

2021

Community Health Needs Assessment



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Early Childhood



Adolescents



Adults



Seniors

INTRODUCTION

An article written in the January, 18, 2017 edition of the *Pike Press* newspaper, published in Pittsfield to commemorate the 75th anniversary of Illini Community Hospital, sets out the history of Illini Hospital. In 1938, a group of Pike County residents came together to form a citizens' hospital committee to explore the idea of developing a community hospital to serve the residents of Pittsfield and the surrounding area.

The group quickly built local support and secured funding to begin construction of Illini Community Hospital. The hospital was dedicated on January 25, 1942.

Over the next 75-plus years, Illini Community Hospital grew and provided pioneering care to its service area and beyond. In the 1990s, the first laparoscopic hysterectomy in Illinois was performed at Illini. The hospital was also one of the first in Illinois to develop care coordination for patients. Illini Community Hospital eventually became a critical access hospital and also affiliated with Blessing Health System.

In 2015, Illini Community Hospital opened the Worthington Square Geriatric Health Behavioral Health Service, including a 10 bed, in-patient unit for persons 55 and older, to address mental health needs including Alzheimer's, dementia, depression, and Post-Traumatic Stress Disorder. The Worthington Center was named for Dr. Thomas Worthington, one of the county's early physicians who resided in the 19th century on the property where the hospital sits today – linking health care in Pike County full circle from beginning to present.



EXECUTIVE SUMMARY

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

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

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

ICAHN, with 57 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 Pittsfield and all of Pike County. The CHNA process was coordinated by Illini Community Hospital's CEO..

Two focus groups met through facilitated virtual conferencing on June 18, 2021, to discuss the state of overall health and wellness in the Illini Community Hospital service area and, to identify health concerns and needs in the delivery of healthcare and health services in order to improve wellness and reduce chronic illness for all residents. The focus groups included representation of healthcare providers, community leaders, community services providers, schools, faith-based organizations, public health, and others. Several members of the groups provided services to underserved and unserved persons as all or part of their roles.

The findings of the focus groups were presented, along with secondary data analyzed by the consultant, to a third group for identification and prioritization of the significant health needs facing the community through a virtual conference on August 10, 2021. The group consisted of representatives of public health, community leaders, healthcare providers, and community services providers.

IDENTIFICATION AND PRIORITIZATION > ADDRESSING THE NEED

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



Taking
Healthcare
to Patients



Better Access to
Screenings for
Youth and Adults



Mental Health
Implications of
Chronic Illness



Mental Health
Issues Related
to COVID

1. Address the need to take healthcare to the patients
2. Better access to screenings for youth and adults
3. Identify and address the mental health implications of chronic illness
4. Address mental health issues related to the COVID pandemic

The results of the assessment process were then presented to senior staff at Illini Community Hospital through a facilitated discussion for development of a plan to address the identified and prioritized needs. This session was also held on August 10, 2021.

ADDRESSING THE NEED > CREATING THE PLAN

The group addressed the needs with the following strategies:

1. The group identified and prioritized the need to be able to take healthcare to the patients.

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

- Pursue obtaining and operating a mobile clinic for screening, testing, behavioral health, and primary care, including vaccine at regular clinics in remote locations in the service area, and provide services at events and disasters
- Expand mental health services by retaining a psychiatrist for inpatient, outpatient and, possibly, telehealth services

Anticipated impacts of these actions:

Illini Community Hospital anticipates that developing a mobile clinic program will provide the ability to take appropriate care to the patients across the service area.

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

- Administration
- Rural Health Clinic Medical Director and Manager
- Worthington Square Manager
- Telehealth Director

Planned collaboration between the hospital and other facilities/organizations:

- Blessing Foundation
- Schools
- Local governments

2. The group next prioritized better access to screenings for chronic illness for adults and youth.

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

- Explore a partnership with Pike County Health Department to provide screenings
- Engage service line leadership at Blessing Health System for assistance with increasing screening
- Explore increased outreach for screenings through external partners and providers

Anticipated impacts of these actions:

Illini Community Hospital anticipates that the efforts to be undertaken will increase chronic health screening for youth and adults.

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

- Ancillary Support Manager
- Rural Health Clinic Medical Director
- Emergency Department Medical Director
- Physician Assistant

Planned collaboration between the hospital and other facilities/organizations:

- Pike County Health Department
- Schools
- Senior Center

3. The third prioritized need was to identify and address the mental health implications of chronic illness.

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

- Initiate discussions with providers to determine how best to approach this issue
- Educate providers about the range of services from the palliative care program
- Explore making social work services available to patients through specialty care and care coordination

Anticipated impacts of these actions:

Illini Community Hospital anticipates that the actions selected will improve the ability to identify and address the mental health implications of chronic illness.

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

- Administration
- Rural Health Clinic
- Outpatient services
- Providers
- Specialty care providers

Planned collaboration between the hospital and other facilities/organizations:

- Outside providers
- Faith-based organizations

4. The final prioritized need was to address mental health issues related to the pandemic.

Actions the hospital intends to take to address the health need

- Explore ways to maintain the emotional health of staff
- Increase social media awareness about isolation, anxiety, and depression of youth and adults and local services available to help address those conditions
- Continue to support local food resources and drive-through food distribution programs

Anticipated impacts of these actions:

Illini Community Hospital anticipates that the actions selected will improve the ability to address mental health issues related to the pandemic.

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

- Administration
- Marketing

Planned collaboration between the hospital and other facilities/organizations:

- Illinois Food Bank
- Schools
- Faith-based organizations
- Local government community organizations
- Senior Center

BACKGROUND

Illini Community Hospital has completed three Community Health Needs Assessments, prior to 2021. The most recent, completed in 2019, addressed the following issues:

1. Address food insufficiency

- Develop a network of little food pantries in small communities in partnership with faith-based organizations and the Boy Scouts
- Expanded web-based media on preparation of vegetables and other healthy meals and snacks
- Created a partnership with a food bank and other organizations to provide mobile food pantries in small communities
- Non-emergency transfer vans have been put into service

2. Improve community collaboration

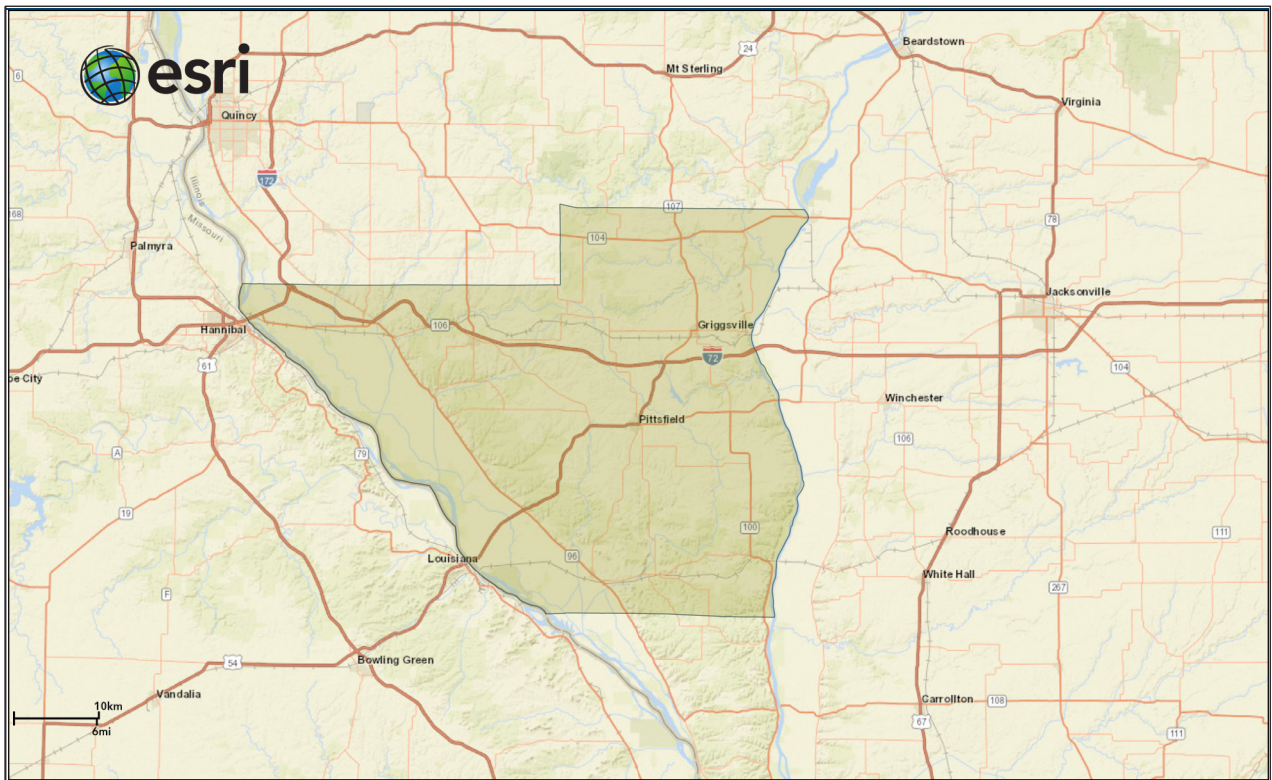
- Established a care coordination committee to include community agencies

3. Improve access to mental health services

- Obtain a bus fitted for a mobile clinic in 2022
- Developed an information campaign for mental health awareness month
- Arranging "Culture of Poverty" training for staff



