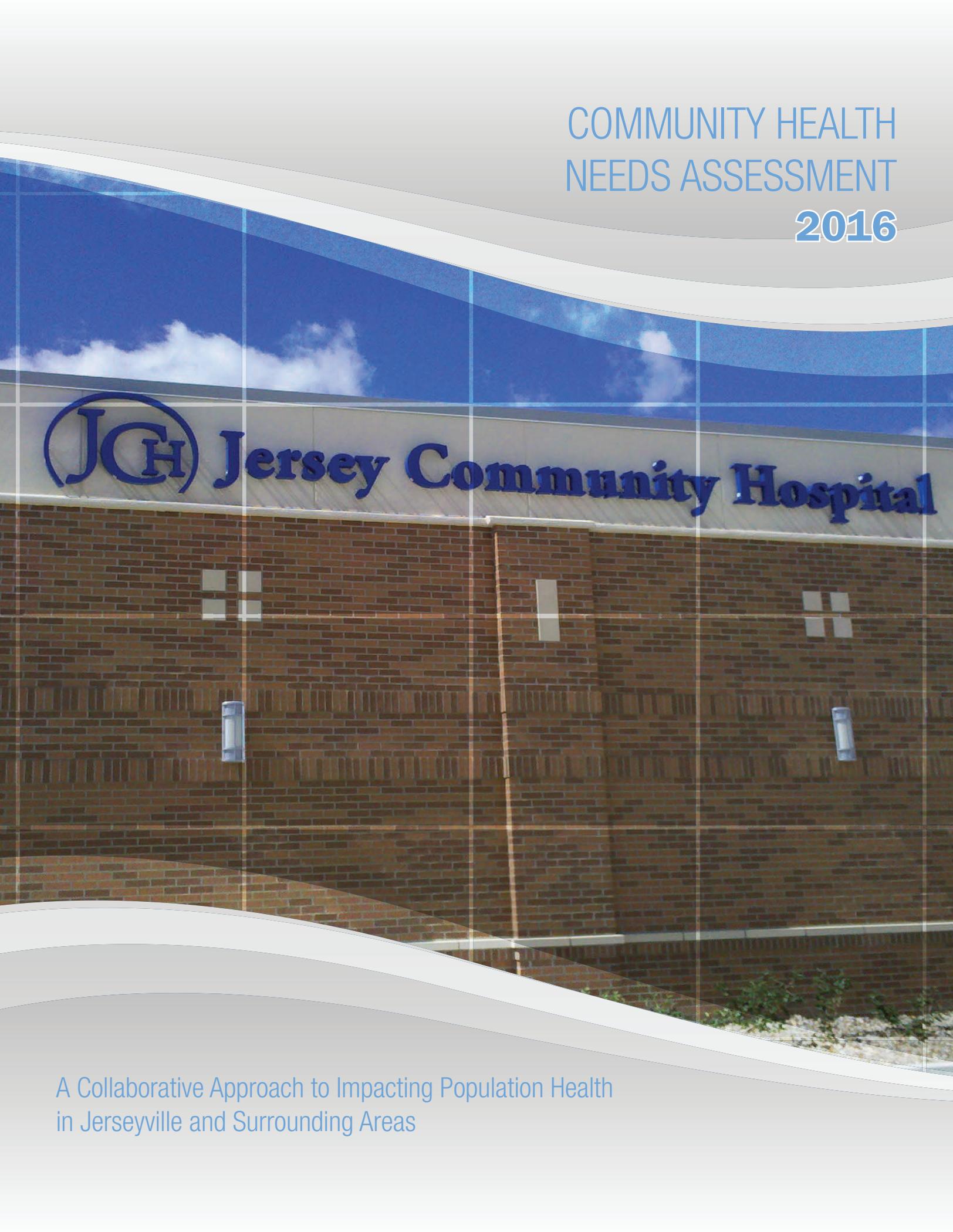


COMMUNITY HEALTH
NEEDS ASSESSMENT
2016

The image shows the exterior of a brick building, identified as Jersey Community Hospital. The building features a prominent sign with the letters 'JCH' inside a blue circle, followed by the text 'Jersey Community Hospital' in a blue, serif font. The building is constructed of reddish-brown bricks and has several windows with white frames. The sky above is blue with some white clouds. The image is overlaid with a grid of blue lines and has wavy white borders at the top and bottom.

JCH Jersey Community Hospital

A Collaborative Approach to Impacting Population Health
in Jerseyville and Surrounding Areas

JERSEY COMMUNITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Jersey Community 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 Jersey 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, obesity, 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.

Three focus groups met on September 27 and 28, 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. Diabetes
3. Nutrition
4. Wellness

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 Jersey Community Hospital in December, 2016.

Background

The primary service area of Jersey Community Hospital includes people and communities throughout Jersey, Calhoun, and Greene counties in Illinois. The hospital is owned by Jersey County. Jersey Community Hospital has been serving Jersey County and surrounding communities since 1954.

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. Jersey 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 Jerseyville and the surrounding area.

The population assessed was the identified primary service area located in Jersey, Greene, and Calhoun 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

Jersey Community Hospital is a government-owned hospital and is not required to participate in the CHNA process but has chosen to do so as a matter of best practice.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

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

DEMOGRAPHICS

Jersey Community Hospital's prime service area is comprised of approximately 1,090 square miles, with a population of approximately 42,419 and a population density of 39 people per square mile. The primary service area consists of the following rural communities:

Cities

- Carrollton
- Grafton
- Jerseyville
- Roodhouse
- Whitehall

Villages and Unincorporated Communities

- Batchtown
- Brussels
- Eldred
- Fidelity
- Golden Eagle
- Hardin
- Kampville
- Medora
- Rockbridge
- Brighton
- Dow
- Elash
- Fieldon
- Hamburg
- Hillview
- Kane
- Michael

Illustration 1. Jersey Community Hospital Service Area



TOTAL POPULATION CHANGE, 2000-2010

According to the U.S. Census data, the population in the region grew from 43,040 people to 43,297 between the years of 2000 and 2010, a 0.6% increase.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	43,040	43,297	257	0.6%
Calhoun County	5,084	5,089	5	0.1%
Greene County	14,761	13,886	-875	-5.93%
Jersey County	21,665	22,985	1,320	6.09%
Macoupin County	49,019	47,765	-1,254	-2.56%
Madison County	258,944	269,282	10,338	3.99%
Scott County	5,537	5,355	-182	-3.29%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	355,010	364,362	9,352	2.63%

Data Source: Community Commons

The Hispanic population increased in Calhoun County by 8 (25%), increased in Greene County by 38 (49.35%), increased in Jersey County by 60 (37.04%), increased in Macoupin County by 113 (37.05%), increased in Madison County by 3,389 (86.37%), and increased in Scott County by 33 (330%).

In Calhoun County, additional population changes were as follows: White 0.18%, Black 250%, American Indian/Alaska Native -43.75, Asian 33.33%, and Native Hawaiian/Pacific Islander No Data.

In Greene County, additional population changes were as follows: White -6.13%, Black 8.18%, American Indian/Alaska Native -34.29%, Asian 0%, and Native Hawaiian/Pacific Islander -33.33%.

In Jersey County, additional population changes were as follows: White 5.5%, Black -18.42%, American Indian/Alaska Native 36.36%, Asian 40%, and Native Hawaiian/Pacific Islander -14.29%.

In Macoupin County, additional population changes were as follows: White -2.99%, Black -10.25%, American Indian/Alaska Native 15.6%, Asian 44.94%, and Native Hawaiian/Pacific Islander -21.43%.

In Madison County, additional population changes were as follows: White 1.71%, Black 12.15%, American Indian/Alaska Native -5.86%, Asian 46.17%, and Native Hawaiian/Pacific Islander 98.15%.

In Scott County, additional population changes were as follows: White -4.14%, Black 350%, American Indian/Alaska Native 12.5%, Asian 71.43%, and Native Hawaiian/Pacific Islander No Data.

