KIRBY MEDICAL℠ CENTER

Community Health Needs Assessment 2025

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KIRBY
Living

Introduction

The original John and Mary E. Kirby Hospital was situated in one of the largest and most impressive mansions in Monticello, and it opened for business in 1941. The facility was named after John Kirby, an immigrant from Limerick County, Ireland, who became a distinguished citizen of Monticello and a renowned philanthropist. In the early 1970s, a new Kirby Hospital was built in that same location and would serve the community and Piatt County for 30 years. Kirby Ambulance Service began in 1974.

In 2011, the new Kirby Medical Center commenced operations at its current location. In 2015, Kirby Medical Center began a Wellness Trail on its campus. In 2016, KMC Active Wellness and Therapy Center opened on campus. In 2019, KirbyRx Retail Pharmacy opened. The pharmacy expanded to a second location in Monticello in 2020. A new Kirby Medical Center clinic opened in Cerro Gordo in 2016, and a replacement clinic was built and opened in Atwood in 2021.

ILLINOIS GREATER WEEKLIES MEMBER

Piatt County Jour

EIGHTY-FIFTH YEAR—NO. 3 MONTICELLO, ILLINOIS, THURSDAY, JANUARY 16, 1941

HOSPITAL OPEN TO VISITORS

A SUMMER VIEW OF THE JOHN AND MARY E. KIRBY MEMORIAL HOSPITAL


Main Entrance
EMERGENCY

Mission & Vision

Mission

Kirby Medical Center is committed to providing quality and compassionate care to all.

Vision

Kirby Medical Center will be the market leader in providing accessible, high-quality healthcare that consistently exceeds our customers' expectations. We will be stewards of the community by developing and providing services that make Piatt County and the surrounding areas healthier places to live.

Executive Summary

Affordable Care Act (ACA) provisions require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The Community Health Needs Assessment (CHNA) is a systematic process that involves the community in identifying and analyzing community health needs, as well as community assets and resources, to plan and act upon priority community health needs.

This assessment process yields a CHNA report, which aids the hospital in planning, implementing, and evaluating its strategies and community benefit activities. A consultant from the Illinois Critical Access Hospital Network (ICAHN) developed and conducted the Community Health Needs Assessment in partnership with community representatives.

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 to share resources, promote education, and improve operational efficiencies, enhancing healthcare services for member critical access and rural hospitals and their communities.

ICAHN, with 60 member hospitals, is an independent network governed by a nine-member board of directors, which is supported by standing and project development committees that facilitate the network's overall activities. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers.

This Community Health Needs Assessment will guide planning and implementing healthcare initiatives that will enable the hospital and its partners to most effectively address the emerging health needs of Monticello and the surrounding area. The Director of Community Outreach coordinated the CHNA process.

Four focus groups were convened to discuss overall health and wellness in the Kirby Medical Center/Piatt County service area, identifying health concerns and needs in healthcare delivery and health services to enhance wellness and reduce chronic illness among all residents. The focus groups included representatives from healthcare providers, community leaders, community service providers, schools, faith-based organizations, local elected officials, public health, and other relevant stakeholders. Several members of these groups provided services to underserved and unserved individuals as part of their roles.

The findings of the focus groups, internally mined data at Kirby Medical Center, and secondary data analyzed by the consultant were presented to a focus group to identify and prioritize the community's significant health needs.

ICAHN
Illinois Critical Access Hospital Network

Identification and Prioritization > Addressing the Need

Four priority areas were considered based on community survey, onsite meetings, internally mined data, and secondary data.

1. **Access to Mental Health**
2. **Advancing Community Partnerships**
3. **Chronic Disease Prevention**
4. **Access to Specialty Care**

After their review and discussion, the identification and prioritization group recommended a focus on the following needs and strategies:

1. **Access to Mental Health**
2. **Advancing Community Partnerships**
3. **Chronic Disease Prevention**

The group addressed the needs with the following strategies:

- Leveraging the Community Outreach Director position to further existing partnerships and develop new ones within the community.
- Promotion of services currently available on the KMC campus through educational offerings, advertisement, and other events.
- Further development of school partnerships for sports medicine, nutrition, cooking classes, health classes, and mental health education.
- Develop live and podcast programming on pertinent health topics to educate the community.
- Focus on heart health in the rural clinics.
- Develop targeted chronic disease prevention programs.
- Focus on addressing food insecurity through patient screening and creative connections to necessary resources.

Background

The Community Health Needs Process is conducted every three years. Kirby Medical Center has taken the following actions in response to issues identified and prioritized, and the implementation strategy developed to address them.

Kirby Medical Center CHNA 2022

Four prioritized needs were identified as significant health needs and prioritized:

Priority #1

COVID-19 Response: Create a community-wide post-COVID response for adults and youth

Collaborate with local officials, providers, agencies, and organizations within the communities served to identify the potential post-COVID needs of the communities and begin to analyze, assist, and work together toward solutions.

