risk behaviors**
- ❖ **Significant absence of leisure time physical activity, and availability of mental health resources**
- ❖ **Risky behavior with regard to smoking and obesity and related issues**
- ❖ **Significantly high risk behavior factors and outcomes related to cardiovascular disease, diabetes, hypertension, and metabolic syndrome**

The top 3 priority needs for the CMH service area identified from data and input from the community are: availability of mental health services, morbidity and mortality from cardiovascular disease, diabetes, stroke and metabolic syndrome, and morbidity & mortality from cancer, including the availability of cancer screenings and prevention education. Due to the size of the community and the increased benefit of utilizing resources efficiently, CMH collaborates closely with the Crawford County Health Department. As indicated below, the top priorities identified by CMH are mirrored by the priorities of the Crawford County Health Department. The *Healthy People 2020* objectives for the identified priorities also indicate the need for improvement nationally in these health issues.

<b>Top priority needs identified by CMH/IPLAN/<i>Healthy People 2020</i></b>		
<b>CMH</b>	<b>IPLAN</b>	<b><i>Healthy People 2020</i></b>
Availability of mental health services	Mental Health & Related Social Issues	Individuals of all ages not receiving treatment for mental health issues
Morbidity/mortality from cardiovascular disease, diabetes, stroke, metabolic syndrome	Obesity	Obesity in individuals of all ages related to inadequate physical activity, diet, lifestyle
Morbidity & Mortality rate from cancer, availability of cancer screenings, prevention education	Morbidity & mortality rate from cancer, availability of cancer screenings, prevention education	Risky Health behaviors that increase the risk of cancer

## **RESOURCES AND BARRIERS**

### **Health Problem: Mental Health**

#### **Resources:**

- 1) Local providers (physicians, Nurse Practitioners, licensed counselors)
- 2) Counseling Center
- 3) School counselors and social workers
- 4) Clergy
- 5) Counseling and Information for Sexual Assault and Abuse
- 6) Carle Hospital Foundation
- 7) Media to increase awareness of locally available services

#### **Barriers:**

- 1) Social stigma
- 2) Cost of services and medications, especially Medicaid
- 3) Lack of local or nearby providers (psychiatrists, psychologists)
- 4) Lack of proper diagnosis
- 5) Noncompliance with treatment
- 6) Denial

(Appendix D- Health Problem Analysis Worksheet- Mental Health)



**Health Problem: Morbidity/mortality from cardiovascular disease, diabetes, stroke, metabolic syndrome (obesity)**

**Resources:**

- 1) Healthworks
- 2) Depot Fitness Center
- 3) Physicians
- 4) Walking paths
- 5) Exercise Classes (yoga, Zumba, Pilates)
- 6) Worksite Wellness Programs ( i.e. Marathon, Hershey)
- 7) Nutritionist at Crawford Memorial Hospital
- 8) Weight-Watchers
- 9) Lincoln Trail College Pool and Classes

**Barriers:**

- 1) Cost of exercise equipment and programs
- 2) Embarrassment/denial/complacency
- 3) Ease and availability of fast food

(Appendix E- Health Problem Analysis Worksheet- Obesity)

**Health Problem: Cancer**

**Resources:**

- 1) American Cancer Society
- 2) Physicians
- 3) Crawford Memorial Hospital
- 4) Illinois Breast and Cervical Cancer Program
- 5) Prostate Screens
- 6) Quit-Line
- 7) Illinois Tobacco Free Communities Grant
- 8) Leadership Crawford County (Radon Kits)
- 9) Vaccine for Children (HPV Vaccine)
- 10) Illinois Department of Public Health

**Barriers:**

- 1) Lack of dermatologists
- 2) Lack of funds for screening
- 3) Lack of knowledge
- 4) Complacency/denial/fear
- 5) Reluctance to comply with age appropriate screenings

(Appendix F- Health Problem Analysis Worksheet- Cancer)

## GOALS & ACTION INITIATIVES

### Health Problem: Mental Health

#### **GOAL:**

By 2018, increase the number of people with substance abuse & diagnosed mental illness receiving treatment

