

Community Health Needs Assessment

Paris Community Hospital | 2013



Paris Community Hospital
Family Medical Center

2013

Community
Health Needs
Assessment

Paris Community Hospital

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PROCESS

Purpose

Paris Community Hospital provides superior primary physician and hospital care to Paris and its surrounding communities. In the past, Paris Community Hospital has employed many different methods to assess the health needs of the area it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require most of those hospitals, including Paris Community Hospital, to conduct local Community Health Needs Assessments every three years and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

Paris Community Hospital provides superior primary physician and hospital care to Paris and its surrounding communities.

Assessing community health needs through a review of available health data and discussion with area health care partners, local officials, community leaders, and representatives of the many groups served by the hospital give Paris Community Hospital and its health care partners the opportunity to identify and address the area's most pressing health care needs.

Scope of Assessment

Paris Community Hospital elected to conduct a Community Health Needs Assessment in 2013. The Community Health Needs Assessment was developed and conducted 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 health care services for member critical access hospitals and their rural communities. ICAHN, with 52 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. Paris Community Hospital is a member of ICAHN.

The Community Health Needs Assessment will serve as a guide for planning and implementation of health care initiatives that will allow the hospital and its partners to best serve the emerging health needs of Paris and all of Edgar County.

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Methodology and Gaps Discussion

The Community Health Needs Assessment was conducted 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 through teleconference 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.

Possible avenues for gathering primary data were reviewed and it was determined to proceed with three focus groups – comprised of area health care professionals/partners, local officials, and community leaders.

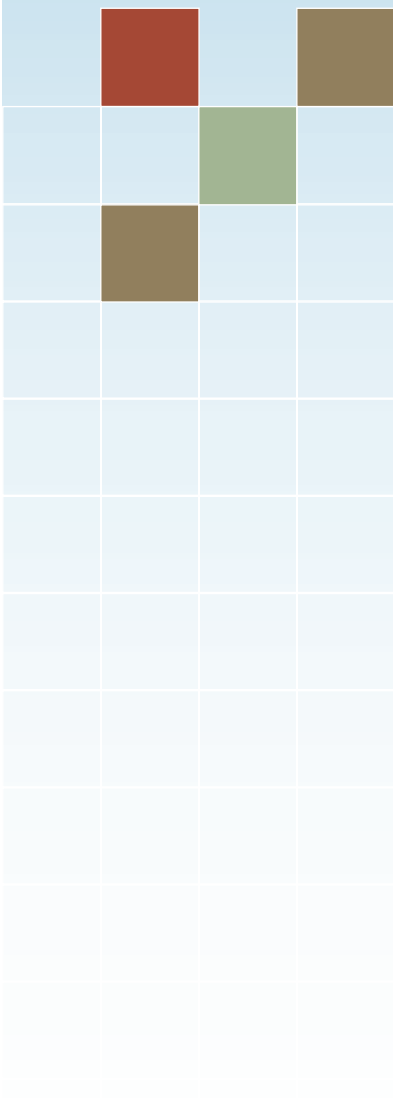
Potential information gaps were discussed related to those living in poverty in the Paris Community Hospital primary service area. This assessment has explored the insular needs of the identified groups by specifically seeking input from persons with knowledge of the specific health concerns. Input was also sought from members of the community who were charged professionally with advancing local health and education programs.

As with many rural areas, secondary data is often a year or more out-of-date, which highlights the importance of historic trends in that data in the service area.

Secondary data from state, federal, and professional sources, which are cited in text, were reviewed by the consultant and compared to the primary data gathered. Identified needs were prioritized through that process and presented to hospital administration for review.

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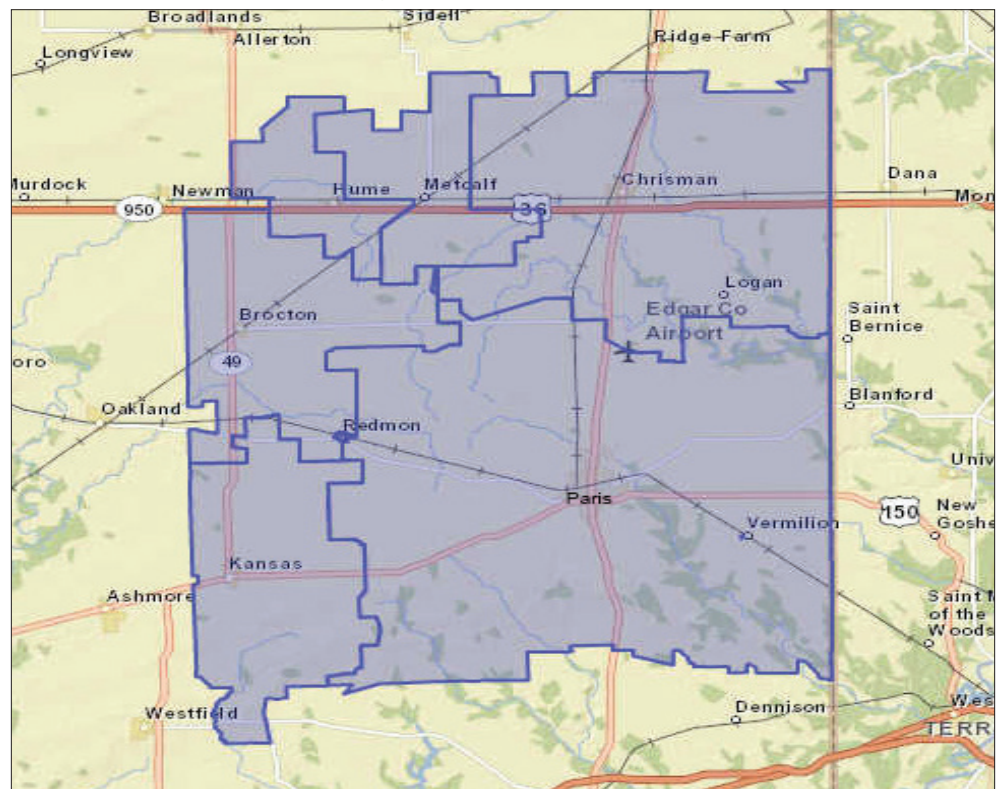
COMMUNITY