POPULATION BY AGE GROUPS

Population by gender was 50% male and 50% 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	42,419	2,230	7,139	3,717	4,632
Calhoun County	5,033	262	799	352	477
Greene County	13,677	751	2,284	1,064	1,559
Jersey County	22,751	1,147	3,881	2,161	2,480
Macoupin County	47,229	2,543	7,895	3,868	5,349
Madison County	267,937	15,974	44,108	25,632	35,044
Scott County	5,260	279	965	360	539
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	4,963	6,601	5,792	7,345
Calhoun County	568	766	725	1,084
Greene County	1,643	2,068	1,872	2,436
Jersey County	2,704	3,545	3,039	3,794
Macoupin County	5,541	6,917	6,714	8,402
Madison County	33,094	39,259	34,740	40,086
Scott County	613	838	701	965
Illinois	1,699,140	1,823,332	1,560,481	1,696,283

Data Source: Community Commons

HIGH SCHOOL GRADUATION RATE

Within the service area, 86.03% 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	562	484	86.03
Calhoun County	50	46	91.60
Greene County	175	146	83.20
Jersey County	260	229	87.90
Macoupin County	742	642	86.50
Madison County	3,159	2,594	82.10
Scott County	78	62	79.70
Illinois	169,361	131,670	77.70

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 3,004 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 10.24% 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	29,333	3,004	10.24%
Calhoun County	3,620	381	10.52%
Greene County	9,578	1,234	12.88%
Jersey County	15,562	1,434	9.21%
Macoupin County	32,923	3,657	11.11%
Madison County	182,223	15,701	8.62%
Scott County	3,656	401	10.97%
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, 25.52% of the population aged 25 and older, or 7,487 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	29,333	7,487	25.52%
Calhoun County	3,620	919	25.39%
Greene County	9,578	2,008	20.96%
Jersey County	15,562	4,299	27.62%
Macoupin County	32,923	8,241	25.03%
Madison County	182,223	61,696	33.86%
Scott County	3,656	679	18.57%
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, 12.94% or 1,171 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 At or Below 100% FPL	% Population Under Age 18 At or Below 100% FPL
Service Area Estimates	9,051	1,171	12.94%
Calhoun County	977	177	18.12%
Greene County	2,909	589	20.25%
Jersey County	4,940	394	7.98%
Macoupin County	10,102	1,918	18.99%
Madison County	58,865	11,216	19.05%
Scott County	1,125	224	19.91%
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, 35.58% or 3,220 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 At or Below 200% FPL	% Population Under Age 18 At or Below 200% FPL
Service Area Estimates	9,051	3,220	35.58%
Calhoun County	977	402	41.15%
Greene County	2,909	1,461	50.22%
Jersey County	4,940	1,265	25.61%
Macoupin County	10,102	4,234	41.91%
Madison County	58,865	22,263	37.82%
Scott County	1,125	471	41.87%
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, 10.29% or 4,199 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is lower than the Illinois statewide poverty level of 14.41%. Within the service area, 29.51% or 12,042 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This is lower than the Illinois statewide poverty level of 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	40,809	4,199	12,042
Calhoun County	4,861	578	1,371
Greene County	13,277	2,041	5,211
Jersey County	21,790	1,584	5,382
Macoupin County	45,981	5,729	14,813
Madison County	262,416	36,365	79,007
Scott County	5,092	706	1,640
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, 39.58%, or 4,794 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	% Families With Income Over \$75,000
Service Area Estimates	12,111	4,794	39.58%
Calhoun County	1,471	528	35.89%
Greene County	3,847	1,157	30.08%
Jersey County	6,509	2,874	44.15%
Macoupin County	13,068	5,003	38.28%
Madison County	70,767	31,614	44.67%
Scott County	1,412	515	36.47%
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, 13.27% or 5,528 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	% Population With a Disability
Service Area Estimates	41,653	5,528	13.27%
Calhoun County	4,956	781	15.76%
Greene County	13,402	2,110	15.74%
Jersey County	22,394	2,388	10.66%
Macoupin County	46,614	7,145	15.33%
Madison County	265,489	31,759	11.96%
Scott County	5,211	667	12.80%
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, 2,744 public school students (48.76%) are eligible for free/reduced price lunch out of 5,627 total students enrolled. This is lower 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	% Number Free/Reduced Price Eligible
Service Area Estimates	5,627	2,744	48.76%
Calhoun County	552	253	45.83%
Greene County	2,000	1,116	55.80%
Jersey County	2,806	1,265	45.08%
Macoupin County	8,644	3,698	49.05%
Madison County	37,952	18,030	47.51%
Scott County	907	423	46.64%
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	Total Food Insecure Population	% Food Insecure Population
Service Area Estimates	43,020	5,268	12.24%
Calhoun County	5,062	640	12.64%
Greene County	13,778	1,870	13.57%
Jersey County	22,850	2,570	11.25%
Macoupin County	47,462	6,200	13.06%
Madison County	268,373	36,950	13.77%
Scott County	5,288	720	13.62%
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 report area is \$25,394. 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	42,419	\$1,077,197,600	\$25,394
Calhoun County	5,033	\$133,100,496	\$26,445
Greene County	13,677	\$307,500,000	\$22,493
Jersey County	22,751	\$595,023,616	\$26,153
Macoupin County	47,229	\$1,199,694,848	\$25,401
Madison County	267,937	\$7,527,027,200	\$28,092
Scott County	5,260	\$128,318,496	\$24,395
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	% Households With Public Assistance Income
Service Area Estimates	16,994	343	2.03%
Calhoun County	2,052	27	1.32%
Greene County	5,689	157	2.76%
Jersey County	8,873	164	1.85%
Macoupin County	19,098	284	1.49%
Madison County	107,298	1,908	1.78%
Scott County	2,074	21	1.01%
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	% Insured Population Receiving Medicaid
Service Area Estimates	41,653	37,765	6,684	17.70%
Calhoun County	4,956	4,676	1,038	22.20%
Greene County	13,402	12,055	3,059	25.38%
Jersey County	22,394	20,265	2,433	12.01%
Macoupin County	46,614	42,309	9,375	22.16%
Madison County	265,489	241,353	45,406	18.81%
Scott County	5,211	4,650	1,104	23.74%
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 Ages 18-64	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	24,987	21,425	85.74%	3,562	14.26%
Calhoun County	2,815	2,529	89.84%	286	10.16%
Greene County	7,839	6,950	88.66%	889	11.34%
Jersey County	13,241	11,904	89.90%	1,337	10.10%
Macoupin County	27,418	24,643	89.88%	2,775	10.12%
Madison County	164,388	148,518	90.35%	15,870	9.65%
Scott County	3,087	2,738	88.69%	349	11.31%
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 healthcare 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	9,634	9,234	95.85%	400	4.15%
Calhoun County	1,059	1,013	95.66%	46	4.34%
Greene County	3,070	2,952	96.16%	118	3.84%
Jersey County	5,068	4,897	96.63%	171	3.37%
Macoupin County	10,392	10,063	96.83%	329	3.17%
Madison County	61,395	59,751	97.32%	1,644	2.68%
Scott County	1,205	1,156	95.93%	49	4.07%
Illinois	3,099,273	2,983,260	96.26%	116,013	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	16,884	2,006	11.88%
Calhoun County	2,052	233	11.35%
Greene County	5,689	838	14.73%
Jersey County	8,873	856	9.65%
Macoupin County	19,098	2,513	13.16%
Madison County	107,298	13,887	12.94%
Scott County	2,074	278	13.40%
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	43,296	5,275	12.18%
Calhoun County	5,089	792	15.56%
Greene County	13,886	311	2.24%
Jersey County	22,985	3,950	17.19%
Macoupin County	47,765	4,685	9.81%
Madison County	269,282	90,673	33.67%
Scott County	5,355	223	4.16%
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	% Low Income Population With Low Food Access
Service Area Estimates	43,296	1,334	3.08%
Calhoun County	5,089	237	4.66%
Greene County	13,886	87	0.63%
Jersey County	22,985	938	4.08%
Macoupin County	47,765	1,598	3.35%
Madison County	269,282	26,059	9.68%
Scott County	5,355	51	0.95%
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 service area for the report month (October, 2016) was 1,150 or 5.5% 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	20,942	19,791	1,150	5.5%
Calhoun County	2,432	2,301	131	5.4%
Greene County	6,299	5,954	345	5.5%
Jersey County	11,437	10,806	631	5.5%
Macoupin County	23,919	22,589	1,330	5.6%
Madison County	136,713	128,570	8,143	6.0%
Scott County	2,651	2,536	115	4.3%
Illinois	6,684,462	6,310,455	374,007	5.6%

Note: This indicator is compared with the state average. 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	43,297	11	27.67
Calhoun County	5,089	3	58.95
Greene County	13,886	5	36.01
Jersey County	22,985	4	17.40
Macoupin County	47,765	11	23.03
Madison County	269,282	41	15.23
Scott County	5,355	1	18.67
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	43,297	2	5.55
Calhoun County	5,089	1	19.65
Greene County	13,886	0	0
Jersey County	22,985	1	4.35
Macoupin County	47,765	5	10.47
Madison County	269,282	40	14.85
Scott County	5,355	0	0
Illinois	12,830,632	1,325	10.30

Note: This indicator is compared with the state average. 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	42,636	13	31.01
Calhoun County	5,059	2	39.50
Greene County	13,629	4	29.30
Jersey County	22,641	7	30.90
Macoupin County	46,880	12	25.60
Madison County	267,225	133	49.80
Scott County	5,222	1	19.10
Illinois	12,882,135	10,428	80.90

Note: This indicator is compared with the state average. 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	42,636	16	38.93
Calhoun County	5,059	1	19.80
Greene County	13,629	4	29.30
Jersey County	22,641	11	48.60
Macoupin County	46,880	17	36.30
Madison County	267,225	203	76.00
Scott County	5,222	1	19.10
Illinois	12,882,135	8,865	68.80