#### **This goal will be reached by implementing the following:**

1. Increase awareness of local available services through media, publications, social media
2. Focus on developing a strong mental health referral program to appropriate resources for providers to utilize.
3. Establish a tracking system for mental health referrals.
4. Collaborate with local healthcare partners to develop support groups.
  - Collaborate with the Counseling and Information for Sexual Assault & Abuse organization (CAISAA) to mitigate the impact of sexual abuse
    - o CMH ER nurses trained as Sexual Assault Nurse Examiners
  - Provide space and resources on CMH campus for the Healing Harbor child sexual assault program.
5. Educate local businesses on importance of mental health care through presentations by CMH professionals. Utilize Carle Foundation experts for provider education.
6. Encourage worksite programs in collaboration with local business & industry
  - Meet with business and industry representatives to discuss wellness/occupational medicine needs
  - Determine feasibility of providing support services to meet identified needs
7. Continue collaboration with schools & local law enforcement drug court & drug take back and Red Ribbon programs.
8. Continue efforts to recruit mental health providers for full time or consulting status.
9. Utilize telemed opportunities to maximize availability of mental health services.

## **Anticipated Results**

- Providers report more efficient referral process.
- Residents will report knowledge of availability of services
- Increased number of mental health professionals available to community residents.

Availability may be local, in collaboration with other organizations, and/or by telemedicine.

-

## **Health Problem: Morbidity/Mortality from Cardiovascular Disease, Diabetes, Stroke**

### **GOAL:**

By 2018, reduce the incidence of mortality/morbidity from cardiovascular disease, diabetes, stroke as reported by IDPH for Crawford County.

By 2018, increase the % of residents who report regular and sustained physical activity

These goals will be reached by implementing the following:

- 1) CMH will provide outpatient smoking cessation program for patients referred by CMH providers.  
This will supplement the smoking cessation/preventions programs offered by the Crawford County Health Department.
- 2) Continue to increase referrals to CMH consulting cardiologists (2)
  - Utilize telemedicine resources for cardiology referrals, consultation
- 3) Provide cardiac rehab program
- 4) Encourage worksite programs in collaboration with local business & industry
  - Meet with business and industry representatives to discuss wellness/occupational medicine needs
  - Determine feasibility of providing support services to meet identified needs
- 5) Continue to develop the CMH Diabetic Education & Support group services.
  - Utilize CMH dieticians (2) to develop community age-focused nutritional programs
  - Diabetes, prediabetes, and gestational diabetes education
  - Nutritional consultations
- 6) Maintain “Stroke Ready” hospital designation.
  - Develop inpatient and outpatient stroke education
  - Initiate a community stroke awareness program
  - Collaborate with Carle Foundation Hospital Primary Stroke Center
- 7) Continue to provide personal training services through Healthworks and athletic trainers.

- 8) Continue to provide community programs such as “Walk with a Doc”, “Let’s Do Lunch” event for Cardiac Health, Weight Loss presentations, and “Make Better Choices” program for 7<sup>th</sup> grade students providing nutrition and fitness advice.
- 9) Free Health fair screenings for: Pulse ox, PFT, grip strength, agility tests, sleep apnea screenings, free occult blood tests, blood pressure screenings, blood glucose testing
- 10) Discounts/coupons for free PSA screenings, lipid profiles, and glucose testing distributed at health fairs. Utilize social media for education and promotion of local resources.

### **Anticipated Results**

- Increased public awareness of stroke indications resulting in increased presentation of patients at an earlier onset where intervention is most effective.
- Increased numbers of residents utilizing Healthworks, activity programming

## **Health Problem: Cancer**

### **GOAL:**

**By 2018, increase the availability of preventive screening services in Crawford County**

**By 2018, reduce the % of residents who describe themselves as a current smoker.**

This goal will be reached by implementing the following

- 1) Offer free or reduced-cost screenings.
- 2) CMH will provide outpatient smoking cessation program for patients referred by CMH providers.

This will supplement the smoking cessation/preventions programs offered by the Crawford County Health Department.