ILLINI COMMUNITY HOSPITAL SERVICE AREA

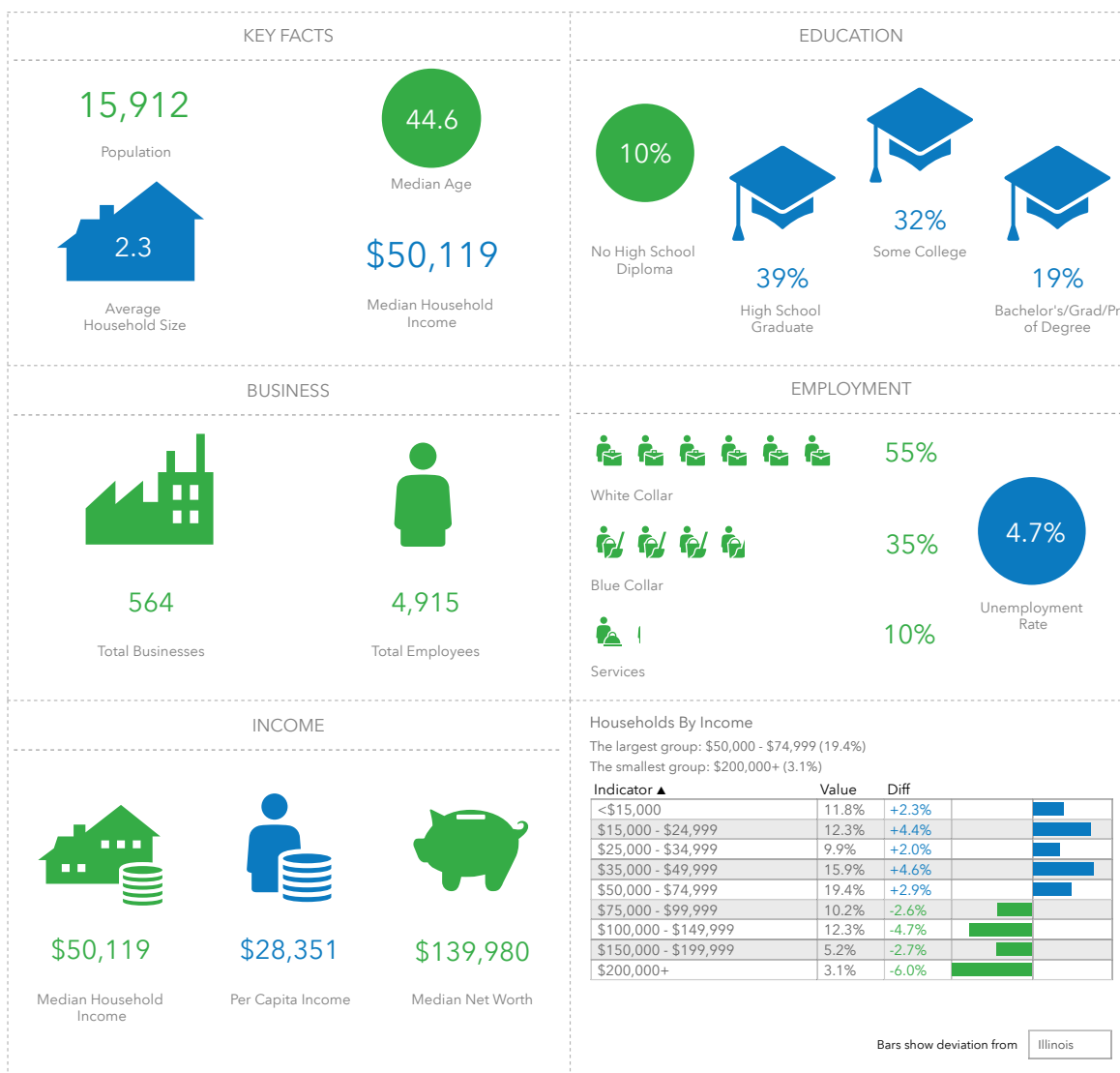


December 09, 2021

For the purpose of this CHNA, Illini Community Hospital has defined its primary service area and populations as the general population within the geographic area within the geographic area of Pike County, defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

A total of 15,672 people live in the 831.40 square mile report area, defined for this assessment according to the U.S. Census Bureau American Community Survey 2015-19 5-year estimates. The population density for this area, estimated at 19 persons per square mile, is less than the national average population density of 92 persons per square mile. The service area consists of the following rural communities:

Barry	Kinderhook	Pearl
Baylis	Milton	Perry
Griggsville	Nebo	Pittsfield
Hull	New Salem	Pleasant Hill



The data on the following pages will take a deep dive into the demographics of Illini Community Hospital's service area and will offer insight to both the commonality and complexity of the Illini Community Hospital audience. The infographic above highlights some of the key facts of that data and provides a snapshot of the population served by Illini Community Hospital.

The average household size of the area, at 2.3, is lower than both Illinois (3) and the same as the U.S. (2.5). Median age is 44.6 years, which is higher than Illinois (34.7) and the U.S. (38.1). The largest education segment is high school graduate, followed by some college.

The unemployment rate of 4.7% is lower than statewide and slightly higher than the U.S. Also, as is the case in much of rural Illinois, median household income in the service area is lower than statewide.

Of the 12,192 residents over the age of 18, 1,055 are veterans. This represents 8.7% of the eligible population.

LOCAL IMPACT OF COVID as of 12/8/21

COVID-19 Confirmed Cases

The COVID-19 epidemic has overshadowed many local health functions during 2020 and 2021. It has dramatically impacted overall health of the communities and the delivery of healthcare and health-related services. The broad impact has been seen throughout the communities, changing the way people work, shop, learn and communicate. The mortality rate related to COVID-19 in the service area of Illini Community Hospital has generally exceeded the rate of the state of Illinois.

Report Area	Total Population	Total Confirmed Cases
Illini Community Hospital Service Area	15,611	3,035
Illinois	12,741,080	1,877,117
United States	326,262,499	48,899,358

Confirmed COVID-19 Cases

*Note: This indicator is compared to the state average.
Data Source: Johns Hopkins University. Accessed via ESRI.
Additional data analysis by CARES. 2021. Source geography: County*

Report Area	Total Population	Total Deaths
Illini Community Hospital Service Area	15,611	58
Illinois	12,741,080	26,766
United States	326,262,499	755,414

COVID-19 Mortalities

*Note: This indicator is compared to the state average.
Data Source: Johns Hopkins University. Accessed via ESRI.
Additional data analysis by CARES. 2021. Source geography: County*

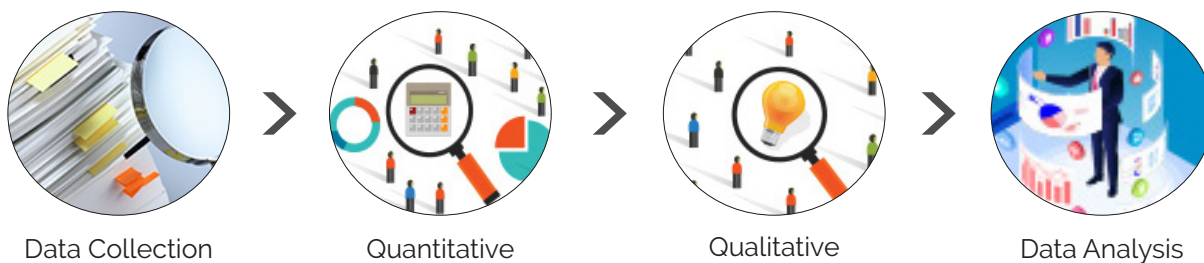
COVID-19 Fully Vaccinated Adults

This indicator reports the percent of adults fully vaccinated for COVID-19. Vaccine hesitancy is the percent of the population estimated to be hesitant towards receiving a COVID-19 vaccine. The Vaccine Coverage Index is a score of how challenging vaccine roll-out may be in some communities compared to others, with values ranging from 0 (least challenging) to 1 (most challenging).

Report Area	Percent of Adults Fully Vaccinated	Estimated Percent of Adults Hesitant About Receiving COVID-19 Vaccination	Vaccine Coverage Index	Last Update
Illini Community Hospital Service Area	48.0%	9.91%	0.41	12/08/2021
Illinois	72.0%	7.65%	0.37	12/08/2021
United States	67.5%	10.04%	0.42	12/08/2021

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC GRASP, 2021.





ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Data Collection

SECONDARY DATA

Description of Data Sources – Quantitative

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

Source	Description
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.
SparkMap	SparkMap is an online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
US Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.

Source	Description
County Health Rankings	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
American Communities Survey	The American Community Survey (ACS), a product of the U.S. Census Bureau, helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
Illinois Department of Employment Security	The 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 US Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process 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, level.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year, it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
USDA	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

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

PRIMARY DATA

Two focus groups were convened on June 18, 2021. The groups included representation of healthcare providers, community leaders, community services providers, schools, faith-based organizations, public health, and others. Several members of the groups provided services to underserved and unserved persons as all or part of their roles. The organizations and persons that participated are detailed in the appendix.

In response to a request to identify positive developments in health and health care in the service area of Illini Community Hospital the group put forward the following:

Focus Group One

- Dental clinic
- Public transportation is improving, especially distant transportation
- Weekend lunch pack program for youth
- Orthopedic services at Illini Community Hospital
- A major fast food restaurant closed
- Telehealth
- Acute mental healthcare for seniors at Illini Community Hospital
- Transport vans at Illini Community Hospital
- Second transport ambulance
- New Emergency Room providers
- Program to distribute house cleaning and personal hygiene kits from Calvary Baptist Church
- COVID resulted in additional Wi-Fi access in the area
- Findley Place senior housing

Observation from community member: *"The items on this list (above) are items that have been raised in these assessments in past years that have now been addressed."*

Focus Group Two

- New transportation services at Illini Community Hospital provide rides to medical appointments and care up to 50 miles away
- There is a psychiatric Nurse Practitioner available via telehealth
- Food distribution has improved
- Collaboration among medical and community partners was essential to address COVID and worked well
- Community paramedicine has become available
- Telehealth/telepsych services have expanded
- The community collaborated to address needs brought on by COVID
- Mental health First Aid is being taught throughout the community
- There are good faith-based outreach ministries in the communities, including a strong disaster response program
- Progress has been made to address depression and isolation

When asked to identify current needs in local healthcare and community health, the group identified the following:

Focus Group One

- Local services for alcohol and other substance use disorders, including
 - Inpatient detox
 - Expanded behavioral health and substance counseling
 - Medically assisted treatment for opioids
 - Improved access to inpatient behavioral health/SUD care anywhere
- Local alcohol, tobacco, and other drug initiatives in the communities
- Extended, reduced, or no cost dental services for children
- Local staffing for community action services
- Address obesity and related diseases
- Local homeless services and housing options
- Virtual mental health/behavioral health/substance information and opportunities for virtual services for youth
- Improve access to food
- Improve access to technology and broadband

- Address the impact and needs of transient families
- Expand cancer care
- Address vaping
- Address approach for persons that don't seek healthcare
- Community readiness for large scale health issues, including pandemics
- Proactive youth programming to address multiple issues
- Better collaboration and communication among psychiatric services providers
- Better communication and community education about local health and wellness
- Expanded outreach for home visits utilizing either in-person or telehealth services
- Improved access to broadband
- Increased community health awareness and community health education events
- Find ways to take healthcare to the patient rather than waiting for the patient to come to healthcare
- Timely access to mental health services, including screening
- Continue to address food access disparity
- Increase available affordable housing

Through these groups, Illini Community Hospital sought and received 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 healthcare due to geographic, language, financial or other barriers. Representatives of the local public health agency were actively involved in the process.