Note: This indicator is compared with the state average. 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 Healthcare Provider (Rate Per 100,000 Population)
Service Area Estimates	No data	No data	No data	No data
Calhoun County	0	0	No data	No data
Greene County	0	0	No data	No data
Jersey County	22,570	14	1,612.1	62.0
Macoupin County	46,445	13	3,572.7	27.9
Madison County	266,556	386	690.6	144.8
Scott County	0	0	No data	No data
Illinois	12,806,917	23,090	554.7	180.2

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

DENTAL CARE UTILIZATION

This indicator reports the percentage of adults aged 18 and older 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	% Adults With No Dental Exam
Service Area Estimates	Suppressed	Suppressed	Suppressed
Calhoun County	3,995	0	0.00%
Greene County	10,728	0	0.00%
Jersey County	17,552	6,423	36.60%
Macoupin County	36,958	9,465	25.65%
Madison County	205,968	57,610	28.00%
Scott County	4,077	0	0.00%
Illinois	9,654,603	2,981,670	30.90%

Note: This indicator is compared with the state average. 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	% Adults With Poor Dental Health
Service Area Estimates	Suppressed	Suppressed	Suppressed
Calhoun County	3,995	0	0.00%
Greene County	10,728	0	0.00%
Jersey County	17,552	6,437	36.70%
Macoupin County	36,958	4,786	12.90%
Madison County	205,968	36,342	17.60%
Scott County	4,077	0	0.00%
Illinois	9,654,603	1,418,280	14.70%

Note: This indicator is compared with the state average. 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 Discharge Rate
Service Area Estimates	7,406	674	91.04
Calhoun County	936	73	78.70
Greene County	2,330	255	109.50
Jersey County	4,035	354	88.00
Macoupin County	7,159	507	70.90
Madison County	30,800	1,910	62.00
Scott County	842	69	82.30
Illinois	1,420,984	92,604	65.20

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

Overall, the service area of Jersey 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

Jersey 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

Jersey 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 Director of Community Relations, reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate three 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 Jersey Community Hospital.
- The Director of Community Relations worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Jersey 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:

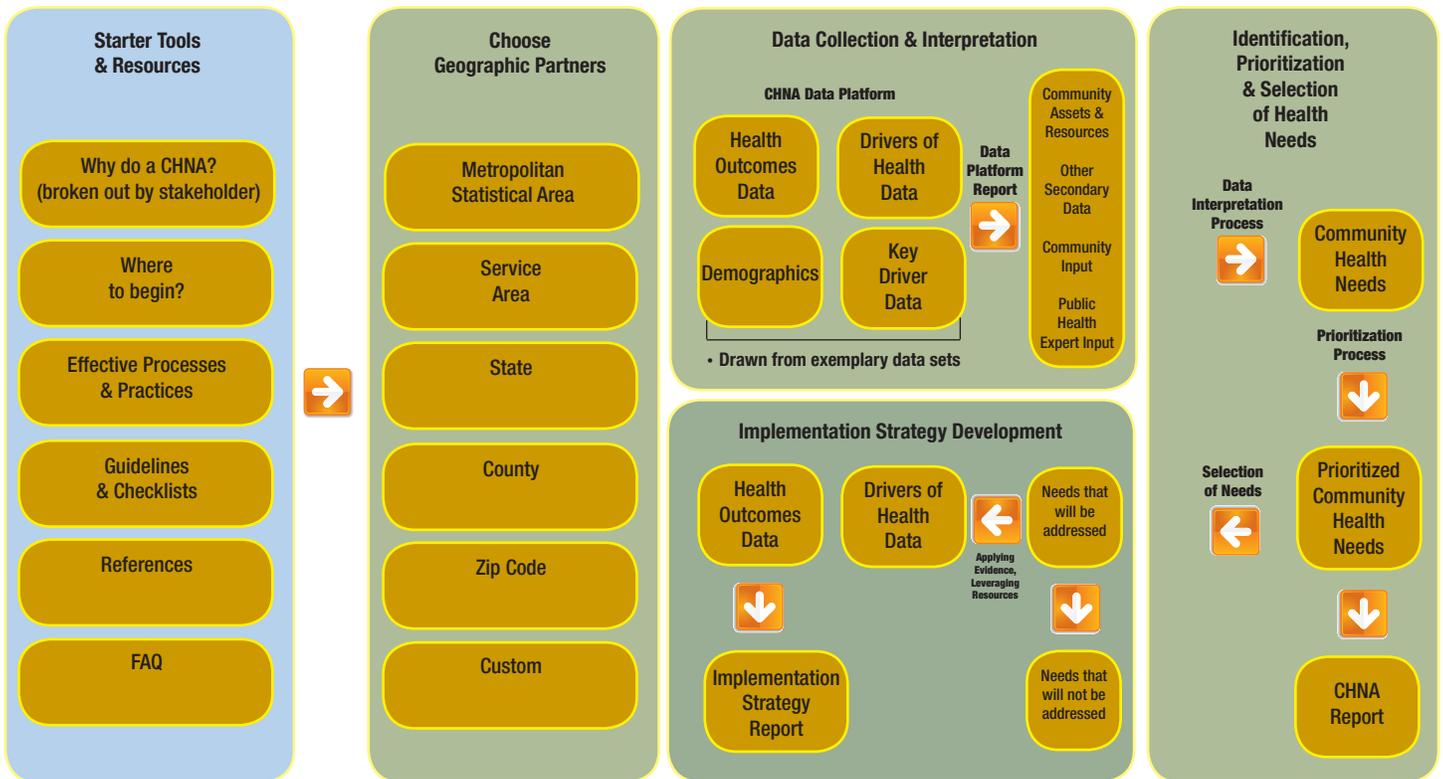
- The Director of Community Relations secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives 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*)

Jersey County is ranked 29th out of 102 Illinois counties in the *Rankings for Health Outcomes*, released in April 2016. Greene County is ranked 67th, and Calhoun County is ranked 24th.

HEALTH RANKING OBSERVATIONS

Table 1. Health Ranking Observations for Jersey, Greene, and Calhoun Counties

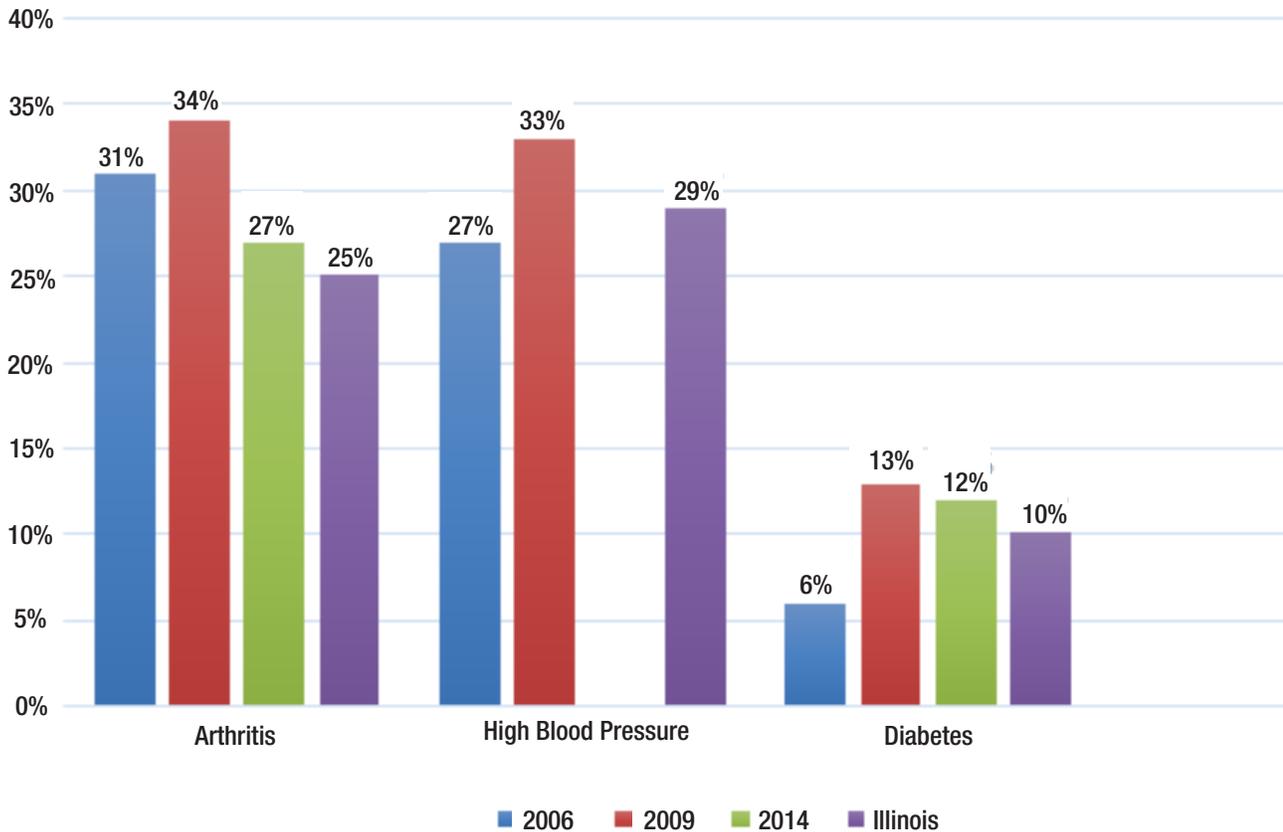
Observation	Jersey County	Greene County	Calhoun County	Illinois
Adults reporting poor or fair health	12%	14%	12%	17%
Adults reporting no leisure time physical activity	28%	28%	30%	22%
Adult obesity	32%	30%	30%	27%
Children under age 18 living in poverty	17%	22%	16%	20%
Uninsured	10%	13%	13%	15%
Teen birth rate (ages 15-19)	23/1,000	45/1,000	19/1,000	33/1,000
Alcohol-impaired driving deaths	59%	64%	33%	36%
Unemployment	7.2%	6.9%	8.3%	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.

