

COMMUNITY HEALTH NEEDS ASSESSMENT **2016**



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

MIDWEST MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

I.	Introduction	3
	Executive Summary	3
	Background	4
	Community Health Needs Assessment Population	5
	Midwest Medical Center Service Area Demographics	5
II.	Establishing the CHNA Infrastructure and Partnerships	20
III.	Defining the Purpose and Scope	20
IV.	Data Collection and Analysis	21
	Description of Process and Methods Used	21
	Description of Data Sources	21-22, 34
V.	Identification and Prioritization of Needs	38
VI.	Description of the Community Health Needs Identified	38
VII.	Resources Available to Meet Priority Health Needs	40-41
VIII.	Steps Taken Since the Last CHNA to Address Identified Needs	42-43
IX.	Documenting and Communicating Results	43
X.	References	43
XI.	Implementation Strategy	44-50

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Midwest Medical Center (MMC) conducted a Community Health Needs Assessment (CHNA) over a period of months in the summer of 2016. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities.

The Community Health Needs Assessment was developed and conducted in partnership with representatives from the community by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN). ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving healthcare services for member critical access hospitals and their rural communities.

The process involved the review of several hundred pages of demographic and health data specific to the Midwest Medical Center service area. The secondary data and previous public health planning conclusions drew attention to several common issues of rural demographics and economics and drew emphasis to issues related to mental health services, wellness, obesity, and related issues.

In addition, the process involved focus groups comprised of area healthcare providers and partners and persons who represent the broad interests of the community served by the hospital including those with special knowledge of, or expertise in public health. Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to healthcare due to geographic, language, financial, or other factors.

Two focus groups met on July 18, 2016, to discuss the overall state of health and the local delivery of healthcare, and health-related services. They identified positive recent developments in local services and care and also identified issues or concerns that they felt still existed in the area.

A third group comprised of members or representatives of members of the focus groups then met and considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs.

As an outcome of the prioritization process, discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for future consideration.

Five needs (three being clusters of related needs) were identified as significant health needs and prioritized:

1. Mental health
2. Wellness
3. Substance abuse
4. Maintaining volunteers and family involvement in health improvement
5. Transportation

The consultant then compiled a report detailing key data and information that influenced the process and set out the conclusions drawn by the participants. This report was delivered to Midwest Medical Center in August, 2016.

Background

Midwest Medical Center began serving the healthcare needs of Galena and the surrounding communities on December 5, 2007, when it officially replaced Galena-Stauss Hospital & Healthcare Center, a 45-year-old, 25-bed critical access facility that had become unable to expand and improve medical services due to building challenges and a landlocked location. 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 which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 55 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. 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 healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Galena and the surrounding area.

The population assessed was the identified service area in Jo Daviess County in Illinois and Grant County and a very small portion of Lafayette County, both in Wisconsin. Data collected throughout the assessment process was supplemented with:

- A local asset review
- Qualitative data gathered from broad community representation
- Focus groups, including input from local leaders, medical professionals, health professionals, and community members who serve the needs of persons in poverty and the elderly

Midwest Medical Center is a not-for-profit hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

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.

DEMOGRAPHICS

Midwest Medical Center's service area is comprised of approximately 575 square miles, with a population of approximately 23,461 and a population density of 41 people per square mile. The service area consists of the following rural communities:

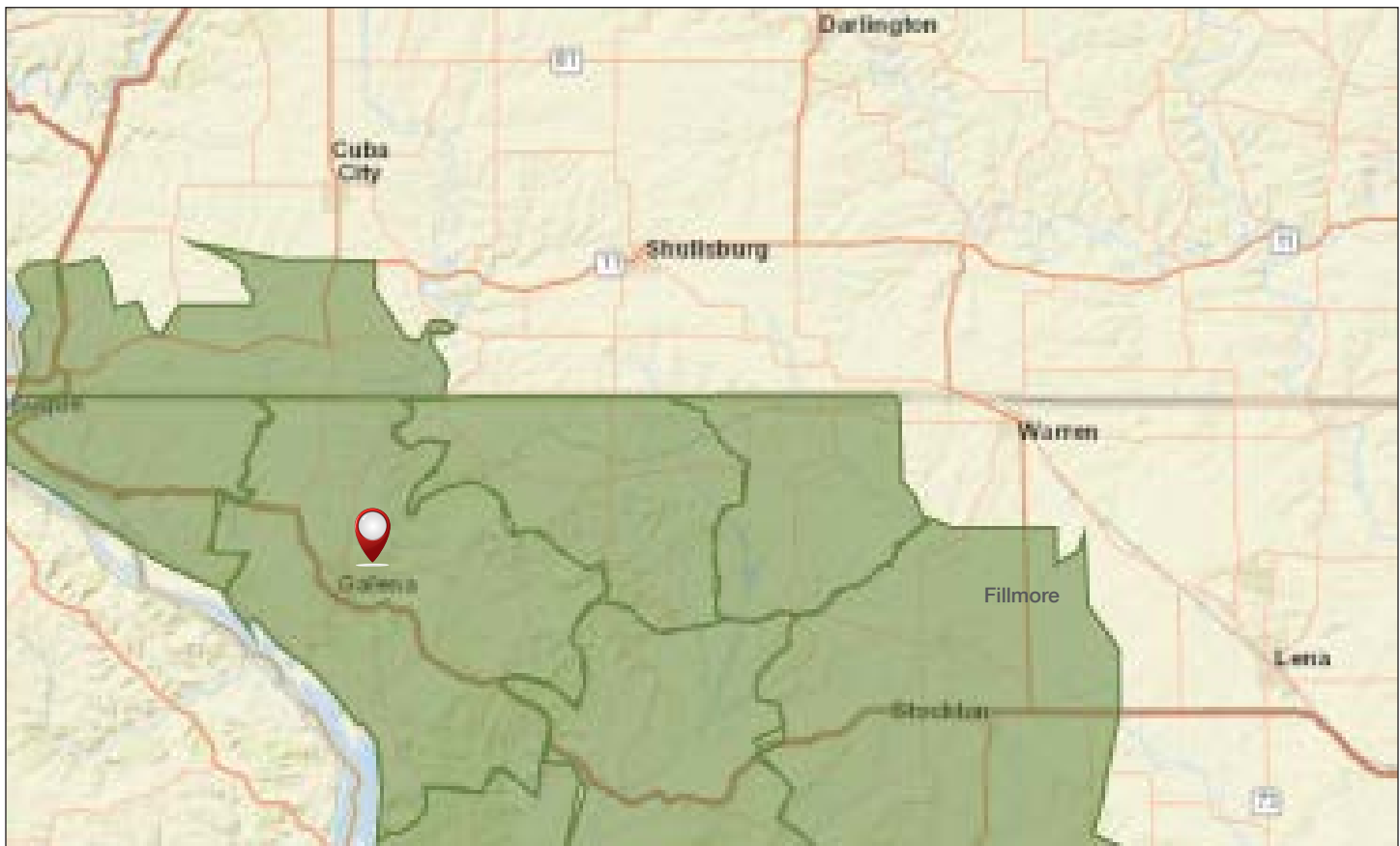
Cities and Towns

- East Dubuque
- Galena

Villages

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

Illustration 1. Midwest Medical Center Service Area



ESRI – 2016

TOTAL POPULATION CHANGE, 2000-2010

According to U.S. Census data, the population in the hospital service area grew from 23,433 people to 23,955 between the years 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%
Illinois	12,416,145	12,830,632	414,487	3.34%
Wisconsin	5,363,669	5,686,986	323,317	6.03%
Total Area (Counties)	88,023	90,722	2,699	3.07%

Data Source: Community Commons

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 127.04%, 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%, America Indian/Alaska Native 166.67%, Asian 61.11%, and Native Hawaiian/Pacific Islander -100%.