Actions:

- The Community Liaison position was created to identify and address community issues through enhanced health literacy and promotion of healthy habits.
- Extended the Adopt-A-Medic program to Cerro Gordo while continuing monthly safety education visits at Monticello and Bement's 2nd-grade classrooms, resulting in 9 sessions per school – a total of 27 events in the fiscal year.
- Cerro Goro MS Health Class—Developed and executed a pilot program to introduce nutrition and wellness to a local 7th-grade health class, enabling students to gain hands-on kitchen skills. The program's success led to a request to return and another local school's request for the program. Two classes per week, with 14 students in each class for 14 weeks, resulted in 28 total classes taught for 28 students.
- KMC Active Gym opened in Cerro Gordo. It offers physical fitness classes three times a week for participants of all ages. This gym enhances physical and mental well-being, promotes community health, and provides opportunities for social interaction.
- KMC traveled to local public schools to administer COVID-19 vaccines to students and staff. In 2024, 128 vaccines were administered in three school districts.

Results:

Report Area	Percent of adults fully vaccinated 9/2022	Percent of vaccine-hesitant adults 9/2022	Percent of adults fully vaccinated 2/2022	Percent of vaccine-hesitant adults 2/2022
Kirby/Piatt County	71.70%	9.86%	68.6%	9.86%
Illinois	76.57%	7.94%	74.4%	7.95%
United States	72.90%	10.33%	72.2%	10.29%

Covid boosters given: 2023: 231 **2024:** 260

Priority #2

Transportation: Identify and address gaps in transportation related to:

- Flexibility in and outside the Kirby service area – to and from appointments

- Transportation to out-of-the-area substance use disorder and other mental health services
  - Investigated methods to enhance awareness of KMC van services.
  - Collaborate with Piatt County Sheriff to explore transfers out of the area for mental health and substance abuse services.

Actions:

- Purchased and implemented a hospital-based transportation van that runs Monday through Friday, providing transportation to the hospital and clinics.

- Implementation of HRT: transportation of patients to mental health or substance abuse facilities. This frees up KMC EMS to respond to local emergencies while patients who require services outside the KMC service area are transported safely and promptly.

- Courtesy Shuttle: Magnets and flyers were distributed throughout the KMC buildings to increase awareness of the Courtesy Shuttle services available to existing patients. Recognition posts were made thanking the Kirby Auxiliary for the financial donation to purchase the vehicles.

Results:

Shuttle Rides	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Total
Requested	1	0	1	0	0	0	2	6	1	3	4	10	28
Delivered	1	0	1	0	0	0	1	4	1	3	2	8	21
Driver N/A	0	0	0	0	0	0	1	1	0	0	0	1	3
Canceled	0	0	0	0	0	0	0	1	0	0	2	1	4

Priority #3

Addressing Poverty: Identify the location and patterns of poverty within the Kirby Medical service area and address issues related to scattered or isolated poverty.

Actions:

- The Community Liaison position enhanced health literacy and promoted healthy habits.
- Monticello HS Health Class: Several experts from KMC volunteered as guest speakers to promote health and nutrition to local students. Four guest speakers from KMC present each semester, for eight presentations per school year.
- Extended the Adopt-A-Medic program to Cerro Gordo while continuing monthly visits with safety education to 2nd-graders in Monticello and Bement.
- Cerro Goro MS Health Class—a pilot program to introduce health and wellness to 7th-grade students while they experience hands-on skills in the kitchen—was successfully implemented. Fourteen sessions were provided for two classes, each comprising 13 - 16 students.

Priority #4

Mental Health and Wellness: Identify and plan to address mental health and wellness needs across the Kirby Medical service area.

Actions:

- Added Licensed Clinical Social Worker services to outlying Cerro Gordo and Atwood clinics.
- Added two mental health counselors to Kirby Medical Group (KMG) staff.
- A pre-health professionals club was established at KMC for local high school students. Once a quarter, approximately 30 students are bused to KMC to learn about healthcare professionals and explore potential career opportunities. The program has existed for two years, and an additional summer camp is offered to attendees.

Results:

- Access to mental health providers improved from 2020 levels. Measured as the number of mental health providers per 100,000 population.

Report Area	Access to Mental Health Providers 2020	Access to Mental Health Providers 2024
KMC	53.98	110.78
Illinois	96.22	314
United States	121.32	313.7

- Increased the average number of mental health visits at KMG from fiscal year 2023 to fiscal year 2025 by 34%.