Geographic Assessment Area Defined

The Paris Community Hospital service area was identified with senior staff as a geographic area determined to be the current primary and secondary hospital service areas which includes all or portions of the zip code service areas surrounding Paris, Brocton, Chrisman, Hume, Kansas, Metcalf, Redmon, and Vermillion. This geographic area definition of community is well-suited to Paris Community Hospital, a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics, and specialty clinics to residents of a rural area.

Major medical centers in Champaign, IL, Terre Haute, IN, and other locations receive patients from the service area.

Illustration 1. Paris Community Hospital Service Area



Paris Community Hospital is a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.

Demographic Profile

Table 1. Population by Race – Paris Community Hospital Service Area

| RACE and ETHNICITY | 2012 | | 2017 | |
|----------------------------|--------|---------|--------|---------|
| | Number | Percent | Number | Percent |
| White | 17,935 | 98.0% | 17,586 | 97.1% |
| Black | 99 | 0.5% | 171 | 0.9% |
| American Indian | 25 | 0.1% | 27 | 0.1% |
| Asian | 40 | 0.2% | 54 | 0.3% |
| Pacific Islander | 3 | 0.0% | 3 | 0.0% |
| Other | 62 | 0.3% | 88 | 0.5% |
| Two or More Races | 144 | 0.8% | 181 | 1.0% |
| Hispanic Origin (any race) | 229 | 1.3% | 318 | 1.8% |

(ESRI – 2013)

The race and ethnicity makeup of the service area indicates that the numbers are typical of rural Illinois. No significant change in the profile is projected over the next five years.

The broad demographic profile of the Paris Community Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following chart and data profile trends in the demographic environment surrounding the Paris Community Hospital service area.

Table 2. Demographic Trends – Paris Community Hospital Service Area

| SUMMARY | 2010 | 2012 | 2017 |
|-------------------------------|--------|--------|--------|
| Population | 18,164 | 18,308 | 18,110 |
| Households | 7,674 | 7,700 | 7,705 |
| Families | 5,026 | 5,021 | 4,992 |
| Average Household Size | 2.33 | 2.34 | 2.31 |
| Owner Occupied Housing Units | 5,655 | 5,628 | 5,653 |
| Renter Occupied Housing Units | 2,019 | 2,072 | 2,052 |
| Median Age | 43.1 | 43.8 | 44.9 |
| TRENDS: 2011-2016 Annual Rate | AREA | U.S. | |
| Population | -0.22% | 0.68% | |
| Households | 0.01% | 0.74% | |
| Families | -0.12% | 0.72% | |
| Owner Households | 0.09% | 0.91% | |
| Median Household Income | 2.18% | 2.55% | |

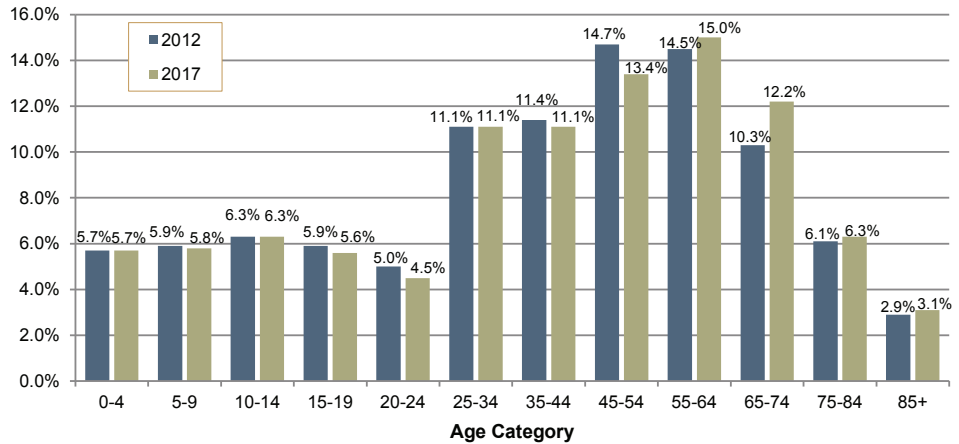
(ESRI – 2013)

The overall population of the service area is stable with little change expected in most related demographic categories. The median age is projected to continue to increase over the next five years to 44.9 years of age, which is typical of many rural areas in downstate Illinois.

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Table 3. Population Age Trends – Paris Community Hospital Service Area



(ESRI – 2013)

The Paris Community Hospital service area is projected to gain population distribution in all groupings over age 55 and experience small declines in all other groups. This pattern is not unusual when compared to much of rural Illinois.