POPULATION BY AGE GROUPS

Population by gender was 50% male and 50% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	23,461	1,099	3,586	1,504	2,103
Jo Daviess County, IL	22,427	1,044	3,400	1,501	2,039
Grant County, WI	51,272	2,812	7,859	8,906	5,384
Lafayette County, WI	16,847	1,073	3,130	1,296	1,904
Illinois	12,868,747	810,671	2,244,295	1,253,226	1,781,319
Wisconsin	5,724,692	347,284	969,377	557,036	727,998

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	2,454	3,304	3,891	5,520
Jo Daviess County, IL	2,382	3,185	3,708	5,168
Grant County, WI	5,096	6,658	6,401	8,156
Lafayette County, WI	1,835	2,599	2,322	2,688
Illinois	1,699,140	1,823,332	1,560,481	1,696,283
Wisconsin	703,763	847,881	747,354	823,999

Data Source: Community Commons

HIGH SCHOOL GRADUATION RATE

Within the service area, 94.76% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Service Area Estimates	263	249	94.76
Jo Daviess County, IL	248	218	87.9
Grant County, WI	616	562	91.2
Lafayette County, WI	241	224	93
Illinois	169,361	131,670	77.7
Wisconsin	72,089	65,410	90.7

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

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

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

Within the service area, there are 1,362 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 7.89% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	17,272	1,362	7.89%
Jo Daviess County, IL	16,482	1,372	8.32%
Grant County, WI	31,695	2,943	9.29%
Lafayette County, WI	11,348	1,146	10.1%
Illinois	8,560,555	1,062,144	12.41%
Wisconsin	3,850,995	356,189	9.25%

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

POPULATION WITH ASSOCIATE'S LEVEL DEGREE OR HIGHER

In the service area, 32.42% of the population aged 25 and older, or 5,599 people have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With Associate's Degree or Higher	% Population Age 25+ With Associate's Degree or Higher
Service Area Estimates	17,272	5,599	32.42%
Jo Daviess County, IL	16,482	5,513	33.45%
Grant County, WI	31,695	9,859	31.11%
Lafayette County, WI	11,348	3,077	27.11%
Illinois	8,560,555	3,373,016	39.4%
Wisconsin	3,850,955	1,436,187	37.29%

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

POVERTY – CHILDREN BELOW 100% FPL

Poverty is considered a key driver of health status. Within the service area, 10.57% or 487 children are living in households with income below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Population Under Age 18	Population Under Age 18 in Poverty Below 100% FPL	Population Under Age 18 in Poverty Below 100% FPL
Service Area Estimates	4,606	487	10.57%
Jo Daviess County, IL	4,361	500	11.47%
Grant County, WI	10,384	1,910	18.39%
Lafayette County, WI	4,124	721	17.48%
Illinois	3,011,614	612,922	20.35%
Wisconsin	1,291,469	239,549	18.55%

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

POVERTY – CHILDREN BELOW 200% FPL

Within the service area, 31.31% or 1,442 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Population Under Age 18	Population Under Age 18 in Poverty Below 200% FPL	Population Under Age 18 in Poverty Below 200% FPL
Service Area Estimates	4,606	1,442	31.31%
Jo Daviess County, IL	4,361	1,445	33.13%
Grant County, WI	10,384	4,076	39.25%
Lafayette County, WI	4,124	1,719	41.68%
Illinois	3,011,614	1,243,877	41.3%
Wisconsin	1,291,469	508,522	39.38%

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

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

Poverty is considered a key driver of health status. Within the service area, 8.86% or 2,054 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is lower than the Illinois statewide poverty level of 14.41% and the Wisconsin statewide poverty level of 13.26%. Within the service area, 26.5% or 6,140 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This is lower than the Illinois statewide poverty level of 31.86% and lower than the Wisconsin statewide poverty level of 30.82%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
Service Area Estimates	23,170	2,054	6,140
Jo Daviess County, IL	22,183	1,988	5,898
Grant County, WI	47,266	7,851	16,730
Lafayette County, WI	16,665	1,862	5,220
Illinois	12,566,139	1,810,470	4,004,005
Wisconsin	5,571,083	738,557	1,717,264

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

INCOME – FAMILIES EARNING OVER \$75,000

In the service area, 44.77%, or 2,990 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families With Income Over \$75,000	Percent Families With Income Over \$75,000
Service Area Estimates	6,679	2,990	44.77%
Jo Daviess County, IL	6,401	2,823	44.1%
Grant County, WI	12,162	4,408	36.24%
Lafayette County, WI	4,607	1,698	36.86%
Illinois	3,131,125	1,480,485	47.28%
Wisconsin	1,469,359	643,222	43.78%

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

POPULATION WITH ANY DISABILITY

Within the service area, 12.59% or 2,926 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.62% in Illinois and higher than the statewide disabled population level of 11.45% in Wisconsin. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population With a Disability	Percent Population With a Disability
Service Area Estimates	23,247	2,926	12.59%
Jo Daviess County, IL	22,264	2,673	12.01%
Grant County, WI	50,150	5,520	11.01%
Lafayette County, WI	16,748	1,791	10.69%
Illinois	12,690,056	1,347,468	10.62%
Wisconsin	5,649,703	646,635	11.45%

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

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the service area, 1,180 public school students (33.76%) are eligible for free/reduced price lunch out of 3,495 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch of 50.97% and lower than the Wisconsin statewide free/reduced price lunch of 41.91%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced Price Eligible	% of Free/Reduced Price Lunch Eligible
Service Area Estimates	3,495	1,180	33.76%
Jo Daviess County, IL	3,353	1,091	32.54%
Grant County, WI	7,007	2,891	41.29%
Lafayette County, WI	2,678	1,068	39.88%
Illinois	2,049,231	1,044,588	50.97%
Wisconsin	873,841	365,711	41.91%

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

FOOD INSECURITY RATE

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

Report Area	Total Population	Food Insecure Population, Total	Percent Food Insecure Population
Service Area Estimates	23,878	2,751	11.52%
Jo Daviess County, IL	22,602	2,570	11.37%
Grant County, WI	51,080	6,390	12.51%
Lafayette County, WI	16,841	1,760	10.45%
Illinois	12,882,135	1,755,180	13.62%
Wisconsin	5,741,713	714,000	12.43%

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

INCOME – PER CAPITA INCOME

The per capita income for the service area is \$29,513. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this service area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Service Area Estimates	23,461	\$692,415,492	\$29,513
Jo Daviess County, IL	22,427	\$661,072,768	\$29,476
Grant County, IL	51,272	\$1,145,593,856	\$22,343
Lafayette County, WI	16,847	\$410,567,808	\$24,370
Illinois	12,868,747	\$386,312,175,616	\$30,019
Wisconsin	5,724,692	\$159,757,680,640	\$27,906

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

INCOME – PUBLIC ASSISTANCE INCOME

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

Report Area	Total Households	Households With Public Assistance Income	Percent Households With Public Assistance Income
Service Area Estimates	9,904	78	0.79%
Jo Daviess County, IL	9,555	81	0.85%
Grant County, WI	19,472	314	1.61%
Lafayette County, WI	6,612	130	1.97%
Illinois	4,778,633	120,020	2.51%
Wisconsin	2,293,250	51,408	2.24%