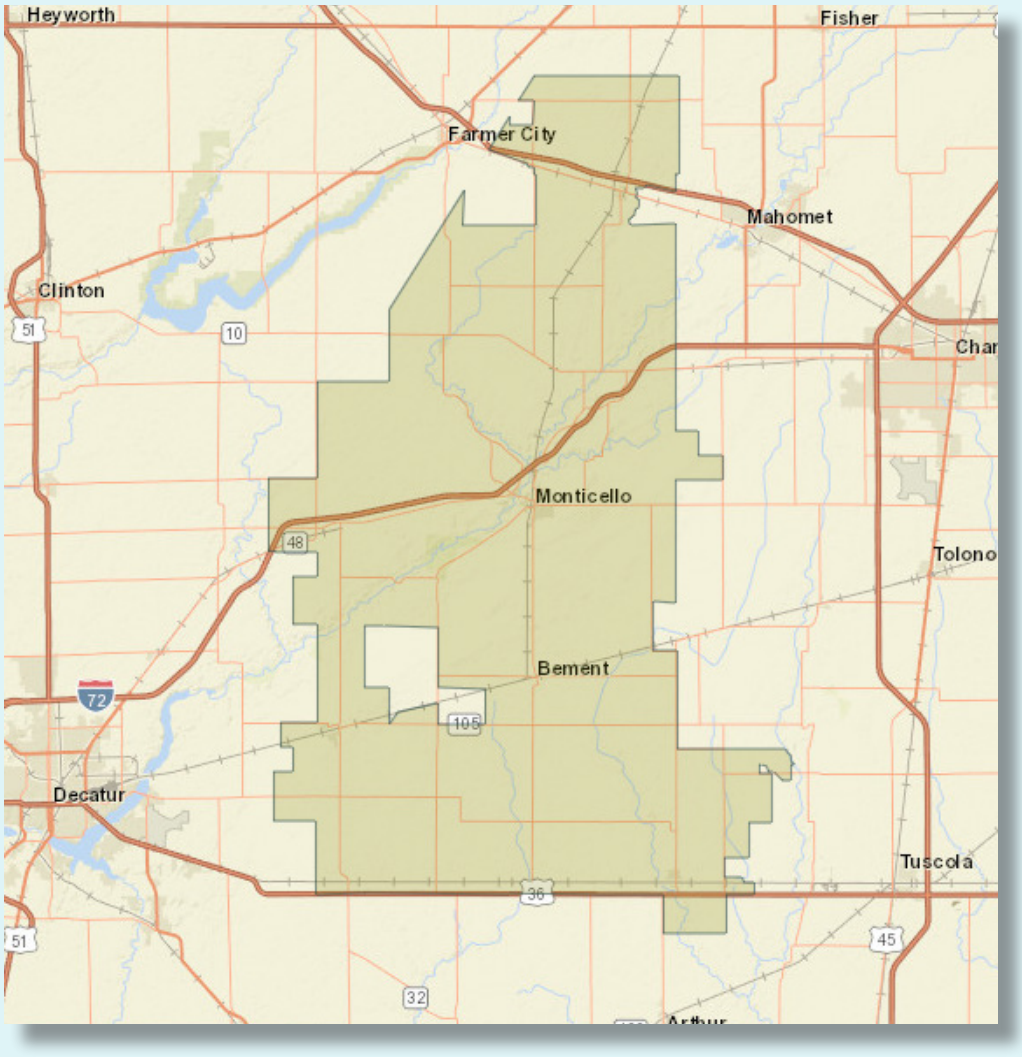
Fiscal Year	Average Mental Health Visits/Mo.	Percentage of change (year over year)
2023	236	
2024	294	25%
2025	316	7%

Data Source: KMC Meditech data

Kirby Medical Center Service Area

For this Community Health Needs Assessment (CHNA), Kirby Medical Center has defined its primary service area and populations as the general population within the geographic location, including Monticello, Illinois, as described below. The hospital's patient population includes all individuals who receive care, regardless of insurance coverage or eligibility for assistance.

A total of 17,214 people live in the 440.66 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2018-22 5-year estimates. The population density for this area, estimated at 39 persons per square mile, is less than the national average population density of 94 persons per square mile.



The service area, defined by zip code data, includes the following rural communities:

- Monticello
- White Heath
- Bement
- Deland
- Cisco
- Mansfield
- Cerro Gordo
- Atwood
- Hammond
- La Place

Key Facts

10 ZIP Codes
Geography: ZIP Code

KEY FACTS

17,484
Population

43.1
Median Age

2.4
Average Household Size

$86,036
Median Household Income

EDUCATION

6.1%
No High School Diploma

33.2%
High School Graduate

29.5%
Some College/ Associate's Degree

31.2%
Bachelor's/Grad/ Prof Degree

BUSINESS

602
Total Businesses

4,598
Total Employees

EMPLOYMENT

60.7%
White Collar

25.6%
Blue Collar

13.7%
Services

4.3%
Unemployment Rate

INCOME

$86,036
Median Household Income

$43,311
Per Capita Income

$323,446
Median Net Worth

2024 Households by income (Esri)

The largest group: $100,000 - $149,999 (27.0%)
The smallest group: $25,000 - $34,999 (4.8%)

Indicator ▲	Value	Diff
<$15,000	6.9%	-7.5%
$15,000 - $24,999	5.6%	-2.4%
$25,000 - $34,999	4.8%	-3.6%
$35,000 - $49,999	8.2%	-0.3%
$50,000 - $74,999	18.6%	+1.5%
$75,000 - $99,999	11.7%	+1.5%
$100,000 - $149,999	27.0%	+9.2%
$150,000 - $199,999	9.1%	+2.9%
$200,000+	8.1%	-1.4%

Bars show deviation from Champaign County

The average household size in the area, at 2.4, is lower than both the state of Illinois and the United States. The median age is 43.1 years, higher than that in Illinois and the United States. The largest education segment consists of high school graduates, followed by those with some college education. 6.07% of the population has no high school diploma or GED, and 32.8% of the community's population has only a high school degree. Unemployment at the time of writing was 3.2%, under the State of Illinois and the United States unemployment rate averages.

The latest 5-year American Community Survey estimates show that the average household income for the service market area was $117,084. This is slightly under the state ($130,956) and United States ($124,530) averages.

Social Determinants of Health (SDoH)

The data and discussion on the following pages will examine the social determinants in the Kirby Medical Center service area, providing insight into the complexity of circumstances that affect physical and mental well-being. The infographic provides a snapshot of the at-risk population served by KMC.

The CDC describes social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes. Healthy People 2030 uses a place-based framework that outlines **five key areas of SDoH:**

Healthcare Access and Quality includes access to healthcare overall, primary care, health insurance coverage, health literacy, and compliance with recommended screenings and incidents of certain health-related conditions.