Age Group



Ethnicity



Race



Disability

DATA ANALYSIS

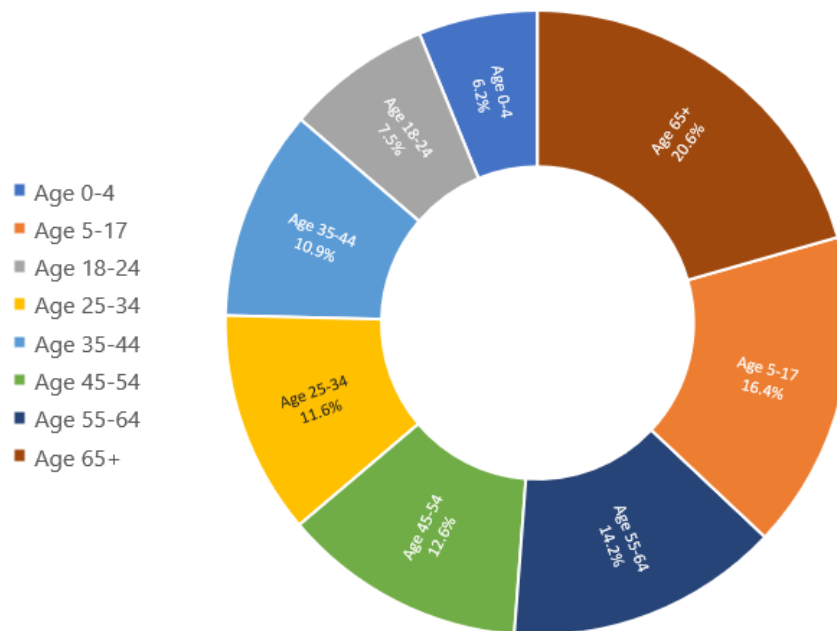
DEMOGRAPHICS

Total Population by Age Group

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Illini Community Hospital Service Area	968	2,575	1,181	1,812	1,710	1,979	2,222	3,225
Illinois	767,193	2,124,333	1,192,806	1,770,290	1,644,531	1,672,220	1,656,724	1,942,534
United States	19,767,670	53,661,722	30,646,327	45,030,415	40,978,831	42,072,620	41,756,414	50,783,796

Data Source: US Census Bureau, American Community Survey, 2015-19. Source Geography: Tract

Total Population by Age Groups, Illini Community Hospital Service Area



Total Population by Ethnicity

Report Area	Total Population	Hispanic or Latino Population	Hispanic or Latino Population, Percent	Non-Hispanic Population	Non-Hispanic Population, Percent
Illini Community Hospital Service Area	15,672	202	1.29%	15,470	98.71%
Illinois	12,770,631	2,186,387	17.12%	10,584,244	82.88%
United States	324,697,795	58,479,370	18.01%	266,218,425	81.99%

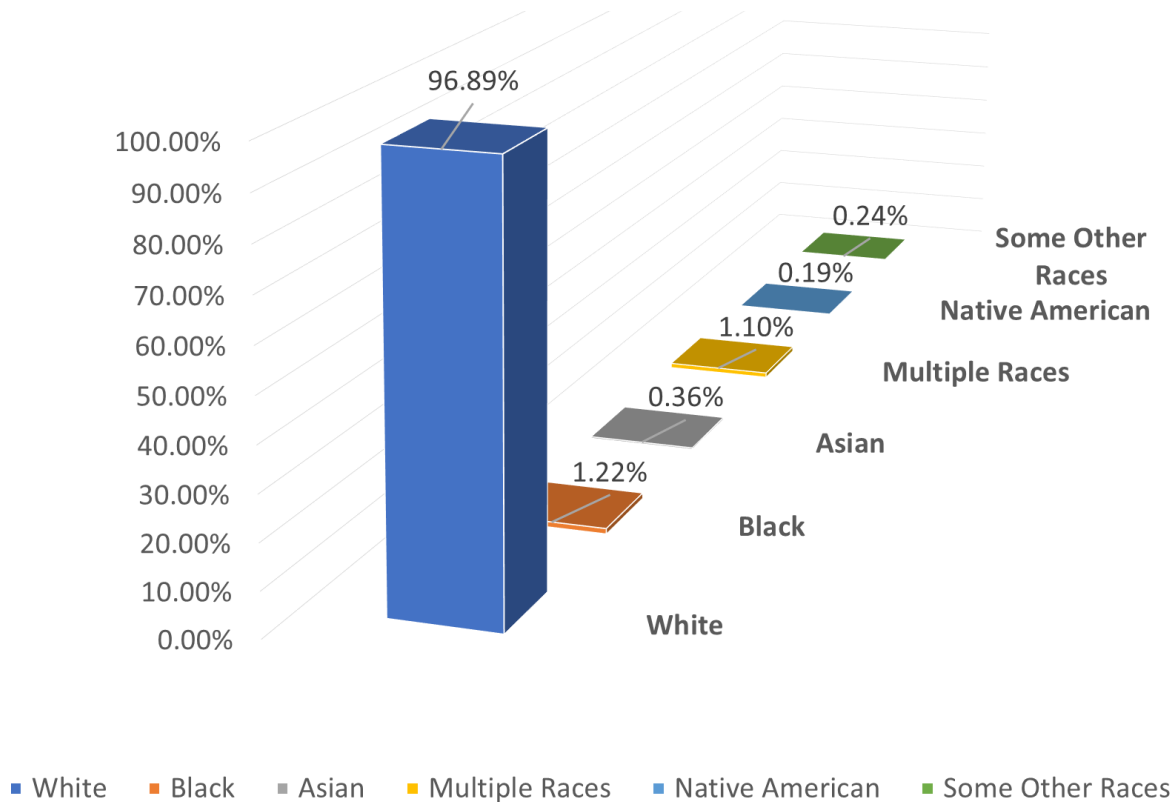
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Total Population by Race Alone

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Illini Community Hospital Service Area	15,185	191	57	29	0	37	173
Illinois	9,134,903	1,813,590	698,524	33,460	4,477	757,231	328,446
United States	235,377,662	41,234,642	17,924,209	2,750,143	599,868	16,047,369	10,763,902

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Total Population by Race Alone, Illini Community Hospital Service Area

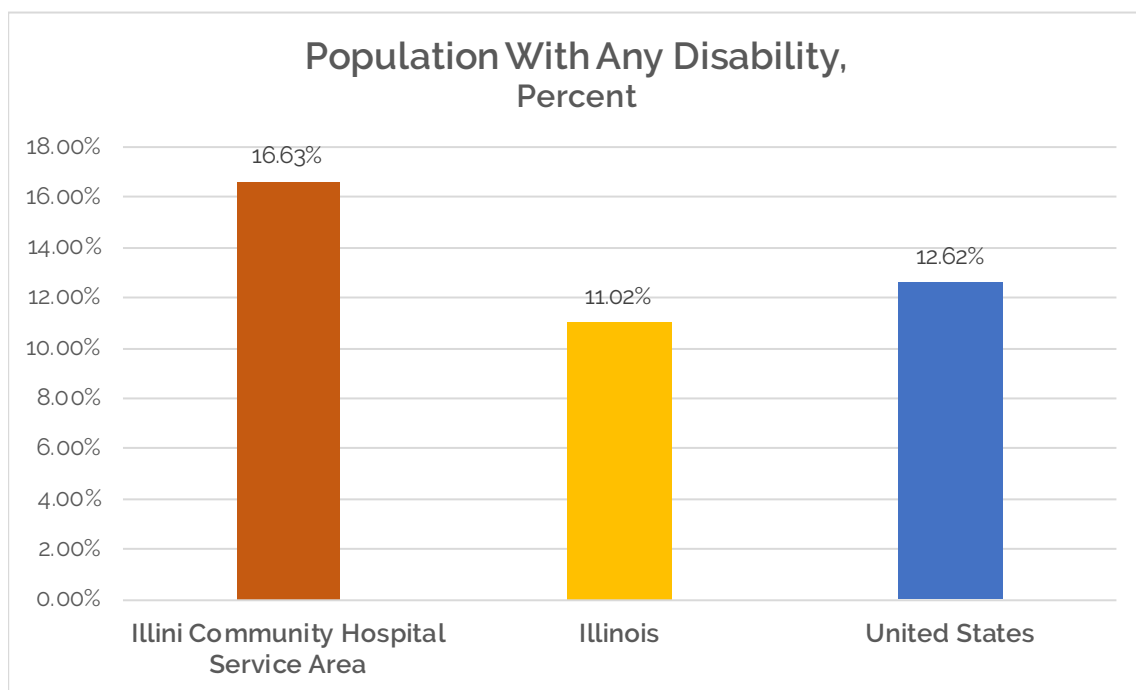


Population with any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The report area has a total population of 15,234 for whom disability status has been determined, of which 2,533 or 16.63% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Population with a Disability	Population with a Disability, Percent
Illini Community Hospital Service Area	15,234	2,533	16.63%
Illinois	12,591,483	1,388,097	11.02%
United States	319,706,872	40,335,099	12.62%

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract*



SOCIAL DETERMINANTS OF HEALTH

The data and discussion on the following pages will take a look into the social determinants in the Illini Community Hospital service area and will offer insight into the complexity of circumstances that impact physical and mental wellness for the Illini Community Hospital audience. The infographic on the following page provides a snapshot of the at-risk population served by Illini Community Hospital.