- Quit-line referral resource
- 3) Continue to maximize CMH Consulting Chemotherapy program through Carle Foundation Hospital
  - 4) Educate on recommended screenings and importance of knowing family history via social media and outreach efforts.
  - 5) Mammography education
  - 6) Participate and educate residents on the Illinois Breast & Cervical Cancer Program
  - 7) Collaborate with the Crawford County Health Department to increase awareness of services/screenings/resources provided by CCHD (i.e. Radon kits, prostate screenings)

### **Anticipated Results**

- Increase in the use of screening and cancer detection services leading to earlier interventions and increased survival
- Increased use of mammography services
- Increased screening colonoscopies

## **APPENDICES**

## APPENDIX A

### Data sources

<b>Web Site or Data Source</b>	<b>Data Element</b>	<b>Date Accessed</b>	<b>Data Date</b>
www.countyhealthrankings.com	Health Outcome Rankings & Health Behaviors index. Compares outcomes and behaviors for all IL counties, ranking by status.	August , 2014	2012 to 2013
www.communityhealth.hhs.gov	Assessment of health needs of Crawford County compared to its national set of “peer counties”	August 2014	1996 to 2012
www.hospitalcompare.hhs.gov	HCAHPS data for inpatient care	August,2014	2013
Truven Health Analytics	Overall Health Status of the primary service area. Health Status is a combination of the PULSE Healthcare Survey, PRIZM segments and the Behavioral Risk Factor Surveillance System. Health Status provides a baseline from which effectiveness of health status improvement efforts can be measured.	August 2014	2013
www.cdc.gov	To examine area trends for heart disease and stroke	August 2014	2012 to 2014
www.healthgrades.com	Patient safety ratings	August, 2014	2013 ratings (2009-20011 data) Updated 6.17.14
www.census.gov	Source of both National & State demographic data.	August 2014	2010
www.idph.state.il.us /healthindicators	Rankings of IL health indicators	August 2014	2013-2014



## APPENDIX B

### Standard Interview Questions and Response Summary

#### Crawford Memorial Hospital

#### Community Health Assessment Interview Questions

1. **What are the three most critical issues facing CMH over the next 1-3 years?**
  - Reimbursement
  - Competition for staff, physicians
  - Emergency room - wait and quality
  - Providing access to great emergency care
  - Too many people leave for specialist care
  - Improving wellness in the community, not just providing care to sick people
  - Mental illness funding, resources, prescription drug abuse
2. **What are the strengths of CMH? What does it do well? What aspects of CMH make you proud?**
  - Outreach to clinicians
  - Community involvement
  - Magnolia Center
  - Good outpt processes, easy to schedule and no wait time
  - Great clinical care, friendly employees
  - Wonderful surgical team
  - Expansion in primary care
  - Quality doctors
  - Mammography
  - Updating facilities has seen improved image
  - Continue to improve staff and physicians
3. **What areas could CMH improve, i.e., what are the weaknesses (i.e., internal and external issues)? What do you see or hear that other providers may be doing better than CMH?**
  - Involvement in the smaller communities in the area
  - Hours of clinic- call after 4:00 no one answers
  - Lack of communication of specialists
  - ER staff, Dr. Knight is great but there are concerns with other docs
  - Bill pay issues
  - Cost of lab, paying more out of pocket than if going to somewhere else
4. **What could CMH do to be more successful? What opportunities are available that CMH could take advantage of now or in the near future? What about new processes, technologies, or financial opportunities?**
  - More involvement in school system
  - Outreach in churches
  - More presence of Foundation sponsoring improvements in technology
  - Get the message out that this is where to come for critical care in an emergency and Crawford can triage to get to right place

Engage with all the large employers in the community to work together to provide wellness and identify needs

Good community awareness of hospital but not all that can be done

Strengthen outreach to newcomers to get hooked into primary care right off

Work with nursing homes, churches to serve elderly in community

Telemed for psychiatry, dermatology

**5. What threats (i.e., internal and external issues) and/or challenges does CMH face? Who are the primary competitors to CMH? What about related to payer mix, facilities, and/or other?**

Pool for hiring becoming smaller

Higher deductibles and not being able to be competitive in managed care rates with large hospitals

Not being able to give patient deductible and total out of pocket before procedure

Workers comp in IL is crazy so deters businesses from locating here and risk losing current large employers

IL payment for Medicaid

Can we compete with big players for bundled payments?