Education Access and Quality which includes high school graduation rates, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

Social and Community Context includes the incidents of homelessness, teen birth rates, juvenile arrest rates, and the incidents of young people not in school and not working.

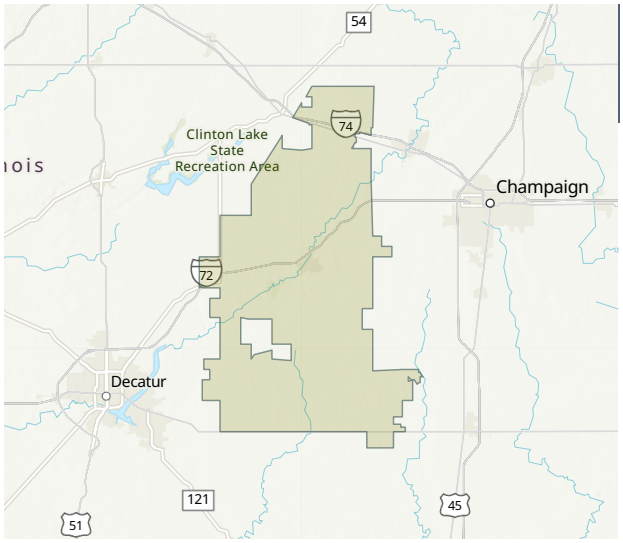
Economic Stability includes average household income, rates of unemployment, cost of living, people living in poverty, employment, food security, and housing stability.

Neighborhood and Built Environment include the cost and quality of housing, access to transportation, access to healthy food, air and water quality, broadband access, access to fitness and recreation facilities, walkability, and rates of crime and violence.

AT RISK POPULATION PROFILE

10 ZIP Codes

17,484	7,214	2.40	43.1	$86,036	$192,616	101	158	15
Population	Households	Avg Size Household	Median Age	Median Household Income	Median Home Value	Wealth Index	Housing Affordability	Diversity Index



AT RISK POPULATION

1,811 Households With Disability

3,883 Population 65+

223 Households Without Vehicle

POVERTY AND LANGUAGE

8% Households Below the Poverty Level

565 Households Below the Poverty Level

0 Pop 65+ Speak Spanish & No English

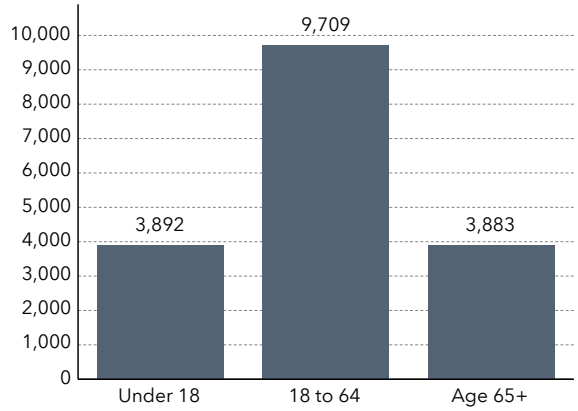
POPULATION AND BUSINESSES

13,662 Daytime Population

602 Total Businesses

4,598 Total Employees

POPULATION BY AGE



Language Spoken (ACS)	Age 5-17	18-64	Age 65+	Total
English Only	**2,760**	**9,661**	**3,460**	**15,881**
Spanish	**35**	**188**	**19**	**242**
Spanish & English Well	28	165	19	212
Spanish & English Not Well	6	23	0	29
Spanish & No English	0	0	0	0
Indo-European	**119**	**185**	**15**	**319**
Indo-European & English Well	119	185	15	319
Indo-European & English Not Well	0	0	0	0
Indo-European & No English	0	0	0	0
Asian-Pacific Island	**0**	**6**	**8**	**14**
Asian-Pacific Isl & English Well	0	3	8	11
Asian-Pacific Isl & English Not Well	0	3	0	3
Asian-Pacific Isl & No English	0	0	0	0
Other Language	**0**	**0**	**0**	**0**
Other Language & English Well	0	0	0	0
Other Language & English Not Well	0	0	0	0
Other Language & No English	0	0	0	0

Process

ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Data Collection

Description of Data Sources – Quantitative/Secondary Data

Quantitative (secondary) data is collected from many resources, including, but not restricted to, the following:

Source	Description
Behavioral Risk Factor Surveillance System	The largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death
SparkMap	An online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
U.S. Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	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.
American Communities Survey	A product of the U.S. Census Bureau which helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
Illinois Department of Employment Security	The state's employment agency that collects and analyzes employment information.

Secondary data is initially collected through the Spark Map and/or ESRI systems and then reviewed for accuracy. Questions raised by the data reported from those sources are compared with other federal, state, and local data sources to resolve or reconcile potential issues with reported data.

Secondary data is available in a separate document titled “Kirby Medical Center 2025 Secondary Data.”

Source	Description
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	IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
Health Resources and Services Administration	The US 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 conducted every five years by local health jurisdictions in Illinois.
ESRI (Environmental Systems Research Institute)	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 Illinois State Board of Education administers public education in the state of Illinois. Each year, it releases school “report cards” which analyze the makeup, needs, and performance of local schools.
United States Department of Agriculture	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

Primary Data

Four focused groups were convened at Kirby Medical Center in October 2024. Forty-four community members, representing local service groups, healthcare providers, schools, and churches, participated. The Secondary Data document provides a complete listing of participants.