Economic Profile

Table 4. Household Income Profile – Paris Community Hospital Service Area

| HOUSEHOLDS BY INCOME | 2012 | | 2017 | |
|----------------------|--------|---------|--------|---------|
| | Number | Percent | Number | Percent |
| <\$15K | 1,120 | 14.5% | 1,030 | 13.4% |
| \$15K-\$24K | 1,126 | 14.6% | 870 | 11.3% |
| \$25K-\$34K | 1,115 | 14.5% | 1,117 | 14.5% |
| \$35K-\$49K | 1,381 | 17.9% | 1,281 | 16.6% |
| \$50K-\$74K | 1,491 | 19.4% | 1,740 | 22.6% |
| \$75K-\$99K | 750 | 9.7% | 879 | 11.4% |
| \$100K-\$149K | 515 | 6.7% | 556 | 7.2% |
| \$150K-\$199K | 113 | 1.5% | 139 | 1.8% |
| \$200K+ | 89 | 1.2% | 93 | 1.2% |

| | | |
|--------------------------|----------|----------|
| Median Household Income | \$39,121 | \$43,584 |
| Average Household Income | \$50,149 | \$54,322 |
| Per Capita Income | \$21,219 | \$23,245 |

(ESRI – 2013)

Median household income for 2012 was estimated at \$39,121 in the Paris Community Hospital service area, compared to \$50,157 in 2012 for all U.S. households. The median household income in Illinois was \$53,234 for 2012. Median household income in the service area is projected to be \$43,584 in 2017. Median household income is the amount where one-half of the households in an identified area have a higher income and one-half of the households have a lower income. (ESRI, 2013, U.S. Census 2012)

Median home value in the area is \$70,609 compared to a median home value of \$167,749 for the U.S. In five years, median value is projected to increase to \$79,928. (ESRI, 2013)

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According to the Illinois Department of Employment Security, Local Employment Dynamics data, 435 new jobs were created in Edgar County during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 322 new jobs. That is the most recent data reported for the county. The average net job flow (jobs created – jobs lost) for the same period was 82 new jobs. This was a significantly higher number of new jobs created compared to many other rural Illinois counties.

Table 5. Employment by Industry – Paris Community Hospital Service Area

| CATEGORY | EMPLOYED | % OF WORKING POPULATION |
|--|----------|-------------------------|
| Manufacturing | 1,973 | 22.3% |
| Health care and social assistance | 1,220 | 13.8% |
| Retail trade | 1,029 | 11.6% |
| Educational services | 664 | 7.5% |
| Agriculture, forestry, fishing and hunting | 580 | 6.6% |
| Construction | 551 | 6.2% |
| Transportation and warehousing | 449 | 5.1% |
| Accommodation and food services | 424 | 4.8% |
| Other services, except public administration | 398 | 4.5% |
| Public administration | 361 | 4.1% |
| Finance and insurance | 337 | 3.8% |
| Administrative and support and waste management services | 250 | 2.8% |
| Professional, scientific and technical services | 214 | 2.4% |
| Wholesale trade | 123 | 1.4% |
| Information | 82 | 0.9% |
| Utilities | 52 | 0.2% |
| Arts, entertainment, and recreation | 49 | 0.6% |
| Mining, quarrying, and oil/gas extraction | 44 | 0.5% |
| Real estate and rental and leasing | 37 | 0.4% |
| Management of companies and enterprises | 0 | 0.0% |

(ESRI – 2013)

Edgar County enjoys diverse employment opportunities overall. The second largest employment group is health care and social assistance. Paris Community Hospital and its supporting services and partners are included in this group. Paris Community Hospital plays an important role in the economic vitality of the area as well as its health.

The annual average unemployment rate for Edgar County in 2012 was 9.3%, compared to 8.9% average unemployment rate for Illinois and 8.1% for the U.S.

Table 6. Collected Sales Tax Trends – Paris Community Hospital Service Area

| | <u>Paris</u> | <u>Kansas</u> | <u>Chrisman</u> |
|----------------|--------------|---------------|-----------------|
| FY 2012 | \$1,784,043 | \$39,045 | \$97,342 |
| FY 2011 | \$1,710,416 | \$34,350 | \$104,589 |
| FY 2010 | \$1,740,780 | \$33,260 | \$104,028 |

(Illinois Department of Revenue, 2012)

Table 7. Educational Attainment – Paris Community Hospital Service Area

| |
|--|
| In 2012, the educational attainment of the population aged 25 years or older in the area was distributed as follows: |
| 88% had attained at least a high school diploma (87% statewide) |
| 18% had attained a bachelor's degree or higher (31% statewide) |

Low-income students are pupils age 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds, or eligible to receive free or reduced-price lunches. The percentage of low-income students is the count of low-income students, divided by the total fall enrollment, multiplied by 100. A large portion of the service area is included in five public school districts reflecting the following levels of low income students:

| Percent Low-Income Students | | |
|------------------------------------|-------------|-------------|
| <u>District</u> | <u>2000</u> | <u>2012</u> |
| Edgar County CUSD 6 | 18.0 | 36.3 |
| Kansas CUSD 3 | 33.5 | 48.4 |
| Paris CUSD 4 | 11.8 | 24.7 |
| Paris-Union SD 95 | 42.0 | 52.4 |
| Shiloh CUSD 1 | 31.9 | 53.6 |

