

Community Health Needs Assessment

Iroquois Memorial Hospital

2016

TABLE OF CONTENTS

- Process..... 2
 - Purpose 2
 - Scope Of Assessment..... 2
 - Methodology And Gaps Discussion 2
- Evaluation Of Prior Implementation Strategy 4
- Community 5
 - Geographic Assessment Area Defined 5
 - Demographic Profile 6
 - Economic Profile 8
- Input 9
 - Health Profiles From Existing Studies And Other Secondary Data 9
 - Primary Source Information..... 13
- Need Identification And Prioritization..... 17
 - Reconciliation Of Primary Source Information With Secondary Data..... 17
 - Summary Of Findings And Recommendations 17
- Implementation Strategy..... 19
- Resource Inventory..... 20
 - Iroquois Memorial Hospital..... 20
 - Area Health Services Review 23
- Remarks 28
- Appendix..... 29
 - Focus Group And Interview Participants 29
 - Collaborators 31
- Notes..... 32

PROCESS

Purpose

The mission of Iroquois Memorial Hospital is to provide quality healthcare services for the region in a convenient, caring environment. In the past, Iroquois Memorial Hospital 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 Iroquois Memorial Hospital, to conduct local Community Health Needs Assessments every three years and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service. Assessing community health needs through a review of available health data and discussion with area health care partners, local officials and community leaders and representatives of the many groups served by the hospital give Iroquois Memorial Hospital and its health care partners the opportunity to identify and address the area's most pressing health care needs.

Scope of Assessment

Iroquois Memorial Hospital elected to conduct a Community Health Needs Assessment in 2016. The Community Health Needs Assessment was developed and conducted by Iroquois Memorial Hospital with support provided by Presence Health. 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 Watseka and all of Iroquois County.

Methodology and Gaps Discussion

The Community Health Needs Assessment was conducted through Iroquois Memorial Hospital.

Possible avenues for gathering primary information were reviewed, and it was determined to proceed with seven focus groups – comprised of area health care professionals/partners, local officials, faith leaders, young adults, and business leaders.

Quantitative information from the U.S. Census Bureau was collected at the zip code level providing demographic and economic information and variables for multiple years of past and present data allowing for identification of trends over time. Additional data was collected from the Illinois Department of Labor, the Illinois Behavioral Risk Factor

Surveillance System, and Illinois County Rankings data. This assessment has explored the more focused needs of the identified groups by specifically seeking input from persons with knowledge of the specific health concerns. Input was also sought from members of the community charged professionally with advancing the health and education of the community and all its members, including school officials dealing daily with youth and families.

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

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

EVALUATION OF PRIOR IMPLEMENTATION STRATEGY

The items set forth below were identified and prioritized in the 2013 Community Health Needs Assessment. Actions taken are summarized for each Priority

1. Mental health services

Actions taken: Iroquois Memorial assessed access to Mental Health services and discovered that there was an average 11 week wait period for residents to be scheduled for visits to Mental Health Professionals. A recruitment process was undertaken to bring more Mental Health professionals to our service area. This recruitment process has concluded with contracts that are bringing two Mental Health professionals on site to our primary care clinics

2. Basic wellness services, education, and access for all residents

Actions taken: Two additional Primary Care providers have been recruited as well as 3 mid-level providers. All providers now accept underinsured and uninsured patients. Additionally, Iroquois Memorial began providing services under Health Families Illinois, Family Case Management and Women, Infants and Children program. All three of these programs are enhanced through a collaboration between each program and the Obstetrics department. Medicare patients are informed of the Annual Wellness check available to them and assistance is provided filling out paperwork and scheduling. A certified enrollment assistant is provided for area residents to enroll in the State of Illinois Health Insurance Exchange program.

3. Teen Pregnancy

Actions taken: Two of our providers conduct pregnancy education sessions annually for all of our surrounding schools.