**6. Do you feel we have enough physicians in the community? The right kind of physicians? How about at CMH specifically?**

Would like pediatrician

Long wait time in office to see doctor

Need more primary care or extended hour access

Need psychiatry and psychologist

Women's Health

Long wait time in offices to see docs

Good quality docs

**7. What would you identify as the 3-4 "core services" offered by CMH**

ED, Magnolia Center, Outpatient diagnostics, Outpatient surgery, OB, orthopedics,

**8. What is the reputation of CMH in the community? How about compared to other providers in the market or region?**

Continues to improve

Better than the past except ED is mixed

People still think they have to leave to get good care for other than basic medical needs

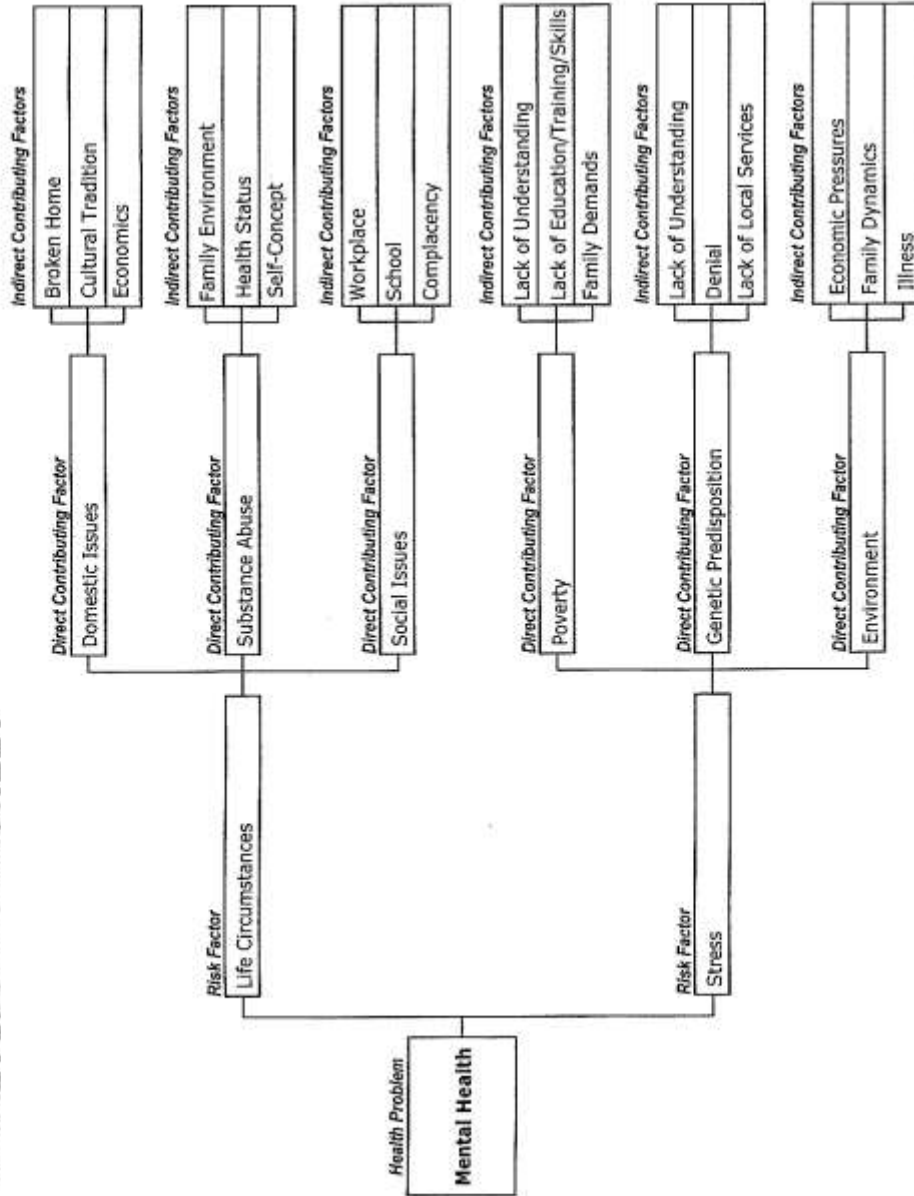
Some people still see it as a band aid station