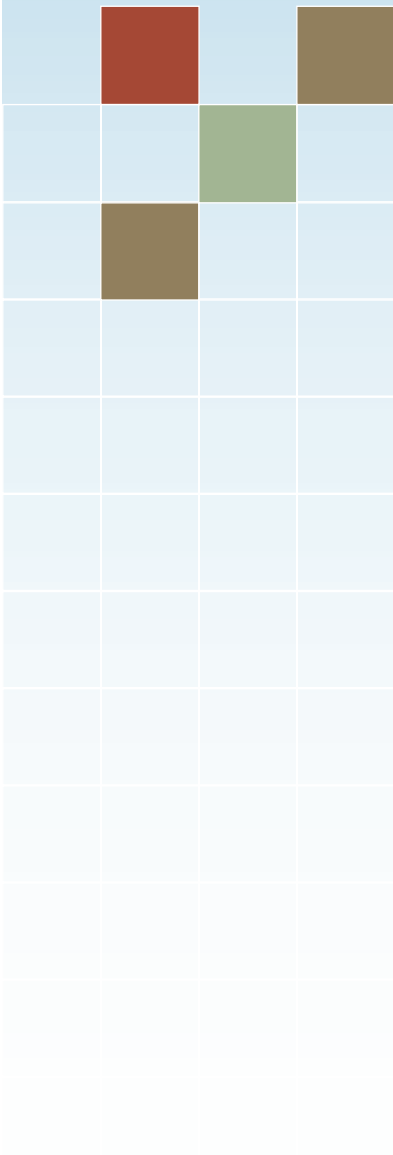
(ESRI – 2013)

The population of low income students for the state of Illinois went from 36.7% low income students in 2000 to 49% in 2012. Paris-Union SD 95 district exceeded the state level in 2012.

The Paris Community Hospital service area is experiencing unemployment numbers that are comparable to many rural Illinois counties. Sales tax revenue has remained steady over the last three fiscal years. Numbers of children eligible for free or reduced lunch are increasing, which is not unusual in rural areas. Median income and housing values are lower than state numbers. The service area appears to be in a

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similar overall economic position than many rural communities in Illinois today. The service area's social and economic picture is influenced by the fact that 88% of the land area in Edgar County, consists of farms, according to 2007 data from the USDA. Thirty percent of farm operators in Edgar County work off-farm. (*Atlas of Rural and Small Town America, 2013*)

The Paris Community Hospital service area is marked by small communities relying primarily on small businesses and industries, agriculture, and service providers for its local employment.

The overall demographic/economic profile of the Paris Community Hospital service area is typical of many rural Illinois communities. In the near term, the profile is expected to remain substantially similar in most categories reviewed for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.

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INPUT

Health Profiles from Existing Studies and other Secondary Data

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

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

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, 2012)

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Edgar County is ranked 76 out of the 102 Illinois counties in the Rankings released in April 2013.

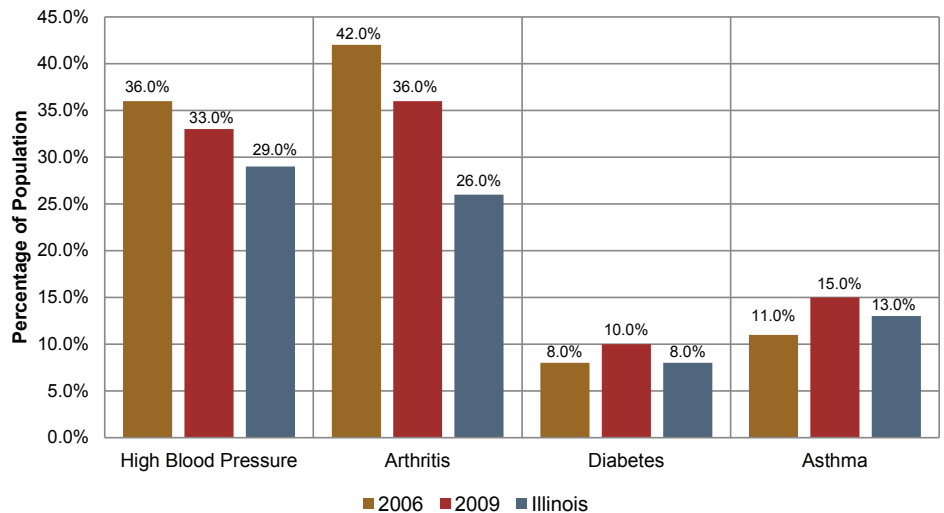
Table 8. Edgar County Health Rankings

| Observation | Edgar County | Illinois |
|---|--------------|----------|
| Adults reporting no leisure time physical activity | 30% | 25% |
| Adult obesity | 31% | 27% |
| Children under 18 living in poverty | 22% | 21% |
| Teen birth rate (per 1,000 female teens, aged 15-19) | 48 | 38 |
| Daily fine particulate matter (micrograms per cubic meter) | 13 | 12 |
| Drinking water safety (% exposed to water exceeding violation limit) | 10% | 3% |
| Fast food restaurants (% of restaurants that are fast food) | 59% | 50% |
| Limited access to healthy foods (low income residents not near grocery) | 13% | 4% |

The Illinois Behavioral Risk Factor Surveillance System provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. (*Illinois Behavioral Risk Factor Surveillance System, 2012*)

The following table reflects longitudinal information from the IBRFSS that indicate likely areas of health care needs.