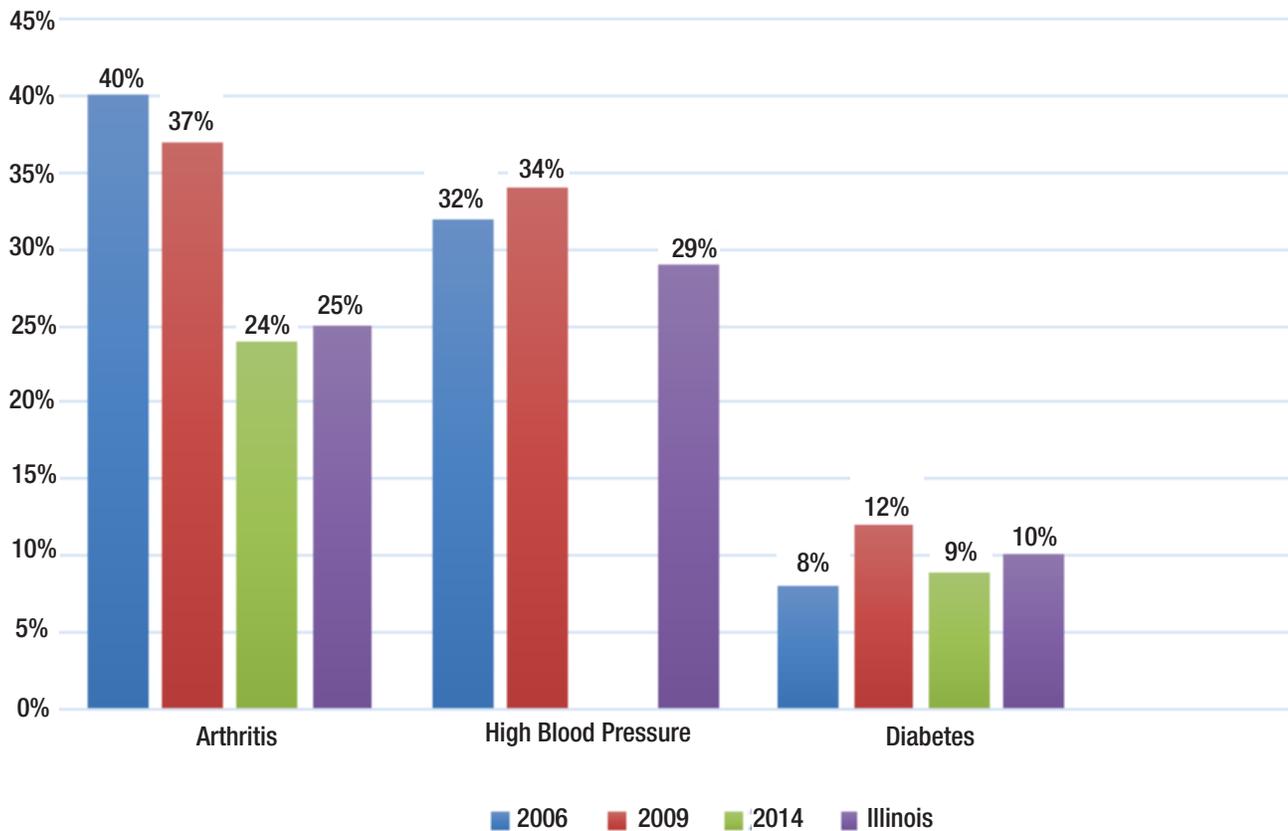
Table 2. Diagnosed Disease Factors – Jersey County



IBFRSS, 2016 Report

Diagnosis of arthritis is decreasing but remains above the state level. Diagnosis of high blood pressure is above the state level and is increasing. No data was collected for high blood pressure in 2014. Diagnosis of diabetes has increased and is above the state level.

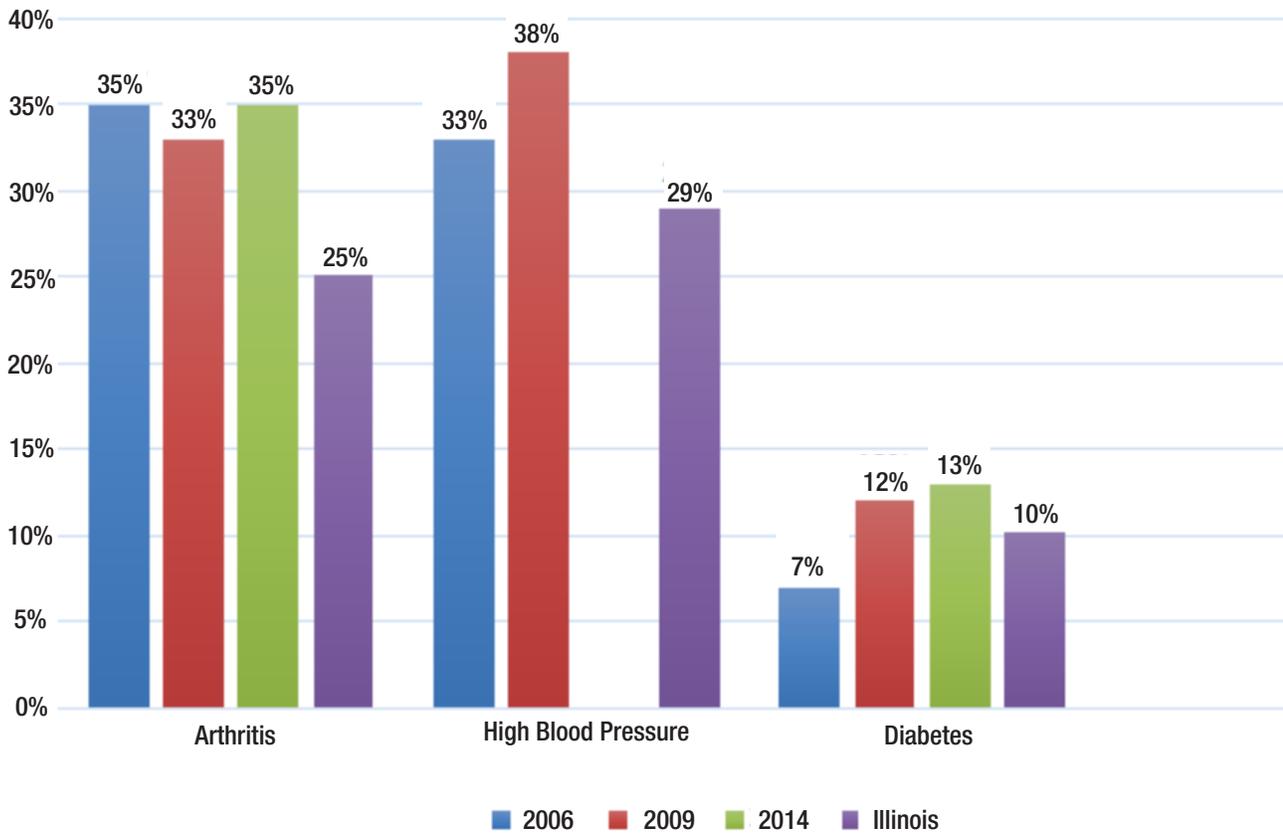
Table 3. Diagnosed Disease Factors – Greene County



IBFRSS, 2016 Report

Diagnosis of arthritis is decreasing and is below the state level. Diagnosis of high blood pressure has increased and is above the state level. No data was collected for high blood pressure in 2014. Diagnosis of diabetes has decreased and is below the state level.

