

# 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

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





# Midwest Medical Center

*2019 Community Health Needs Assessment*

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## 1. INTRODUCTION

2019 Community Health Needs Assessment



# 2019 Community Health Needs Assessment

## *Insight into Midwest Medical Center'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 56 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 Galena and the surrounding area.



# Introduction / Background

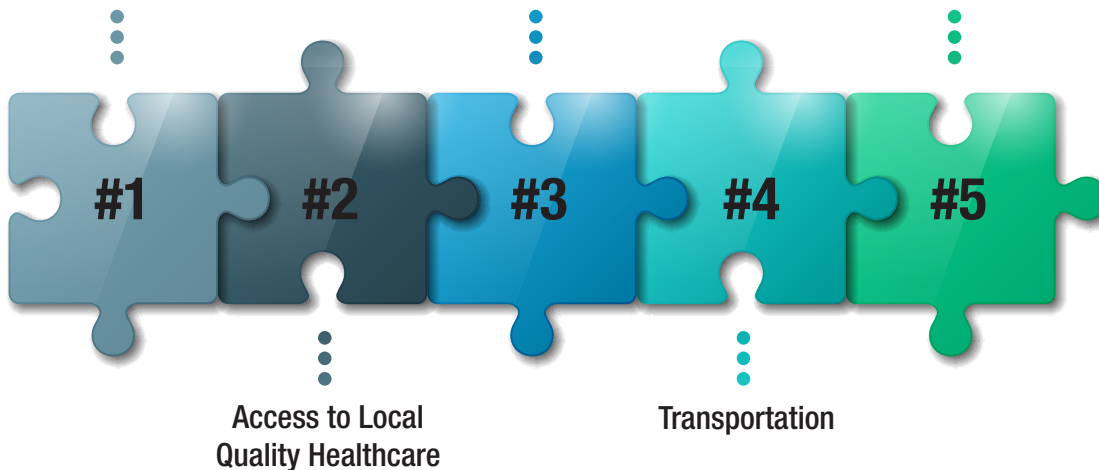
Midwest Medical Center completed two Community Health Needs Assessments prior to 2019. Since 2013, Midwest Medical Center has taken the following steps to address the identified community health needs identified in that first CHNA:

**2013**

**Wellness Education  
and Services**

**Mental Health  
Services**

**Information and Translation  
for Non-English Speaking Patients**



## 1. Wellness Education and Services

Midwest Medical Center started a balance class for seniors, offered both at MMC and at the Senior Care Campus. MMC also brought in outside speakers, such as a HyVee dietitian, to provide a free education session to the hospital's service community. The fitness center also expanded hours and classes to accommodate the need for additional services.

## 2. Access to Local Quality Healthcare

Midwest Medical Center opened a rural health clinic in Elizabeth that is operating five days per week. The hospital has added an ENT physician and ophthalmologist as well as one additional podiatrist to MMC's specialty clinic services. The hospital also continues to improve its operations.

# Background

## **3. Mental Health Services**

Midwest Medical Center continues to collaborate with the Freeport Health Network (FHN) to provide services to emergency room patients and assist with placement options when needed. MMC also allows meeting space for Alcoholics Anonymous on a weekly basis. MMC served as a pilot program for telepsychiatry services in its emergency room. However, the volume did not support the need to continue the program following the pilot.

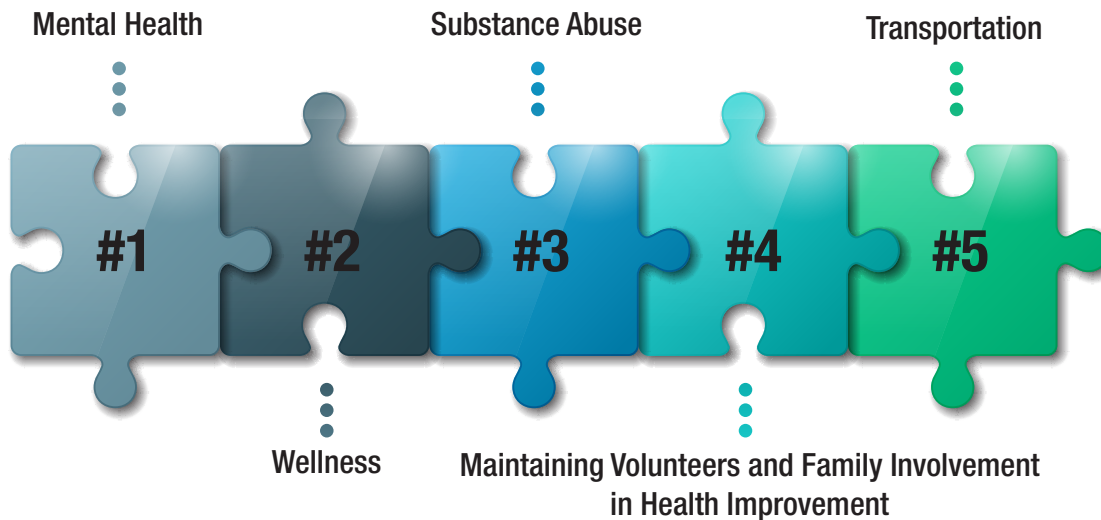
## **4. Transportation**

Midwest Medical Center has established funds to be available in the admitting department for those who need transportation.

## **5. Information and Translation for Non-English-Speaking Patients**

Midwest Medical Center hired a Hispanic-speaking nurse in the clinic to help with translation for the Hispanic population. The hospital also converted to a new electronic health record which allows discharge instructions to be printed in Spanish.

2016



In 2016, the CHNA identified issues involving:

- 1. Mental Health**
- 2. Wellness**
- 3. Substance Abuse**
- 4. Maintaining Volunteers and Family Involvement in Health Improvement**
- 5. Transportation**

To address these issues, Midwest Medical Center continued to develop related initiatives from the 2013 plan that were previously discussed.

In addition:

- Midwest Medical Center began working with public transportation to encourage the development of more accommodating schedules and routes.
- Midwest Medical Center developed new opportunities for physical education and wellness.
- Midwest Medical Center worked to expand volunteerism among employees and local community organizations.
- Midwest Medical Center supported efforts by public health and community groups to expand substance use prevention.
- Midwest Medical Center supported a local resource center for persons facing opioid use disorder.
- Midwest Medical Center has expanded services provided through its clinics.

# Executive Summary

The 2019 Midwest Medical Center Community Health Needs Assessment was conducted in April 2019. The Implementation Strategy was also developed in April 2019. The CHNA is influenced by the large rural service area of Midwest Medical Center.

***The health profile of the Midwest Medical Center service area is influenced by the following indicators of social determinants of health:***

- Education – Persons with Bachelor's Degrees or higher
- Education – Reading proficiency, 4th grade level
- Access to primary care
- Access to mental healthcare
- Access to dental care

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. Mental health services, including:
  - a. Improving access to care and counseling for all ages
  - b. Reducing the stigma surrounding mental health
  - c. Encouraging continuity among mental health providers and mental health support services at all levels
2. Emergency Medical Services, including:
  - a. Community education about local EMS services and needs
  - b. Addressing staffing
3. The third prioritized need was senior resources, including:
  - a. Education about utilizing web-based services and information
  - b. Education and programs for seniors and families about life need, including changes in laws and new or changing local services
  - c. Educate health providers about local services for seniors
4. The group next identified the need to expand availability and flexibility of public transportation, both local and distant, by increasing drivers and other resources.
5. The group's fifth identified need was access to affordable health insurance for small employers and the self-employed.
6. The group next identified the need for patient education to impact readmission and chronic care management.
7. The group's final identified need was access to dental care for underinsured and uninsured patients.

The Implementation Strategy developed by the senior staff at Midwest Medical Center is specific and thorough. The plan, set out in this report, includes these highlights:

- Midwest Medical Center will explore expanding the telehealth program to include adult psychiatric care.
- Midwest Medical Center will explore expanding the telehealth program to include psychiatric care for youth.
- Midwest Medical Center will explore retaining a full time Licensed Clinical Social Worker for the hospital/clinic.
- Midwest Medical Center will explore developing a community marketing program around “Brain Health.”
- Midwest Medical Center will explore grant opportunities to provide community mental health education and information.
- Midwest Medical Center will explore offering Mental Health First Aid.
- Midwest Medical Center will educate healthcare providers about available local mental health services.
- Midwest Medical Center will continue participation in the countywide ad hoc committee to address EMS issues.
- Midwest Medical Center will explore hospital involvement as a volunteer sponsor or employer of EMS personnel.
- Midwest Medical Center will explore collaboration with the Chamber of Commerce and large employers to provide staff for ambulances.
- Midwest Medical Center will expand “Welcome to Medicare” programs to include additional topics.
- Midwest Medical Center will educate local healthcare providers about local services for seniors.
- Midwest Medical Center will support the continued expansion of Jo Daviess Transit.
- Midwest Medical Center will continue to explore in-house, non-emergency transportation options.
- Midwest Medical Center will expand chronic care management.
- Midwest Medical Center will continue participation in the Illinois Rural Community Care Organization (IRCCO).
- Midwest Medical Center will expand wellness education.
- Midwest Medical Center will expand nutrition education.
- Midwest Medical Center will expand reduced fee lab work and free blood pressure check programs to provide more opportunities for information and access to services.

# Service Area Demographics

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

Midwest Medical Center's service area is comprised of approximately 575 square miles, with a population of approximately 23,365 people and a population density of 91 people per square mile. The service area consists of the following rural communities:

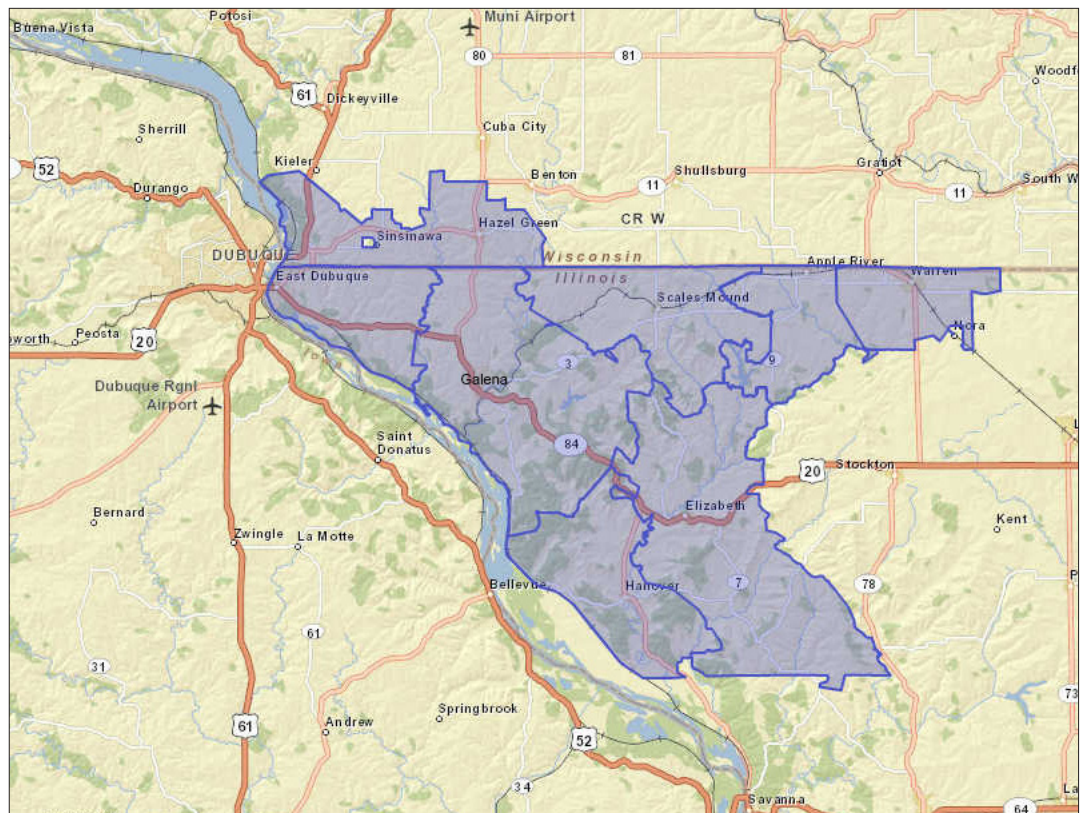
## Cities

- Galena, IL
- East Dubuque, IL

## Villages and Unincorporated Communities

- Elizabeth, IL
- Scales Mound, IL
- Apple River, IL
- Hanover, IL
- Stockton, IL
- Hazel Green, WI

## Service Area Map



## Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the Midwest Medical Center region grew from 23,433 to 23,955 between the year 2000 and 2010, a 2.23% increase.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	23,433	23,955	522	2.23%
Jo Daviess County, IL	22,289	22,678	389	1.75%
Grant County, WI	49,597	51,208	1,611	3.25%
Lafayette County, WI	16,137	16,836	699	4.33%
Total Area (Counties)	88,023	90,722	2,699	3.07%
Illinois	12,416,145	12,830,632	414,487	3.34%
Wisconsin	5,363,669	5,686,986	323,317	6.03%

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

The Hispanic population increased in Jo Daviess County, IL by 267 (78.07%), increased in Grant County, WI by 369 (131.79%), and increased in Lafayette County, WI by 430 (467.39%).

In Jo Daviess County, IL, additional population changes were as follows: White 0.25%, Black 143.18%, American Indian/Alaska Native 95.65%, Asian 100%, and Native Hawaiian/Pacific Islander 1,000%.

In Grant County, WI, additional population changes were as follows: White 1.92%, Black 127.03%, American Indian/Alaska Native 60.94%, Asian 35.65%, and Native Hawaiian/Pacific Islander 25%.

In Lafayette County, WI, additional population changes were as follows: White 1.95%, Black 129.41%, American Indian/Alaska Native 166.67%, Asian 61.11%, and Native Hawaiian/Pacific Islander -100%.

# Service Area Demographics

## Population by Age Groups

Population by gender in the service area is 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	23,365	1,004	3,559	1,597	2,058
Jo Daviess County, IL	22,046	923	3,356	1,455	1,917
Grant County, WI	51,742	2,698	7,898	9,417	5,529
Lafayette County, WI	16,755	1,093	3,069	1,240	1,896
Illinois	12,854,526	785,560	2,173,437	1,229,450	1,782,100
Wisconsin	5,763,217	337,472	956,478	561,451	728,204

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	2,485	2,923	3,734	6,005
Jo Daviess County, IL	2,327	2,829	3,595	5,644
Grant County, WI	5,026	6,049	6,700	8,423
Lafayette County, WI	1,752	2,283	2,555	2,868
Illinois	1,661,674	1,739,014	1,635,359	1,847,932
Wisconsin	692,455	797,083	793,350	896,724



## II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2019 Community Health Needs Assessment



# Establishing the CHNA Infrastructure and Partnerships

Midwest Medical Center led the planning, implementation, and completion of the Community Health Needs Assessment through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, and former educator and community development specialist, conferenced 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**

Midwest Medical Center undertook a two-month planning and implementation effort to develop the CHNA, identify, and prioritize community health needs for its service area. These planning and development activities included the following steps:

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

## **External**

Midwest 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 steps include:

- The Director of Employee and Community Education secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out in the quantitative data list.
- Participation included representatives of county health departments serving the area served by the hospital.

### III. DATA COLLECTION AND ANALYSIS

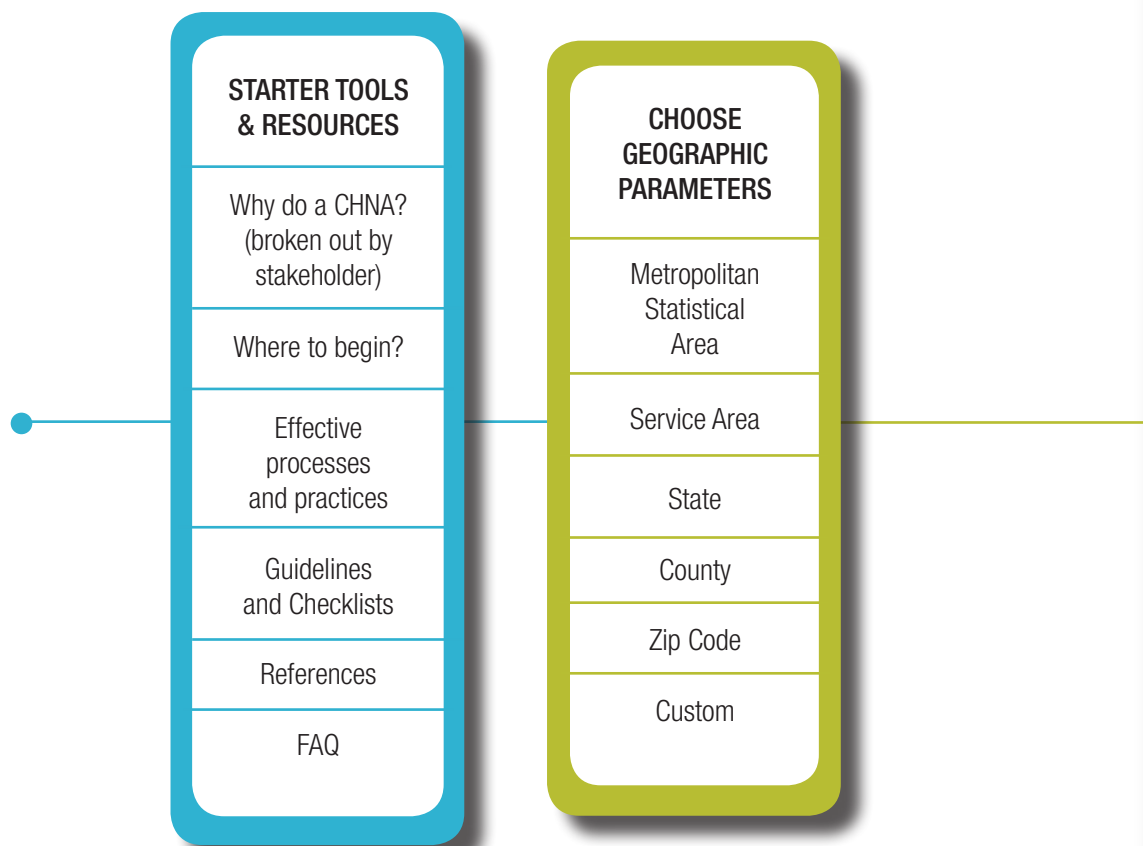
2019 Community Health Needs Assessment

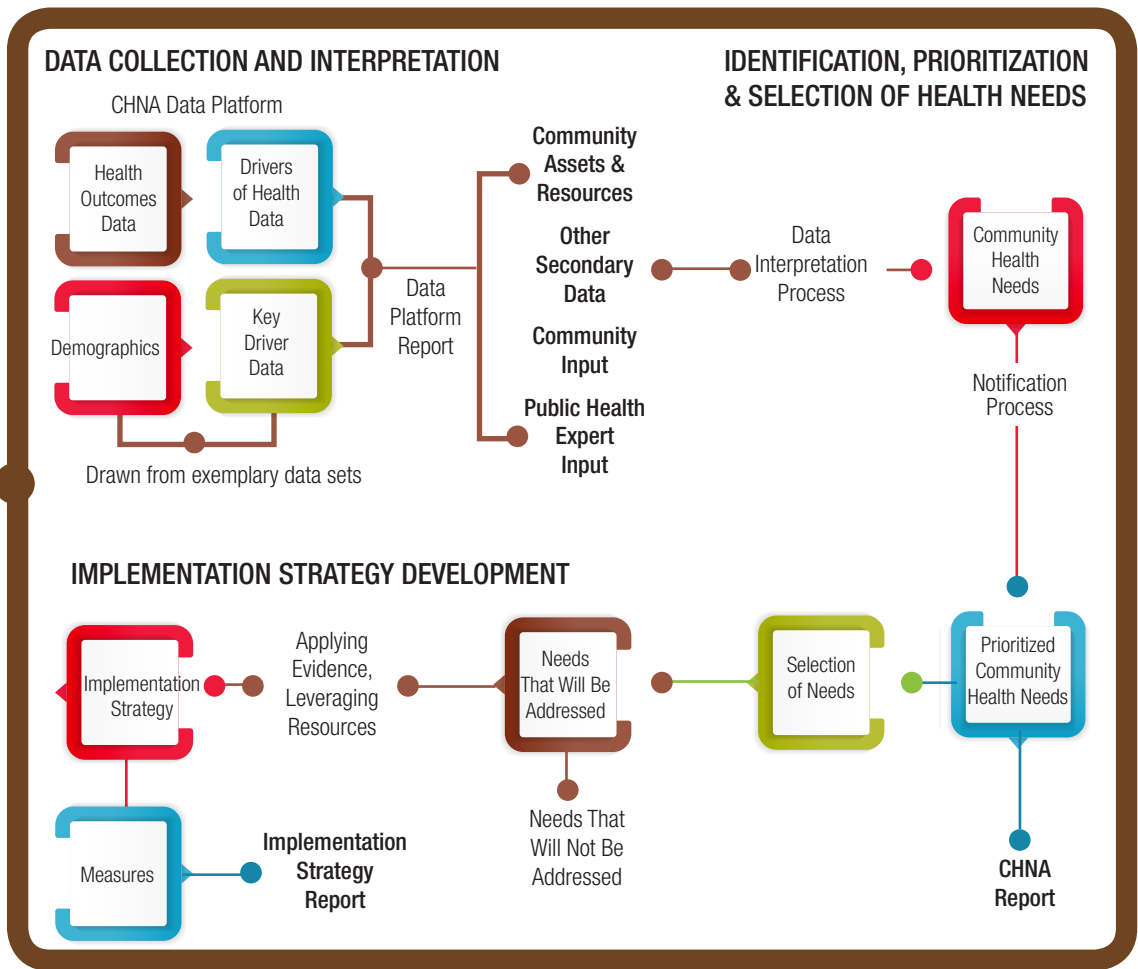


# Description of Process and Methods Used

## 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 Midwest Medical Center service area, 91.4% 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	245	224	91.4%
Jo Daviess County, IL	219	202	92.2%
Grant County, WI	489	451	92.2%
Lafayette County, WI	219	205	93.6%
Illinois	88,525	75,853	85.7%
Wisconsin	62,584	55,163	88.1%

*Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. Additional data analysis by CARES 2016-17. Source District)*

## Education – No High School Diploma

Within the Midwest Medical Center service area, there are 1,287 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 7.48% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Service Area Estimates	17,205	1,287	7.48%
Jo Daviess County, IL	31,727	2,644	8.33%
Grant County, WI	11,354	1,147	10.10%
Lafayette County, WI	16,312	1,303	7.99%
Illinois	8,666,079	991,424	11.44%
Wisconsin	3,907,816	323,799	8.29%

*Data Source: Community Commons (US Census Bureau, American Community Survey 2013-2017. Source Geography: Tract)*



# Secondary Data

## Social Determinants of Health

### 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	208	34.83%	65.17%
Jo Daviess County, IL	230	34.76%	65.24%
Grant County, WI	498	53.38%	46.62%
Lafayette County, WI	199	47.59%	52.41%
Illinois	144,944	39.33%	60.67%
Wisconsin	58,659	51.96%	48.05%

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

## Education – Bachelor’s Degree or Higher

Of the population aged 25 and older, 24.8% or 4,267 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	17,205	4,267	24.80%
Jo Daviess County, IL	16,312	3,833	23.50%
Grant County, WI	31,727	6,827	21.52%
Lafayette County, WI	11,354	2,034	17.91%
Illinois	8,666,079	2,898,584	33.45%
Wisconsin	3,907,816	1,134,481	29.03%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)*



# Secondary Data

## Economic Stability

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

Within the service area, 3,422 public school students (32.34%) are eligible for free/reduced price lunches out of 10,580 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.88%. 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	10,580	3,422	32.34%
Jo Daviess County, IL	3,344	1,022	30.56%
Grant County, WI	7,037	2,772	39.39%
Lafayette County, WI	2,727	943	34.58%
Illinois	2,009,567	1,008,830	50.20%
Wisconsin	864,222	323,368	37.42%

*Data Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data, 2016-17. Source Geography: Address)*

## Income – 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	10,177	\$73,497	No data
Jo Daviess County, IL	9,795	\$73,085	\$55,532
Grant County, WI	19,444	\$60,989	\$50,522
Lafayette County, WI	6,714	\$67,069	\$55,859
Illinois	4,818,452	\$85,262	\$61,229
Wisconsin	2,328,754	\$74,372	\$57,652

*Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17.  
Source Geography: Tract)*

# Secondary Data

## Economic Stability

### 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	23,484	1,732	7.4%
Jo Daviess County, IL	22,086	1,589	7.2%
Grant County, WI	52,250	4,379	8.4%
Lafayette County, WI	16,829	1,659	9.9%
Illinois	12,859,995	1,935,887	15.1%
Wisconsin	5,771,337	743,225	12.9%

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

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

Poverty is considered a key driver of health status. In the Midwest Medical Center service area, 8.43% or 382 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	23,112	4,529	382	8.43%
Jo Daviess County, IL	21,844	4,231	380	8.98%
Grant County, WI	47,928	10,440	1,655	15.85%
Lafayette County, WI	16,593	4,095	597	14.58%
Illinois	12,551,822	2,915,860	549,508	18.85%
Wisconsin	5,612	1,270,239	211,958	16.69%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.  
Source Geography: Tract)*



# Secondary Data

## Economic Stability

### Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 7.79% or 1,801 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	23,112	1,801	7.79%
Jo Daviess County, IL	21,844	1,658	7.59%
Grant County, WI	47,928	7,323	15.28%
Lafayette County, WI	16,593	1,730	10.43%
Illinois	12,551,822	1,698,613	13.53%
Wisconsin	5,612,611	692,719	12.34%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.  
Source Geography: Tract)*

## Unemployment Rate

Total unemployment in the Midwest Medical Center service area for the month of April 2019 was 334 or 2.8% 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	11,921	11,586	334	2.8%
Jo Daviess County, IL	11,092	10,779	313	2.8%
Grant County, WI	28,069	27,304	765	2.7%
Lafayette County, WI	9,997	9,779	218	2.2%
Illinois	6,463,139	6,229,526	233,613	3.6%
Wisconsin	3,086,614	3,002,659	83,995	2.7%

*Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics. 2019 – March. Source Geography: County)*

# 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	23,142	1,103	4.77%
Jo Daviess County, IL	21,888	1,110	5.07%
Grant County, WI	50,611	3,681	7.27%
Lafayette County, WI	16,667	1,548	9.29%
Illinois	12,674,162	1,079,822	8.52%
Wisconsin	5,691,138	369,522	6.49%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.  
Source Geography: Tract)*

## Young People Not in School and Not Working

This indicator reports the percentage of youth aged 16-19 who are not currently enrolled in school and who are not employed.

Service Area	Population Age 16-19	Percentage of Population Age 16-19 Not in School and Not Employed
Service Area Estimates	1,110	4.50%
Jo Daviess County, IL	1,025	5.46%
Grant County, WI	4,233	3.33%
Lafayette County, WI	887	5.07%
Illinois	683,326	6.67%
Wisconsin	306,502	5.22%

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

# 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. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	23,955	3	13
Jo Daviess County, IL	22,648	4	18
Grant County, WI	51,208	14	27
Lafayette County, WI	16,836	6	36
Illinois	12,830,632	2,770	22
Wisconsin	5,686,986	1,028	18

*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 ½ 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	23,955	4,087	17.06%
Jo Daviess County, IL	22,678	4,378	19.31%
Grant County, WI	51,208	8,477	16.55%
Lafayette County, WI	16,836	2,589	15.38%
Illinois	12,830,632	2,483,877	19.36%
Wisconsin	5,686,986	1,203,963	21.17%

*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 Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians Rate Per 100,000 Population
Service Area Estimates	23,609	10	46
Jo Daviess County, IL	22,254	10	45
Grant County, WI	51,829	27	52
Lafayette County, WI	16,853	4	24
Illinois	12,880,580	12,477	97
Wisconsin	5,757,564	5,217	91

*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
Jo Daviess County, IL	21,594	18	1,200	83
Grant County, WI	51,999	51	1,020	98
Lafayette County, WI	16,710	30	558	179
Illinois	12,742,849	26,484	481	208
Wisconsin	5,783,858	10,957	528	189

*Data Source: Community Commons (University of Wisconsin Population Health Institute, County Health Rankings. 2017. Source geography: County)*

## 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	23,483	10	44
Jo Daviess County, IL	22,086	10	45
Grant County, WI	52,250	19	36
Lafayette County, WI	16,829	4	24
Illinois	12,859,995	9,336	73
Wisconsin	5,771,337	3,692	64

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

# Secondary Data

## 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 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, 2019).

Jo Daviess County is ranked 15 out of the 102 Illinois counties in the Rankings, released in April 2019. Grant County is ranked 14 out of the 72 Wisconsin counties in the Rankings, released in April 2019.

Health Condition	Jo Daviess County, IL	Grant County, WI	Illinois	Wisconsin
Adults Reporting Poor or Fair Health	13%	15%	17%	15%
Adults Reporting No Leisure Time/ Physical Activity	25%	19%	22%	20%
Adult Obesity	30%	35%	29%	31%
Children Under 18 Living in Poverty	14%	15%	17%	15%
Alcohol Impaired Driving Deaths	25%	30%	33%	36%
Teen Births	17/1,000	8/1,000	23/1,000	18/1,000
Uninsured	6%	7%	7%	6%
Unemployment	4%	3%	5%	3%

## Behavioral Risk Factor Surveillance System

Jo Daviess County, IL	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	23.8%	22.9%	20.9%
Asthma	9.1%	10.6%	13.2%	10.4%
Diabetes	10.2%	12.0%	8.3%	7.0%
Obesity	29.5%	27.8%	20.3%	21.5%
Smoking	16.7%	10.8%	14.8%	16.0%

# Secondary Data

## Health Indicators

### Population With Any Disability

Within the service area, 13.03% or 3,106 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.96%. 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	23,142	3,016	13.03%
Jo Daviess County, IL	21,888	2,865	13.09%
Grant County, WI	50,611	58,930	11.64%
Lafayette County, WI	16,667	1,995	11.97%
Illinois	12,674,162	1,388,827	10.96%
Wisconsin	5,691,138	675,224	11.86%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17.  
Source Geography: Tract)*

## 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
Jo Daviess County, IL	592	13	23
Grant County, WI	2,055	31	15
Lafayette County, WI	567	10	18
Illinois	448,356	15,692	35
Wisconsin	194,406	5,346	28

*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

### 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
Jo Daviess County, IL	1,547	107	6.9%
Grant County, WI	4,095	233	5.7%
Lafayette County, WI	1,435	85	5.9%
Illinois	1,251,656	105,139	8.4%
Wisconsin	499,401	34,958	7.0%

*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)*

## Diabetes Management – Hemoglobin A1c Test for Medicare Enrollees

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a healthcare professional in the past year. In the service area, 283 Medicare enrollees with diabetes have had an annual exam out of 318 Medicare enrollees in the report area with diabetes or 88.9%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Service Area	Total Medicare Enrollees	Medicare Enrollees With Diabetes	Medicare Enrollees With Diabetes With Annual Exam	Percent Medicare Enrollees With Diabetes With Annual Exam
Service Area Estimates	3,206	318	283	88.9%
Jo Daviess County, IL	2,978	295	261	88.5%
Grant County, WI	4,968	505	460	91.1%
Lafayette County, WI	1,702	153	143	94.1%
Illinois	1,210,320	129,125	111,696	86.5%
Wisconsin	474,364	46,596	42,386	91.0%

*Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. 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
Jo Daviess County, IL	264	20.1
Grant County, WI	470	11.8
Lafayette County, WI	152	No data
Illinois	143,569	15.2
Wisconsin	49,490	13.9

*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	3,861	197	51
Jo Daviess County, IL	3,543	182	52
Grant County, WI	6,456	314	49
Lafayette County, WI	1,759	85	49
Illinois	985,698	53,973	55
Wisconsin	418,646	18,839	45

*Data Source: Community Commons (Centers for Medicare & Medicaid Services. 2015. Source Geography: County)*

# Secondary Data

## Mortality Tables

### Jo Daviess County Mortality, 2017

Cause of Mortality	Total Deaths
Malignant Neoplasms	76
Diseases of the Heart	63
Cerebrovascular Diseases	13
Chronic Lower Respiratory Diseases	8
Diabetes Mellitus	5
Intentional Self-Harm (Suicide)	3
Assault (Homicide)	1
Influenza and Pneumonia	1

### 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
Jo Daviess County, IL	1,085	5	5
Grant County, WI	2,920	12	4
Lafayette County, WI	1,050	6	6
Illinois	879,035	6,065	7
Wisconsin	357,880	2,290	6

*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
Jo Daviess County, IL	22,213	64	287	164
Grant County, WI	51,690	105	202	156
Lafayette County, WI	16,811	38	227	172
Illinois	12,859,901	24,531	191	169
Wisconsin	5,755,344	11,398	199	162

*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
Jo Daviess County, IL	22,213	30	137	78
Grant County, WI	51,690	69	133	97
Lafayette County, WI	16,811	20	120	86
Illinois	12,859,901	13,901	108	94
Wisconsin	5,755,344	6,585	114	91

*Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)*

### Mortality – Drug Poisoning

This indicator reports the rate of death due to drug overdose per 100,000 population.

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
Jo Daviess County, IL	22,213	2	9	Suppressed
Grant County, WI	51,690	4	8	9
Lafayette County, WI	16,811	No data	Suppressed	Suppressed
Illinois	12,859,901	1,832	14	14
Wisconsin	5,755,344	871	15	15

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

## 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.

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
Jo Daviess County, IL	22,213	10	43	24
Grant County, WI	51,690	30	57	41
Lafayette County, WI	16,811	10	58	44
Illinois	12,859,901	5,530	43	39
Wisconsin	5,755,344	2,741	48	39

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

## Mortality – Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian motor vehicle crash deaths are preventable and they are a cause of premature death.

Service Area	Total Population 2010	Total Pedestrian Deaths 2011-2015	Average Annual Deaths (Rate Per 100,000 Population)
Service Area Estimates	No data	3	No data
Jo Daviess County, IL	22,678	2	3
Grant County, WI	51,208	2	1
Lafayette County, WI	16,836	1	2
Illinois	12,830,632	827	2
Wisconsin	5,686,986	298	2

*Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County)*

# Secondary Data

## Mortality Tables

### Mortality – Motor Vehicle Crash

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population.

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
Jo Daviess County, IL	22,213	5	24	24
Grant County, WI	51,690	6	11	10
Lafayette County, WI	16,811	4	25	24
Illinois	12,859,901	1,116	9	8
Wisconsin	5,755,344	617	11	10

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

### Mortality – Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. 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
Jo Daviess County, IL	22,213	14	63	51
Grant County, WI	51,690	24	46	41
Lafayette County, WI	16,811	9	54	51
Illinois	12,859,901	4,800	37	36
Wisconsin	5,755,344	3,118	54	49

*Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. 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. 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
Jo Daviess County, IL	22,213	17	77	43
Grant County, WI	51,690	28	54	38
Lafayette County, WI	16,811	5	31	22
Illinois	12,859,901	5,497	43	38
Wisconsin	5,755,344	2,533	44	36

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

## Mortality – Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. This indicator is relevant because suicide is an indicator of poor mental health.

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
Jo Daviess County, IL	22,213	3	13	Suppressed
Grant County, WI	51,690	5	10	11
Lafayette County, WI	16,811	3	19	Suppressed
Illinois	12,859,901	1,358	11	10
Wisconsin	5,755,344	817	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)*

# Primary Data

## Qualitative Data

Qualitative data was reviewed 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 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.

## Focus Group 1 – Community Leaders and Officials

The first focus group consisted of community leaders and officials. The group included representatives of mental healthcare providers, senior care providers, local employers, the Chamber of Commerce, the Galena mayor, representatives of local ambulance services, a district school nurse, and others. The group met at 9:30 a.m. on April 11, 2019 at Midwest Medical Center. Positive developments in the service area in recent years were identified as:

- Midwest Medical Center has begun providing athletic training services and physicals to schools.
- Home health services partner with Midwest Medical Center for home medical services and outpatient care.
- The Health Department is exploring a dental clinic.
- A substance use disorder treatment clinic has opened.
- Midwest Medical Center is offering new local services in:
  - Ophthalmology
  - Wound clinic
  - Cardiac rehabilitation
  - Orthopedic surgery
  - Cardiology
- Jo Daviess Transport has expanded services significantly.
- Midwest Medical Center is deemed a pleasant experience for patients.
- Memory care services
- Adult day care
- Midwest Medical Center Emergency Room services are extraordinary.
- There are epi pens available in the schools.
- Jo Daviess Transport provides free local and distant transportation to veterans.
- Midwest Medical Center has stabilized business operations and expanded services.
- There is a food pantry for the kids at the high school.
- Midwest Medical Center has a bilingual doctor and nurse.
- There is a buddy bags program at the schools.
- Midwest Medical Center works with all managed care programs in order to provide better access to services.

# Primary Data

## Qualitative Data

Needs and health issues were identified as:

- Midwest Medical Center needs to improve self-marketing
- Address emergency medical services access across the county
- Access to dental services for underinsured and uninsured residents
- Address mental health issues facing adults and youth
  - Overdoses
  - Substance abuse
  - Suicide attempts
  - Replace services lost when Family Counselling Center closed
  - Transfer beds for behavioral health and substance use care
  - Access to local Behavioral Health Services and in-patient care for youth
- Local support for high functioning autistic youth and others after graduation from high school
- Expanded substance abuse prevention and education, especially for alcohol
- Address domestic violence in the community
- Access to affordable healthcare for local employers
- Access to additional memory care
- Access to resources to help navigate Medicare
- Educate residents about the importance of health issues in the community
- Education about insurance and different types of coverage and how they work
- Educate parents and teachers about bullying, including cyberbullying and its impact
- Sustain the local healthcare workforce
- Expand use of local services for therapy and post-care
- Improve communication with schools to better understand their health services needs
- Safe neighborhoods and alternatives to local recovery for substance use disorders
- Identify and address behavioral health services needs for school children

## Focus Group 2 – Medical Professionals and Partners

The second focus group consisted of medical professionals and partners including physicians, a dentist, a local health department representative, and others familiar with the needs of potentially underserved members of the community. The group met at noon on April 11, 2019 at Midwest Medical Center. Positive developments in the service area in recent years were identified as:

- New specialty services at Midwest Medical Center
- Midwest Medical Center accepts all managed care plans
- Midwest Medical Center provides cardiac rehab
- Midwest Medical Center provides orthopedic surgery
- Elizabeth Health Clinic
- Midwest Medical Center has added internal medicine to family medicine
- There are better county-wide conversations about healthcare and other important community issues
- Prairie Ridge Memory Care
- Jo Daviess County transportation has improved

Needs and health issues were identified as:

- Access to dental services for underinsured and uninsured residents
- Access to mental healthcare, especially for underinsured and uninsured, including local psychiatric and counseling services
- Address unfunded public health needs
- Resources to taper patients from anxiety and pain medications and offer alternate care choices
- Continue to expand reach and flexibility of public transportation
- Community education about accessing services without insurance
- Community education about differences in insurance and how it works
- Community education to provide general health literacy
- Community education about local health services and how to access them
- EMS volunteers
- Promote preventative dental care



## IV. IDENTIFICATION & PRIORITIZATION OF NEEDS

2019 Community Health Needs Assessment

# Identification and Prioritization of Needs

## Description of the Community Health Needs Identified

The steering group, comprised primarily of representatives from both focus groups, met on April 29, 2019, to identify and prioritize significant needs, including members serving persons likely to be unserved or underserved. 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 Midwest Medical Center service area.



1. The group first identified and prioritized mental health services, including:
  - a. Improving access to care and counseling for all ages
  - b. Reducing the stigma surrounding mental health
  - c. Encouraging continuity among mental health providers and mental health support services at all levels
2. The group's next prioritized need was emergency medical services, including:
  - a. Community education about local EMS services and needs
  - b. Address staffing
3. The third prioritized need was senior resources.
  - a. Education about utilizing web-based services and information
  - b. Education and programs for seniors and families about life need, including changes in laws and new or changing local services
  - c. Educate health providers about local services for seniors

# Identification and Prioritization of Needs

4. The group next identified the need to expand availability and flexibility of public transportation – both local and distant – by increasing drivers and other resources.
5. The group's fifth identified need was access to affordable health insurance for small employers and the self-employed.
6. The group next identified the need for patient education to impact readmission and chronic care management
7. The group final identified need was access to dental care for underinsured and uninsured patients

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



# Resources Available to Meet Priority Health Needs

## Midwest Medical Center Resources

### Hospital Resources

- Emergency care
- Convenient care
- Imaging department
  - Bone densitometry
  - Computed Tomography (CT or CAT Scan)
  - Digital mammography
  - Echocardiology
  - MRI
  - Ultrasound
  - X-ray
- Laboratory
  - Blood bank
  - Blood gases
  - Chemistry
  - Coagulation
  - Hematology
  - Microbiology
  - Special chemistry
- Rehabilitation services
  - Physical therapy
  - Occupational therapy
  - Speech therapy
  - Athletic training
  - Home health
  - Inpatient/hospital skilled care
  - Lymphedema program
  - Nursing home orthopedic rehabilitation
  - Sports medicine
  - Vestibular/vertigo treatments
  - Specialized Treatment
    - Custom shoe orthotics
    - Graston technique
    - Incontinence program
    - Kinesio taping

- Surgery
  - Colonoscopy
  - EDG (Esophagogastroduodenoscopy)
  - Facial plastic surgery
    - Facial reconstructive surgery
    - Nasal septoplasty and turbinate reduction surgery
    - Rhinoplasty
    - Head and neck skin cancer removal and reconstruction
    - Rhytidectomy (facelift)
    - Blepharoplasty (eyelid lift)
    - Otoplasty (ear pinning)
    - Brow lift
    - Botox injections
  - General surgery
    - Laparoscopic cholecystectomy (gall bladder removal)
    - Hernia repair
  - Ophthalmology
    - Cataract surgery
  - Orthopedic Surgery
    - Knee arthroscopy
    - Carpal tunnel release
  - Otolaryngology (ear, nose, and throat)
    - Adult and pediatric ear tubes
    - Adult and pediatric tonsillectomy and adenoidectomy
  - Podiatry surgery
    - Bunions
    - Hammer toe repair
- Fitness center
  - Fitness assessment and evaluation
  - Individualized fitness program design
  - Indoor cycling
  - Sports training
  - Group fitness classes
  - Yoga and pilates classes
  - In-depth individual and group involvement
  - Cardiopulmonary rehabilitation

# Resources Available to Meet Priority Health Needs

## Midwest Medical Center Resources

### Community Resources

- 24 Hour Care, LLC
- Surrounding partners
- Nursing homes
- Chamber of Commerce
- Small businesses
- Gundersen
- Jo Daviess County Transit
- Prairie Ridge
- Senior Resource Center
- County ambulance services
- County board
- Employers
- Freeport Health Network
- Regroup
- Grant partners
- Community

## **VI. IMPLEMENTATION STRATEGY**

2019 Community Health Needs Assessment

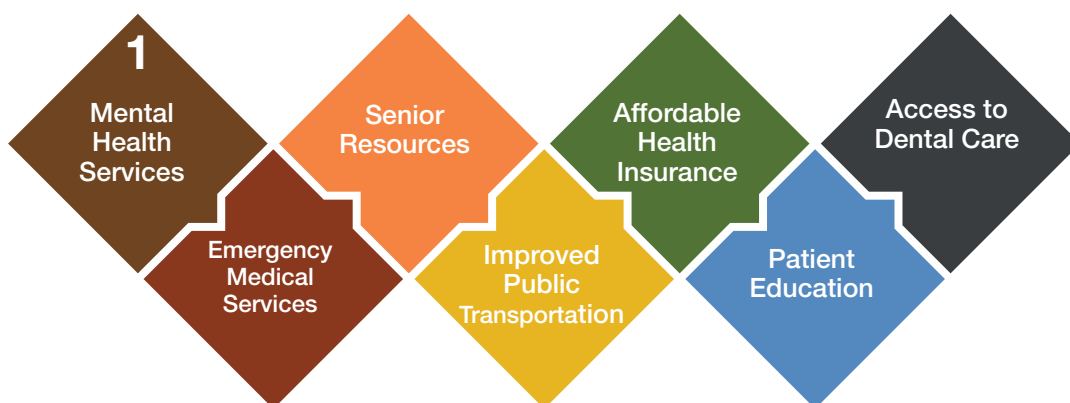


# Implementation Strategy

## Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Midwest Medical Center on April 4, 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 seven 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 following process by which needs will be addressed was developed:*

The group first identified and prioritized mental health services, including:

- a. Improving access to care and counseling for all ages
- b. Reducing the stigma surrounding mental health
- c. Encouraging continuity among mental health providers and mental health support services at all levels

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

- Midwest Medical Center will explore expanding the telehealth program to include adult psychiatric care.
- Midwest Medical Center will explore expanding the telehealth program to include psychiatric care for youth.
- Midwest Medical Center will explore retaining a full-time Licensed Clinical Social Worker for the hospital/clinic.
- Midwest Medical Center will explore developing a community marketing program around brain health.
- Midwest Medical Center will explore grant opportunities to provide community mental health education and information.
- Midwest Medical Center will explore offering Mental Health First Aid.
- Midwest Medical Center will educate healthcare providers about available local mental health services.

### **Anticipated impacts of these actions:**

- Midwest Medical Center anticipates that the steps above will improve continuity of mental healthcare providers and services, reduce the stigma around mental health in the community, and improve access to care and counseling for all ages.

### **Programs/resources the hospital plans to commit to address the need:**

- Administration
- Clinic director
- Providers

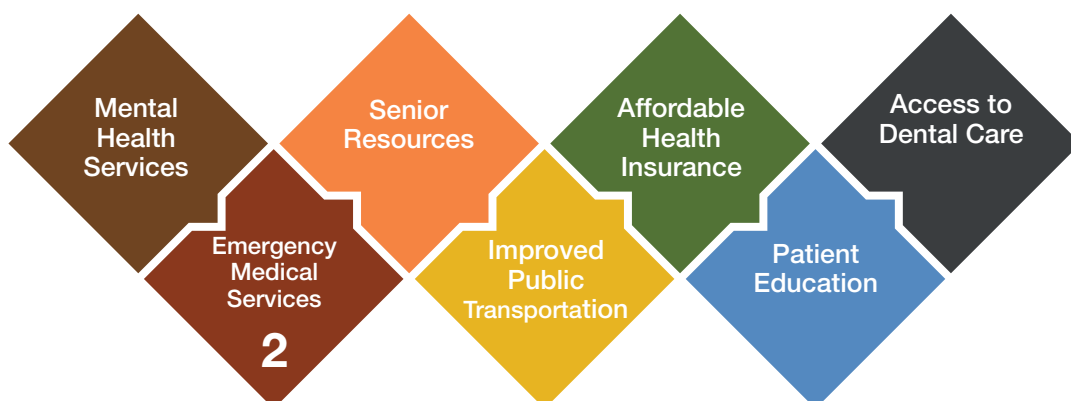
### **Planned collaboration between the hospital and other organizations:**

- Freeport Health Network
- Regoup
- Grant partners
- Community

# Implementation Strategy

## Planning Process

### Implementation Strategy – Priority #2



The group's next prioritized need was emergency medical services, including:

- a. Community education about local EMS services and needs
- b. Address staffing

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

- Midwest Medical Center will continue participation in the county-wide ad hoc committee to address EMS issues.
- Midwest Medical Center will explore horizontal involvement as a volunteer sponsor or employer of EMS personnel.
- Midwest Medical Center will explore collaboration with the Chamber of Commerce and large employers to provide staff for the ambulances.

#### *Anticipated impacts of these actions:*

- Midwest Medical Center anticipates that the above steps will result in better community awareness of the county-wide EMS staffing issues and will directly provide additional personnel to help reduce the strain on local services resulting from staff shortages.

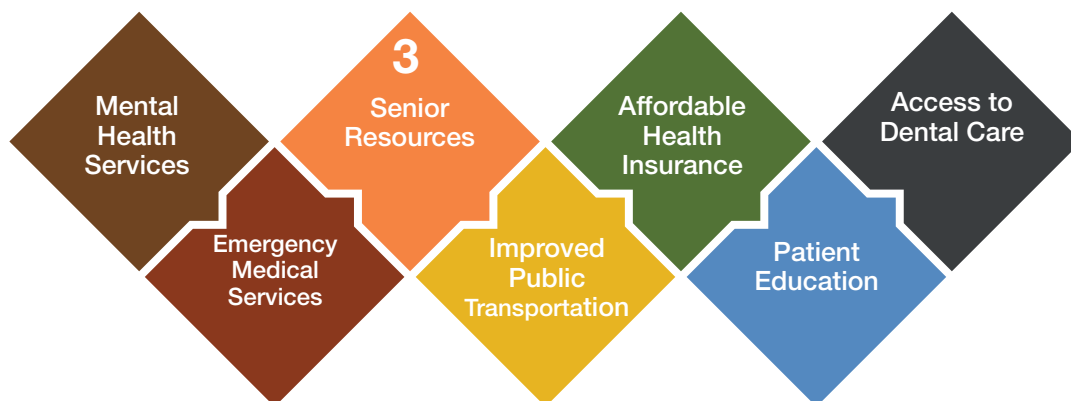
#### *Programs/resources the hospital plans to commit to address the need:*

- Administration

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

- County ambulance services
- County Board
- Employers

## Implementation Strategy – Priority #3



The third prioritized need was senior resources.

- a. Education about utilizing web-based services and information
- b. Education and programs for seniors and families about life need, including changes in laws and new or changing local services
- c. Educate health providers about local services for seniors

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

- Midwest Medical Center will expand “Welcome to Medicare” programs to include additional topics.
- Midwest Medical Center will educate local healthcare providers about local services for seniors.

### **Anticipated impacts of these actions:**

- Midwest Medical Center anticipates that the steps above will provide seniors with education about web services and web information, provide seniors and their families about local services and other topics of current interest, and educate local providers about local senior services for healthcare and life needs.

### **Programs/resources the hospital plans to commit to address the need:**

- Clinic director
- Care coordinator
- Care manager
- Adult day care nurse

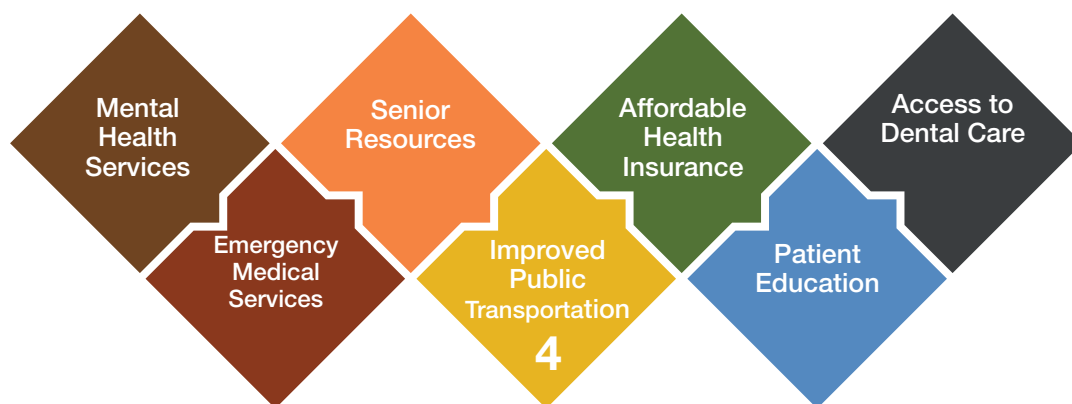
# Implementation Strategy

## Planning Process

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

- Prairie Ridge
- Senior Resource Center
- 24 Hour Care, LLC

## Implementation Strategy – Priority #4



The group next identified the need to expand availability and flexibility of public transportation – both local and distant – by increasing drivers and other resources.

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

- Midwest Medical Center will support the continued expansion of Jo Daviess Transit.
- Midwest Medical Center will continue to explore in-house, non-emergency transportation options.

### Anticipated impacts of these actions:

Midwest Medical Center anticipates that the steps above will improve the flexibility and availability of transportation to and from health services and life needs.

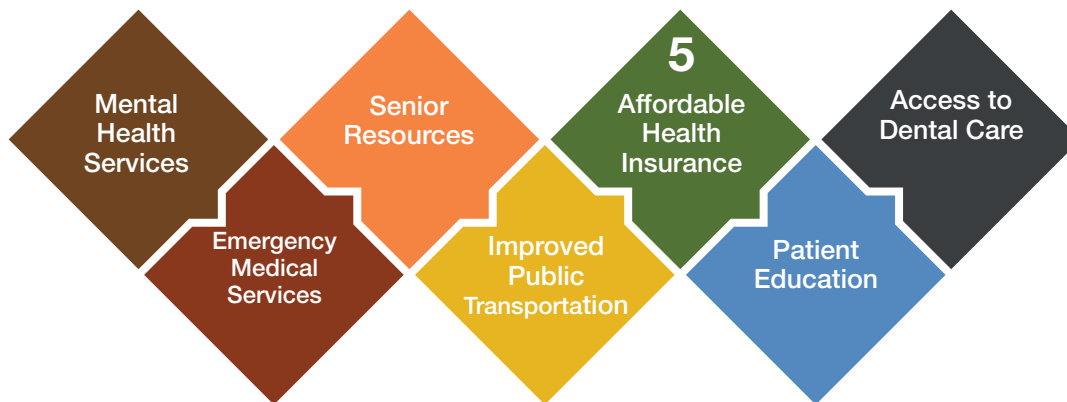
### Programs and resources the hospital plans to commit to address the need:

- Administration

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

- Jo Daviess Transit
- Prairie Ridge

## Implementation Strategy – Priority #5



The group's fifth identified need was access to affordable health insurance for small employers and the self-employed.

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

- Midwest Medical Center will continue to explore a competitive health plan that could be offered to local employers

### *Anticipated impacts of these actions:*

Midwest Medical Center anticipates that this step will lead to access to affordable healthcare for many employers and employee residents of the community.

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

- Administration

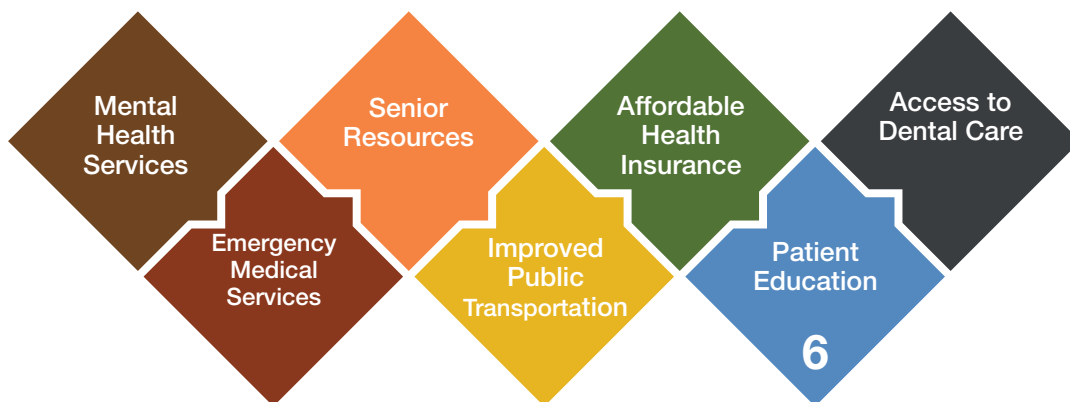
### *Planned collaboration between the hospital and other organizations:*

- Chamber of Commerce
- Small business
- Gundersen

# Implementation Strategy

## Planning Process

### Implementation Strategy – Priority #6



The group next identified the need for patient education to impact readmission and chronic care management.

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

- Midwest Medical Center will expand chronic care management.
- Midwest Medical Center will continue participation in the Illinois Rural Community Care Organization (IRCCO).
- Midwest Medical Center will expand wellness education.
- Midwest Medical Center will expand nutrition education.
- Midwest Medical Center will expand reduced fee lab work and free blood pressure check programs to provide more opportunities for information and access to services.

#### **Anticipated impacts of these actions:**

Midwest Medical Center anticipates that the above steps will improve chronic care management and access to care and information that will reduce the rate of readmission.

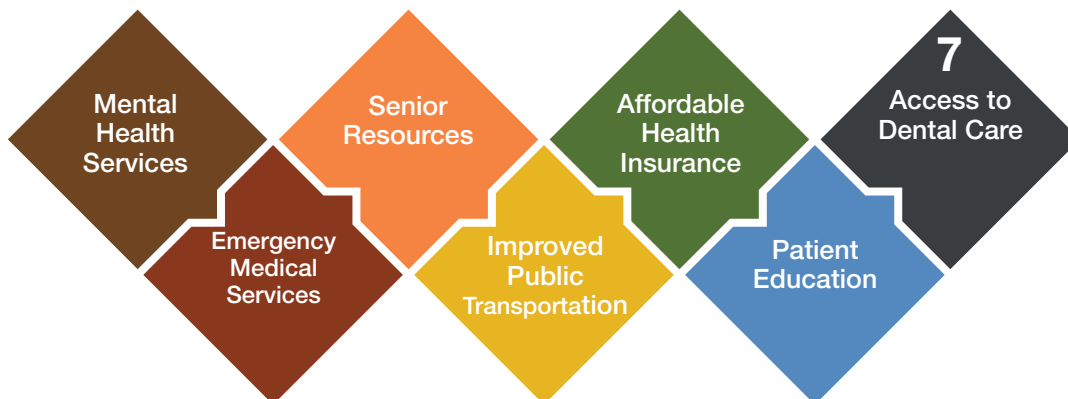
#### **Programs and resources the hospital plans to commit to address the need:**

- Chronic Care Coordinator
- Case Manager
- Providers
- Clinic Manager

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

- 24 Hour Care, LLC
- Surrounding providers
- Nursing homes

## Implementation Strategy – Priority #7



The group final identified need was access to dental care for underinsured and uninsured patients.

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

Midwest Medical Center has reviewed this need in view of its mission and available programs and resources and has concluded that general dental care is beyond the scope and capabilities of the hospital at this time and in the foreseeable future. Midwest Medical Center is aware that this is an issue that is sometimes addressed by Public Health in Illinois and that Jo Daviess County Health Department is exploring dental services. Midwest Medical Center stands ready to partner or otherwise participate, as appropriate, with Jo Daviess County Public Health or any other dental healthcare provider that comes forward with a reasonable and practical plan to address this issue.

### **Anticipated impacts of these actions:**

Midwest Medical Center is uncertain of the potential impact of actions others may propose but anticipates that a plan to address this issue from an appropriate party will meet with community support and the reasonable support from Midwest Medical Center.

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

- Administration

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

While no collaboration is planned at this time, Midwest Medical Center will continue to explore proposals from appropriate parties to address this issue.



## 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: <http://www.midwestmedicalcenter.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 Midwest Medical Center was approved by the Midwest Medical Center Board of Directors on the 1st day of October, 2019.



## VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment

## References

- *County Health Rankings, 2019 County Health Rankings*
- *Community Commons, 2019 Community Commons*
- Illinois Department of Employment Security, 2019
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2019
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2019
- ESRI, 2019
- Illinois State Board of Education, *Illinois Report Card, 2017 - 2018*
- *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)>, December, 2018*

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

# Appendix

## Appendix

### Focus Group 1 – Community Leaders and Officials

Melissa Niemann	24 Hour Care, LLC
Dan Schleicher	EMS
Gail Gabbert	Galena Clinic
Jen Berning	MMC Physical Therapy
Joe Mattingly	The Galena Territory Association
John Cooke	Prairie Ridge
Kerry Shelke	Galena Chamber of Commerce
Kristen Patterson	Midwest Medical Center
Libby Miller	Illinois Bank and Trust
Debbie Boden	NW Illinois Economic Development
Brian Spillane	The Workshop
Kathy Gable	The Workshop
Megan Neis	Galena School District
Terry Renner	City of Galena

## Focus Group 2 – Medical Professionals and Partners

Dr. Brian Schoenrock	DDS
Dr. Keith Shaw	Dubuque Podiatry
Sandra Schleicher	Jo Daviess County Health Department
Jen Trebian	Nursing Home
Deb Hoppman	Midwest Medical Center
Marie Wamsley	Midwest Medical Center
Katie Meusel	Midwest Medical Center
Kathy Wiene	Midwest Medical Center
Lori Stangl	Nursing Home


## Implementation Strategy Team

Melissa Niemann	24 Hour Care, LLC
Kerry Shelke	Galena Chamber of Commerce
Debbie Boden	NW Illinois Economic Development
Brian Spillane	The Workshop
Kathy Gable	Jo Daviess County Health Department
Sandra Schleicher	Jo Daviess County Health Department
Dr. Richard Farrell	Midwest Health Clinic
Deb Hoppman	Midwest Medical Center
Marie Wamsley	Midwest Medical Center
Katie Meusel	Midwest Medical Center
Kristen Patterson	Midwest Medical Center
Tracy Bauer	Midwest Medical Center

# Notes







**2019 Community Health Needs Assessment**  
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