

2022

Community Health Needs Assessment



TABLE OF CONTENTS

INTRODUCTION.....	5-7
Executive Summary.....	7-10
Background.....	11-12
Pana Community Hospital Services.....	14-15
Local Impact of COVID.....	16-17
ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS.....	19
DATA COLLECTION.....	19-24
Secondary Data.....	19-20
Primary Data.....	21-24
DATA ANALYSIS.....	27-76
Demographics.....	27-30
Social Determinants of Health.....	31-49
Health and Wellness Indicators.....	50-76
- Chronic Illness.....	56-71
- Behavioral Health.....	72
- Mental Health & Substance Use.....	73-75
Emergency Preparedness.....	76

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IDENTIFICATION AND PRIORITIZATION OF NEEDS.....79-80
 Process.....79
 Description of the Community Health Needs Identified.....80

RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS.....83
 Hospital Resources.....83
 Healthcare Services and Partners.....83
 Community Resources.....83

DOCUMENTING AND COMMUNICATING RESULTS.....85

IMPLEMENTATION STRATEGY.....87-91
 Planning Process.....87
 Implementation Strategy.....88-91

REFERENCES AND APPENDIX.....93-95



Early Childhood



Adolescents



Adults



Seniors

INTRODUCTION

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

The Sisters of Misericorde of Montreal, Quebec, Canada, continued ownership and operation of Huber Memorial Hospital until January 20, 1966. With great surprise to the citizens of Pana, they made an announcement that they would be selling the six-acre hospital complex. This immediately set the community into action to attempt a purchase of the facility.

Through an entire community effort, the hospital was purchased and the final sale documents were signed on June 20, 1967. The community had worked together and successfully raised over \$500,000. The hospital was then re-named and since has been known as Pana Community Hospital.

It became necessary to institute a fund drive in 1975 for the renovation of the internal structure of the hospital, making it compliant with state standards. The price tag was \$1.3 million. Once again, the community rallied and successfully raised over \$800,000 for the renovation.

A new addition to the hospital campus of Pana Community Hospital was completed in May 1990, with the opening of the Medical Mall. This expansion houses physician offices as well as those of consulting physicians. This addition of the Medical Mall enables Pana Community Hospital to be more accessible.

Pana Community Hospital's mission and values lay their path as a leading partner in assuring community-based quality healthcare.



MISSION

To be a leading partner in assuring community-based quality healthcare.



VISION

To achieve our mission, we promote a vision striving:

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



VALUES

To achieve our vision, we promote these values:

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



VALUES *continued*

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

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

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

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

EXECUTIVE SUMMARY

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources 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. This 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 58 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers.

This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Pana and the surrounding area. The CHNA process was coordinated by the Director of Marketing/Patient Relations.

Two focus groups met to discuss the state of overall health and wellness in the Pana Community Hospital service area and to identify health concerns and needs in the delivery of healthcare and health services 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, local elected officials, public health, and others. Some members of these groups provided services to underserved and unserved persons as all or part of their roles.

The findings of the focus groups were presented, along with secondary data analyzed by the consultant, to a 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 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:



1. **Expand access to local mental health services, including counseling, psychiatry, and professional consultation, especially for uninsured and under-insured**
2. **Address homelessness**
3. **Improve access to day care, especially for healthcare workforce**
4. **Expand local prevention efforts and services for substance abuse and substance use disorders**
5. **Expand local availability of in-home care**

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

ADDRESSING THE NEED > CREATING THE PLAN

The group addressed the needs with the following strategies:

- Pana Community Hospital will attempt to recruit a Licensed Clinical Social Worker, a Licensed Clinical Professional Counselor, or a Psychiatric Advanced Practice Nurse to provide services at an outpatient location.
- Pana Community Hospital will explore telehealth access to psychiatrist support for the clinician.
- Pana Community Hospital will explore a model for providing expanded mental health services for uninsured and under-insured persons.
- Pana Community Hospital will seek grants or other funding to support expanded mental health services for uninsured and under-insured persons.
- Pana Community Hospital will continue to partner with community organizations, local governments and agencies, and other interested groups and persons to collaborate towards a community-wide strategy to address local homelessness.
- Pana Community Hospital will investigate and analyze opportunities to provide day care services to employees of Pana Community Hospital Association.
- Pana Community Hospital will explore opportunities to provide in-home nursing services.

BACKGROUND

The Community Health Needs process is conducted every three years. In response to issues identified and prioritized and the implementation strategy developed to address them, Pana Community Hospital has taken the following steps since the 2019 CHNA.

2019 Pana Community Hospital Community Health Needs Assessment

Priority #1 – Access to Local Services for Mental Health

- Pana Community Hospital supported an internal candidate seeking a Master's in social work with the plan to obtain Licensed Clinical Social Worker certification. The individual received a Master's in social work and shortly thereafter took a community development position with the City of Pana.
- Pana Community Hospital continues to explore telepsychiatry. Once sufficient Licensed Clinical Social Workers or similarly certified professionals are in place, Pana Community Hospital will finalize telepsychiatry services.
- Pana Community Hospital pursued and implemented crisis intervention and evaluation services in the Emergency Department.
- The COVID pandemic limited Pana Community Hospital's ability to address other areas of need.

Priority #2 – Improve Life Skills

- Pana Community Hospital recruited a Director of Business Development whose responsibilities include addressing this and other community needs.
- Under the Director of Business Development's guidance, Pana Community Hospital implemented a children's summer meal program in conjunction with a local foundation to help feed students in need over the summer months when the school lunch program is not available.
- Pana Community Hospital continued its role in providing "High School to Healthcare" classes for area high school students to introduce them to healthcare careers and other opportunities available at Pana Community Hospital.
- The COVID pandemic limited Pana Community Hospital's ability to address other areas of need.

Priority #3 – Address the Needs of the Homeless in the Community

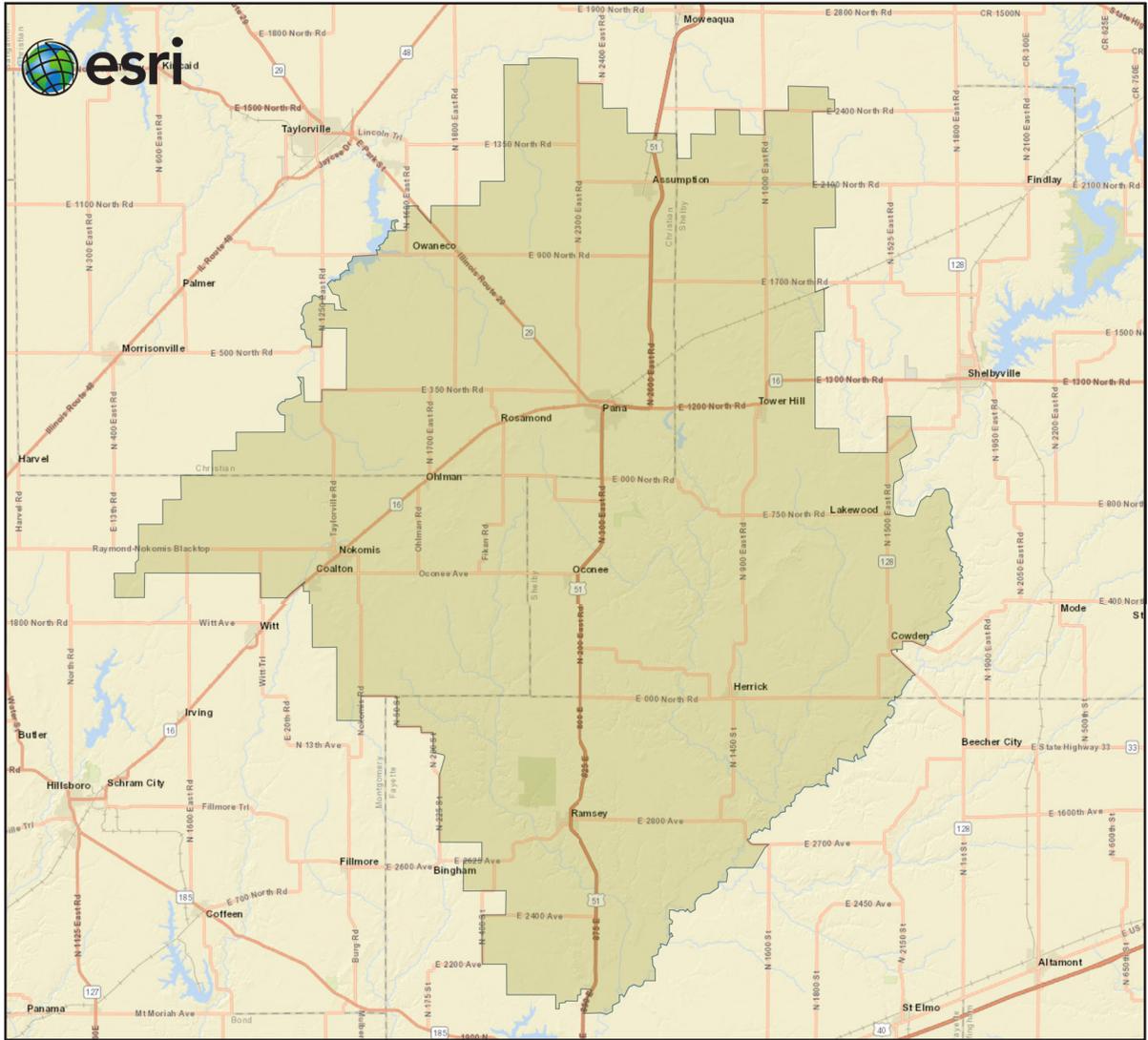
- Pana Community Hospital provided a variety of services to homeless persons that presented at the Emergency Department.
- The COVID pandemic limited Pana Community Hospital's ability to address other areas of need.

Priority #4 – Maintain the Vitality and Viability of the Community as a Safe and Healthy Place for All Ages to Live and Thrive

- Pana Community Hospital staff are encouraged to and do participate in Pana Pride.
- The Pana Community Hospital Director of Business Development plays an integral role in the community Interagency Council which provides a platform for community organizations to network and provide information on community events and services available within the community.
- Pana Community Hospital supported the transition of the internal Licensed Clinical Social Worker employee to a community development role with the City of Pana.
- The COVID pandemic limited Pana Community Hospital's ability to address other areas of need.



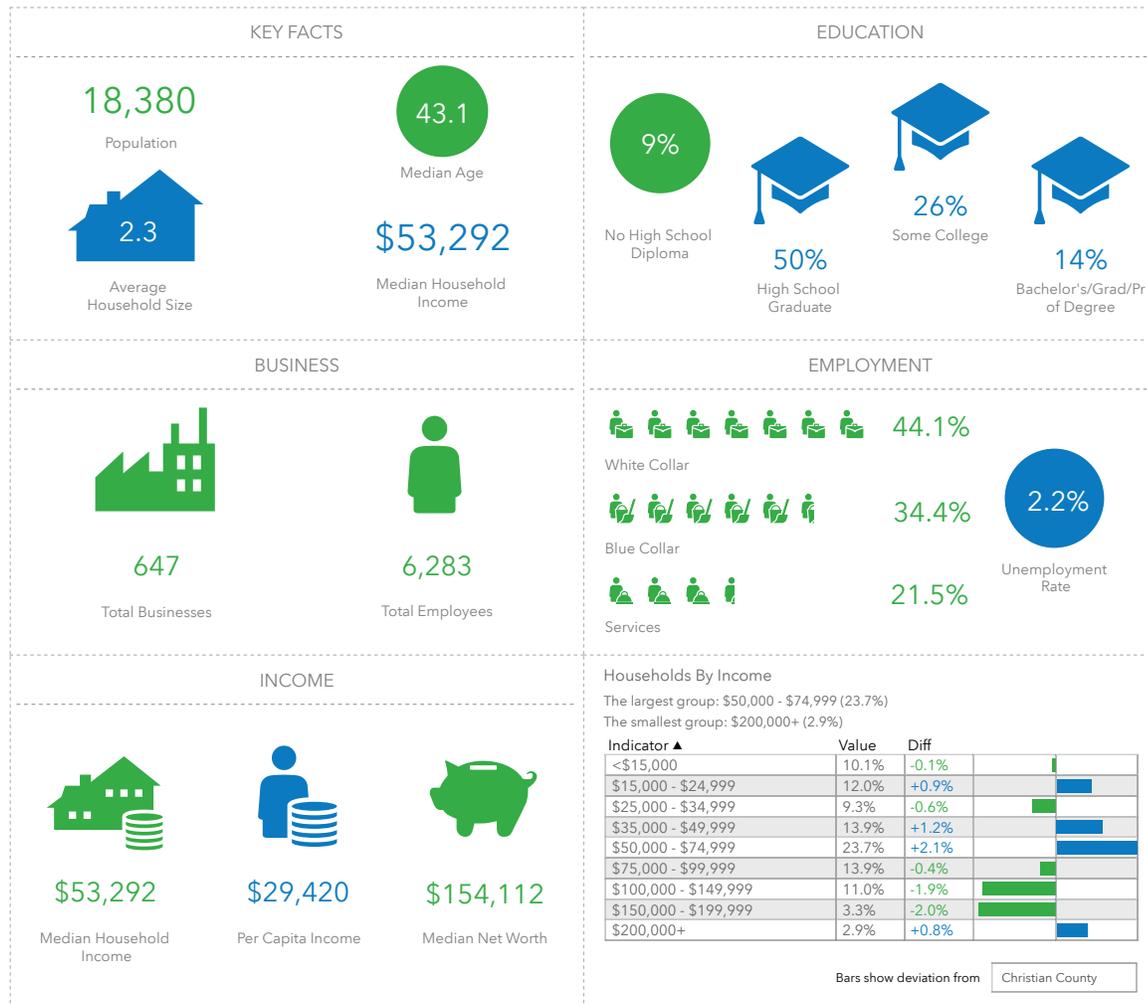
AREA SERVED BY PANA COMMUNITY HOSPITAL



For the purpose of this CHNA, Pana Community Hospital has defined its primary service area and populations as the general population within the geographic area in and surrounding Pana, IL. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance. A total of 19,191 people live in the 688 square mile service area defined for this assessment, according to the U.S. Census Bureau American Community Survey 2016-20 5-year estimates. The population density for this area, estimated at 28 persons per square mile, is less than the national average population density of 92 persons per square mile.

- | | | | |
|--------------|------------|------------|----------|
| Pana | Assumption | Cowden | Herrick |
| Nokomis | Oconee | Ohlman | Owaneco |
| Ramsey | Rosamond | Tower Hill | Lakewood |
| Millersville | | | |

Pana Community Hospital Service Area – Key Facts



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

The average household size of the area, at 2.3, is lower than both Illinois (3.00) and the U.S. (2.50). Median age is 43.1 years, which is higher than both Illinois (38.6) and the U.S. (38.0). The largest education segment is high school graduate, followed by some college.

The unemployment rate of 2.2% is lower than both Illinois (4.6%) and the U.S. (3.6%) Also, median family household income in the service area (\$53,292) is lower than both the Illinois' median family household income (\$65,886) and the U.S. (\$61,937).

LOCAL IMPACT OF COVID

Confirmed COVID-19 Cases

This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population. Data for this indicator are updated daily and derived from Johns Hopkins University's data feed. In the service area, there have been 12,204 total confirmed cases of COVID-19. The rate of confirmed cases is 37,366 per 100,000 population, which is greater than the state average of 30,098. Data are current as of 11/14/2022.

Report Area	Total Population	Total Confirmed Cases
Christian County, IL	32,661	12,204
Fayette County, IL	21,416	8,266
Montgomery County, IL	28,601	11,422
Shelby County, IL	21,741	7,218
Illinois	12,741,080	3,834,845
United States	326,262,499	95,849,279

COVID-19
Confirmed Cases

*Note: This indicator is compared to the state average.
Data Source: Johns Hopkins University, Accessed via ESRI.
Additional data analysis by CARES, 2022. Source geography: County*

In the service area, there have been 116 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 355.16 per 100,000 population, which is greater than the state average of 271.63. Data are current as of 11/14/2022.

Report Area	Total Population	Total Deaths
Christian County, IL	32,661	116
Fayette County, IL	21,416	101
Montgomery County, IL	28,601	109
Shelby County, IL	21,741	80
Illinois	12,741,080	35,327
United States	326,262,499	1,054,259

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*

This indicator reports the percent of adults fully vaccinated for COVID-19. Data is updated daily from the CDC API. 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 concerning the vaccine roll-out may be in some communities compared to others, with values ranging from 0 (least concerning) to 1 (most concerning). Data are current as of 11/14/2022.

Report Area	Percent of Adults Fully Vaccinated
Pana Community Hospital Service Area	55.16%
Christian County, IL	58.80%
Fayette County, IL	44.30%
Montgomery County, IL	60.80%
Shelby County, IL	51.60%
Illinois	77.17%
United States	74.39%

COVID-19 Fully Vaccinated

*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*



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 at Pana Community Hospital. Group 1 consisted of medical professionals, providers, hospital staff, nursing home and assisted living providers, and county health department personnel. In response to a request to identify positive developments in health and wellness of the community, the group referenced:

Group 1: Medical professionals and partners, nursing home and assisted living providers, and county health department personnel

- Three new orthopedic providers at Pana Community Hospital
- Pana Pride and the Pana Chamber of Commerce are working together toward positive economic development goals
- Urgent Care
- Drive-through COVID testing at Pana Community Hospital
- We survived COVID!
- Christian County Health Department provides access to eye glasses for eligible persons
- Growth at the hospital, both facilities and services, at Pana Community Hospital
- Growth in the community
- New services and providers at Pana Community Hospital
- Pana Community Hospital provides home-delivered meals in the community
- Pana Community Hospital has acquired a new clinic
- Pana Community Hospital has expanded surgical services
- New community ambulance service

- Improved access to mental health services, including emergency department utilization of telehealth for patients in crisis at Pana Community Hospital
- New family practitioner
- New electronic health records program
- Heritage Health has improved rating and added in-house CNA training
- Pana Community Hospital has entered into formal cooperation and information-sharing with other area hospitals
- Pana Community Hospital has added in-house 3T MRI and daily ultrasound services
-

The COVID response demonstrated the strength of the team at Pana Community Hospital.