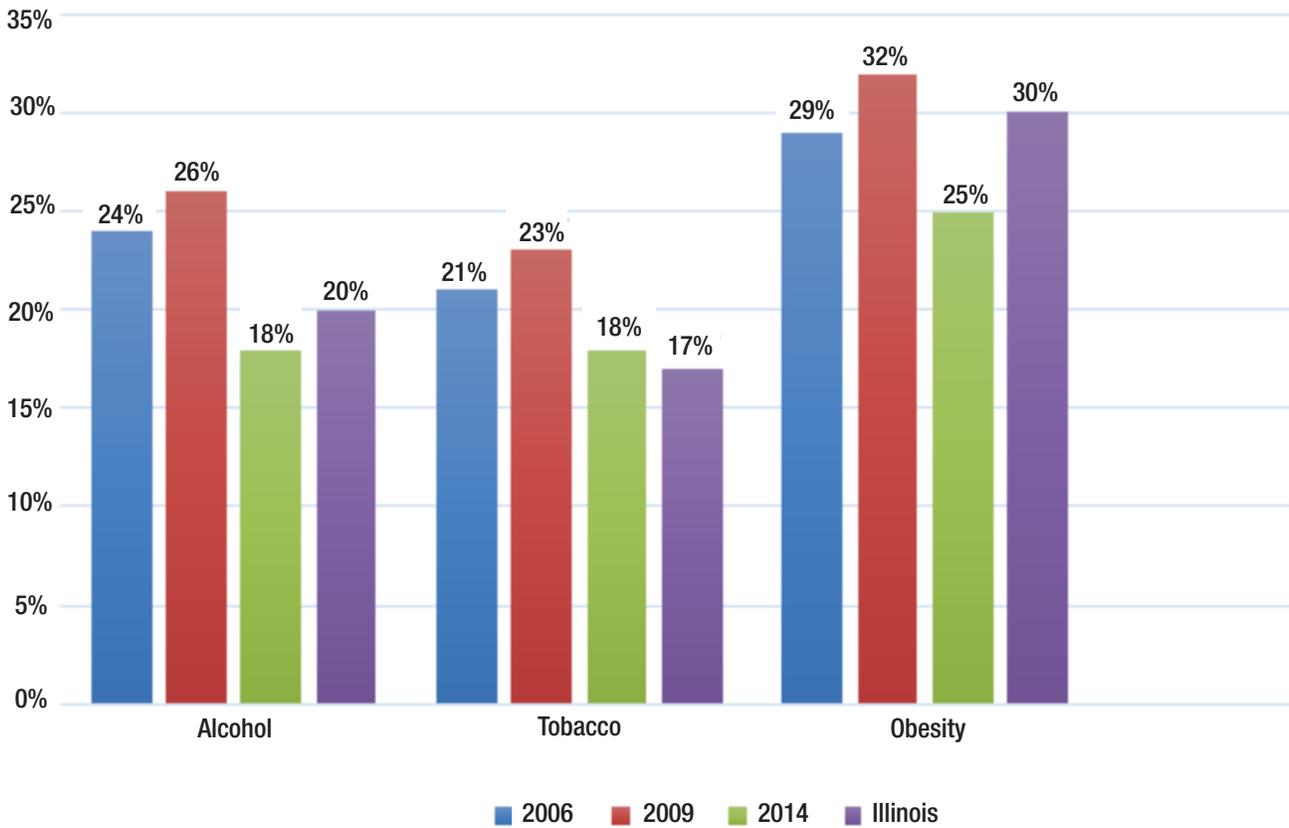
Table 4. Diagnosed Disease Factors – Calhoun County



IBFRSS, 2016 Report

Diagnosis of arthritis has remained steady and is above the state level. Diagnosis of high blood pressure has increased and is above the state level. No data for high blood pressure was collected in 2014. Diagnosis of diabetes has increased and is above the state level.

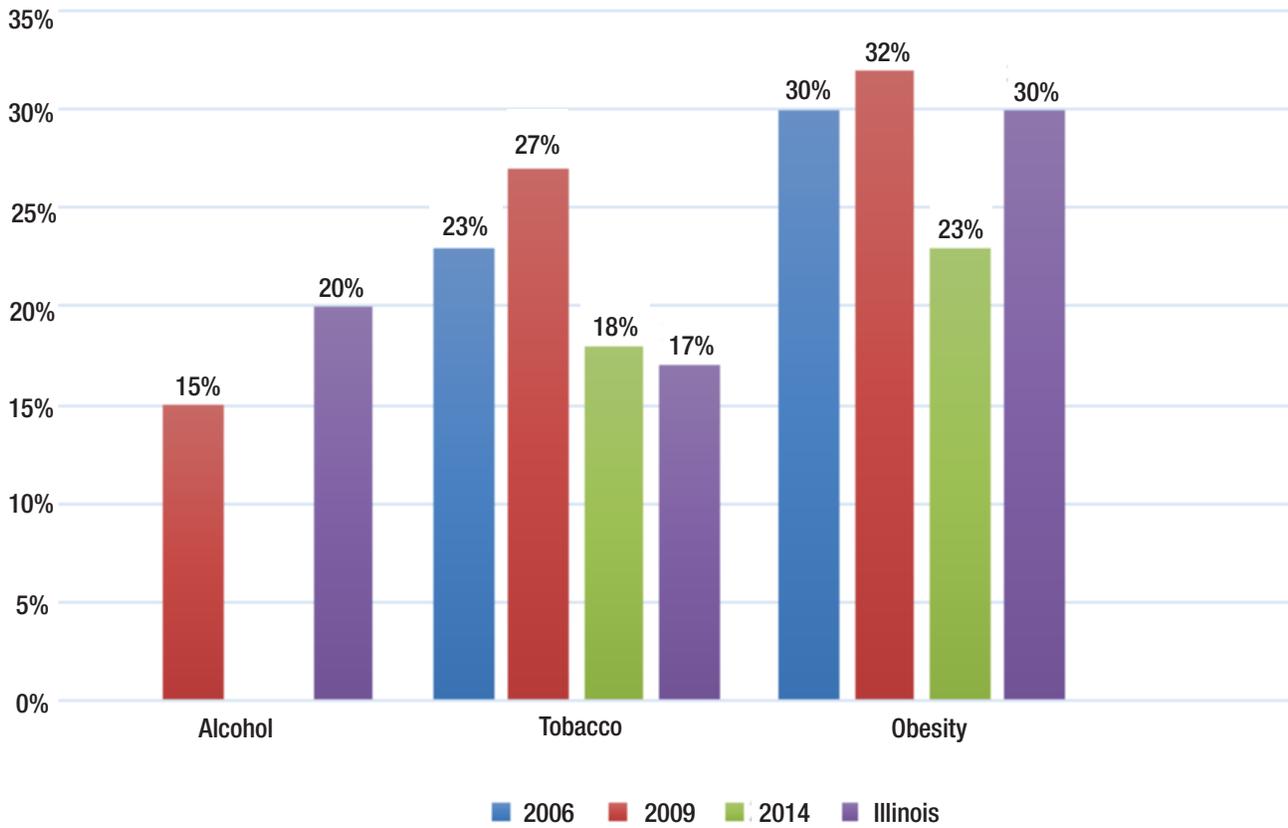
Table 5. Health Risk Factors – Jersey County



IBFRSS, 2016 Report

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

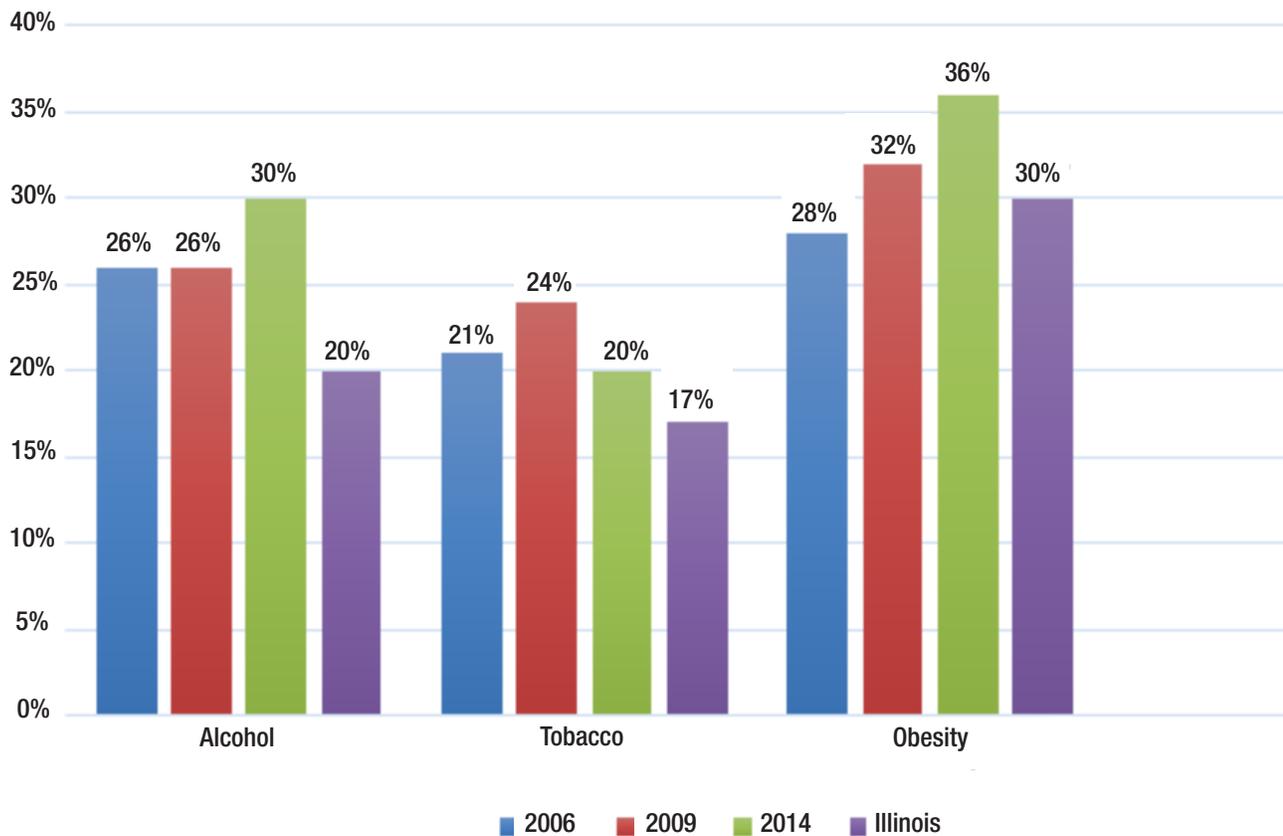
Table 6. Health Risk Factors – Greene County



IBFRSS, 2016 Report

Alcohol use was below the state level in 2009. The data for 2006 and 2014 was not available. Tobacco use has decreased and remains above the state rate. The rate of persons reporting obesity has decreased and is below the state level in the IBRFSS and the more recent data from the *County Health Rankings*.