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

INSURANCE – POPULATION RECEIVING MEDICAID

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

Report Area	Total Population For Whom Insurance Status is Determined	Population With Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Service Area Estimates	23,247	21,664	2,834	13.08%
Jo Daviess County, IL	22,264	20,607	2,709	13.15%
Grant County, WI	50,150	45,480	8,188	18.0%
Lafayette County, WI	16,748	14,736	2,455	16.66%
Illinois	12,690,056	11,126,169	2,282,641	20.52%
Wisconsin	5,649,703	5,159,942	988,556	19.16%

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

INSURANCE – UNINSURED ADULTS

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

Report Area	Total Population Age 18-64	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	13,167	11,072	84.09%	2,094	15.91%
Jo Daviess County, IL	12,494	11,090	88.76%	1,404	11.24%
Grant County, WI	28,835	25,429	88.19%	3,406	11.81%
Lafayette County, WI	9,844	8,466	86.0%	1,378	14.0%
Illinois	7,910,376	6,800,762	85.97%	1,109,614	14.03%
Wisconsin	3,485,151	3,132,934	89.89%	352,217	10.11%

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

INSURANCE – UNINSURED CHILDREN

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

Report Area	Total Population Under Age 19	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	4,915	4,640	94.41%	276	5.61%
Jo Daviess County, IL	4,486	4,271	95.21%	215	4.79%
Grant County, WI	10,803	10,039	92.93%	764	7.07%
Lafayette County, WI	4,302	3,807	88.49%	495	11.51%
Illinois	3,099,273	2,983,260	96.26%	116,013	3.74%
Wisconsin	1,338,933	1,278,131	95.46%	60,802	4.54%

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

POPULATION RECEIVING SNAP BENEFITS

This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Households	Households Receiving SNAP Benefits	% Households Receiving SNAP Benefits
Service Area Estimates	9,904	582	5.88%
Jo Daviess County, IL	9,555	562	5.88%
Grant County, WI	19,472	1,925	9.89%
Lafayette County, WI	6,612	670	10.13%
Illinois	4,778,633	599,455	12.54%
Wisconsin	2,293,250	290,441	12.67%

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

POPULATION WITH LOW FOOD ACCESS

The indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population	Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	23,954	4,119	17.2%
Jo Daviess County, IL	22,678	4,411	19.45%
Grant County, WI	51,208	8,427	16.46%
Lafayette County, WI	16,836	2,590	15.38%
Illinois	12,830,632	2,623,048	20.44%
Wisconsin	5,686,986	1,317,596	23.17%

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

LOW INCOME POPULATION WITH LOW FOOD ACCESS

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

Report Area	Total Population	Low Income Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	23,954	939	3.92%
Jo Daviess County, IL	22,678	1,001	4.41%
Grant County, WI	51,208	2,714	5.30%
Lafayette County, WI	16,836	702	4.17%
Illinois	12,830,632	584,658	4.56%
Wisconsin	5,686,986	301,930	5.31%

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

UNEMPLOYMENT RATE

Total unemployment in the service area for August 2016 was 671 or 5.4% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	12,545	11,874	671	5.4%
Jo Daviess County, IL	11,746	11,086	660	5.6%
Grant County, WI	28,343	27,260	1,083	3.8%
Lafayette County, WI	9,692	9,399	293	3.0%
Illinois	6,592,749	6,224,159	368,590	5.6%
Wisconsin	3,109,874	2,990,899	118,975	3.8%

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

GROCERY STORE ACCESS

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate Per 100,000 Population
Service Area Estimates	23,955	4	16.70%
Jo Daviess County, IL	22,678	4	17.64
Grant County, WI	51,208	11	21.48
Lafayette County, WI	16,836	6	35.64
Illinois	12,830,632	2,850	22.2
Wisconsin	5,686,986	1,027	18.1

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

RECREATION AND FITNESS FACILITY ACCESS

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other health behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Service Area Estimates	23,955	1	4.17
Jo Daviess County, IL	22,678	1	4.41
Grant County, WI	51,069	26	50.9
Lafayette County, WI	16,766	4	23.9
Illinois	12,882,135	10,428	80.9
Wisconsin	5,742,713	4,706	81.9

Data Source: Community Commons

ACCESS TO DENTISTS

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Population
Service Area Estimates	23,699	9	38.00
Jo Daviess County, IL	22,407	9	40.2
Grant County, WI	51,069	16	31.3
Lafayette County, WI	16,766	5	29.8
Illinois	12,882,135	8,865	68.8
Wisconsin	5,742,713	3,522	61.3

Data Source: Community Commons

ACCESS TO MENTAL HEALTH PROVIDERS

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

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per X persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Service Area Estimates	No data	No data	No data	No data
Jo Daviess County, IL	22,252	10	2,225.2	44.9
Grant County, WI	51,830	49	1,057.8	94.5
Lafayette County, WI	16,853	28	601.9	166.1
Illinois	12,806,917	23,090	554.7	180.2
Wisconsin	5,745,786	9,813	585.5	170.7

Data Source: Community Commons

DENTAL CARE UTILIZATION

This indicator reports the percentage of adults aged 18 and over who self-report that they have not visited a dentist, dental hygienist, or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population Age 18+	Total Adults Without Recent Dental Exam	Percent Adults With No Dental Exam
Service Area Estimates	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	18,034	5,397	29.9%
Grant County, WI	39,899	13,015	32.6%
Lafayette County, WI	12,431	4,016	32.3%
Illinois	9,654,603	2,981,670	30.9%
Wisconsin	4,326,412	1,086,059	25.1%

Data Source: Community Commons

PREVENTABLE HOSPITAL EVENTS

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

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Hospital Discharge Rate
Service Area Estimates	4,995	244	48.94
Jo Daviess County, IL	4,599	223	48.5
Grant County, WI	8,189	417	50.9
Lafayette County, WI	2,276	145	64.1
Illinois	1,420,984	92,604	65.2
Wisconsin	547,961	27,710	50.6

Data Source: Community Commons

Overall, the service area of Midwest Medical Center is similarly to slightly better positioned in many key economic and other demographic indicators when compared not only to state and federal measures but also to the overall data from the counties touched.

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

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, met with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

Internal

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

- The project was overseen at the operational level by the 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 CEO 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 external steps included:

- The CEO secured the participation of a diverse group representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of the county health department serving the great majority of the area served by the hospital.

III. DEFINING THE PURPOSE AND SCOPE

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, and 2) identify resources and assets available to support initiatives to address the health priorities identified.

IV. DATA COLLECTION AND ANALYSIS

The overarching framework used to guide the CHNA planning and implementation is consistent with the Catholic Health Association's (CHA) Community Commons CHNA flow chart shown below:



DESCRIPTION OF DATA SOURCES

Quantitative

The following quantitative sources were reviewed for health information:

Source and Description

Behavioral Risk Factor Surveillance System – *The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Centers for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.*

US Census – *National census data is collected by the US Census Bureau every 10 years.*

Centers for Disease Control and Prevention – *Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.*

County Health Rankings – *Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.*

Community Commons – *Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.*

Illinois Department of Employment Security – *The IDES is the state's employment agency. It collects and analyzes employment information.*

National Cancer Institute – *The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.*

Illinois Department of Public Health – *The IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.*

HRSA – *The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.*

Local IPLANs – *The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.*

Environmental Systems Research Institute – *ESRI is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined, level.*

Illinois State Board of Education – *The ISBE administers public education in the state of Illinois. Each year, it releases school 'report cards' which analyze the make-up, needs, and performance of local schools.*

U.S. Department of Agriculture – *USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.*

SECONDARY DATA DISCUSSION

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

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The *Rankings*, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (*County Health Rankings and Roadmaps, 2016*)

Jo Daviess County is ranked 5th out of 102 Illinois counties in the *Rankings for Health Outcomes*, released in April 2016. Grant County is ranked 37th out of the 72 Wisconsin counties in the *Rankings*, released in April 2016.