In response to a question to identify health and wellness needs that remain in the service area of Pana Community Hospital, the group advanced the following issues and concerns:

- Address delay in transfers out of the Emergency Department
- Improve access to mental health counseling and psychiatric services
- Improve access to day care
- Provide opportunities for recreation, exercise, and activities for youth beyond sports
- Improve prevention and access to treatment and services for persons facing substance use disorders involving methamphetamine, alcohol, and drugs in general
- Provide life skills education for youth
- Improve access to specialists for uninsured and under-insured
- Improve access to services for seniors, including in-home care and provider visits
- Expand electronic medical record access to provide easy sharing of information beyond the local system

- Increase cooperation between mental healthcare providers and schools
- Reduce repeat visits ("frequent flyers") to the Emergency Department
- Increase access to cheaper, more affordable lab work
- Local access to dental care (availability for under-insured and uninsured) and transportation
- Improve access to in-home care
- Address homelessness
- Educate youth about healthy lifestyles
- Address homelessness

Group 2: Community leaders, local officials and law enforcement, and other business and community organization representation

Recent positive developments identified included:

- Food pantry is more accessible
- New ambulance service
- Improvements at Community Missions Center
- Population growth in Pana
- New memory care facility
- New youth sports opportunities in Pana
- Pana Pride is making improvements in the community
- Road and street improvements
- Law enforcement is collaborating with schools
- Safe Passages Program
- SavMor Pharmacy
- Expansion of surgical services at Pana Community Hospital
- Improved law enforcement and fire training
- Fiber infrastructure

- Improved access to specialists through Pana Community Hospital
- Planning for downtown Pana
- Cooperation within faith-based community
- Pana's commitment to job growth
- Proactive city governance in Pana
- Wellness Center at Pana Community Hospital

Health and wellness needs facing the communities were identified as:

- Improve mental health awareness
- Local support and services for substance use disorders and mental health issues – all types of services
- Community education about use of ambulances
- Community education about mental health/stigma
- Improve access to cancer care services
- Increase options for memory care
- Market former memory care facility
- Community education about dementia and Alzheimer's
- Improve early childhood intervention and reduce stigma
- Better address domestic violence
- Address homelessness
- Local access to specialists in gerontology, dermatology, gastroenterology, and rheumatology
- Improve access to local and distant mental healthcare, especially for youth
- Substance use prevention education and programs
- Improve access to dental and vision care, especially for under-insured, uninsured, and youth
- Expand access to food for youth
- Create a community wellness consciousness
- Provide community education about access to insurance
- Address delay in Emergency Department transfers
- Recruit nurses
- Provide parenting and life skills' education in the community





Age Group



Ethnicity



Race



Disability

DATA ANALYSIS

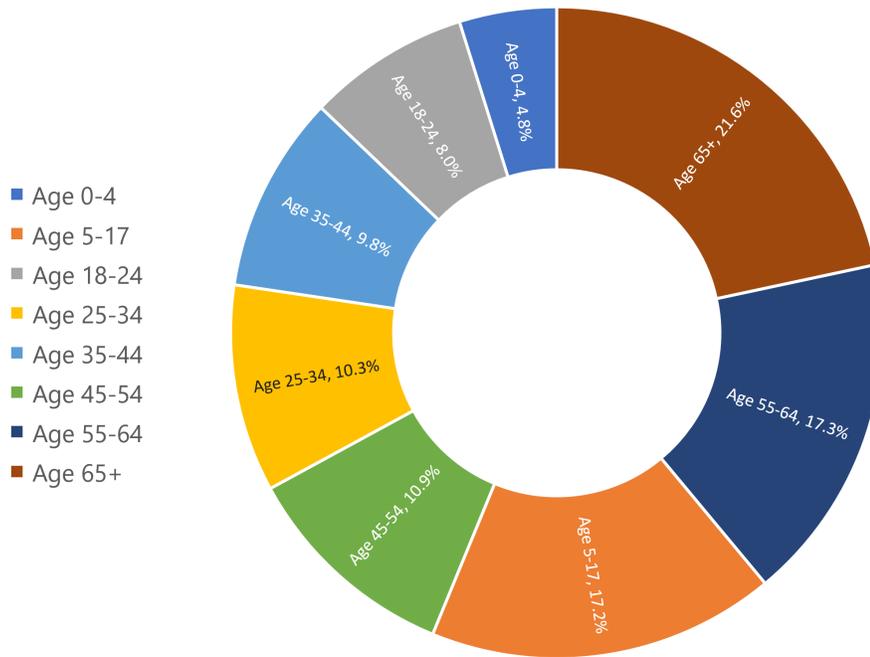
DEMOGRAPHICS

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+
Pana Community Hospital Service Area	926	3,310	1,543	1,974	1,877	2,084	3,323	4,154
Christian County, IL	1,735	4,815	2,438	3,931	3,994	4,406	4,942	6,444
Fayette County, IL	1,213	3,214	1,783	2,680	2,562	2,782	3,083	4,101
Montgomery County, IL	1,500	4,236	2,026	3,586	3,538	3,756	4,232	5,724
Shelby County, IL	1,194	3,460	1,452	2,286	2,409	2,711	3,249	4,862
Illinois	755,518	2,099,915	1,174,031	1,763,829	1,638,700	1,636,992	1,656,753	1,990,426
United States	19,650,192	53,646,546	30,435,736	45,485,165	41,346,677	41,540,736	42,101,439	52,362,817

Data Source: US Census Bureau, American Community Survey. 2016-20. Source Geography: Tract

Total Population by Age Groups, Pana 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
Pana Community Hospital Service Area	19,191	99	0.52%	19,092	99.48%
Christian County, IL	32,705	528	1.61%	32,177	98.39%
Fayette County, IL	21,418	384	1.79%	21,034	98.21%
Montgomery County, IL	28,598	519	1.81%	28,079	98.19%
Shelby County, IL	21,623	241	1.11%	21,382	98.89%
Illinois	12,716,164	2,190,696	17.23%	10,525,468	82.77%
United States	326,569,308	59,361,020	18.18%	267,208,288	81.82%

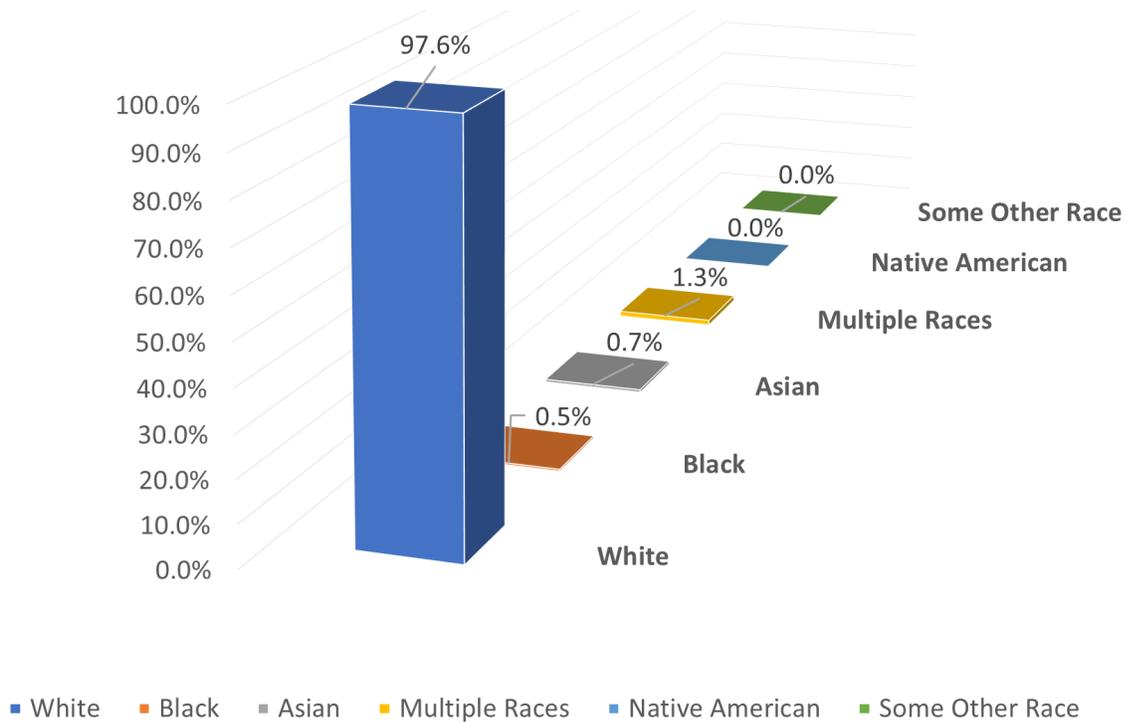
Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract

Total Population by Race Alone

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Pana Community Hospital Service Area	18,721	87	125	6	1	6	245
Christian County, IL	31,533	504	228	70	96	2	272
Fayette County, IL	20,078	944	114	33	38	10	201
Montgomery County, IL	26,863	1,049	83	27	0	126	450
Shelby County, IL	21,158	139	67	12	10	7	230
Illinois	8,874,067	1,796,660	709,567	33,972	5,196	757,150	539,552
United States	229,960,813	41,227,384	18,421,637	2,688,614	611,404	16,783,914	16,875,542

Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract

Total Population by Race Alone, Pana Community Hospital Service Area



Total Population Change, 2010-2020

According to the United States Census Bureau Decennial Census, between 2010 and 2020, the population in the service area fell by -935 persons, a change of -4.81%. A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2010 Census	Total Population, 2020 Census	Population Change, 2010-2020	Population Change, 2010-2020, Percent
Pana Community Hospital Service Area	19,443	18,508	-935	-4.81%
Christian County, IL	34,798	34,032	-766	-2.20%
Fayette County, IL	22,140	21,488	-652	-2.94%
Montgomery County, IL	30,104	28,288	-1,816	-6.03%
Shelby County, IL	22,363	20,990	-1,373	-6.14%
Illinois	12,830,633	12,812,508	-18,125	-0.14%
United States	312,471,161	334,735,155	22,263,994	7.13%

Note: This indicator is compared to the state average. Data Source: US Census Bureau, Decennial Census, 2020. Source geography: Tract

Population with any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. The service area has a total population of 18,999 for whom disability status has been determined, of which 2,827 or 14.88% 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
Pana Community Hospital Service Area	18,999	2,827	14.88%
Christian County, IL	31,055	4,205	13.54%
Fayette County, IL	19,894	3,499	17.59%
Montgomery County, IL	25,652	4,096	15.97%
Shelby County, IL	21,438	3,054	14.25%
Illinois	12,536,614	1,404,151	11.20%
United States	321,525,041	40,786,461	12.69%

Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey, 2016-20. 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 Pana Community Hospital service area and will offer insight into the complexity of circumstances that impact physical and mental wellness for the Pana Community Hospital audience. The infographic on Page 33 provides a snapshot of the at-risk population served by Pana 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:

- 2,235 households with disability
- 1,062 households below the poverty level (13%)
- Median household income is \$53,292 which is lower than both Illinois and the U.S.

Veteran Population

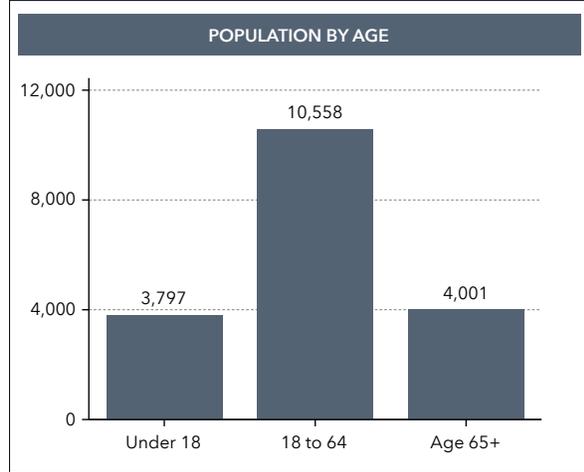
This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 14,955 population of the service area, 1,370 or 9.16% are veterans.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Pana Community Hospital Service Area	14,955	1,370	9.16%
Christian County, IL	26,149	2,471	9.45%
Fayette County, IL	16,991	1,323	7.79%
Montgomery County, IL	22,860	1,997	8.74%
Shelby County, IL	16,965	1,531	9.02%
Illinois	9,842,595	553,593	5.62%
United States	252,130,477	17,835,456	7.07%

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract*

Pana Community Hospital Service Area

AT RISK POPULATION PROFILE Geography: County



18,380 Population	7,890 Households	2.25 Avg Size Household	43.1 Median Age	\$53,292 Median Household Income	\$94,863 Median Home Value	60 Wealth Index	262 Housing Affordability	13 Diversity Index
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AT RISK POPULATION				
 2,235 Households With Disability	 4,001 Population 65+	 353 Households Without Vehicle		

POVERTY AND LANGUAGE		
 13% Households Below the Poverty Level	 1,062 Households Below the Poverty Level	 0 Pop 65+ Speak Spanish & No English

POPULATION AND BUSINESSES		
 16,067 Daytime Population	 647 Total Businesses	 6,283 Total Employees

Language Spoken (ACS)	Age 5-17	18-64	Age 65+	Total
English Only	3,210	10,439	3,951	17,600
Spanish	25	89	26	140
Spanish & English Well	25	82	24	131
Spanish & English Not Well	1	7	2	10
Spanish & No English	0	0	0	0
Indo-European	2	82	7	91
Indo-European & English Well	2	82	5	89
Indo-European & English Not Well	0	0	2	2
Indo-European & No English	0	0	0	0
Asian-Pacific Island	2	111	3	116
Asian-Pacific Isl & English Well	1	60	1	62
Asian-Pacific Isl & English Not Well	0	51	2	53
Asian-Pacific Isl & No English	1	1	0	2
Other Language	0	3	2	5
Other Language & English Well	0	3	0	3
Other Language & English Not Well	0	0	2	2
Other Language & No English	0	0	0	0

Economic Stability – Income and Economics

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 – Median Household Income

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 Family Households	Average Family Income	Median Family Income
Pana Community Hospital Service Area	5,264	\$74,366	No data
Christian County, IL	8,212	\$82,368	\$68,249
Fayette County, IL	5,298	\$70,945	\$59,520
Montgomery County, IL	7,164	\$83,510	\$70,301
Shelby County, IL	6,251	\$78,240	\$70,727
Illinois	3,116,415	\$113,734	\$86,251
United States	79,849,830	\$107,335	\$80,069

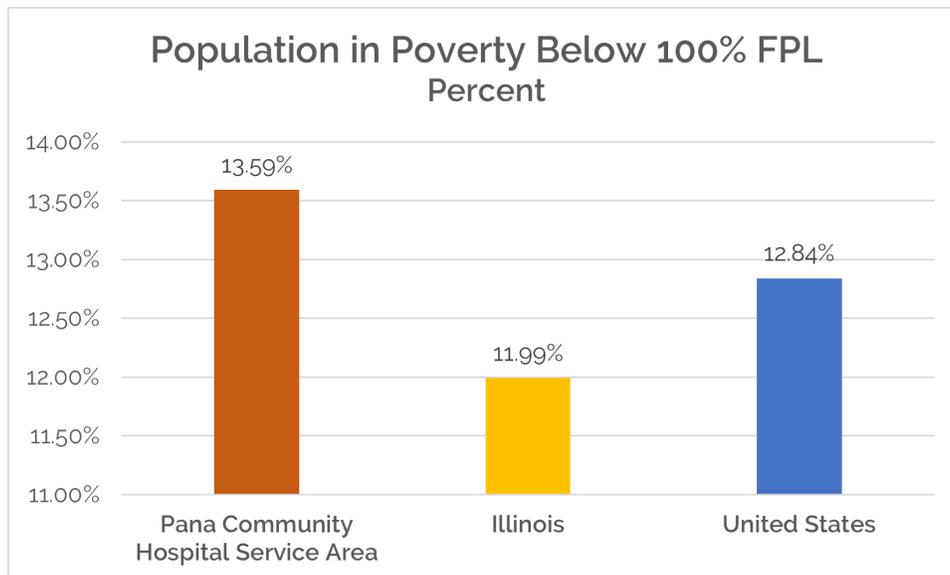
*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract*

Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. Within the service area, 13.59% or 2,577 individuals for whom poverty status is determined are living in household with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. *Note: The total population measurements for poverty are lower, as poverty data collection does not include people in group quarters.*

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Pana Community Hospital Service Area	18,956	2,577	13.59%
Christian County, IL	31,002	3,299	10.64%
Fayette County, IL	19,808	3,206	16.19%
Montgomery County, IL	25,633	3,989	15.56%
Shelby County, IL	21,425	2,095	9.78%
Illinois	12,418,504	1,488,670	11.99%
United States	318,564,128	40,910,326	12.84%