Table 7. Health Risk Factors – Calhoun County



IBFRSS, 2016 Report

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

ADDITIONAL DIAGNOSED DISEASE FACTORS

Disease Factor	Jersey County, 2014	Greene County, 2014	Calhoun County, 2014	Illinois, 2014
Kidney disease	2.4%	1.1%	2.9%	2.6%
Skin cancer	6.7%	5.8%	8.3%	4.2%
Other cancer	5.3%	4.9%	8.1%	5.4%
COPD	7.4%	9.0%	6.1%	5.8%

IBFRSS, 2016 Report

In 2016, the IBFRSS 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
Calhoun County	163	3	21.2
Greene County	462	20	44.3
Jersey County	863	22	26.0
Macoupin County	1,559	48	30.9
Madison County	9,016	336	37.3
Scott County	164	5	27.9
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	Total Live Births	Low Weight Births (Under 2,500 grams)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Calhoun County	385	31	8.1%
Greene County	1,155	99	8.6%
Jersey County	1,729	112	6.5%
Macoupin County	3,829	283	7.4%
Madison County	23,576	1,933	8.2%
Scott County	455	26	5.7%
Illinois	11,251,656	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	7,211	1,425	19.76%
Calhoun County	1,007	155	15.40%
Greene County	2,694	518	19.20%
Jersey County	3,234	710	22.00%
Macoupin County	9,249	1,684	18.20%
Madison County	34,624	6,744	19.50%
Scott County	834	136	16.30%
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 Greene County at Level 4 for all cancers, which means that the cancer rate overall is above the U.S. rate and is stable over the recent past. The State Cancer Profiles compiled by the National Cancer Institute lists Jersey County at a 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 Calhoun County at a Level 6 for all cancers, which means that the cancer overall is similar to the U.S. rate and is stable 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
Calhoun County	365	4	109.3
Greene County	830	11	132.4
Jersey County	1,498	15	100.1
Macoupin County	3,253	41	126.0
Madison County	16,519	206	124.7
Scott County	327	5	152.8
Illinois	741,081	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
Calhoun County	703	5	71.1
Greene County	1,780	13	73.0
Jersey County	3,030	9	29.7
Macoupin County	6,407	33	51.5
Madison County	31,724	138	43.5
Scott County	626	4	63.8
Illinois	1,382,781	6,264	45.3

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	Male Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Calhoun County	411	4	97.2
Greene County	925	11	118.9
Jersey County	1,451	17	117.1
Macoupin County	3,025	40	132.2
Madison County	15,049	183	121.6
Scott County	330	5	151.2
Illinois	650,000	8,372	128.8

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	Male Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Calhoun County	737	6	81.4
Greene County	1,925	14	72.7
Jersey County	2,922	23	78.7
Macoupin County	6,540	52	79.5
Madison County	31,736	265	83.5
Scott County	721	6	83.2
Illinois	1,370,544	9,306	67.9

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
Calhoun County	5,033	13	250.33	158.1
Greene County	13,664	34	250.29	183.6
Jersey County	22,770	54	238.91	184.0
Macoupin County	47,205	121	257.18	184.3
Madison County	267,888	611	228.01	188.5
Scott County	5,268	13	250.56	175.6
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

Figures are reported as crude rates, and as rate 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
Calhoun County	5,033	18	361.58	212.5
Greene County	13,664	36	266.39	189.2
Jersey County	22,770	68	300.39	221.5
Macoupin County	47,205	150	318.61	216.0
Madison County	267,888	667	248.98	201.4
Scott County	5,268	13	254.36	174.0
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
Calhoun County	5,033	12	238.41	143.0
Greene County	13,664	23	166.86	118.0
Jersey County	22,770	51	223.98	166.4
Macoupin County	47,205	83	176.68	120.1
Madison County	267,888	394	147.08	119.4
Scott County	5,268	9	178.43	119.8
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
Calhoun County	5,033	3	63.58	No data
Greene County	13,664	10	70.26	51.8
Jersey County	22,770	14	62.36	46.3
Macoupin County	47,205	37	78.81	55.3
Madison County	267,888	166	62.12	51.0
Scott County	5,268	4	83.52	57.0
Illinois	12,867,528	5,429	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 resummarized 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
Calhoun County	5,033	3	51.65	No data
Greene County	13,664	7	48.30	35.1
Jersey County	22,770	12	51.82	37.6
Macoupin County	47,205	29	62.28	41.6
Madison County	267,888	148	55.32	45.1
Scott County	5,268	3	60.74	No data
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 – 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
Calhoun County	5,089	20	285	5,597
Greene County	13,886	57	1,008	7,259
Jersey County	22,985	102	1,671	7,269
Macoupin County	47,765	212	3,594	7,525
Madison County	269,282	1,126	19,427	7,214
Scott County	5,355	25	420	7,846
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
Calhoun County	285	0	0.0
Greene County	790	7	8.8
Jersey County	1,235	10	8.2
Macoupin County	2,660	17	6.5
Madison County	17,065	111	6.5
Scott County	290	0	0.0
Illinois	879,035	6,065	6.9

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
Calhoun County	5,033	3	51.65	No data
Greene County	13,664	9	67.33	59.2
Jersey County	22,770	12	52.70	50.6
Macoupin County	47,205	24	51.69	44.2
Madison County	267,888	178	66.30	61.7
Scott County	5,268	3	56.95	No data
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 – 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	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
Calhoun County	5,033	0	No data	No data
Greene County	13,664	2	16.1	No data
Jersey County	22,770	4	17.57	17.4
Macoupin County	47,205	6	13.56	14.0
Madison County	267,888	33	12.39	12.4
Scott County	5,268	0	No data	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
Calhoun County	5,033	0	No data	No data
Greene County	13,664	0	No data	No data
Jersey County	22,770	3	11.42	No data
Macoupin County	47,205	5	10.59	9.6
Madison County	267,888	35	13.21	12.5
Scott County	5,268	0	No data	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 – JERSEY, GREENE, AND CALHOUN COUNTIES

The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent table available for Jersey, Greene, and Calhoun counties, showing the causes of the death, is set out below.

Disease Type	Jersey County	Greene County	Calhoun County
Diseases of the Heart	73	39	20
Malignant Neoplasms	51	28	8
Lower Respiratory Systems	12	11	2
Cardiovascular Diseases (Stroke)	11	9	4
Accidents	11	5	1
Alzheimer's Disease	25	2	0
Diabetes Mellitus	17	6	1
Nephritis, Nephrotic Syndrome, and Nephrosis	4	4	0
Influenza and Pneumonia	2	2	2
Septicemia	2	4	1
Intentional Self-Harm (Suicide)	3	1	0
Chronic Liver Disease, Cirrhosis	2	0	0
All Other Causes	49	35	14
Total Deaths	262	146	53

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

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

Kathy Landess, Jersey State Bank
 Doug King, Administrator, Jersey County Health Department
 Sandy Teichmann, Calhoun County Health Department
 Becky Hatlee, Home Instead Senior Care
 Carolyn Roberts, Agri-Solutions
 Jon Wade, CEO, Jersey Community Hospital
 Beth King, CFO, Jersey Community Hospital
 Julie Smith, DON, Jersey Community Hospital
 Tom Smith, Director of Wellness Center, Jersey Community Hospital
 Jen Bell, Community Relations, Jersey Community Hospital

OTHERS PROVIDING INPUT THROUGH THE FOCUS GROUPS INCLUDED:

Megan Eilerman, Calhoun County Health Department
 Mary Blotna, Engineer, Heneghan & Associates
 Kim McAdams, Lewis and Clark Community College
 Lois Harmon, Restorative Solutions Counseling
 Carolyn Travers, Job Center
 Brady Dabbs, Jerseyville Manor
 Mary Kirn, Calhoun Nursing and Rehab
 Rachel Hayes, Prairie Council on Aging
 Kathy Schultz, Oasis Center
 Debbie Wittman, Administrator, Alton Physical Therapy
 Lori Hopkins, Superintendent, Jersey Community Unit #100
 Brad Blackorby, Chief of Police, City of Jerseyville
 Pam Heitzig, Jersey County Board Member
 Dick and Bonnie Roodhouse, Roodhouse Representative
 Rob Hedge, 911 Director

Alan Gowin, Fire Chief
Pat Staples, Retired Nurse
Jennifer Russell, University of Illinois Extension
Anne Sturgeon, First American Credit Union
Stephanie Ash, First American Credit Union
Patty Kallal, Organ Donation, Jerseyville Banking Center
Phyllis Caselton, Jerseyville Banking Center
Shari Bridgewater, Jersey United Methodist Church
Julie Brangenberg, Safe Harbor Wealth Management
Karen Bertman, Century 21
Bob Jones, Retired Illinois State Police
Cindy Wittman, Wellness Center Employee, Jersey Community Hospital

FOCUS GROUP – JCH MEDICAL PROFESSIONALS AND PARTNERS

Medical professionals and partners met on the morning of September 27, 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:

- A helicopter is now based at Jersey Community Hospital
- Orthopedic services have been added at Jersey Community Hospital
- Tri-County Transportation has begun services in the area
- Local non-emergency transportation has improved
- Development of the Jersey Community Hospital campus
- Jersey Community Hospital has become more active in the community
- Walk-in clinic in Jerseyville
- Cooperation among local healthcare providers and agencies has improved
- Emergency Room at Jersey Community Hospital has improved
- New specialists are providing more local services
- Jersey Community Hospital is sensitive and respectful to women in crisis as the result of abuse

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 dental care for adults and children, especially persons on Medicaid
- Local obstetrics and gynecology services
- Local mental health services, especially psychiatric services and counseling
- Local oncology services
- More cooperation and better coordination among providers for coordination of continuum of care
- Local services for veterans
- Planning for healthcare for community growth
- Expanded wound care services
- Education for men about wellness and the need for check-ups and preventive care
- Stroke support group
- Diabetes support group
- Local rheumatologist
- Local dermatologist
- Better collaboration of resources among healthcare partners, possibly through a local healthcare coalition
- Local access to durable medical supplies, especially for persons on Medicaid
- Obesity-related education and services
- Local drug rehabilitation services
- Substance abuse support services

FOCUS GROUP – JCH COMMUNITY MEMBERS, OFFICIALS, SERVICE PROVIDERS, AND PUBLIC HEALTH #1

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:

- Upgrades to the facilities at Jersey Community Hospital
- Expanded collaboration and services to local schools from Jersey Community Hospital
- Helicopter and new ambulances
- Jersey Community Hospital integration with Illini Medical Group
- New orthopedic specialist and other specialists
- Walk-in clinic
- Jersey Community Hospital involvement in the Roodhouse community

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 mammograms for women with limited access to pay and/or limited ability to travel
- Access to transportation to service for persons with limited incomes
- Education of youth on their own health needs and local resources that are available to help them address their needs
- Mental health counseling services, especially for youth
- Qualified EMS personnel
- Faster access to advanced EMS in outlying areas
- Substance abuse-related services including local counseling, treatment, youth services, and awareness and prevention education
- Access to flu shots
- Obesity and diabetes
- Cancer
- Heart disease
- Knee and bone issues

FOCUS GROUP – JCH COMMUNITY MEMBERS, OFFICIALS, SERVICE PROVIDERS, AND PUBLIC HEALTH #2

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 leadership, and direction, at Jersey Community Hospital
- New rural transit helps with appointments
- Helicopter
- Assisted living at Jerseyville Estates
- Improved services at Jersey Community Hospital
- Integration of doctors and clinic with Jersey Community Hospital
- Increased day surgery
- New orthopedic specialist
- Heart rehabilitation and other expanded rehabilitation services
- MRI at Jersey Community Hospital
- Cardiology services at Jersey Community Hospital
- Increased collaboration between Jersey Community Hospital and the Jersey County Health Department in many areas
- Increased community outreach by Jersey Community Hospital
- New counseling services
- Walk-in clinic

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:

- Substance abuse counseling for adults and youth
- Type II diabetes
- Community confidence in mass emergency response
- Dermatologist
- Cancer
- Local rehabilitation services or better access to out of area services for substance abuse
- Pediatrician
- Substance abuse exploratory group or coalition
- Heroin
- Local OB/GYN and baby delivery
- Mental health services for persons on Medicaid
- Geriatric specialist
- Coordinated effort to provide services to children for wellness and basic needs
- Obesity
- Transportation to out-of-area services and appointments for persons with low incomes

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 Jersey 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 all 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 Jersey Community Hospital service area.

1. MENTAL HEALTH

During a lengthy discussion, the group identified the following needs that they generally defined as being related to mental health and – as an intertwined sub-category – substance abuse.

- Expanded local access to mental health services for seniors
- Expanded community awareness of the local substance abuse issues
- Community access to available local mental health services
- Access to expanded local substance support services

2. DIABETES

The group identified needs for:

- Better collaboration among providers of diabetes education and management
- Emphasis on providing community education about the impact of diabetes

3. NUTRITION

The group next prioritized the need for expanded education about nutrition and increased opportunities for nutrition for youth.

4. ACCESS TO BETTER INFORMATION ABOUT LOCAL HEALTH SERVICES

The final significant need identified by the group was access to better information about local health services.

These needs were all supported by input from the focus groups and secondary data.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH JERSEY COMMUNITY HOSPITAL

Cardiopulmonary services

- Respiratory services
- Outpatient services
 - o EKG
 - o PFT (Pulmonary Function Test)
 - o EEG (Electroencephalogram)
- In-patient services
 - o Oxygen therapy
 - o Nebulizer treatments
 - o Patient/family education
 - Inhalers
 - Flutter valves
 - Various pulmonary diseases
 - o Stress lab
 - Nuclear imaging
 - Non-walking stress test
 - o Cardiac and pulmonary rehab
 - Smoking cessation classes
 - Supervised exercise sessions
 - Medication counseling
 - Dietary counseling
 - Stress management

CPR classes

Emergency Room

EMS System

Imaging Center

- CT scan
- Mammography
- X-ray
- Ultrasound
- MRI
- Nuclear medicine

Medical records

Orthopedics

- Minimally invasive surgery
- Joint replacements
- Sports medicine
- Knee and shoulder scope
- Rotator cuff repair
- ACL reconstructions
- Arthroscopic carpal tunnel
- Adult and pediatric fracture care
- Pain injections
- Hand surgery

Pain clinic

- Non-invasive services
 - Physical therapy
 - Occupational therapy
 - Licensed social worker
- Procedures
 - Translaminar
 - Transforaminal
 - Medical branch nerve blocks and facet joint injections
 - Radiofrequency denervation of medial branch nerve
 - Facet joint injection
 - Trigger point injections
 - Sacroiliac joint injections

Pediatrics

- Well child check-ups
- Newborn and well baby care
- Colds and flu
- Treatment of minor injuries
- School and sports physicals
- Immunizations
- Asthma and allergy care
- X-rays and lab work

Physical therapy

Sleep disorder clinic

Walk-in clinic

- Colds and flu
- Minor burns and lacerations
- Urinary tract infections
- Nausea and vomiting
- Ear and eye infections
- Skin rashes and infections
- School and sports physicals

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:

- Jersey County Health Department
- Greene County Health Department
- Calhoun County Health Department
- Police departments
- Schools
- Jersey County Against Drugs Coalition
- Churches
- Cornerstone
- Local healthcare providers
- University of Illinois Extension

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

Jersey Community Hospital has taken the following steps to address the needs identified in the last Community Health Needs Assessment:

- Psychiatric services (one day a week in Jerseyville and four days a week in Alton)
- Two fulltime pediatricians (one fulltime in Jacksonville and one fulltime in Greene and Jersey counties)
- Transportation needs have been addressed by the addition of the Tri-County Transportation System (Jersey, Greene and Calhoun counties)
- Prescription drug disposal offered twice a year
- Hired a fulltime orthopedic surgeon
- Opened walk-in clinic seven days a week
- Provided educational seminars and events (diabetes, nutrition, blood pressure, heart disease)
- Expanded Emergency Room to 15 rooms, which includes a safe room
- Rheumatologist added one day a month
- Monthly nutrition classes added in collaboration with University of Illinois at the JCH Wellness Center
- 24/7 helicopter at JCH with Survival Flight
- JCH wound care center
- JCH pain clinic
- JCH heart center
- Purchased new ambulance
- Purchased transit vehicle
- Purchased an all-terrain utility vehicle
- Integrated with two medical groups
- Expanded and updated imaging equipment – MRI and CT

IX. DOCUMENTING AND COMMUNICATING RESULTS

This CHNA Report will be available to the community on the hospital's public website: www.jch.org. 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 Jersey Community Hospital was approved by the Jersey Community Hospital Board of Directors on the 29th day of December, 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

XI. JERSEY COMMUNITY HOSPITAL IMPLEMENTATION STRATEGY

The steering group, comprised of representatives from all three focus groups, including representatives of two local health departments, met on October 20, 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 Jersey Community Hospital service area.

