



# Community Health Needs Assessment



# Kirby Medical Center

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## PROCESS

### Purpose

Kirby Medical Center is committed to progressive hospital, outpatient, and specialty services provided in a convenient and compassionate setting to those served, regardless of their ability to pay. In the past, Kirby 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 most of those hospitals, including Kirby Medical Center, to conduct a local Community Health Needs Assessment, following specific guidelines, every three years and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

Kirby Medical Center is committed to progressive hospital, outpatient, and specialty services.

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

### Scope of Assessment

Kirby 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 51 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. Kirby 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 Piatt County.



## Methodology and Gap Analysis

The Community Health Needs Assessment was conducted through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, a community development specialist and University of Illinois Extension educator, 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 health care professionals/partners, community officials, and community leaders and groups.

Potential information gaps may exist due to the absence of concentrations of poverty or other indicators of possible underserved populations in the primary service area of Kirby Medical Center, making it more difficult to identify the health concerns of those small and scattered underserved populations. This assessment has explored the insular needs of residents living in poverty by specifically seeking input from persons with knowledge of the specific health concerns of youth and adults in poverty in the community generally. Input was also sought from professionals within the community charged with advancing the health and education of the community and all its members, including school officials dealing with youth and families on a daily basis.

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 and federal sources, which are cited in text, was 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.





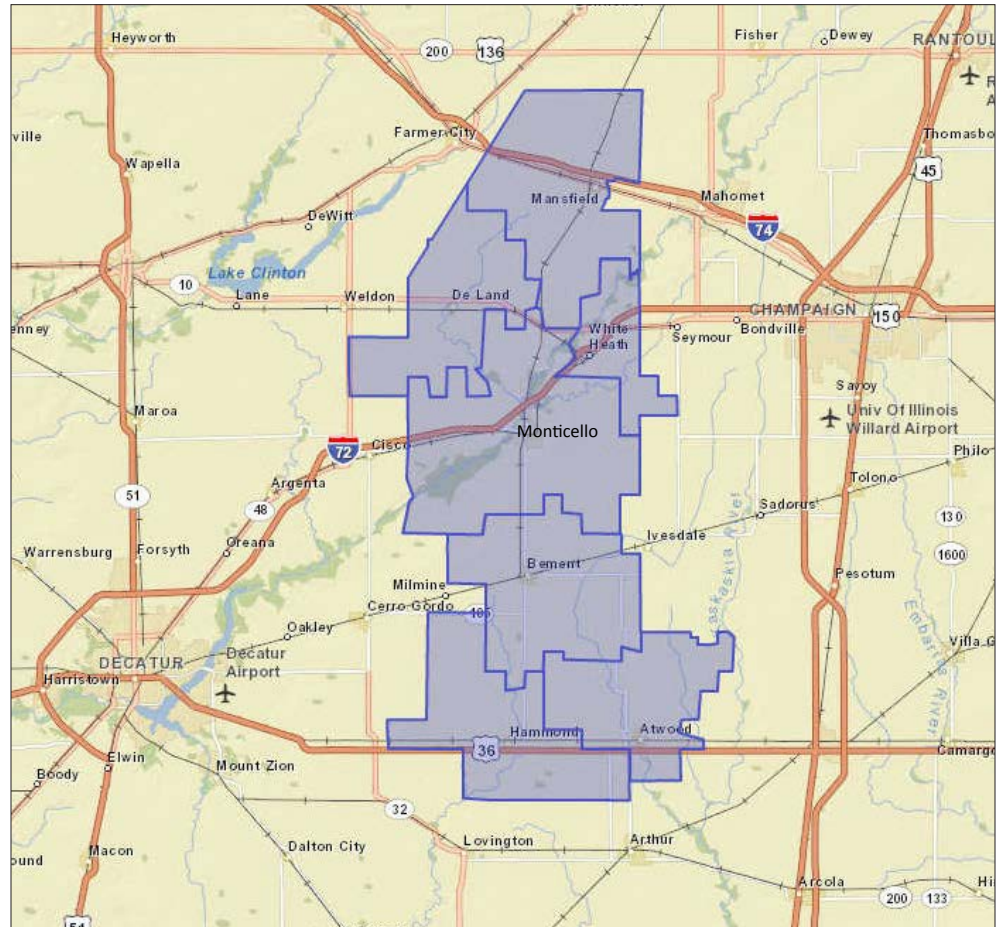
## COMMUNITY

### Geographic Assessment Area Defined

The Kirby Medical Center community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary hospital service area, which includes all or portions of the zip code service areas surrounding Monticello, Bement, Atwood, Hammond, White Heath, DeLand and Mansfield. This geographic area definition of community is well-suited to Kirby 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.