HEALTH RANKING OBSERVATIONS

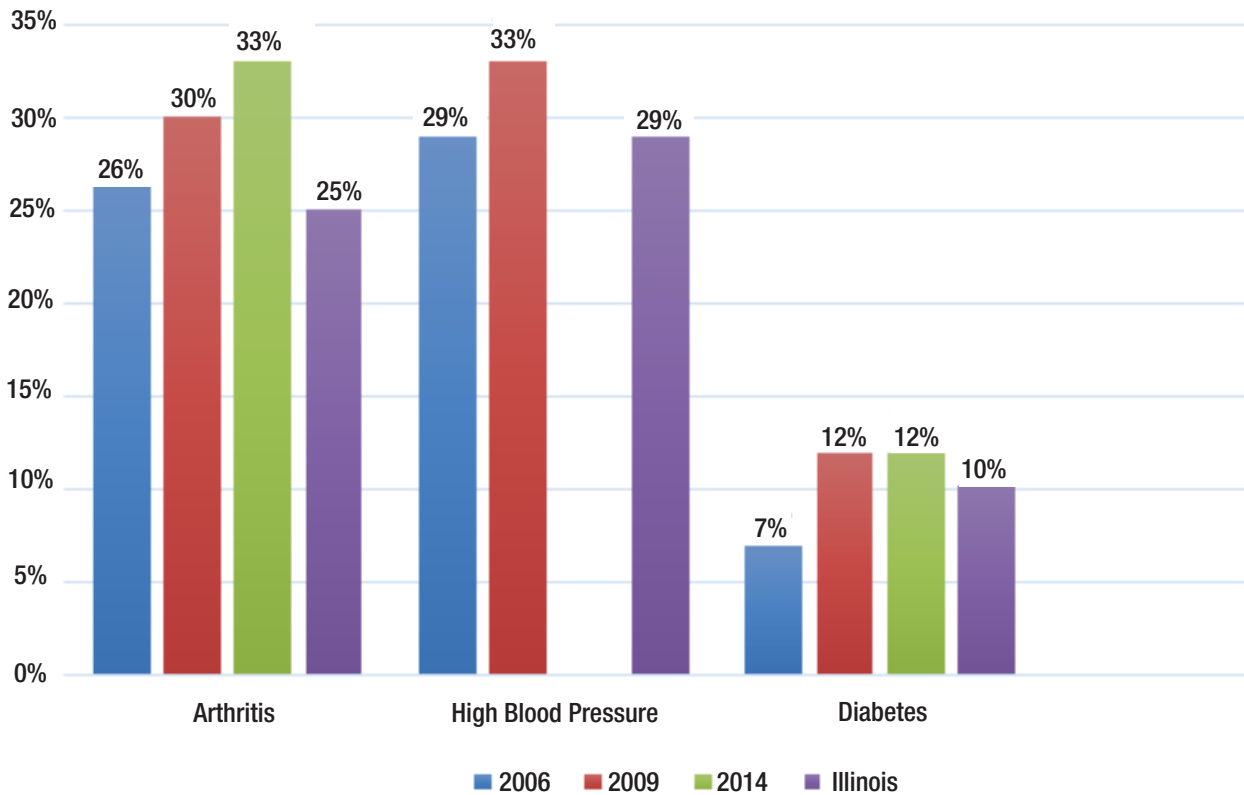
Table 1. Health Ranking Observations for Jo Daviess County, IL, and Grant County, WI

Observation	Jo Daviess County, IL	Illinois	Grant County, WI	Wisconsin
Adults reporting poor or fair health	12%	17%	13%	15%
Adults reporting no leisure time physical activity	28%	22%	23%	22%
Adult obesity	29%	27%	30%	29%
Children under age 18 living in poverty	16%	20%	19%	18%
Uninsured	13%	15%	12%	11%
Teen birth rate (ages 15-19)	22/1,000	33/1,000	14/1,000	26/1,000
Alcohol-impaired driving deaths	36%	36%	33%	38%
Unemployment	6.2%	7.1%	4.8%	5.5%

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

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

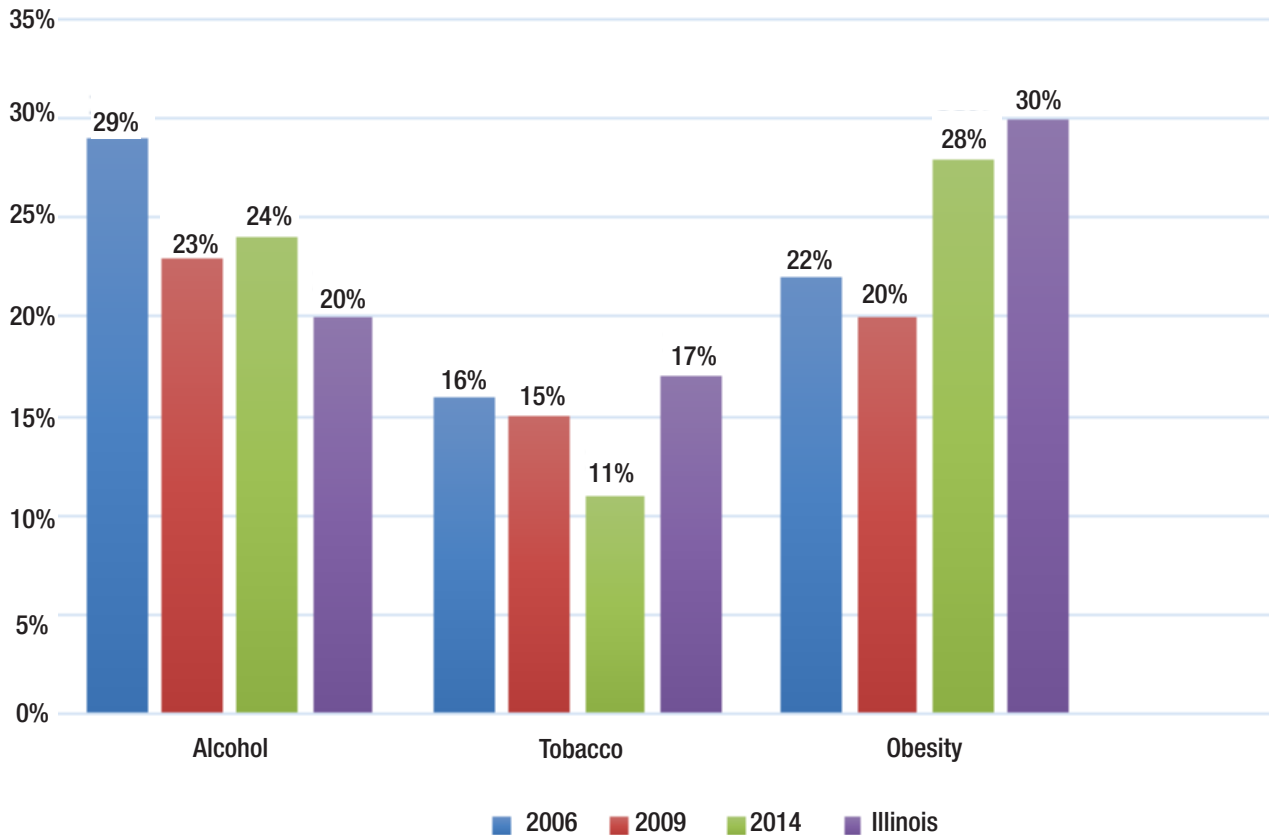
Table 2. Diagnosed Disease Factors – Jo Daviess County



IBFRSS, 2016 Report

Diagnosis of arthritis is above the state level and has increased over the recent past. Diagnosis of high blood pressure was equal to the state level in 2006 and increased over the state level in 2009. Data for high blood pressure in 2014 was not available. Diagnosis of diabetes was below the state level in 2006 and increased over the state level in 2009 and 2014.