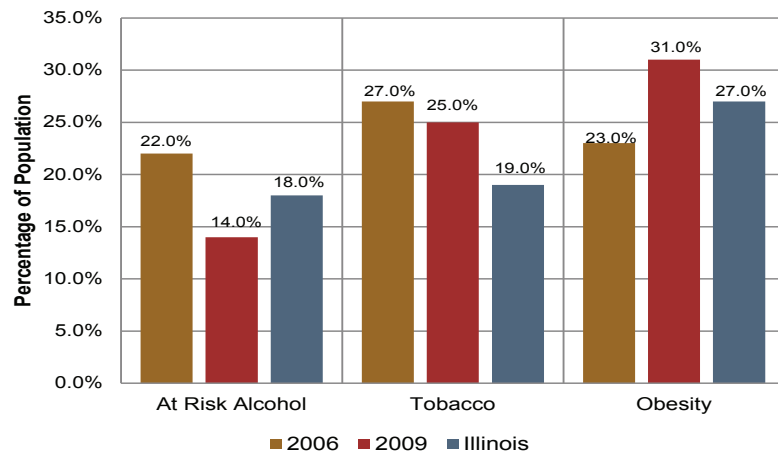
Table 9. Diagnosed Disease – Edgar County



(IBRFSS, 2012)

Diagnoses of high blood pressure and arthritis have declined in Edgar County but still exceeded the state level for 2009. Diagnoses of diabetes and asthma increased from levels in 2006 to levels in 2009 and exceeded the state levels in 2009.

Table 10. Health Risk Factors – Edgar County



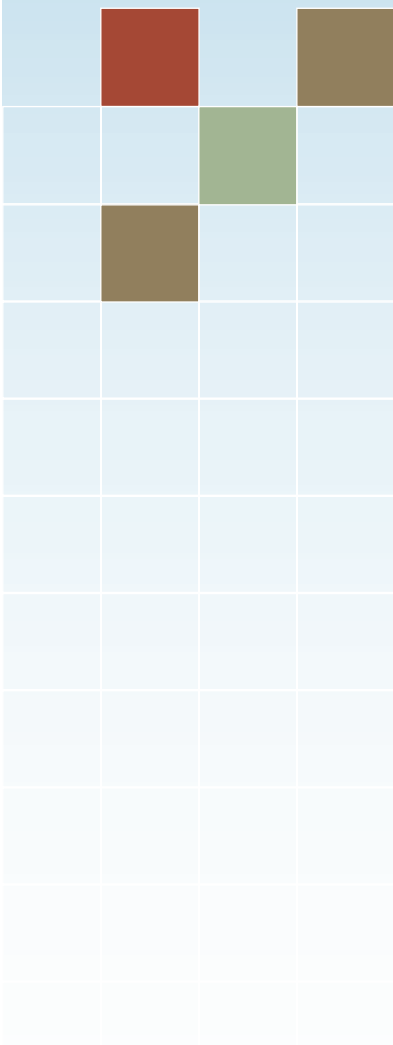
(IBRFSS, 2012)

The percent of persons at risk for acute or binge drinking was lower than the state average in 2009, which is somewhat unusual for rural Illinois. Tobacco use exceeded the state levels. The rate of persons reporting obesity is also above the state level in the IBRFSS and in the more recent County Health Rankings for Edgar County.

The teen birth rate, number of adults reporting no leisure time physical activities, exposure to drinking water exceeding violation limits, exposure to fine matter particulates, percentage of available restaurants that are fast food residents, and children under 18 living in poverty all exceed state levels in Edgar County.

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The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent available table for Edgar County, showing the causes of death within the county is set out below:

| <u>Disease Type</u> | <u>Number of Deaths</u> |
|--|-------------------------|
| Diseases of the Heart | 74 |
| Malignant Neoplasms | 44 |
| Cardiovascular Diseases (Stroke) | 12 |
| Lower Respiratory Diseases | 31 |
| Accidents | 7 |
| Alzheimer's Disease | 15 |
| Diabetes Mellitus | 3 |
| Influenza and Pneumonia | 4 |
| Nephritis, Nephrotic Syndrome, and Nephrosis | 6 |
| Septicemia | 2 |
| Intentional Self Harm (Suicide) | 2 |
| Chronic Liver Disease, Cirrhosis | 0 |
| All Other Causes | 31 |
| Total Deaths | 231 |

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

The State Cancer Profiles compiled by the National Cancer Institute list Edgar County at Level 6 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and is stable over the recent past. *(National Cancer Institute, 2010)*

Synthesized Secondary Data

The demographics for Paris Community Hospital service area reflect similar income when compared to many other rural areas.

The service area reports a higher percent of population diagnosed with arthritis, asthma, diabetes, and high blood pressure than state averages. Diseases of the heart and cancer are the two leading causes of death throughout the service area. Adults reporting no leisure time physical activity exceed state levels. Obesity, smoking, teen birth rate, children living in poverty, environmental based health concerns, and access to health foods all emerge as local indicators of potential concerns for the delivery of health care.

Summary

The secondary data and previous planning conclusions draw attention to several common issues of rural demographics and economies. The data and conclusions also draw emphasis to issues related to wellness, education, and risky behavior with regard to obesity, smoking, teen health, and related issues.

Primary Source Information

Focus Group #1 – Community Leaders

A focus group comprised of community leaders met on June 3, 2013. The group included representatives of churches, large employers, community organizations, business owners, and others. The focus group session opened with the identification of several positive events that took place within the Paris Community Hospital service area during the past five years. The following developments were cited:

- Access to specialists is good and has expanded
- Paris Community Hospital Occupational Health Services and Emergency Room are good
- EZ Care Clinic
- Community outreach from Paris Community Hospital has expanded
- Senior services from Paris Community Hospital have improved greatly through the addition of the Senior Care Program
- Paris Community Hospital's partnership with the Human Resources Center to provide access to a psychiatrist 30 hours per week
- Volunteerism is high at Paris Community Hospital and in the community in general
- Paris Community Hospital works well with clergy to address both spiritual and physical needs when appropriate
- Meals on Wheels
- Paris Community Hospital is a community development driver

The group then discussed a wide variety of health needs and concerns in several general categories, including the need for:

- Pediatrician
- General practitioners
- Maternity services
- Dermatologist
- Better utilization of local physical therapy resources by providers
- More leadership from Paris Community Hospital in wellness education for both behavioral health and general health – working toward a home health model
- Ability to transfer for inpatient mental health care
- Better communication between health care providers and local employers to address the concerns of employers
- Better cooperation between employers and the occupational health department
- A dedicated occupational health provider
- Substance abuse
 - Heroin
 - Methamphetamines
 - Marijuana
 - Prescription abuse in the forms of doctor shopping, sharing, and selling
 - Alcohol
 - Tobacco (both smoking and smokeless)

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- Local dialysis – the nearest dialysis is 25 miles away
- Transportation for out of area appointments could be expanded
- Address health implications of unrelated adults living together in groups of eight or more in a single residence
- Cancer
- Suicide
- Residential hospice
- Access to medications for seniors
- Address risky lifestyles to obesity, coronary health, and substance abuse
- Overcome a lack of motivation or personal responsibility among citizens
- Better electronic record sharing

Focus Group #2 – Health Care Professionals and Partners

A focus group comprised of health care professionals and partners met on June 4, 2013. The group included a representative of the Edgar County Health Department, physicians, a pharmacist, representatives of senior care centers, and others. The focus group session opened with the identification of several positive events that took place within the Paris Community Hospital service area during the past five years.

The following developments were cited:

- Orthopedics at Paris Community Hospital
- The Human Resources Center
- Senior care program at Paris Community Hospital
- Increased physician availability and interaction with the community
- Occupational health department
- Hospitalist program
- Transportation is good for local services and appointments, especially for seniors
- Paris Community Hospital contracts with a transit provider for senior services
- EZ Care Clinic
- Services at the emergency room are very good
- Dr. Ishmael
- Emergency transfer seems to be smoother and better handled than in the past

The group then discussed a wide variety of health needs and concerns in several general categories, including the need for:

- Pediatrician
- Dialysis
- Endocrinologist
- Better access to a psychiatrist or mid-level psychiatric care
- Sleep medicine
- Mental health aftercare – locally and transfers
- Substance abuse
 - Heroin
 - Methamphetamines

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- Synthetics
- Tobacco (both smoking and smokeless)
- Prescription abuse in the forms of doctor shopping and the theft, sale, and sharing of prescriptions
- Particular abuse of Xanax and Vicodin
- Suicide, especially addressing chronic depression with options other than medication
- Wellness education and opportunities for all ages
- Address issues related to insurance and Illinois Medicaid resulting from proximity to state line, which sometimes force patients to travel unnecessary distances for specialist and follow-up care
- Wellness education for underinsured and uninsured
- Dentists
- Better cooperation between insurers and local medical equipment providers
- Local inpatient adolescent treatment for substance abuse
- Education about sexually transmitted diseases and teen pregnancy for youth
- Sustainability for the Human Resources Center and its programs
- Educating the community about personal responsibility and involvement and encouraging people to take responsibility for their own health
- Finding and sustaining resources for care for underinsured and uninsured
- Prevalence of cancer
 - Lung cancer
 - There seem to be unusual types of cancer, not necessarily more, but types not often seen
- Obesity
- Educating caregivers about reducing caregiver stress
- Addressing barriers to recruiting rural health care providers at all levels
- Reduce the use of soft drinks and energy drinks
- Education on nutrition and healthy foods
- Access to healthy foods
- Diabetes
- Address issues of poverty and the cycle of generational reinforcement and the related impact on health care
- Recognition of Paris Community Hospital as an economic and community driver
- Step up community efforts to encourage young adults to stay or return to the community
- Housing availability

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Focus Group #3 – Community Officials

A focus group comprised of community officials also met on June 4, 2013. The group included a superintendent of schools, mayors, county board members, and others. The third focus group session also opened with the identification of several positive events that took place within the Paris Community Hospital service area during the past five years. The following developments were cited:

- Babysitter classes offered by Paris Community Hospital
- Health occupation classes for students of area high schools at Paris Community Hospital leading to Certified Nurse Assistant certificates
- EZ Care Clinic
- Expansion of the Faith in Action program, which utilizes volunteers to transport dialysis patients to Terre Haute
- Activities of the Coalition Against Methamphetamine Abuse
- Addition of an orthopedic surgeon at Paris Community Hospital
- Dental bus services provided through the Edgar County Health Department
- Introduction of skilled swing bed services at Paris Community Hospital
- Mass transit is doing a good job
- Relationship between Paris Community Hospital and the Human Resource Center is strong
- Senior Care counseling services at Paris Community Hospital

The group then discussed a wide variety of health needs and concerns in several general categories, including the need for:

- Pediatrics
- OB/Gyn
- Wellness education for youth and parents
- Chrisman Rural Health Clinic has inconsistent days and hours due to employee time off
- Community education about progress and new programs at Paris Community Hospital
- Dialysis
- Provide blood draws and other lab services for the homebound
- More primary care physicians
- Paris Community Hospital needs to share its message better
- Local vision services for children on Kid's Care
- Nutrition education for youth
- Athletic training services for youth beyond game night
- Obesity
- Diabetes
- Urinary tract infections are increasing, possibly as much as doubling in the past five years
- Smoking
- Skin cancer
- Brain cancer in children and young adults
- Sustaining the services currently provided by the YMCA
- Opportunities for outdoor recreation

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PRIORITIZATION

Reconciliation of Primary Source Information with Secondary Data

The facilitated primary information gathering process resulted in the discovery of issues subsequently prioritized during discussion by participants and repetition among groups to a list of concerns largely common to the overarching categories of access to wellness education and opportunities for related programs and activity for all residents, access to nutritious foods, teen pregnancy, delivery of mental health services including prevention of substance abuse, and addressing the provision of local health care in an increasingly challenging economy. The areas chosen were consistent with the needs identified from the secondary information collected and observed.