The CDC describes social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes. Healthy People 2030 uses a place-based framework that outlines five key areas of SDoH:

- Healthcare access and quality, including:
 - Access to healthcare
 - Access to primary care
 - Health insurance coverage
 - Health literacy
- Education access and quality, including:
 - High school graduation
 - Enrollment in higher education
 - Educational attainment in general
 - Language and literacy
 - Early childhood education and development
- Social and community context – within which people live, learn work and play, including:
 - Civic participation
 - Civic cohesiveness
 - Discrimination
 - Conditions within the workplace
- Economic stability, including:
 - Income
 - Cost of living
 - Socioeconomic status
 - Poverty

- Employment
- Food security
- Housing stability
- Neighborhood and built environment, including:
 - Quality of housing
 - Access to transportation
 - Availability of healthy food
 - Air and water quality
 - Crime and violence

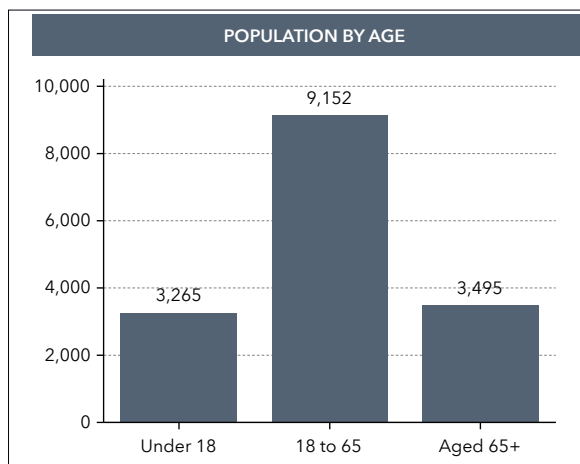
Some of the social determinant indicators reflected in the data include:

- 1,926 households with disability
- 891 households below the poverty level (14%)
- Household food insecurity rate is 11.10%, which is higher than both Illinois and the U.S.
- Median household income is \$50,119, which is lower than both Illinois and the U.S.

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

AT RISK POPULATION PROFILE

Geography: County



15,912

Population

6,617

Households

2.33

Avg Size Household

44.6

Median Age

\$50,119

Median Household Income

\$94,898

Median Home Value

68

Wealth Index

248

Housing Affordability

10

Diversity Index

AT RISK POPULATION



1,926

Households With Disability



3,721

Population 65+



421

Households Without Vehicle

POVERTY AND LANGUAGE



14%

Households Below the Poverty Level



891

Households Below the Poverty Level



0

Pop 65+ Speak Spanish & No English

POPULATION AND BUSINESSES



14,643

Daytime Population



564

Total Businesses



4,915

Total Employees

Language Spoken (ACS)	Age 5-17	18-64	Age 65+	Total
English Only	2,538	8,734	3,207	14,479
Spanish	33	76	8	117
Spanish & English Well	33	60	8	101
Spanish & English Not Well	0	16	0	16
Spanish & No English	0	0	0	0
Indo-European	4	28	10	42
Indo-European & English Well	4	20	10	34
Indo-European & English Not Well	0	5	0	5
Indo-European & No English	0	3	0	3
Asian-Pacific Island	0	60	0	60
Asian-Pacific Isl & English Well	0	60	0	60
Asian-Pacific Isl & English Not Well	0	0	0	0
Asian-Pacific Isl & No English	0	0	0	0
Other Language	0	6	0	6
Other Language & English Well	0	6	0	6
Other Language & English Not Well	0	0	0	0
Other Language & No English	0	0	0	0

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Economic Stability

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Income – Families Earning Over \$75,000

In the report area, 37.54%, or 1,529 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Families	Families with Income Over \$75,000	Percent Families with Income Over \$75,000
Illini Community Hospital Service Area	4,073	1,529	37.54%
Illinois	3,109,762	1,709,528	54.97%
United States	79,114,031	40,753,622	51.51%

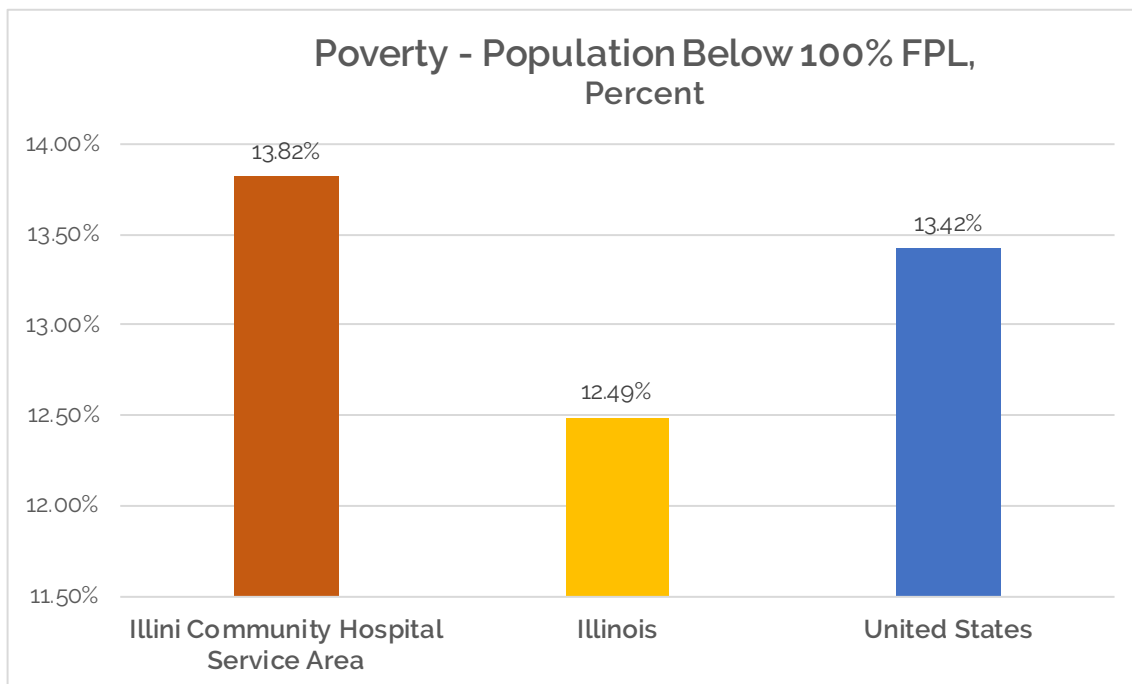
*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-2019. Source geography: Tract*

Poverty – Population Below 100% FPL

This indicator reports 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.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Illini Community Hospital Service Area	15,194	2,100	13.82%
Illinois	12,474,842	1,557,873	12.49%
United States	316,715,051	42,510,843	13.42%

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County*

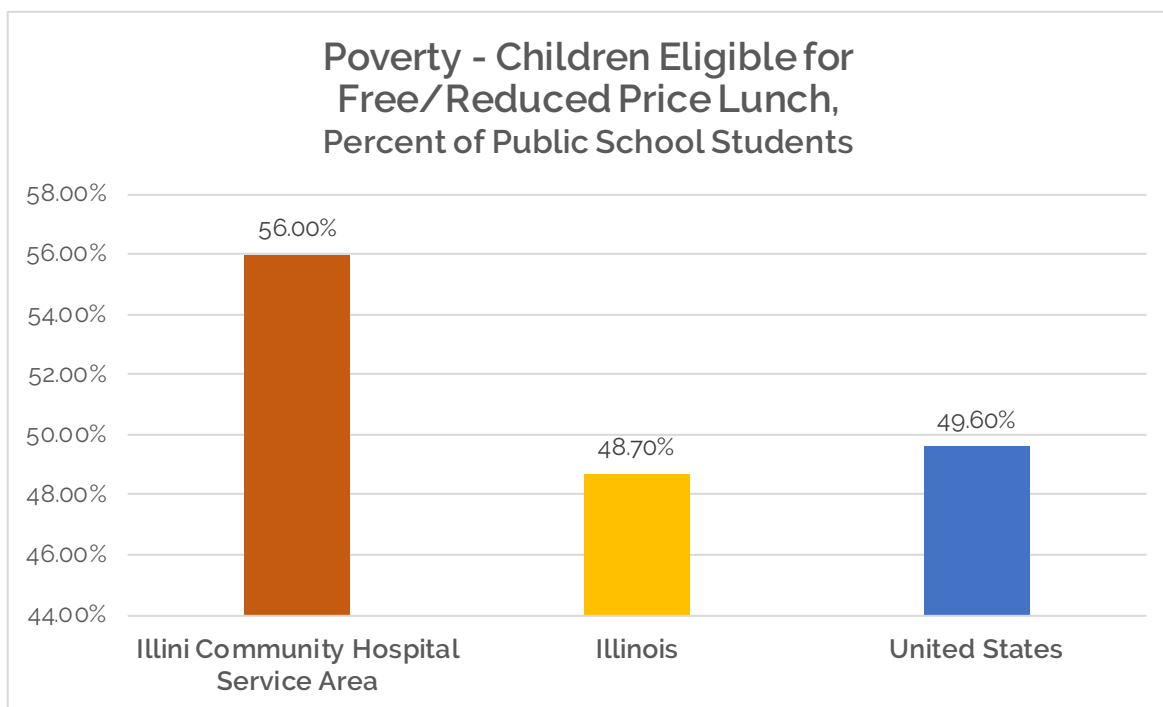


Poverty - Children Eligible for Free/Reduced Price Lunch

Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP). Out of 2,471 total public school students in the report area, 1,412 were eligible for the free or reduced price lunch program in the latest report year. This represents 57.1% of public school students, which is higher than the state.