The Kirby Medical Center service community is nearly contiguous to Piatt County. Major medical centers in Champaign-Urbana, Bloomington, and Decatur receive patients from the service area.

Illustration 1. Kirby Medical Center Service Area



(ESRI - 2013)

*Kirby Medical Center is a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics, and specialty clinics to residents of a rural area.*



## Demographic Profile

The broad demographic profile of the Kirby 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 charts and data profile trends in the demographic environment surrounding the Kirby Medical Center service area.

**Table 1. Population by Race – Kirby Medical Center Service Area**

RACE and ETHNICITY	2012		2017	
	Number	Percent	Number	Percent
White	15,118	97.6%	14,906	96.8%
Black	85	0.5%	150	1.0%
American Indian	22	0.1%	24	0.2%
Asian	59	0.4%	74	0.5%
Pacific Islander	6	0.0%	7	0.0%
Other	41	0.3%	54	0.4%
Two or More Races	162	1.0%	189	1.2%
Hispanic Origin (any race)	199	1.3%	277	1.8%

(ESRI, 2013)

The race and ethnicity make-up of the service area indicates the numbers are typical of rural Illinois. There are no large changes in the profile projected over the next five years.

**Table 2. Demographic Trends 2012-2017 – Kirby Medical Center Svc Area**

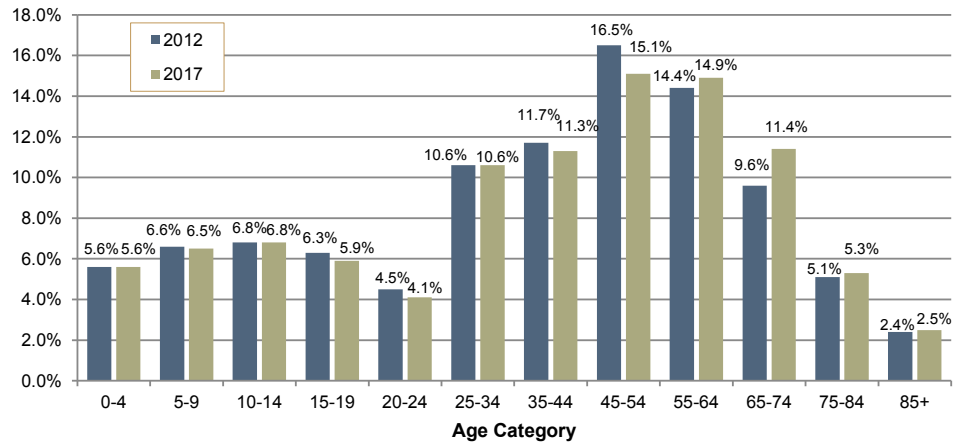
SUMMARY	2010	2012	2017
Population	15,427	15,493	15,404
Households	6,249	6,263	6,264
Families	4,436	4,426	4,402
Average Household Size	2.46	2.46	2.45
Owner Occupied Housing Units	5,054	5,020	5,037
Renter Occupied Housing Units	1,195	1,243	1,227
Median Age	42.8	43.4	44.3
TRENDS: 2011-2016 Annual Rate	AREA	U.S.	
Population	-0.12%	0.68%	
Households	0.00%	0.74%	
Families	-0.11%	0.72%	
Owner Households	0.07%	0.91%	
Median Household Income	2.63%	2.55%	

(ESRI, 2013)

The overall population of the service area is trending toward little change with expected related trends in most demographic categories. The median age is projected to continue to increase over the next five years to 44.3 years of age.



**Table 3. Population by Age – Kirby Medical Center Service Area**



(ESRI, 2013)

The Kirby Medical Center service area is projected to gain population distribution in all groupings over age 55 and experience a stable level in the 0–4, 10–14, and 25–34 age groups while experiencing modest declines in all other groups. This pattern is comparable to much of rural Illinois.

## Economic Profile

**Table 4. Household Income Profile – Kirby Medical Center Service Area**

HOUSEHOLDS BY INCOME	2012		2017	
	Number	Percent	Number	Percent
<\$15K	530	8.5%	496	7.9%
\$15K-\$24K	521	8.3%	392	6.3%
\$25K-\$34K	616	9.8%	455	7.3%
\$35K-\$49K	991	15.8%	856	13.7%
\$50K-\$74K	1,564	25.0%	1,497	23.9%
\$75K-\$99K	887	14.2%	1,197	19.1%
\$100K-\$149K	810	12.9%	950	15.2%
\$150K-\$199K	182	2.9%	237	3.8%
\$200K+	162	2.6%	184	2.9%

Median Household Income	\$55,278	\$62,942
Average Household Income	\$68,666	\$77,788
Per Capita Income	\$27,913	\$31,793

(ESRI, 2013)

