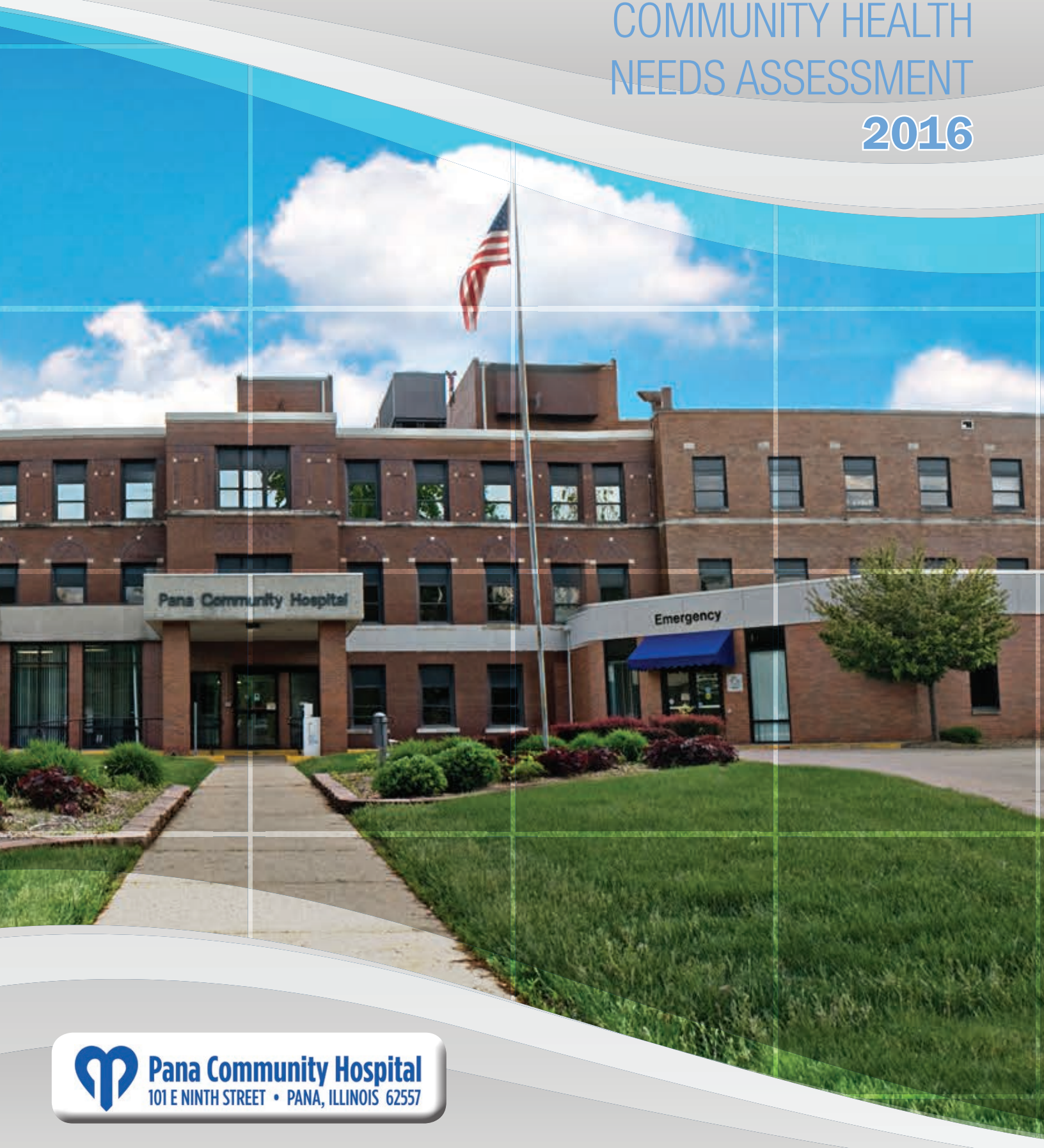
COMMUNITY HEALTH NEEDS ASSESSMENT 2016



Pana Community Hospital
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A Collaborative Approach to Impacting Population Health in Pana and Surrounding Areas

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Pana Hospital, conducted a Community Health Needs Assessment (CHNA) over a period of several weeks in the fall of 2016. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities.

The Community Health Needs Assessment was developed and conducted in partnership with representatives from the community by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN). ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving healthcare services for member critical access hospitals and their rural communities.

The process involved the review of several hundred pages of demographic and health data specific to the Pana Community Hospital service area. The secondary data and previous public health planning conclusions draw attention to several common issues of rural demographics and economies and draw emphasis to issues related to mental health services, wellness, access to dental care, physician and specialist supply, and related issues.

In addition, the process involved focus groups comprised of area healthcare providers and partners and persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health. Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to healthcare due to geographic, language, financial, or other barriers.

Two focus groups met on August 18, 2016, to discuss the overall state of health and the local delivery of healthcare, and health-related services. They identified positive recent developments in local services and care and also identified issues or concerns that they felt still existed in the area.

A third group comprised of members or representatives of the focus groups then met and considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs.

As an outcome of the prioritization process, discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for future consideration.

Four needs were identified as significant health needs and prioritized:

1. Mental health
2. Wellness
3. Improve the local economy
4. Planning for physician supply

The consultant then compiled a report detailing key data and information that influenced the process and set out the conclusions drawn by the participants. This report was delivered to Pana Community Hospital in November, 2016.

Background

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

Through community effort, the hospital was purchased, and the final sale documents were signed on June 20, 1967. The hospital was renamed and since has been known as Pana Community Hospital.

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. A groundbreaking ceremony for a new Emergency Department was held on May 3, 1999.

Pana Community Hospital sought and was granted classification as a critical access hospital as of November 1, 2004. In January of 2005, the hospital doubled the size of its Medical Mall, opening additional physician office suites to accommodate the expanding Community Medical Clinic practice and visiting specialists and sub-specialists from Springfield and Decatur.

In January of 2010, the hospital held an open house for the new Rehab/Wellness Center. The project includes an 11,720 square foot expansion to the current Rehabilitation Building. This addition provides added space for services to patients receiving rehabilitation services, including an in-ground pool for aquatic therapy.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The Community Health Needs Assessment was developed and conducted in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 55 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. Pana Community Hospital is a member of the Illinois Critical Access Hospital Network. The 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 population assessed was the identified service area and Christian, Fayette, Montgomery, and Shelby counties. Data collected throughout the assessment process was supplemented with:

- A local asset review
- Qualitative data gathered from broad community representation
- Focus groups, including input from local leaders, medical professionals, health professionals, and community members who serve the needs of persons in poverty and the elderly

Pana Community Hospital is a not-for-profit hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

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

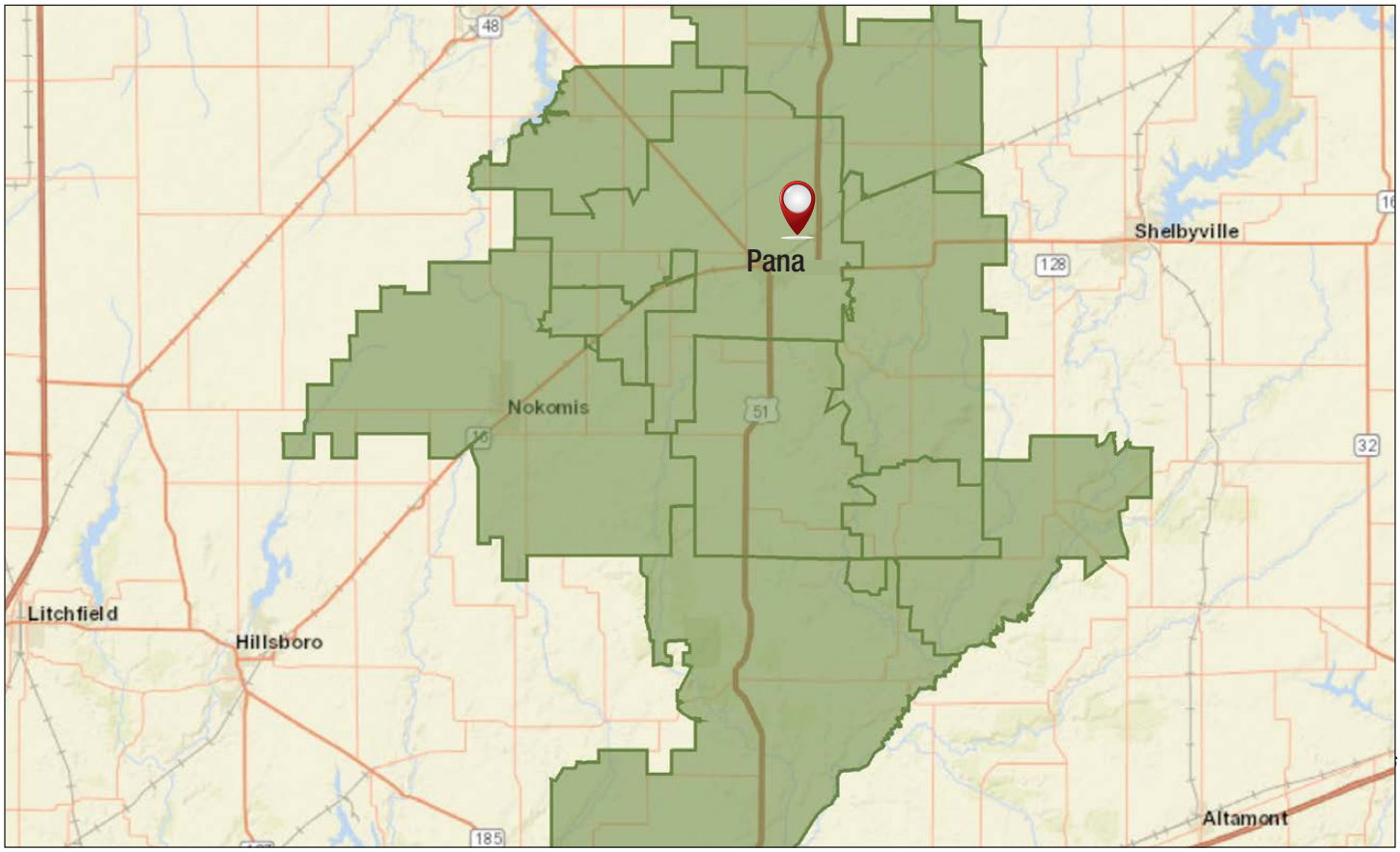
DEMOGRAPHICS

Pana Community Hospital's service area is comprised of approximately 688 square miles, with a population of approximately 19,922 and a population density of 29 people per square mile. The service area consists of the following rural communities:

Cities and Towns
- Pana
- Nokomis
- Assumption

Villages and Unincorporated Communities
- Ohlman
- Herrick
- Owaneco
- Rosamond
- Cowden
- Oconee
- Ramsey
- Tower Hill

Illustration 1. Pana Community Hospital Service Area



TOTAL POPULATION CHANGE, 2000-2010

According to the U.S. Census data, the population in the region fell from 21,028 people to 20,569 between the years of 2000 and 2010, a 2.18% decrease.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	21,028	20,569	-459	-2.18%
Christian County	35,372	34,800	-572	-1.62%
Fayette County	21,802	22,140	338	1.55%
Montgomery County	30,652	30,104	-548	-1.79%
Shelby County	22,893	22,363	-530	-2.32%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	110,719	109,407	-1,312	-1.18%

Data Source: Community Commons

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

In Christian County, additional population changes were as follows: White -1.37%, Black -34.7%, American Indian/Alaska Native -10.53%, Asian 26.52%, and Native Hawaiian/Pacific Islander -27.27%.