Report Area	Total Students	Students Eligible for Free or Reduced Price Lunch	Students Eligible for Free or Reduced Price Lunch, Percent
Illini Community Hospital Service Area	2,398	1,342	56.0%
Illinois	1,942,839	945,552	48.7%
United States	50,829,148	25,226,683	49.6%

*Note: This indicator is compared to the state average.
Data Source: National Center for Education Statistics, NCES - Common Core of Data, 2019-20. Source geography: Address*



Education – Attainment

Educational attainment shows the distribution of the highest level of education achieved in the report area, and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. According to the data presented below, 17.82% of the population aged 25 and older, or 1,951 people have obtained a Bachelor's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with Bachelor's Degree or Higher	Population Age 25+ with Bachelor's Degree or Higher, Percent
Illini Community Hospital Service Area	10,948	1,951	17.82%
Illinois	8,686,299	3,010,025	34.65%
United States	220,622,076	70,920,162	32.15%

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract*

Education – No High School Diploma

Within the report area, there are 1,238 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 11.31% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes ([Freudenberg & Ruglis, 2007](#)).

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent
Illini Community Hospital Service Area	10,948	1,238	11.31%
Illinois	8,686,299	937,042	10.79%
United States	220,622,076	26,472,261	12.00%

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2015-19. Source geography: Tract*

Food Insecurity Rate

Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Illini Community Hospital Service Area	15,946	1,770	11.10%
Illinois	12,807,064	1,395,970	10.90%
United States	325,717,422	41,133,950	12.63%

*Note: This indicator is compared to the state average.
Data Source: Feeding America, 2017. Source geography: County*

Food Environment – 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 supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population (2010)	Population with Low Food Access	Percent Population with Low Food Access
Illini Community Hospital Service Area	16,430	3,910	23.80%
Illinois	12,830,632	2,589,942	20.19%
United States	308,745,538	68,611,398	22.22%

*Note: This indicator is compared to the state average.
Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2019. Source geography: Tract*

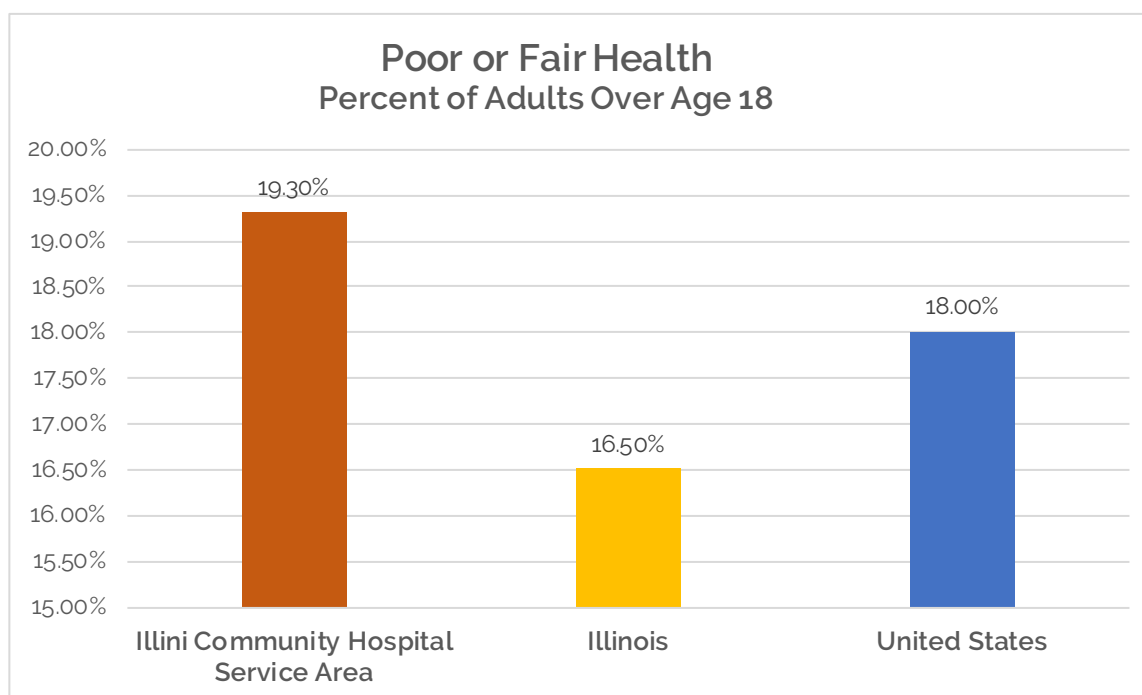
HEALTH AND WELLNESS INDICATORS

Poor or Fair Health

This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health (age adjusted to the 2000 standard). Data were from the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings. This indicator is relevant because it is a measure of general poor health status.

Report Area	Population Age 18+	Adults with Poor or Fair Health	Percentage of Adults with Poor or Fair Health
Illini Community Hospital Service Area	3,522	680	19.3%
Illinois	6,829,642	1,125,779	16.5%
United States	172,018,492	30,907,322	18.0%

*Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
Accessed via County Health Rankings, 2018. Source geography: County.*



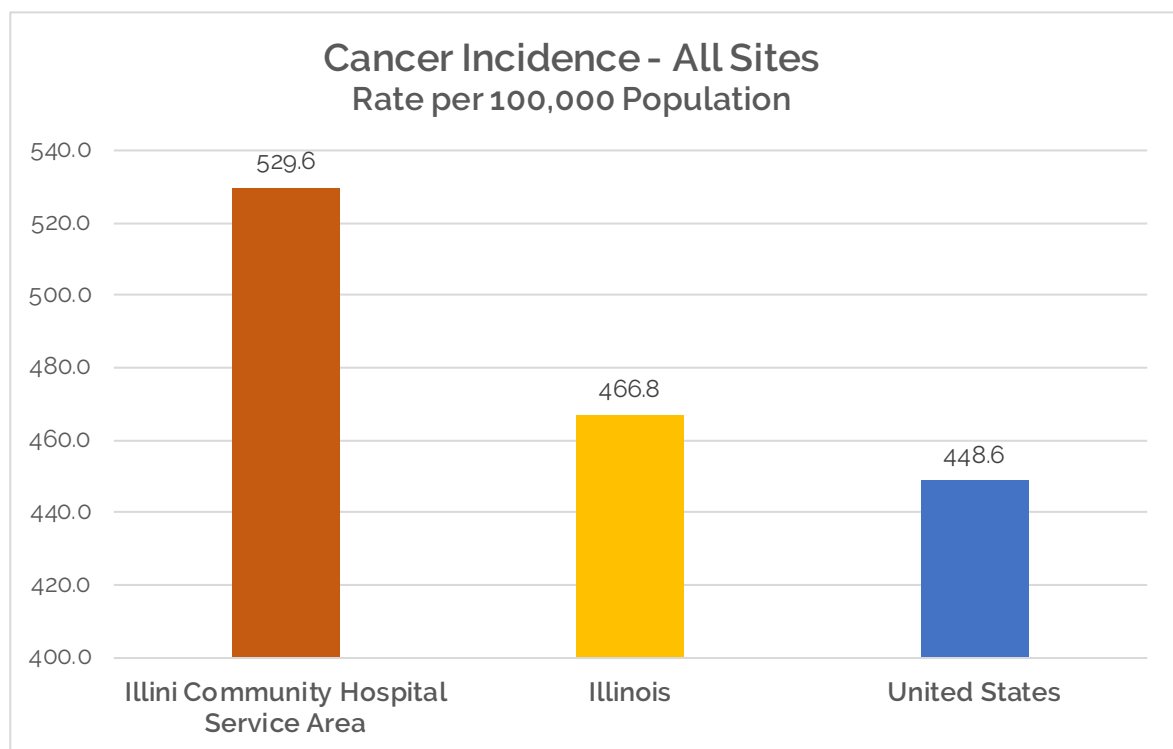
CHRONIC ILLNESS

Cancer Incidence – All Sites

This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites), adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). Within the report area, there were 118 new cases of cancer reported. This means there is a rate of 529.6 new cases for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Illini Community Hospital Service Area	22,280	118	529.6
Illinois	14,903,598	69,570	466.8
United States	379,681,007	1,703,249	448.6

*Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles, 2014-18. Source geography: County*

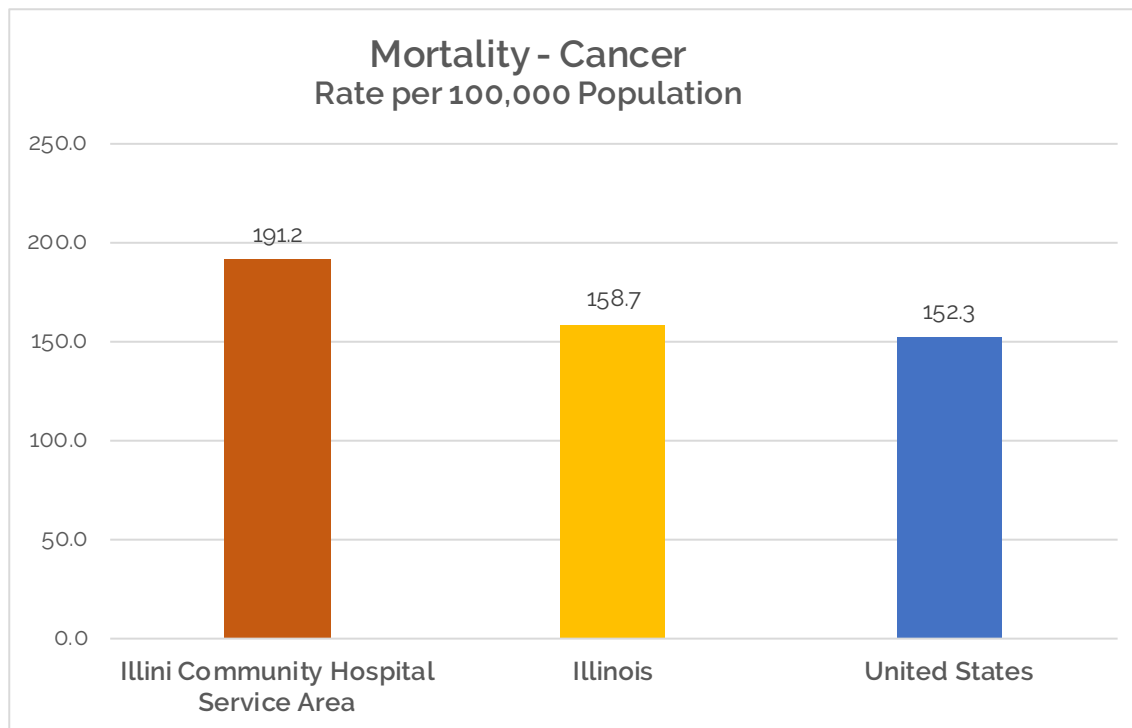


Mortality – Cancer

This indicator reports the 2015-2019 five-year average 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. Within the report area, there are a total of 233 deaths due to cancer. This represents an age-adjusted death rate of 191 per every 100,000 total population. *Note: Data are suppressed for counties with fewer than 20 deaths in the time frame.*

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Illini Community Hospital Service Area	15,786	233	295.2	191.2
Illinois	12,775,292	121,039	189.5	158.7
United States	325,134,494	2,991,951	184.0	152.3

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System, Accessed via CDC WONDER, 2015-2019. Source geography: County



Chronic Conditions – Adult

This table presents the percentage of adults ever diagnosed with Chronic Lower Respiratory Disease, Diabetes, Coronary Heart Disease, High Blood Pressure, and High Cholesterol. The data is reflected by county and the entire service area and provides comparisons within the service area.