Median household income for 2012 is forecast at \$55,278 in the Kirby Medical Center service area, compared to \$50,502 median income 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 \$62,942 in five years. 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 \$133,590, compared to a median home value of \$167,749 for the U.S. In five years, median value is projected to increase to \$146,520. (ESRI, 2013)

According to the Illinois Department of Employment Security, Local Employment Dynamics data, 149 new jobs were created in Piatt County during the fourth quarter of 2011. The average new jobs created over Q4-2011 and the prior three quarters was 202 jobs created. That is the most recent data reported for the county. The average Net Job Flow (jobs created – jobs lost) for the same period was 15. This was a typical number compared to many other rural Illinois counties. (IDES, May 2012)

Piatt County’s annual average unemployment rate for 2011 was 8.1%, compared to 9.8% annual average unemployment rate for Illinois and 8.9% annual average unemployment rate for the U.S. In November 2012, the monthly average unemployment rate was 6.5%, compared to 8.2% monthly average unemployment rate for Illinois and 7.4% monthly average unemployment rate for the U.S. (IDES, January, 2013)

**Table 5. Sales Tax Trends – Kirby Medical Center Service Area**

	<b>Monticello</b>	<b>Bement</b>	<b>Atwood</b>
<b>FY 2012</b>	\$1,001,585	\$65,303	\$70,412
<b>FY 2011</b>	\$1,019,194	\$47,544	\$86,467
<b>FY 2010</b>	\$ 888,845	\$47,890	\$64,377

**Table 6. Educational Attainment for Persons Over 25 – KMC Service Area**

In 2012, the educational attainment of the population aged 25 years or older in the area was distributed as follows:
13.1 percent had not earned a high school diploma
57.3 percent were high school graduates only
9.3 percent had completed an Associate’s degree
13.5 percent had a Bachelor’s degree
6.7 percent earned a Master’s/Professional/Doctorate degree

(ESRI, 2013)

The percent of post high school attainment in the service area is higher than for the United States overall for Associate’s degrees and lower than for the United States overall in the categories of Bachelor’s degree and graduate or professional degrees.



Low-income students are pupils age 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. The majority of the service area is included in four 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>
Atwood Hammond CUSD 39	24.4	45.8
Bement CUSD 5	25.9	44.0
DeLand-Weldon CUSD 57	25.1	46.4
Monticello CUSD 25	8.7	15.3

The population of low income students for the state of Illinois went from 36.7% low income students in 2000 to 49% low income students in 2012.

The Kirby Medical Center service area is experiencing recovering employment numbers and sales tax revenue overall. Numbers of children eligible for free or reduced lunch is increasing but still below the statewide trend. The service area is in a similar economic position to many rural communities in Illinois today. The city of Monticello, however, is in a better economic position generally than many rural communities.

**Table 7. Employment by Industry – Kirby Medical Center Service Area**

<b>CATEGORY</b>	<b>EMPLOYED</b>	<b>% OF WORKING POPULATION</b>
Health care and social assistance	1,250	16.3%
Manufacturing	1,106	14.4%
Educational services	885	11.5%
Retail trade	842	11.0%
Construction	603	7.9%
Accommodation and food services	498	6.5%
Agriculture, forestry, fishing, and hunting	323	4.2%
Transportation and warehousing	326	4.2%
Wholesale trade	306	4.0%
Public administration	261	3.4%
Finance and insurance	257	3.3%
Other services, except public administration	240	3.1%
Professional, scientific, and technical services	240	3.1%
Arts, entertainment, and recreation	162	2.1%
Information	109	1.4%
Utilities	91	1.2%
Administrative and support/waste management services	90	1.2%
Real estate and rental and leasing	69	0.9%
Management of companies and enterprises	19	0.2%
Mining, quarrying, and oil and gas extraction	0	0.0%

(ESRI, 2013)



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

The service area's social and economic picture is influenced by the fact that 95% of the land area in Platt County consists of farms, according to 2007 data from the USDA. Thirty-one percent of local farm operators work off-farm.

*(Atlas of Rural and Small Town America, 2011)*

Analysis of the 2010 U.S. Census data discloses an area — including much of Atwood — that has concentrations of adults without high school diplomas, which exceeds 30% of the population. A high percentage of persons below the poverty level and/or adults without high school diplomas are potential indicators of concentrations of underinsured and uninsured populations.

The Kirby Medical Center service area is marked by small communities relying primarily on small businesses and industries, agriculture, and service providers for its local employment. Residents travel for employment to the Champaign and Decatur areas.