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

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

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

POPULATION BY AGE GROUPS

Population by gender was 49% male and 51% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	19,922	1,336	3,477	1,396	2,106
Christian County	34,415	1,936	5,428	2,819	3,997
Fayette County	22,041	1,226	3,663	1,995	2,764
Montgomery County	29,740	1,561	4,495	2,475	3,827
Shelby County	22,216	1,204	3,647	1,637	2,351
Illinois	12,868,747	810,671	2,244,295	1,253,226	1,781,319

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	2,270	2,723	2,761	3,853
Christian County	4,222	5,166	4,661	6,186
Fayette County	2,814	3,172	2,764	3,643
Montgomery County	3,821	4,221	4,054	5,286
Shelby County	2,553	3,268	3,182	4,374
Illinois	1,699,140	1,823,332	1,560,481	1,696,283

Data Source: Community Commons

HIGH SCHOOL GRADUATION RATE

Within the report area 95.28% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Service Area Estimates	300	286	95.28%
Christian County	520	433	83.3%
Fayette County	279	238	85.3%
Montgomery County	410	326	79.6%
Shelby County	285	249	87.4%
Illinois	169,361	131,670	77.7%

Note: This indicator is compared with the state average. Data Source: Community Commons

Healthy People is a federal health initiative which provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities. Healthy People 2020 (HP2020) continues in this tradition with the launch on December 2, 2010 of its ambitious, yet achievable, 10-year agenda for improving the nation's health.

POPULATION WITHOUT A HIGH SCHOOL DIPLOMA (Ages 25 and Older)

Within the service area, there are 1,611 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 11.75% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	13,713	1,611	11.75%
Christian County	24,232	2,855	11.78%
Fayette County	15,157	2,432	16.05%
Montgomery County	21,209	3,112	14.67%
Shelby County	15,728	1,531	9.73%
Illinois	8,560,555	1,062,144	12.41%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH ASSOCIATE'S LEVEL DEGREE OR HIGHER

In the service area, 19.08% of the population aged 25 and older, or 2,616 people have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With Associate's Degree or Higher	% Population Age 25+ With Associate's Degree or Higher
Service Area Estimates	13,713	2,616	19.08%
Christian County	24,232	5,234	21.60%
Fayette County	15,157	3,422	22.58%
Montgomery County	21,209	4,553	21.47%
Shelby County	15,728	3,935	25.02%
Illinois	8,560,555	3,373,016	39.40%

Note: This indicator is compared with the state average. Data Source: Community Commons

POVERTY – CHILDREN BELOW 100% FPL

Poverty is considered a key driver of health status. Within the service area, 25.96% or 1,220 children are living in households with income below 100% of 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	Population Under Age 18	Population Under Age 18 in Poverty Below 100% FPL	Population Under Age 18 in Poverty Below 100% FPL
Service Area Estimates	4,700	1,220	25.96%
Christian County	7,204	1,682	23.35%
Fayette County	4,735	1,199	25.32%
Montgomery County	5,925	1,133	19.12%
Shelby County	4,740	803	16.94%
Illinois	3,011,614	612,922	20.35%

Note: This indicator is compared with the state average. Data Source: Community Commons

POVERTY – CHILDREN BELOW 200% FPL

Within the service area, 46.68% or 2,618 children are living in households with income below 200% of 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	Population Under Age 18	Population Under Age 18 in Poverty Below 200% FPL	Population Under Age 18 in Poverty Below 200% FPL
Service Area Estimates	5,608	2,618	46.68%
Christian County	7,538	3,196	42.40%
Fayette County	7,174	2,786	38.83%
Montgomery County	2,553	1,038	40.66%
Shelby County	1,255	431	34.34%
Illinois	3,011,614	1,243,877	41.30%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION IN POVERTY (100% FPL and 200% FPL)

Poverty is considered a key driver of health status. Within the service area, 16.55% or 3,201 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is higher than the Illinois statewide poverty levels 14.41%. Within the service area, 40.79% or 8,001 individuals are living in household with income below 200% of the Federal Poverty Level (FPL). This is higher than the Illinois statewide poverty levels 31.86%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
Service Area Estimates	19,614	3,201	8,001
Christian County	32,482	4,089	11,420
Fayette County	20,513	3,364	8,038
Montgomery County	24,149	3,514	8,641
Shelby County	21,905	2,518	7,938
Illinois	12,566,139	1,810,470	4,004,005

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – FAMILIES EARNING OVER $75,000

In the service area, 26.77%, or 1,489 families report a total annual income of $75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families With Income Over $75,000	Percent Families With Income Over $75,000
Service Area Estimates	5,562	1,489	26.77%
Christian County	9,033	3,191	35.33%
Fayette County	5,449	1,706	31.31%
Montgomery County	7,463	2,550	34.17%
Shelby County	6,346	2,112	33.28%
Illinois	3,131,125	1,480,485	47.28%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH ANY DISABILITY

Within the service area, 15.68% or 3,090 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.62% in Illinois. 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)	Total Population With a Disability	Percent Population With a Disability
Service Area Estimates	19,707	3,090	15.68%
Christian County	32,616	4,631	14.20%
Fayette County	20,667	3,461	16.75%
Montgomery County	24,280	3,412	14.05%
Shelby County	22,001	3,226	14.66%
Illinois	12,690,056	1,347,468	10.62%

Note: This indicator is compared with the state average. Data Source: Community Commons

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the service area, 1,818 public school students (54.73%) are eligible for free/reduced price lunch out of 3,322 total students enrolled. This is higher than the Illinois statewide free/reduced price lunch of 51.44%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/ Reduced Price Eligible	% of Free/Reduced Price Lunch Eligible
Service Area Estimates	3,322	1,181	54.73%
Christian County	5,227	2,673	51.14%
Fayette County	3,107	1,773	57.06%
Montgomery County	4,620	2,404	52.03%
Shelby County	3,182	1,447	45.47%
Illinois	2,049,231	1,044,588	51.44%

Note: This indicator is compared with the state average. Data Source: Community Commons

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	Percent Food Insecure Population
Service Area Estimates	20,475	2,909	14.21%
Christian County	34,651	4,950	14.29%
Fayette County	22,088	3,230	14.62%
Montgomery County	29,878	4,650	15.56%
Shelby County	22,266	2,830	12.71%
Illinois	12,882,135	1,755,180	13.62%

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – PER CAPITA INCOME

The per capita income for the service area is $20,856. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Service Area Estimates	19,922	$414,505,392	$20,856
Christian County	34,415	$826,494,400	$24,015
Fayette County	22,041	$481,476,800	$21,844
Montgomery County	29,740	$596,796,224	$20,067
Shelby County	22,216	$517,176,992	$23,279
Illinois	12,868,747	$386,312,175,616	$30,019

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – PUBLIC ASSISTANCE INCOME

This indicator reports the percentage of households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or non-cash benefits, such as food stamps.

Report Area	Total Households	Households With Public Assistance Income	Percent Households With Public Assistance Income
Service Area Estimates	8,153	155	1.90%
Christian County	14,089	259	1.84%
Fayette County	7,981	387	4.85%
Montgomery County	10,923	125	1.14%
Shelby County	8,941	102	1,14%
Illinois	4,778,633	120,020	2.51%

Note: This indicator is compared with the state average. Data Source: Community Commons

INSURANCE – POPULATION RECEIVING MEDICAID

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population For Whom Insurance Status is Determined	Population With Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Service Area Estimates	19,707	17,879	4,950	27.69%
Christian County	32,616	29,473	6,577	22.32%
Fayette County	20,667	17,872	5,234	29.29%
Montgomery County	24,280	22,603	5,415	23.96%
Shelby County	22,001	20,142	4,161	20.66%
Illinois	12,690,056	11,126,169	2,282,641	20.52%

Note: This indicator is compared with the state average. Data Source: Community Commons

INSURANCE – UNINSURED ADULTS

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Age 18-64	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	10,936	9,302	85.05%	1,634	14.95%
Christian County	19,234	17,199	89.42%	2,035	10.58%
Fayette County	11,886	10,343	87.02%	1,543	12.98%
Montgomery County	16,012	14,441	90.19%	1,571	9.81%
Shelby County	12,809	11,460	89.47%	1,349	10.53%
Illinois	7,910,376	6,800,762	85.97%	1,109,614	14.03%

Note: This indicator is compared with the state average. Data Source: Community Commons

INSURANCE – UNINSURED CHILDREN

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health-care access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Under Age 19	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	4,871	4,668	95.83%	203	4.17%
Christian County	7,399	7,144	96.55%	255	3.45%
Fayette County	4,885	4,665	95.50%	220	4.50%
Montgomery County	6,259	6,040	96.50%	219	3.50%
Shelby County	4,914	4,724	96.13%	190	3.87%
Illinois	3,099,273	2,983,260	96.26%	116,016	3.74%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION RECEIVING SNAP BENEFITS

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

Report Area	Total Households	Households Receiving SNAP Benefits	% Households Receiving SNAP Benefits
Service Area Estimates	8,153	1,119	13.73%
Christian County	14,089	1,808	12.83%
Fayette County	7,981	1,187	14.87%
Montgomery County	10,923	1,355	12.41%
Shelby County	8,941	935	10.46%
Illinois	4,778,633	599,455	12.54%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH LOW FOOD ACCESS

The indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population	Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	20,568	2,845	13.83%
Christian County	34,800	1,523	4.38%
Fayette County	22,140	8,165	36.88%
Montgomery County	30,104	4,056	13.47%
Shelby County	22,363	3,587	0.00%
Illinois	12,830,632	2,623,048	20.44%

Note: This indicator is compared with the state average. Data Source: Community Commons

LOW INCOME POPULATION WITH LOW FOOD ACCESS

This indicator reports the percentage of the population of low income residents that have low food access. It further focuses data provided for the entire population in the chart above.