Anecdotal data collected from the focus groups revealed the following:

THE TOP FIVE (5) STRENGTHS:

- Hospital staff/culture/service/quality
- Community-minded/family-oriented community
- Strong schools and school partnerships
- Improving access to mental health
- Excellent parks/recreational, and event venues

THE TOP FIVE (5) OPPORTUNITIES THAT NEED TO BE ADDRESSED:

- Mental health/Substance abuse, including school resources and stigma
- Community partnerships/communication/education
- Affordable housing
- Transportation
- Job training programs/work-based training programs

THE TOP FIVE (5) ASPIRATIONS:

- Access to mental health/counseling and substance abuse resources
- Equity in access to affordable healthcare
- Affordable housing
- Economic development for the community
- Community resources guide/Communication of resources

Description of the Community Health Needs Identified

After their review and discussion, the identification and prioritization group advanced the following areas of focus:

Priority #1
Access to Mental Health

Priority #2
Advancing Community Partnerships

Priority #3
Chronic Disease Prevention

Resources Available to Meet Priority Health Needs

HOSPITAL RESOURCES

- Hospital Executive and Leadership Teams
- Kirby Medical Group
- Kirby Health and Wellness
- Senior Life Solutions
- Marketing
- Community Outreach Director

HEALTHCARE PARTNERS OR OTHER RESOURCES, INCLUDING TELEMEDICINE

- Piatt County Health Department
- Piatt County Mental Health Center

COMMUNITY RESOURCES

- Schools
- Community action agencies
- Community organizations
- Faith-based organizations
- Local government leaders
- Law Enforcement

Documenting and Communicating Results

This CHNA Report will be available to the community on the hospital's website, www.kirbyhealth.org.

A hard copy may be reviewed at the hospital by inquiring at the information desk at the main entrance.

No written comments were received regarding the hospital facility's most recently conducted Community Health Needs Assessment (CHNA) or the adopted Implementation Strategy. A method for retaining written public comments and responses exists, but none were received.

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff of Kirby Medical Center in January 2025. The group reviewed the needs assessment process completed to date and considered the prioritized significant needs, along with the supporting documents. They are also regarded as internal and external resources potentially available to address the current prioritized needs.

The group then considered each of the prioritized needs. For each priority area, the actions the hospital intends to take were identified, along with the anticipated impact, the resources the hospital plans to commit to the actions, and the external collaborators the hospital intends to cooperate with to address the needs.

The plan will be evaluated through periodic reviews of measurable outcome indicators, annual reviews, and reporting.

Implementation Strategy

The group addressed the needs with the following strategies:

Priority #1

Access to Mental Health

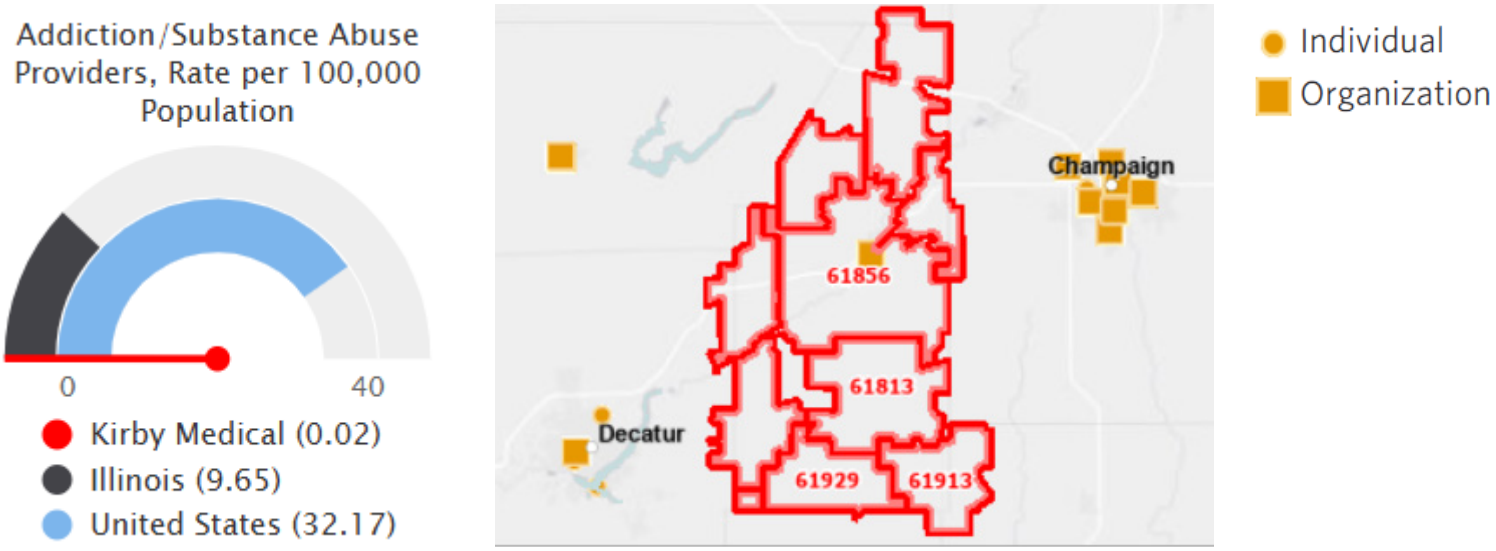
INDICATORS THAT SUPPORT THIS PRIORITY

- 36.6% of the community survey respondents have sought mental health care in the past 12 months. 23% received needed services, but the other 13% needed help but did not know how to access it.
- 27% of the surveyed community identified access to mental health resources as one of the top health-related needs that are not currently addressed in Piatt County. 75% of the respondents named access to mental health as one of the top five most important health issues in the community.
- The onsite community groups identified Mental Health/Counseling/Substance Abuse Services as the top opportunity and aspiration.
- Access to Mental Health providers is lower than the state or national average.