The demographic/economic profile of the Kirby Medical Center service area overall is typical of many rural Midwestern 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

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside 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)*

Piatt County is ranked 20th out of the 102 Illinois counties in the Rankings released in April 2012:

<b>Condition</b>	<b>Piatt</b>	<b>Illinois</b>
Adults reporting poor or fair health	15.0%	16.0%
Adults reporting no leisure time physical activity	32.0%	25.0%
Adult obesity	29.0%	27.0%
Children under 18 living in poverty	10.0%	19.0%
Low birth weight	8.3%	8.4%
Motor vehicle crash death rate	19/100,000	11/100,000

*(County Health Rankings and Roadmaps, 2012)*

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.

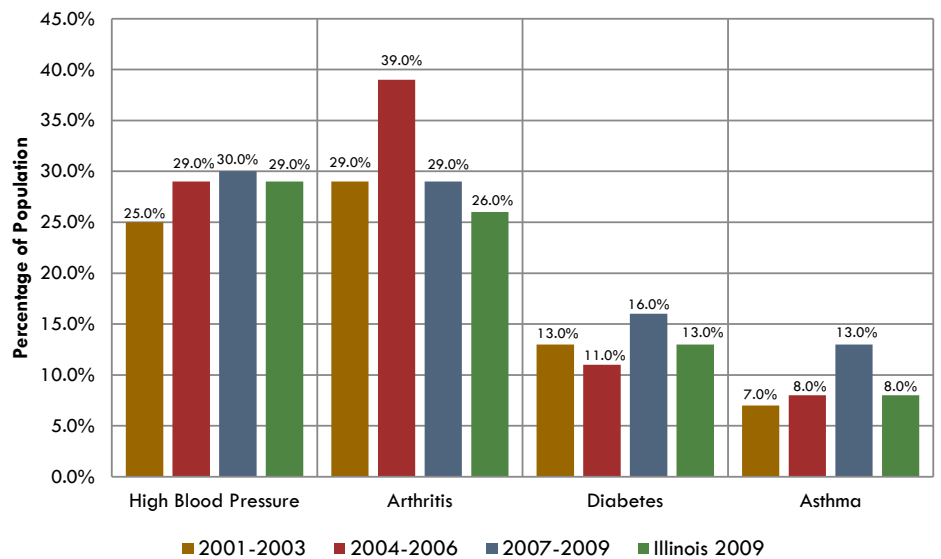


Secondary data reports and other resources were reviewed for this assessment in order to provide points of comparison for the primary facts and anecdotes offered through the primary information collection process. Those secondary sources included:

- Kaiser State Health Facts – The Kaiser Family Foundation
- Illinois County Health Rankings – Robert Woods 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, and the DeWitt/Piatt Bi-County Community Health Assessment and Plan
- County Health Rankings

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

**Table 8. Diagnosed Disease Factors — Piatt County**

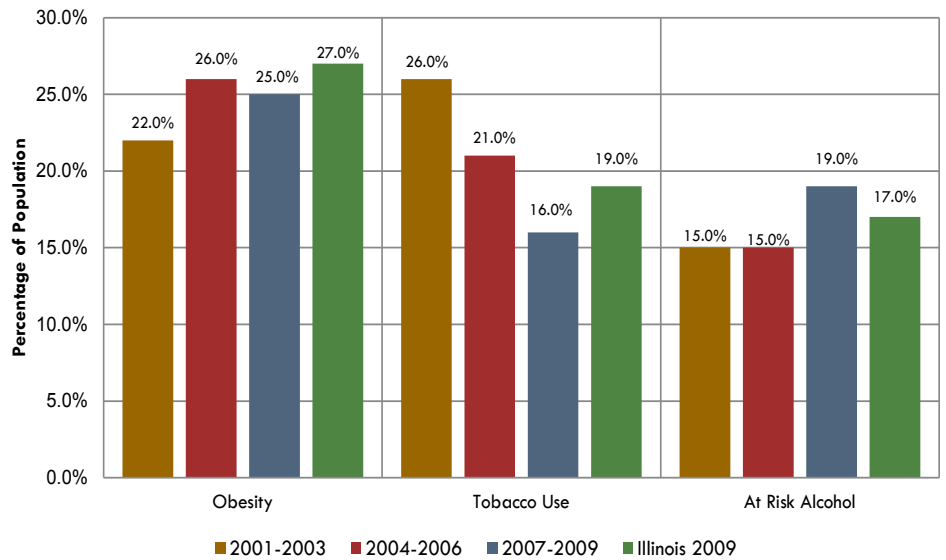


*(Illinois Behavioral Risk Factor Surveillance System, 2013)*





**Table 9. Health Risk Factors – Piatt County**



*(Illinois Behavioral Risk Factor Surveillance System, 2013)*

Since 2003, reports of diagnosis of high blood pressure and diabetes have risen slowly to exceed the state level, and reports of diagnosis of arthritis and asthma have varied but exceeded state levels in 2009. The percent of persons at risk for acute or binge drinking has risen to exceed the state level. Tobacco use has fallen steadily to below the state level. The rate of persons reporting obesity has varied in the IBRFSS but has risen to exceed state levels in 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 Piatt County, showing the causes of death within the county, is set out below.