Report Area	Total Population	Low Income Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	20,568	1,293	6.29%
Christian County	34,800	550	1.58%
Fayette County	22,140	3,435	15.51%
Montgomery County	30,104	1,655	5.5%
Shelby County	22,363	1,338	5.98%
Illinois	12,830,632	584,658	4.56%

Note: This indicator is compared with the state average. Data Source: Community Commons

UNEMPLOYMENT RATE

Total unemployment in the report area for the current month was 531 people or 5.9% of the civilian, non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	8,992	8,460	531	5.9%
Christian County	15,840	14,910	930	5.9%
Fayette County	10,006	9,411	595	5.9%
Montgomery County	12,132	11,335	797	6.6%
Shelby County	10,334	9,764	570	5.5%
Illinois	6,684,462	6,310,455	374,007	5.6%

Data Source: U.S. Department of Labor, Bureau of Labor Statistics, 2016-June Source: Georgraphy
County Note: This indicator is compared with the state average. Final Data Source: Community Commons

GROCERY STORE ACCESS

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

Report Area	Total Population	Number of Establishments	Establishments, Rate Per 100,000 Population
Service Area Estimates	20,569	3	18.76
Christian County	34,800	7	20.11
Fayette County	22,140	5	22.58
Montgomery County	30,104	4	13.29
Shelby County	22,363	4	17.89
Illinois	12,830,632	2,799	21.80

Note: This indicator is compared with the state average. Data Source: Community Commons

RECREATION AND FITNESS FACILITY ACCESS

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other health behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Service Area Estimates	20,569	1	5.80
Christian County	34,800	3	8.62
Fayette County	22,140	2	9.03
Montgomery County	30,104	1	3.32
Shelby County	22,363	0	0.00
Illinois	12,830,320	1,325	10.30

Data Source: Community Commons

ACCESS TO PRIMARY CARE

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing 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.

Report Area	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Population
Service Area Estimates	20,319	6	33.23
Christian County	34,298	12	35.00
Fayette County	22,060	3	13.60
Montgomery County	29,654	14	47.20
Shelby County	22,119	7	31.60
Illinois	12,882,135	10,428	80.90

Data Source: Community Commons

ACCESS TO DENTISTS

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

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Population
Service Area Estimates	20,319	6	32.66
Christian County	34,298	8	23.30
Fayette County	22,060	7	31.70
Montgomery County	29,654	19	64.10
Shelby County	22,119	6	27.10
Illinois	12,882,135	8,865	68.80

Data Source: Community Commons

ACCESS TO MENTAL HEALTH PROVIDERS

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

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)
Service Area Estimates	No data	No data	No data	No data
Christian County	33,889	13	2,606.9	38.3
Fayette County	21,971	13	1,682.4	59.4
Montgomery County	29,357	19	1,545.1	64.7
Shelby County	22,046	5	4,409.2	22.6
Illinois	12,806,917	23,090	554.7	180.2

Data Source: Community Commons

DENTAL CARE UTILIZATION

This indicator reports the percentage of adults aged 18 and over who self-report that they have not visited a dentist, dental hygienist, or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population Age 18+	Total Adults Without Recent Dental Exam	Percent Adults With No Dental Exam
Service Area Estimates	Suppressed	Suppressed	Suppressed
Christian County	26,965	7,645	28.4%
Fayette County	16,989	4,178	24.6%
Montgomery County	23,883	8,340	34.9%
Shelby County	17,219	0	0.0%
Illinois	9,654,603	2,981,670	30.9%

Data Source: Community Commons

POOR DENTAL HEALTH

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Report Area	Total Population (Age 18)	Total Adults With Poor Dental Health	Percent Adults With Poor Dental Health
Service Area Estimates	Suppressed	Suppressed	Suppressed
Christian County	26,965	7,777	28.8%
Fayette County	16,989	3,442	20.3%
Montgomery County	23,883	4,869	20.4%
Shelby County	17,219	0	0.0%
Illinois	9,654,603	1,418,280	14.7%

Data Source: Community Commons

PREVENTABLE HOSPITAL EVENTS

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

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Hospital Discharge Rate
Service Area Estimates	3,673	340	92.56
Christian County	6,045	554	91.80
Fayette County	3,445	382	110.90
Montgomery County	4,882	388	79.60
Shelby County	3,792	354	93.60
Illinois	1,420,984	92,604	65.20

Data Source: Community Commons

Overall, the service area of Pana Community Hospital is similarly positioned in many key economic and other demographic indicators when compared not only to state and federal measures but also to the overall data from the counties touched.

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

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

Internal

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

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

External

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

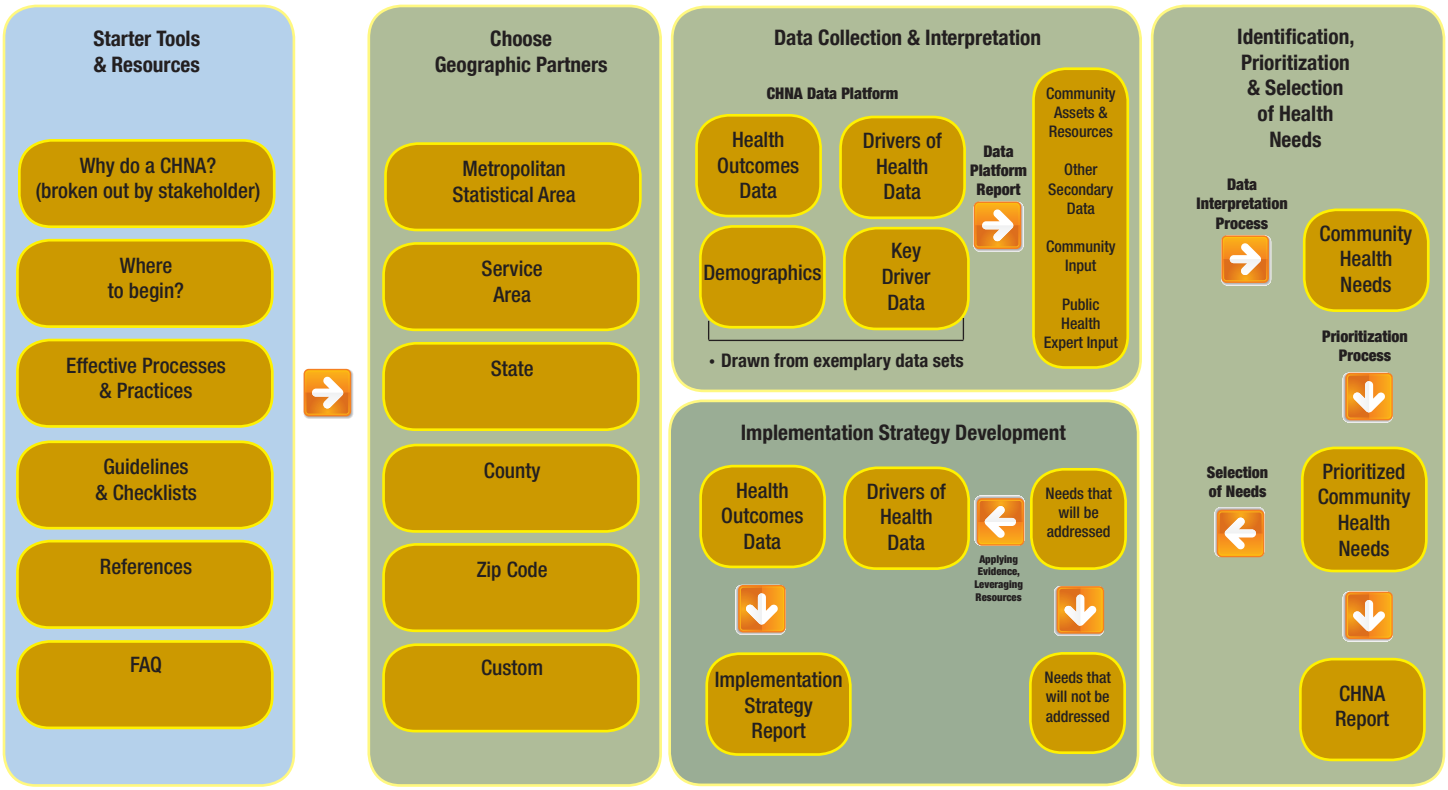
- The CFO secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of the county health department serving the area serving the great majority of the area served by the hospital.

III. DEFINING THE PURPOSE AND SCOPE

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, and 2) identify resources and assets available to support initiatives to address the health priorities identified.

IV. DATA COLLECTION AND ANALYSIS

The overarching framework used to guide the CHNA planning and implementation is consistent with the Catholic Health Association's (CHA) Community Commons CHNA flow chart shown below:



DESCRIPTION OF DATA SOURCES

Quantitative

The following quantitative sources were reviewed for health information:

Source and Description

Behavioral Risk Factor Surveillance System – *The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Centers 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.*

US Census – *National census data is collected by the US Census Bureau every 10 years.*

Centers for Disease Control and Prevention – *Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.*

County Health Rankings – *Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.*

Community Commons – *Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.*

Illinois Department of Employment Security – *The IDES 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 IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.*

HRSA – *The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.*

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.*

Environmental Systems Research Institute – *ESRI 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 ISBE administers public education in the state of Illinois. Each year, it releases school 'report cards' which analyze the make-up, needs, and performance of local schools.*

U.S. Department of Agriculture – *USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.*

SECONDARY DATA DISCUSSION

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

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The *Rankings*, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. *(County Health Rankings and Roadmaps, 2016)*

Christian County is ranked 75th out of 102 Illinois counties in the *Rankings* for Health Outcomes released in April 2016. Shelby County is ranked 17th, Montgomery County is ranked 46th, and Fayette County is ranked 58th.

HEALTH RANKING OBSERVATIONS

Table 1. Health Ranking Observations for Christian, Shelby, Montgomery, and Fayette Counties