Report Area	Total Population (2018)	Percentage of Adults Ever Diagnosed with Chronic Lower Respiratory Disease
Illini Community Hospital Service Area	15,611	10.4%
Illinois	12,741,080	7.0%
United States	327,167,434	7.2%

Report Area	Population Age 20+	Adults Newly Diagnosed with Diabetes	Adults Newly Diagnosed with Diabetes, Age-Adjusted Rate per 1000
Illini Community Hospital Service Area	9,865	146	14.1
Illinois	8,654,601	82,561	9.2
United States	218,951,562	1,889,369	8.3

Report Area	Total Population (2018)	Percentage of Adults Ever Diagnosed with Coronary Heart Disease
Illini Community Hospital Service Area	15,611	9.2%
Illinois	12,741,080	6.4%
United States	327,167,434	6.9%

Report Area	Total Population (2018)	Percentage of Adults with High Blood Pressure
Illini Community Hospital Service Area	15,611	38.0%
Illinois	12,741,080	32.7%
United States	327,167,434	32.9%

Report Area	Total Population (2018)	Percentage of Adults with High Cholesterol
Illini Community Hospital Service Area	15,611	38.9%
Illinois	12,741,080	33.5%
United States	327,167,434	34.2%

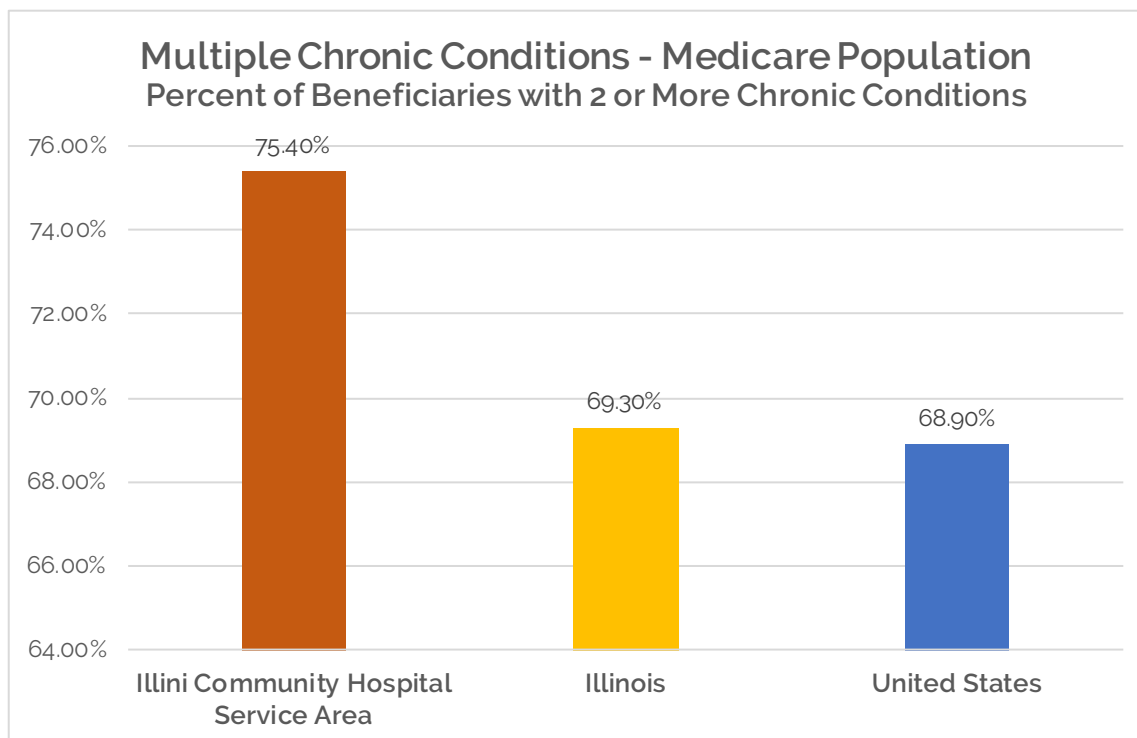
Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2018.

Chronic Conditions – Multiple Chronic Conditions (Medicare Population)

This indicator reports the number and percentage of the Medicare fee for service population with multiple (more than one) chronic conditions. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee for service program.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with 2 or More Chronic Conditions	Beneficiaries with 2 or More Chronic Conditions, Percent
Illini Community Hospital Service Area	3,090	2,329	75.4%
Illinois	1,443,297	999,627	69.3%
United States	33,499,472	23,084,486	68.9%

*Note: This indicator is compared to the state average. Data Source: Centers for Medicare and Medicaid Services, 2018.
Source geography: County*

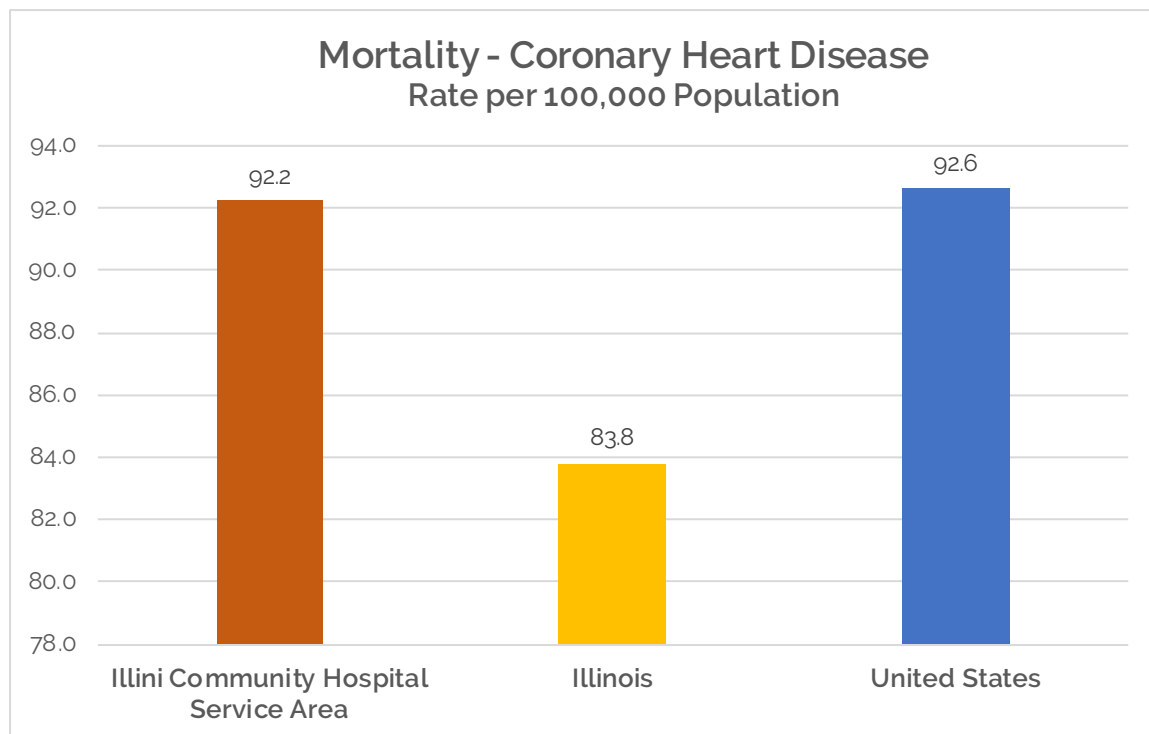


Mortality – Coronary Heart Disease

This indicator reports the 2015-2019 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States. Within the report area, there are a total of *** deaths due to coronary heart disease. This represents an age-adjusted death rate of **. * per every 100,000 total population. *Note: Data are suppressed for counties with fewer than 20 deaths in the timeframe.*

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Illini Community Hospital Service Area	15,786	119	150.8	92.2
Illinois	12,775,292	64,722	101.3	83.8
United States	325,134,494	1,822,811	112.1	92.6

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention: National Vital Statistics System. Accessed via CDC WONDER: 2015-2019. Source geography: County



Stroke (Adult)

This indicator reports the number and percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke. Within the report area, there were 4.4% of adults 18 and older who reported having a stroke of the total population.

Report Area	Total Population (2018)	Percentage of Adults Ever Having a Stroke
Illini Community Hospital Service Area	15,611	4.4%
Illinois	12,741,080	3.3%
United States	327,167,434	3.4%

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention: Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2018.

Teeth Loss

This indicator reports the number and percentage of adults age 18 and older who report having lost all of their natural teeth because of tooth decay or gum disease. Within the report area, there were 16.7% of adults 18 and older who reported losing all natural teeth of the total population.