Table 3. Health Risk Factors – Jo Daviess County



IBFRSS, 2016 Report

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

ADDITIONAL DIAGNOSED DISEASE FACTORS (Jo Daviess County)

Disease Factor	Jo Daviess County, 2014	Illinois, 2014
COPD	4.6%	5.8%
Kidney disease	1.5%	2.6%
Skin cancer	8.6%	4.2%
Other cancer	9.7%	5.4%

IBFRSS, 2016 Report

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

TEEN BIRTHS

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

Report Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Birth Rate (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	592	13	22.03
Grant County, WI	2,055	31	15.08
Lafayette County, WI	567	10	17.64
Illinois	448,356	15,692	35.0
Wisconsin	194,406	5,346	27.5

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

LOW BIRTH WEIGHT

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

Report Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Birth Rate, Percentage (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
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%

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

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute lists Jo Daviess County, IL, at a Level 8 for all cancers, which means that the cancer rate is similar to the U.S. rate and is falling over the recent past. The State Cancer Profiles compiled by the National Cancer Institute lists Grant County, WI, at Level 6 for all cancers, which means that the cancer rate overall is similar to the U.S. rate and is stable over the recent past. This is confirmed by the local cancer data set out on pages below.

Cancer Incidence – Breast

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

Report Area	Female Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	1,830	19	103.8
Grant County, WI	2,965	32	107.9
Lafayette County, WI	1,081	11	101.7
Illinois	732,106	9,349	127.7
Wisconsin	335,111	4,209	125.5

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

Cancer Incidence – Colon and Rectum

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

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	3,496	15	42.9
Grant County, WI	6,220	26	41.8
Lafayette County, WI	2,093	9	43
Illinois	1,359,829	6,364	46.8
Wisconsin	645,679	2,615	40.5

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

Cancer Incidence – Lung

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

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	3,689	19	51.5
Grant County, WI	6,335	34	53.5
Lafayette County, WI	2,135	11	51.5
Illinois	1,346,397	9,344	69.4
Wisconsin	644,570	3,977	61.7

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

Cancer Incidence – Prostate

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

Report Area	Total Male Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	1,805	24	132.9
Grant County, WI	2,955	37	125.2
Lafayette, WI	993	12	120.8
Illinois	631,965	8,778	138.9
Wisconsin	312,422	4,049	129.6

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

MORTALITY

Mortality – Cancer

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,606	62	274.3	167.6
Grant County, WI	51,098	108	211.4	168.4
Lafayette County, WI	16,824	36	214.0	167.2
Illinois	12,850,811	24,263	188.8	176.5
Wisconsin	5,707,426	11,268	197.7	170.1

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

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

Mortality – Heart Disease

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,606	54	239.76	145.3
Grant County, WI	51,098	106	207.05	155.3
Lafayette County, WI	16,824	36	211.6	162.7
Illinois	12,850,811	24,877	193.58	177.4
Wisconsin	5,707,426	11,172	195.74	162.3

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

Mortality – Ischaemic Heart Disease

Within the service area, the rate of death due to ischaemic heart disease per 100,000 population is 103.4. This rate is greater than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,606	31	138	83.4
Grant County, WI	51,098	63	122.5	92.4
Lafayette County, WI	16,824	25	148.6	115.1
Illinois	12,850,811	14,927	116.2	106.5
Wisconsin	5,707,426	6,728	117.9	98.3

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

Cancer Incidence – Lung Disease

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,606	11	50.43	30.7
Grant County, WI	51,098	31	61.06	45.4
Lafayette County, WI	16,824	5	30.91	24.3
Illinois	12,850,811	5,353	41.65	39.5
Wisconsin	5,707,426	2,573	45.07	38.7

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

Mortality – Stroke

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,606	17	73.4	42.7
Grant County, WI	51,098	32	63.4	44.0
Lafayette County, WI	16,824	6	33.3	25.5
Illinois	12,850,811	5,322	41.4	38.2
Wisconsin	5,707,426	2,544	44.6	37.1

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

Mortality – Unintentional Injury

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,606	10	44.24	34.6
Grant County, WI	51,098	19	37.97	32.4
Lafayette County, WI	16,824	9	53.49	54.5
Illinois	12,850,811	4,225	32.87	31.9
Wisconsin	5,707,426	2,690	47.12	43.1

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

Mortality – Premature Death

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

Report Area	Total Population 2008-2010 Average	Total Premature Deaths	Total Years of Potential Life Lost 2008-2010 Average	Years of Potential Life Lost, Rate Per 100,000 Population
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	22,678	81	1,083	4,776
Grant County, WI	51,208	155	3,029	5,914
Lafayette County, WI	16,836	48	887	5,271
Illinois	12,830,632	43,349	809,525	6,309
Wisconsin	5,686,986	18,931	341,235	6,000

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

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate Per 1,000 Births
Service Area Estimates	Suppressed	Suppressed	Suppressed
Jo Daviess County, IL	1,085	5	4.7
Grant County, WI	2,920	12	4.1
Lafayette County, WI	1,050	6	5.8
Illinois	879,035	6,065	6.9
Wisconsin	357,880	2,290	6.4

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

MORTALITY – JO DAVIESS COUNTY

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

Disease Type	Jo Daviess County
Diseases of the Heart	46
Malignant Neoplasms	60
Lower Respiratory Systems	17
Cardiovascular Diseases (Stroke)	15
Accidents	14
Alzheimer's Disease	17
Diabetes Mellitus	5
Nephritis, Nephrotic Syndrome, and Nephrosis	2
Influenza and Pneumonia	8
Septicemia	0
Intentional Self-Harm (Suicide)	5
Chronic Liver Disease, Cirrhosis	1
All Other Causes	46
Total Deaths	236

IDPH, 2011 Data

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

QUALITATIVE SOURCES

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

No written comments were received concerning the hospital facility's most recently conducted CHNA nor on the most recently adopted implementation strategy. A method for retaining written public comments and responses exists, but none were received.

Data was also gathered representing the broad interests of the community.