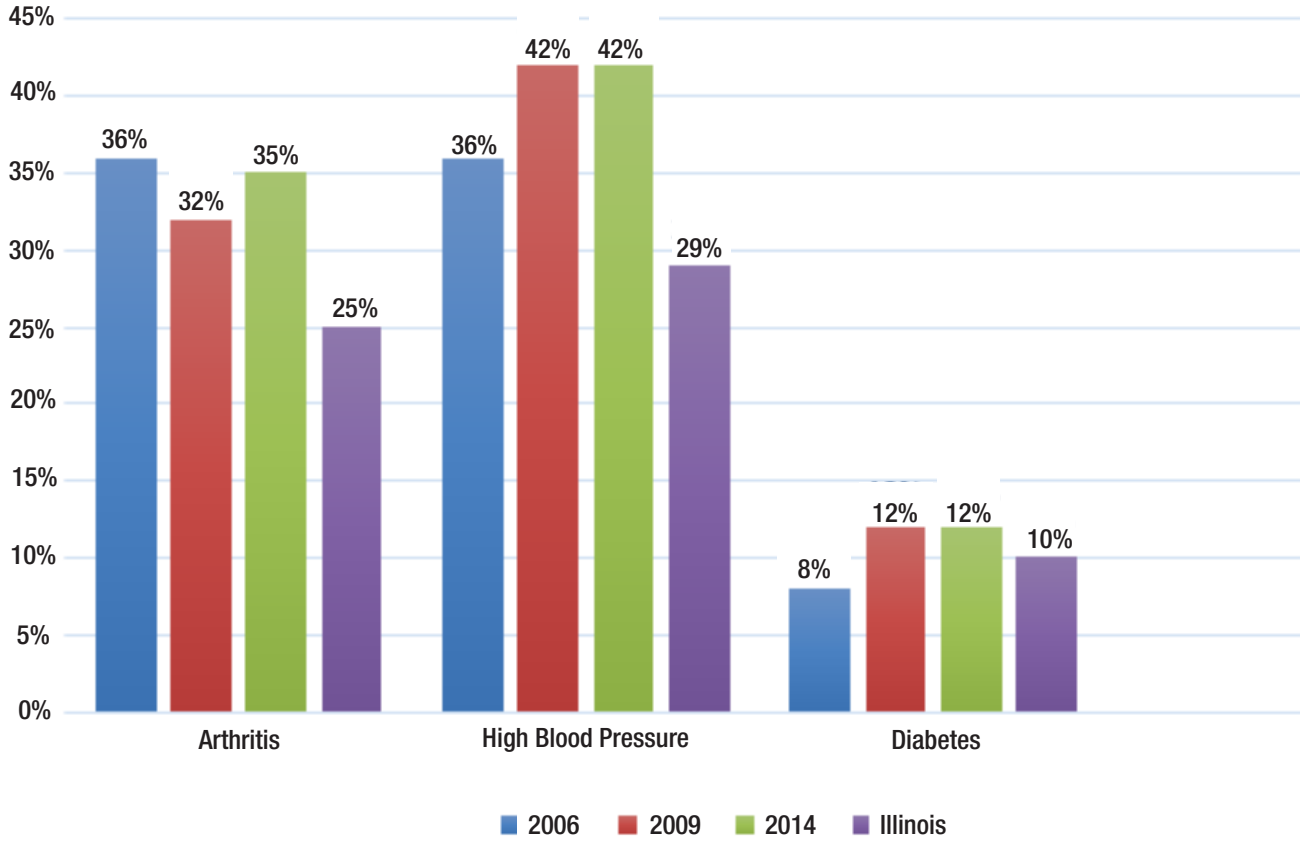
Observation	Christian County	Shelby County	Montgomery County	Fayette County	Illinois
Adults reporting poor or fair health	14%	13%	14%	14%	17%
Adults reporting no leisure time physical activity	32%	31%	25%	24%	22%
Adult obesity	33%	32%	29%	27%	27%
Children under age 18 living in poverty	20%	18%	23%	25%	20%
Uninsured	11%	12%	12%	14%	15%
Teen birth rate (ages 15-19)	43/1,000	37/1,000	37/1,000	46/1,000	33/1,000
Alcohol-impaired driving deaths	37%	40%	33%	18%	36%
Unemployment	17.6%	6.9%	8.8%	7.7%	7.1%

HEALTH DATA TRENDS

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

The following tables reflect information from the IBRFSS that indicate areas of likely healthcare needs.

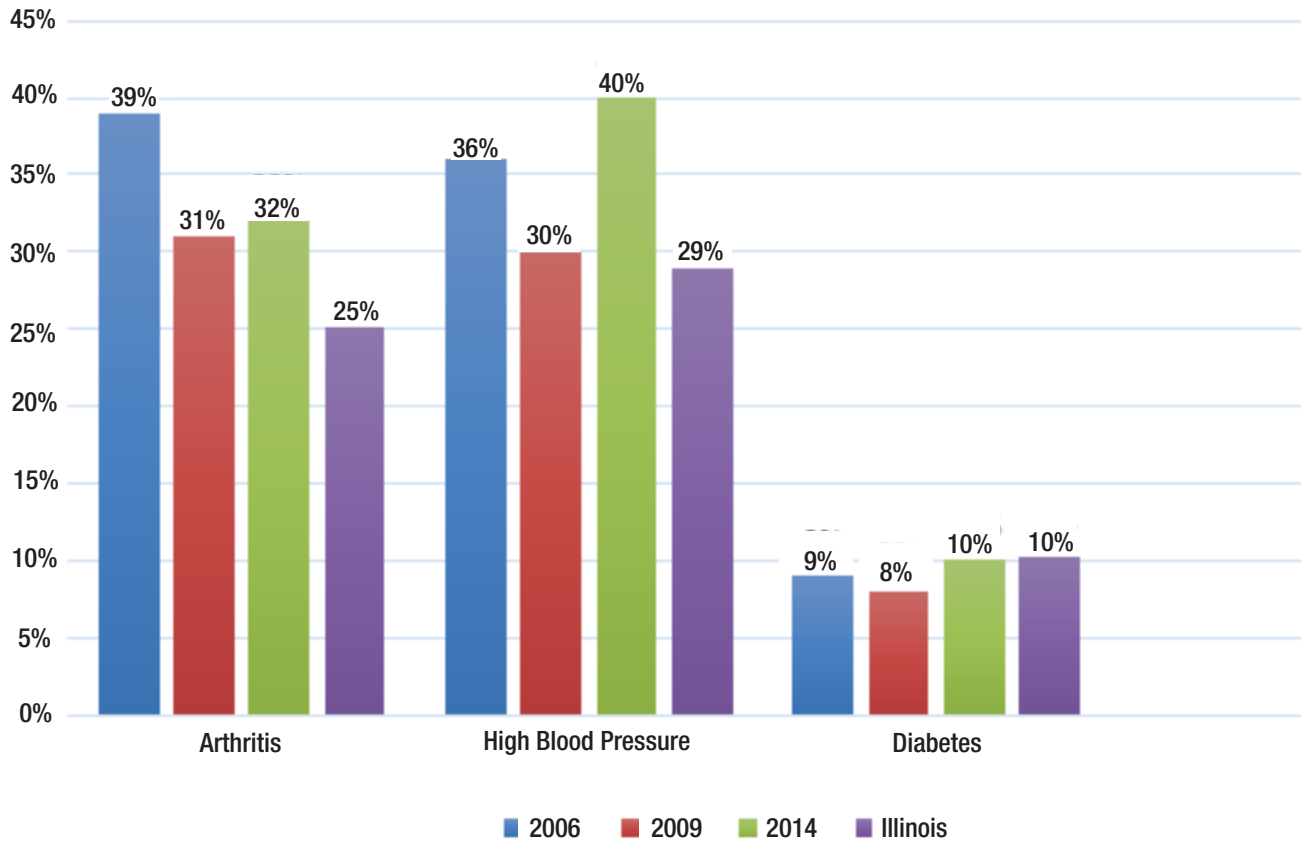
Table 2. Diagnosed Disease Factors – Christian County



IBFRSS, 2016 Report

Diagnosis of arthritis and high blood pressure remains above the state level. Diagnosis of diabetes has increased and is above the state level, except in 2006.

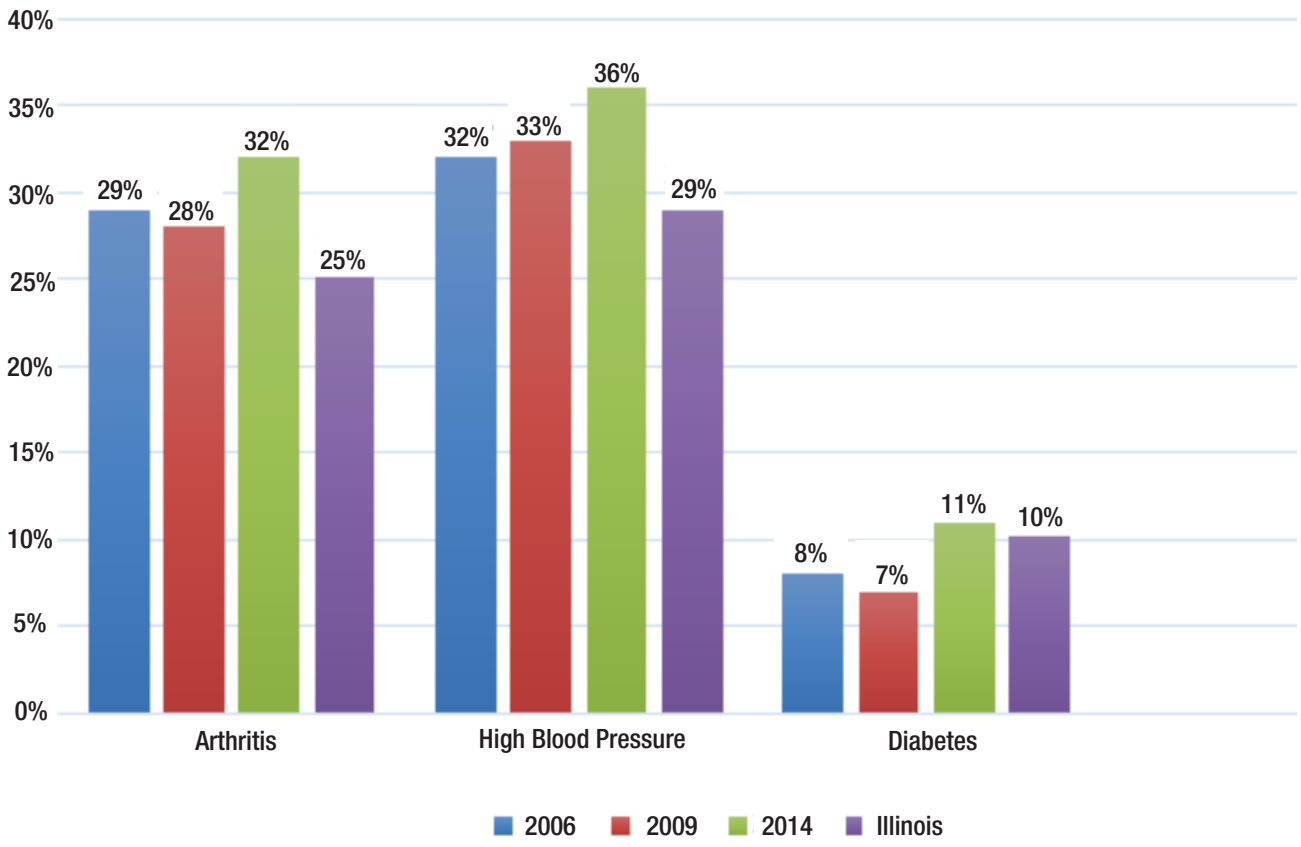
Table 3. Diagnosed Disease Factors – Shelby County



IBFRSS, 2016 Report

Diagnosis of arthritis is decreasing, except for a slight increase in 2014; however, it remains above the state level. Diagnosis of high blood pressure has increased and remains above the state level. Diagnosis of diabetes has increased and is similar to the state level.