Summary of Findings and Recommendations

The items set forth below are those which found consistent identification and, ultimately, prioritization in the primary information gathering process and which are supported by the secondary information related to demographics and health status.

1. Basic wellness services, education, and access for all residents

Wellness education and care issues were raised in the focus groups as an access issue with regard to all age groups. Education about nutrition and wellness issues for all ages was suggested in the focus groups. Issues related to access to healthy foods were raised in the focus groups and supported by the secondary data. Diabetes, asthma, obesity, arthritis, and high blood pressure were apparent as were reports of sedentary lifestyles and evidence of environmental issues.

2. Mental health services

Mental health service issues were raised in the focus groups with regard to programs available through Paris Community Hospital and also within the community in general. The need for these services involved youth, young adults, underinsured and uninsured, post-hospital placement, and addressing substance abuse. The need in this area was also supported in the secondary data related to risky behavior.

3. Addressing access to quality local health care

This issue of addressing access to quality local health care was raised in several contexts, including the need for increased access to specialists, sustaining availability of local general practitioners, and planning for future availability of access to the varied local services provided at Paris Community Hospital for the community in general and for underinsured and uninsured residents.

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RESOURCE INVENTORY

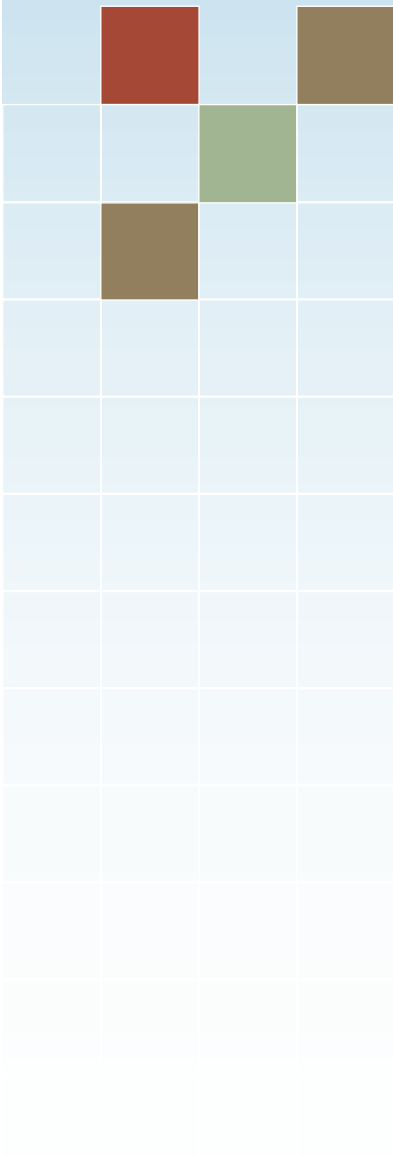
Paris Community Hospital

Paris Community Hospital is a critical access hospital offering a wide range of services and care to its service area. Paris Community Hospital provides general medical and surgical care for inpatient, outpatient, satellite clinic patients, emergency room patients, and participates in Medicare and Medicaid programs. Services include:

- Acute care
- Anesthesia/pain management
- Asthma program
- Cardiac rehabilitation
- Cardiac testing
- Diabetes education
- Emergency Department
- Hospitalists
- Infusion Clinic
- Laboratory
- Neurological services
- Nutrition education and care
- Occupational health
- Physical therapy
- Radiology
- Respiratory therapy
- Senior care
- Special Care Unit
- Speech therapy
- Sports medicine
- Surgery
- Swing bed unit
- Wound care
- Clinical psychology/social services
- Community services, including support groups, education programs, and Meals on Wheels