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract*

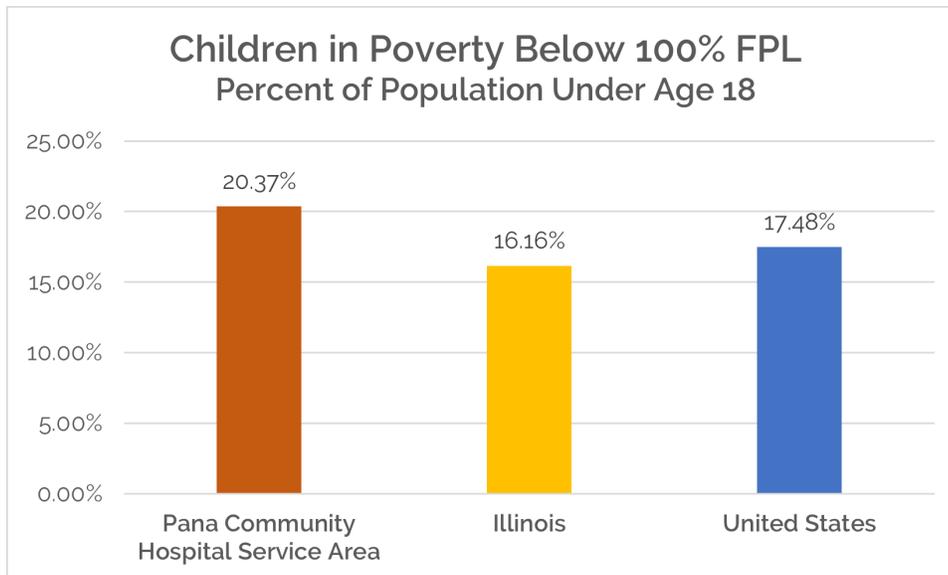


Poverty – Children Below 100% FPL

In the service area, 20.37% or 847 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population < Age 18	Population < Age 18 in Poverty	Population < Age 18 in Poverty, Percent
Pana Community Hospital Service Area	18,956	4,158	847	20.37%
Christian County, IL	31,002	6,456	821	12.72%
Fayette County, IL	19,808	4,341	919	21.17%
Montgomery County, IL	25,633	5,715	1,312	22.96%
Shelby County, IL	21,425	4,637	425	9.17%
Illinois	12,418,504	2,813,715	454,654	16.16%
United States	318,564,128	72,065,774	12,598,699	17.48%

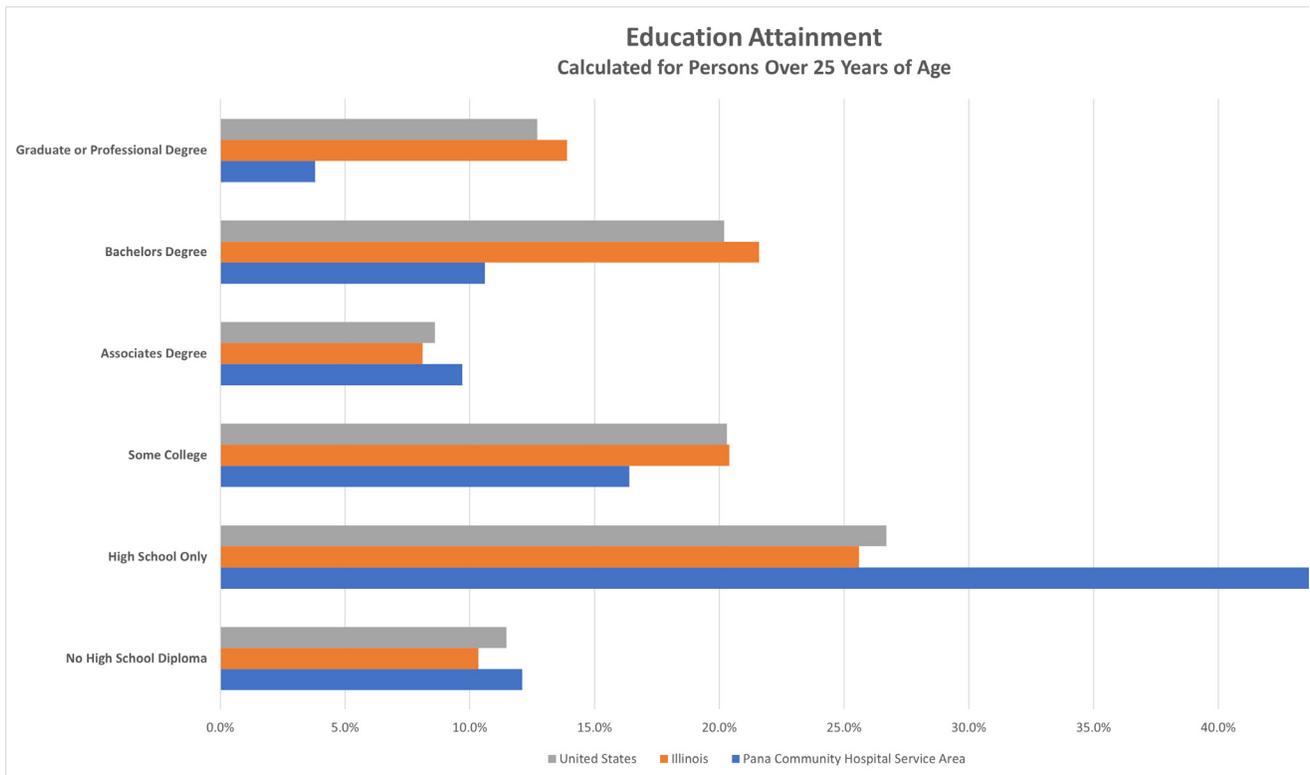
*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2016-20. Source geography: Tract*



Education Attainment

This category contains indicators that describe the education system and the educational outcomes of the service area populations. Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through advanced degree attainment. Educational attainment is calculated for persons over 25 and is an estimated average for the period from 2016 to 2020. For the service area, 10.6% have at least a college bachelor's degree, while 47.3% stopped their formal educational attainment after high school.

Report Area	No High School Diploma	High School Only	Some College	Associates Degree	Bachelors Degree	Graduate or Professional Degree
Pana Community Hospital Service Area	12.1%	47.3%	16.4%	9.7%	10.6%	3.8%
Christian County, IL	11.76%	39.9%	20.3%	10.1%	12.8%	5.2%
Fayette County, IL	13.53%	40.0%	22.1%	12.1%	8.9%	3.5%
Montgomery County, IL	11.95%	39.6%	21.5%	8.8%	11.3%	6.8%
Shelby County, IL	6.62%	44.5%	21.1%	11.3%	11.5%	5.1%
Illinois	10.34%	25.6%	20.4%	8.1%	21.6%	13.9%
United States	11.47%	26.7%	20.3%	8.6%	20.2%	12.7%

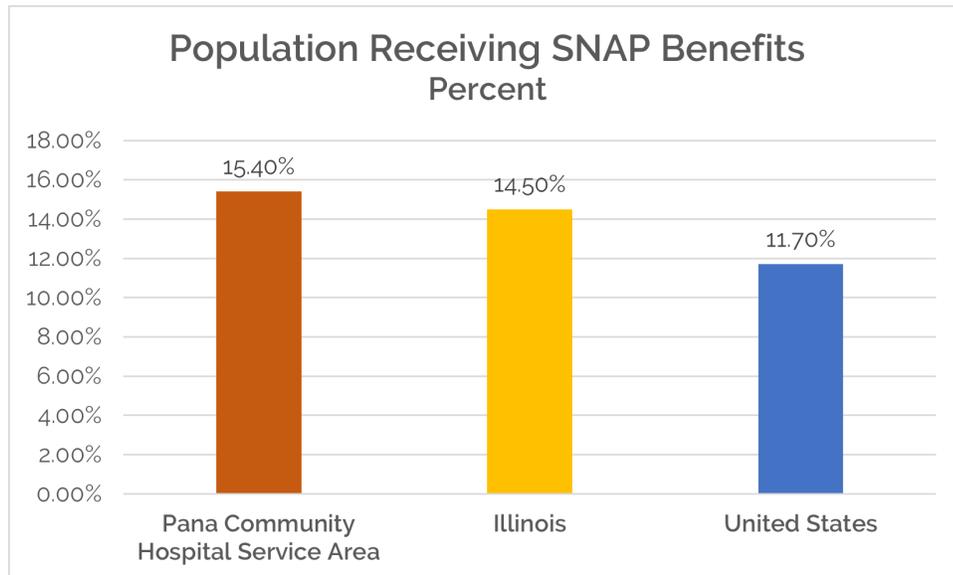


SNAP Benefits

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage receiving SNAP benefits during the month of July during the most recent report year.

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Pana Community Hospital Service Area	18,196.00	2,810	15.4%
Christian County, IL	32,304	5,562	17.2%
Fayette County, IL	21,336	3,334	15.6%
Montgomery County, IL	28,414	4,637	16.3%
Shelby County, IL	21,634	2,397	11.1%
Illinois	12,671,821	1,832,120	14.5%
United States	328,239,523	38,537,386	11.7%

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, Small Area Income and Poverty Estimates, 2019. Source geography: County*



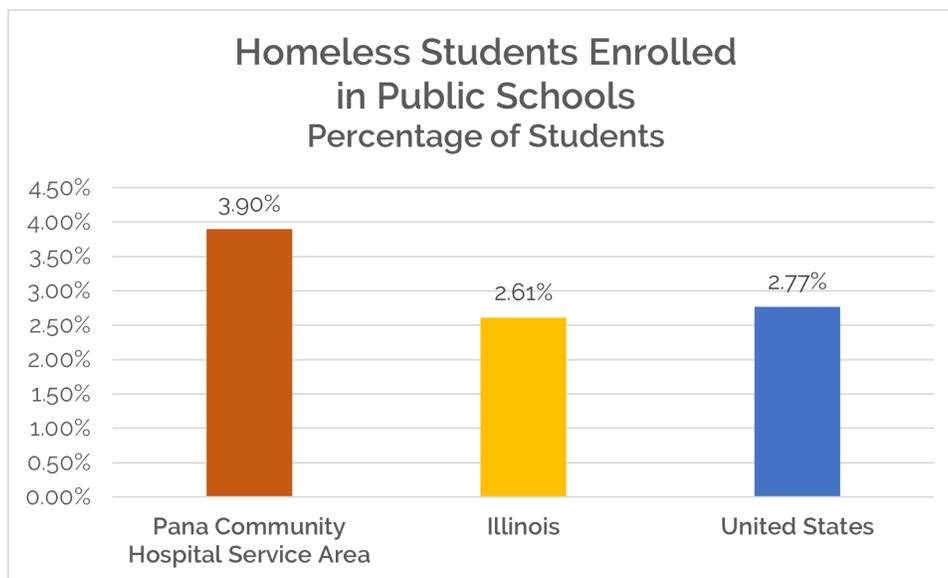
Homeless Students Enrolled in Public Schools

This indicator reports the number of homeless children and youth enrolled in the public school system during the school year 2019-2020. According to the data source definitions, homelessness is defined as lacking a fixed, regular, and adequate night-time residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or may be unsheltered. Data are aggregated to the service area level based on school district summaries where three or more homeless children are counted. In the service area, of all the 2,822 students enrolled during school year 2019-2020, there were 110 or 3.90% homeless students, which is higher than the statewide rate of 2.61%.

Note: Data are available for 100.00% of the school districts in the service area, representing 100.00% of the public school student population.

Report Area	Students in Reported Districts	Homeless Students	Homeless Students, Percent	Districts Reporting	Students in Reported Districts
Pana Community Hospital Service Area	2,822	110	3.90%	100.00%	100.00%
Christian County, IL	4,587	132	2.90%	100.00%	100.00%
Fayette County, IL	3,074	273	8.90%	100.00%	100.00%
Montgomery County, IL	4,039	209	5.20%	100.00%	100.00%
Shelby County, IL	3,194	59	1.80%	100.00%	100.00%
Illinois	1,855,033	48,332	2.61%	88.90%	97.51%
United States	47,386,316	1,311,089	2.77%	86.95%	97.47%

Note: This indicator is compared to the state average. Data Source: US Department of Education, ED Facts. Additional data analysis by CARES, 2019-20202. Source geography: School District

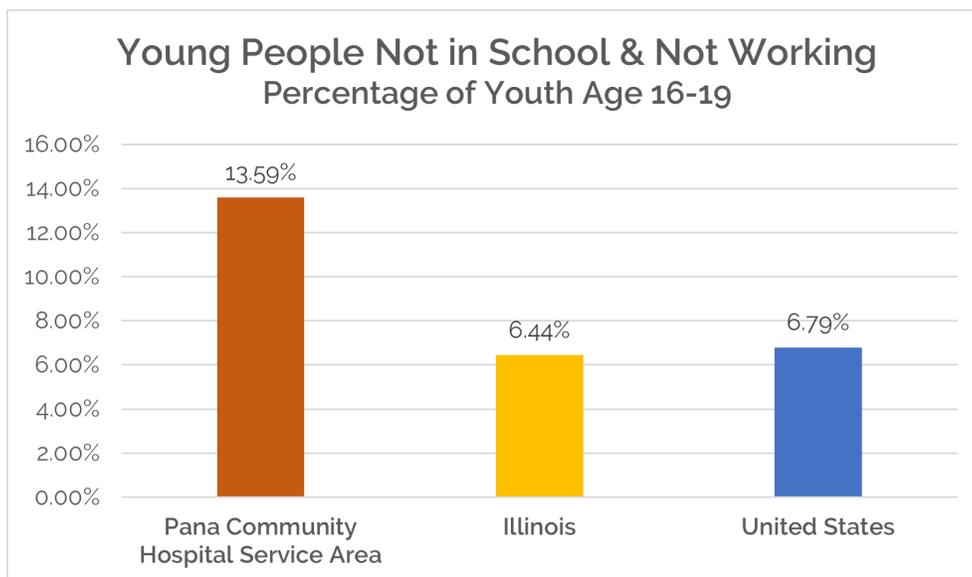


Young People Not in School and Not Working

This indicator reports the percentage of youth ages 16-19 who are not currently enrolled in school and who are not employed. The service area has a total population of 964 people between these ages, of which 131 are not in school and not employed.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed	Population Age 16-19 Not in School and Not Employed, Percent
Pana Community Hospital Service Area	964	131	13.59%
Christian County, IL	1,313	102	7.77%
Fayette County, IL	959	98	10.22%
Montgomery County, IL	1,197	129	10.78%
Shelby County, IL	971	30	3.09%
Illinois	662,629	42,650	6.44%
United States	16,992,661	1,153,005	6.79%

*Note: This indicator is compared to the state average.
Data Source: US Census Bureau, American Community Survey, 2016-202.. Source geography: Tract*



Housing and Families

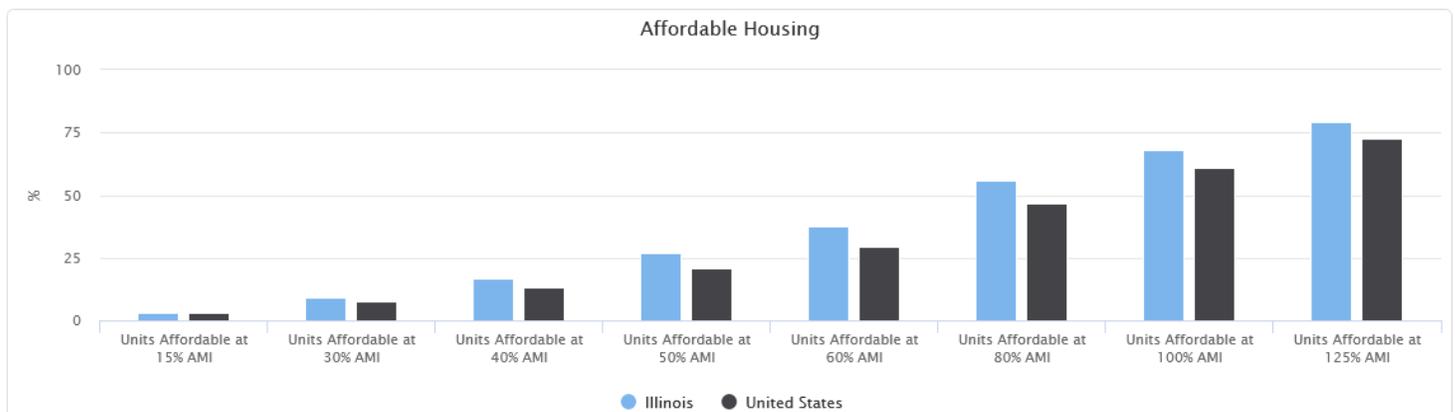
This category contains indicators that describe the structure of housing and families, and the condition and quality of housing units and residential neighborhoods. These indicators are important because housing issues like overcrowding and affordability have been linked to multiple health outcomes, including infectious disease, injuries, and mental disorders. Furthermore, housing metrics like home-ownership rates and housing prices are key for economic analysis.

Affordable Housing

This indicator reports the number and percentage of housing units affordable at various income levels. Affordability is defined by assuming that housing costs should not exceed 30% of the total household income. Income levels are expressed as a percentage of each county's area median household income (AMI).