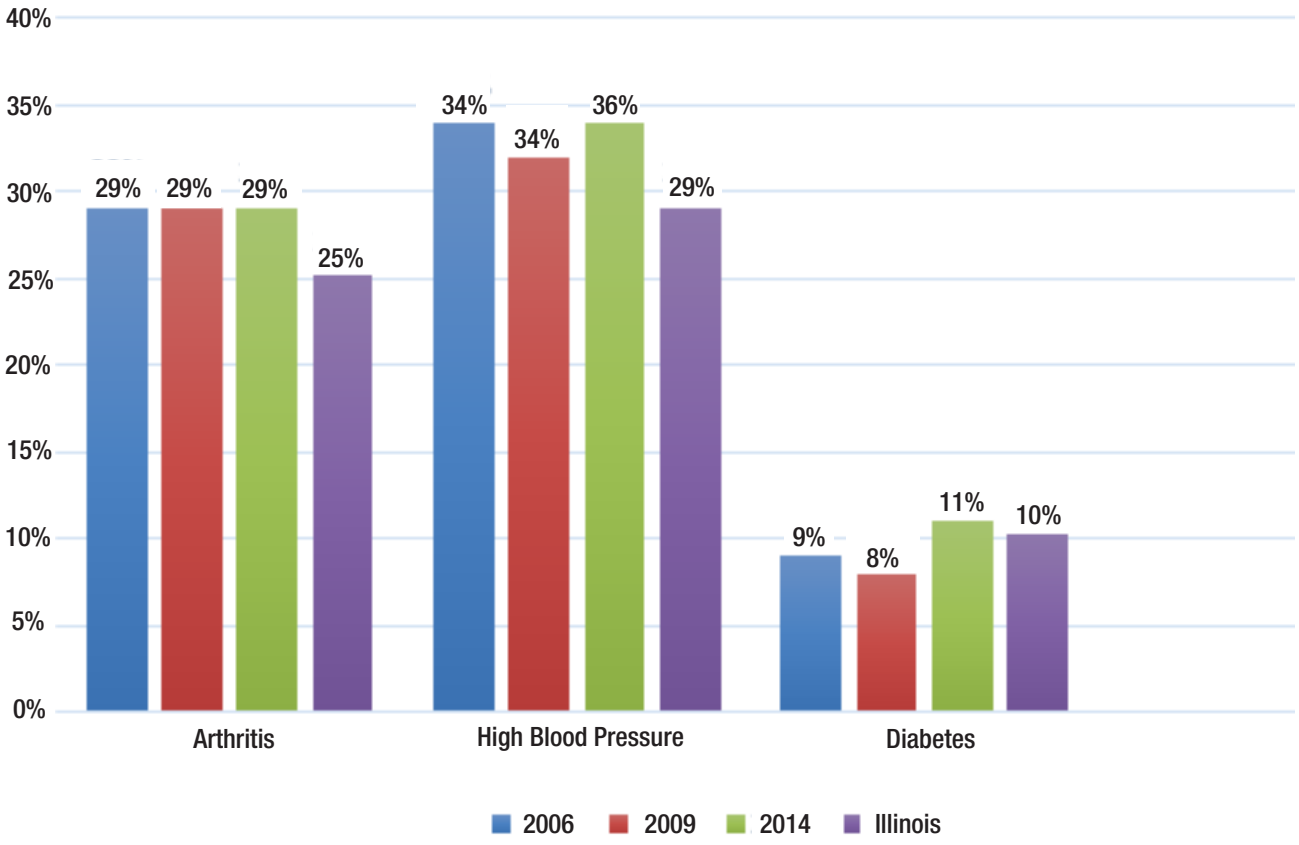
Table 4. Diagnosed Disease Factors – Montgomery County



IBFRSS, 2016 Report

Diagnosis of arthritis has increased, except for a slight drop in 2009, and remains above the state level. Diagnosis of high blood pressure has increased and is above the state level. Diagnosis of diabetes has increased and is similar to the state level.

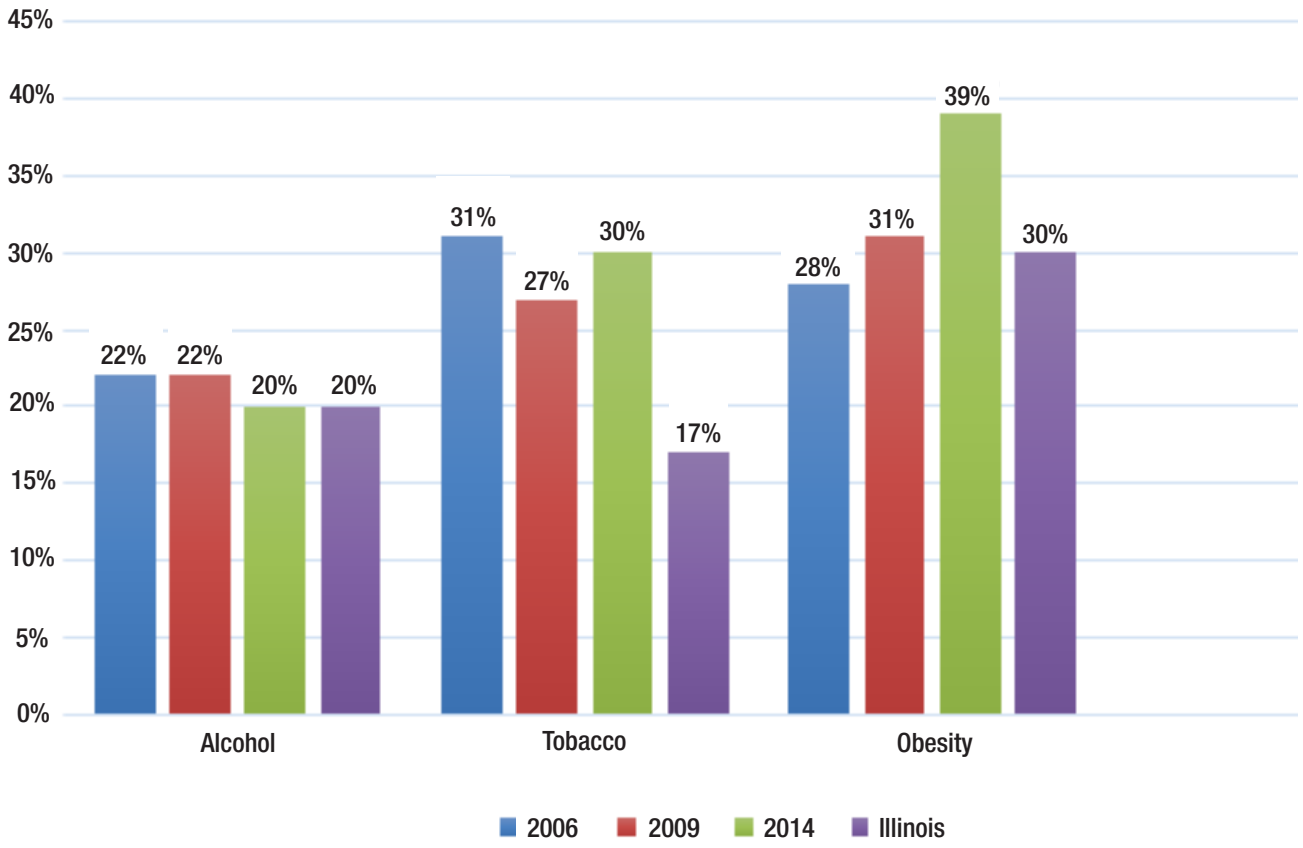
Table 5. Diagnosed Disease Factors – Fayette County



IBFRSS, 2016 Report

Diagnosis of arthritis and high blood pressuer is stable and remains above the state level. Diagnosis of diabetes has increased, except in 2009, and is just slightly above the state level.

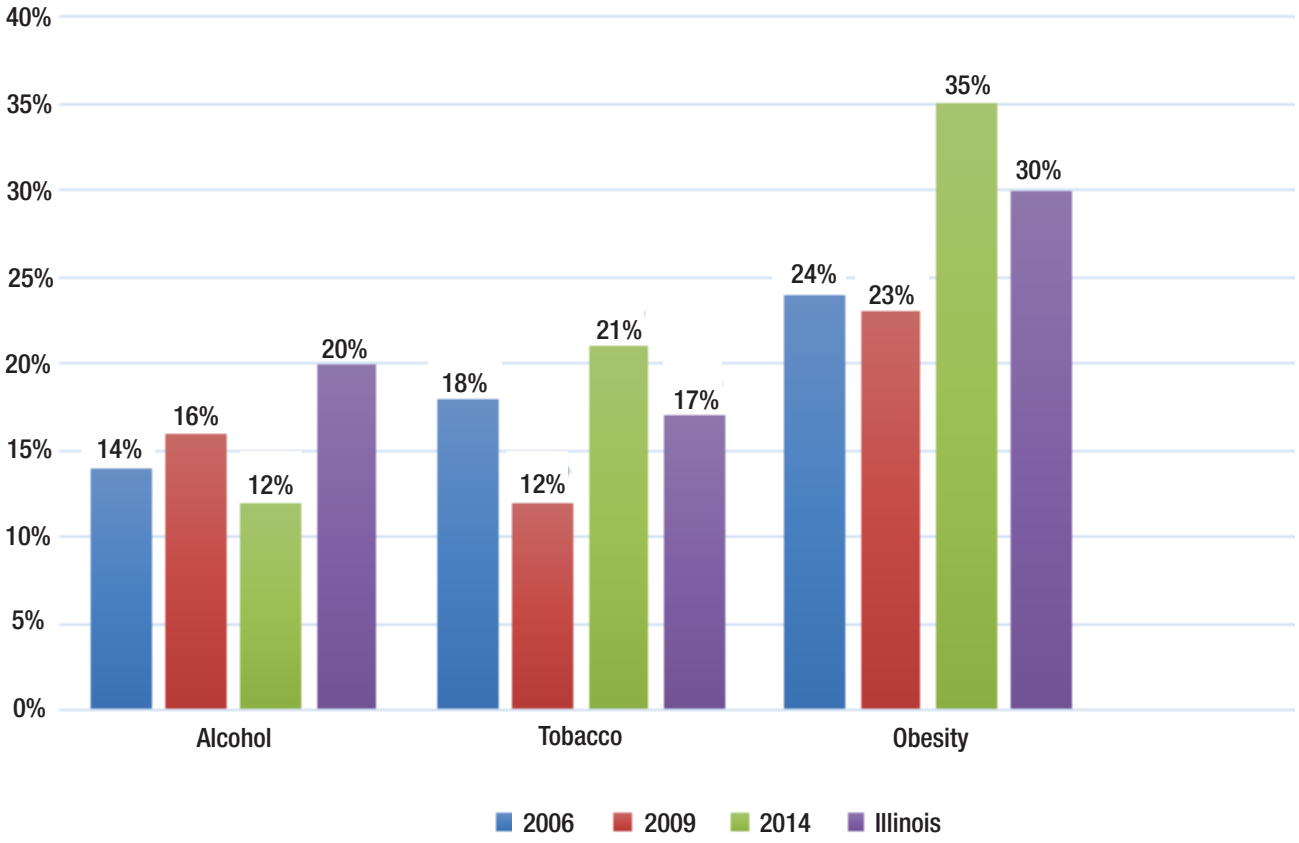
Table 6. Health Risk Factors – Christian County



IBFRSS, 2016 Report

Alcohol use is similar to the state level and has remained steady. Tobacco use is above the state rate. The rate of persons reporting obesity has increased and is above the state level in the IBRFSS and the more recent data from the *County Health Rankings.*