<b>Disease Type</b>	<b># of Deaths</b>
Diseases of the heart	34
Malignant neoplasms	40
Cerebrovascular diseases	7
Lower respiratory diseases	8
Accidents	9
Alzheimer's disease	4
Diabetes mellitus	7
Influenza and pneumonia	6
Nephritis, nephrotic syndrome and nephrosis	2
Septicemia	0
Intentional self harm (suicide)	0
Chronic liver disease, cirrhosis	3
All other causes	47
<b>TOTAL DEATHS</b>	<b>167</b>



The mortality numbers are much as one would expect with cancer and diseases of the heart as the leading causes of death in the county.

The State Cancer Profiles compiled by the National Cancer Institute list Piatt County at Level 8 for all cancers, which means the cancer rate overall is similar to the U.S. rate and is falling over the recent past.

The DeWitt/Piatt Bi-County Health Department overlaps most of the Kirby Medical Center service area. The DPBHD is currently finalizing an IPLAN for DeWitt and Piatt counties. In 2008, the health department developed a comprehensive Community Health Assessment and Plan. The document focuses in part on the following conclusions:

- Tobacco related illness
- Access to care (emphasis on dental care)
- Disorders related to obesity and diet
- Chronic illness (emphasis on aging)
- Unintentional injury (emphasis on alcohol)

### Synthesized Secondary Data

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

Piatt County reports a higher percent of population diagnosed with arthritis, high blood pressure, asthma, and diabetes than state averages. Cancer and diseases of the heart are the two leading causes of death. Although cancer, in all forms is a leading cause of death, the cancer rate has been reported to be falling over recent years. Death from motor vehicle crashes is reported as being higher than the state-wide rate.

Adults reporting no leisure time physical activity and obesity exceed state levels. Adults at risk for alcohol abuse exceed the state percentage. Low birth weights are higher than many rural areas.

### Summary

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



## Primary Source Information

### Focus Group #1 – Officials

A focus group comprised of community leaders and group representatives met on January 14, 2013. The group included a member of the Piatt County Board, the Piatt County Sheriff, a Chamber of Commerce executive, and others.

The focus group session opened with the identification of several positive events that took place within the Kirby Medical Center service area during the past five years.

The following developments were cited:

- Convenient care services at the hospital
- The new hospital campus
- The hospital has expanded ambulance services and the service area
- The Kirby Medical Center partnership with Carle — reflecting genuine cooperation
- New wellness programs from KMC, including Kirby Derby and the Fresh Start diet program
- The rural health clinic in Atwood
- Piatt County Mental Health is stepping up and expanding
- Maple Point Assisted Living has opened
- Villas of Hollybrook assisted living is under construction
- IMPACT — a new group formed to address substance abuse
- Kirby Medical Center and staff have become more involved in the community at large

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

- Substances
  - Cannabis
  - Cocaine
  - Prescriptions
    - personal abuse by patients
    - patient resale
  - Synthetics
    - bath salts
    - synthetic cannabis (K2, etc.)
- Obesity
- Lack of physical/recreation opportunities for adults
- General poverty — pockets of poverty around Atwood and LePlace
- Mental health issues in youth
- Mental health out-referral for inpatient care
- Lack of social services for school age children and at schools
- Community friction impacts cooperation on health-related initiatives (Monticello vs. the rest)



## Focus Group #2 – Health Care Professionals and Partners

A focus group comprised of community leaders and elected officials met on January 15, 2013. The group included the administrator of the DeWitt/Platt Bi-County Health Department, a school nurse, a physician, nursing home administrators, and others.

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

- The new hospital
- The affiliation between Kirby Medical Center and Carle
- Increased openness to partnerships among providers
- Kirby Medical Center and Carle on same campus, focusing on shared services
- Improved communication among providers
- Growth in services — assisted and supportive living facilities and other new projects
- Socio-economic status has positive impact countywide
- Improved/increased specialty services
- Increased attempts to meet the needs of seniors
- Kirby provides outreach education to school age children
- Telemedicine and e-visits
- Improved exchange of information through record-sharing avoids duplicate testing

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 health care in the Kirby Medical Center service area:

- Expanded public transportation resources
  - Piattran works well, but there is still a need after hours and on-call
  - Volunteers are aging
  - There is difficulty sometimes finding rides to appointments outside the area
  - Addressing the needs of youth and the disabled population
- Volunteer recruitment
- Continuing the progress made in the Emergency Department
- Preparing for facing more patients for primary care with few providers
- Planning to meet the performance requirements of the future
- Focus on wellness — education and care
- Increasing partnerships and eliminating duplication
- Further exploration of telemedicine and e-visits
- Psychiatry
- Core coordination for behavioral health
- Explore non-traditional service modalities
- Greater accessibility to the dental clinic
- Wellness activities and education to prevent chronic illness
- Meeting new demands for mental health for youth and adults



- Affordable housing for people with disabilities
- Exploration of the cause of brain tumors since 2005 (seven instances within a three-block area of Monticello — six instances of brain tumors involving persons over the age of 60)
- Cooperation with a growing number of mental health providers
- Programs to meet the needs of increasing numbers of youth in poverty
- Mental health transfer beds
- Finding resources for public health programs — education and preventative care
- Unengaged mentally ill population — especially in rural areas
- Affordable housing — closer to resources
- Availability of technology access to meet health service needs in rural areas
- Avoiding loss of personal attention as use of technology grows in patient care
- Cardiovascular disease
- Obesity
- Diabetes
- Noncompliance by patients
- Substances
  - Alcohol — youth
  - Marijuana
  - Synthetics
  - Cocaine
  - Heroin
  - Prescription abuse
- Mental health programs for youth
- Planning for meeting the needs of an aging population
- Encouraging people to accept responsibility for their own wellness
- Low birthrate levels among low income population
- Development of public health resources to face wellness issues
- Better disaster planning countywide

### **Focus Group #3 – Community Leaders and Organizations**

A focus group comprised of community leaders and representatives of community organizations met on January 15, 2013. The group included the chairperson of a domestic violence center, a school superintendent, the Mayor of Monticello, a Chamber of Commerce representative from Bement, and others.

The group first discussed positive developments in the Kirby Medical Center service area in the recent past. They identified the following changes:

- The new cardiac rehab at Kirby Medical Center
- The new hospital has easier access
- Carle Clinic locating on the Kirby Medical Center campus
- New supportive and assisted living facilities have increased continuum of care
- The new hospital campus as an economic development tool
- Expanded surgery services locally





- Availability of swing bed care
- Accessibility to doctors has improved
- Kirby Medical Center has begun a parent education series — bullying, generations, substance abuse
- New facility at Kirby Medical Center has increased patient privacy
- New wellness programs from Kirby Medical Center — Kirby Derby

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

- Bement is 10–12 miles from convenient care or primary care
- Expansion of services from Piattran (currently requires a call one day ahead)
- Opportunities for exercise and health and fitness recreation for all ages
- Continuing to expand surgical services
- Education and care aimed at preventing chronic illness
- Planning for continuing emergency and other core services at existing levels
- Better education and information about services available at Kirby Medical Center
- Need to acknowledge poverty within Monticello, despite overall socio-economic picture
- Targeted education about services for low income and underinsured and uninsured populations
- Community involvement and commitment to health care programs and opportunities
- Continue wellness education programs, such as the health fair
- More psychiatric and mental health resources
- Find ways to address resources for unreimbursed care
- Planning for the needs of an aging population
- Community education for wellness in general
- More support groups for specific conditions and health issues
- Expand parental education programming to include discipline guidelines and other information
- Continuing to address mental health issues requiring medication
- Maintaining services for drug and alcohol dependence — youth and adult
- Maintaining services for patients with ADHD, ODD, LDBD
- Conditions of concern
  - Obesity
  - Cancer
  - Heart disease
  - Diabetes
  - Lyme disease and similar illnesses



# PRIORITIZATION

## Reconciliation of Primary Source Information with Secondary Data

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 delivery of wellness education and care, mental health services, prevention of substance abuse, access to opportunities for physical activity for all residents, and strategies for supporting unreimbursed care for underinsured and uninsured patients. The areas chosen were consistent with the needs identified from the secondary information collected and observed.

Countywide secondary data for Piatt County from County Health Rankings suggests a rate of deaths related to traffic crashes per 100,000 residents that is twice the state rate. Discussion of this topic in the focus groups revealed this data is likely skewed by the small population of Piatt County. Law enforcement and medical professionals agreed that there had been three or fewer traffic fatalities in the county in the past two years.

An issue was raised in a focus group about a possible environmental cause of brain cancer in Monticello. No secondary data reviewed supported the anecdotal report of a spike in cancer reports but this may warrant further investigation, if possible.



## 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 basic wellness services for all ages

Concern was expressed in all the focus groups that there is not sufficient wellness education nor opportunities for wellness care and healthy living in the Kirby Medical Center service area. The issue, supported by the secondary data, was identified as being countywide but more prevalent outside the City of Monticello. Kirby Medical Center was encouraged to continue to expand positive wellness engagement efforts. There was an across-the-board recognition of the need for community focus on preventing – rather than treating – chronic illness.