Report Area	Units Affordable at 15% AMI	Units Affordable at 30% AMI	Units Affordable at 40% AMI	Units Affordable at 50% AMI	Units Affordable at 60% AMI	Units Affordable at 80% AMI	Units Affordable at 100% AMI	Units Affordable at 125% AMI
Christian County, IL	4.05%	14.69%	30.10%	47.20%	59.11%	72.04%	81.08%	87.29%
Fayette County, IL	6.10%	16.40%	28.03%	41.08%	52.08%	64.72%	73.45%	82.98%
Montgomery County, IL	6.18%	22.81%	38.83%	51.77%	60.98%	71.25%	80.09%	86.54%
Shelby County, IL	6.35%	21.70%	35.52%	48.34%	58.00%	72.73%	83.02%	88.12%
Illinois	3.20%	9.07%	16.73%	27.10%	37.62%	55.59%	68.26%	79.30%
United States	3.15%	7.78%	12.96%	20.62%	29.46%	46.88%	60.68%	72.77%

Note: This indicator is compared to the state average. Data Source: U.S. Census Bureau, American Community Survey, 2016-20. Source geography: Tract



Other Social & Economic Factors

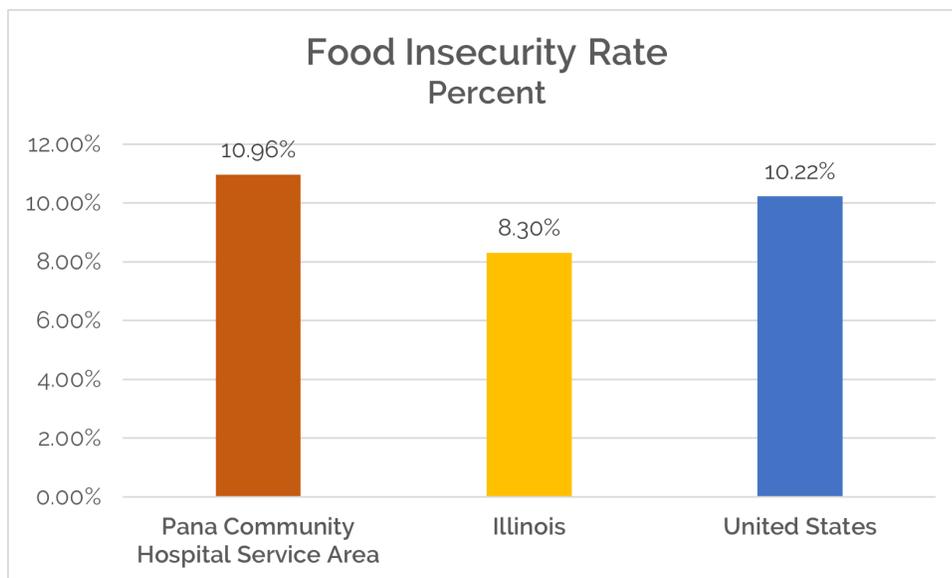
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and a lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access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

Food Insecurity Rate

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. 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
Pana Community Hospital Service Area	18,374	2,013	10.96%
Christian County, IL	32,830	3,480	10.60%
Fayette County, IL	21,463	2,640	12.30%
Montgomery County, IL	28,730	3,620	12.60%
Shelby County, IL	21,596	2,030	9.40%
Illinois	12,675,181	1,052,040	8.30%
United States	326,616,501	33,365,240	10.22%

*Note: This indicator is compared to the state average.
Data Source: Feeding America, 2020. Source geography: County*

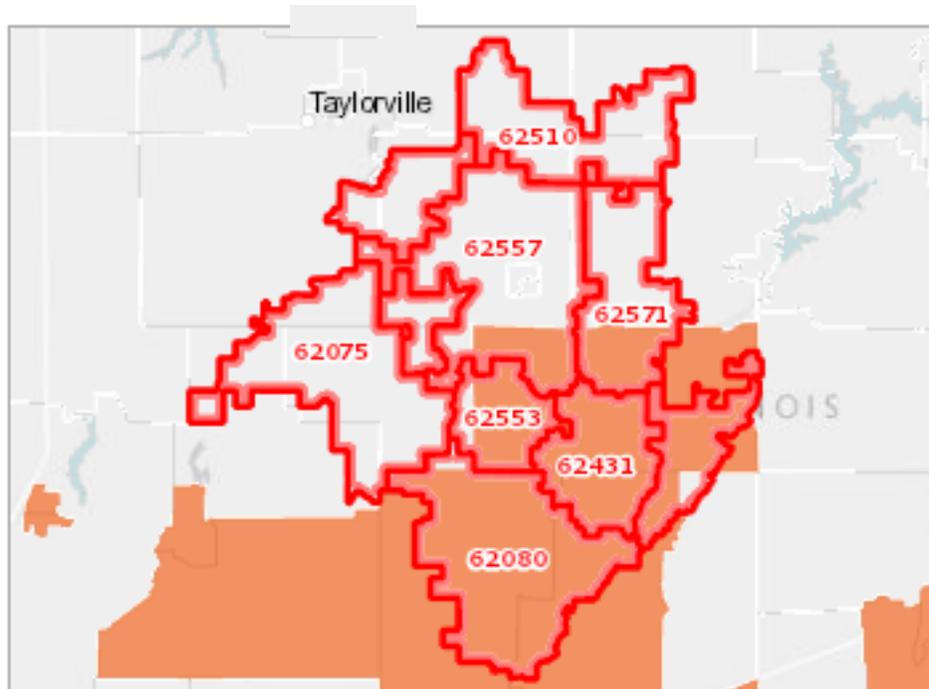


Food Desert Census Tracts

This indicator reports the number of neighborhoods in the service area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. The service area has a population of 5,894 living in food deserts and a total of two census tracts classified as food deserts by the USDA.

Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Pana Community Hospital Service Area	19,440	2	4.00	5,894	13,691
Christian County, IL	34,800	0	10	0	34,800
Fayette County, IL	22,140	5	2	17,021	5,119
Montgomery County, IL	30,104	4	4	17,376	12,728
Shelby County, IL	22,363	1	5	3,416	18,947
Illinois	12,830,632	319	2,796	1,242,939	11,587,693
United States	308,745,538	9,293	63,238	39,074,974	269,670,564

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



- Food Desert
- Not a Food Desert
- No Data
- Pana Community Hospital Service Area

Insurance – Insured Population and Provider Type

Health insurance coverage is considered a key driver of health status. In the service area, 17,914 total civilians have some form of health insurance coverage. Of those 73.60% have private insurance, (e.g. insurance purchased through an employer or union, through direct purchase (e.g. on a health exchange) or have Tricare or other military health insurance. In addition, 43.92% have a form of public health insurance.

Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs), as well as the Children's Health Insurance Program (CHIP). This indicator is relevant because insurance provides access to healthcare, including regular primary care, specialty care, and other health services that prevent poor health status. *Note: Percentages may exceed 100% as individuals may have more than one form of health insurance.*

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Health Insurance	Percentage with Private Insurance	Percentage with Public Insurance
Pana Community Hospital Service Area	18,999	17,914	73.60%	43.92%
Christian County, IL	31,055	29,561	74.18%	43.57%
Fayette County, IL	19,894	18,368	67.55%	48.02%
Montgomery County, IL	25,652	24,634	77.33%	41.32%
Shelby County, IL	21,438	20,613	78.13%	39.90%
Illinois	12,536,614	11,682,181	75.80%	36.13%
United States	321,525,041	293,466,138	74.57%	38.65%

Note: This indicator is compared to the state average. Data Source: U.S. Census Bureau, American Community Survey, 2016-20. Source geography: County

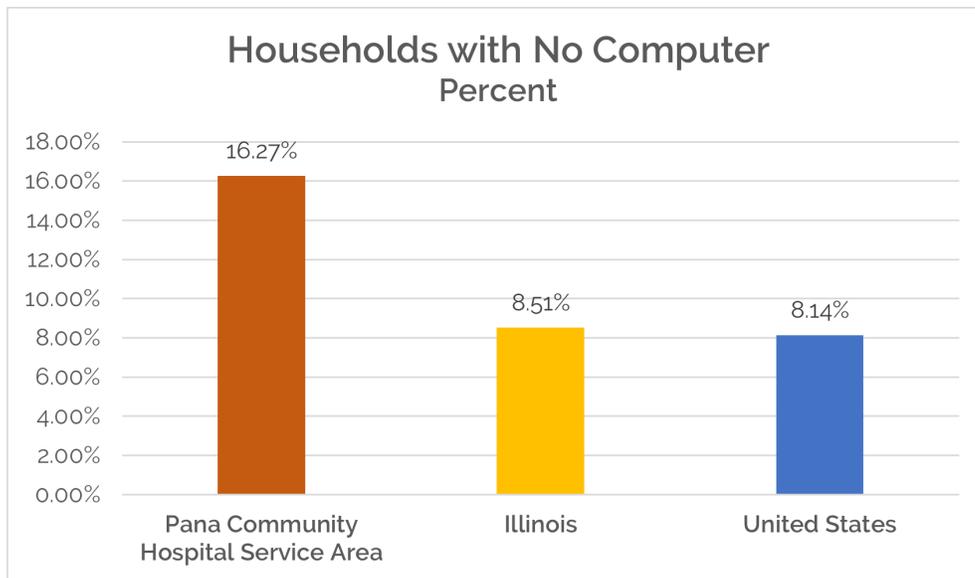


Built Environment – Households With No Computer

This indicator reports the percentage of households who don't own or use any types of computers, including desktop or laptop, smartphone, tablet, or other portable wireless computer, and some other type of computer, based on the 2016-2020 American Community Survey estimates. Of the 8,210 total households in the service area, 1,336 or 16.27% are without a computer. *Note: The ACS2016-20 questions about internet/computer usage are not asked for the group quarters population, so data do not include people living in housing such as dorms, prisons, nursing homes, etc.*

Report Area	Total Households	Households with No Computer	Households with No Computer, Percent
Pana Community Hospital Service Area	8,210	1,336	16.27%
Christian County, IL	13,977	1,708	12.22%
Fayette County, IL	7,918	1,425	18.00%
Montgomery County, IL	11,619	1,799	15.48%
Shelby County, IL	9,158	1,257	13.73%
Illinois	4,884,061	415,473	8.51%
United States	122,354,219	9,955,693	8.14%

Note: This indicator is compared to the state average. Data Source: U.S. Census Bureau, American Community Survey, 2016-2020. Source geography: Tract

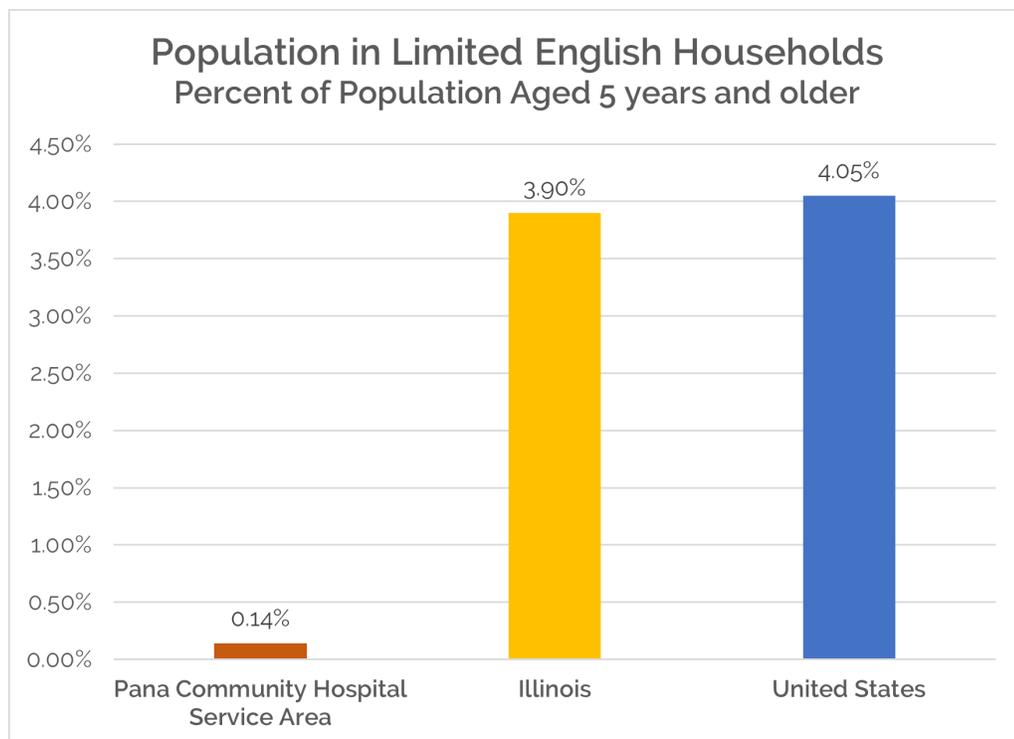


Population in Limited English Household

This indicator reports the percentage of the population aged 5 years and older living in limited English-speaking households. A limited English-speaking household is one in which no household member 14 years old and over speaks only English at home, or no household member speaks a language other than English at home and speaks English “very well.” In the service area, 26 individuals, or 0.14% live in limited English households. This indicator is significant as it identifies households and populations that may need English-language assistance.

Report Area	Population Age 5+	Linguistically Isolated Population Age 5+	Linguistically Isolated Population Age 5+, Percent
Pana Community Hospital Service Area	18,265	26	0.14%
Christian County, IL	30,970	62	0.20%
Fayette County, IL	20,205	53	0.26%
Montgomery County, IL	27,098	47	0.17%
Shelby County, IL	20,429	0	0.00%
Illinois	11,960,646	466,588	3.90%
United States	306,919,116	12,431,611	4.05%

Note: This indicator is compared to the state average. Data Source: U.S. Census Bureau, American Community Survey, 2016-20. Source geography: Tract

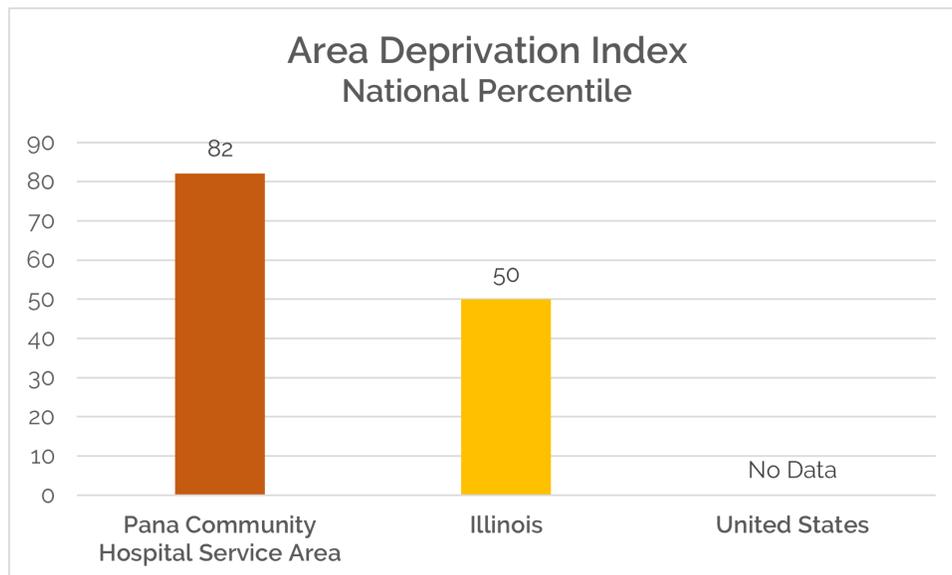


Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for the selected area. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (education, income and employment, housing, and housing characteristics). The overall scores are measured on a scale of 1 to 100, where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Report Area	Total Population (2020)	State Percentile	National Percentile
Pana Community Hospital Service Area	16,791	84	82
Christian County, IL	34,032	74	72
Fayette County, IL	21,488	72	70
Montgomery County, IL	28,288	77	75
Shelby County, IL	20,990	78	75
Illinois	12,812,508	No data	50
United States	334,735,155	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, 2020. Source geography: Block Group



Opportunity Index

This indicator reports the Opportunity Index score for the service 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
Christian County, IL	33,271	51.5
Fayette County, IL	21,816	45.0
Montgomery County, IL	29,079	50.1
Shelby County, IL	21,727	56.0
Illinois	12,826,895	56.4
United States	323,071,342	53.1

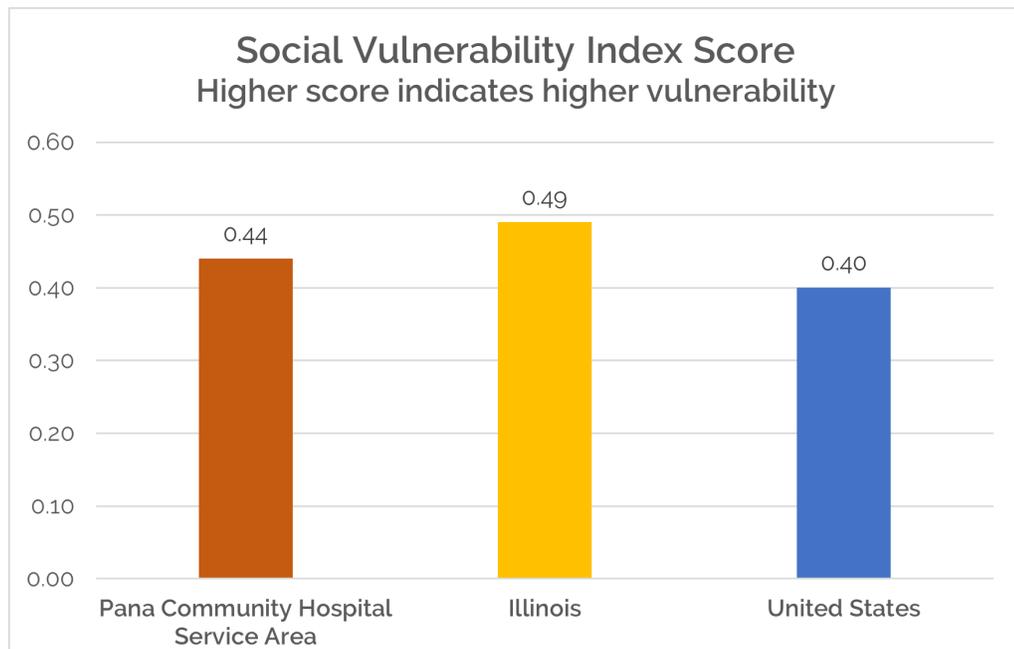
Note: This indicator is compared to the state average. Data Source: Opportunity Nation, 2018. Source geography: County



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 this 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 service area has a Social Vulnerability Index score of 0.44, which is less than the state average of 0.49.