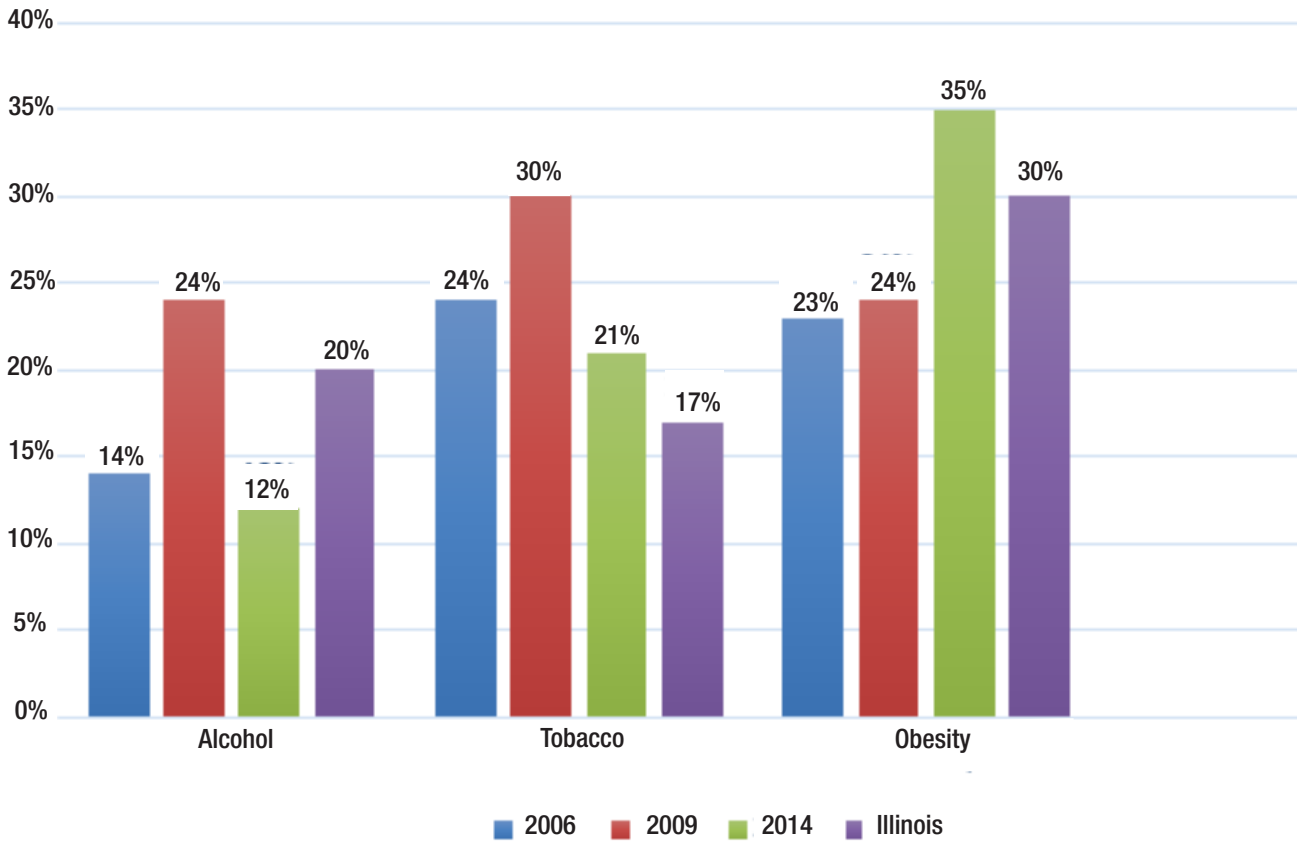
Table 7. Health Risk Factors – Shelby County



IBFRSS, 2016 Report

Alcohol use has decreased and remains below the state level. Tobacco use has increased to above the state level, despite decreasing below state level in 2009. The rate of persons reporting obesity has increased and is above the state level in the IBRFSS and the more recent data from the *County Health Rankings.*

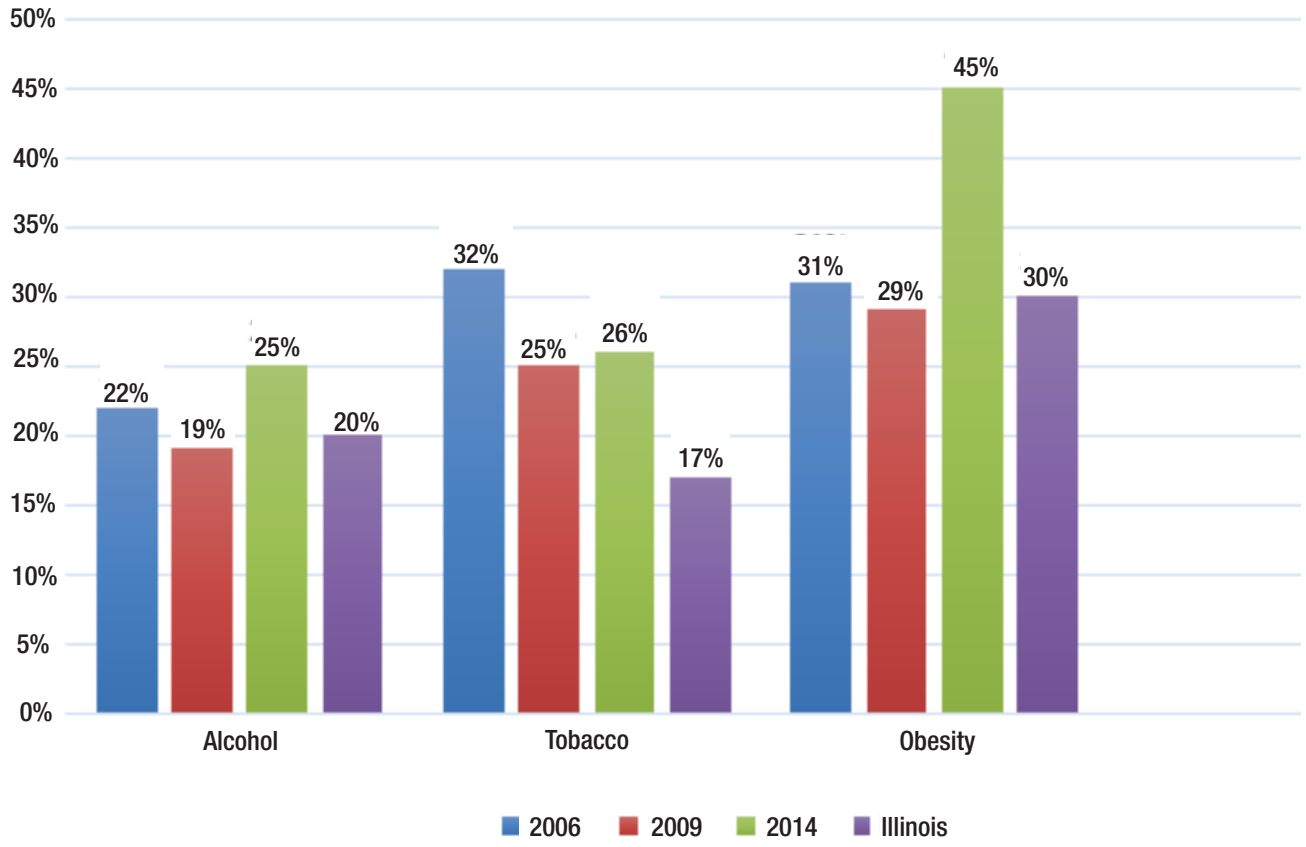
Table 8. Health Risk Factors – Montgomery County



IBFRSS, 2016 Report

Alcohol use significantly increased in 2009, but has decreased below the state rate. Tobacco use has decreased but remains above the state rate. The rate of persons reporting obesity was below the state rate in 2006 and 2009 but has significantly increased and remains above the state level in the IBRFSS and the more recent data from the *County Health Rankings.*

Table 9. Health Risk Factors – Fayette County



IBFRSS, 2016 Report

Alcohol use has increased, except for a decrease in 2009, and is now above the state level. Tobacco use has decreased but remains above the state rate. The rate of persons reporting obesity has increased and is above the state level in the IBRFSS and the more recent data from the *County Health Rankings*.

ADDITIONAL DIAGNOSED DISEASE FACTORS

Disease Factor	Christian County, 2014	Shelby County, 2014	Montgomery County, 2014	Fayette County, 2014	Illinois, 2014
Kidney disease	2.7%	2.5%	1.4%	1.7%	2.6%
Skin cancer	9.5%	6.4%	7.2%	6.9%	4.2%
Other cancer	15.3%	9.6%	7.6%	3.4%	5.4%
COPD	12.3%	8.4%	4.8%	8.0%	5.8%

IBFRSS, 2016 Report

In 2016, the IBRFSS released additional diagnosed disease factors. These new measures can be seen in the table above. There are no linear comparisons available for these new factors.

TEEN BIRTHS

The indicator reports the rate of total births to women between the ages of 15-19 per 1,000 female population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices. “Suppressed” indicates that data for the specified area was too small for accurate analysis or involved numbers that could put privacy at risk.

Report Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Birth Rate (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Christian County	1,146	50	43.4
Fayette County	686	31	44.7
Montgomery County	890	36	40.1
Shelby County	713	27	37.7
Illinois	448,356	15,692	35.0

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

LOW BIRTH WEIGHT

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

Report Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Birth Rate, Percentage (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Christian County	2,891	269	9.3%
Fayette County	1,750	145	8.3%
Montgomery County	2,289	163	7.1%
Shelby County	1,708	121	7.1%
Illinois	1,251,656	105,139	8.4%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

DEPRESSION *(Medicare Population)*

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Service Area Estimates	3,736	599	16.02%
Christian County	5,438	786	14.50%
Fayette County	3,522	649	18.40%
Montgomery County	5,813	1,086	18.70%
Shelby County	4,349	657	15.10%
Illinois	1,476,750	219,269	14.80%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute list Fayette County and Shelby County at Level 8 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and is falling over the recent past. The State Cancer Profiles compiled by the National Cancer Institute list Christian County and Montgomery County at a Level 5 for all cancers which means that the cancer rate overall is above the U.S. rate and is falling over the recent past.

Cancer Incidence – Breast

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of breast cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Female Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Christian County	2,304	30	130.2
Fayette County	1,329	15	112.8
Montgomery County	1,976	27	136.6
Shelby County	1,499	17	113.4
Illinois	741,089	9,523	128.5

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Colon and Rectum

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Sample Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Christian County	4,736	27	57
Fayette County	2,733	12	43.9
Montgomery County	4,136	23	55.6
Shelby County	3,319	16	48.2
Illinois	1,382,781	6,264	45.3

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Lung

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Christian County	4,782	45	94.1
Fayette County	2,758	16	58.0
Montgomery County	3,930	34	86.5
Shelby County	3,242	25	77.1
Illinois	1,370,544	9,306	67.9

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Prostate

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of prostate cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Sample Male Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Christian County	2,184	23	105.3
Fayette County	1,363	15	110.0
Montgomery County	1,861	22	118.2
Shelby County	1,592	16	100.5
Illinois	650,000	8,372	128.8

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

MORTALITY

Mortality – Cancer

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Christian County	34,500	96	277.1	**195.6**
Fayette County	22,044	47	212.3	**160.1**
Montgomery County	29,717	86	290.07	**207.7**
Shelby County	22,189	54	244.27	**163.6**
Illinois	12,867,528	24,326	189.05	**173.9**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Red numbers indicate rates that exceed state levels. The green highlights that the indicated service area is below the state level.