Process by which needs will be addressed:

1. MENTAL HEALTH

During a lengthy discussion, the group identified the following needs that they generally defined as being related to mental health and – as an intertwined sub-category – substance abuse.

- Expanded local access to mental health services for seniors
- Expanded community awareness of the local substance abuse issues
- Community access to available local mental health services
- Access to expanded local substance support services
- Explore the political process for the creation of a tax levy to address mental health issues similar to Madison County
- Conduct a feasibility study for an inpatient detox center

2. DIABETES

The group identified needs for:

- Better collaboration among providers of diabetes education and management
- Emphasis on providing community education about the impact of diabetes

3. NUTRITION

The group next prioritized the need for expanded education about nutrition and increased opportunities for nutrition for youth.

4. ACCESS TO BETTER INFORMATION ABOUT LOCAL HEALTH SERVICES

The final significant need identified by the group was access to better information about local health services.

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

- **Jon Wade**, CEO, Jersey Community Hospital
- **Beth King**, CFO, Jersey Community Hospital
- **Julie Smith**, DON, Jersey Community Hospital
- **Tom Smith**, Director of Wellness Center, Jersey Community Hospital
- **Jen Bell**, Community Relations, Jersey 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 four 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

During a lengthy discussion, the group identified the following needs that they generally defined as being related to mental health and – as an intertwined sub-category – substance abuse.

- Expanded local access to mental health services for seniors
- Expanded community awareness of the local substance abuse issues
- Community access to available local mental health services
- Access to expanded local substance support service
- Explore the political process for the creation of a tax levy to address mental health issues similar to Madison County
- Conduct a feasibility study for an inpatient detox center

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

- Continue to explore feasibility of local detoxification, rehabilitation, and recovery services at Jersey Community Hospital
- Continue support of school substance abuse prevention programs including DARE and Red Ribbon Week
- Explore redistributing time and office locations of the psychiatrist including the possibility of outreach to nursing homes
- Identify locally available mental health and substance abuse services and make that information readily available to the community
- Continue EAP for Jersey Community Hospital employees
- Encourage increased community involvement in the Jersey County Against Drugs Coalition
- Explore recruiting one physician with substance abuse focus
- Explore partnerships with local mental health and substance abuse services providers, including possible space arrangements

Anticipated impact of these actions:

- Increased access to local services for behavioral mental health and substance abuse
- Increase access to mental health services for seniors
- Expanded substance abuse prevention efforts in the community

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

- Administration
- Medical providers

Planned collaboration between the hospital and other facilities or organizations:

- Jersey County Against Drugs Coalition
- Cornerstone and other private service providers
- Police department
- Schools
- Jersey County Health Department

2. DIABETES

The group identified needs for:

- Better collaboration among providers of diabetes education and management
- Emphasis on providing community education about the impact of diabetes

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

- Facilitate collaboration among Jersey Community Hospital, Jersey County Health Department, Calhoun County Health Department, Greene County Health Department, University of Illinois Extension, physicians, and other diabetes education and care providers to coordinate resources and services
- Continue health fairs
- Monitor the numbers of community members attending diabetes education and persons participating in active management to determine effectiveness of growth of services provided

Anticipated impact of these actions:

- Improved access to diabetes education
- Improved access to managed care

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

- Administration
- Diabetes department
- Nutritionist
- Wellness Center
- Dietary department

Planned collaboration between the hospital and other facilities or organizations:

- Jersey County Health Department
- Calhoun County Health Department
- Greene County Health Department
- University of Illinois Extension

3. NUTRITION

The group next prioritized the need for expanded education about nutrition and increased opportunities for nutrition for youth.

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

- Explore collaboration with schools to provide nutrition planning for school menus
- Explore collaboration with schools to provide youth with nutrition education
- Explore collaboration with University of Illinois Extension for nutrition and healthy cooking classes for youth and adults
- Support Buddy Bags and summer food programs
- Insert nutrition information into “Girls on the Run” program

Anticipated impact of these actions:

- Increased access to nutrition education
- Youth and adults will make better food choices
- Youth hunger will be reduced

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

- Administration
- Wellness Center
- Nutritionist

Planned collaboration between the hospital and other facilities or organizations:

- University of Illinois Extension
- Churches
- Schools

4. ACCESS TO BETTER INFORMATION ABOUT LOCAL HEALTH SERVICES

The final significant need identified by the group was access to better information about local health services.

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

- Update website to include a consumer-friendly list of locally identified health services and broadly promote that information to the community

Anticipated impact of these actions:

- Improved access to information about locally identified health services

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

- Marketing
- IT
- Administration

Planned collaboration between the hospital and other facilities or organizations:

- Health services provider

Committed Resources

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

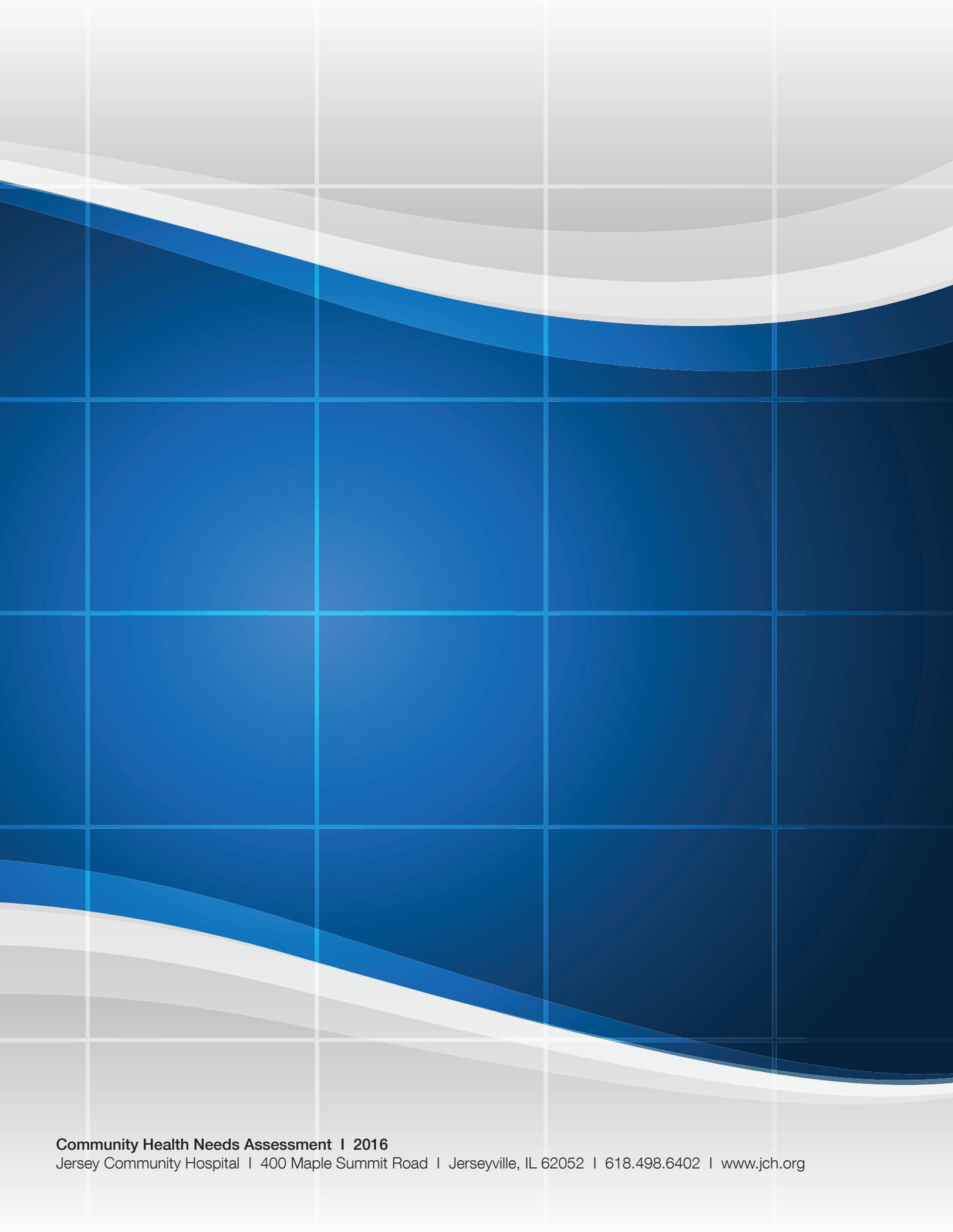
Approval

The Jersey 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 Jersey Community Hospital was approved by the Jersey Community Hospital Board of Directors on this 29th day of December, 2016.

NOTES:

NOTES:



Community Health Needs Assessment | 2016

Jersey Community Hospital | 400 Maple Summit Road | Jerseyville, IL 62052 | 618.498.6402 | www.jch.org