Report Area	Total Population	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Pana Community Hospital Service Area	18,361	0.53	0.71	0.10	0.44	0.44
Christian County, IL	33,231	0.34	0.31	0.10	0.41	0.24
Fayette County, IL	21,724	0.80	0.50	0.27	0.46	0.59
Montgomery County, IL	29,009	0.55	0.20	0.23	0.57	0.39
Shelby County, IL	21,832	0.31	0.19	0.02	0.11	0.09
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



Clinical Care and Prevention

A lack of access to care presents barriers to good health. Supply of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Care – Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues and is used in the 2022 County Health Rankings. Within the service area, there are six primary care physicians. This represents 33.72 providers per 100,000 total population. *Note: Data are suppressed for counties with population greater than 2,000 and 0 primary care physicians.*

Report Area	Total Population	Primary Care Physicians	Primary Care Physicians, Rate per 100,000 Population
Pana Community Hospital Service Area	18,196	6	33.72
Christian County, IL	32,304	12	37.15
Fayette County, IL	21,336	3	14.06
Montgomery County, IL	28,414	12	42.23
Shelby County, IL	21,634	7	32.36
Illinois	12,671,821	10,295	81.24
United States	328,239,523	251,126	76.51

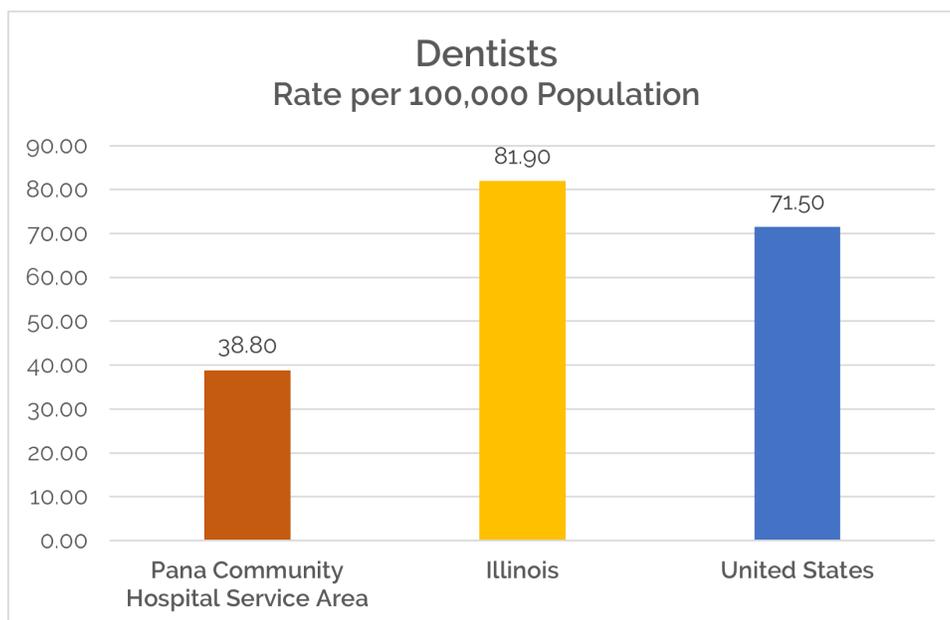
Note: This indicator is compared to the state average. Data Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File, Accessed via County Health Rankings, 2019. Source geography:

Access to Care – Dental Health

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license. Data from the 2020 Area Health Resources File (AHRF) are used in the 2022 County Health Rankings. Within the service area, there are 7 dentists. This represents 38.8 dentists per 100,000 total population. *Note: Data are suppressed for counties with population greater than 4,000 and 0 dentists.*

Report Area	Estimated Population	Number of Dentists	Ratio of Dental Providers to Population (1 Provider per x Persons)	Dentists, Rate (Per 100,000 Population)
Pana Community Hospital Service Area	18,022	7	2,574.6	38.8
Christian County, IL	32,075	8	4,009.4	24.9
Fayette County, IL	21,264	10	2,126.4	47
Montgomery County, IL	28,045	18	1,558.1	64.2
Shelby County, IL	21,299	6	3,549.8	28.2
Illinois	12,587,529	10,307	1,221.3	81.9
United States	329,484,121	235,535	1,398.9	71.5

Note: This indicator is compared to the state average. Data Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File, Accessed via County Health Rankings, 2020. Source geography:



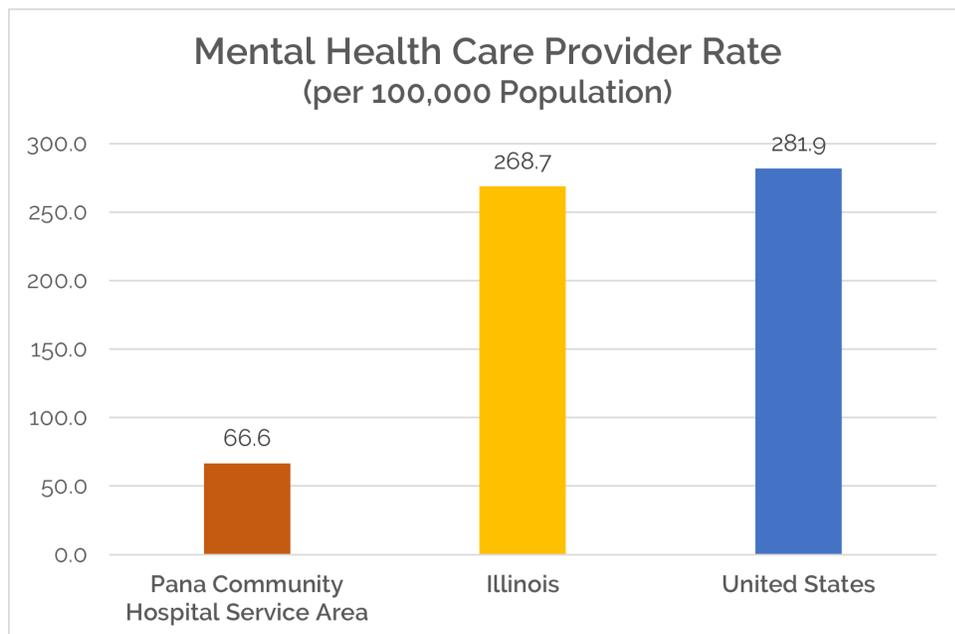
Access to Care – Mental Health

This indicator reports the number of mental health providers in the service area as a rate per 100,000 total area population. Mental health providers are defined psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental healthcare. Data from the 2021 Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file are used in the 2022 County Health Rankings. Within the service area, there are 12 mental health providers with a CMS National Provider Identifier (NPI). This represents 66.6 providers per 100,000 total population.

Note: Data are suppressed for counties with population greater than 1,000 and 0 mental health providers.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Pana Community Hospital Service Area	18,022	12	1,501.8	66.6
Christian County, IL	32,075	21	1,527.4	65.5
Fayette County, IL	21,264	21	1,012.6	98.8
Montgomery County, IL	28,045	22	1,274.8	78.4
Shelby County, IL	21,299	8	2,662.4	37.6
Illinois	12,587,530	33,822	372.2	268.7
United States	329,484,124	928,839	354.7	281.9

Note: This indicator is compared to the state average. Data Source: U.S. Centers for Medicare & Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), Accessed via County Health Rankings, 2021. Source geography: County



Access to Care – Nurse Practitioners

This indicator reports the number of nurses with a CMS National Provider Identifier (NPI). Nurses counted for this indicator include all advanced practice Registered Nurses (APRNs) and Nurse Practitioners, regardless of sub-specialty. Data are from the latest Centers for Medicare and Medicaid Services (CMS) National Provider Identifier (NPI) downloadable file. Within the service area, there are two nurses with a CMS National Provider Identifier. This represents 10.81 providers per 100,000 total population.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Pana Community Hospital Service Area	18,508	0	2	10.81
Christian County, IL	34,032	2	6	17.63
Fayette County, IL	21,488	0	6	27.92
Montgomery County, IL	28,288	2	11	38.89
Shelby County, IL	20,990	0	2	9.53
Illinois	12,812,508	185	6,272	48.95
United States	334,735,155	6,461	204,191	61.00

Note: This indicator is compared to the state average. Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), October 2022. Source geography: Address

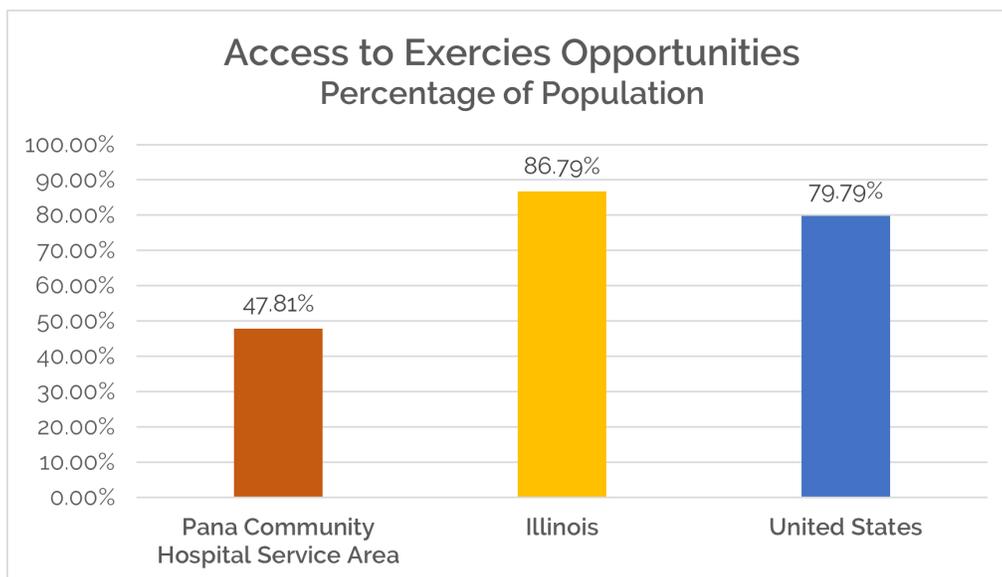


Access to Exercise

This indicator reports the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. The numerator is the total 2010 population living in census blocks with adequate access to at least one location for physical activity and the denominator is the 2010 resident county population. This indicator is used in the 2022 County Health Rankings. Within the service area, there are 9,207 people with adequate access to locations for physical activity. This represents 47.81% of the total population, which is less than the state rate of 86.79%.

Report Area	Total Population (2010)	Population with Access to Exercise Opportunities	Percentage of Population with Access to Exercise Opportunities
Pana Community Hospital Service Area	19,259	9,207	47.81%
Christian County, IL	34,800	21,003	60.36%
Fayette County, IL	22,140	9,598	43.35%
Montgomery County, IL	30,104	9,535	31.68%
Shelby County, IL	22,363	8,719	38.99%
Illinois	12,830,632	11,136,091	86.79%
United States	308,745,538	246,357,325	79.79%

Note: This indicator is compared to the state average. Data Source: Business Analyst, ESRI, YMCA & US Census Tigerline Files, Accessed via County Health Rankings, 2010 & 2020. Source geography: County

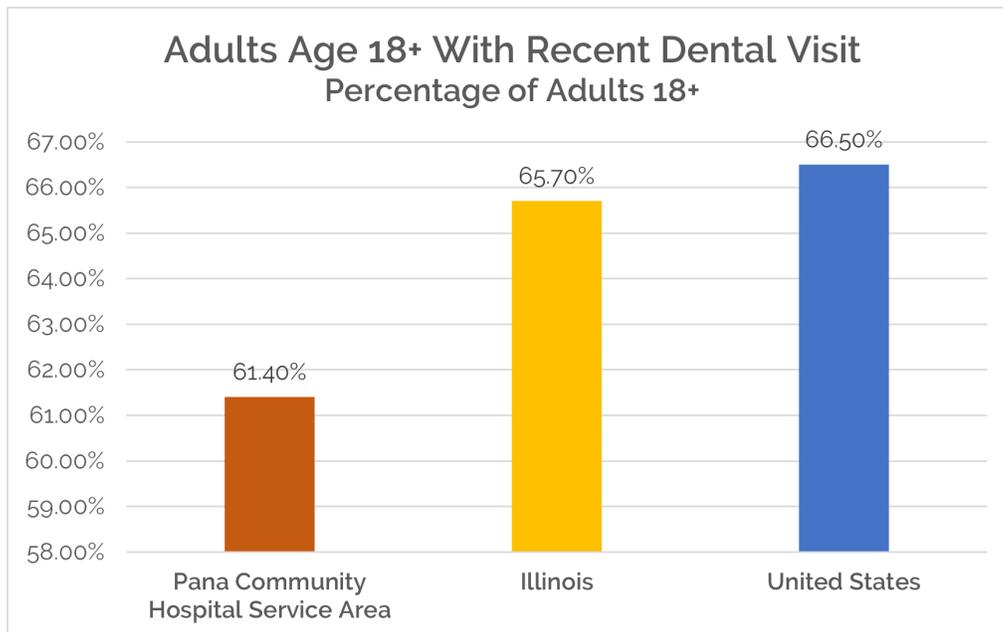


Dental Care Utilization

This indicator reports the percentage of adults age 18 and older who report having been to the dentist or dental clinic in the previous year. Within the service area, there are 61.40% adults age 18+ who went to the dentist in the past year of the total population age 18+.

Report Area	Total Population (2018)	Adults Age 18+ with Recent Dental Visit (Crude)	Adults Age 18+ with Recent Dental Visit (Age-Adjusted)
Pana Community Hospital Service Area	20,569	61.40%	No data
Christian County, IL	32,661	62.60%	62.10%
Fayette County, IL	21,416	56.30%	55.80%
Montgomery County, IL	28,601	62.80%	62.20%
Shelby County, IL	21,741	62.00%	61.40%
Illinois	12,741,080	65.7%	65.5%
United States	163,583,717	66.5%	66.2%

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 PLACES Data Portal, 2018



CHRONIC ILLNESS

Health Outcomes

Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the five-year period of 2014-2018.

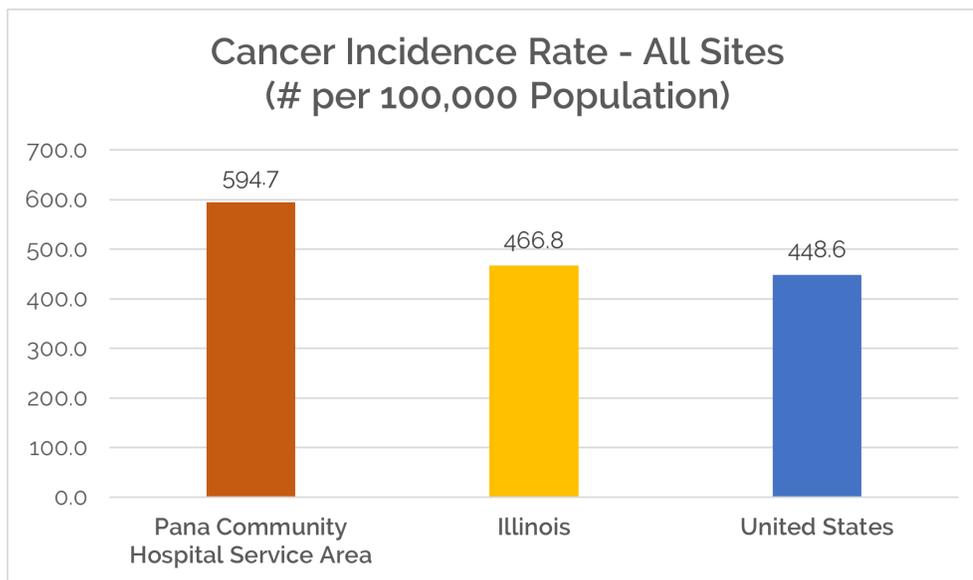
Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Christian County, Illinois	1 - Lung & Bronchus (All Stages), 2014-2018	50	102.8
Christian County, Illinois	2 - Prostate (All Stages), 2014-2018	30	129.4
Christian County, Illinois	3 - Breast (All Stages), 2014-2018	28	124.6
Christian County, Illinois	4 - Colon & Rectum (All Stages), 2014-2018	26	55.6
Christian County, Illinois	5 - Kidney & Renal Pelvis (All Stages), 2014-2018	13	27.9
Fayette County, Illinois	1 - Lung & Bronchus (All Stages), 2014-2018	21	69.3
Fayette County, Illinois	2 - Prostate (All Stages), 2014-2018	20	133.4
Fayette County, Illinois	3 - Breast (All Stages), 2014-2018	15	101.5
Fayette County, Illinois	4 - Colon & Rectum (All Stages), 2014-2018	13	43
Fayette County, Illinois	5 - Melanoma of the Skin (All Stages), 2014-2018	6	23.3
Montgomery County, Illinois	1 - Lung & Bronchus (All Stages), 2014-2018	38	92.1
Montgomery County, Illinois	2 - Colon & Rectum (All Stages), 2014-2018	23	56.1
Montgomery County, Illinois	3 - Breast (All Stages), 2014-2018	21	102.2
Montgomery County, Illinois	4 - Prostate (All Stages), 2014-2018	17	84.5
Montgomery County, Illinois	5 - Kidney & Renal Pelvis (All Stages), 2014-2018	10	25.8
Shelby County, Illinois	1 - Lung & Bronchus (All Stages), 2014-2018	26	76.8
Shelby County, Illinois	2 - Breast (All Stages), 2014-2018	24	152.9
Shelby County, Illinois	3 - Prostate (All Stages), 2014-2018	22	131.3
Shelby County, Illinois	4 - Colon & Rectum (All Stages), 2014-2018	20	58.2
Shelby County, Illinois	5 - Melanoma of the Skin (All Stages), 2014-2018	9	29.3
Illinois	1 - Breast (All Stages), 2014-2018	10,389	133.7
Illinois	2 - Lung & Bronchus (All Stages), 2014-2018	9,538	63
Illinois	3 - Prostate (All Stages), 2014-2018	8,174	111.5
Illinois	4 - Colon & Rectum (All Stages), 2014-2018	6,243	42.1
Illinois	5 - Melanoma of the Skin (All Stages), 2014-2018	3,086	21.3

