COMMUNITY HEALTH NEEDS ASSESSMENT 2016

Paris Community Hospital
Family Medical Center

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

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Paris Community Hospital/Family Medical Center conducted a Community Health Needs Assessment (CHNA) over a period of several weeks in the summer and 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 Paris Community Hospital/Family Medical Center service area. The secondary data and previous public health planning conclusions draw attention to several common issues of rural demographics and economics 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.

Two focus groups met on July 12, 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. Wellness
4. Homeless youth

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 Paris Community Hospital/Family Medical Center in October, 2016.

Background

Paris Community Hospital/Family Medical Center traces its roots to a privately-owned hospital. Drs. Charles McClelland and Gordon Sprague, owners, determined in the late 1950s that the hospital was too small. Because they also believed that it should be owned by the community, they donated Paris Hospital and a foundation was formed. The Hospital & Medical Foundation of Paris (HMFP) was incorporated on December 30, 1958.

The Foundation successfully conducted a $1 million capital fund drive in the late 1960s. Ground was broken for the current Paris Community Hospital in 1968. The official opening of the hospital in its present location occurred on November 9, 1970. Paris Community Hospital is licensed as a critical access hospital for 25 beds and is accredited by The Joint Commission.

In August 1992, the hospital purchased The Medical Center Clinic from Drs. James Acklin, Duane Haskell, and Leland Phipps. The practice of Dr. Jeffry Hatcher was purchased in September, 1994.

In 1996, HMFP completed a hospital expansion project to construct the Family Medical Center. The combined organization became Paris Community Hospital/Family Medical Center. Then, in 1999, the Foundation began another renovation project, creating the hospital's west wing area for the relocation of Physical Therapy and the upgrading of Cardiac Rehab to form the new Therapy Services Department. These two expansion initiatives were completed with the financial resources of the Foundation.

PCH/FMC has another Family Medical Center located in Chrisman. Site development began in 2004 for a $11 million expansion project, marking additional investments in the facilities' infrastructure, programs, and physician recruitment.

A dedication was held November 19, 2006 to mark the completion of the new building and interior renovations. The new patient rooms are all single-patient rooms.

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. Paris 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 Paris and the surrounding area.

The population assessed was the identified service area and Edgar County. Comparison data was included from Clark, Coles, Crawford, Douglas and Vermillion 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

Paris Community Hospital/Family Medical Center is a not-for-profit hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

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

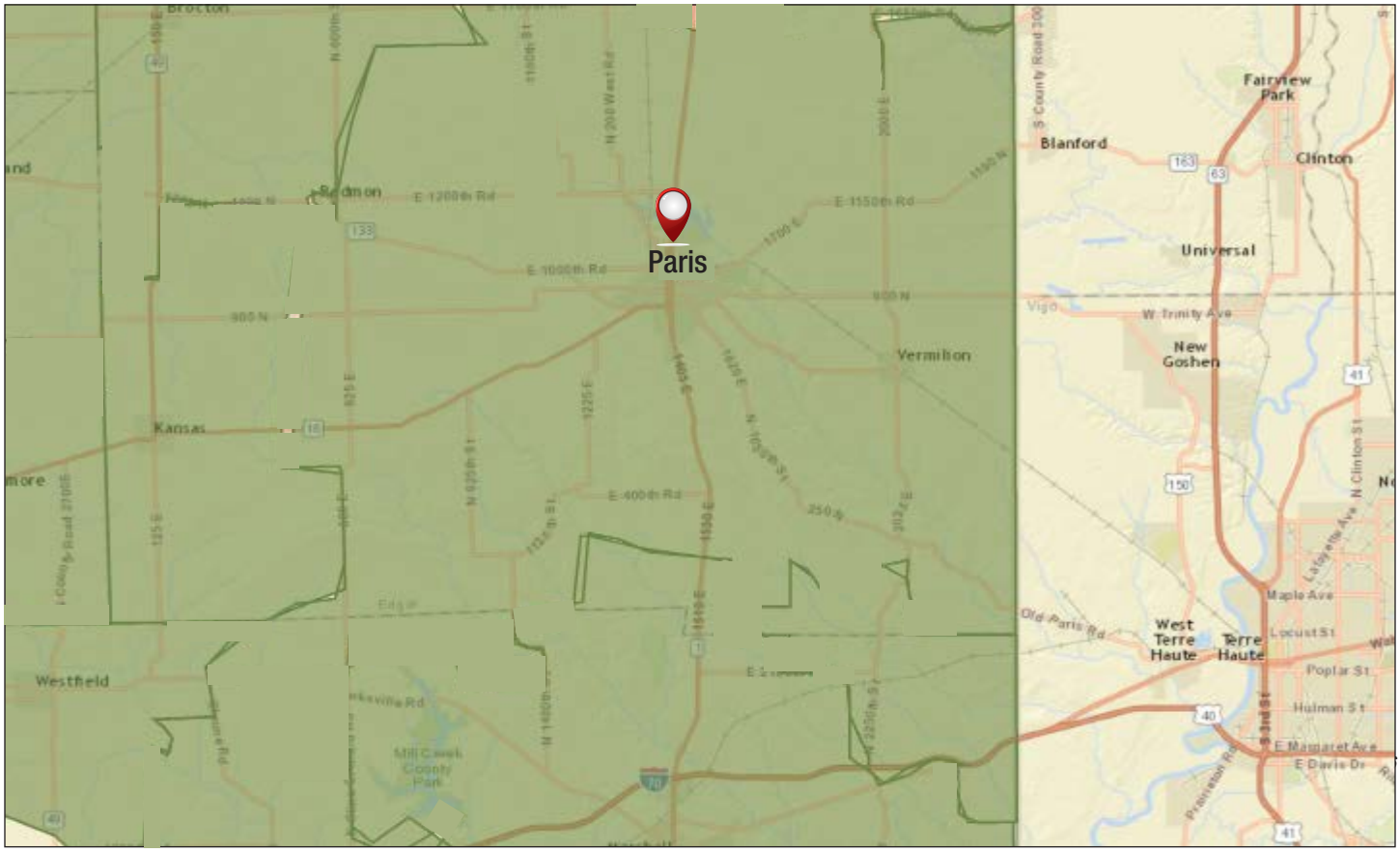
DEMOGRAPHICS

Paris Community Hospital/Family Medical Center's service area is comprised of approximately 1,278 square miles, with a population of approximately 35,709 and a population density of 28 people per square mile. The service area consists of the following rural communities:

Cities and Towns
- Oakland
- Chrisman
- Marshall
- Martinsville
- Paris
- Newman

Villages
- Brocton
- Redmon
- Ashmore
- Vermilion
- Dennison
- Ridge Farm
- Indianola
- Sidell
- Kansas
- Westfield
- Metcalf
- Hume

Illustration 1. Paris Community Hospital Service Area



TOTAL POPULATION CHANGE, 2000-2010

According to the U.S. Census data, the population in the region fell from 38,280 people to 36,508 between the years of 2000 and 2010, a 5% decrease.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	38,280	36,508	-1,772	-4.63%
Clark County	17,008	16,335	-673	-3.96%
Coles County	53,196	58,873	677	1.27%
Crawford County	20,452	19,817	-635	-3.1%
Douglas County	19,922	19,980	58	0.29%
Edgar County	19,704	18,576	-1,128	-5.72%
Vermilion County	83,919	81,625	-2,294	-2.73%
Total Area (Counties)	252,481	251,714	-767	-0.30%

Data Source: Community Commons

The Hispanic population increased in Clark County by 118 people (218.52%), increased in Coles County by 418 (56.72%), increased in Crawford County by 11 (3.13%), increased in Douglas County by 520 (75.36%), increased in Edgar County by 33 (21.43%), and increased in Vermilion County by 937 (37.42%).

In Clark County, additional population changes were as follows: White -4.61%, Black 41.18%, American Indian/Alaska Native -16.67%, Asian 139.13%, and Native Hawaiian/Pacific Islander -40%.

In Coles County, additional population changes were as follows: White -1.39%, Black 70.12%, American Indian/Alaska Native -0.95%, Asian 26.73%, and Native Hawaiian/Pacific Islander -45.83%.

In Crawford County, additional population changes were as follows: White -3.96%, Black 0.76%, American Indian/Alaska Native -14.29%, Asian 45.07%, and Native Hawaiian/Pacific Islander 300%.

In Douglas County, additional population changes were as follows: White -1.35%, Black -3.33%, American Indian/Alaska Native 6.25%, Asian 62.75%, and Native Hawaiian/Pacific Islander -100%.

In Edgar County, additional population changes were as follows: White -4.54%, Black -82.32%, American Indian/Alaska Native -32.43%, Asian -10.81%, and Native Hawaiian/Pacific Islander 100%.

In Vermilion County, additional population changes were as follows: White -6.54%, Black 19.02%, American Indian/Alaska Native 3.8%, Asian 13.25%, and Native Hawaiian/Pacific Islander 0%.

POPULATION BY AGE GROUPS

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

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	35,709	1,886	5,845	2,686	3,686
Clark County	16,240	968	2,799	1.222	1,774
Coles County	53,655	2,687	7,029	12,084	6,346
Crawford County	19,626	1,017	2,950	1,754	2,315
Douglas County	19,867	1,344	3,731	1,603	2,373
Edgar County	18,171	988	2,928	1,353	2,024
Vermilion County	80,773	5,343	14,232	6,853	9,322
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	4,235	5,334	5,068	6,969
Clark County	1,905	2,446	2,180	2,946
Coles County	5,292	6,316	6,178	7,723
Crawford County	2,438	3,005	2,681	3,466
Douglas County	2,383	2,700	2,563	3,170
Edgar County	2,145	2,606	2,612	3,515
Vermilion County	9,474	11,181	10,907	13,461
Illinois	1,699,140	1,823,332	1,560,481	1,696,283

Data Source: Community Commons

HIGH SCHOOL GRADUATION RATE

This indicator reports the average freshman graduate rate, which measures the percentage of students receiving their diploma within four years. The graduation rate in Clark, Coles, Douglas, and Edgar counties is above or equal to the Healthy People 2020 target of 82.4. Crawford County is below the Healthy People 2020 target of 82.4.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Service Area Estimates	No data	No data	No data
Clark County	285	236	83
Coles County	528	460	87.1
Crawford County	277	227	81.9
Douglas County	207	175	84.6
Edgar County	266	219	82.4
Vermilion County	1,094	888	81.2
Illinois	169,361	131,670	77.7

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

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

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

Within the service area, there are 2,993 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 12% 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	25,292	29,923	11.83%
Clark County	11,251	1,163	10.34%
Coles County	31,855	3,357	10.54%
Crawford County	13,905	1,523	10.95%
Douglas County	13,189	2,144	16.26%
Edgar County	12,902	1,692	13.11%
Vermilion County	54,345	7,426	13.66%
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, 26% of the population aged 25 and older, or 6,622 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	25,292	6,622	26.18%
Clark County	11,251	3,369	29.94%
Coles County	31,855	11,067	34.74%
Crawford County	13,905	4,378	31.49%
Douglas County	13,189	3,228	24.47%
Edgar County	12,902	3,345	25.93%
Vermilion County	54,345	12,713	23.39%
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, 24% or 1,776 children are living in households with income below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Population Under Age 18	Population Under Age 18 in Poverty Below 100% FPL	Population Under Age 18 in Poverty Below 100% FPL
Service Area Estimates	7,523	1,776	23.61%
Clark County	3,634	726	19.98%
Coles County	9,578	2,484	25.93%
Crawford County	3,897	720	18.48%
Douglas County	5,019	733	14.60%
Edgar County	3,862	972	25.17%
Vermilion County	18,966	5,750	30.32%
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, 52% or 3,914 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Population Under Age 18	Population Under Age 18 in Poverty Below 200% FPL	Population Under Age 18 in Poverty Below 200% FPL
Service Area Estimates	7,523	3,914	52.03%
Clark County	3,634	1,750	48.16%
Coles County	9,578	5,199	54.28%
Crawford County	3,897	1,630	41.83%
Douglas County	5,019	2,317	46.16%
Edgar County	3,862	2,201	56.99%
Vermilion County	18,966	10,830	57.1%
Illinois	3,011,614	1,243,877	41.3%

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

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

Poverty is considered a key driver of health status. Within the service area, 16% or 5,490 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is higher than the Illinois statewide poverty levels of 14.41%. Within the service area, 38% or 13,212 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This is higher 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	35,060	5,490	13,212
Clark County	15,861	2,104	5,497
Coles County	49,421	11,314	22,397
Crawford County	18,417	2,523	5,881
Douglas County	19,631	2,193	6,435
Edgar County	17,845	3,164	7,460
Vermilion County	78,162	14,965	32,014
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, 33%, or 3,430 families report a total annual income of $75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families With Income Over $75,000	Percent Families With Income Over $75,000
Service Area Estimates	10,476	3,430	32.74%
Clark County	4,515	1,514	33.53%
Coles County	12,090	4,051	33.51%
Crawford County	5,078	2,035	40.07%
Douglas County	5,286	2,031	38.42%
Edgar County	5,435	1,714	31.54%
Vermilion County	20,313	6,443	31.72%
Illinois	3,131,125	1,480,485	47.28%

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

POPULATION WITH ANY DISABILITY

Within the service area, 15% or 5,120 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.62% in Illinois. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population With a Disability	Percent Population With a Disability
Service Area Estimates	35,263	5,120	14.52%
Clark County	15,994	2,320	14.51%
Coles County	52,933	7,017	13.26%
Crawford County	18,455	2,895	15.69%
Douglas County	19,684	2,023	10.28%
Edgar County	17,897	2,562	14.32%
Vermilion County	78,738	11,840	15.04%
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, 2,397 public school students (46%) are eligible for free/reduced price lunch out of 5,253 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	% of Free/Reduced Price Lunch Eligible
Service Area Estimates	5,253	2,397	45.63%
Clark County	2,683	918	42.19%
Coles County	6,670	3,413	51.17%
Crawford County	2,903	1,293	44.54%
Douglas County	3,055	1,201	39.31%
Edgar County	3,016	1,474	48.87%
Vermilion County	13,205	8,424	63.79%
Illinois	2,049,231	1,044,588	51.44%

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

FOOD INSECURITY RATE

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Percent Food Insecure Population
Service Area Estimates	36,208	5,295	14.62%
Clark County	16,284	2,240	13.76%
Coles County	53,732	8,960	16.68%
Crawford County	19,707	2,720	13.80%
Douglas County	19,902	2,160	10.85%
Edgar County	18,339	2,700	14.72%
Vermillion County	81,147	13,940	17.18%
Illinois	12,882,135	1,755,180	13.62%

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

INCOME – PER CAPITA INCOME

The per capita income for the service area is $25,072. 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 service 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	35,709	$895,317,792	$25,072
Clark County	16,240	$406,985,600	$25,060
Coles County	53,655	$1,205,316,352	$22,464
Crawford County	19,626	$502,674,912	$25,612
Douglas County	19,867	$483,363,488	$24,329
Edgar County	18,171	$454,593,792	$25,017
Vermilion County	80,773	$1,770,854,912	$21,923
Illinois	12,868,747	$386,312,175,616	$30,019

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

INCOME – PUBLIC ASSISTANCE INCOME

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

Report Area	Total Households	Households With Public Assistance Income	Percent Households With Public Assistance Income
Service Area Estimates	15,243	279	1.83%
Clark County	6,689	155	2.32%
Coles County	21,017	491	2.34%
Crawford County	7,644	86	1.13%
Douglas County	7,534	89	1.18%
Edgar County	7,912	144	1.82%
Vermilion County	31,601	643	2.03%
Illinois	4,778,633	120,020	2.51%

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

INSURANCE – POPULATION RECEIVING MEDICAID

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

Report Area	Total Population For Whom Insurance Status is Determined	Population With Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Service Area Estimates	35,263	32,116	7,705	23.99%
Clark County	15,994	14,411	3,713	25.77%
Coles County	52,933	46,547	10,308	22.15%
Crawford County	18,455	16,552	3,516	21.24%
Douglas County	19,684	15,883	3,151	19.84%
Edgar County	17,897	16,274	4,269	26.23%
Vermilion County	78,738	70,014	19,267	27.52%
Illinois	12,690,056	11,126,169	2,282,641	20.52%

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

INSURANCE – UNINSURED ADULTS

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

Report Area	Total Population Age 18-64	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	20,883	17,740	84.95%	3,143	15.05%
Clark County	9,482	8,487	89.51%	995	10.49%
Coles County	32,126	28,702	89.34%	3,424	10.66%
Crawford County	10,814	9,678	89.5%	1,136	10.50%
Douglas County	11,549	9,830	85.12%	1,719	14.88%
Edgar County	10,451	9,301	89.00%	1,150	11.00%
Vermilion County	44,770	39,648	88.56%	5,122	11.44%
Illinois	7,910,376	6,800,762	85.97%	1,109,614	14.03%

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

INSURANCE – UNINSURED CHILDREN

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

Report Area	Total Population Under Age 19	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	8,103	7,765	95.83%	337	4.16%
Clark County	3,839	3,703	96.46%	136	3.54%
Coles County	9,900	9,606	97.03%	294	2.97%
Crawford County	3,963	3,810	96.14%	153	3.86%
Douglas County	5,253	4,892	93.13%	361	6.87%
Edgar County	3,902	3,762	96.41%	140	3.59%
Vermilion County	19,722	19,167	97.19%	555	2.81%
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	15,243	2,272	14.91%
Clark County	6,689	765	11.44%
Coles County	21,017	3,308	15.74%
Crawford County	7,644	830	10.86%
Douglas County	7,534	683	9.07%
Edgar County	7,912	1,508	19.06%
Vermilion County	31,601	4,948	15.66%
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	36,508	10,667	29.22%
Clark County	16,335	1,658	10.15%
Coles County	53,873	14,591	27.08%
Crawford County	19,917	1,708	8.62%
Douglas County	19,980	2,412	12.07%
Edgar County	18,576	7,569	40.75%
Vermilion County	81,625	14,480	17.65%
Illinois	12,830,632	2,623,048	20.44%

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

LOW INCOME POPULATION WITH LOW FOOD ACCESS

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

Report Area	Total Population	Low Income Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	36,508	3,711	10.17%
Clark County	16,335	429	2.63%
Coles County	53,873	5,424	10.07%
Crawford County	19,817	512	2.58%
Douglas County	19,980	738	3.69%
Edgar County	18,576	2,719	14.64%
Vermilion County	81,625	5,205	6.38%
Illinois	12,830,632	584,658	4.56%

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	36,508	6	17.95
Clark County	16,335	3	18.37
Coles County	53,873	8	14.85
Crawford County	19,817	4	20.18
Douglas County	19,980	9	45.05
Edgar County	18,576	3	16.15
Vermilion County	81,625	15	18.38
Illinois	12,830,632	2,850	22.20

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

LIQUOR STORE ACCESS

This indicator reports the number of beer, wine, and liquor stores per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 445310. 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	36,508	4	11.42
Clark County	16,335	2	12.24
Coles County	53,873	6	11.14
Crawford County	19,817	4	20.18
Douglas County	19,980	1	5.01
Edgar County	18,576	2	10.77
Vermilion County	81,625	13	15.93
Illinois	12,830,632	1,340	10.40

Data Source: Community Commons

ACCESS TO PRIMARY CARE PHYSICIANS

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	35,730	13	37.35
Clark County	16,182	7	43.3
Coles County	53,697	33	61.5
Crawford County	19,505	9	46.1
Douglas County	19,887	7	35.2
Edgar County	17,960	5	27.8
Vermilion County	80,329	42	52.3
Illinois	12,882,135	10,428	80.9

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	35,730	8	22.65
Clark County	16,182	2	12.4
Coles County	53,697	25	46.6
Crawford County	19,505	7	35.9
Douglas County	19,887	9	45.3
Edgar County	17,960	4	22.3
Vermilion County	80,329	24	29.9
Illinois	12,882,135	8,865	68.8

Data Source: Community Commons

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.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per X persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Service Area Estimates	No data	No data	No data	No data
Clark County	16,181	4	4,045.3	24.7
Coles County	53,320	88	605.9	165
Crawford County	19,393	40	484.8	206.2
Douglas County	19,881	2	9,940.4	10
Edgar County	17,841	20	892.1	112.1
Vermilion County	79,729	162	492.2	203.1
Illinois	12,806,917	23,090	554.7	180.2

Data Source: Community Commons

PREVENTABLE HOSPITAL EVENTS

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

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Hospital Discharge Rate
Service Area Estimates	5,740	476	83.01
Clark County	2,704	208	77.0
Coles County	6,574	555	84.5
Crawford County	3,315	226	68.3
Douglas County	2,404	166	69.2
Edgar County	3,025	262	86.7
Vermilion County	9,433	838	88.9
Illinois	1,420,984	92,604	65.2

Data Source: Community Commons

Overall, the service area of Paris 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

Paris 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, public health planner, attorney, 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

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

External

Paris 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:

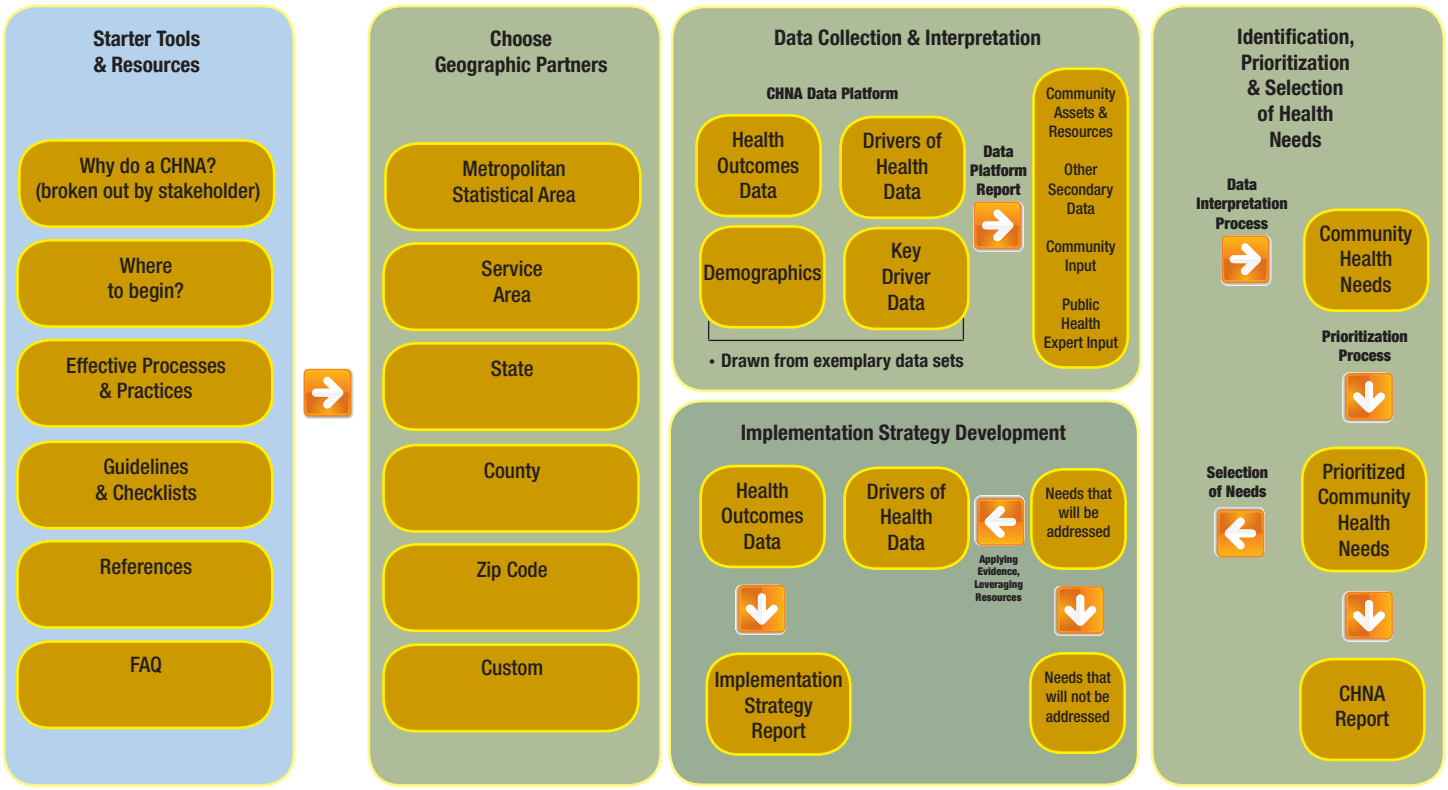
- The CEO secured the participation of a diverse group representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of two county health departments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

Edgar County is ranked 86th out of 102 Illinois counties in the *Rankings for Health Outcomes,* released in April 2016.

HEALTH RANKING OBSERVATIONS

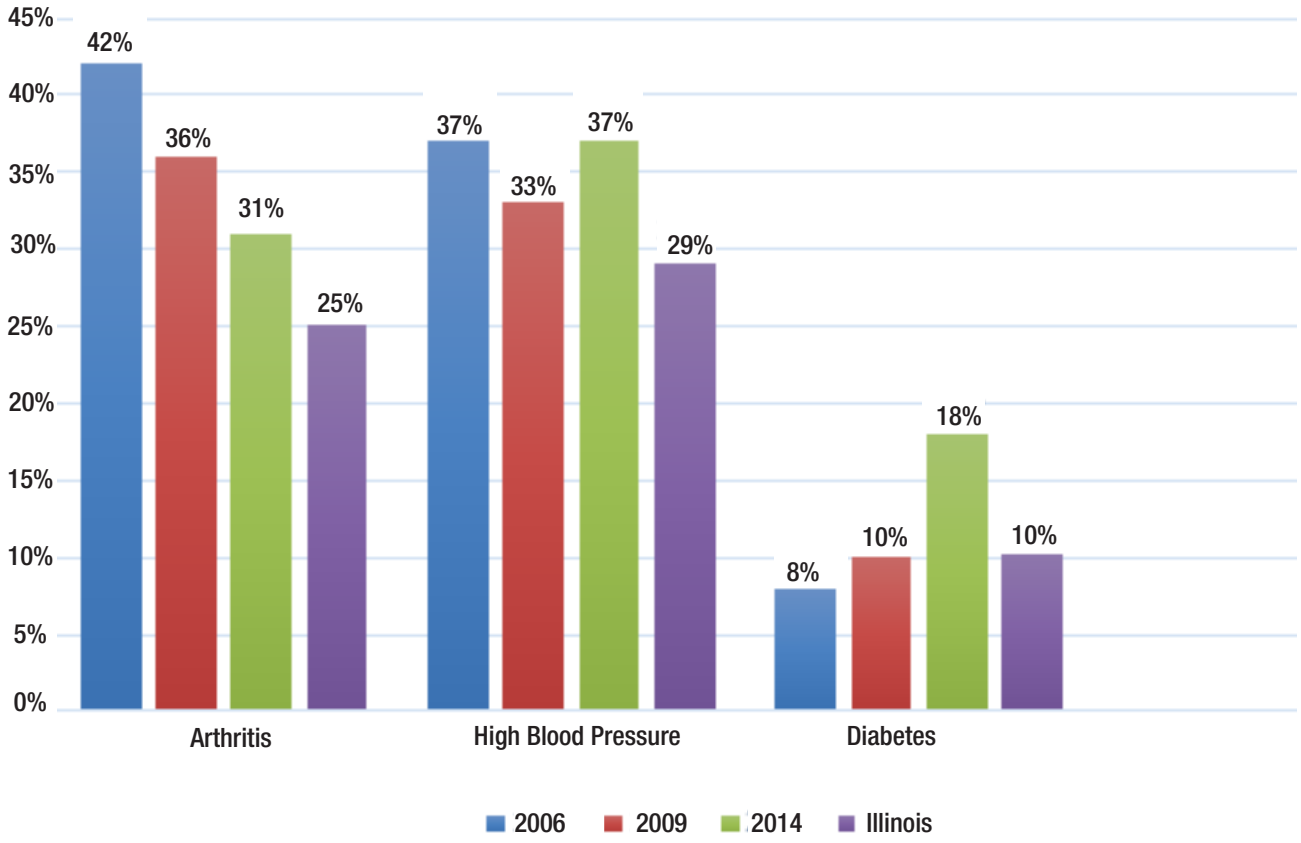
Table 1. Health Ranking Observations for Edgar County

Observation	Edgar County	Illinois
Adults reporting poor or fair health	14%	17%
Adults reporting no leisure time physical activity	24%	22%
Adult obesity	33%	27%
Children under age 18 living in poverty	23%	20%
Uninsured	12%	15%
Teen birth rate (ages 15-19)	42/1,000	33/1,000
Alcohol-impaired driving deaths	36%	36%
Unemployment	7.2%	7.1%

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.

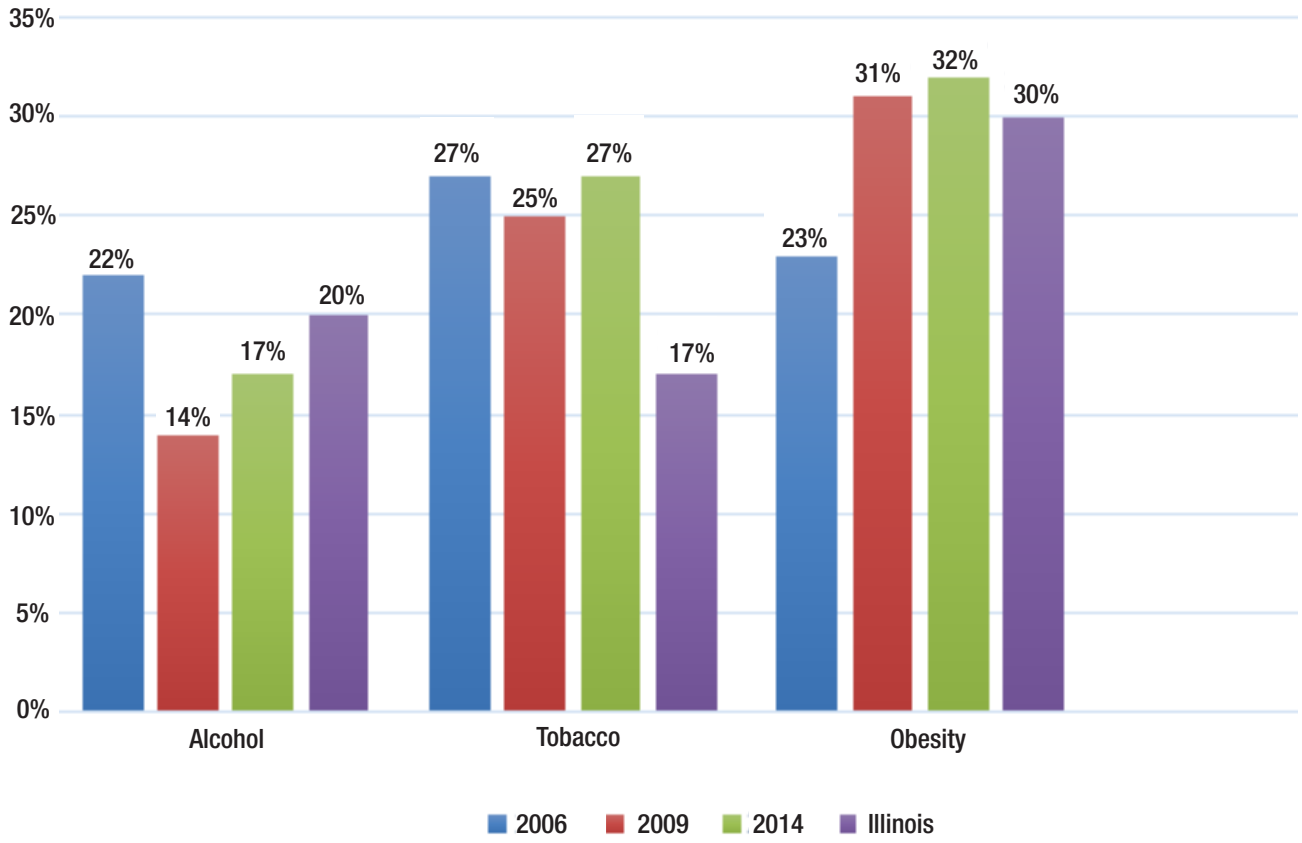
The following tables reflect information from the IBRFSS that indicate areas of likely healthcare needs.

Table 2. Diagnosed Disease Factors – Edgar County



Diagnosis of arthritis is decreasing and remains above the state level. Diagnosis of high blood pressure has increased and is above the state level. Diagnosis of diabetes has increased to above the state level.

Table 3. Health Risk Factors – Edgar County



IBFRSS, 2016 Report

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

ADDITIONAL DIAGNOSED DISEASE FACTORS

Disease Factor	Edgar County, 2014	Illinois, 2014
Kidney disease	2.5%	2.6%
Skin cancer	5.8%	4.2%
Other cancer	6.8%	5.4%
COPD	7.8%	5.8%

IBFRSS, 2016 Report

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

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
Clark County	521	21	39.6
Coles County	2,829	58	20.5
Crawford County	601	24	39.6
Douglas County	632	19	29.9
Edgar County	586	26	44.6
Vermilion County	2,770	155	56.1
Illinois	448,356	15,692	35.0

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

LOW BIRTH WEIGHT

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

Report Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Birth Rate, Percentage (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clark County	1,281	101	7.9%
Coles County	3,948	272	6.9%
Crawford County	1,337	127	9.5%
Douglas County	1,995	128	6.4%
Edgar County	1,470	121	8.2%
Vermilion County	7,756	721	9.3%
Illinois	1,251,656	105,139	8.4%

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 lists Edgar County at Level 8 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and is falling over the recent past.

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
Clark County	1,144	10	87.4
Coles County	2,963	39	131.6
Crawford County	1,298	18	138.6
Douglas County	1,180	13	110.1
Edgar County	1,431	14	97.8
Vermilion County	5,118	69	134.8
Illinois	732,106	9,349	127.7

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
Clark County	2,169	12	55.3
Coles County	5,973	27	45.2
Crawford County	2,546	15	58.9
Douglas County	2,455	11	44.8
Edgar County	2,514	13	51.7
Vermilion County	10,412	53	50.9
Illinois	1,359,829	6,364	46.8

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	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clark County	2,168	18	83.0
Coles County	5,911	48	81.2
Crawford County	2,643	24	90.8
Douglas County	2,465	16	64.9
Edgar County	2,594	20	77.1
Vermilion County	10,652	93	87.3
Illinois	1,346,397	9,344	69.4

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

Cancer Incidence – Prostate

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

Report Area	Sample Male Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clark County	1,039	14	134.7
Coles County	2,742	28	102.1
Crawford County	1,245	19	152.6
Douglas County	1,122	17	151.5
Edgar County	1,189	15	126.1
Vermilion County	4,831	73	151.1
Illinois	631,965	8,778	138.9

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**
Clark County	16,213	44	273.86	**200.1**
Coles County	53,692	112	208.22	**180.1**
Crawford County	19,634	50	255.68	**184.8**
Douglas County	19,889	43	214.19	**169.8**
Edgar County	18,192	48	261.66	**176.7**
Vermilion County	80,787	221	273.31	**207.1**
Illinois	12,867,528	24,326	189.05	**173.9**

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

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

Mortality – Heart Disease

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Clark County	16,213	50	310.87	**209.5**
Coles County	53,692	129	240.26	**197.7**
Crawford County	19,634	54	277.07	**194.0**
Douglas County	19,889	45	228.27	**168.5**
Edgar County	18,192	72	395.79	**249.6**
Vermilion County	80,787	261	323.07	**240.6**
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

Within the service area, the rate of death due to coronary heart disease per 100,000 population is 103.4. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Clark County	16,213	34	207.24	**142.3**
Coles County	53,692	77	143.41	**118.4**
Crawford County	19,634	34	171.13	**122.5**
Douglas County	19,889	20	98.55	**72.6**
Edgar County	18,192	49	267.16	**171.1**
Vermilion County	80,787	178	219.84	**164.3**
Illinois	12,867,528	14,592	113.40	**102.3**

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

Mortality – Lung Disease

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Clark County	16,213	14	86.35	**59.4**
Coles County	53,692	38	70.40	**61.3**
Crawford County	19,634	13	66.21	**47.3**
Douglas County	19,889	14	71.40	**54.4**
Edgar County	18,192	18	101.15	**66.4**
Vermilion County	80,787	85	105.22	**79.3**
Illinois	12,867,528	5,419	42.12	**39.2**

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

Mortality – Stroke

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Clark County	16,213	14	83.88	**57.2**
Coles County	53,692	26	48.80	**39.0**
Crawford County	19,634	17	84.55	**57.7**
Douglas County	19,889	11	53.30	**38.7**
Edgar County	18,192	17	93.45	**58.4**
Vermilion County	80,787	47	58.43	**43.0**
Illinois	12,867,528	5,368	41.72	**37.9**

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

Mortality – Unintentional Injury

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Clark County	16,213	10	62.91	**58.1**
Coles County	53,692	23	42.09	**42.3**
Crawford County	19,634	12	59.08	**51.7**
Douglas County	19,889	9	46.26	**42.0**
Edgar County	18,192	9	50.57	**43.5**
Vermilion County	80,787	43	53.23	**49.6**
Illinois	12,867,528	4,361	33.89	**32.7**

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

Mortality – Premature Death

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

Report Area	Total Population 2008-2010 Average	Total Premature Deaths 2008-2010 Average	Total Years of Potential Life Lost 2008-2010 Average	Years of Potential Life Lost, Rate Per 100,000 Population
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Clark County	16,335	76	1,412	**8,645**
Coles County	53,873	207	4,047	**7,511**
Crawford County	19,817	89	1,708	**8,621**
Douglas County	19,980	70	1,233	**6,169**
Edgar County	18,576	95	1,624	**8,744**
Vermilion County	81,625	406	6,978	**8,549**
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**
Clark County	955	5	**5.6**
Coles County	2,835	19	**6.8**
Crawford County	1,005	13	**13.1**
Douglas County	1,430	7	**5.1**
Edgar County	1,050	8	**7.9**
Vermilion County	5,440	40	**7.3**
Illinois	879,035	6,065	**6.9**

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**
Clark County	16,213	4	22.2	**No data**
Coles County	53,692	5	10.06	**10.8**
Crawford County	19,634	2	10.19	**No data**
Douglas County	19,889	2	10.06	**No data**
Edgar County	18,192	4	21.99	**21.3**
Vermilion County	80,787	11	13.12	**13.2**
Illinois	12,867,528	1,283	9.97	**9.7**

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

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

MORTALITY – EDGAR COUNTY

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

Disease Type	Edgar County
Diseases of the Heart	76
Malignant Neoplasms	45
Lower Respiratory Systems	21
Cardiovascular Diseases (Stroke)	19
Accidents	9
Alzheimer's Disease	13
Diabetes Mellitus	1
Nephritis, Nephrotic Syndrome, and Nephrosis	1
Influenza and Pneumonia	4
Septicemia	0
Intentional Self-Harm (Suicide)	3
Chronic Liver Disease, Cirrhosis	4
All Other Causes	48
Total Deaths	244

IDPH, 2011 Data

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

QUALITATIVE SOURCES

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

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

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

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

CHNA Steering Committee Member and Area of Expertise

Philip Holloway, DPM
Suzy Tribby, Assistant Administrator, Edgar County Public Health Department
Ken Polky, Executive Director, Human Resources Center
Erin Frank, PR/Marketing/Grant Manager, Paris Community Hospital / Family Medical Center
Nolan Longest, Board Chairman, Paris Community Hospital/Family Medical Center
Kim Stewart, Manpower
Terry Elston, Paris Economic Development Corporation (PEDCO)
Mary Liz Wright, Bee Well, U of I Extension

Others providing input included through the focus groups included:

Angie Hamilton, NP – CARE (Community Addiction Response and Education) group
Crystal White, NP – Weight Loss Clinic Manager
Tiffany Turner, NP – Occupational Health Manager
Nicole Shaughnessy, ECSSA, Paris EMS
Jenny Bushert, Director of Nursing, Twin Lakes Rehab
Casandra Edwards, CRC, Twin Lakes Rehab (CRC) nursing home
Amanda Minor, Douglas County Health Department Administrator, Bee Well Coalition of Edgar County
Olusegun Ishmael, MD, ER Director
Dustin Melton, Pharmacist, Pearman Pharmacy
Tanner Laughlin, Executive Director, Chamber of Commerce
Mandy Martin, NAL, industry
Susan Saxton, Kansas Mayor, Edgar County Community Foundation member
Lorraine Bailey, Unit 4 School Superintendent
Jeff Wood, Edgar County Sheriff
Amy Blystone, representing Edgar County State's Attorney's Office

FOCUS GROUP – PCH/FMC MEDICAL PROFESSIONALS AND PARTNERS

Two focus groups convened at Paris Community Hospital Family Medical Center on July 12, 2016. A group of medical providers and partners met first. The group was first asked to report any positive changes observed in the delivery of healthcare and services over the past three years. They responded with the following:

- Increased acceptance in the community of the concept of wellness
- The "Bee Well" coalition
- Access to care has improved at Paris Community Hospital/Family Medical Center and more services are available
- Planned expansion to Oakland for family practice and rural healthcare
- The hospital has recruited additional family practitioners and specialists
- A variety of groups are serving the youth of the community
- The CARE Opioid Task Force has been formed
- CARE provided Narcan to local law enforcement
- The Senior Care program provides social opportunities and education
- Paris Community Hospital/Family Medical Center has expanded work-site services to local businesses and industry
- The Rec has increased access to opportunities for exercise
- The Emergency Room at Paris Community Hospital has increased patient volume and patient satisfaction
- Physical Therapy at Paris Community Hospital has expanded to serve more youth and seniors
- Physical Therapy partners with Eastern Illinois University to provide outreach for athletic programs at area schools and expanded services to small communities
- CARE is addressing prescription drug availability issues
- School systems are changing the attitudes of youth toward community service and community pride
- Dermatology care is available
- There has been local business expansion, improving employment and related quality of life issues
- Nurse practitioner visits to nursing homes
- Discharge planning and cooperation among partners is getting people home sooner
- Collaboration, communication, and cooperation among healthcare partners has improved
- Cancer support group has grown
- There is a new high school and fine arts center in Paris
- The Chamber of Commerce has refocused efforts to serve the broader 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:

- Nutrition education for youth
- Access to healthy foods for youth
- Orienting parents toward the need to encourage exercise and recreation for youth
- Education for seniors on local healthcare services and insurance/Medicare
- Education for patients and families about longterm care before the last minute
- Access to substance detoxification
- Services for rehabilitation and recovery for substance abuse and addiction
- Better coordination with courts for drug-related offenders
- Expanded alternatives for chronic pain management
- Education for youth on prescription risks
- Meet the needs of homeless youth
- Improve access to family practitioners and general practitioners to reduce the use of the emergency room
- Access to transfer beds for mental health patients
- High cholesterol
- High blood pressure
- Expanded pulmonologist services
- Explore a community paramedic program

- Improved access to mental health evaluation and counseling, especially for youth
- Sexually transmitted diseases
- Teen pregnancy
- Pediatric psychiatry
- Access to durable medical supplies for Medicare patients is shrinking
- Create a Medical Reserve Corps in Edgar County
- Mental health services
  - o Expand available staff and services at Human Resources Center where there is currently backlog of 300 patients and a waiting period of 6 months
  - o Address a culture of hopelessness among some youth and adults by improving attitudes and reducing stigma toward/of people needing mental health help
- Continue to improve coordination, communication, and cooperation among healthcare providers
- Domestic violence
- Support and expand local services for basic living needs

Edgar County Health Department reported recent I-PLAN findings as:

- Substance abuse
  - o Alcohol
  - o Tobacco
  - o Other drugs
- Chronic disease (tobacco-related)
  - o Cancer
  - o Heart disease
  - o Hunger (youth through seniors)

Douglas County Health Department reported recent I-PLAN findings as:

- Obesity
- Hypertension
- Hunger (youth through seniors)

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

As part of the identification and prioritization of health needs, the CHNA Steering Committee met on August 22nd, 2016 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 consideration for the Implementation Strategy.

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The Steering Committee, comprised of representatives from both groups, met on August 22nd, 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 information from the Community Commons, ESRI (geographic map information), Illinois Department of Public Health, Centers for Disease Control and Prevention, United States Department of Agriculture, Illinois Department of Labor, Health Resources and Services Administration, *County Health Rankings and Roadmaps,* National Cancer Institute, and other resources.

1. MENTAL HEALTH

The group found the need for access to local mental health services to be a significant local need. Specific identified needs include:

- Services for persons who face incarceration due to lack of mental health alternatives
- Behavioral health support groups and mentors to help people with employability and life issues
- Co-occurring illnesses
- Educating the community on assisting themselves and their mental wellness
- Assistance in life and at work for persons with mental health needs
- Youth mental health first aid training for the community and persons who deal with youth

2. DIABETES

The group identified diabetes as a significant health issue and specified the following related needs:

- Education of youth about diabetes and the importance of healthy lifestyles
- Increased opportunities for exercise and recreation at schools

3. WELLNESS

The group identified the following services which they categorized generally as related to wellness:

- Community education about the need to take responsibility for the health of self and family
- Support for parents and families
- Expand concept of Challenge Day for youth to increase frequency and youth
- Community-wide communication to discuss community health issues, intiatives, and projects and to discuss ongoing needs, progress, and gaps

4. HOMELESS YOUTH

The final significant need identified and prioritized was services for homeless youth.

The first three needs were supported by input from both focus groups and secondary data. The homeless youth issue emerged through the discussion of the steering group and is supported by the anecdotal evidence that came to light during that discussion.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH PARIS COMMUNITY HOSPITAL / FAMILY MEDICAL CENTER

Emergency medicine
Hospitalist program
Swing bed unit
Cardiology
Dermatology
Diabetes
- Diabetic screenings (cholesterol and blood sugar)
- Education with certified professionals
- Nutrition counseling
- Diabetic wound care

ENT (Otolaryngology)
Eye health (Ophthalmology)
Healthy Start breastfeeding
- Breastfeeding education before and after delivery
- Reasurrance and encouragement
- Latch problems
- Supply issues
- Infant weight loss
- Sore nipples/painful feedings
- Positioning problems
- Maintaining milk supply while working
- Pumping and storage of breast milk
- Weaning

Infusion clinic and oncology
- PICC line service (peripherally inserted central catheter)
- Outpatient chemotherapy
- Blood transfusions
- Antibiotic therapy (both long and short-term)
- IV fluids for hydration
- Lab draws
- Central-line care
- Injections

Kidney health and nephrology
Laboratory services
- PSAs
- Glucose
- Glucose tolerance testing
- Basic panel (includes glucose test)
- Lipid panels (cholesterol, LDL– bad cholesterol, HDL – good cholesterol, and triglycerides)
- Complete metabolic panel (includes glucose test)
- Pregnancy
- Stool culture (including for ova and parasite)

Lung health and pulmonology
Medical weight loss clinic
Neurology
Obstetrics and gynecology

Occupational health
- A provider dedicated solely to employee-related healthcare
  - Pre-employment/post-job offer physicals
  - Post-injury treatment
- Simple suture repair
- 24-hour breath alcohol testing
- 24-hour urine drug testing
- Facilitated specialty care and referrals as needed
- Case management for employee injuries
- Federal and non-federal drug testing with a licensed medical review officer to evaluate all non-negative drug screens
- Auditory testing by a certified hearing conservationist
- Plant safety tours
- Pulmonary function testing by NIOSH trained staff at PCH/FMC
- First responder team training, physicals
- Immunizations
- Department of Transportation (DOT) physicals

Orthopedics and sports medicine
- Arthroscopy
- Shoulder rotator cuff repair
- Joint replacement
- Anterior approach for hip replacement
- Advance knee reconstruction
- Foot surgery
- Fracture care
- Carpal tunnel release
- Cyst removal
  - Ganglion cyst
  - Baker's cyst of the knees
- Pain management
  - Low back pain
  - Herniated or bulging disks
  - Pinched nerves
  - Sciatica
  - Musculoskeletal pain
  - Myofascial pain

Radiology
- Low-dose, 64-slice CT
- DEXA Scanning (bone density)
- Echocardiography/stress echocardiagram
- Mammography w/CAD
- MRI – 1.5T/Siemes-closed
- Nuclear medicine/spect scanning
- Ultrasound/vascular
- Upper/lower GI studies, fluoroscopy
- X-ray, digital
- Breast biopsies, including stereotactic
- Arthrograms on major joints
- Thoro/paracentesis
- Portable radiology
- Surgical C-arm services

Rehabilitation Services

- Physical therapy
  - Outpatient orthopedics
  - Splint fabrication
  - Neurological rehabilitation
  - Ergonomic evaluations
  - Joint and soft tissue therapy
  - Back care
  - Inpatient rehabilitation
  - Pediatric rehabilitation
  - Joint replacement rehabilitation
  - Pain management for spinal disorders
  - Balance and vestibular disorders
  - Breast cancer rehabilitation
  - Scooter/wheelchair evaluations and fittings
  - Home evaluations
  - Myofascial release
  - Custom foot/ankle braces for children ages one to 18
  - Lymphedema therapy
- Sports medicine
- Speech therapy
- Occupational therapy
  - Improve basic motor function
  - Hand therapy
  - Splint fabrication
  - Home evaluations and adaptive equipment/durable medical equipment resources and education
  - Gross and fine motor function evaluation
  - Neurological rehabilitation
  - Compensate for permanent function loss
  - Recovery of daily living and working skills
  - Inpatient acute/skilled swing bed therapy
  - Join replacement rehabilitation
- Cardiac rehabilitation
  - Cardiac Rehab – Phase I
  - Cardiac Rehab – Phase II
  - Cardiac Rehab – Phase III
- Lymphema therapy

Screenings – We Care 4 U

- Stroke screening
- Lung screening
- Diabetic screening
- Osteoporosis (bone) screening
- Complete screening package

Sleep services
Social services
Surgical services
Vein and vascular care
Urology services
Women's Health and Center for Urogynecology
Primary Wound Care Center

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

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

TOP PRIORITY CHNA ITEMS	PROGRESSION
1.1 WELLNESS	**Wellness activities** • In late 2015, Paris Community Hospital/Family Medical Center had a hospital-wide survey performed by Cleveland Clinic to obtain baseline information from staff and are starting to implement some ideas in 2016 *(including a grill option during the week, biometrics bonanza, 'lunch & learns' on stress and other mental wellness topics)* • Paris Community Hospital / Family Medical Center participates in the local 'Bee Well' wellness community group • The 'EZ Care' weekend walk-in clinic has expanded its hours, including coverage during the week with later hours • 'We Care 4 U' screenings for community members and employees • New medical weight loss clinic *(ideal protein)*
1.2 NUTRITION EDUCATION	**Nutrition education** • Activity is ongoing
1.3 ACCESS TO HEALTHY FOODS	**Access to healthy foods** • Activity is ongoing
1.4 EDUCATION & CARE FOR CHRONIC ILLNESSES	**Education and care for diabetes, asthma, obesity, arthritis, and high blood pressure** • Paris Community Hospital / Family Medical Center has a new respiratory therapist, manager, and several new respiratory staff members since last CHNA • Diabetes screening for freshmen is ongoing and doing well
1.5 SEDENTARY LIFESTYLES	**Sedentary lifestyles** • Employee walking path and related program • After-hour access to rehab center for employees • Community paths
2.1 MENTAL HEALTH SERVICES	**Mental health services in general, also for youth, young adults, underinsured and insured** • Continue to partner with Human Resources Center • Continue senior care • Explore psychiatric telemedicine
2.2 SUBSTANCE ABUSE	**Substance abuse** • Continue to provide space for AA and NA meetings • Paris Community Hospital / Family Medical Center have had several staff members become very involved with the CARE (Community Addiction Response and Education) group since the last CHNA • CAMA disbanded

TOP PRIORITY CHNA ITEMS	PROGRESSION
3.1 INCREASING ACCESS TO SPECIALISTS **4.1 SUSTAINING ACCESS TO GENERAL PRACTITIONERS**	**Increasing access to specialists** • Paris Community Hospital Family / Medical Center has 28 physicians/midlevel providers on staff, as well as 21 visiting specialists *(cardiology, dermatology, nephrology, neurology, obstetrics/gynecology, oncology, ophthalmology, ENT, pediatrics and adult pulmonology, urology, and vascular surgery)* • Continue to offer sleep lab, employed dermatology coverage, and urogynecological coverage • Shut down Kansas Clinic and looking at Oakland Clinic
5.1 PLANNING FOR THE FUTURE	**Planning for the future** • Most recent SOP completed for 2016-2017

IX. DOCUMENTING AND COMMUNICATING RESULTS

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

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

Approval

The Community Health Needs Assessment of Paris Community Hospital / Family Medical Center was approved by the Paris Community Hospital/Family Medical Center Board of Directors on the 15th 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

PARIS COMMUNITY HOSPITAL FAMILY MEDICAL CENTER IMPLEMENTATION STRATEGY

The CHNA Steering Committee, comprised of representatives from both focus groups, met on August 22nd, 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 (geographic information system), Illinois Department of Public Health, Centers for Disease Control, United States Department of Agriculture, Illinois Department of Labor, Health Resources and Services Administration, *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 Paris Community Hospital / Family Medical Center service area.

Process by which needs will be addressed:

1. MENTAL HEALTH

   The group found the need for access to local mental health services to be a significant local need. Specific identified needs include:

   - Services for persons who face incarceration due to lack of mental health alternatives
   - Behavioral health support groups and mentors to help people with employability and life issues
   - Co-occurring illnesses
   - Educating the community on assisting themselves and their mental wellness
   - Assistance in life and at work for persons with mental health needs
   - Youth mental health first aid training for the community and persons who deal with youth

2. DIABETES

   The group identified diabetes as a significant health issue and specified the following related needs:

   - Education of youth about diabetes and the importance of healthy lifestyles
   - Increased opportunities for exercise and recreation at schools

3. WELLNESS

   The group identified the following services which they categorized generally as related to wellness:

   - Community education about the need to take responsibility for the health of self and family
   - Support for parents and families
   - Expand concept of Challenge Day for youth to increase frequency and youth
   - Community-wide communication to discuss community health issues, intiatives, and projects and to discuss ongoing needs, progress, and gaps

4. HOMELESS YOUTH

   The final significant need identified and prioritized was services for homeless youth.

The first three needs were supported by input from both focus groups and secondary data. The homeless youth issue emerged through the discussion of the steering group and is supported by the anecdotal evidence that came to light during that discussion.

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Paris Community Hospital/Family Medical Center including:

- **Susan Livvix,** CNO, Paris Community Hospital/Family Medical Center
- **Martin Adams,** CFO, Paris Community Hospital/Family Medical Center
- **Ollie Smith,** CEO, Paris Community Hospital/Family Medical Center
- **Erin Frank,** PR/Marketing/Grant Writing Manager, Paris Community Hospital/Family Medical Center
- **Leighsa Cornwell,** Community Health/Disease Management Nurse and Diabetes Educator, Paris Community Hospital/Family Medical Center

The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

The group then considered each of the prioritized needs. For each of the five categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

1. MENTAL HEALTH

The group found the need for access to local mental health services to be a significant local need. Specific identified needs include:

- Services for persons who face incarceration due to lack of mental health alternatives
- Behavioral health support groups and mentors to help people with employability and life issues
- Co-occurring illnesses
- Educating the community on assisting themselves and their mental wellness
- Assistance in life and at work for persons with mental health needs
- Youth mental health first aid training for the community and persons who deal with youth

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

- Explore expanding in-house patient evaluation services
- Explore partnering with Human Resources Center to provide more services in-house
- Encourage youth behavioral health first aid training by Human Resources Center
- Train Emergency Room staff on youth behavioral health first aid
- Continue support groups and providing space for outside services

Anticipated impact of these actions:

- Increased access to local mental health services
- Improved local mental health services

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

- Administration
- Paris Family Medical Center
- Emergency Room

Planned collaboration between the hospital and other facilities or organizations:

- Human Resources Center
- Schools
- Local health departments

2. DIABETES

The group identified diabetes as a significant health issue and specified the following related needs:

- Education of youth about diabetes and the importance of healthy lifestyles
- Increased opportunities for exercise and recreation at schools

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

- Retain an endocrinologist
- Initiate a practice of more thorough explanation of the nature and risks of diabetes at the time of pre-diabetes diagnosis
- Create a program for high school freshmen on nutrition and physical activity that includes explanation of the long term risks of bad choices
- Continue to support 'Bee Well' fun run and other community opportunities for recreation and exercise
- Paris Community Hospital/Family Medical Center is not able to control decisions of the use of school time but will encourage efforts by the schools to create opportunities for exercise and recreation and partner with those efforts if appropriate and reasonably possible.

Anticipated impact of these actions:

- Increased access to care
- Increased access to exercise and recreation

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

- Administration
- Certified diabetes educator
- Dietitian

Planned collaboration between the hospital and other facilities or organizations:

- Schools
- 'Bee Well'
- University of Illinois Extension

3. WELLNESS

The group identified the following services which they categorized generally as related to wellness:

- Community education about the need to take responsibility for the health of self and family
- Support for parents and families
- Expand concept of Challenge Day for youth to increase frequency and youth
- Community-wide communication to discuss community health issues, intiatives, and projects and to discuss ongoing needs, progress, and gaps

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

- Promore regular discussion among providers and the community to determine what is being done to promote wellness and where there are gaps and needs that are unaddressed
- Continue to support 'Challenge Day'
- Develop an in-house wellness program and explore potential future expansion of programs into the community and businesses
- Continue community education programs
- Create a wellness path on hospital property
- Explore health education programs at businesses and industries
- Continue the 'Stay Strong – Live Long' program for seniors

Anticipated impact of these actions:
- Increased access to education
- Increased access to wellness services
- Increased access to opportunities for exercise

Programs and resources the hospital plans to commit to address the health need:
- Administration
- Board of Directors
- Staff
- Occupational health

Planned collaboration between the hospital and other facilities or organizations:
- Schools
- Businesses
- Churches
- University of Illinois Extension
- Senior Center
- The Rec
- Other community groups

4. HOMELESS YOUTH

The final significant need identified and prioritized was services for homeless youth. Paris Community Hospital/ Family Medical Center recognizes that this issue is emerging in the community but believes that it is currently an issue beyond the scope of the functions and role of the hospital. The hospital stands ready to approach any reasonable proposals from the community on this issue with an open mind and willingness to become involved as appropriate and reasonable.

Committed Resources

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

Approval

The Paris Community Hospital/Family Medical Center 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 Paris Community Hospital/Family Medical Center was approved by the Paris Community Hospital/Family Medical Center Board of Directors on this 15th day of December, 2016.