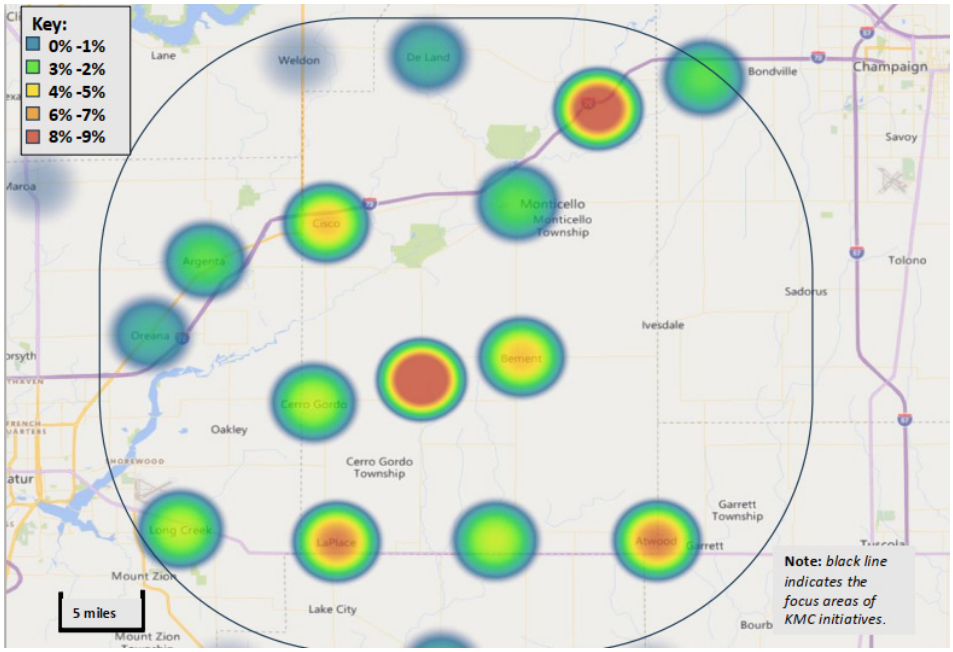
Report Area	Access to Mental Health Providers
KMC	110.78
Illinois	314
United States	313.7

Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System

- Access to Substance Abuse providers is also diminished in the service area. Although access is reduced in the Piatt County/KMC market area, there are significant numbers of providers in Champaign and McLean Counties, which are immediately adjacent to the area.



- According to KMC Meditech data (2022-2024), six communities in the service market area with a population of more than 5% diagnosed with anxiety: Milmine, White Heath, Atwood, La Place, Bement, and Cisco.



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ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEEDS

- Promotion of resources available at KMC. There are five LCSWs at KMC with new patient availability.
- Promotion of telepsychiatry resources at KMC.
- Continue collaboration with Piatt County Mental Health Center, including promotion of the ROSC (Recovery-Oriented System of Care) program, substance use program, suboxone clinic, and other resources.
- Develop a campaign for the community that addresses the stigma associated with seeking mental health or substance abuse treatments.
- Partner with schools to increase awareness of available resources and help normalize the need for mental health services when necessary.
- The leader of KMC's Senior Life Solutions is already a mental health first aid trainer for adults. Seek additional training in pediatrics and then share this knowledge with the community.

ANTICIPATED IMPACTS OF THESE ACTIONS

- Improved knowledge of the mental health resources available at KMC.
- Reduction of the stigma of seeking mental health services.
- People will have improved knowledge of the tools and resources available in Monticello and the surrounding communities if they need mental health or substance abuse services.

PROGRAMS AND RESOURCES THAT THE HOSPITAL PLANS TO COMMIT TO ADDRESSING THE HEALTH NEEDS

- Hospital leadership
- Rural Health Clinic staff and providers
- Senior Life Solutions team
- Health Educators
- Community Outreach Director

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER FACILITIES OR ORGANIZATIONS:

- Schools
- Piatt County Health Department
- Piatt County Mental Health Center

Priority #2

Advancing Community Partnerships

INDICATORS THAT SUPPORT THIS PRIORITY

- The onsite groups identified Improving Community partnerships, including communication and education, as one of the top five opportunities in the service market area. The discussion covered basic health education and enhancing collaboration in non-healthcare sectors. A decrease in volunteerism was also noted as a concern, particularly for organizations that rely solely on volunteers for their operations.

- 55% of the community survey respondents report learning about resources from family and friends. The goal is to broaden the community's knowledge of the resources available to them.

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEEDS

- Continue the partnership with schools for athletic training, nutritional and cooking classes, and mental health education.

- Investigate how KMC can collaborate with schools to address additional educational needs related to health, health habits, and health concerns. This could be with students, teachers, or staff.

- Work to foster relationships with community partners to utilize everyone's limited resources effectively.

- Investigate the value of holding periodic key stakeholder meetings to share needs and current action plans.