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 service area, there were 156 new cases of cancer reported. This means there is a rate of 594.7 for every 100,000 total population.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Pana Community Hospital Service Area	26,229	156	594.7
Christian County, IL	46,310	263	567.9
Fayette County, IL	29,418	130	441.9
Montgomery County, IL	40,513	199	491.2
Shelby County, IL	32,683	166	507.9
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

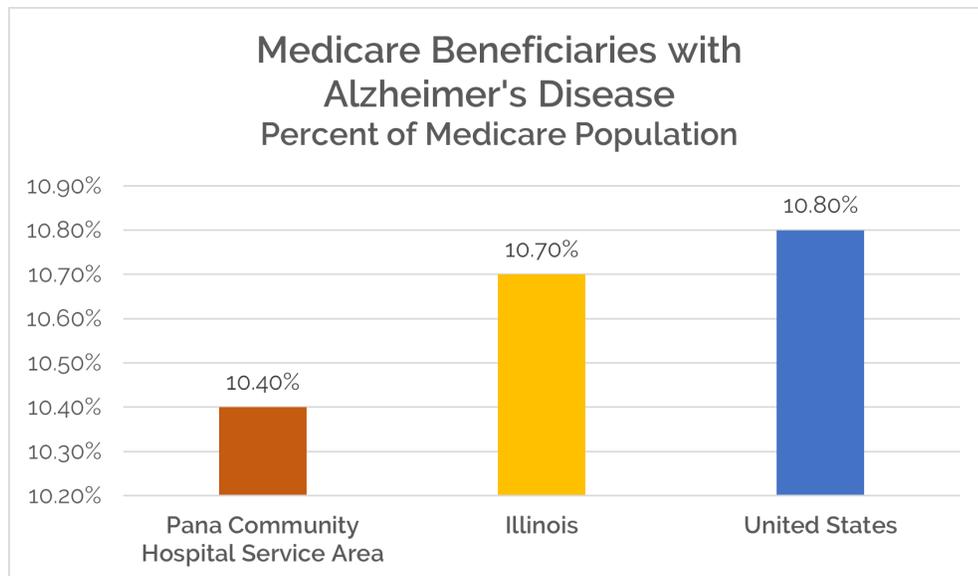


Chronic Conditions – Alzheimer's Disease

This indicator reports the number and percentage of Medicare Fee-for-Service population with Alzheimer's Disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program. Within the service area, there were 359 beneficiaries with Alzheimer's Disease based on administrative claims data in the latest report year. This represents 10.4% of the total Medicare Fee-for-Service beneficiaries.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Alzheimer's Disease	Beneficiaries with Alzheimer's Disease, Percent
Pana Community Hospital Service Area	3,453	359	10.4%
Christian County, IL	5,905	592	10.0%
Fayette County, IL	3,787	447	11.8%
Montgomery County, IL	5,543	581	10.5%
Shelby County, IL	4,476	456	10.2%
Illinois	1,443,297	153,730	10.7%
United States	33,499,472	3,610,640	10.8%

Note: This indicator is compared to the state average. Data Source: Centers for Medicare & Medicaid Services - Chronic Conditions, 2018. Source geography: County

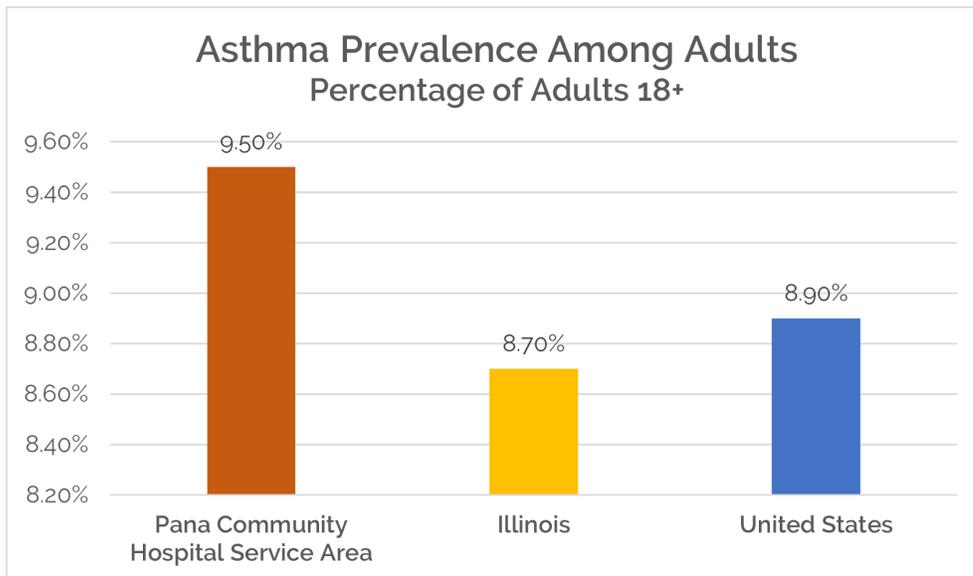


Chronic Conditions – Asthma Prevalence (Adult)

This indicator reports the percentage of adults age 18 and older who answer “yes” to both of the following questions: “Have you ever been told by a doctor, nurse, or other health professional that you have asthma?” and the question “Do you still have asthma?” Within the report area, there were 9.50% of adults 18 and older who reported having asthma of the total population.

Report Area	Total Population (2019)	Adults Age 18+ with Asthma (Crude)	Adults Age 18+ with Asthma (Age-Adjusted)
Pana Community Hospital Service Area	20,569	9.50%	No data
Christian County, IL	32,304	9.20%	9.40%
Fayette County, IL	21,336	9.80%	9.90%
Montgomery County, IL	28,414	9.30%	9.40%
Shelby County, IL	21,634	9.20%	9.40%
Illinois	12,671,821	8.7%	8.7%
United States	328,239,523	8.9%	8.9%

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 PLACES Data Portal 2019.

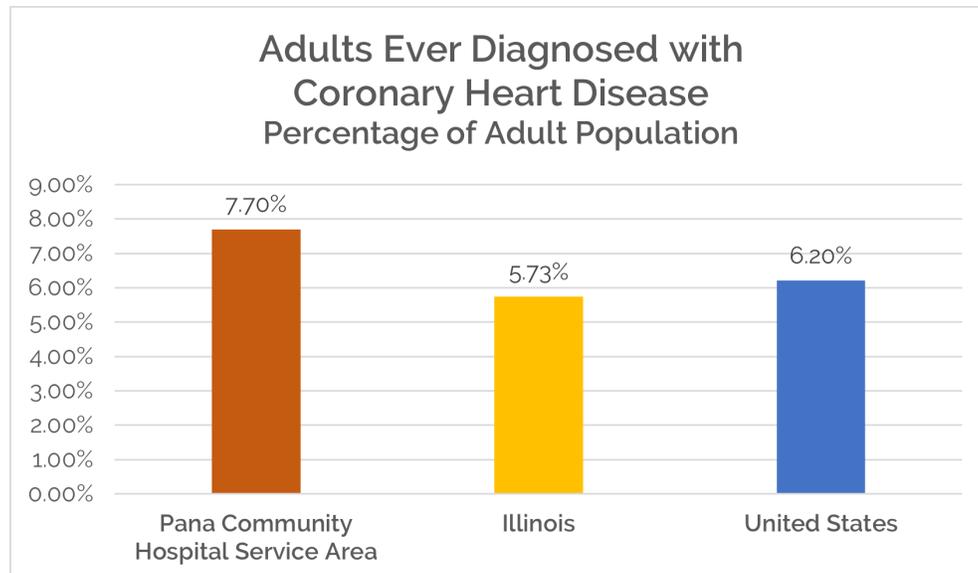


Chronic Conditions – Coronary Heart Disease (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.

Report Area	Total Population (2019)	Adults Age 18+ Ever Diagnosed with Coronary Heart Disease (Crude)	Adults Age 18+ Ever Diagnosed with Coronary Heart Disease (Age-Adjusted)
Pana Community Hospital Service Area	20,569	7.70%	No data
Christian County, IL	32,304	7.70%	5.90%
Fayette County, IL	21,336	8.30%	6.60%
Montgomery County, IL	28,414	8.10%	6.20%
Shelby County, IL	21,634	8.20%	5.80%
Illinois	12,671,821	5.73%	5.17%
United States	328,239,523	6.20%	5.40%

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 PLACES Data Portal, 2019. Source geography: Tract

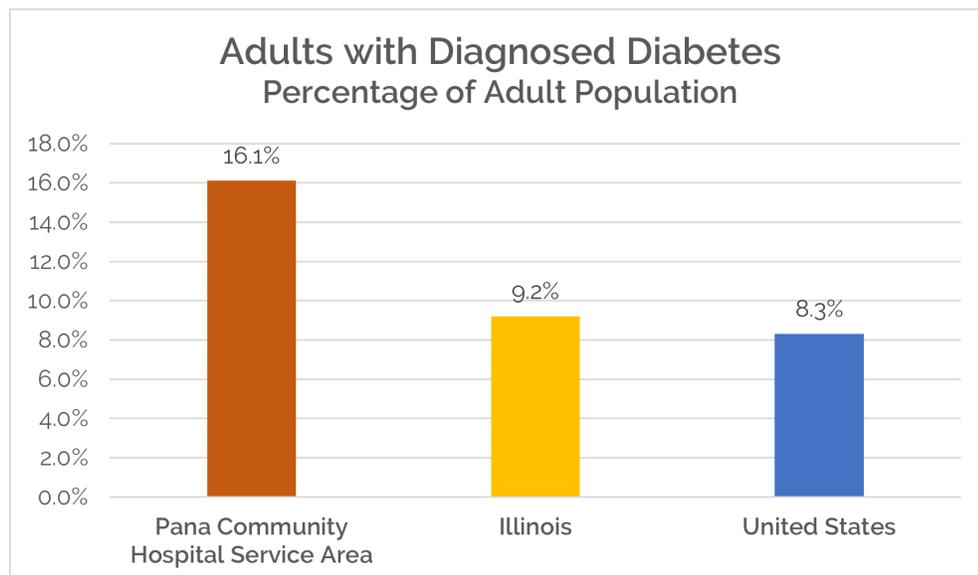


Chronic Conditions – Diabetes (Adult)

This indicator reports the number and percentage of adults age 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S. It may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Within the service area, 1,427 adults age 20 and older have diabetes. This represents 8.2% of the total survey population. *Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004-2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.*

Report Area	Population Age 20+	Adults Age 20+ with Diagnosed Diabetes	Adults Age 20+ with Diagnosed Diabetes, Age-Adjusted Rate
Pana Community Hospital Service Area	14,144.00	1,427	8.2%
Christian County, IL	25,272	2,603	8.4%
Fayette County, IL	16,441	1,529	7.8%
Montgomery County, IL	22,125	2,124	7.8%
Shelby County, IL	16,670	1,767	8.2%
Illinois	9,545,729	913,727	8.5%
United States	239,919,249	24,189,620	9.0%

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019. Source geography: County

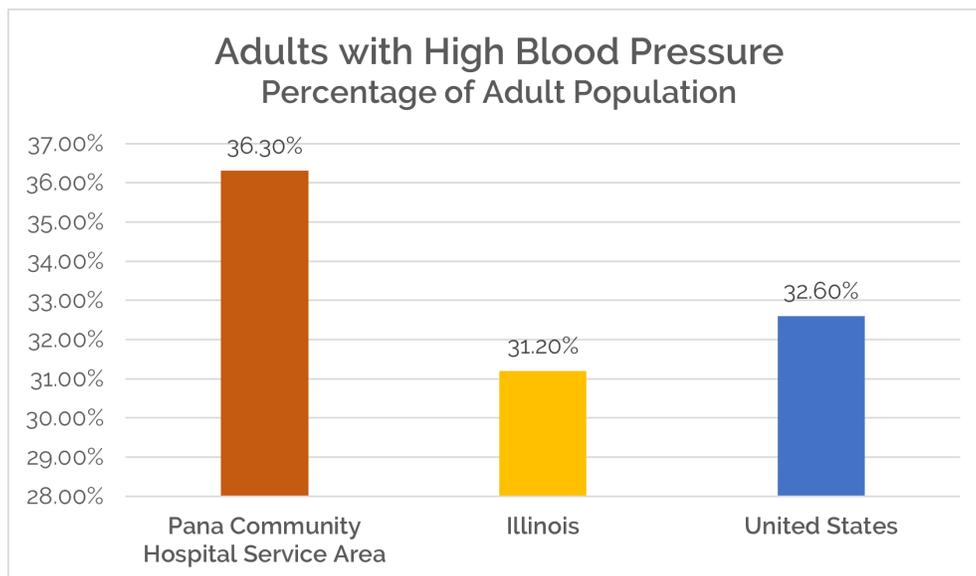


Chronic Conditions – High Blood Pressure (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure. Women who were told they had high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included. Within the service area, there were 36.30% of adults 18 and older who reported having high blood pressure of the total population.

Report Area	Total Population (2019)	Percentage of Adults Age 18+ with High Blood Pressure
Pana Community Hospital Service Area	20,569	36.30%
Christian County, IL	32,304	36.40%
Fayette County, IL	21,336	37.30%
Montgomery County, IL	28,414	37.80%
Shelby County, IL	21,634	37.70%
Illinois	12,671,821	31.2%
United States	328,239,523	32.6%

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 PLACES Data Portal, 2019. Source geography: Tract

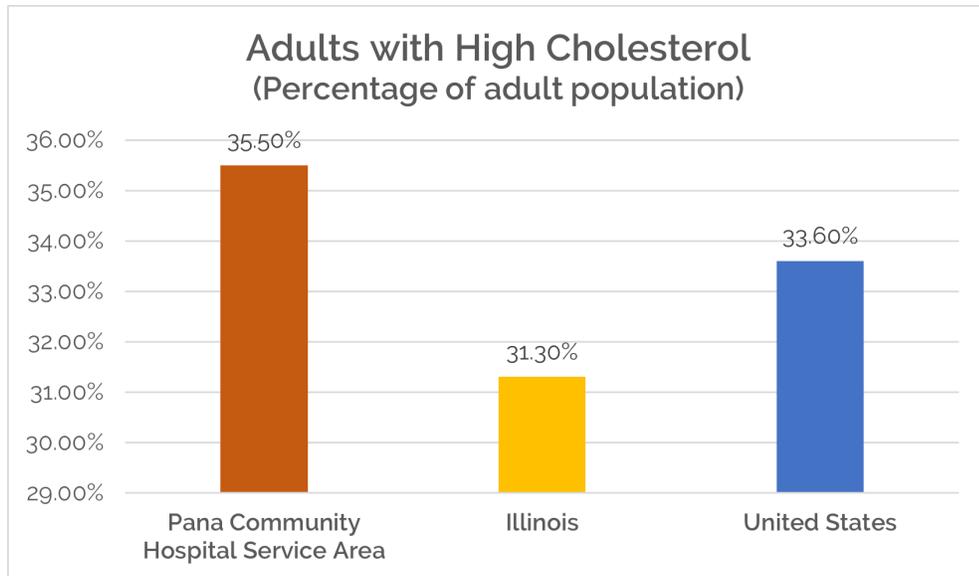


Chronic Conditions – High Cholesterol (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high cholesterol. Within the service area, there were 35.50% of adults 18 and older who reported having high cholesterol of the total population.

Report Area	Total Population (2019)	Percentage of Adults Age 18+ with High Cholesterol
Pana Community Hospital Service Area	20,569	35.50%
Christian County, IL	32,304	35.40%
Fayette County, IL	21,336	35.40%
Montgomery County, IL	28,414	36.10%
Shelby County, IL	21,634	36.90%
Illinois	12,671,821	31.3%
United States	328,239,523	33.6%

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 PLACES Data Portal, 2019. Source geography: Tract

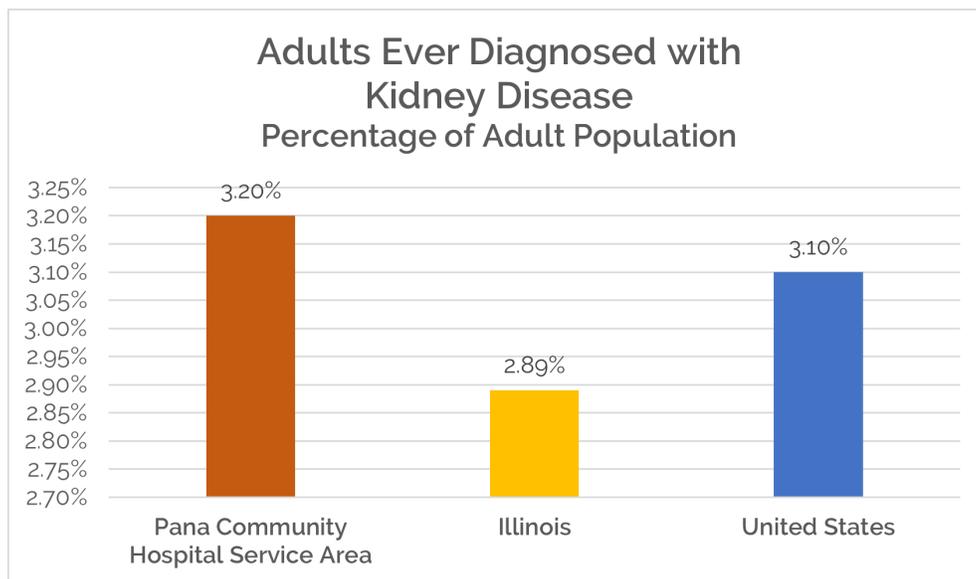


Chronic Conditions – Kidney Disease (Adult)

This indicator reports the percentage of adults age 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease. Within the report area, there were 3.20% of adults 18 and older with kidney disease of the total population.