APPENDIX D

Health Problem Analysis Worksheet – Mental Health

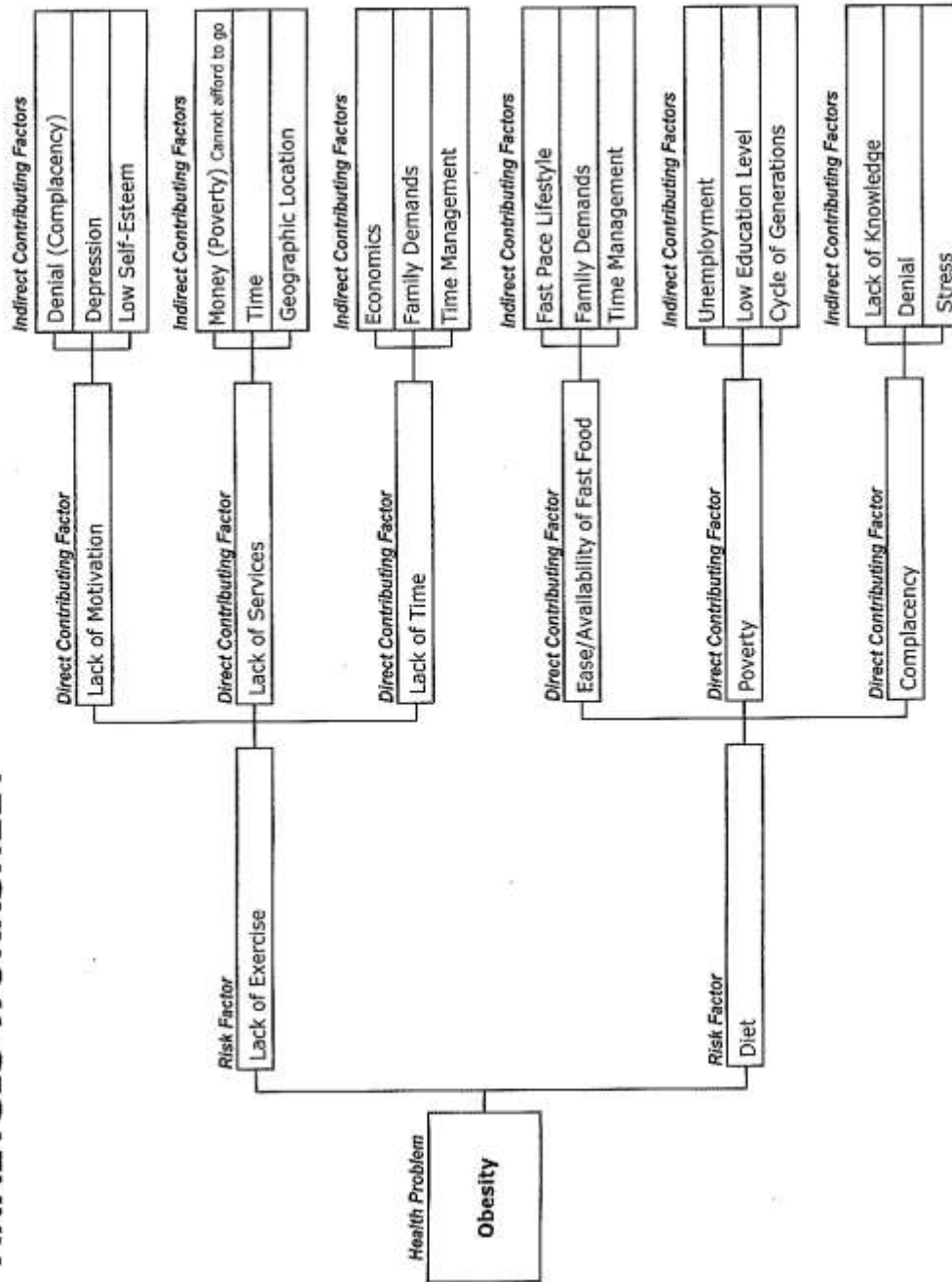
**HEALTH PROBLEM ANALYSIS WORKSHEET**



# APPENDIX E

## Health Problem Analysis Worksheet- Obesity

### HEALTH PROBLEM ANALYSIS WORKSHEET



# APPENDIX F

## Health Problem Analysis Worksheet- Cancer

### HEALTH PROBLEM ANALYSIS WORKSHEET