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

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

CHNA Steering Committee Member and Area of Expertise

Jack Zane, Galena EMS
Katie Meusel, Director, Midwest Health Clinic
Megan Kaiser, Administrator, Elizabeth Nursing Home
Deb Hoppman, CNO, Midwest Medical Center
Jennifer Trebian, Administrator, Galena-Stauss Senior Care Community
Marie Wamsley, CFO, Midwest Medical Center
Kristen Patterson, HR Director, Midwest Medical Center
Tracy Bauer, CEO, Midwest Medical Center
Elizabeth Kane, Public Health Administrator, Jo Daviess County Health Department
Carter Newton, Owner, The Galena Gazette
Helen Kilgore, Board Member, Midwest Medical Center

Others providing input included through the focus groups included:

Beth Gullone, MD, Midwest Health Clinic
Greg Harmston, MD, Midwest Health Clinic of Elizabeth
Jennifer Aurand, PsyD, FHN Family Counseling Center
Keith Shaw, MD, Dubuque Surgery
Ralph Losey, MD, CMO, Midwest Medical Center
Marilyn Reed, DON, Galena-Stauss Community Care Center
Gail Gabbert, D.Min., LMFT, CRADC, Psychotherapist and Substance Abuse, Galena Clinic

Greg Herbst, Superintendent, Counselor, Galena Unity School District #120
Hesper Nowatzki, NP, United Healthcare
Jen Berning, Physical Therapy Director, Midwest Medical Center
Joel Holland, CEO, Apple River State Bank/First Community Bank of Galena
Catherine Miller, CADS, Substance Abuse Counselor, Galena Clinic
Kathy Oberbroeckling, Executive Director, Galena Area Chamber of Commerce
Kevin Turner, Sheriff, Jo Daviess County
Lisa McCarthy, Executive Director, Tri-County Economic Development Alliance
Mark Moran, Administrator, City of Galena

FOCUS GROUP – MMC COMMUNITY LEADERS AND PARTNERS

Two focus groups were convened at Midwest Medical Center on July 17, 2016. The Community Leaders and Partners Group met first and was asked to report any positive changes they have observed in the service area of Midwest Medical Center in the delivery of healthcare and services over the past three years. They responded with the following:

- Better collaboration among EMS providers and the hospital
- Electronic record among first responders and law enforcement
- On board computer services for ambulances
- ER Staff at Midwest Medical Center is fantastic
- Midwest Medical Center has expanded its number of specialists
 - Ophthalmology
 - Clinic services
 - ENT
- Narcan availability
- Expansion of youth wellness and fitness at MMC's fitness center
- Prairie Ridge, 50 independent living units and 14-bed memory care units
- Economic development has growth
- Midwest Medical Center helped develop new concussion protocols in area schools and is providing trainers at school athletic events
- New clinic in Elizabeth
- Home healthcare has expanded
- Expanded home health physical therapy services to cover entire county
- Community-wide collaboration to meet needs
- New psychiatrists at Galena Clinic
- Narcan distribution to addicts in recovery
- Electronic medical records at hospital
- Expanded walking trail and work-out stations in Galena

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Memory Care Unit
- Expansion of private rooms for senior care, nursing homes
- Coordinated community efforts for services for offenders
- Better information and assistance about insurance, Medicare, Medicaid, and accessing healthcare
- Better promotion of schools and health care to further community development
- Overcoming out-migration of young adults
- Mental illness
 - Reduce stigma and increase knowledge
- Cancer
 - Prostate
 - Breast
 - Lung
 - Colorectal
- Local services for seniors
- Obesity
- Local WIC services
- Transportation needs flexibility
 - Limited wheel chair accessibility
 - Limited hours, weekdays only
 - Limited unscheduled or short notice
- Collaborative education effort around local health services
- Overcome “small hospital” view of Midwest Medical Center
- Information that EMS can share with callers not needing transport
- More volunteers for local EMS
- Improved access to inpatient mental health and substance issues
- More nurses
- Substance abuse
 - Alcohol
 - Opioids and opiates, including prescription drugs and heroin
 - Cocaine
 - Methamphetamines
- Substance coalition
- Services and outreach to Lesbian, Gay, Bisexual, Transgender (LGBT) community

FOCUS GROUP – MMC MEDICAL PROFESSIONALS AND PARTNERS

The Medical Professionals and Partners Group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- Increasing comfort level with technology for care, including telepsychiatry
- New family practice clinic and doctor in Elizabeth
- Additional specialty physicians
- Increased awareness around fitness and wellness
- Outreach to schools with athletic trainers from Midwest Medical Center
- Increased wellness education from MMC

- Physical therapy services have expanded outreach with nursing homes and assisted living centers
- MMC staff involvement in community
- Improved collaboration and communication with emergency preparedness partners

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Non-emergency transportation
 - Wheelchair access
- Transportation for psychiatric patients to inpatient care
- Nursing
- Improved services to senior housing, transportation, access to food, and assistance at home
- Services for seniors who are underfunded but don't qualify for assistance
- Memory care, secure memory care
- Additional specialists
 - Cardiology
 - Dermatology
 - Urology
- More home healthcare
- Assisting with navigation of insurance and access to local services
- Private rooms at nursing home
- Continued access to free and reduced labs for patients who have financial difficulty
- Volunteers, especially EMS
- Access in deep rural areas
 - Deteriorating infrastructure – washed out bridges have not been replaced
- Easy link to tertiary care facilities
- Poverty
- Senior education, services, dementia, palliative care, respite care, and family education
- Coordinated efforts regarding primary prevention
 - Psychiatrists (not necessarily for low income)
 - Counselors (not necessarily for low income)
 - Inpatient beds
 - Telepsychiatry
- Recruiting healthcare professionals
- Substances
 - Alcohol
 - Methamphetamines
 - Prescription abuse by patients, including patients selling and sharing prescription drugs

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

As part of the identification and prioritization of health needs, the CHNA Steering Committee met on July 27, 2016 and considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs. The identification and prioritization group was made up of the steering committee members including the Administrator of the Jo Daviess County Health Department.

As an outcome of the prioritization process, discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for consideration for the Implementation Strategy.

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The Steering Committee met on the afternoon of July 27, 2016 to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant, which included information from the Community Commons, Illinois Department of Public Health, Illinois Youth Survey, *County Health Rankings and Roadmaps*, National Cancer Institute, and other resources.

1. MENTAL HEALTH

The group identified and prioritized as most pressing, community needs as they related to mental health, led by the need to increase access to providers. The group also felt that there existed a significant need for better resources for addressing depression and exploring recent anecdotal reports of increased suicides. They also identified the need for increased local access for memory care. These issues were raised in the focus groups and supported by the secondary data.

2. WELLNESS

The group identified six significant needs related to wellness, including:

- The need to address obesity at all ages
- The need to address diabetes
- Better access to groceries, especially fresh vegetables, fruit, and healthy foods
- Increased access to reasonably available opportunities for recreation and exercise, especially for adults
- Information, especially for seniors and underinsured and uninsured residents, about local health services and healthcare coverage options and how to access both. There was also a particular need expressed for availability of local service information for sharing among providers, including EMS.
- Increasing care and quality of life for the homebound

3. SUBSTANCE ABUSE

Improved substance abuse education and prevention with community involvement and support was also identified as a significant need along with increased attention particularly for youth alcohol use, adult alcohol abuse, abuse of prescription drugs, and use of heroin. A related need was advanced calling for improved awareness of available resources for persons and families facing substance abuse. These issues emerged from both focus groups and secondary data.

4. MAINTAINING VOLUNTEERS AND FAMILY INVOLVEMENT IN HEALTH IMPROVEMENT

The steering group identified an overarching need calling for improving awareness of roles and responsibility for health maintenance and improvement in the community in general. The concerns focus on a growing difficulty with volunteerism in the community and family responsibility for health and wellness of family members. Specific issues focused on recruiting volunteers for EMS programs and other undertakings. There was also concern over a seemingly broad lack of understanding among families of concepts of personal responsibility for health of self and family, including issues related to other identified needs such as nutrition, exercise, and substance abuse prevention. The group also expressed concern over out-migration of young adults and the related impact to creating and sustaining investment in the community overall and specifically the provision of future healthcare professionals. These issues emerged from the discussions in the focus groups, and the steering committee felt the need to acknowledge them and begin to attempt to address them.