Report Area	Total Population (2019)	Percentage of Adults Age 18+ Ever Diagnosed with Kidney Disease
Pana Community Hospital Service Area	20,569	3.20%
Christian County, IL	32,304	3.30%
Fayette County, IL	21,336	3.50%
Montgomery County, IL	28,414	3.40%
Shelby County, IL	21,634	3.40%
Illinois	12,671,821	2.89%
United States	328,239,523	3.10%

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 PLACES Data Portal, 2019. Source geography: Tract



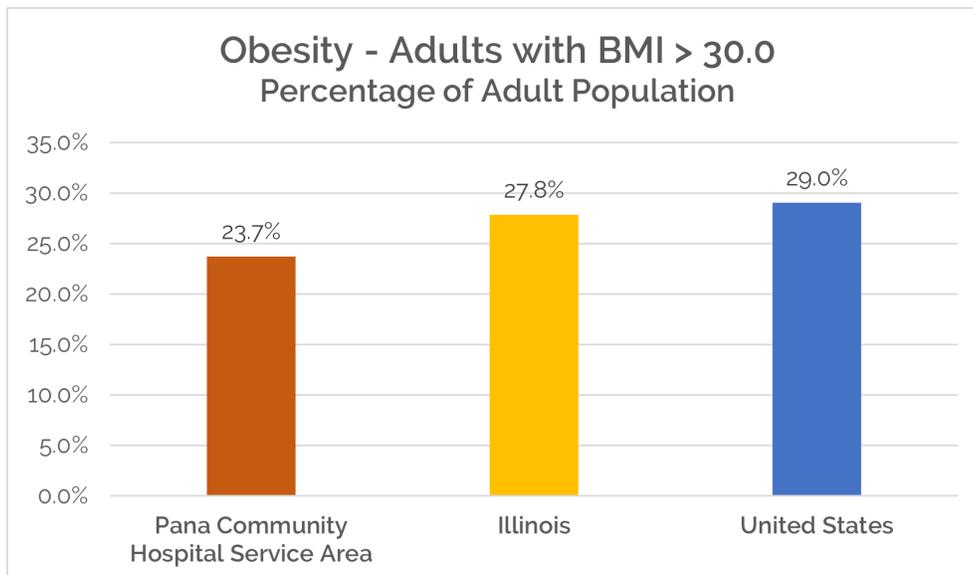
Chronic Conditions – Obesity (Adult)

This indicator reports the number and percentage of adults aged 20 and older who self-report a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their BMI was 30 or greater. Body Mass Index (weight [kg]/height [m] 2) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the service area, there are a total of 3,403 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents 23.7% of the survey population. *Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004-2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.*

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Pana Community Hospital Service Area	14,131.00	3,403	23.7%
Christian County, IL	25,208	5,823	22.7%
Fayette County, IL	16,444	3,700	22.3%
Montgomery County, IL	22,146	6,223	27.6%
Shelby County, IL	16,669	3,934	23.3%
Illinois	9,523,557	2,673,824	27.8%
United States	239,867,275	69,961,348	29.0%

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019. Source geography: County

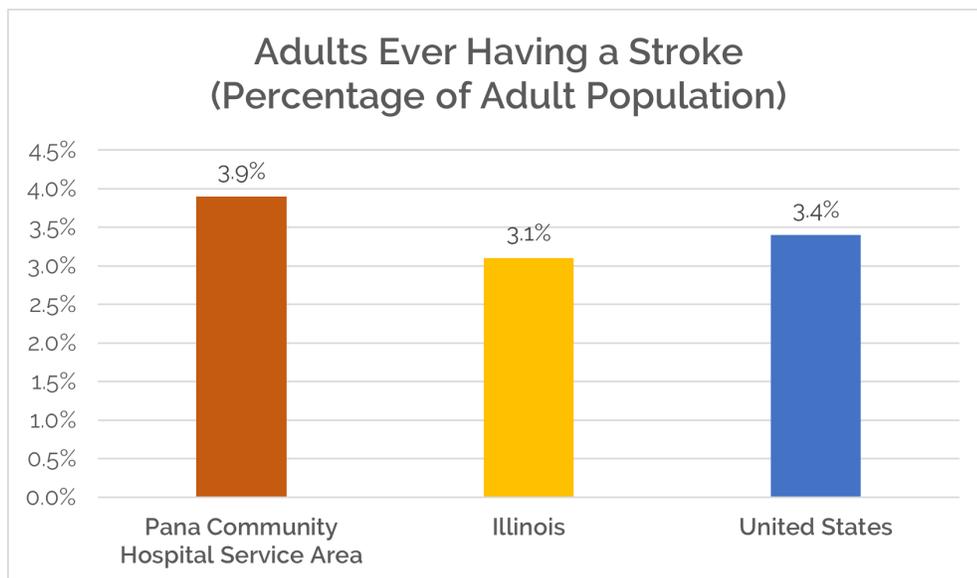


Chronic Conditions – Stroke (Adult)

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 3.90% of adults 18 and older who reported having a stroke of the total population.

Report Area	Total Population (2019)	Adults Age 18+ Ever Having a Stroke (Crude)	Adults Age 18+ Ever Having a Stroke (Age-Adjusted)
Pana Community Hospital Service Area	20,569	3.90%	No data
Christian County, IL	32,304	3.90%	3.10%
Fayette County, IL	21,336	4.20%	3.50%
Montgomery County, IL	28,414	4.10%	3.20%
Shelby County, IL	21,634	4.10%	3.00%
Illinois	12,671,821	3.1%	2.9%
United States	328,239,523	3.4%	3.0%

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 PLACES Data Portal, 2019. Source geography: Tract

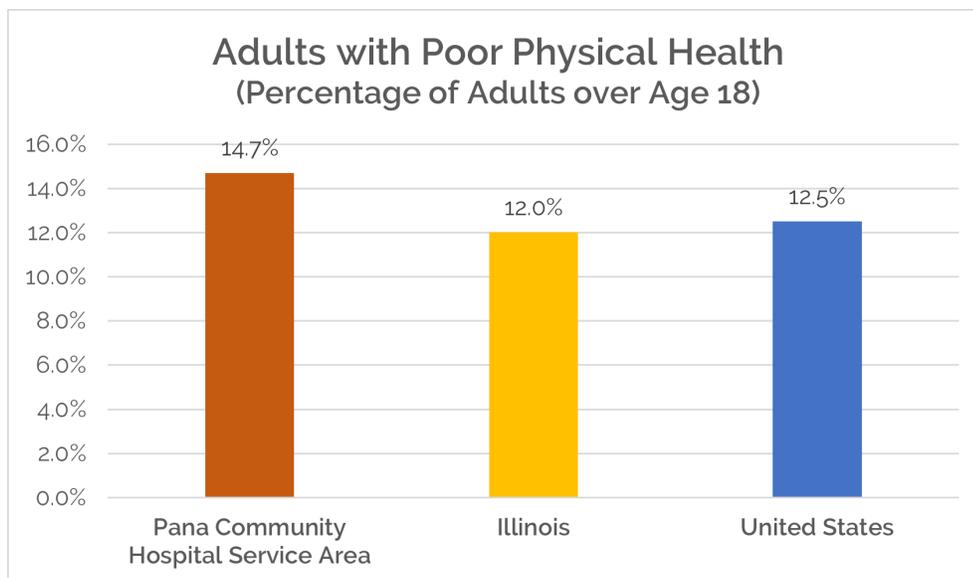


Poor Physical Health

This indicator reports the percentage of adults age 18 and older who report 14 or more days during the past 30 days during which their physical health was not good. Data were from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey. Within the service area, there were 14.70% of adults 18 and older who reported poor physical health in the past month of the total population age 18 and older.

Report Area	Total Population (2019)	Adults Age 18+ with Poor Physical Health (Crude)	Adults Age 18+ with Poor Physical Health (Age-Adjusted)
Pana Community Hospital Service Area	20,569	14.70%	No data
Christian County, IL	32,304	14.20%	12.90%
Fayette County, IL	21,336	15.80%	14.60%
Montgomery County, IL	28,414	15.00%	13.60%
Shelby County, IL	21,634	14.40%	12.70%
Illinois	12,671,821	12.0%	11.5%
United States	328,239,523	12.5%	11.8%

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 PLACES Data Portal, 2019.

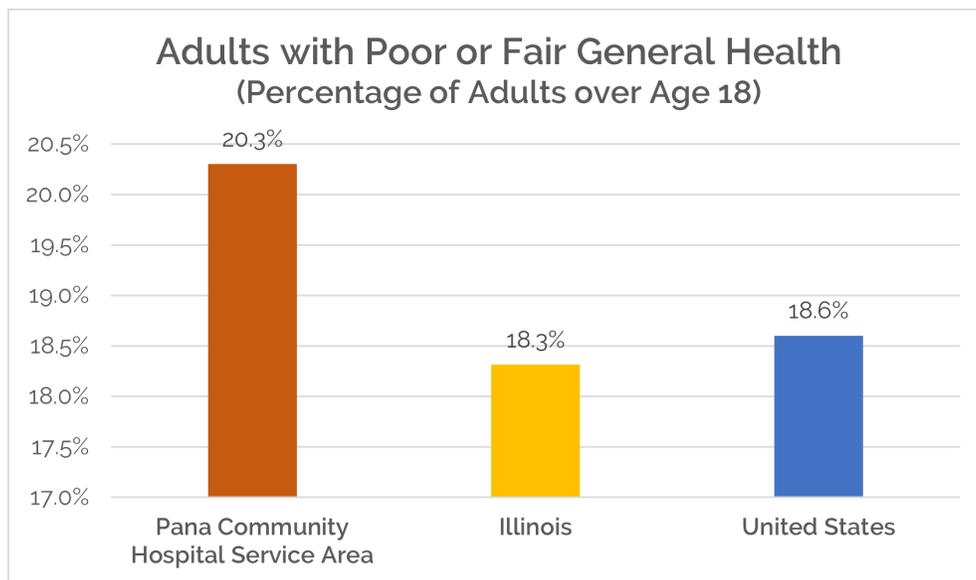


Adults with Poor or Fair General Health

This indicator reports the number and percentage of adults age 18 and older who self-report their general health status as “fair” or “poor”. Within the service area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 20.30%.

Report Area	Total Population (2019)	Adults Age 18+ with Poor or Fair General Health (Crude)	Adults Age 18+ with Poor or Fair General Health (Age-Adjusted)
Pana Community Hospital Service Area	20,569	20.30%	No data
Christian County, IL	32,304	19.90%	18.30%
Fayette County, IL	21,336	22.70%	21.30%
Montgomery County, IL	28,414	21.20%	19.50%
Shelby County, IL	21,634	19.70%	17.60%
Illinois	12,671,821	18.31%	17.80%
United States	328,239,523	18.60%	17.80%

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 PLACES Data Portal, 2019. Source geography: Tract

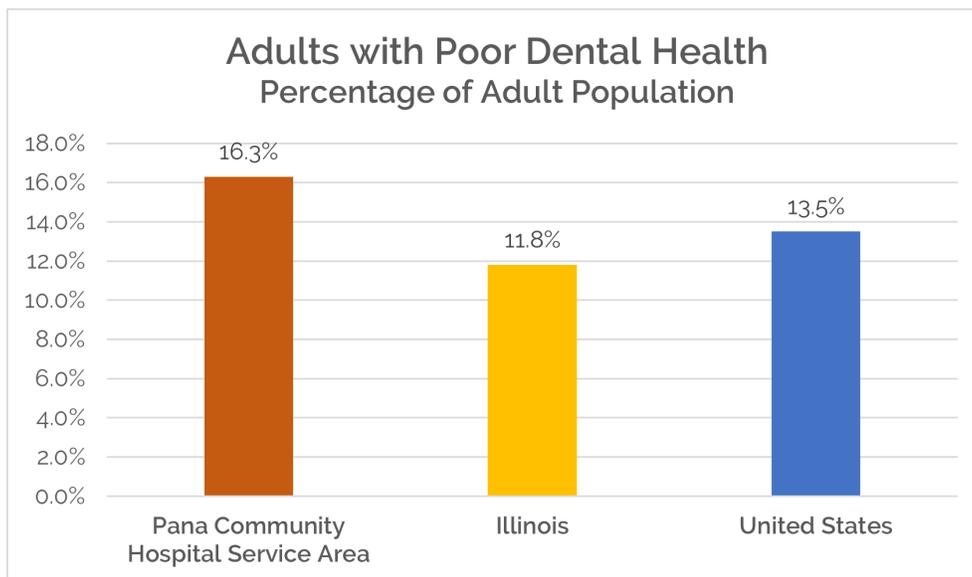


Poor Dental Health – Teeth Loss (Adults)

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 service area, there were 16.30% of adults 18 and older who reported losing all natural teeth of the total population age 18 and older.

Report Area	Total Population (2018)	Adults Age 18+ with Poor Dental Health (Crude)	Adults Age 18+ with Poor Dental Health (Age-Adjusted)
Pana Community Hospital Service Area	20,569	16.30%	No data
Christian County, IL	32,661	15.60%	15.70%
Fayette County, IL	21,416	18.30%	18.40%
Montgomery County, IL	28,601	16.20%	16.20%
Shelby County, IL	21,741	14.60%	14.70%
Illinois	12,741,080	11.8%	12.0%
United States	327,167,434	13.5%	13.9%

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 PLACES Data Portal, 2019.

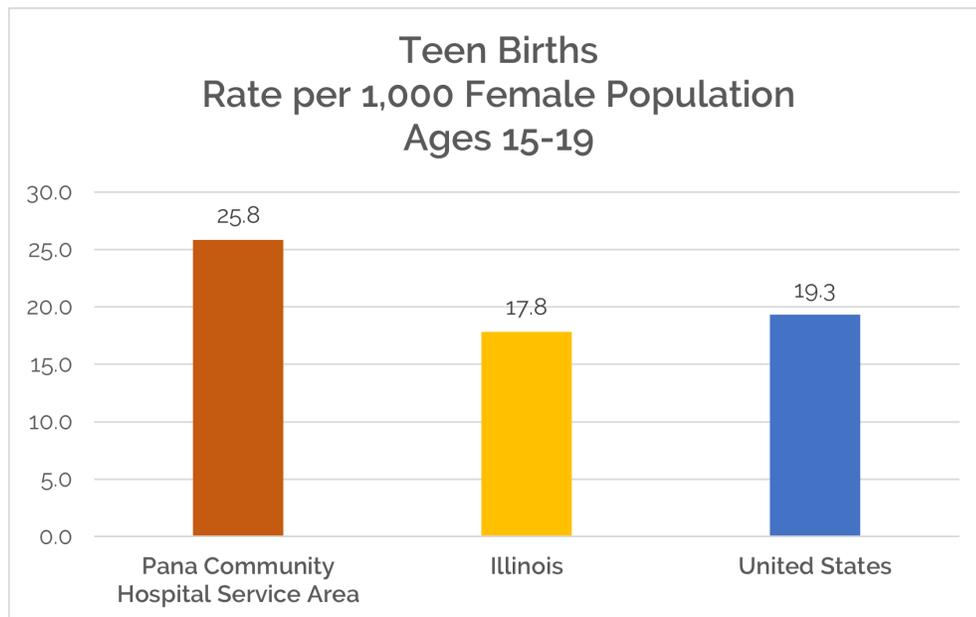


Teen Births

This indicator reports the seven-year average number of births per 1,000 female population, age 15-19. Data were from the National Center for Health Statistics - Natality files (2014-2020) and are used for the 2022 County Health Rankings. In the service area, of the 3,472 total female population ages 15-19, the teen birth rate is 25.8 per 1,000, which is greater than the state's teen birth rate of 17.8. *Note: Data are suppressed for counties with fewer than 10 teen births in the timeframe.*

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Pana Community Hospital Service Area	3,472	25.8
Christian County, IL	6,145	25.2
Fayette County, IL	4,144	33.5
Montgomery County, IL	5,148	24.5
Shelby County, IL	4,281	22.9
Illinois	2,861,219	17.8
United States	72,151,590	19.3

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System, Accessed via County Health Rankings, 2014-2020. Source geography: County



Heavy Alcohol Consumption

In the service area, 6,123 or 23.70% of adults self-report excessive drinking in the last 30 days, which is greater than the state rate of 22.95%. Data for this indicator were based on survey responses to the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2022 County Health Rankings.

Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period. Alcohol use is a behavioral health issue that is also a risk factor for a number of negative health outcomes, including: physical injuries related to motor vehicle accidents, stroke, chronic diseases such as heart disease and cancer, and mental health conditions such as depression and suicide.

There are a number of evidence-based interventions that may reduce excessive/ binge drinking. Examples include raising taxes on alcoholic beverages, restricting access to alcohol by limiting dates and hours of retail sales, and screening and counseling for alcohol abuse (Centers for Disease Control and Prevention, Preventing Excessive Alcohol Use, 2020).

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Christian County, IL	25,843	6,123	23.70%
Fayette County, IL	16,855	3,681	21.84%
Montgomery County, IL	22,731	5,105	22.46%
Shelby County, IL	17,091	4,010	23.46%
Illinois	9,884,020	2,267,968	22.95%
United States	255,778,123	50,612,058	19.79%

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 PLACES Data Portal, 2019.