Mortality – Heart Disease

Within the service area, the rate of death due to heart disease per 100,000 population is 212.54. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Christian County	34,500	103	297.39	**198.7**
Fayette County	22,044	44	198.7	**145.1**
Montgomery County	29,717	77	259.79	**167.6**
Shelby County	22,189	65	292.94	**183.1**
Illinois	12,867,528	24,895	193.47	**174.5**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Coronary Heart Disease

The Healthy People 2020 target is less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Christian County	34,500	62	180.87	**119.6**
Fayette County	22,044	26	117.04	**86.2**
Montgomery County	29,717	49	164.89	**106.8**
Shelby County	22,189	38	172.16	**106.3**
Illinois	12,867,528	14,592	113.40	**102.3**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Lung Disease

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Christian County	34,500	23	66.67	**46.3**
Fayette County	22,044	15	68.05	**50.2**
Montgomery County	29,717	19	65.28	**46.4**
Shelby County	22,189	16	70.31	**44.4**
Illinois	12,867,528	5,419	42.12	**39.2**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Stroke

The Healthy People 2020 target is less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarzied for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Christian County	34,500	23	67.25	**43.9**
Fayette County	22,044	12	56.25	**40.9**
Montgomery County	29,717	23	78.74	**49.6**
Shelby County	22,189	13	57.69	**36.3**
Illinois	12,867,528	5,368	41.72	**37.9**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Unintentional Injury

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Christian County	34,500	20	56.81	**51.1**
Fayette County	22,044	14	62.60	**56.6**
Montgomery County	29,717	18	59.23	**50.1**
Shelby County	22,189	10	45.07	**38.1**
Illinois	12,867,528	4,361	33.89	**32.7**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Report Area	Total Population 2008-2010 Average	Total Premature Deaths 2008-2010 Average	Total Years of Potential Life Lost 2008-2010 Average	Years of Potential Life Lost, Rate Per 100,000 Population
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Christian County	34,800	159	2,850	**8,190**
Fayette County	22,140	92	1,500	**6,774**
Montgomery County	30,104	132	2,101	**6,980**
Shelby County	22,363	79	1,199	**5,360**
Illinois	12,830,632	43,349	809,525	**6,309**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Infant Mortality

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

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate Per 1,000 Births
Service Area Estimates	Suppressed	Suppressed	**Suppressed**
Christian County	1,980	15	**7.4**
Fayette County	1,260	6	**4.8**
Montgomery County	1,595	14	**8.6**
Shelby County	1,200	12	**10.2**
Illinois	879,035	6,065	**6.9**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Motor Vehicle Crash

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Report Area	Total Population	Annual Average Deaths, 2007-2011	Crude Deathh ate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Christian County	34,500	7	20.87	**20.6**
Fayette County	22,044	5	24.50	**25.2**
Montgomery County	29,717	6	18.84	**17.5**
Shelby County	22,189	4	16.22	**No data**
Illinois	12,867,528	1,028	7.99	**7.8**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Suicide

This indicator reports the 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 report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Christian County	34,500	6	16.81	**16.2**
Fayette County	22,044	4	16.33	**No data**
Montgomery County	29,717	5	16.15	**14.9**
Shelby County	22,189	2	9.01	**No data**
Illinois	12,867,528	1,283	9.97	**9.7**

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

MORTALITY – CHRISTIAN, SHELBY, MONTGOMERY, AND FAYETTE COUNTIES

The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent table available for Christian, Shelby, Montgomery, and Fayette Counties, showing the causes of the death, is set out below.

Disease Type	Christian County	Shelby County	Montgomery County	Fayette County
Diseases of the Heart	83	72	64	41
Malignant Neoplasms	98	47	88	45
Lower Respiratory Systems	24	21	21	12
Cardiovascular Diseases (Stroke)	26	7	14	20
Accidents	14	7	13	11
Alzheimer's Disease	18	7	24	13
Diabetes Mellitus	9	6	11	8
Nephritis, Nephrotic Syndrome, and Nephrosis	11	6	5	6
Influenza and Pneumonia	14	3	12	7
Septicemia	10	2	4	1
Intentional Self-Harm (Suicide)	5	2	3	4
Chronic Liver Disease, Cirrhosis	3	4	3	1
All Other Causes	89	47	70	41
Total Deaths	404	231	332	210

IDPH, 2011 Data

The mortality numbers are much as one would expect with diseases of the heart and cancer as the leading causes of death in each county. These numbers are consistent with the mortality reports from other rural Illinois counties.

QUALITATIVE SOURCES

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

No written comments were received concerning the hospital facility's most recently conducted CHNA nor on the most recently adopted implementation strategy. A method for retaining written public comments and responses exists, but none were received. Data was also gathered representing the broad interests of the community.

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

Members of the CHNA Steering Committee, those who both participated in focus groups and the needs identification and prioritization process, were chosen based on their unique expertise and experience, informed perspectives and involvement with the community. The CHNA Steering Committee members included:

CHNA STEERING COMMITTEE MEMBER AND AREA OF EXPERTISE
Dennis Yap, MD, Pana Medical Group
Walter H. Cunnington, MD, Community Medical Clinic
Nancy Martin, Christian County Health Department
Carol Chandler, Quad County Home Health, Hospice & DME
John Metzger, RPh, Walgreens
Daniel Bland, Chief of Police, City of Pana
Tom Dean, McCracken-Dean Funeral Home
Joyce Morgan, Council Member, United in Faith Church
Trina Casner, President & CEO, Pana Community Hospital
James Moon, CFO, Pana Community Hospital

OTHERS PROVIDING INPUT THROUGH THE FOCUS GROUPS INCLUDED:
Gloria G. Dycoco, MD, Pana Medical Group
Virgil N, Dycoco, MD, Pana Medical Group
Deogracias F. Quizon, MD, Pana Medical Group
Blair Angel, FNP, Community Medical Clinic
Debra Anklam, FNP, Community Medical Clinic
Marc Scholes, FNP, Community Medical Clinic
Tracie Riggs, RN, Christian County Health Department
Monica Puckett, Hickory Estates of Pana (Assisted Living)
Kay Goff, Hickory Estates of Pana (Assisted Living)
Brent DeMichael, Christian County Mental Health Association
Cheri Wysong, Washington Elementary School, Pana CUSD #8
Vickie Coen, COO/CNE, Pana Community Hospital
Luann Funk, HR, Pana Community Hospital
Juletta Ellis, Pana Junior High School, Pana CUSD #8
George Heinz, Peoples Bank & Trust
Earl Baker, Pana Lions Club
Charlie Weers, President, Loaves & Fishes Food Pantry
Marlson T. Muneses, MD, Pana Medical Group
Carol Schramm, Board Chairman, Pana Community Hospital
Dianne Bailey, CIO, Pana Community Hospital
Rod Bland, Fire Chief, City of Pana

FOCUS GROUP – PCH MEDICAL PROFESSIONALS AND PARTNERS

Two focus groups met at Pana Community Hospital. A group primarily made up of medical professionals and partners met at noon on August 18, 2016. The group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- Addition of a social worker and behavioral health services with Quad County Home Health and the Community Medical Center
- Pana Community Hospital's administration is a vision for the future of local health services
- Use of electronic records
- Growth and expansion of fitness and wellness programs at Pana Community Hospital
- Expansion at Ramsey Clinic
- Recruitment and retention of primary care providers, both physicians and mid-levels
- Christian County Transportation
- Expansion of swing bed program at Pana Community Hospital
- Crisis services from Christian County Mental Health to Pana Community Hospital have improved
- Orthopedic services
- Urology services
- Expanded clinic hours
- Hospitalists
- Assisted living services at Hickory Estates of Pana
- New Quad County office and expansion of services
- Home services have improved
- Proactive attitude of the community toward health services and Pana Community Hospital
- Personal satisfactions of patients
- Increased technology

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Access to services for persons struggling with costs of insurance and care
- Understanding and planning for needs of growing numbers of baby boomers
- Substance abuse
    - Community commitment to change the conditions and culture that leads to substance abuse
    - Better education for healthcare providers on distinction between behavioral health issues and substance abuse issues
    - Access to psychiatric care to relieve family practice physicians from need to provide mental healthcare by default
    - Local access to psychiatrist
- Educating patients on accountability and responsibility for their own wellness and care
- Diabetes education
- Local access to gastrointestinal services
- Local access to dermatology services
- Improved economics of the communities
- Access of dental care for patients on medical cards and other low income patients
- Expanded access to non-emergent healthcare – urgent care
- Patient advocate for substance abuse and other high need patients
- Improve the economy – recruitment, partnership, education
- Planning as a community to address the issues and execute the vision
- Access to transfer for mental health care
- Education for better health and nutrition
- Learn from others

FOCUS GROUP – PCH COMMUNITY PARTNERS

The second focus group made up of community partners met on the evening of August 18, 2016. The group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- New professional building at Pana Community Hospital
- New Quad County Health building
- New mammography services
- Wellness Center at Pana Community Hospital
- Positive attitudes and desire to do better among local health providers
- Partnership on prescription medicine disposal between law enforcement and Pana Community Hospital
- Improvements in the Emergency Department at Pana Community Hospital
- Better trained emergency medical services providers
- Physician recruitment and recruitment planning
- Swing bed program at Pana Community Hospital
- Administration at Pana Community Hospital
- Food pantry
- Collaborative relationships to provide Urology and Orthopedic services
- Direct Nuro-line and Stat-Heart
- Pana Community Hospital's role in community as major employer and economic engine
- Pana Community Hospital's support for pursuit of education for community members

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Local health services for veterans
- Prompt care services with expanded hours
- Increased outreach for homebound seniors
- Mental health crisis intervention response needs to be improved
- Access to care for youth with medical cards
- Homeless youth and adults
- Substance abuse
    - Social services, community services, and support opportunities for addicts and substance abusers
    - Access to placement for detoxification and rehabilitation for substance abusers
- Psychiatric referral options for general practitioners
- Expanded grief counseling
- Improved economic conditions in the community
- Positive community attitude about itself
- Education about parental roles and responsibilities

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

As part of the identification and prioritization of health needs, the CHNA Steering Committee considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs. The identification and prioritization group included steering committee members, including the administrator of the Fulton County Health Department.

As an outcome of the prioritization process, discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for consideration for the Implementation Strategy.

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The steering group, comprised of representatives from both groups, met on August 26, 2016 to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, *County Health Rankings and Roadmaps*, National Cancer Institute and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Pana Community Hospital service area.