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Area Health Services Review

Physicians

Family Practice

Steven Macke, MD
Leland Phipps, MD

General Practice

M. Bert Akerman, MD
Mert Guinto, MD

Internal Medicine

Reid Sutton, MD

General Surgery

John Nadeau, DO

Orthopedics/Sports Medicine

John Rowe, MD

Pathology/Laboratory

Asuncion DeWitt, MD

Podiatry

Phillip Holloway, DPM

Radiology

Bruce Houle, DO

Clinics

Family Medical Center – Paris

Operated by Paris Community Hospital

Family Medical Center – Chrisman

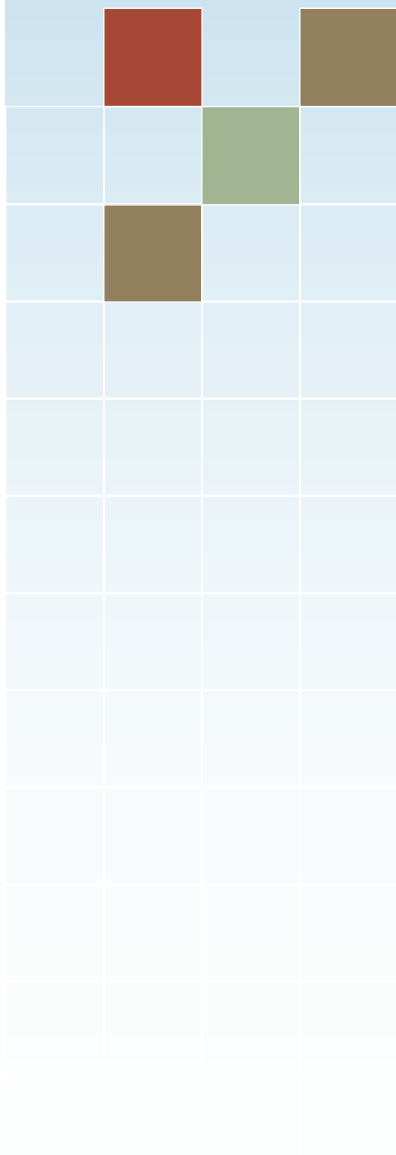
Operated by Paris Community Hospital

Family Medical Center – Kansas

Operated by Paris Community Hospital

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Visiting Specialists

- Cardiology
- Neurology
- Obstetrics/gynecology
- Oncology
- Ophthalmology
- Otolaryngology
- Pediatric pulmonology
- Pulmonology
- Urology
- Vascular surgery

Nursing Homes and Senior Care

Pleasant Meadows Christian Village – Chrisman

- Independent living
- Skilled nursing
- Short-term rehabilitation
- Memory care
- Respite care
- Hospice care

Paris Health Care – Paris

- Skilled nursing
- Adult day care
- Memory care
- Rehabilitation services

Twin Lakes Rehab and Health Care – Paris

- Skilled nursing
- Rehabilitation services
- Short-term rehabilitation
- Memory care
- Respite care
- Hospice care

Grace Lutheran Retirement Village – Paris

- Independent living

Gowin Parc of Paris Memory Care – Paris

- Alzheimer's care

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REMARKS

The Paris Community Hospital Community Health Needs Assessment was conducted in 2013. The process followed interim IRS guidelines allowing for a more confident focus of effort and resources.

ICAHN is grateful to Paris Community Hospital staff for their participation in the development of this project, which will benefit many of their ICAHN partners in the years to come.

ICAHN and Paris Community Hospital are grateful to the health care professionals, community leaders and citizens who offered their thoughtful input for the assessment.

This report is submitted to the Administration of Paris Community Hospital in August, 2013, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.

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APPENDIX

Focus Group and Interview Participants

Ken Polky, Director

Human Resources Center

Dan Pennock, Plant Manager

Simonton Windows

Roland Johnson, HR Manager

Simonton Windows

Nolan Longest, Compliance Officer

First Bank and Trust

Jim Mathis, Representative

Paris Kiwanis Club

Reverend Jack Hoffman, Pastor

Cornerstone Baptist Church

Jenelle Adams, Director of Administrative Services

Edgar County Bank

Greg Sullivan

Farmer

Dave Barrett

Farmer

Pat Finch, Certified Public Accountant

Larsson, Woodyard & Henson

Karen Scott, Director

YMCA

Leighsa Cornwell, RN

Community Health and Disease Management Coordinator

Paris Community Hospital

Samantha Volstorf, Family Nurse Practitioner

EZ Care Clinic

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Dr. Olusegun Ishmael, MD
ED/Hospitalist Medical Director
Paris Community Hospital

Dr. John Nadeau, DO
General Surgeon
Paris Community Hospital

Wendy Winterberg, Community Liaison
Pleasant Meadows Christian Village

Robert Vincent, Administrator
Pleasant Meadows Christian Village

Angela Brown
Gowin Parc Alzheimer's Care

Lisa Brinkerhoff, Therapist
Senior Care Program
Paris Community Hospital

Ella Fairchild
Senior Care Program
Chester P. Sutton Senior Center

Rhonda Williamson, Communicable Disease Coordinator
Edgar County Health Department

Elizabeth Brack, DMD
Edgar County Health Department

Dustin Melton, Pharmacist
Pearman's Pharmacy

Cindy Belt, Professional Relations
Union Hospital

Susan Livvix, Vice President
Nursing Services
Paris Community Hospital

George McGilvrey, Admissions Director (former)
Paris Healthcare Center

Dan Bruner, Member
Edgar County Board

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Alan Zuber, Member
Edgar County Board

Rodney Wolfe, Mayor
Chrisman, IL

Camie Sanders, Mayor
Marshall, IL

Mary Liz Wright, Extension Educator, Nutrition, and Wellness
Clark/Crawford/Edgar Unit
University of Illinois Extension

Lorraine Bailey, Superintendent
Community Unit School District #4

Julia North, Secretary
St. Mary's School

Mark Isaf, State's Attorney
Edgar County

Britta Baker, School Board Member
Kansas Community Unit #3

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COLLABORATORS

The Paris Community Hospital Community Health Needs Assessment was developed and conducted 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 health care services for member critical access hospitals and their rural communities. ICAHN, with 52 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. Paris Community Hospital is a member of ICAHN.

Terry Madsen, M.A., J.D., former community development specialist and University of Illinois Extension educator, was the lead collaborator for this project. Mr. Madsen is a former member of the City Council and Commissioner for Public Health and Safety for the City of Princeton, IL, which owns a critical access hospital. He has participated in specialized training in community needs assessment, community organization, diversity, ethics, community and youth development, and project evaluation.

Through ICAHN, Mr. Madsen has direct access to data services and specialized production equipment as well as educational, management, and marketing support from in-house staff and consultants.

Curt Zimmerman, ICAHN Director of Business Services and Development, and Stephanie Cartwright, ICAHN Communications and Media Specialist, provide technical support, design/layout direction, proofreading, and editorial support for the Community Health Needs Assessments' projects provided through ICAHN and Mr. Madsen.

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