### 2. Mental health services

Gaps in access to mental health services at virtually all levels were identified in all the focus groups and supported by secondary data. Many of the identified issues involve health delivery and community partners outside the control of Kirby Medical Center but providing opportunities for external partnerships and cooperative planning for resolution. Related issues concerning substance abuse were also identified in each group and supported by the secondary data.

### 3. Supporting unreimbursed care for underinsured and uninsured patients

The City of Monticello has fewer residents in poverty than some rural areas of the county, but there was a desire expressed in all focus groups to make preventive services and wellness education and care widely available to all residents of the county. The secondary data supports the need for these services. Finding ways to support the delivery of these services and other medical care to underinsured and uninsured patients was a concern.



# RESOURCE INVENTORY

## Kirby Medical Center

Kirby Medical Center is a critical access hospital delivering the following services to Piatt County

- Family and Internal Medicine
- Emergency and Urgent Care
  - Emergency Department
  - Convenient Care
  - Ambulance
    - Paramedic/Advanced Life Support units
    - AirLife emergency air transportation
    - CareLink
- Therapies
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Cardiac Rehabilitation
  - Pulmonary Rehabilitation
- Surgery
  - General surgery
  - Orthopedic surgery
  - Cataract surgery
  - Outpatient surgeries and procedures
- Sleep Center
- Inpatient Care
  - Skilled nursing care
  - Physical, speech, and occupational therapies
  - Nutrition counseling
  - Ancillary services — lab, imaging
  - Discharge planning and case management
  - Acute care and hospitalists
  - Swing bed/transitional care
- Diagnostic Imaging
  - Digital mammography
  - MRI (Magnetic Resonance Imaging)
  - PET/CT (Positron Emission Tomography/Computerized Tomography)
  - Bone density
- Laboratory
  - Hematology
  - Chemistry
  - Immunohematology
  - Urinalysis



- Serology
  - Microbiology
  - Phlebotomy
  - Urine drug screening
- Food and Nutrition Services
  - Cardiovascular disease
    - high cholesterol
    - hypertension
    - anticoagulation therapy
    - congestive heart failure
  - Diabetes
  - Gastrointestinal issues
  - Food allergies
  - Kidney disease
  - Nutritional management of cancer
  - Prenatal and postnatal nutrition
  - Sports nutrition
  - Weight loss/gain
- Mental Health Counseling
- Urology/Gynecology
- Fresh Start Weight Loss
- Oncology Clinic
- Health Education
- Community Services
- 24-hour convenient care