Report Area	Total Population (2018)	Percentage of Adults with Poor Dental Health
Illini Community Hospital Service Area	15,611	16.7%
Illinois	12,741,080	11.8%
United States	327,167,434	13.8%

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention: Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2018.

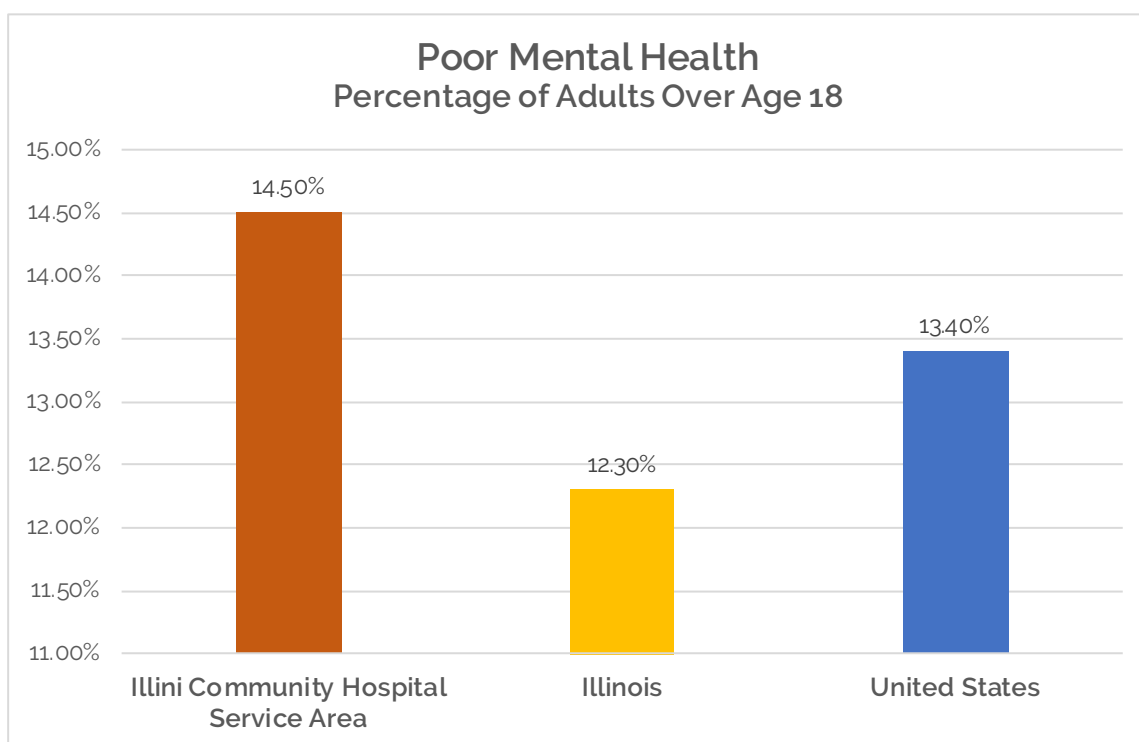
MENTAL HEALTH

Poor Mental Health

This indicator reports the percentage of adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Data were from the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings.

Report Area	Total Population (2018)	Percentage of Adults with Poor Mental Health
Illini Community Hospital Service Area	15,611	14.5%
Illinois	12,741,080	12.3%
United States	327,167,434	13.4%

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2018.



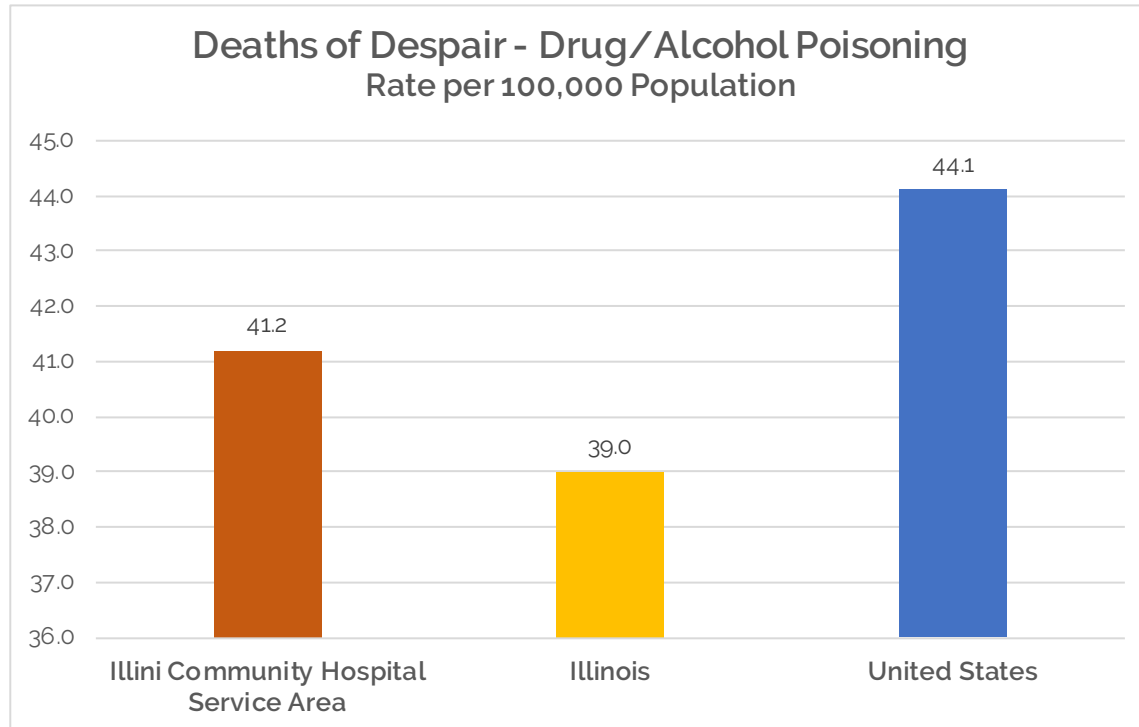
BEHAVIORAL HEALTH

Deaths of Despair – Suicide + Drug/Alcohol Poisoning

This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as “deaths of despair,” per 100,000 population. This indicator is relevant because death of despair is an indicator of poor mental health.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Illini Community Hospital Service Area	15,786	33	41.8	41.2
Illinois	12,775,292	26,161	41.0	39.0
United States	325,134,494	754,015	46.4	44.1

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2015-2019. Source geography: County

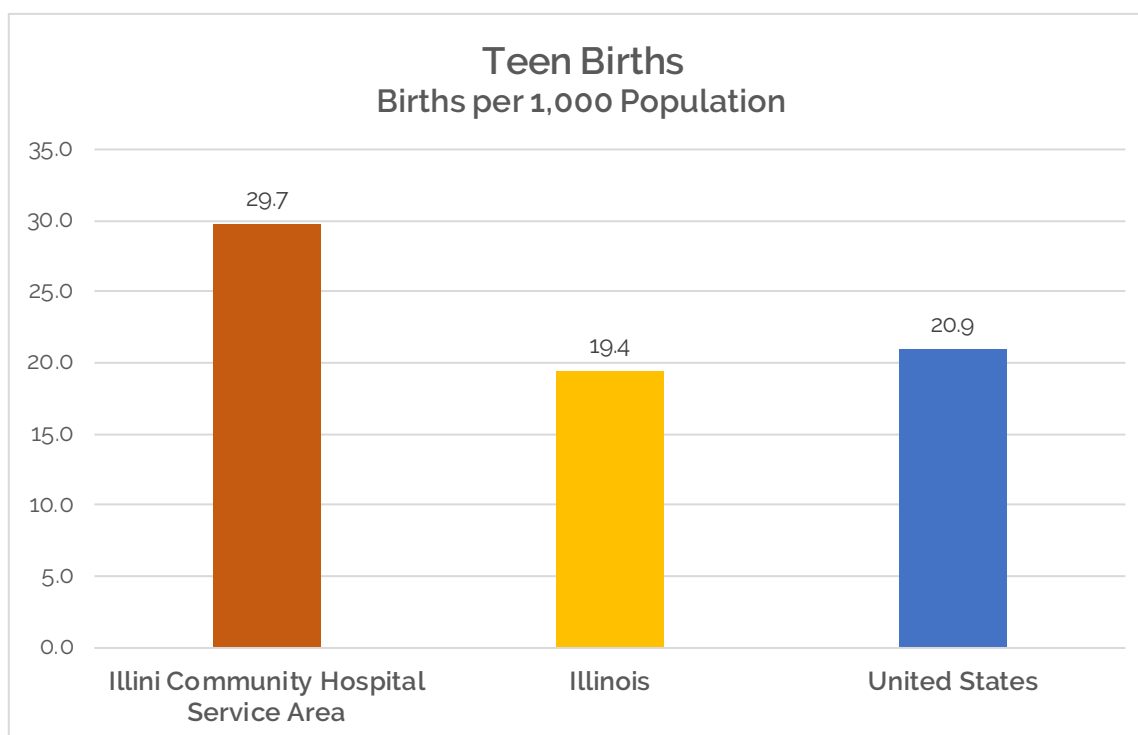


Teen Births

This indicator reports the seven-year average number of births per 1,000 female population aged 15-19.