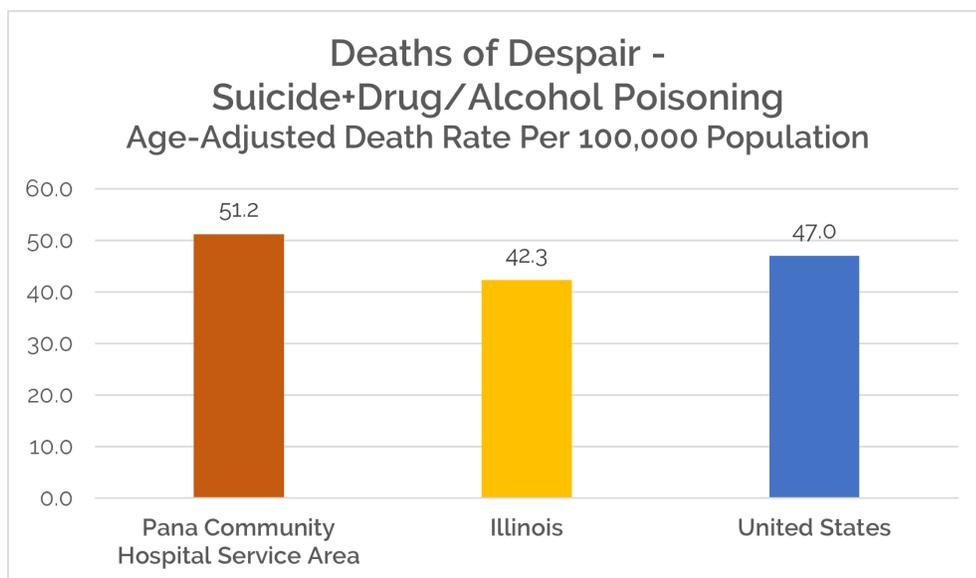
BEHAVIORAL HEALTH

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. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for service areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health. Within the service area, there were 56 deaths of despair. This represents an age-adjusted death rate of 51.2 per every 100,000 total population.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Pana Community Hospital Service Area	20,062	56	56.0	51.2
Christian County, IL	32,690	96	58.7	53.5
Fayette County, IL	21,518	47	43.7	40.0
Montgomery County, IL	28,560	84	58.8	54.9
Shelby County, IL	21,622	43	39.8	36.6
Illinois	12,720,799	28,231	44.4	42.3
United States	326,747,554	806,246	49.4	47.0

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, 2016-2020. Source geography: County



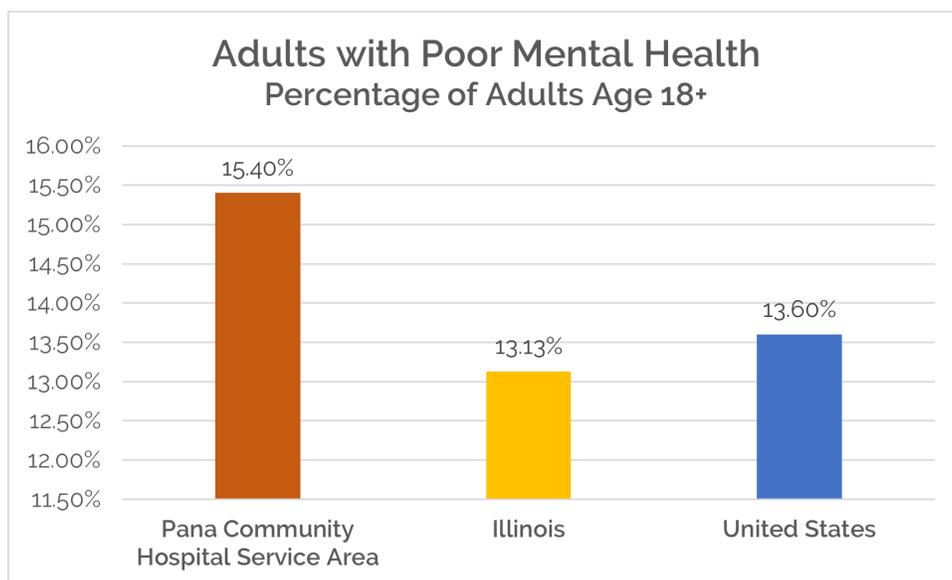
MENTAL HEALTH AND SUBSTANCE USE

Poor Mental Health (Adults)

This indicator reports the percentage of adults age 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 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey. Within the service area, there were 15.40% of adults 18 and older who reported poor mental health in the past month of the total population age 18 and older.

Report Area	Total Population (2019)	Adults Age 18+ with Poor Mental Health (Crude)	Adults Age 18+ with Poor Mental Health (Age-Adjusted)
Pana Community Hospital Service Area	20,569	15.40%	No data
Christian County, IL	32,304	14.80%	15.90%
Fayette County, IL	21,336	16.10%	17.00%
Montgomery County, IL	28,414	14.90%	16.00%
Shelby County, IL	21,634	14.30%	15.80%
Illinois	12,671,821	13.13%	13.37%
United States	328,239,523	13.60%	13.90%

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 PLACES Data Portal, 2019. Source geography: Tract



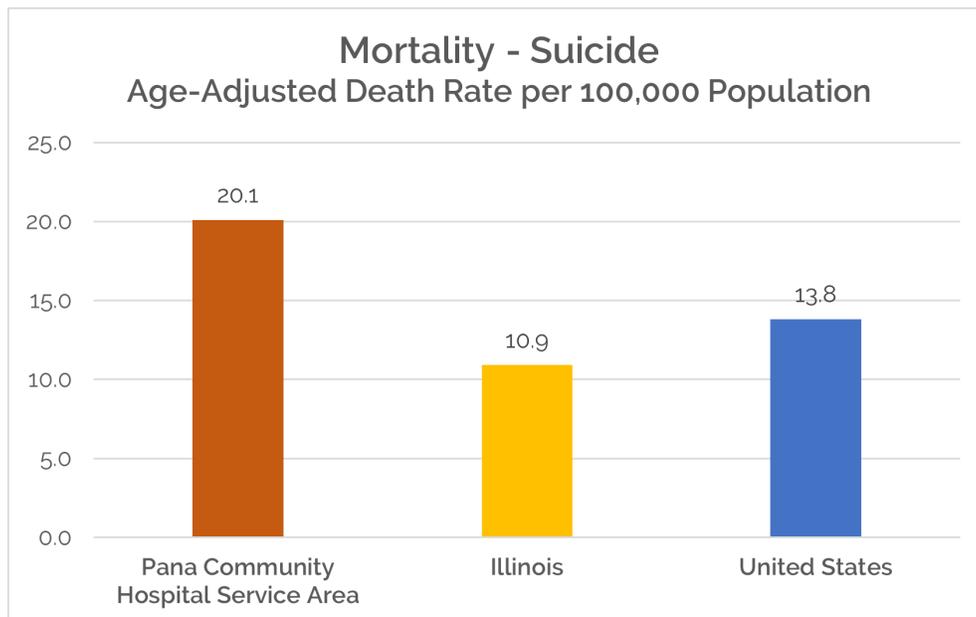
Mortality – Suicide

This indicator reports the 2016-2020 five-year average rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for service areas from county level data, only where data are available. This indicator is relevant because suicide is an indicator of poor mental health. Within the service area, there are a total of 20 deaths due to suicide. This represents an age-adjusted death rate of 20.1 per every 100,000 total population.

Note: Data are suppressed for counties with fewer than 20 deaths in the timeframe.

Report Area	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Pana Community Hospital Service Area	20,062	20	20.4	20.1
Christian County, IL	32,690	36	22.0	21.3
Fayette County, IL	21,518	23	21.4	19.8
Montgomery County, IL	28,560	24	16.8	15.9
Shelby County, IL	21,622	14	No data	No data
Illinois	12,720,799	7,178	11.3	10.9
United States	326,747,554	233,972	14.3	13.8

Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention: CDC - National Vital Statistics System, Accessed via CDC WONDER, 2016-2020. Source geography: County

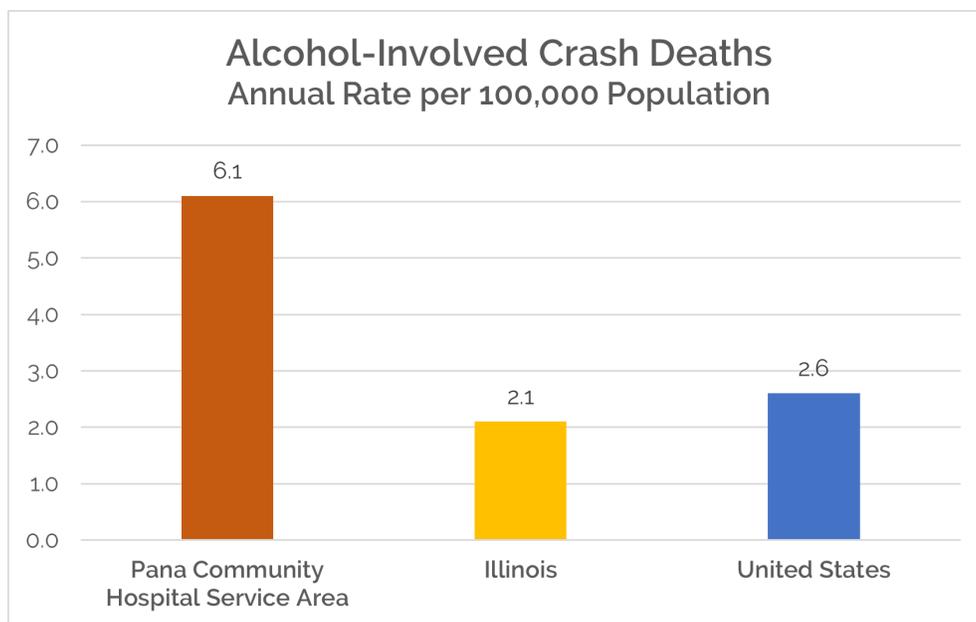


Mortality – Motor Vehicle Crash (Alcohol Involved)

Motor vehicle crash deaths are preventable and are a leading cause of death among young persons. This indicator reports the crude rate of persons killed in motor vehicle crashes involving alcohol as a rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence. Within the service area, there are a total of nine deaths due to motor vehicle crash involving alcohol. The crude rate per 100,000 total population is 6.1.

Report Area	Total Population (2020)	Alcohol-Involved Crash Deaths (2016-2020)	Alcohol-Involved Crash Deaths, Annual Rate per 100,000 Population
Pana Community Hospital Service Area	16,394	9	6.1
Christian County, IL	34,037	6	3.5
Fayette County, IL	21,488	8	7.4
Montgomery County, IL	28,288	10	7.1
Shelby County, IL	20,990	6	5.7
Illinois	12,812,508	1,572	2.1
United States	334,735,149	50,278	2.6

Note: This indicator is compared to the state average. Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2016-2020. Sour geography: Address



EMERGENCY PREPAREDNESS

Pana Community Hospital works with the US-HHS ASPR, the Illinois Department of Public Health, county health departments, 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 providers, and community services providers.

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

At the conclusion of their review and discussion, the identification and prioritization group advanced the following needs as being the significant community health needs facing the Pana Community Hospital service area:

- 1. Expand access to local mental health services including counseling, psychiatry, and professional consultation, especially for uninsured and under-insured**
- 2. Address homelessness**
- 3. Improve access to day care, especially for healthcare workforce**
- 4. Expand local prevention efforts and services for substance abuse and substance use disorders**
- 5. Expand local availability of in-home care**





Resources



Partners



Volunteers



Government

RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

HOSPITAL RESOURCES

- Executive team
- Quad County Home Services
- Business Development Manager
- Plant Operations Manager
- Accounting
- Human Resources

HEALTHCARE PARTNERS OR OTHER RESOURCES INCLUDING TELEMEDICINE

- Local health departments
- Illinois Department of Public Health
- Members of ICAHN and the area hospital alliance that have experience with day care

COMMUNITY RESOURCES

- Schools
- Other interested organizations and persons
- Dementia safe communities
- Community organizations
- Faith-based organizations
- Local governments
- Law enforcement



Documentation



Online Presence



Comments



Implementation

DOCUMENTING AND COMMUNICATING RESULTS

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

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



IMPLEMENTATION STRATEGY

PLANNING PROCESS

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Pana Community Hospital on October 11, 2022. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

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

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

IMPLEMENTATION STRATEGY

The group addressed the needs with the following strategies:

1. Expand access to local mental health services including counseling, psychiatry, and professional consultation, especially for uninsured and under-insured

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

- Pana Community Hospital will attempt to recruit a Licensed Clinical Social Worker, a Licensed Clinical Professional Counselor, or a Psychiatric Advanced Practice Nurse to provide services at an outpatient location.
- Pana Community Hospital will explore telehealth access to psychiatrist support for the clinician.
- Pana Community Hospital will explore a model for providing expanded mental health services to uninsured and under-insured persons.

Anticipated impacts of these actions:

Pana Community Hospital anticipates that the steps identified above will expand access to local mental health services including counseling, psychiatry, and professional consultation, especially for uninsured and under-insured.

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

- Chief Executive Officer
- Specialty Clinic Practice Manager
- Primary care medical staff

Planned collaboration between the hospital and other facilities:

- Telehealth resources

2. Address homelessness

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

The mission of Pana Community Hospital is “to be a leading partner in assuring community-based quality healthcare. Pana Community Hospital recognizes the presence and impact of homeless persons within its service area and offers appropriate care to those that present for services.”

- Pana Community Hospital will continue to partner with community organizations, local governments and agencies, and other interested groups and persons to collaborate toward a community-wide strategy to address local homelessness.

Anticipated impacts of these actions:

Pana Community Hospital anticipates that local homelessness will be addressed through focused community collaboration.

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

- Executive team
- Business Development Manager

Planned collaboration between the hospital and other facilities:

- Local governments
- Schools
- Faith-based organizations
- Community action agencies
- Community leaders
- Other interested organizations and persons

3. Improve access to day care, especially for healthcare workforce

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

- Pana Community Hospital will investigate and analyze opportunities to provide day care services to employees of Pana Community Hospital Association.

Anticipated impacts of these actions:

Pana Community Hospital anticipates that a solution to day care needs for healthcare staff may be possible.

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

- Business Development Manager
- Executive Team
- Plant Operations Manager
- Accounting
- Human Resources

Planned collaboration between the hospital and other facilities:

- Illinois Department of Public Health
- Members of ICAHN and the area hospital alliance that have experience with day care

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

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

- Pana Community Hospital will attempt to recruit a Licensed Clinical Social Worker, a Licensed Clinical Professional Counselor, or a Psychiatric Advanced Practice Nurse to provide services at an outpatient location.
- Pana Community Hospital will explore telehealth access to psychiatrist support for the clinician.
- Pana Community Hospital will support collaborative efforts to address community needs related to substance abuse and substance use disorders.

Anticipated impacts of these actions:

Pana Community Hospital anticipates that these steps will improve access to services for persons facing substance abuse or with substance use disorders.

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

- Executive Team

Planned collaboration between the hospital and other facilities:

- Community organizations
- Faith-based
- Local governments
- Law enforcement
- Health Department

5. Expand local availability of in-home care

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

- Pana Community Hospital will explore opportunities to provide in-home nursing services

Anticipated impacts of these actions:

Pana Community hospital anticipates that availability of in-home nursing care will expand the scope and access of in-home care.

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

- Executive Team
- Quad County Home Services

Planned collaboration between the hospital and other facilities:

- Interested organizations and persons
- Dementia safe communities



Focus Groups



Administration



Organizations



Business

REFERENCES AND APPENDIX

Group 1: Medical professionals and partners, nursing home and assisted living providers, and county health department personnel

Dennis Yap, MD, Pana Community Hospital

Walter H. Cunnington, MD, Pana Community Hospital

Marlon T. Muneses, MD, Pana Community Hospital

Catherine D. Teodoro, MD, Pana Community Hospital

Debra Anklam, FNP, Pana Community Hospital

Marc Scholes, FNP, Pana Community Hospital

Tabitha Wilhour, FNP, Pana Community Hospital

Colleen Rakers, FNP, Pana Community Hospital

Jennifer Weekly, FNP, Pana Community Hospital

Whitney Carruthers, FNP, Pana Community Hospital

Tricia Harkins, DON, Christian County Health Department

Carl Portz, Administrator, Heritage Health

Lora Jones, Community Relations Director/Marketing, Peterson Health Care

Sam Burton, Social Worker, Pana Community Hospital

Trina Casner, CEO, Pana Community Hospital

James Moon, CFO, Pana Community Hospital
Vickie Coen, CNE, Pana Community Hospital
Dianne Bailey, CIO, Pana Community Hospital
Katie Sinclair, HR Manager, Pana Community Hospital
Carol Chandler, Director of Business Development, Pana Community Hospital

Group 2: Community leaders, local officials and law enforcement, and other business and community organization representation

Sarah Myer, Board Chairperson, Pana Community Hospital
Nathan Pastor, Mayor, City of Pana
Kirby Casner, Economic Development Director, City of Pana
Daniel Bland, Chief of Police, City of Pana
Rod Bland, Fire Chief, City of Pana
Jason Bauer, Superintendent, Pana CUSD #8
Cheri Wysong, Principal, Pana CUSD #8
David Kennedy, Funeral Director/Owner, Kennedy & Sons Funeral Directors PC
Kevin Kennedy, Office Manager Funeral Associate, Kennedy & Sons Funeral Directors PC
Kylie Anderson, Captain, City of Pana Fire Department
Al Stupek, VP, Taylorville Community Credit Union, Pana
Rev. Jessica Baldyga, Pastor, First United Methodist Church
Rev. Leon Goff, Council Member, United in Faith Church
Ben Moore, President, Pana Lions Club
Susan McGrath, Editor, Pana News Palladium
Tim Christer, Owner, Save-A-Lot
John and Jackie Metzger, Volunteers, Pana Mission Center
Linda Dressen, President, Delta Theta Tau
Bill Schmitz, President, Eagles

Identification and Prioritization Group

Walter H. Cunnington, MD, Pana Community Hospital

Marlon T. Muneses, MD, Pana Community Hospital

Jennifer Weekly, FNP, Pana Community Hospital

Tricia Harkins, DON, Christian County Health Department

John Metzger, Pharmacist, Walgreen's

Carol Chandler, Director of Business Development, Pana Community Hospital

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