- Reach out to the ministerial alliance or churches to share resources and assess the needs of their congregants. Potentially, social workers or counselors could play a role in this partnership for mental health and provide other resources for physical health improvement and education.

- Continue the partnership with Piatt County Mental Health and the Piatt County Health Department to share educational resources.

- Collaborate with community businesses to develop strategies for delivering health education to their employees.

ANTICIPATED IMPACTS OF THESE ACTIONS

- Community members will be more informed about health maintenance and health concerns.
- The community will be informed about the types of resources available and how to access them to enhance their physical and mental well-being.
- Collaborations will help stretch scarce personnel and financial resources to better serve the community's health needs.

PROGRAMS AND RESOURCES THAT THE HOSPITAL PLANS TO COMMIT TO ADDRESSING THE HEALTH NEEDS

- Hospital executive and leadership teams
- Community Outreach Director
- Educators
- Dietician
- Social Workers
- Senior Life Solutions Team
- Athletic trainers

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER FACILITIES OR ORGANIZATIONS:

- Piatt County Mental Health Services
- Piatt County Health Department
- Schools
- Churches
- Community Businesses

Priority #3

Focus on Chronic Disease Prevention

INDICATORS THAT SUPPORT THIS PRIORITY

- 79% of community survey respondents indicated that access to healthy foods was one of the top five factors that impact their ability to maintain a healthy lifestyle.
- 10.6% of community survey respondents reported using or needing access to a food pantry in the past year.
- 22% of community survey respondents reported needing assistance understanding their health insurance and its workings.
- Community survey respondents identified healthy food access, community fitness and recreation, and resource education as needs that are not currently being adequately addressed.
- According to the community survey respondents, access to basic needs (food, shelter, etc.), access to medical care, and chronic disease management were among the community's top five most important health issues.
- Prevention of substance abuse was noted as an opportunity under the mental health/substance abuse priority.
- Community partnerships and education were among the top five priorities identified by the onsite participants.
- 25% of the households (1811/7214) have someone with a disability living in them.
- 22% of the service area's population is 65 and older.
- The overall percentage of people living below the federal poverty level is 8%, less than the state average of 12%. However, the ALICE population is 28%, above the state average of 24%. ALICE is defined as asset-limited, income-constrained, employed. These individuals earn more than the federal poverty level (FPL), but not enough to afford the basics where they live. In 2024, the FPL for an individual is $15,060 and $20,440 for a married couple.

- According to the data collected by Feeding America, 16.0% of children in the service area have experienced food insecurity, as have almost 10% of the overall population.

Report Area	Food Insecurity Rate	% of Food Insecure Children
KMC	9.82%	16.0%
Illinois	11.63%	15.66%
United States	12.88%	18.03%

Data Source: Feeding America

- The number of Medicare beneficiaries who complete their annual wellness exam is below the state and national averages.

Report Area	AWE Completed
KMC	25%
Illinois	41%
United States	41%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool

- The incidence of selected cancers and cancer mortality is above the state and national averages.

Report Area	All Sites - Total	Breast	Colon-Rectum	Lung	Prostate
KMC	479.4	128.2	40.8	61.0	99.9
Illinois	459.7	132.6	39.8	59.3	115.1
United States	442.3	127.0	36.5	54.0	110.5

Data Source: State Cancer Profiles

- 15% of the population identify as current smokers according to the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

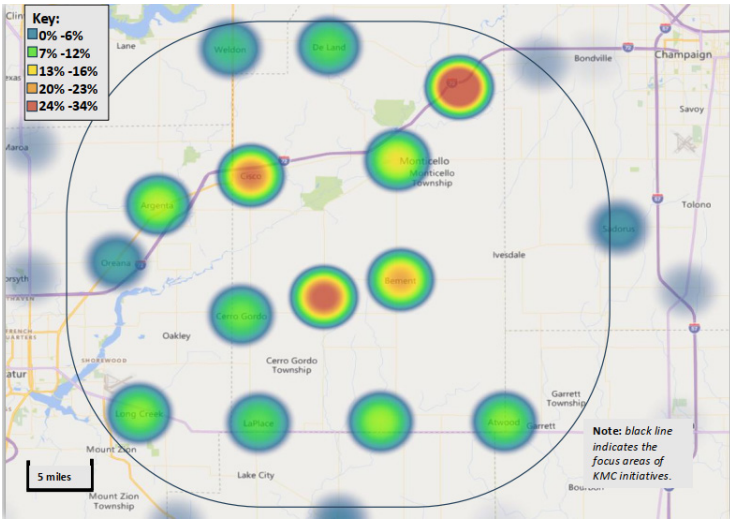
- The percentages of the population with cardiac disease have increased over the state and national averages.