5. TRANSPORTATION

Finally, a significant need was identified around concern over the ability of local public transportation services to meet the non-emergency medical needs of the population. There was discussion about improving public transportation to make it more flexible overall and specifically to improve access to medical appointments and other services for seniors and persons without access to personal transportation.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH MIDWEST MEDICAL CENTER

- Emergency care
- Convenient Care
- Inpatient services
 - o Swing bed
 - o On-site, inpatient pharmacy
 - o Physical therapy program
- Imaging
 - o Bone densitometry
 - o Computed Tomography (CT or CAT Scan)
 - o Digital mammography
 - o Echocardiology
 - o MRI
 - o Ultrasound
 - o X-ray
- Laboratory
 - o In-house testing available in the following areas
 - Blood bank
 - Blood gases
 - Chemistry
 - Coagulation
 - Hematology
 - Microbiology
 - Special chemistry
- Rehabilitation services
 - o 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
 - o Specialized treatment
 - Custom shoe orthotics
 - Graston Technique
 - Incontinence program
 - Kinesio taping
 - o Athletic training
- Surgery
 - o Colonoscopy
 - o EGD (esophagogastroduodenoscopy)
 - o 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
- o General surgery
 - Laparoscopic cholecystectomy (gall bladder removal)
 - Hernia repair
- o Ophthalmology
 - Cataract surgery
- o Orthopedic surgery
 - Knee arthroscopy
 - Carpal tunnel release
- o Otolaryngology (ear, nose, and throat)
 - Adult and pediatric ear tubes
 - Adult and pediatric tonsillectomy and adenoidectomy
- o Podiatry surgery
 - Bunions
 - Hammer toe repair
- Fitness Center
 - o Fitness assessment and evaluation
 - o Individualized fitness program design
 - o Indoor cycling
 - o Sports training
 - o Group fitness classes
 - o Yoga and pilates classes
 - o In-depth individual and group involvement
 - o Cardiopulmonary rehabilitation
- Senior Services
 - o Adult day care
 - o Galena-Stauss Nursing Care Center
 - o Galena-Stauss Assisted Living
- Midwest Health Clinic, Galena, and Midwest Health Clinic, Elizabeth
 - o Services
 - Acute injury evaluation and referrals
 - Cold and flu care
 - Pap smears
 - Dermatology and lesion biopsies
 - Diabetes management
 - Flu shots
 - Fracture care and cast placement
 - Geriatric medicine
 - Healthcare maintenance
 - Hospital medicine
 - Implanon placement
 - IUD placement
 - Joint injections
 - Laceration repair

COMMUNITY ORGANIZATIONS, HEALTH PARTNERS, AND GOVERNMENT AGENCIES

Organizations identified through the process that were current or potential partners for addressing health needs and related issues include:

- Jo Daviess County Health Department
- Jo Daviess County Sheriff
- Tri-County Economic Development Alliance
- Elizabeth Nursing Home
- FHN Family Counseling Services
- Galena EMS
- Jo Daviess County Transit
- City of Galena
- Galena Area Chamber of Commerce
- Senior Resource Center
- Local school districts
- Galena Clinic

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

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

TOP PRIORITY CHNA ITEMS	PROGRESSION
1. 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 operational 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.
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 provides meeting space to Alcoholics Anonymous on a weekly basis. MMC also 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 patients that need assistance with 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.

IX. DOCUMENTING AND COMMUNICATING RESULTS

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

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

Approval

The Community Health Needs Assessment of Midwest Medical Center was approved by the Midwest Medical Center Board of Directors on the ____ day of _____, 2016.

X. REFERENCES

- *County Health Rankings, 2016*
- *Community Commons, 2016*
- Illinois Department of Employment Security, 2016
- National Cancer Institute, 2015 (data through 2011)
- Illinois Department of Public Health, 2016
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2016
- Illinois Public Health Department, IPLAN
- ESRI, 2016
- Illinois State Board of Education, Illinois Report Card, 2015-16
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.

IMPLEMENTATION STRATEGY

IMPLEMENTATION STRATEGY

The Implementation Strategy was developed on August 2, 2016 through a facilitated meeting involving key administrative staff at Midwest Medical Center, including:

- **Deb Hoppman**, CNO, Midwest Medical Center
- **Marie Wamsley**, CFO, Midwest Medical Center
- **Kristen Patterson**, HR Director, Midwest Medical Center
- **Tracy Bauer**, CEO, Midwest Medical Center
- **Jennifer Trebian**, Administrator, Midwest Medical Center

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

The group then considered each of the prioritized needs. For each of the six 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.

Process by which needs will be addressed:

1. MENTAL HEALTH

The group identified – and prioritized as most pressing – needs as they related to mental health, led by the need to increase access to providers. The group also felt that there existed a significant need for better resources for addressing depression and exploring recent anecdotal reports of increased suicides. They also identified the need for increased local access for memory care. These issues were raised in the focus groups and supported by the secondary data.

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

- Explore collaborating with the telepsychiatry program at Freeport Health Network (FHN) to increase access to mental healthcare at Midwest Medical Center, including emergency room services
- Create resource referral information and materials for depression care and suicide
- Explore sponsoring mental health first aid education to schools, parents, and others in the community
- Monitor needs for additional memory care after Prairie Ridge of Galena opens an expected 14 memory care units in 2017, and determine additional memory care needs and possible solutions at that time

Anticipated impact of these actions:

- Increased access to immediate mental healthcare
- Decreased need for transport for mental healthcare to other facilities
- Increase community awareness and knowledge of mental health issues

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

- Administration
- Emergency room
- School nurse
- Galena-Stauss Senior Care

Planned collaboration between the hospital and other facilities or organizations:

- Freeport Health Network (FHN)
- Prairie Ridge of Galena
- Schools

2. WELLNESS

The group identified six significant needs related to wellness, including:

- The need to address obesity at all ages
- The need to address diabetes
- Better access to groceries, especially fresh vegetables, fruit, and healthy foods
- Increased access to reasonably available opportunities for recreation and exercise, especially for adults
- Information, especially for seniors and underinsured and uninsured residents, about local health services and healthcare coverage options and how to access both. There was also a particular need expressed for availability of local service information for sharing among providers, including EMS.
- Increasing care and quality of life for the homebound

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

- Explore creating a walking trail around the Midwest Medical Center grounds
- Explore continuing the sidewalk from the city limits to the Midwest Medical Center
- Expand fitness classes and nutrition education at the Midwest Medical Center
- Explore expansion of physical therapy space
- Explore a hospital garden to provide fresh fruit and vegetables for low income residents
- Develop an information packet on local healthcare services for use by local Emergency Medical Services and others

Anticipated impact of these actions:

- Increased community education and programs aimed at preventing chronic illness
- Increased opportunities for recreation and exercise
- Increased nutrition education
- Increased access to healthy foods
- Increased information for accessing local health services for homebound, underinsured, and uninsured and others

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

- Administration
- Dietary
- Employee Activity Committee
- Physical therapy staff
- Fitness staff

Planned collaboration between the hospital and other facilities or organizations:

- City of Galena
- Jo Daviess Senior Resource Center
- Jo Daviess County Transit
- Emergency Medical Services providers

3. SUBSTANCE ABUSE

Improved substance abuse education and prevention with community involvement and support was also identified as a significant need along with increased attention particularly for youth alcohol use, adult alcohol abuse, abuse of prescription drugs and use of heroin. A related need was advanced calling for improved awareness of available resources for persons and families facing substance abuse. These issues emerged from both focus groups and secondary data.

