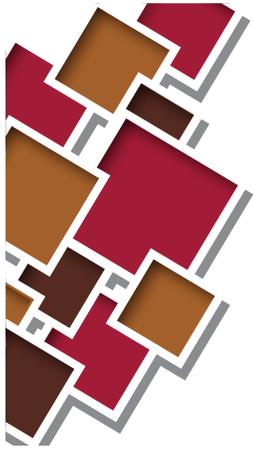


# 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

*A collaborative approach  
to impacting population  
health in Jerseyville and  
surrounding areas*





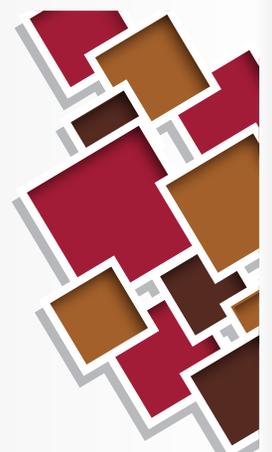
# Jersey Community Hospital

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## I. INTRODUCTION

2019 Community Health Needs Assessment



# 2019 Community Health Needs Assessment

## *Insight into Jersey Community Hospital's population*

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

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

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 57 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Jerseyville and the surrounding area.



# Introduction / Background

Jersey Community Hospital completed two Community Health Needs Assessments prior to 2019. The first CHNA was conducted in 2012 and identified three needs.

2012

Planning for continued local availability  
of physicians and medical specialists

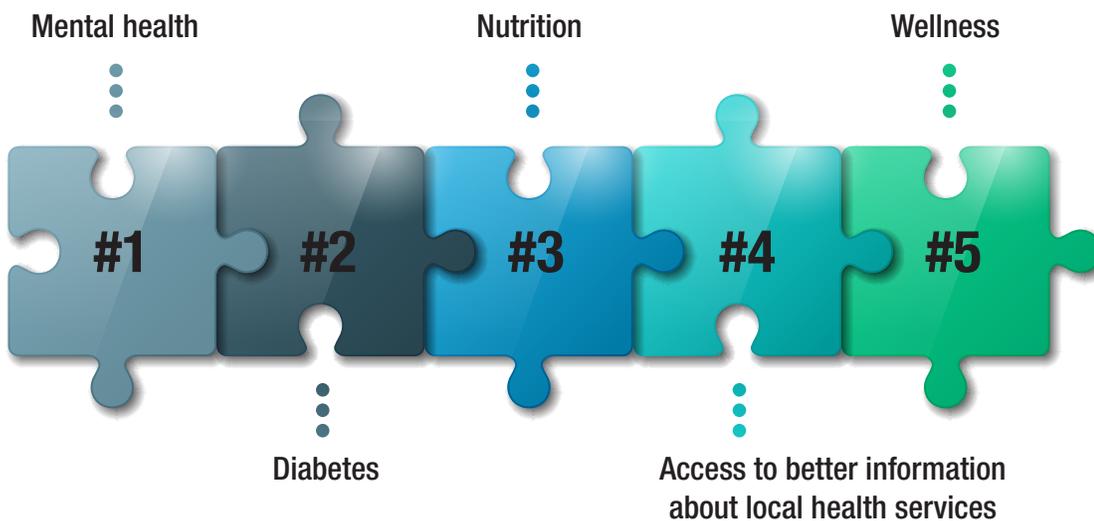


Mental health services, *including*  
*substance abuse prevention and treatment*

Wellness education  
and services

The second CHNA was conducted in 2015 and identified five needs.

2015



# Background

*In response to these prior needs assessments, Jersey Community Hospital:*

- Increased chronic disease management programs
- Addressed substance use disorder, chronic pain, mental health, and diabetes
- Diabetes
  - Recruited an experienced diabetic educator and integrated diabetes services into primary care clinics
- Substance use disorder/opioid epidemic
  - Analyzed data to identify and risk stratify chronic pain patients for more focused medication management and interventional programs
  - Recruited and hired a pain internalist
  - Developed evidence-based substance use disorder protocols and created a community collaborative to address the opioid epidemic
  - Led the regional collaborative to improve care and education of the community through the JCH CARES program
  - Reserved substantial grant funding to support the CARES program
- Mental health
  - Renovated office space, recruited a psychiatrist, and opened a psychiatry outpatient clinic in Jerseyville

# Executive Summary

The 2019 Jersey Community Hospital Health Needs Assessment was conducted in December of 2018 through February of 2019. The Implementation Strategy was also developed in February of 2019. The CHNA is influenced by the large rural service area of Jersey Community Hospital.

***The health profile of the service area of Jersey Community Hospital is influenced by the following indicators of social determinants of health:***

Poverty – Children living in poverty  
Poverty – Population below 100% of Federal Poverty Level  
Unemployment  
Access to dental care for low income, underinsured, and uninsured  
Access to mental healthcare

The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and added others. The identified and prioritized needs selected include:

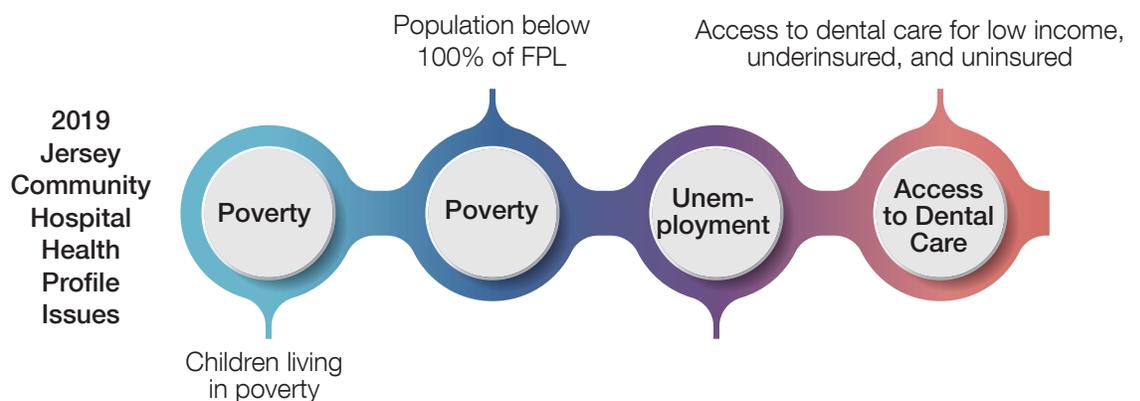
1. Five issues related to mental health services, including:
  - Better access to local mental health counseling for youth
  - Better access to referral for access to local outpatient services including screening, assessment, and counseling for all ages
  - Access to after care services for persons returning from inpatient mental health or substance abuse care
  - Community education to provide mental health awareness and reduce the stigma of seeking mental healthcare
  - Local access to Medication Assisted Treatment for persons facing substance use disorders
2. Transportation
  - Affordable transportation to local and distant medical appointments and non-emergency services
  - Information about accessing public transportation
3. Chronic illness, including:
  - High local incidence of cancer
  - Community education programs for families addressing wellness, chronic illness, mental health, and substance abuse
  - Awareness and education programs for youth about obesity and the importance of involvement in lifelong sports

# Executive Summary

4. Need for increased opportunities for exercise and recreation through public leagues and resources
5. Need for better access to dental care for low income, uninsured, and underinsured residents
6. Need for additional ambulances and trained emergency medical responders in the service area

The Implementation Strategy developed by the senior staff at Jersey Community Hospital is specific and thorough. The plan, set out in the report, includes these highlights:

- Jersey Community Hospital will add a fulltime psychiatrist to its providers
- Will add behavioral health access services for adults with Medicaid
- Will conduct annual mental health awareness days for youth
- Will expand mental health first aid training
- Will add certification with Medicine Assisted Treatment for a staff physician
- Will develop a resource tool for mental health and substance abuse referrals
- Will hire an integrated behavioral health clinician to work in the primary care setting
- Will add a second van to its fleet
- Will utilize social media to provide information to the community about services, availability, times, and routes of area transportation providers
- Will increase the capacity of the Infusion Center
- Will establish a chronic disease management program
- Will create a youth obesity education program
- Will expand Mental Health First Aid
- Will open a full service dental clinic that will provide care to low income, underinsured, and uninsured patients
- Will explore partners and funding sources to support expansion of ambulances and emergency medical responders



# Service Area Demographics

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.

Jersey Community Hospital's service area is comprised of approximately 1,008 square miles, with a population of approximately 91,183 and a population density of 90 people per square mile. The report area consists of the following rural communities:

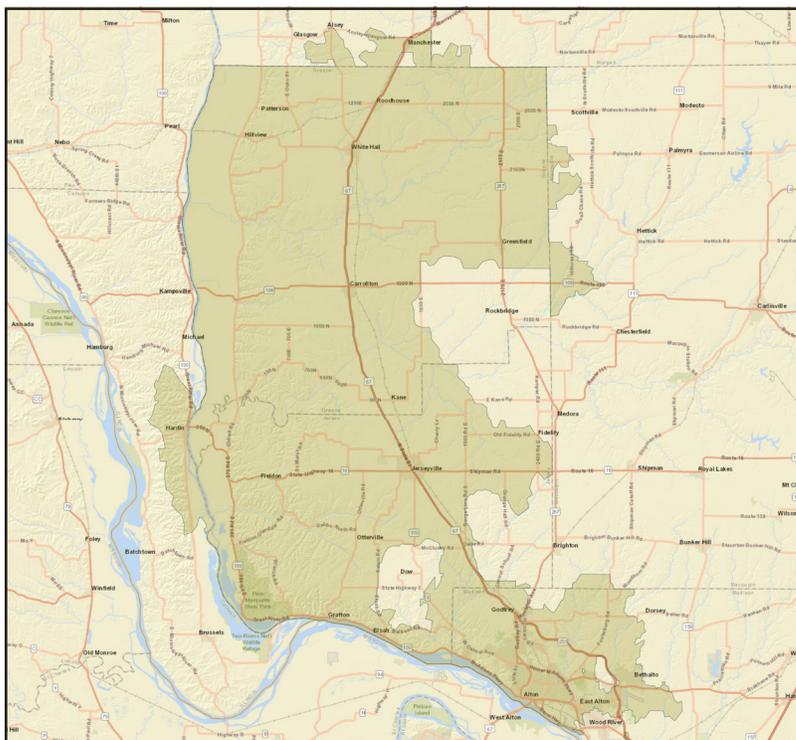
## Cities

- Jerseyville
- Alton
- Carrollton
- Grafton
- Roodhouse
- White Hall

## Villages and Unincorporated Communities

- Newbern
- East Alton
- Bethalto
- Eldred
- Elsay
- Fieldon
- Godfrey
- Fayette
- Hardin
- Hillview
- Kane
- Wilmington
- Wrights
- Manchester

## Service Area Map



# Service Area Demographics

## Total Population Change, 2000 to 2010

According to U.S. Census data, the population in the Jersey Community Hospital service area fell from 95,197 people to 93,501 people between the years 2000 and 2010, a 1.78% decrease.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	95,197	93,501	-1,696	-1.78%
Calhoun County	5,084	5,089	5	.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%
Total Area (Counties)	355,010	364,362	-9,352	-2.63%
Illinois	12,416,145	12,830,632	414,487	3.34%

*Data Source: Community Commons (US Census Bureau, Decennial Census, 2000-2010). Source Geography: Tract)*

The Hispanic population increased in Calhoun County by 25%, increased in Greene County by 49.35%, increased in Jersey County by 37.04%, increased in Macoupin County by 37.05%, increased in Madison County by 86.37%, and increased in Scott County by 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.

# Service Area Demographics

## Population by Age Groups

Population by gender in the service area is 48% male and 52% female, and the region has the following population numbers by age groups:

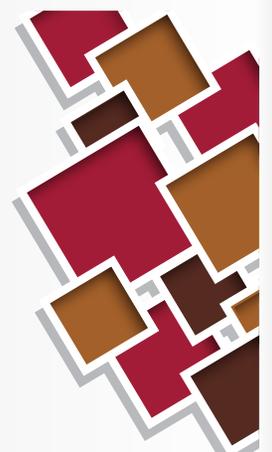
Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	91,183	5,516	14,402	7,023	11,942
Calhoun County	4,962	256	788	348	454
Greene County	13,390	683	2,212	1,060	1,502
Jersey County	22,441	1,093	3,715	2,198	2,524
Macoupin County	46,482	2,347	7,725	3,705	5,159
Madison County	266,759	15,778	43,525	23,684	35,719
Scott County	5,169	248	918	365	520
Illinois	12,851,684	790,205	2,200,424	1,242,711	1,780,279

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	10,493	12,598	13,248	16,411
Calhoun County	539	723	727	1,127
Greene County	1,629	1,911	1,927	2,466
Jersey County	2,639	3,287	3,135	3,949
Macoupin County	5,424	6,521	6,873	8,698
Madison County	32,607	37,400	36,302	41,744
Scott County	610	784	743	981
Illinois	1,672,366	1,768,455	1,613,087	1,784,097

*Data Source: Community Commons*

## II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2019 Community Health Needs Assessment



# 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, former educator, and community development specialist, collaborated with hospital and 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, and to 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 Population Health Director, 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 Population Health Director worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

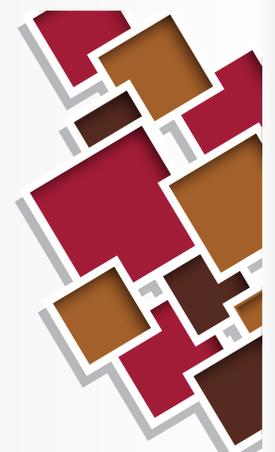
## External

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 steps included:

- The Population Health Director secured the participation of a diverse group of representatives from the community and the health profession.
- ICAHN's consultant provided secondary data from multiple sources set out below in Section III. Data Collection and Analysis.
- Participation included representatives of county health departments serving the area served by the hospital.

### **III. DATA COLLECTION AND ANALYSIS**

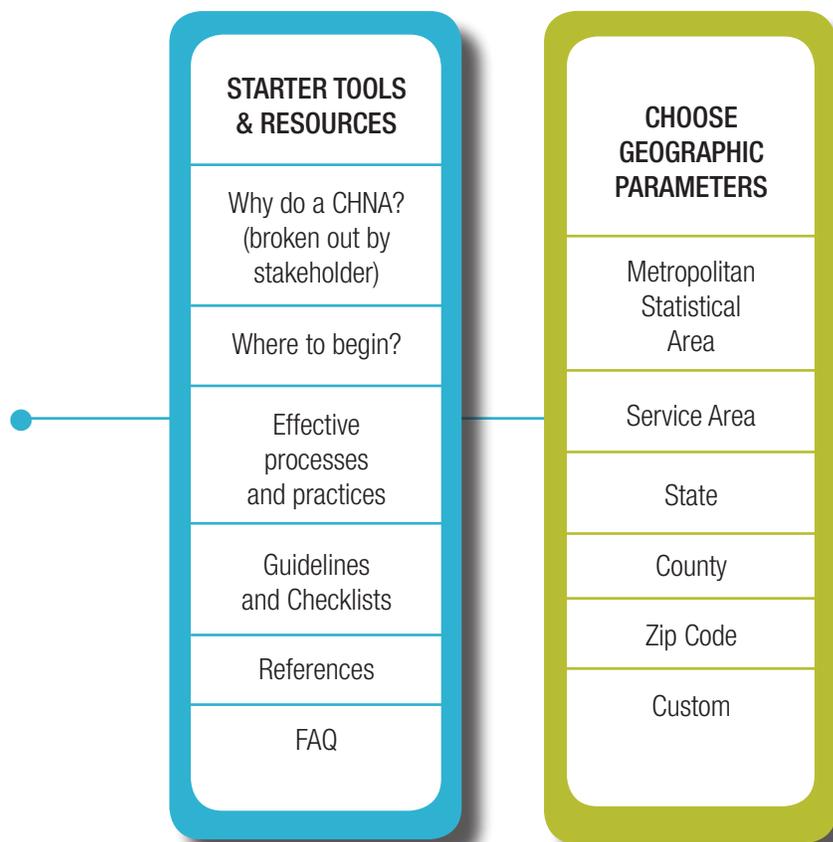
2019 Community Health Needs Assessment

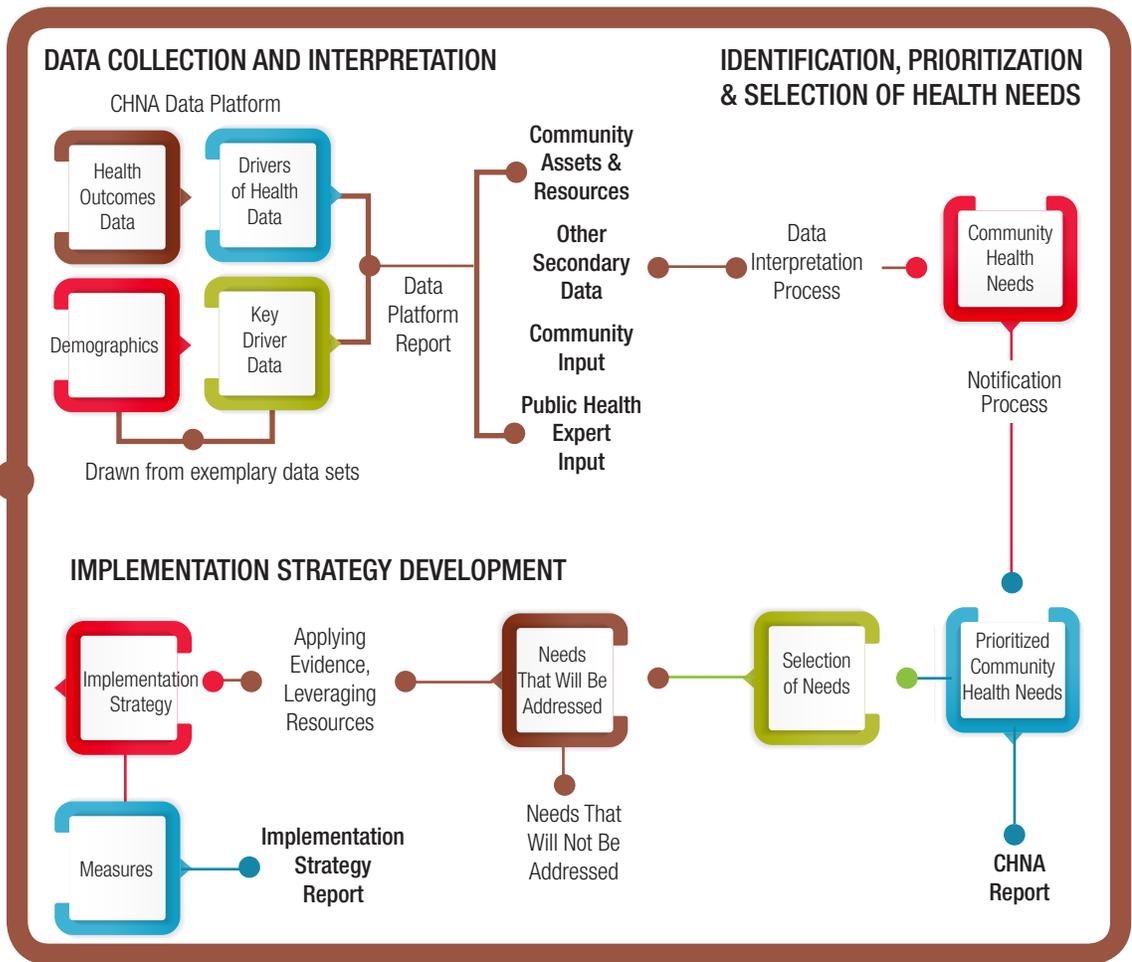


# Description of Process and Methods Used

## Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process.





# Description of Data Sources

## Quantitative Process

<b>Behavioral Risk Factor Surveillance System</b>	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
<b>U.S. Census</b>	National census data is collected by the U.S. Census Bureau every 10 years.
<b>Community Commons</b>	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
<b>Illinois Department of Employment Security</b>	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
<b>National Cancer Institute</b>	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.
<b>Illinois Department of Public Health</b>	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
<b>HRSA</b>	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.

<b>County Health Rankings</b>	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.
<b>Centers for Disease Control</b>	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
<b>Local IPLANS</b>	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.
<b>ESRI</b>	ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined levels.
<b>Illinois State Board of Education</b>	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
<b>USDA</b>	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
<b>Illinois Youth Survey</b>	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

# Secondary Data

## Social Determinants of Health

### Education – High School Graduation Rate

Within the Jersey Community Hospital service area, 85.6% 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.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	1,076	921	85.6%
Calhoun County	61	54	88.5%
Greene County	163	145	89.0%
Jersey County	255	228	89.4%
Macoupin County	475	398	83.8%
Madison County	2,901	2,476	85.3%
Scott County	72	67	93.1%
Illinois	91,892	75,974	82.7%

*Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. Additional data analysis by CARES 2015-16. Source District)*

## Education – Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in Grade 4 whose reading skills tested below the “proficient” level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring ‘Proficient’ or Better	Percentage of Students Scoring ‘Not Proficient’ or Worse
Service Area Estimates	850	31.01%	68.99%
Calhoun County	44	55.74%	44.26%
Greene County	130	25.97%	74.03%
Jersey County	209	39.00%	61.00%
Macoupin County	445	35.85%	64.15%
Madison County	2,843	34.56%	65.44%
Scott County	56	33.68%	66.32%
Illinois	144,944	39.33%	60.67%

*Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. 2014-15. Source Geography: School District)*



# Secondary Data

## Social Determinants of Health

### Education – Bachelor’s Degree or Higher

Of the population aged 25 and older, 18.4% or 11,823 adult students have obtained a Bachelor’s level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor’s Degree or Higher	Population Age 25+ With Bachelor’s Degree or Higher
Service Area Estimates	64,242	11,823	18.40%
Calhoun County	3,570	537	15.04%
Greene County	9,435	1,053	11.16%
Jersey County	15,435	2,837	18.38%
Macoupin County	32,705	5,968	18.25%
Madison County	183,772	47,164	25.66%
Scott County	3,638	440	12.09%
Illinois	8,618,284	2,834,869	32.89%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)*



## Economic Stability

### Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 14,154 public school students (49%) are eligible for free/reduced price lunches out of 28,855 total students enrolled. This is just slightly lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.9%. 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.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	28,855	14,154	49.05%
Calhoun County	559	234	41.86%
Greene County	1,921	933	48.57%
Jersey County	2,561	1,196	46.70%
Macoupin County	8,529	4,112	48.21%
Madison County	38,067	16,914	44.43%
Scott County	863	380	44.03%
Illinois	2,018,739	1,006,936	49.88%

*Data Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data. 2015-16. Source Geography: Address)*

# Secondary Data

## Economic Stability

### Median Household Income

This indicator reports the median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	37,645	\$60,666	No data
Calhoun County	1,936	\$63,182	\$52,949
Greene County	5,278	\$53,485	\$42,880
Jersey County	8,760	\$65,060	\$52,738
Macoupin County	18,754	\$64,777	\$52,337
Madison County	107,014	\$70,956	\$54,573
Scott County	2,092	\$61,740	\$46,210
Illinois	4,802,124	\$81,865	\$59,196

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.  
Source Geography: Tract)*

## Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. 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.

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	91,582	13,723	15.0%
Calhoun County	4,899	587	12.0%
Greene County	13,241	2,442	18.4%
Jersey County	22,372	3,042	13.6%
Macoupin County	46,045	6,777	14.7%
Madison County	266,209	39,290	14.8%
Scott County	5,092	546	10.7%
Illinois	12,859,995	1,935,887	15.1%

*Data Source: Community Commons (US Census Bureau, Small Area Income & Poverty Estimates, 2015. Source Geography: County)*



# Secondary Data

## Economic Stability

### Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Jersey Community Hospital service area, 23.47% or 4,564 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access, including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	89,072	19,448	4,564	23.47%
Calhoun County	4,782	952	137	14.39%
Greene County	12,899	2,682	670	24.98%
Jersey County	21,472	4,719	505	10.70%
Macoupin County	45,358	9,804	1,920	19.58%
Madison County	260,745	57,993	9,914	17.10%
Scott County	5,010	1,056	233	22.06%
Illinois	12,548,538	2,947,192	576,159	19.55%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)*



## Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 15.88% or 14,141 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	89,072	14,141	15.88%
Calhoun County	4,782	595	12.44%
Greene County	12,899	2,250	17.44%
Jersey County	21,472	1,954	9.10%
Macoupin County	45,358	5,875	12.95%
Madison County	260,745	34,400	13.19%
Scott County	5,010	747	14.91%
Illinois	12,548,538	1,753,731	13.98%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.  
Source Geography: Tract)*

# Secondary Data

## Economic Stability

### Insurance – Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of total civilian non-institutionalized population 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.

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	90,046	6,591	7.32%
Calhoun County	4,884	195	3.99%
Greene County	13,112	1,096	8.36%
Jersey County	22,091	1,746	7.90%
Macoupin County	45,959	3,363	7.32%
Madison County	264,272	17,557	6.64%
Scott County	5,120	392	7.66%
Illinois	12,671,738	1,233,486	9.73%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.  
Source Geography: Tract)*

## Unemployment Rate

Total unemployment in the Jersey Community Hospital service area for the month of August 2018 was 2,022 or 4.5% of the civilian non-institutionalized population age 16 and older (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.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	45,119	43,097	2,022	4.5%
Calhoun County	2,352	2,240	112	4.8%
Greene County	5,878	5,605	273	4.6%
Jersey County	10,986	10,494	492	4.5%
Macoupin County	23,174	22,123	1,051	4.5%
Madison County	134,394	128,425	5,969	4.4%
Scott County	2,460	2,352	108	4.4%
Illinois	6,460,016	6,190,961	269,055	4.2%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: County)*



# Secondary Data

## Neighborhood and Physical Environment

### Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Service Area	Total Population	Violent Crimes	Violent Crime (Rate per 100,000 Population)
Service Area Estimates	86,344	168	195
Calhoun County	0	0	0
Greene County	13,010	26	200
Jersey County	22,708	30	132
Macoupin County	44,264	76	171
Madison County	249,159	543	218
Scott County	3,684	1	18
Illinois	12,519,201	49,706	397

*Data Source: Community Commons (Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Interuniversity Consortium for Political and Social Research. 2012-14. Source Geography: County)*

## Built Environment – 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 healthy behaviors.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	62,521	9	14
Calhoun County	5,089	1	20
Greene County	13,886	0	0
Jersey County	22,985	1	4
Macoupin County	47,765	5	10
Madison County	269,282	37	14
Scott County	5,355	0	0
Illinois	12,830,632	1,402	11

*Data Source: Community Commons (US Census Bureau, County Business Partners. Additional data analysis by CARES. 2016. Source geography: ZCTA*



# Secondary Data

## Neighborhood and Physical Environment

### Food Environment – Grocery Stores

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 retaining 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 sell food, such as supercenters and warehouse club stores are excluded.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	93,501	24	26
Calhoun County	5,089	3	59
Greene County	13,886	5	36
Jersey County	22,985	4	17
Macoupin County	47,765	10	21
Madison County	269,282	48	18
Scott County	5,355	1	19
Illinois	12,830,632	2,770	22

*Data Source: Community Commons (US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source Geography: ZCTA)*



## Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than one-half mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	93,501	31,079	33.24%
Calhoun County	5,089	578	11.36%
Greene County	13,886	1,891	13.62%
Jersey County	22,985	4,054	17.64%
Macoupin County	47,765	8,797	18.42%
Madison County	269,282	100,690	37.39%
Scott County	5,355	223	4.16%
Illinois	12,830,632	2,483,877	19.36%

*Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015. Source Geography: Tract)*

# Secondary Data

## Access to Care

### 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.

Service Area	Total Population 2015	Dentists 2015	Dentists (Rate Per 100,000 Population)
Service Area Estimates	91,582	59	64
Calhoun County	4,899	1	20
Greene County	13,241	5	38
Jersey County	22,372	10	45
Macoupin County	46,045	17	37
Madison County	266,209	210	79
Scott County	5,092	1	20
Illinois	12,859,995	9,336	73

*Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source Geography: County)*



## Access to Mental Health Providers

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

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of 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	62
Macoupin County	46,445	13	3,573	28
Madison County	466,556	386	691	145
Scott County	0	0	No data	No data
Illinois	12,806,917	23,090	555	180

*Data Source: Community Commons (University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source Geography: County)*

# Secondary Data

## Access to Care

### 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 American Medical Association include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians, Rate Per 100,000 Population
Service Area Estimates	92,050	40	44
Calhoun County	4,956	2	40
Greene County	13,434	4	30
Jersey County	22,571	7	31
Macoupin County	46,453	14	30
Madison County	266,560	138	52
Scott County	5,204	1	19
Illinois	12,880,580	12,477	97

*Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source Geography: County)*

## Behavioral Risk Factor Surveillance System

### Medical Conditions and Circumstances

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 County Health Rankings help counties understand what influences how healthy residents are and how long they will live.

The County Health 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 County Health 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*).

Jersey County is ranked 48 out of the 102 Illinois counties in the Rankings released in April 2018. Calhoun County is ranked 13. Greene County is ranked 70. Madison County is ranked 71.

Health Condition	Jersey County	Calhoun County	Greene County	Madison County	Illinois
Adults Reporting Poor or Fair Health	13%	14%	16%	16%	17%
Adults Reporting No Leisure Time/ Physical Activity	26%	27%	27%	27%	22%
Adult Obesity	30%	29%	31%	34%	28%
Children Under 18 Living in Poverty	16%	14%	22%	18%	18%
Alcohol Impaired Driving Deaths	55%	33%	38%	30%	33%
Teen Births	20/1,000	17/1,000	36/1,000	27/1,000	26/1,000
Uninsured	5%	6%	6%	6%	8%
Unemployment	6%	6%	6%	6%	6%

# Secondary Data

## Behavioral Risk Factor Surveillance System

Jersey County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	17.6%	26.2%	23.7%
Asthma	9.1%	6.5%	12.5%	9.1%
Diabetes	10.2%	11.5%	12.5%	6.1%
Obesity	29.5%	24.8%	31.6%	29.3%
Smoking	16.7%	17.8%	22.8%	21.3%

Calhoun County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	29.9%	25.7%	25.7%
Asthma	9.1%	6.1%	9.9%	11.8%
Diabetes	10.2%	13.4%	12.4%	7.4%
Obesity	29.5%	35.8%	31.9%	27.7%
Smoking	16.7%	19.8%	24.2%	20.6%

Greene County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	No data	14.8%	16.3%
Asthma	9.1%	6.1%	16.8%	10.7%
Diabetes	10.2%	8.6%	11.9%	8.0%
Obesity	29.5%	23.2%	31.9%	29.8%
Smoking	16.7%	17.9%	26.5%	23.2%

Madison County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	23.4%	20.6%	22.2%
Asthma	9.1%	8.2%	13.7%	No data
Diabetes	10.2%	12.5%	9.1%	No data
Obesity	29.5%	32.7%	28.6%	26.1%
Smoking	16.7%	25.8%	21.6%	27.3%

## Health Indicators

### Population With Any Disability

Within the service area, 14.93% or 13,440 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Service Area Estimates	90,046	13,440	14.93%
Calhoun County	4,884	829	16.97%
Greene County	13,112	2,067	15.76%
Jersey County	22,091	2,915	13.20%
Macoupin County	45,959	7,254	15.78%
Madison County	264,272	32,917	12.46%
Scott County	5,120	570	11.13%
Illinois	12,671,738	1,376,858	10.87%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.  
Source Geography: Tract)*

# Secondary Data

## Health Indicators

### Teen Births

This indicator reports the rate of total births to women ages 15-19 per 1,000 female population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support needs. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Calhoun County	163	3	21
Greene County	462	20	44
Jersey County	863	22	26
Macoupin County	1,559	48	31
Madison County	9,016	336	37
Scott County	164	5	28
Illinois	448,356	15,692	35

*Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)*



## Low Birth Weight Rate

This indicator reports the percentage of total births that are low birth weight (under 2,500 grams = less than 5.15 pounds). This indicator is relevant because low birth weight infants are at a higher risk for health problems. This indicator can also highlight the existence of health disparities.

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	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	1,251,656	105,139	8.4%

*Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)*

# Secondary Data

## Health Indicators

### 30-Day Hospital Readmissions

This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization.

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Calhoun County	80	No data
Greene County	259	14
Jersey County	326	15
Macoupin County	858	13
Madison County	3,140	16
Scott County	70	No data
Illinois	143,569	15

*Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care)*



## Preventable Hospitalizations – Medicare Population

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 of investment” from interventions that reduce admissions through better access to primary care resources.

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	8,891	644	73
Calhoun County	616	48	79
Greene County	1,536	131	86
Jersey County	2,079	176	86
Macoupin County	5,811	379	65
Madison County	20,871	1,328	64
Scott County	543	38	71
Illinois	985,698	53,973	55

*Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source Geography: County)*

# Secondary Data

## Mortality Tables

### Jersey County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	73
Malignant Neoplasms	44
Chronic Lower Respiratory Diseases	22
Diabetes Mellitus	14
Cerebrovascular Diseases	14
Influenza and Pneumonia	5
Intentional Self-Harm (Suicide)	5

### Calhoun County Mortality, 2017

Cause of Mortality	Total Deaths
Malignant Neoplasms	14
Diseases of the Heart	12
Chronic Lower Respiratory Diseases	4
Diabetes Mellitus	2
Cerebrovascular Diseases	1

## Greene County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	37
Malignant Neoplasms	28
Chronic Lower Respiratory Diseases	16
Diabetes Mellitus	11
Cerebrovascular Diseases	7
Influenza and Pneumonia	7
Intentional Self-Harm (Suicide)	4
Assault (Homicide)	1

## Madison County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	742
Malignant Neoplasms	605
Cerebrovascular Diseases	158
Chronic Lower Respiratory Diseases	151
Diabetes Mellitus	71
Influenza and Pneumonia	67
Intentional Self-Harm (Suicide)	52
Assault (Homicide)	3
Human Immunodeficiency Virus (HIV) Disease	2

# Secondary Data

## Mortality Tables

### 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.

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Calhoun County	285	0	0
Greene County	790	7	9
Jersey County	1,235	10	8
Macoupin County	2,660	17	7
Madison County	17,065	111	7
Scott County	290	0	0
Illinois	879,035	6,065	7

*Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source Geography: County)*

## 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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Calhoun County	4,964	12	238	145
Greene County	13,395	38	284	201
Jersey County	22,470	51	229	167
Macoupin County	46,503	128	274	189
Madison County	266,727	619	232	185
Scott County	5,712	14	263	184
Illinois	12,859,901	24,531	191	169

*Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source Geography: County)*

# Secondary Data

## Mortality Tables

### Mortality – Coronary Heart Disease

This indicator reports the rate of death due to coronary heart disease 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 heart disease is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Calhoun County	4,964	10	206	118
Greene County	13,395	20	149	101
Jersey County	22,470	46	205	146
Macoupin County	46,503	77	166	111
Madison County	266,727	373	140	111
Scott County	5,172	9	166	109
Illinois	12,859,901	13,901	108	94

*Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source Geography: County)*

## Mortality – Drug Poisoning

This indicator reports the rate of death due to drug overdose 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 drug overdose is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Calhoun County	4,964	No data	Suppressed	Suppressed
Greene County	13,395	3	19	Suppressed
Jersey County	22,470	4	19	21
Macoupin County	46,503	7	16	17
Madison County	266,727	69	26	26
Scott County	5,172	No data	Suppressed	Suppressed
Illinois	12,859,901	1,832	14	14

*Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source Geography: County)*

# Secondary Data

## Mortality Tables

### 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 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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Calhoun County	4,964	No data	Suppressed	Suppressed
Greene County	13,395	13	96	66
Jersey County	22,470	17	77	55
Macoupin County	46,503	36	77	53
Madison County	266,727	172	65	52
Scott County	5,172	3	50	Suppressed
Illinois	12,859,901	5,330	43	39

*Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-15. Source Geography: County)*

## Mortality – Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) 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 stroke is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Calhoun County	4,964	No data	Suppressed	Suppressed
Greene County	13,395	6	46	32
Jersey County	22,470	11	50	35
Macoupin County	46,503	29	63	42
Madison County	266,727	147	55	43
Scott County	5,172	3	62	Suppressed
Illinois	12,859,901	5,497	43	38

*Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source Geography: County)*

# Secondary Data

## Mortality Tables

### 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 resummairized 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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Calhoun County	4,964	3	52	Suppressed
Greene County	13,395	11	85	77
Jersey County	22,470	14	61	58
Macoupin County	46,503	31	66	58
Madison County	266,727	176	66	62
Scott County	5,172	3	54	Suppressed
Illinois	12,859,901	4,800	37	36

*Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-15. Source Geography: County)*

## Qualitative Data

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,<sup>2</sup> 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 in the appendix.

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 health care due to geographic, language, financial or other barriers.

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.

# Primary Data

## Qualitative Data

### Focus Group 1 – Community Leaders and Representatives

The first focus group consisted of community leaders and representatives of groups that represent or serve persons that may be underserved by local medical services. Three school superintendents, the Jersey County Health Department, a mayor, a county commissioner and others participated. The group met at 7:30 a.m. on January 14, 2019 at Jersey Community Hospital. Positive developments in the service area in recent years were identified as:

- Urgent Care in Jersey and Greene counties
- Jersey Community Hospital collaborates with Carrollton Hospital for mental health services
- 911 consolidation involving Greene, Calhoun, and Morgan counties
- Better coordination of medical data at Jersey Community Hospital
- Expanded cardiology services at Jersey Community Hospital
- Jersey Community Hospital collaborates with Locust Street Clinic in Carlinville to locate services for persons with substance use disorders
- Better communication among Jersey Community Hospital and the three county health departments
- Jersey Community Hospital plays many positive roles in the community
- Helicopter based at Jersey Community Hospital

Needs and health issues were identified as:

- Jersey Community Hospital needs to take a larger role in regional health that reflects the high level of collaboration in other areas of local government
- Mental health access and education
  - Mental health services for parents and youth
  - Education for parenting skills including parents, grandparents, and transient parents
  - Increase mental health services available at schools
  - Address local substance use and abuse
- Address needs of growing transient population
- Explore collaboration among Jersey Community Hospital, area schools, and the health departments to replace or recreate services lost to recent funding cuts
- Resources to fill needs when school nurses are temporarily unavailable due to illness or other reasons
- Trainers for school children and school events
- Develop local youth and young adults into future local healthcare professionals
- Expanded education for pregnant moms
- Substance abuse awareness and prevention

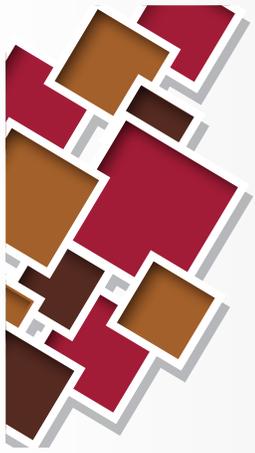
## Focus Group 2 – Medical Professionals and Partners

The second focus group consisted of medical professionals and partners, including representatives of groups that represent or serve persons that may be underserved by local medical services. The group included representatives of the health department, a rural clinic, mental health services, and a senior care facility. The group met at noon on January 14, 2019, at Jersey Community Hospital. Positive developments in the service area in recent years were identified as:

- Tri-County Rural Transit has provided improved transportation opportunities to Calhoun County
- Better communication and collaboration among health partners and community partners
- Collaboration between Jersey Community Hospital and Jersey County Health Department to restore diabetes education programming
- New ambulance
- Helicopter based at Jersey Community Hospital
- Stroke protocol has been successful
- New orthopedist
- Locust Street Clinic is seeing substance use and psychiatric patients three days a week at Jersey Community Hospital
- Restorative Solutions Counseling has opened
- Jerseyville Manor is offering CNA training
- Drive-through flu clinics at Jersey County Health Department

Needs and health issues were identified as:

- Mental health
- Substance abuse prevention
- Improve utilization of Meals on Wheels
- Local testing for STDs, STIs, and blood-borne illnesses
- Specialty services
  - Dermatology
  - Endocrinology
  - Rheumatology
  - Neurology
- Better collaboration between Jersey Community Hospital and Calhoun County
- Better information for seniors about available resources and local services
- Low cost dentistry
- Education about local services including transportation, Meals on Wheels and other services



## **IV. IDENTIFICATION AND PRIORITIZATION OF NEEDS**

2019 Community Health Needs Assessment

# Identification and Prioritization of Needs

## Description of the Community Health Needs Identified

The steering group, comprised of representatives from both focus groups – experiencing unmet needs, met on January 28, 2019, to identify and prioritize significant including members serving persons likely to be unserved, underserved, or otherwise 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.



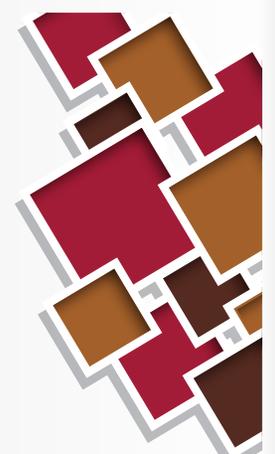
1. The group first identified and prioritized six issues related to mental health services including:
  - a. Better access to local mental health services and providers including referral for outpatient services
  - b. Community education to provide mental health awareness and reduce the stigma of seeking mental healthcare
  - c. Education for seniors about available local mental health services
  - d. Basic mental health training and resources for schools and others involved with youth in the community
  - e. Address the issue of middle school and high school youth self-medicating with illegal drugs
  - f. Education for parenting skills for young parents including, coping, responsibility, and “breaking the cycle” of dysfunctionality and absence of wellness

# Identification and Prioritization of Needs

## Description of the Community Health Needs Identified

2. The group next prioritized education and creation of a single information source concerning Meals on Wheels and other local services, including availability and cost explanations for all counties in the service area.
3. The third prioritized need was to improve local access to specialist services including:
  - a. Dermatology
  - b. Endocrinology
  - c. Neurology
  - d. Orthopedist
  - e. Rheumatology
4. The final identified need was improved local dental services for the underinsured and uninsured.

**V. RESOURCES AVAILABLE TO MEET  
PRIORITY HEALTH NEEDS**  
2019 Community Health Needs Assessment



# Resources Available to Meet Priority Health Needs

## Jersey Community Hospital Resources

### Hospital Resources

- CPR classes
- Diabetes education services
- Emergency Department
- EMS System
- Heart Center
- Imaging department
  - Diagnostic testing
    - Arrhythmia monitoring
    - CT angiography
    - Duplex ultrasonography
    - Echocardiography
    - Extremity blood pressure
    - Nuclear imaging
    - ECG stress testing
    - Echocardiographic stress testing
    - Nuclear stress testing
    - Venogram
    - Vascular imaging, including carotid ultrasounds
    - Pacemaker interrogation (temporary and permanent pacemaker) implantation
  - Treatment options
    - Antiarrhythmic therapy
    - Anti-anginal therapy
    - Antihypertensive therapy
    - Antithrombotic therapy
    - Cardiac rehabilitation
    - Comprehensive atrial fibrillation therapy
    - Compression stockings
    - Congestive heart failure therapy
    - Lipid therapy
    - Loop recorder implants
    - Medications
    - Pacemaker and defibrillator generator change
    - Pulmonary rehabilitation
    - Sleep studies

- Imaging center
- Lab services
  - Transfusion services
  - Microbiology (bacteriology, mycology, mycobacteriology, and virology)
  - Hematology
  - Coagulation
  - Immunology
  - Molecular diagnostics
  - Flow cytometry
  - Chemistry
  - Anatomic pathology
  - Drug screen collections (DOT and non-DOT)
- 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 management center
  - Physical therapy
  - Occupational therapy
  - Licensed social worker
  - Epidural injections
  - Radiofrequency ablation
  - Facet joint injection or medial branch blocks
  - Trigger point injections
  - Sacroiliac joint injections
  - Large point injection
  - Spinal cord stimulator
  - Vertebroplasty/kyphoplasty
- Physical Therapy

# Resources Available to Meet Priority Health Needs

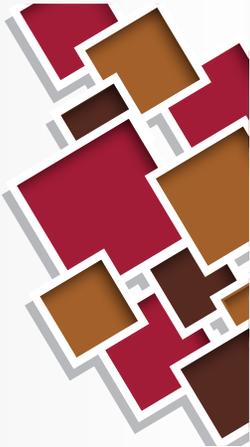
- Sleep disorder center
- Walk-in clinic
  - Colds and flu
  - Minor burns and lacerations
  - Urinary tract infections
  - Nausea and vomiting
  - Ear and eye infections
  - School and sports physicals
- Wellness Center
- Wound care center

## **Community Resources**

- School districts
- Health departments
- Jersey County Against Drugs
- Locust Street Clinic
- Chestnut Health Systems
- University of Illinois – Rockford Medical School
- Rosalind Franklin University
- Ministerial services
- Southern Illinois University
- Participating providers
- SIU School of Dentistry
- Lewis and Clark Community College

# VI. IMPLEMENTATION STRATEGY

2019 Community Health Needs Assessment



# Implementation Strategy

## Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Jersey Community Hospital on February 18, 2019.

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.

## Implementation Strategy – Priority #1



The group first identified and prioritized six issues related to mental health services including:

- a. Better access to local mental health services and providers including referral for outpatient services
- b. Community education to provide mental health awareness and reduce the stigma of seeking mental healthcare

- c. Education for seniors about available local mental health services
- d. Basic mental health training and resources for schools and others involved with youth in the community
- e. Address the issue of middle school and high school youth self-medicating with illegal drugs
- f. Education for parenting skills for young parents including coping, responsibility, and “breaking the cycle” of dysfunctionality and absence of wellness

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

- Jersey Community Hospital will:
  - Explore ‘Doc Assist’ and similar programs
  - Establish a telehealth program, including telepsychiatry with Southern Illinois University
  - Explore recruiting a psychiatric nurse practitioner
  - Continue the relationship with Locust Street Clinic for counseling and other services
  - Create an education program and materials on local mental health services for seniors
  - Expand Jersey Community Hospital’s involvement with the substance abuse prevention coalition
  - Explore mental health awareness education for the community addressing awareness and stigma
  - Explore developing education and services for parents in cooperation with University of Illinois, Rockford Medical School and Rosalind Franklin University

**Anticipated impacts of these actions:**

- It is anticipated that the steps outlined will impact each of the identified needs by:
  - Creating better access to psychiatric services, counseling and providers, in addition to specialized assistance to existing providers
  - Creating community and senior education programs and resources on mental health, stigma, and available local services

# Implementation Strategy

## Planning Process

- o Increasing the effectiveness of the substance use prevention organization in providing education to school and the community and in delivering a prevention message to youth and adults
- o Create new education program and services for parents

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

- Administration
- Population health
- Physician services

### Planned collaboration between the hospital and other organizations:

- School districts
- Health departments
- Jersey County Against Drugs
- Locust Street Clinic
- Chestnut Health Systems
- University of Illinois – Rockford Medical School
- Rosalind Franklin University

## Implementation Strategy – Priority #2



The group next prioritized education and creation of a single information source concerning Meals on Wheels and other local services, including availability and cost explanations for all counties in the service area.

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

- Jersey Community Hospital will create hard copy resources from the hospital website and other electronic and print sources to distribute at health fairs and other locations.

**Anticipated impacts of these actions:**

- It is anticipated that printed resources available throughout the community, in addition to information currently available through electronic resources will best serve the senior and general populations.

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

- Population health

**Planned collaboration between the hospital and other organizations:**

- Public health
- Ministerial services
- Others

**Implementation Strategy – Priority #3**



The third prioritized need was to improve local access to specialist services, including:

- a. Dermatology
- b. Endocrinology
- c. Neurology
- d. Orthopedist
- e. Rheumatology

# Implementation Strategy

## Planning Process

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

- Jersey Community Hospital will establish telehealth services with Southern Illinois University that will provide access to all of the mentioned specialties, hopefully, in combination with periodic local face-to-face visits.

### Anticipated impacts of these actions:

- Telehealth services will provide access to many specialists previously unavailable in the Jersey Community Hospital service area.

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

- Administration
- Population health

### Planned collaboration between the hospital and other organizations:

- Southern Illinois University
- Participating specialists

## Implementation Strategy – Priority #4



4. The final identified need was improved local dental services for the underinsured and uninsured.

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

- Jersey Community Hospital recognizes this local need, but regular direct delivery of dental services is outside the traditional scope of functions of the hospital. The hospital is not positioned, at this time, to assume this function independently. To attempt to address this issue, Jersey Community Hospital may assemble a consortium of interested parties and agencies to explore potential local solutions to this issue.

**Anticipated impacts of these actions:**

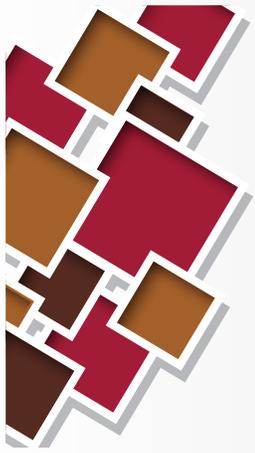
- Jersey Community Hospital expects that the chosen action will facilitate a discussion that will result in community awareness of this issue and possible steps to begin to address it in whole or in part.

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

- Administration
- Population health

**Planned collaboration between the hospital and other organizations:**

- Public health
- SIU School of Dentistry
- Lewis and Clark Community College



## VII. DOCUMENTING AND COMMUNICATING RESULTS

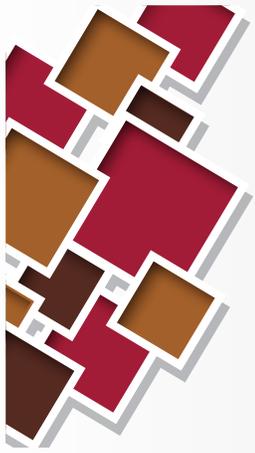
2019 Community Health Needs Assessment

# Documenting and Communicating Results

## Approval

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

This Community Health Needs Assessment and Implementation Plan of Jersey Community Hospital was approved by the Jersey Community Hospital Board of Directors on the 28th day of May, 2019.



## VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment

# References and Appendix

## References

- *County Health Rankings, 2018 County Health Rankings*
- *Community Commons, 2018 Community Commons*
- Illinois Department of Employment Security, 2018
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2018
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2018
- ESRI, 2018
- Illinois State Board of Education, *Illinois Report Card, 2016 - 2017*
- *Atlas of Rural and Small Town America, USDA, 2018*
- *Behavioral Risk Factor Surveillance Survey – Illinois Counties – 2018*
- *Illinois Youth Survey, 2018*
- *Courtesy: Community Commons, <[www.communitycommons.org](http://www.communitycommons.org)>, August, 2018*

*(Support documentation on file and available upon request)*

## Appendix

### Focus Group 1 – Community Leaders and Representatives

Kate Sievers	Superintendent	Jersey County Health Department
Larry Wieneke	Chair	Calhoun County Board
Kerry Cox	Superintendent	Carrollton School District
Brad Tuttle	Superintendent	Jersey Community School District
William “Billy” Russell	Mayor	City of Jerseyville
Joe Soer	Chair	Jersey Community Hospital Board of Directors
Doug King	Administrator	Jersey County Health Department
Becky Shipley	Representative	Jersey County Health Department

# Appendix

## Appendix

### Focus Group 2 – Medical Professionals and Partners

Doug King	Administrator	Jersey County Health Department
Becky Shipley	Representative	Jersey County Health Department
Heidi Carter	Representative	Jersey County Health Department
Dr. Christy Elving	Physician	Jersey Community Hospital
Sandy Teichmann	Nurse Manager	Calhoun County Health Department
Megan Eilerman	Representative	Calhoun County Health Department

### Identification and Prioritization Group

Doug King	Administrator	Jersey County Health Department
Becky Shipley	Representative	Jersey County Health Department
Heidi Carter	Representative	Jersey County Health Department
Dr. Christy Elving	Physician	Jersey Community Hospital
Sandy Teichmann	Nurse Manager	Calhoun County Health Department
Brad Tuttle	Superintendent	Jersey Community School District
William “Billy” Russell	Mayor	City of Jerseyville
Nancy Thorsen	Executive Director	Prairie Council on Aging

## Implementation Strategy Group

Jon Wade	Chief Executive Officer	Jersey Community Hospital
Beth King	Chief Financial Officer	Jersey Community Hospital
Dr. Michael McNear	Chief Medical Officer	Jersey Community Hospital
Julie Smith	Chief Medical Officer	Jersey Community Hospital
John Giertz	Vice President of Physician Services	Jersey Community Hospital
Joe Soer	Chair	Jersey Community Hospital Board of Directors
Barb VanWalleghen	Representative	Jersey Community Hospital Board of Directors
Mary Kirbach	Representative	Jersey Community Hospital Board of Directors
Doug King	Administrator	Jersey County Health Department
Becky Shipley	Representative	Jersey County Health Department
Heidi Carter	Representative	Jersey County Health Department
Erin Kochan	Population Health Director	Jersey Community Hospital



**2019 Community Health Needs Assessment**

**Jerseyville Community Hospital**

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