Report Area	Hypertension Adult	COPD Adult	Heart Disease Adult	High Cholesterol Adult
KMC	34.6%	7.7%	7.7%	61.0%
Illinois	31.8%	6.2%	6.3%	32.1%
United States	32.7%	6.8%	6.8%	35.5%

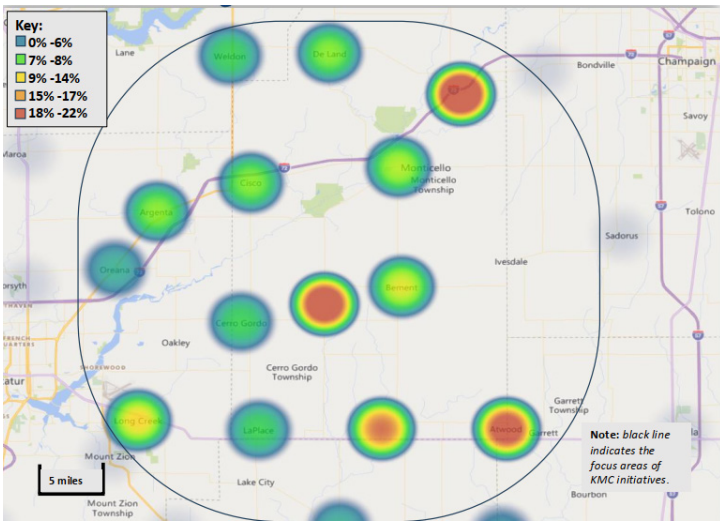
Report Area	Hypertension Medicare	COPD Medicare	Heart Disease Medicare	High Cholesterol Medicare
KMC	69%	14%	22%	53.3%
Illinois	69%	13%	21%	48.9%
United States	69%	12%	21%	47.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

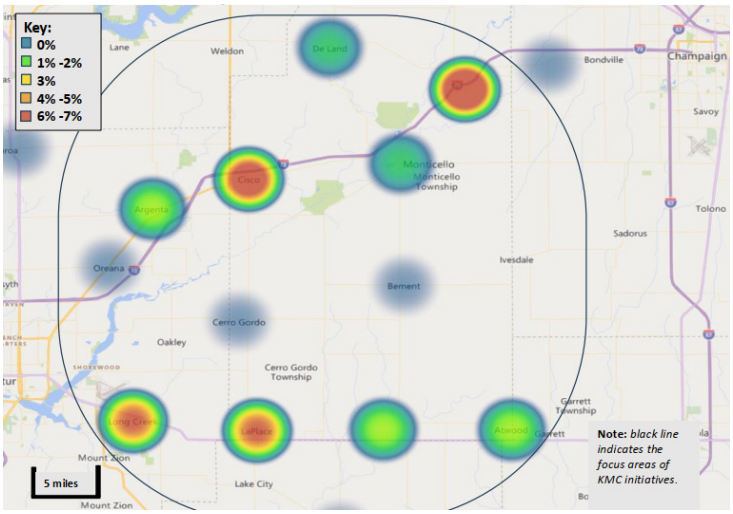
- According to KMC Meditech data (2022-2024), White Health and Cisco are two communities in the service market area with a population of more than 20% diagnosed with hypertension.



- According to KMC Meditech data (2022-2024), four communities in the service market area with a population of more than 15% diagnosed with a BMI > 29: White Health, Milmine, Atwood, and Hammond.



- According to KMC Meditech data (2022-2024), four communities in the service market area with a population of more than 5% diagnosed with Type II Diabetes: White Health, Cisco, La Place, and Long Creek.



ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEEDS

- Utilizing live and podcast venues, create educational programming that addresses basic health education needs and advanced topics.
- Focus on the community's resources and how to help people access them. Additionally, focus on resources within the extended service area, specifically Decatur and Champaign.
- Focus on connecting internal and external resources through the care coordination and discharge planning teams to ensure that when people are discharged, they are linked to the required resources.
- Focus on heart health and blood pressure control through education, healthy activities, and cooking classes.
- Focus education on smoking and vaping cessation with students and the community.
- Focus on substance abuse prevention as well as reducing the stigma for seeking services for mental health and substance abuse.
-
- Investigate the use of take-home food sacks in clinics to address areas of food insecurity.
- Investigate the potential of take-home sacks of food for discharged patients who have different food needs post-discharge (newly diagnosed diabetics, COPD, or hypertension) and struggle with food insecurity.
- Promote the local food pantries to ensure that people needing food know how to access them.
- Develop low- or no-cost programs for healthy living and exercise. Potentially partner with the parks and recreation within the community.
- Continuing the work in schools to promote healthy living, including cooking classes and mental health initiatives.
- Reach out to the ministerial alliance or churches to share resources and assess the needs of their congregants. Consider offering screenings and education to their congregants.
- Collaborate with community businesses to offer educational programs and screenings for their employees.
- Investigate educational resources to help individuals select the most suitable type of healthcare coverage.
- Focus primary care offices on improving the percentage of Medicare recipients who complete their annual wellness exam.

ANTICIPATED IMPACTS OF THESE ACTIONS

- Community members will learn strategies to enhance their health. This could include knowledge of healthy eating and living, as well as education on selected health conditions.
- People will know how and where to get the health information and assistance they need.
- People experiencing food insecurity will know where and how to access healthy food.
- Over a series of years, the number of people in the community who have heart disease and heart disease-related complications will decrease per capita

PROGRAMS AND RESOURCES THAT THE HOSPITAL PLANS TO COMMIT TO ADDRESSING THE HEALTH NEEDS

- Hospital executive and leadership teams
- Providers
- Rural health clinic teams
- Community Outreach Coordinator
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- Marketing Team
- Health Educators

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER FACILITIES OR ORGANIZATIONS:

- Piatt County Mental Health Services
- Piatt County Health Department
- Schools
- Churches
- Community Businesses


KIRBY
Living

Notes:
1. Statistics may vary slightly depending on the resource.

KIRBY MEDICAL CENTER

2025 Community Health Needs Assessment

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