1. **MENTAL HEALTH**
   The group discussed the perception of a lack of available local primary care physicians at length. They identified possible reasons for this perception and the following needs to address this issue:

   - The group identified four needs related to substance abuse including:
     - Address prevalence of tobacco use among youth and adults
     - Address prevalence of alcohol use among youth adults
     - Address addiction-related issues including access to services for rehabilitation and recovery
     - Address youth substance use
   - The group also singled out a need for improved access to beds for persons with behavioral mental health issues and substance abuse issues requiring in-patient services

2. **WELLNESS**
   - Better access to vaccinations for everyone
   - Improved access to education and care for the prevention of:
     - Diabetes
     - Cancer
     - Heart disease

3. **IMPROVE THE LOCAL ECONOMY** in order to address circumstances of community members that impact their health and healthcare

4. **PLANNING FOR PHYSICIAN SUPPLY,** including specialists

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH PANA COMMUNITY HOSPITAL

Cardiopulmonary
- Cardiac stress testing
- Pulmonary function testing
- Electroencephalography (EEG)
- Electrocardiography (EKG)
- Arterial blood gases
- Holter monitors

Cardiopulmonary rehabilitation
Diagnostic imaging
- Diagnostic radiology (X-ray)
- Bone densitometry (DEXA)
- Mammography
- CT scanning
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Nuclear medicine
- Ultrasound
- Electrocardiography

Emergency
Food services
- Home bound meals
- Dietary counseling

Laboratory
Nursing
Rehabilitation services
- Physical therapy
  – Orthopedic
  – Neurologic
- Occupational therapy services
- Speech therapy
- Athletic training
- Aquatic training
- Hand therapy
- Work conditioning
- Lymphedema management of the upper extremities and vestibular
- Balance rehabilitation

Specialty clinics
- Cardiology
- Nephrology
- Neurology
- General surgery
- OB/GYN
- Oncology
- Orthopedics
- Otolaryngology
- Pulmonology
- Podiatry
- Rheumatology
- Urology

Surgery
- Endoscopic
- Laparoscopic
- Podiatry
- Ophthalmology
- General surgical procedures

Wellness Center

COMMUNITY ORGANIZATIONS, HEALTH PARTNERS, AND GOVERNMENT AGENCIES

Organizations identified through the process that were current or potential partners for addressing health needs and related issues include:

- Christian County Health Department
- American Cancer Society
- American Heart Association
- American Diabetes Associaiton
- Illinois Rural Community Care Organization Pana Pride
- City of Pana
- Christian County CEO program
- Illinois Institute for Rural Affairs
- St. John's Hospital
- Carle
- Memorial Health System
- Southern Illinois Health Care
- Christian County Health Department
- Christian County Mental Health
- Illinois Tele-health Network
- Churches
- Schools

VIII. STEPS TAKEN SINCE THE LAST CHNA TO ADDRESS IDENTIFIED NEEDS

The Community Health Needs Assessment was accepted for publication, and this Implementation Strategy was approved and adopted by the Board of Directors of Pana Community Hospital. The following items have been selected as top priority items (with the remaining items to be addressed as time, funds, and opportunity arise):

TOP PRIORITY ITEMS FROM 2013 CHNA	PROGRESSION
1. CHRONIC DISEASE MANAGEMENT	**Addressing cancer, heart disease, diabetes, and stroke** • Hosted monthly "Lunch, Learn & Live Well" meetings that provided education to the community related to the management of these identified diseases • Continued participating in the STAT Heart Program • Participated in STAT Stroke Initiatives and became an Acute Stroke Ready Hospital • Continued to expand breast care services to focus on improving early detection and treatment of breast cancer • Sponsored an annual community health fair • Provided dietitian services that included a focus on diabetes management
2. WELLNESS, FITNESS, HEALTHY LIFESTYLES, AND ILLNESS PREVENTION	**Sponsored community wellness initiatives through the rehab wellness center** • Including multiple 5K programs and weekly community wellness workshops • Provided fitness wellness programs to the community, including individualized exercise program development and group exercise class offerings • Sponsored quarterly employee wellness challenges with rewards for participation and goal achievement
3. MENTAL HEALTH	**Worked to strengthen existing mental health programs** • Worked with Christian County Mental Health Services • Researched additional opportunities to offer mental health services • Hired LCSW in the summer of 2016 to work in Pana Community Hospital's Rural Health Clinic

Pana Community Hospital continues to develop partnerships in an effort to enhance the healthcare provided to its service area community and to continue to further address the needs identified in this assessment.

IX. 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.

The hospital will also provide in its annual IRS Schedule H (Form 990) the URL of the webpage on which it has made the CHNA Report and Implementation Strategy widely available to the public as well as a description of the actions taken during the taxable year to address the significant health needs identified through its most recent CHNA, as well as the health indicators that it did not address and why.

Approval

This Community Health Needs Assessment of Pana Community Hospital was approved by the Pana Community Hospital Board of Directors on the _____ day of _____, 2016.

X. REFERENCES

- *County Health Rankings, 2016*
- *Community Commons, 2016*
- Illinois Department of Employment Security, 2016
- National Cancer Institute, 2015 (data through 2011)
- Illinois Department of Public Health, 2016
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2016
- Illinois Public Health Department, IPLAN
- ESRI, 2016
- Illinois State Board of Education, Illinois Report Card, 2015-16
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.

IMPLEMENTATION STRATEGY

PANA COMMUNITY HOSPITAL IMPLEMENTATION STRATEGY

The CHNA Steering Committee, comprised of representatives from both focus groups, met on September 29, 2016 to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, *County Health Rankings and Roadmaps*, National Cancer Institute and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Pana Community Hospital service area.

Process by which needs will be addressed:

1. MENTAL HEALTH
    - The group identified four needs related to substance abuse including:
        - Address prevalence of tobacco use among youth and adults
        - Address prevalence of alcohol use among youth adults
        - Address addiction-related issues including access to services for rehabilitation and recovery
        - Address youth substance use
    - The group also singled out a need for improved access to beds for persons with behavioral mental health issues and substance abuse issues requiring in-patient services

2. WELLNESS
    - Better access to vaccinations for everyone
    - Improved access to education and care for the prevention of:
        - Diabetes
        - Cancer
        - Heart disease

3. **IMPROVE THE LOCAL ECONOMY** in order to address circumstances of community members that impact their health and healthcare

4. **PLANNING FOR PHYSICIAN SUPPLY,** including specialists

The final significant need identified and prioritized was creation of a single list of available health-related services and providers (including healthcare, social and related services, and wellness related opportunities) that could be utilized by all healthcare providers and other community groups and organizations to refer persons to local health-related services.

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Pana Community Hospital including:

- **Trina Casner,** CEO, Pana Community Hospital
- **James Moon,** CFO, Pana Community Hospital
- **Vickie Coen,** CNE, Pana Community Hospital
- **Dianne Bailey,** CIO, Pana Community Hospital
- **Luann Funk,** HR, Pana Community Hospital
- **Carol Schramm,** Board Chairman, Pana Community Hospital

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.

1. MENTAL HEALTH

- The group identified four needs related to substance abuse including:
  - Address prevalence of tobacco use among youth and adults
  - Address prevalence of alcohol use among youth adults
  - Address addiction-related issues including access to services for rehabilitation and recovery
  - Address youth substance use
- The group also singled out a need for improved access to beds for persons with behavioral mental health issues and substance abuse issues requiring in-patient services

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

- Explore expanding telehealth to include telepsychiatry
- Explore expanding mental health counseling and evaluation to improve behavioral mental health access and addiction-related services
- Continue to partner with Christian County Mental Health to provide emergent care and crisis management for behavioral mental health and substance-related issues
- Explore creation of local limited stay detoxification services in order to remove hurdles to long term placement for rehabilitation and recovery for addiction
- Continue to support the community substance abuse prevention efforts of the Christian County Health Department and the Christian County Prevention Coalition through information exchange and remaining open to partnering on specific programs and/or projects under specific circumstances
- Explore providing a local healthcare scholarship for use for education toward becoming a medical or social work professional for mental health

Anticipated impact of these actions:

- Increased access to psychiatric care through telehealth
- Improved community prevention services
- Increased access to outpatient counseling services
- Remove a major local hurdle to longterm care for addiction rehabilitation and recovery

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

- Administration
- Primary care clinics

Planned collaboration between the hospital and other facilties or organizations:

- Christian County Health Department
- Christian County Mental Health
- Illinois Telehealth Network

2. WELLNESS

- Better access to vaccinations for everyone
- Improved access to education and care for the prevention of:
  - Diabetes
  - Cancer
  - Heart disease

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

- Collaborate with Christian County Health Department to offer drive-through vaccination services
- Explore expanding routine vaccination offerings to include pneumonia and other recommended vaccines
- Explore expanding the state youth vaccine programs to the newly acquired clinic
- Implement a chronic care management program
- Implement chronic care and chronic disease education through community "Lunch and Learn" programs
- Implement wellness education in community "Lunch and Learn" programs
- Include chronic illness education in the "Live Well" programs by Pana Community Hospital
- Expand nutrition counseling and education

Anticipated impact of these actions:

- Increased access to vaccinations
- Increased access to vaccinations for youth
- Increased access to chronic disease care
- Increased access to chronic disease education
- Increased access to wellness education
- Increased access to nutrition counseling and education

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

- Administration
- "Live Well" Coordinator
- Care Coordinator
- Contracted dietitian

Planned collaboration between the hospital and other facilities or organizations:

- Christian County Health Department
- American Cancer Society
- American Heart Association
- American Diabetes Association
- Illinois Rural Community Care Organization

3. IMPROVE THE LOCAL ECONOMY in order to address circumstances of community members that impact their health and healthcare

Actions the hospital intends to take to address the health need:
Following extended discussion, Pana Community Hospital staff concluded that leadership and responsibility for improving the local economy rested with the City of Pana and Pana Pride. Although this goal is beyond to the control of Pana Community Hospital, steps that the hospital can take to assists this effort were identified.
Those steps include:

- Help educate local and state government representatives about the initiatives needed to improve the local economy
- Continue financial support for the Creating Entrepreneurial Opportunities (CEO) program
- Keep Pana Community Hospital strong in order to impact the quality of life of the community
- Carry out capital improvements that will create construction jobs in the near term
- Continue to improve the marketability of the community through addressing mental health, substance abuse, wellness and chronic illness, thereby improving the quality of life and reducing crime in the community

Anticipated impact of these actions:

- An improved community profile to enhance opportunities for community development

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

- Administration

Planned collaboration between the hospital and other facilities or organizations:

- Pana Pride
- City of Pana
- Christian County CEO program
- Illinois Institute for Rural Affairs

4. PLANNING FOR PHYSICIAN SUPPLY, including specialists

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

- Continue an aggressive scholarship program to encourage local young people to further their education in healthcare professions and then to return to Pana to practice
- Monitor primary care providers
- Keep Pana Community Hospital strong in order to impact the quality of life of the community
- Explore collaboration opportunities to create local access to specialists

Anticipated impact of these actions:

- Sustained physician supply
- Increased local access to specialists

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

- Administration

Planned collaboration between the hospital and other facilities or organizations:

- St. John's Hospital
- Carle
- Memorial Health System
- Southern Illinois Health Care

Committed Resources

In addition to staff and facility resources, Pana Community Hospital has budgeted a percent increase in spending for discretionary community benefit activities that will help support this Implementation Strategy.

Approval

The Pana Community Hospital Board of Directors reviews on an annual basis the prior fiscal year's Community Benefit Role and approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment and other plans for community benefit.

This Implementation Strategy for the Community Needs Assessment of Pana Community Hospital was approved by the Pana Community Hospital Board of Directors on this ___ day of _____, 2016.

NOTES: