



# COMMUNITY HEALTH NEEDS ASSESSMENT

Midwest Medical Center  
2013



# Midwest Medical Center

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# TABLE OF CONTENTS

## Process

Purpose. . . . .	3
Scope of Assessment . . . . .	3
Methodology and Gaps Discussion . . . . .	4

## Community

Geographic Assessment Area Defined. . . . .	5
Demographic Profile . . . . .	6
Economic Profile . . . . .	7

## Input

Health Profiles from Existing Studies and other Secondary Data . . . . .	10
Primary Source Information . . . . .	14

## Prioritization

Reconciliation of Primary Source Information with Secondary Data . . . . .	18
Summary of Findings and Recommendations . . . . .	19

## Resource Inventory

Midwest Medical Center . . . . .	20
Area Health Services Review . . . . .	21

## Remarks

Remarks . . . . .	24
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## Appendix

Participants . . . . .	25
Collaborators. . . . .	28

## PROCESS

### Purpose

The mission of Midwest Medical Center is to “provide the members of the community caring, competent, and cost effective healthcare.” In the past, Midwest Medical Center has employed many different methods to assess the health needs of the area it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require that most of those hospitals, including Midwest Medical Center, conduct local Community Health Needs Assessments every three years and report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

**The mission of Midwest Medical Center is “to provide the members of the community caring, competent, and cost effective healthcare.”**

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

### Scope of Assessment

Midwest Medical Center elected to conduct a Community Health Needs Assessment in 2013. The Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 52 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Midwest Medical Center 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 health care initiatives that will allow the hospital and its partners to best serve the emerging health needs of Galena and all of Jo Daviess County.

## Methodology and Gaps Discussion

The Community Health Needs Assessment was conducted through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, 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.

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

Quantitative information from the U.S. Census was collected at the zip code level utilizing ESRI Solutions' analysis providing categorical demographic and economic information and variables for multiple years of past and future data allowing for identification of trends over time and projections. Additional data was collected from the Illinois Department of Labor, Illinois Department of Revenue, and the Illinois State Board of Education.

Information and data from other secondary sources, utilizing their own methodologies, were collected for this report from Kaiser State Health Facts – The Kaiser Family Foundation, Illinois County Health Rankings – Robert Wood Johnson Foundation, State Cancer Profiles – The National Cancer Institute, Community Health Status Indicators – U.S. Department of Health and Human Services, Illinois Behavioral Risk Factor Surveillance System, which provides health data trends through the Illinois Department of Public Health, in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services.

Qualitative information from primary sources including focus groups was collected and analyzed for common themes concerning the service area population in general and themes potentially impacting health concerns or delivery of health services for any persons who may be potentially medically underserved, low income, minority, or suffering chronic disease needs. Primary and secondary information was analyzed for confirmation of themes in order to identify needs.

Potential information gaps were discussed relative to the population of persons of Hispanic origin, and also of persons who are living in poverty in the Midwest Medical Center service area. This assessment has explored the insular needs of these identified groups by specifically seeking input from persons with knowledge of the specific health concerns. Input was also sought from members of the community charged professionally with advancing the health and education of the community and all its members, including school officials and the Jo Daviess Health Department. Because of the individuals interviewed, these gaps were avoided.

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

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

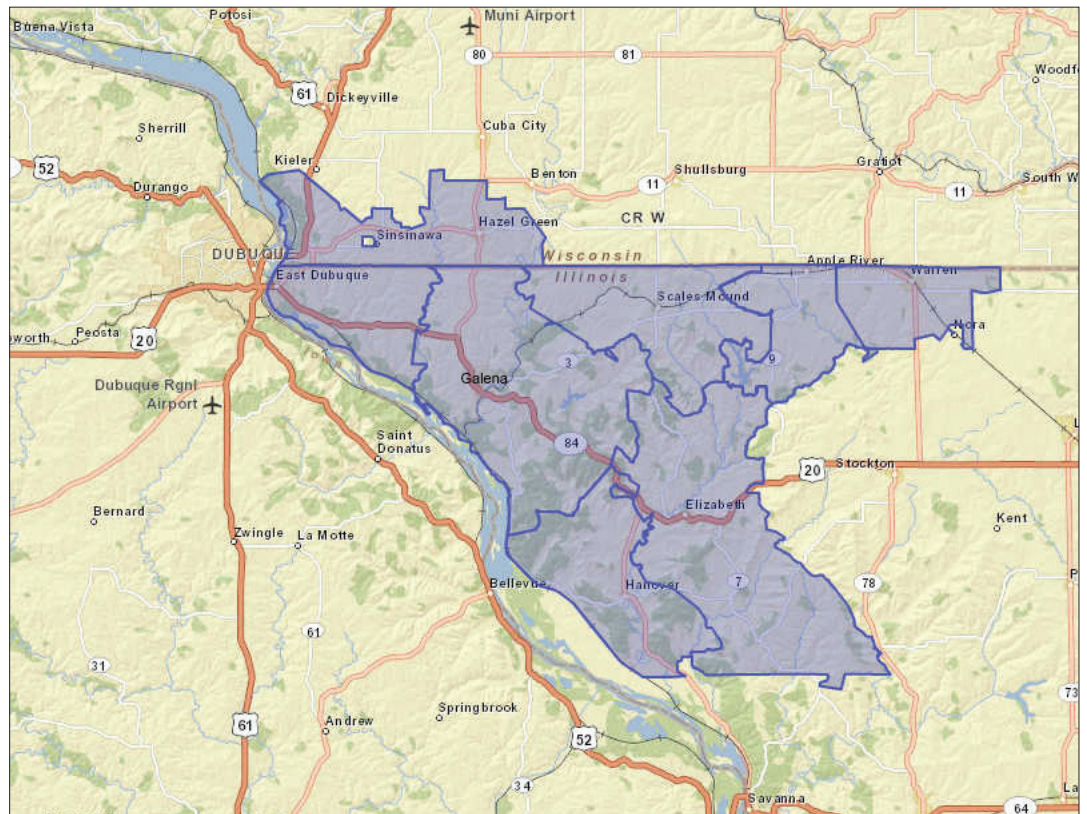
# COMMUNITY

## Geographic Assessment Area Defined

The Midwest Medical Center community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary and secondary hospital service areas which includes all or portions of the zip code service areas surrounding Galena, Elizabeth, Scales Mound, East Dubuque, Hanover, Warren, and Apple River, IL, and Hazel Green, WI. This geographic area definition of community is well-suited to Midwest Medical Center, a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics, and specialty clinics to residents of a rural area.

Major medical centers in Rockford, IL, Dubuque, IA, and other locations receive patients from the service area.

Illustration 1. Midwest Medical Center Service Area



(ESRI - 2013)

## Demographic Profile

Table 1. Population by Race – Midwest Medical Center Service Area

RACE and ETHNICITY	2012		2017	
	Number	Percent	Number	Percent
White	21,486	97.1%	21,311	96.6%
Black	93	0.4%	101	0.5%
American Indian	43	0.2%	47	0.2%
Asian	69	0.3%	74	0.3%
Pacific Islander	11	0.0%	12	0.1%
Other	231	1.0%	302	1.4%
Two or More Races	196	0.9%	214	1.0%
Hispanic Origin (any race)	624	2.8%	772	3.5%

(ESRI – 2013)

The race and ethnicity makeup of the service area indicates that the numbers are typical of many locations in rural Illinois. No significant change in the profile is projected over the next five years. It should be noted that anecdotal information collected from the focus groups suggests that the population of Hispanic origin residents may be higher than census data reports for both the hospital service area and the Galena zip code alone. The percentage of Hispanic students in Galena CUSD 120 has risen from 2.6% Hispanic students in 2000 to 10.5% in 2012.

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

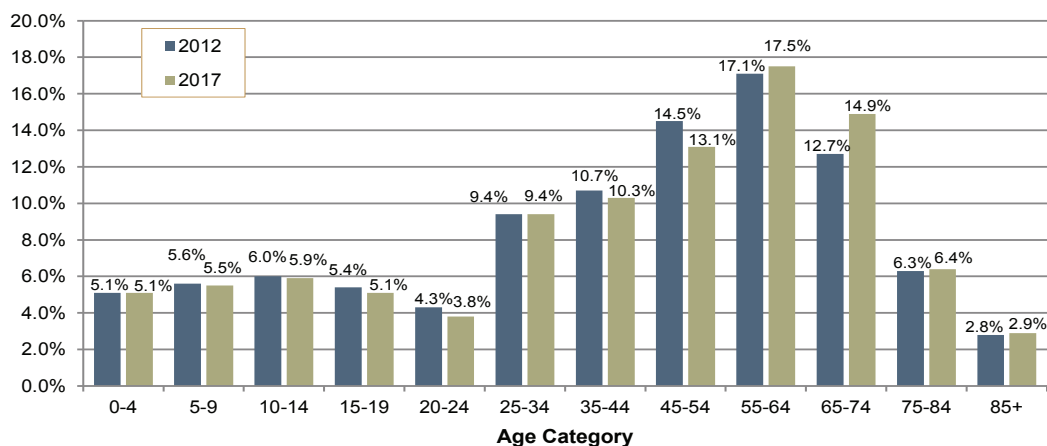
Table 2. Demographic Trends – Midwest Medical Center Service Area

SUMMARY	2010	2012	2017
Population	22,008	22,129	22,061
Households	9,416	9,411	9,519
Families	6,315	6,283	6,321
Average Household Size	2.32	2.33	2.30
Owner Occupied Housing Units	7,491	7,400	7,523
Renter Occupied Housing Units	1,925	2,011	1,996
Median Age	46.8	47.5	49.0
TRENDS: 2011-2016 Annual Rate	AREA	U.S.	
Population	-0.06%	0.68%	
Households	0.23%	0.74%	
Families	0.12%	0.72%	
Owner Households	0.33%	0.91%	
Median Household Income	1.43%	2.55%	

(ESRI – 2013)

The overall population of the service area is trending toward a small decline, while related demographic categories are expected to trend toward modest increases. The median age is projected to continue to increase over the next five years to 49 years of age. This is slightly higher than many rural areas in Illinois.

Table 3. Population Age Trends – Midwest Medical Center Service Area



(ESRI – 2013)

The Midwest Medical Center service area is projected to gain population distribution in all groupings over age 55, and experience declines in most other groups. This pattern is not unusual when compared to much of rural Illinois.

## Economic Profile

Table 4. Household Income Profile – Midwest Medical Center Service Area

HOUSEHOLDS BY INCOME	2012		2017	
	Number	Percent	Number	Percent
<\$15K	915	9.7%	871	9.2%
\$15K-\$24K	1,036	11.0%	836	8.8%
\$25K-\$34K	1,171	12.4%	942	9.9%
\$35K-\$49K	1,508	16.0%	1,432	15.0%
\$50K-\$74K	2,297	24.4%	2,648	27.8%
\$75K-\$99K	1,311	13.9%	1,513	15.9%
\$100K-\$149K	824	8.8%	880	9.2%
\$150K-\$199K	246	2.6%	289	3.0%
\$200K+	103	1.1%	108	1.1%
	2012		2017	
Median Household Income	\$50,495		\$54,217	
Average Household Income	\$58,900		\$63,152	
Per Capita Income	\$25,130		\$27,333	

(ESRI – 2013)

Median household income for 2012 was estimated at \$50,495 in the Midwest Medical Center service area, compared to \$50,502 in 2011 for all U.S. households. The median household income in Illinois was \$53,234 for 2011. Median household income in the service area is projected to be \$54,217 in 2017. The median household income in the hospital service area is higher than many rural Illinois communities. Median household income is the amount where one-half of the households in an identified area have a higher income and one-half of the households have a lower income. (ESRI – 2013, U.S. Census 2012)

Median home value in the area is \$112,170, compared to a median home value of \$167,749 for the U.S. In five years, median value is projected to increase to \$123,471.

Table 5. Employment by Industry – Midwest Medical Center Service Area

CATEGORY	EMPLOYED	% OF WORKING POPULATION
Manufacturing	1,759	15.2%
Accommodations and food services	1,392	12.0%
Retail trade	1,247	10.8%
Health care and social assistance	1,113	9.6%
Construction	935	8.1%
Educational services	800	6.9%
Other services, except public administration	635	5.5%
Agriculture, forestry, fishing, and hunting	610	5.3%
Finance and insurance	508	4.4%
Professional, scientific, and technical services	460	4.0%
Transportation and warehousing	406	3.5%
Arts, entertainment, and recreation	342	2.9%
Administrative and support and waste management	328	2.8%
Public administration	308	2.7%
Wholesale trade	256	2.2%
Information	222	1.9%
Real estate, rental, and leasing	191	1.6%
Utilities	50	0.4%
Management of companies and enterprises	18	0.2%
Mining, quarrying, and oil and gas extraction	14	0.1%

(ESRI – 2013)

The service area enjoys diverse employment opportunities overall. The fourth largest employment group is healthcare and social assistance. Midwest Medical Center and its supporting services and partners are included in this group. Midwest Medical Center plays an important role in the economic vitality of the area as well as its health.

The annual average unemployment rate for Jo Daviess County was 7.4% for 2012, compared to 8.9 percent for Illinois, and 8.1% for the U.S.

Table 6. Sales Tax Collected – Midwest Medical Center Service Area

	Galena	Elizabeth	Hanover
FY 2013	\$1,863,113	\$98,811	\$27,243
FY 2012	\$1,885,052	\$95,659	\$29,191
FY 2011	\$1,855,664	\$97,239	\$25,594

(ESRI – 2013)

Within the hospital service area in 2012, 89% of persons age 25 or over had attained at least a high school diploma, compared to 87% statewide (2011). Twenty-two percent had attained a bachelor's degree or higher, compared to 31% in the state overall. (ESRI – 2013)

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

<b>District</b>	<b>Percent Low-Income Students</b>	
	<b>2000</b>	<b>2012</b>
Galena CHSD 101	14.0	31.4
East Dubuque CUSD 119	22.9	31.6
River Ridge CUSD 210	22.3	34.4
Scales Mound CUSD 211	12.1	23.5
Warren CUSD 205	21.5	33.1

The population of low income students for the state of Illinois went from 36.7% low income students in 2000 to 49% in 2012. All area schools were well below state percentages.

The Midwest Medical Center service area is experiencing unemployment numbers that are better than many rural areas of Illinois. Sales tax revenue has fluctuated moderately in the sample communities during the last three fiscal years. Numbers of children eligible for free or reduced lunch are increasing but lower overall when compared to numbers found in other rural areas and the state percentage. Median income and housing values are lower than state numbers but higher than many rural communities in Illinois. The service area seems to be in a better overall economic position than many rural communities in Illinois today.

The service area's social and economic picture is influenced by the fact that 73% of the land area in Jo Daviess County consists of farms, according to 2007 data from the USDA. Thirty-nine percent of farm operators in Jo Daviess County work off-farm.

*(Atlas of Rural and Small Town America, 2013)*

The Midwest Medical Center service area is marked by small communities relying primarily on small businesses and industries, tourism and niche retail, agriculture, and other service providers for its local employment.

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

# INPUT

## Health Profiles from Existing Studies and other Secondary Data

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

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

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. *(County Health Rankings and Roadmaps, 2012)*

Jo Daviess County is ranked 2 out of the 102 Illinois counties in the Rankings, released in April 2013.

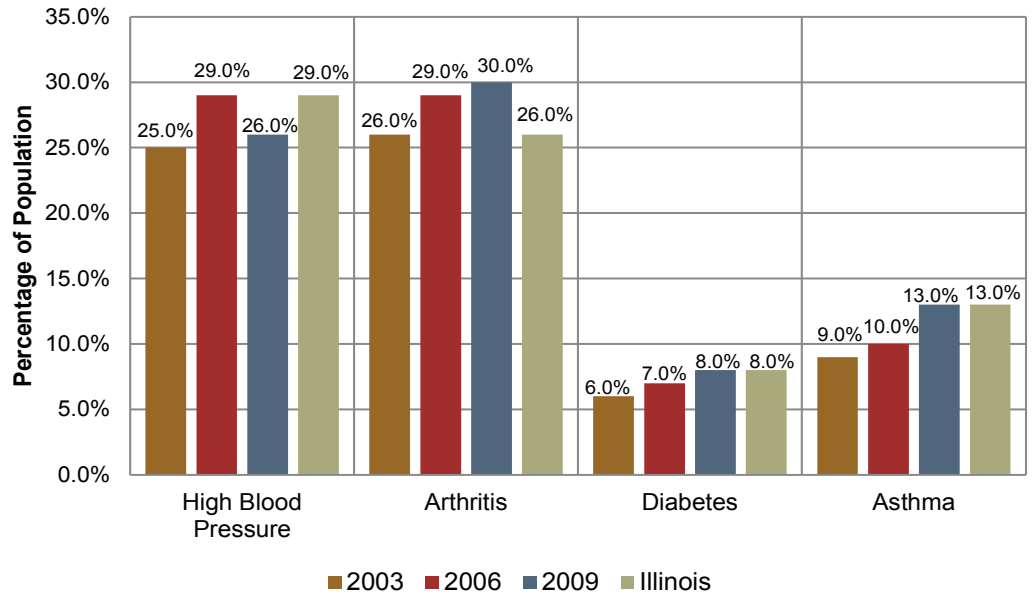
**Table 7.** Health Rankings – JoDaviess County

Observation	Jo Daviess	Illinois
Adults reporting poor or fair health	9%	15%
Adults reporting no leisure time physical activity	25%	25%
Adult obesity	29%	27%
Children under 18 living in poverty	16%	21%
Motor vehicle crash rate (per 100,000)	15	10
Limited access to healthy food	5%	4%

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

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

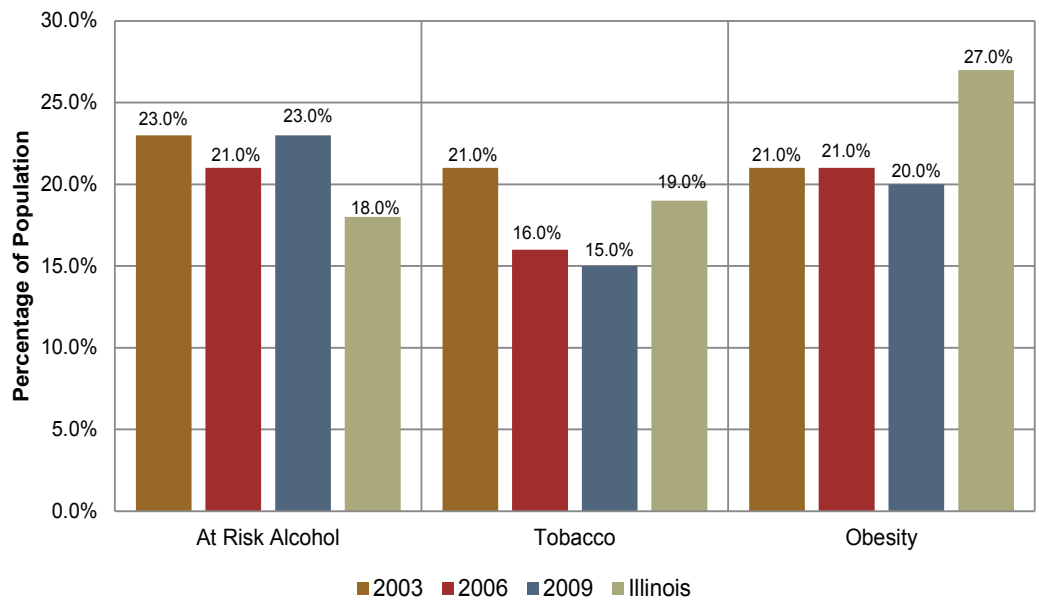
**Table 8. Diagnosed Disease Factors – Jo Daviess County**



(IBRFSS – 2012)

Diagnosis of arthritis exceeded the state level in recent years, and reports of diagnosis of diabetes and asthma have risen over recent years to reach statewide levels.

**Table 9. Health Risk Factors – Jo Daviess County**



(IBRFSS, 2012)

The percent of persons at risk for acute or binge drinking has fluctuated slightly in recent years but has remained higher than the state percentage. Tobacco use has declined to a point below the state levels. The rate of persons reporting obesity is below the state level in the IBRFSS statistics but above the state level in the more recent data available from the County Health Rankings.

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

**Table 10. Incidence by Disease Type – Jo Daviess County**

<b>Disease Type</b>	<b>Number of Deaths</b>
Diseases of the Heart	54
Malignant Neoplasms	62
Alzheimer’s Disease	11
Cardiovascular Diseases (Stroke)	14
Chronic Lower Respiratory Diseases	12
Accidents	6
Diabetes Mellitus	0
Influenza and Pneumonia	6
Nephritis, Nephrotic Syndrome, and Nephrosis	6
Septicemia	2
Intentional Self Harm (Suicide)	2
Chronic Liver Disease, Cirrhosis	3
All other causes	47
<b>TOTAL DEATHS</b>	<b>225</b>

*(IBRFSS, 2012)*

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

The State Cancer Profiles compiled by the National Cancer Institute list Jo Daviess County at Level 8 for all cancers, which means that the death by cancer rate overall is similar to the U.S. rate and is falling over the recent past. *(National Cancer Institute, 2010)*

The Jo Daviess County Health Department completed the Illinois Project for Local Assessment of Needs (IPLAN) in 2009. Each health department in the state conducts this process on a rotating basis. The IPLAN helps to identify local health concerns on a countywide basis and establish five year plans to address them.

## IPLAN

The IPLAN for Jo Daviess County identified and prioritized the following issues:

1. Obesity
2. Intimate Partner Personal Violence
3. Breast Cancer
4. Prostate Cancer

## Synthesized Secondary Data

The demographics for Midwest Medical Center service area reflect similar income when compared to many other rural areas and lower than Illinois overall.

The service area reports a higher percent of population diagnosed with arthritis than state percentages and a trending increase in reports of diagnosis of diabetes and asthma that reached state levels in 2009. Diseases of the heart and cancer are the two leading causes of death throughout the service area. Obesity and persons at risk for alcohol are above state levels. Death from motor vehicle crashes is reported as being higher in the service area than the statewide rate. Adults reporting no leisure time physical activity exceed state levels.

## Summary

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

## Primary Source Information

### Focus Group #1 – Healthcare Professionals and Partners

A focus group comprised of healthcare professionals and partners met on August 26, 2013. The group included physicians, a pharmacist, the Jo Daviess County Health Department administrator, a representative of a nursing home, and others.

The session opened with the identification of several positive events that took place within the Midwest Medical Center service area during the past five years. The following developments were cited:

- Development of urgent care locations and extended hour pharmacies in the area
- Access to physicians by agencies is good
- New general surgeons
- Emphasis at federal, state, and local levels on collaboration in assessing community health needs
- Formation of cancer, obesity, and anti-violence coalitions in the community
- Physician quality and supply is good
- Pharmacies doing vaccinations
- Physician services to senior care centers are good
- Health Department infection control program
- Continual improvement in services to seniors
- Emergency room services are improved with addition of board certified physicians
- MRI and CT scan are available in-house at Midwest Medical Center
- Good communication among doctors and pharmacists concerning people using multiple medical providers
- Jo Daviess Transit
- Availability of physical therapy
- Access to a critical access hospital
- Fitness center at Midwest Medical Center

The group then discussed a wide variety of health needs and health-related concerns in several general categories, including:

- Access to specialists for underinsured and uninsured
- Better access transportation for appointments and out of town care
- More surgical opportunities
- Distance to primary care can be an issue
- Mental health
  - No psychiatrists locally, except through tele-psychiatry
  - Post Midwest Medical Center care is hard to find, and arranging transportation is difficult
  - Inpatient consultants are difficult to access
  - Access to residential mental health
- Funding for agencies
- It can take three weeks to coordinate out of town transportation for appointments
- Providers for speech therapy and occupational therapy
- Pharmacy services can require significant travel

- Resources for specialists
- Home-based services and home health care for post-surgical, well-baby care, etc., are diminishing because of funding loss
- Transportation to cancer treatment and dialysis
- Translation services for non-English speaking patients
- Access to durable medical equipment
- Access to care for veterans
- Childhood obesity is being seen in school physicals and in health department studies
- Geriatric obesity
- Seniors, in particular, are reactive rather than proactive about health and wellness
- Obesity and related issues at all ages
- Cancer rate seems high, especially colon cancer
- Difficulty sustaining some support groups
- Substance abuse, including alcohol, methamphetamines (especially among youth), and prescription narcotics
  - Theft
  - Sale
  - Patient abuse
- Diabetes
- Lack of personal responsibility and ownership of health

### **Focus Group #2 – Community Leaders**

A focus group comprised of community leaders also met on August 26, 2013. The group included a representative of the Galena Chamber of Commerce, business leaders, the Jo Daviess County Coroner, and others.

This session also opened with the identification of several positive events that took place within the Midwest Medical Center service area during the past five years. The following developments were cited:

- New home health care services
- Partnership between Midwest Medical Center and home health care providers
- Access to critical access hospital
- Midwest Medical Center facility and services and its partnerships with local services and agencies
- Affiliation with the University of Illinois emergency room physicians
- Spanish-speaking physician at clinic
- Availability of monthly lab screenings throughout the county and run by Midwest Medical Center
- Digital imaging equipment, including CT scan, MRI, and digital mammography
- Cooperation among emergency medical services, Med-Flight, and Midwest Medical Center
- Walk-in Monday program partnership with Galena State Bank for women's health and cancer screenings

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses (both current and threatened for the future) in delivery of healthcare in the Midwest Medical Center service area.

- Pediatric speech therapy and occupational therapy
- Access to dental care for underinsured and uninsured
- Extended pharmacy hours
- Local availability of specialists
- Specialist referrals for underinsured and uninsured are hard to find
- Expanded surgical services
- Promotion of availability of surgical services
- Planning for elder care for aging population
- Memory care for seniors and secure Alzheimers' care
- Prenatal care for underinsured and uninsured
- Local access to cardiologist
- Local access to dialysis
- Distance for physical therapy away from Galena
- Hospice
- Physician home visits to remote areas of the county or allowing nurse practitioner to make home visits
- Services for persons on Medicaid
- Mental health
- Limited availability of transfer beds for mental health patients from Midwest Medical Center and senior centers
- Limited access for transportation out of the area for mental health patients
- Home food services
- Lack of utilization of preventative care
- Diabetes
- Deaths from chronic illnesses related to alcohol
- Prescription abuse by patients
- Delay in treatment for underinsured
- Abuse of system by persons on public aid
- Education about availability of services and also about responsible use
- MRSA, VRE, and some other acquired diseases seem high

### **Focus Group #3 – Community Officials**

A focus group comprised of officials and other leaders, including representation from the Jo Daviess County Board, the Galena Police Chief, EMS coordinators, and others met on August 27, 2013. The session opened with the identification of several positive events that took place within the Midwest Medical Center service area during the past five years. The following developments were cited:

- Collaboration between Midwest Medical Center and the community
- Cooperation between Midwest Medical Center and the police
- Staff at Midwest Medical Center are friendly, competent, and cooperative
- Board certified emergency room physicians at Midwest Medical Center
- Midwest Medical Center is a state-of-the-art facility
- New imaging equipment at Midwest Medical Center

- Quality of care at Midwest Medical Center
- Cooperation for emergency preparedness by all partners
- Ambulance service handles a large area well
- Community support for proposed long-term care campus
- Midwest Medical Center as an economic engine for the community
- Support for Midwest Medical Center is common among agencies
- Therapy is available without regard for ability to pay
- Public perception of Midwest Medical Center has improved significantly
- High volunteerism in emergency services
- Local rehabilitative services continue to improve
- Swing bed program at Midwest Medical Center
- Fitness facility and other facilities at Midwest Medical Center make it a community hub
- Continuity of care is very good

The group then discussed health needs and concerns in several categories, including:

- Funding for social services and transportation
- Transportation out of the area
- Obesity
- Security at the hospital
- Orthopedic specialists
- Ophthalmologist
- Mental health
  - Finding post-hospital placement
  - Transportation to placement
  - No local psychiatrist, except tele-psychiatry
- Non-emergency transportation for large wheelchairs and large patients
- Appointments for local transportation are difficult
- There is insufficient funding for low income and assisted living, resulting in inefficiency and unnecessary costs for care
- Diabetes
- Planning for senior care
- Engage youth in their own health and wellness
- Nutrition education
- Dietitian or nutritionist
- Local physicians and specialists need to utilize Midwest Medical Center whenever appropriate
- Health Department five-year study indicates that BMI of 72% of school students is high
- Planning for sustainability of local health care resources
- Collaboration for wellness education to all portions of the community
- Recruiting and sustaining volunteer base for emergency medical services
- Provide for training for emergency services volunteers

## NEED IDENTIFICATION AND PRIORITIZATION

### Reconciliation of Primary Source Information with Secondary Data

The reports of the focus groups in the preceding section reflect issues and perceived needs mentioned by individuals and discussed in those sessions. Each discussion item listed was not an identified need. Through the qualitative process, items were excluded by further information, such as being identified as issues currently being addressed by Midwest Medical Center or another agency or group whose actions were unknown to the person initiating the subject, or items which were not supported by quantitative data.

Where evident, concerns which survived the discussion process and finding quantitative support were combined with similar issues to form themes leading to the needs identified, cross-supported with the secondary data again and then prioritized based on the emphasis placed on the needs by the informants and the strength of the data supporting them. In addition, issues raised by quantitative or qualitative sources not common to other issues but impacting medically underserved, low income, minority, or chronic disease needs populations were either excluded because they are being currently addressed or they were identified as needs and are included in the categories prioritized.

The facilitated primary information gathering process resulted in the discovery of issues subsequently prioritized during discussion by participants and repetition among groups to a list of concerns largely common to the overarching categories of access to wellness education and opportunities, transportation, services for the elderly, additional mental health services, substance abuse, and addressing provision of local health care (including emergency medical services) in an increasingly challenging economy. The areas chosen were consistent with the needs identified from the secondary information collected. In addition, an issue was also raised in discussion concerning education about information and services as well as communicating during those services with non-English speaking residents.

Security within Midwest Medical Clinic was also raised in one focus group. This is not identified as a health need but recognized as a possible issue for further discussion.

An issue was raised in a focus group about a perception of recent elevated levels of cancer. No secondary data reviewed supported the anecdotal report of elevated cancer reports, but this may warrant further investigation.

## Summary of Findings and Recommendations

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

### 1. Wellness education and services

Wellness education and care issues were raised in the focus groups as an access issue for the elderly. Education about nutrition, diet, and access to healthy foods were discussed in the focus groups and supported by the secondary data.

### 2. Addressing access to quality local health care

This issue was raised in several contexts related to current and future access to specialists and services, meeting current and future needs of all residents, providing for education and continuity of a large volunteer base for emergency medical services, and sustaining Midwest Medical Center as an economic engine for the area.

### 3. Mental health services

This issue was raised in the focus groups with regard to access to consultations at Midwest Medical Center and for post-hospital placement and addressing substance abuse. These needs were also supported in the secondary data related to risky behavior.

### 4. Transportation

This issue was raised as a concern over local and out of area non-emergency transportation and the ability to schedule in coordination with appointments. This issue was seen as particularly significant for seniors.

### 5. Information and translation for non-English speaking patients

It was noted that there is a Hispanic speaking physician at Midwest Medical Center, but concern was raised about dual language information regarding services and communication during care.

# RESOURCE INVENTORY

## Midwest Medical Center

Midwest Medical Center, a critical access hospital, provides general medical care and participates in the Medicare and Medicaid programs.

### Services

- Inpatient care
- Swing bed services
- Emergency room
- Surgery
  - General surgery
  - Esophagogastroduodenoscopy
  - Colonoscopy
  - Orthopedic surgery
  - Podiatry surgery
  - Plastic surgery
- Physical therapy
  - Home health
  - Inpatient/hospital care
  - Lymphedema program
  - Nursing home
  - Orthopedic rehabilitation
  - Pediatrics
  - Sports medicine
  - Vestibular/vertigo treatments
  - Wound care
  - Custom shoe orthotics
  - Graston technique
  - Incontinence program
  - Kinesio taping
- Imaging
  - Bone densitometry
  - CT Scan
  - Digital mammography
  - Echocardiology
  - MRI
  - Ultrasound
  - X-ray
- Convenient care
- Fitness Center
  - Fitness assessment and evaluation
  - Individual fitness program design
  - Indoor cycling
  - Sports training
  - Group fitness classes

- o Yoga and pilates classes
- o In-depth individual and group involvement
- o Cardiopulmonary rehabilitation
- Laboratory
- Galena Stauss Senior Care Community
  - o Adult day care
  - o Assisted living
  - o Nursing home
- Midwest Health Clinic

## Area Health Services Review

### Physicians and Providers

#### Midwest Medical Center Medical Staff

##### Internal Medicine

Debbie A. Cihak, MD

##### Family Medicine

Michael Wells, MD

Matt Gullone, MD

Beth Gullone, MD

Gregory Vandigo, MD

Gary O. Bernard, DO

G. Allen Crist, MD

Mary C. Koenigs, MD

Peg Dittmar, FNP-BC

##### Cosmetic/Reconstructive Surgery

John M. Searles, Jr., MD

##### General Surgery

David Oppert, MD

Keith Shaw, MD

##### Orthopedic Surgery

David Field, MD

##### Anesthesia

Mark Bainbridge, DO

David Bainbridge, CRNA

Scott Bainbridge, CRNA

Terrance Hutchcroft, CRNA

Nikolaos Koutsonikolis, MD

**Radiology**

Stephen Clifford, MD  
John Engelken, MD  
Michael Fleege, MD  
Jason Hughes, MD  
Michael Maiers, MD  
Robert Merrick, MD  
Tim Miller, MD  
Michael Riley, MD

**Pathology**

Andrew Vanderheyden, MD

**Podiatry**

Michael Arnz, DPM  
Timothy Quagliano, DPM

**Emergency Medicine**

Joseph Colla, MD  
Kevin Collins, MD  
Valerie Dobiesz, MD  
Gannon Dudlar, MD  
Wesley Eilbert, MD  
Thomas Eiseman, MD  
Michael Green, MD  
Cullen Kehoe, MD  
Ralph Losey, MD  
Brian Macaulay, MD  
Mark Mackey, MD  
Elizabeth Neale, MD  
Heather Prendergast, MD  
Colette Soletka, MD  
Scott Yilk, MD  
Michael Zeman, MD

## **Jo Daviess County Health Department**

### **Services**

- Home health care
  - Intermittent skilled nursing
  - Physical therapy
  - Occupational therapy
  - Social worker
  - Health aide care
- TB skin testing
- Individual and community education
- Vaccinations
- Immunization
- Cancer coalition
- Obesity prevention coalition
- Intimate partner interpersonal violence
- Infant car seat program

### **Senior Care and Special Needs Care**

- Galena Stauss Senior Care Community, Galena
- Elizabeth Nursing Home, Elizabeth
- Stockton Health Care and Rehab, Stockton

## REMARKS

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

ICAHN is grateful to Midwest Medical Center staff for their participation in the development of this project, which will benefit many of their ICAHN partners in the years to come.

ICAHN and Midwest Medical Center are also grateful to the health care professionals, community leaders, and citizens who offered their thoughtful input for the assessment.

This report was submitted to the administration of Midwest Medical Center in September, 2013, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.

## APPENDIX

### Focus Group and Interview Participants

**Tracy Bauer, President and CEO**

Midwest Medical Center, Galena

*(In her capacity as local Rotary Foundation Treasurer, Ms. Bauer addresses many financial needs identified in the service area. She is also active in a leadership role with local youth sports.)*

**Michael Wells, MD, Family Practice Physician**

Midwest Health Clinic, Galena

*(Dr. Wells is a board member of the Galena Arts and Recreation Center, which provides services, education, and recreational opportunities for youth.)*

**Peg Dittmar, FNP-BC, Nurse Practitioner**

Midwest Health Clinic, Galena

*(Ms. Dittmar is a member of the Re-Energize Elizabeth Committee, which is currently mapping the community needs of the Elizabeth area.)*

**Matt Gullone, MD, Family Practice Physician**

Midwest Health Clinic, Galena

*(Dr. Gullone is involved with youth sports and health and serves as physician for Galena High School football.)*

**Beth Gullone, MD, Family Practice Physician**

Midwest Health Clinic, Galena

*(Dr. Gullone is a member of the board of Riverview Center, a regional sexual assault and domestic violence agency.)*

**Gary Bernard, MD, Family Practice Physician**

Medical Associates, Galena

**Ralph Losey, MD, Chief Medical Officer, Emergency Medicine Physician**

Midwest Medical Center, Galena

*(Dr. Losey is the Chief Medical Officer at Midwest Medical Center, the only hospital located in Jo Daviess County.)*

**Khris Moser, Pharmacist**

Hartig Drug, Galena

**Nancy Lewis, Administrator**

Jo Daviess County Health Department, Galena

*(Ms. Lewis oversees the agency responsible for public health of all the citizens of Jo Daviess County and is also past Executive Director of Project Concern, a not-for-profit social service agency serving unmet needs of seniors, youth, minorities, and persons in poverty of the Dubuque area.)*

**Linda Nobis, Representative**  
Stephenson County Senior Center, Galena

**Karen Wilson, DON, Administrator**  
Elizabeth Nursing Home, Elizabeth

**Keri Connor, Manager**  
Midwest Health Clinic, Galena

**Katie Murphy, Director**  
Chamber of Commerce, Galena

**Joel Holland, President/CEO**  
First Community Bank, Galena

**Robert Eby, President/CEO**  
Galena State Bank, Galena

**Bill Laity, Coroner**  
Jo Daviess County Coroner, Galena  
*(As Coroner, Mr. Laity is familiar with health issues spanning the entire population of the county.)*

**Beth Kropp, Representative**  
24 Hour Care – Home Healthcare, Galena

**Mindy Roberts, Representative**  
24 Hour Care – Home Healthcare, Galena

**Kathy Wiene, Admitting Director**  
Midwest Medical Center, Galena

**Hesper Nowatzki, Administrator**  
Galena Stauss Senior Care Community, Galena

**Jennifer Steines, Controller**  
Midwest Medical Center, Galena

**Lori Huntington, Chief of Police**  
City of Galena

**Dr. Sharon Olds, Superintendent of Schools**  
Galena Schools  
*(As Superintendent of Schools, Dr. Olds identifies and addresses needs of at-risk, low income, and minority students.)*

**Merri Berlage, Vice-Chair**

Jo Daviess County Board, Galena

**John Cooke, Development Chairperson, and active community member**

Prairie Ridge, Galena

**Jack Zane, Representative**

Galena EMS

**Carrie Temperly, Human Resources Director**

Midwest Medical Center, Galena

**Jen Berning, Physical Therapy Director**

Midwest Medical Center, Galena

*(Ms. Berning is active with youth and youth sports and serves as the volleyball coach at Southwest High School.)*

**Deb Hoppman, Chief Nursing Officer**

Midwest Medical Center, Galena

**Cheri Martensen, Imaging Director**

Midwest Medical Center, Galena

*(Ms. Martensen is active in youth services and activities and is the cheerleading coach at Galena Arts and Recreation Center.)*

**Marty Soat, Fitness Director**

Midwest Medical Center, Galena

*(Mr. Soat is a member of Jo Daviess County Obesity Coalition. He also serves as a member of Galena Vision 20/20, a communitywide visioning process devoted in part to meeting future needs of all families.)*

**Helen Kilgore, Midwest Medical Center Board Member and retired Mayor of Elizabeth**

City of Elizabeth

**Marilyn Reed, Director of Nursing**

Galena Stauss Senior Care Community, Galena

**Troy Miller, Representative**

Hanover EMS

*(Mr. Miller is a resident and EMS representative in Hanover, IL, which is a rural community in a hilly terrain more than 17 miles from services in Galena.)*

## COLLABORATORS

The Midwest Medical Center Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 52 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Midwest Medical Center is a member of the Illinois Critical Access Hospital Network.

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

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

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

# NOTES

## **Community Health Needs Assessment | 2013**

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