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Illini Community Hospital Service Area	3,094	29.7
Illinois	5,783,508	19.4
United States	144,319,360	20.9

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via County Health Rankings, 2013-2019. Source geography: County



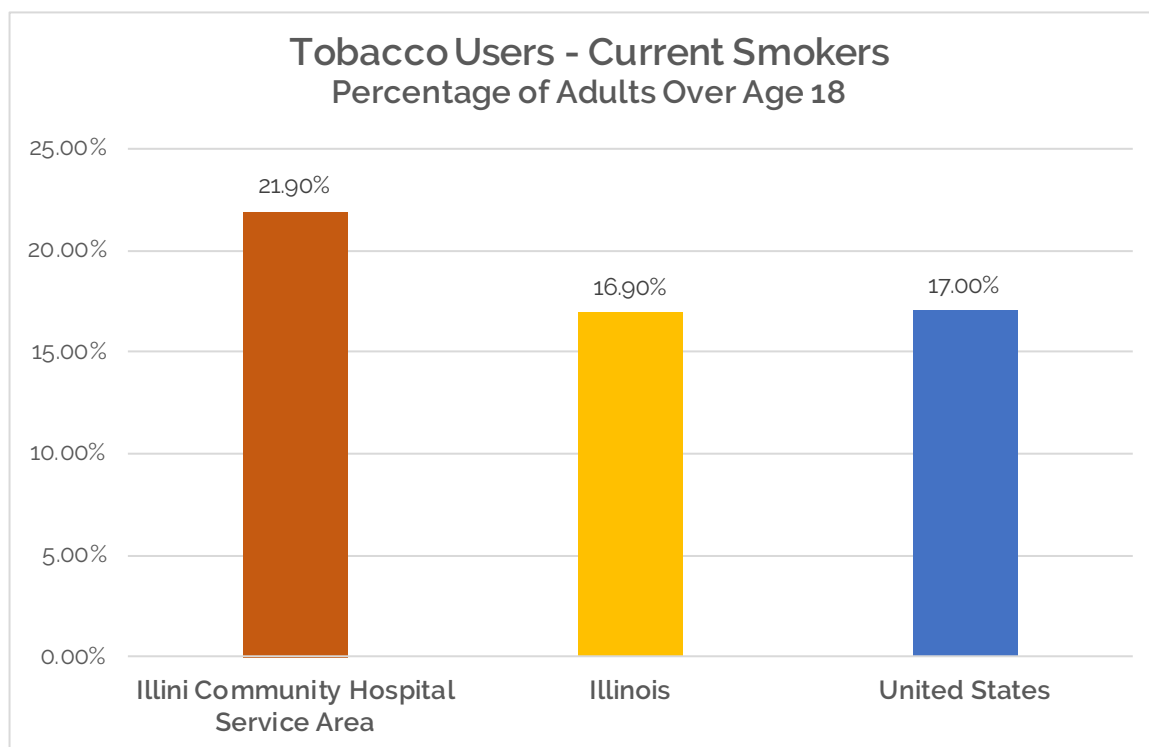
SUBSTANCE USE

Tobacco Usage – Current Smokers

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Report Area	Total Population (2018)	Percentage of Adult Current Smokers
Illini Community Hospital Service Area	15,611	21.9%
Illinois	12,741,080	16.9%
United States	327,167,434	17.0%

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal, 2018.



DIVERSITY AND MINORITY HEALTH STATUS

Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The ADI is a metric used to rank neighborhoods by socioeconomic status disadvantage in a region of interest (e.g. at the state or national level). ADI scores range from 1 to 100, with 1 representing the least disadvantaged areas.

Report Area	Total Population	State Percentile	National Percentile
Illini Community Hospital Service Area	15,672	87	83
Illinois	12,550,547	No data	49
United States	320,934,417	No data	No data

Note: This indicator is compared to the state average. Data Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas, 2021. Source geography: Block Group.

Social Vulnerability Index

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The report area has a social vulnerability index score of 0.35, which is which is less than the state average of 0.49.

Report Area	Population	Theme Score	Theme Score	Theme Score	Theme Score	Index Score
Illini Community Hospital Service Area	15,754	0.52	0.78	0.08	0.26	0.35
Illinois	12,821,497	0.39	0.22	0.77	0.60	0.49
United States	322,903,030	0.30	0.32	0.76	0.62	0.40

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2018. Source geography: Tract.

Opportunity Index

This indicator reports the Opportunity Index score for the report area. The Opportunity Index includes indicators within four dimensions of community well-being: economy, education, health, and community. The overall score combines 16 underlying indicators for states, and 14 for counties. The Opportunity Index score has a potential range of 0 (indicating no opportunity) to 100 (indicating maximum opportunity).

Report Area	Total Population	Opportunity Index Score
Illini Community Hospital Service Area	15,882	52.74
Illinois	12,826,895	56.41
United States	323,071,342	53.05

Note: This indicator is compared to the state average. Data Source: Opportunity Nation, Source geography: County.

EMERGENCY PREPAREDNESS

The Illini Community Hospital works with the US-HHS ASPR, the Illinois Department of Public Health, Pike County Health Department, the Illinois Emergency management Agency and other state, regional, and local partners to plan, exercise and equip, for emergency preparedness and to ensure the ability to address a wide range of potential emergencies ranging from disasters of all causes to pandemics and terrorism.



IDENTIFICATION AND PRIORITIZATION OF NEEDS

PROCESS

The findings of the focus groups were presented, along with secondary data analyzed by the consultant, to a third group for identification and prioritization of the significant health needs facing the community. The group consisted of representatives of public health, community leaders, healthcare provider and community services providers. The meeting was on convened on August 10, 2021, utilizing virtual conferencing.

The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included SparkMap, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute, and other resources.

DESCRIPTION OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

Following the review, the group identified and then prioritized the following as being the significant health needs facing the Illini Community Hospital service area.

1. Address the need to take healthcare to the patients
2. Better access to screenings for youth and adults
3. Identify and address the mental health implications of chronic illness
4. Address mental health issues related to the COVID pandemic and care and in general







Resources



Partners



Volunteers



Government

RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

HOSPITAL RESOURCES

Services at Illini Community Hospital

- Ancillary Support Manager
- Rural Health Clinic Medical Director
- Emergency Department Medical Director
- Physician Assistant
- Administration
- Rural Health Clinic
- Outpatient services
- Providers
- Specialty care providers
- Marketing

HEALTHCARE PARTNERS OR OTHER RESOURCES, INCLUDING TELEMEDICINE

- Providers
- Blessing Health System

COMMUNITY RESOURCES

- Schools
- Faith-based organizations
- Local governments
- Public transportation
- County health department
- Community service agencies
- Law enforcement
- Others that may be interested in these efforts
- Pike County Health Department
- Senior Center
- Outside providers
- Illinois Food Bank







Documentation



Online Presence



Comments



Implementation

DOCUMENTING AND COMMUNICATING RESULTS

This CHNA Report will be available to the community on the hospital's public website, <https://www.blessinghealth.org/locations/illini-community-hospital/illini-community-hospital>. A hard copy may be reviewed at the hospital by inquiring at the information desk at the main entrance.

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



Taking
Healthcare
to Patients



Better Access to
Screenings for
Youth and Adults



Mental Health
Implications of
Chronic Illness



Mental Health
Issues Related
to COVID

IMPLEMENTATION STRATEGY

PLANNING PROCESS

The results of the assessment process were presented to senior staff through a facilitated discussion for development of a plan to address the identified and prioritized needs.

The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They recounted some of the steps taken to address previous Community Health Needs Assessments. 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 prioritized needs, 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.

The group addressed the needs with the following strategies:

1. The group identified and prioritized the need to be able to take healthcare to the patients.

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

- Pursue obtaining and operating a mobile clinic for screening, testing, behavioral health and primary care, including vaccines at regular clinics in remote locations in the service area and provide services at events or disasters
- Expand mental health services by retaining a psychiatrist for inpatient, outpatient, and possibly, telehealth services

Anticipated impacts of these actions:

Illini Community Hospital anticipates that developing a mobile clinic program will provide the ability to take appropriate care to the patients across the service area.

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

- Administration
- Rural Health Clinic Medical Director and Manager
- Worthington Square Manager
- Telehealth Director

Planned collaboration between the hospital and other facilities:

- Blessing Foundation
- Schools
- Local governments

2. The group next prioritized better access to screenings for chronic illness for adults and youth.

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

- Explore a partnership with Pike County Health Department to provide screenings
- Engage service line leadership at Blessing Health System for assistance with increasing screening
- Explore increased outreach for screenings through external partners and providers

Anticipated impacts of these actions:

Illini Community Hospital anticipates that the efforts to be undertaken will increase chronic health screening for youth and adults.

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

- Ancillary Support Manager
- Rural Health Clinic Medical Director
- Emergency Department Medical Director
- Physician Assistant

Planned collaboration between the hospital and other facilities:

- Pike County Health Department
- Schools
- Senior Center

3. The third prioritized need was to identify and address the mental health implications of chronic illness.

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

- Initiate discussions with providers to determine how best to approach this issue
- Educate providers about the range of services from the Palliative Care program
- Explore making social work services available to patients in specialty care and care coordination

Anticipated impacts of these actions:

Illini Community Hospital anticipates that the actions selected will improve the ability to identify and address the mental health implications of chronic illness.

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

- Administration
- Rural Health Clinic
- Outpatient services
- Providers
- Specialty care providers

Planned collaboration between the hospital and other facilities:

- Outside providers
- Faith-based organizations

4. The final prioritized need was to address mental health issues related to the pandemic.

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

- Explore ways to maintain the emotional health of staff
- Increase social media awareness about isolation, anxiety, and depression of youth and adults and local services available to help address those conditions

Anticipated impacts of these actions:

Illini Community Hospital anticipates that the actions selected will improve the ability to address mental health issues related to the pandemic.

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

- Administration
- Marketing

Planned collaboration between the hospital and other facilities:

- Illinois Food Bank
- Schools
- Faith-based organizations
- Local government community organizations
- Senior Center



Focus Groups



Administration



Organizations



Business

REFERENCES AND APPENDIX

CHNA Participants from June 18 Session:

Illini Community Hospital Senior Team: Susan Chenoweth, Administrative Director; Holly Jones, Assistant Administrator; Jennifer Mowen, Administrative Director; and Kathy Hull, CEO

Greg McClain, Ministerial Alliance

Patty McIntosh, Health and Wellness Foundation of PC

Andrea Gates, PC Unmet Needs and PACT Headstart

Darin Thomas, Medical Staff President, ED Medical Director

Ron Johnson, community physician and UM Medical Director

Tina Veile, Illini Fitness

Jeannie Goodman, ICH Board of Trustees

Kasey Kendall, Pike EMS

Anita Andress, PCHD

Leslie Henry, Illini Care Coordination

Rose Ghattas, Blessing Health Telemedicine

CHNA Participants from August 10 Session:

Illini Community Hospital Senior Team *(see names above)*