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

- Support the establishment of a local substance abuse prevention coalition
- Provide education on substance impacts and potential harms
- Provide community education on local substance abuse access issues
- Explore Narcan training and availability

Anticipated impact of these actions:

- Increased community awareness of local substance abuse issues
- Increased education about substance abuse
- Decreased use, over time, of substances in the community
- Assure local availability of Narcan

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

- Administration
- Pharmacy

Planned collaboration between the hospital and other facilities or organizations:

- Law enforcement
- Jo Daviess Health Department
- Emergency Medical Services
- Galena Clinic
- FHN
- Schools
- Other healthcare providers
- Community groups
- Parents
- Churches
- Other interested persons and organizations

4. MAINTAINING VOLUNTEERS AND FAMILY INVOLVEMENT IN HEALTH IMPROVEMENT

The steering group identified an overarching need calling for improving awareness of roles and responsibility for health maintenance and improvement in the community in general. The concerns focus on a growing difficulty with volunteerism in the community and family responsibility for health and wellness of family members. Specific issues focused on recruiting volunteers for EMS programs and other undertakings. There was also concern over a seemingly broad lack of understanding among families of concepts of personal responsibility for health of self and family, including issues related to other identified needs such as nutrition, exercise, and substance abuse prevention. The group also expressed concern over out-migration of young adults and the related impact to creating and sustaining investment in the community overall and specifically the provision of future healthcare professionals. These issues emerged from the discussions in the focus groups, and the steering committee felt the need to acknowledge them and begin to attempt to address them.

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

Midwest Medical Center recognizes the important community-wide needs for volunteers and works to avoid out-migration of young adults. The hospital is aware that the Chamber of Commerce and others are attempting to develop approaches to these issues. Rather than duplicate or risk supplanting the work of others, Midwest Medical Center will support those efforts, to the extent it is reasonable, utilizing its expertise and role in the community. In addition, Midwest Medical Center will take the following steps to address this concern:

- Explore providing a local training location for EMS volunteer training
- Explore developing a local trainer for EMS volunteers
- Explore providing scholarships for local EMS volunteer trainees
- Continue the Midwest Medical Center's in-house volunteer program to encourage employees to become involved in community volunteer roles

Anticipated impact of these actions:

- Increase the local Emergency Medical Services volunteer pool
- Increase employee support for local volunteer needs

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

- Administration
- Midwest Medical Center employees and volunteers

Planned collaboration between the hospital and other facilities or organizations:

- Emergency Medical Services
- Community groups

5. TRANSPORTATION

Finally, a significant need was identified around concern over the ability of local public transportation services to meet the non-emergency medical needs of the population. There was discussion about improving public transportation to make it more flexible overall and specifically to improve access to medical appointments and other services for seniors and persons without access to personal transportation.

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

- Explore obtaining a van for transportation to and from non-emergency medical appointments and healthcare-related services and, providing transportation for patients leaving the hospital
- Continue the emergency department patient fund to provide resources for patients needing to go home after an emergency room visit
- Encourage Jo Daviess Transportation to find ways to make local public transportation more flexible and assist those efforts as may be reasonable and appropriate.

Anticipated impact of these actions:

- Increased access to appointments and services, especially for seniors and low income and underinsured and uninsured community members
- Provide local transportation for patients from Midwest Medical Center

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

- Administration

Planned collaboration between the hospital and other facilities or organizations:

- Jo Daviess County Transit

Committed Resources

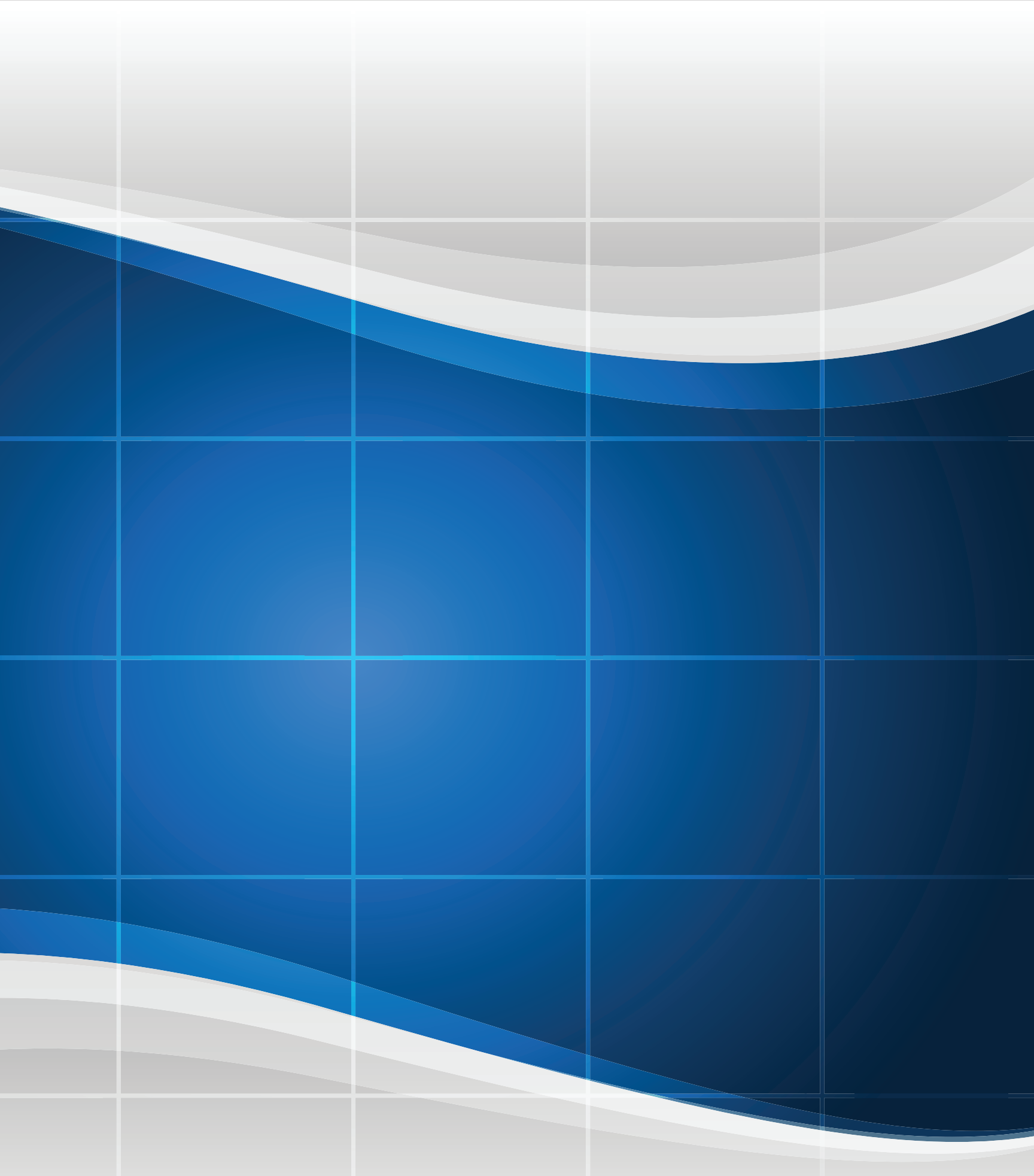
In addition to staff and facility resources, Midwest Medical Center has budgeted a percent increase in spending for discretionary community benefit activities that will help support this Implementation Strategy.

Approval

The Midwest Medical Center Board of Directors reviews on an annual basis the prior fiscal year's Community Benefit Role and approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment and other plans for community benefit.

This Implementation Strategy for the Community Needs Assessment of Midwest Medical Center was approved by the Midwest Medical Center Board of Directors on this ____ day of _____, 2016.

NOTES:



Community Health Needs Assessment | 2016

Midwest Medical Center | One Medical Center Drive | Galena, IL 61036 | 815.777.1340 | www.midwestmedicalcenter.org