## Area Health Services Review

### Physicians and Providers

#### KIRBY MEDICAL CENTER

**Dr. Narain Mandhan**

Internal Medicine

**Dr. James Manint**

Family Practice, Geriatrics

**Dr. Joshua Sawlaw**

Family Practice

**Dr. Benjamin Davis**

Emergency Department Medical Director

**Dr. Saad Adoni**

Hospitalist

**Dr. Purshotham Ginne**

Hospitalist

**Dr. Mehtab Mizan**

Hospitalist

**Dr. Olumuyiwa Omolalyo**

Hospitalist

**Dr. Crystal Radnitzer**

Hospitalist

**Dr. James Barkmeier**

Emergency/Convenient Care

**Dr. James Enderle**

Emergency/Convenient Care

**Dr. Michael Hegarty**

Emergency/Convenient Care

**Dr. Atif Jaleel**

Emergency/Convenient Care

**Dr. Napoleon Knight**

Emergency/Convenient Care



**Dr. Jason Konzelmann**  
Emergency/Convenient Care

**Dr. Anna McCormick**  
Emergency/Convenient Care

**Dr. Jose Ochoa**  
Emergency/Convenient Care

**Dr. James Park**  
Emergency/Convenient Care

**Dr. Thomas Scaggs**  
Emergency/Convenient Care

**Dr. Audra Thomas**  
Emergency/Convenient Care

**Dr. James Thomas**  
Emergency/Convenient Care

**Dr. William Weir**  
Emergency/Convenient Care

**Laurie Lee, PA-C**  
Pediatrics, Family Practice

**Joseph Lamb, PA-C**  
Physician Assistant

**Amber Oberheim, APN, CNP**  
Pediatrics, Women's Health, Orthopedics

**CARLE PHYSICIAN GROUP**

**Dr. William Lanker**  
Family Medicine

**Dr. Ann Marty**  
Family Medicine

**Dr. Steven Sparenberg**  
Family Practice

**Christy Barre, APN, FNP, MSN**  
Family Medicine



## **VISITING SPECIALISTS**

**Dr. Lawrence Atherton**

Cardiology

**Dr. Jon Weisbaum**

Gynecology

**Dr. Sebastian Kairouz**

Oncology

**Dr. Kenneth Tuan**

Orthopedics

**Dr. Michael Muscatella**

Podiatry

**Dr. John Regan**

Urology

**Dr. Andrew Batey**

Gastroenterology

**Dr. Jeffrey Hallett**

Gastroenterology

**Dr. Nalin Patel**

Gastroenterology

**Dr. Douglas Jones**

General Surgery

**Dr. Frederick Haynes**

General Surgery

**Dr. Bette Anderson**

Ophthalmology

**Dr. Kenneth Tuan**

Orthopedics

**Dr. Stuart Baker**

Plastic Surgery

**Dr. Michael Muscatella**

Podiatry



## Clinics

### **Kirby Medical Group**, Monticello and Atwood

- Family medicine
- Internal medicine
- Pediatric and adolescent care
- Prevention and health screenings
- Well-woman care
- School and sports physicals
- Aviation medical exams
- Fresh Start weight management program

### **Carle Physician Group**, Monticello

- Family medicine

### **DeWitt/Piatt County Dental Clinic**, Clinton

- Pediatric dental care

## Senior and Assisted Living and Services

### **Piatt County Nursing Home**, Monticello

- 24-hour RN/LPN coverage
- Individualized plan of care
- Interdisciplinary team of caregivers
- Physical, occupational, and speech therapy
- Halcyon Special Care Unit for residents with Alzheimer's Disease and related disorders
- Restorative nursing program
- Social services
- Therapeutic activity program
- Family support service
- Choice dining
- Active volunteer program
- Beauty/barber shop

### **Maple Point**, Monticello

- Supportive living apartments for seniors

### **Bement Health Care Center**, Bement **Nursing Home and Rehabilitative Services**

- Physical therapy
- Occupational therapy
- Speech pathology
- Oxygen therapy
- IV therapy
- Drugs and medical supplies
- Catheters and related supplies



- Homelike meals
- Hospice services
- Daycare services
- Ostomy supplies
- Transportation
- Podiatry service
- X-ray service
- 24-hour pharmacy service
- 24-hour laboratory service
- Social activities

### **Piatt County Services for Seniors**

#### **Provides services for persons 60 and older**

- Circuit Breaker
- Energy assistance
- Medicare drug coverage
- Illinois Cares Rx
- Homestead Exemption
- Senior Health Insurance Program (SHIP)

### **Faith In Action**

#### **Provides volunteer care-giving**

- Transportation for doctor appointments and errands
- Short-term meal preparation
- Telephone reassurance
- Companionship/visiting
- Grocery shopping
- Chores
- Respite care

### **Piattran**

**Public transportation by schedule and reservation in and out of Piatt County**





## REMARKS

The Kirby 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 the Kirby 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 Kirby Medical Center are 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 Kirby Medical Center in January 2013, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.



# APPENDIX

## Focus Group and Interview Participants

**David Hunt, Sheriff**

Piatt County

**Kathleen Piatt, Member**

Piatt County Board

**Sue Gortner, Executive Director**

Monticello Chamber of Commerce

**Dave Remmert, Administrator**

DeWitt/Piatt Bi-County Health Department

**Karla Bradley, Administrator**

Piatt County Nursing Home

**Jennifer Moss, Chief Clinical Officer**

Kirby Medical Center

**Dr. Narain Mandham, Chief Medical Officer**

Kirby Medical Group

**Gayla Hislope, Risk Manager**

Kirby Medical Center

**Kara Olson, Administrator**

Maple Point Assisted Living

**Dave King, Executive Director**

Piatt County Mental Health Center

**Sheila Lanker, School Nurse**

Monticello School District

**Ruth Madwick, Director, Regional Development**

Carle Foundation Hospital

**Tom Reed, Manager**

Viobin Nutritional Extracts

**Courtney Groves, Executive Director**

Monticello Main Street



**Tabitha Elder, President**  
Bement Chamber of Commerce

**Paul Unger, Pastor**  
Bement United Methodist Church

**Suzanne Wells, President**  
Willow Tree Missions

**Jodi Fultz, Fitness Trainer, EMT**  
Monticello

**Chris Corrie, Mayor**  
City of Monticello

**Vic Zimmerman, Superintendent**  
Monticello School District

**Heidi Apperson, Marketing and Community Coordinator**  
Kirby Medical Center



## COLLABORATORS

The Kirby 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 51-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. Kirby 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 member of the City Council and Commissioner for Public Health and Safety for the City of Princeton, Illinois, 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/lay-out direction, proofreading, and editorial support for the Community Health Needs Assessment's projects provided through ICAHN and Mr. Madsen.



## NOTES





**Community Health Needs Assessment | 2013**

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