4. Addressing access to quality local health care

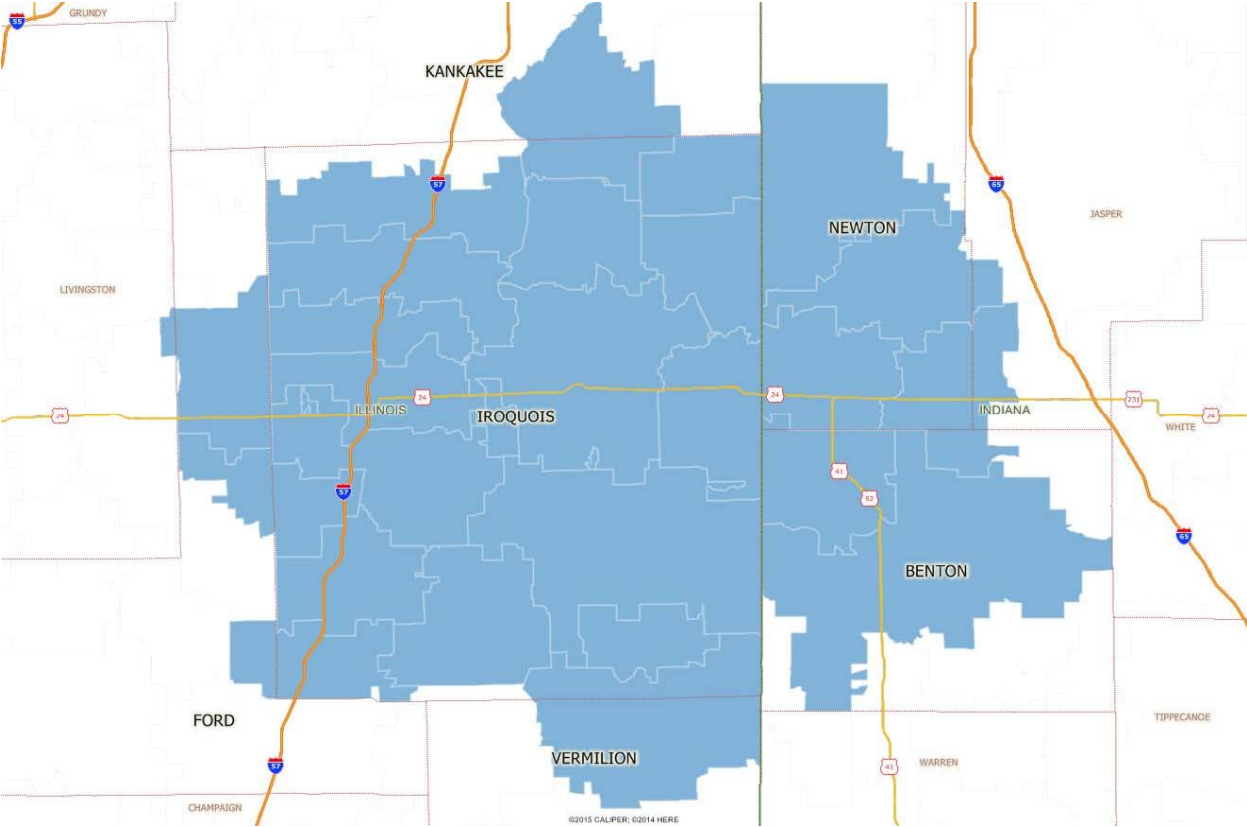
Actions taken: All providers now accept underinsured and uninsured patients. Additional providers were recruited to complement existing staff. A weekend clinic has been established to meet the needs for working families.

COMMUNITY

Geographic Assessment Area Defined

The Iroquois Memorial Hospital community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary and secondary hospital service areas, which includes all or portions of the zip code service areas surrounding Watseka and reaching into Iroquois, Ford, and Kankakee counties in Illinois and Benton and Newton counties in Indiana. This geographic area’s definition of community is well-suited to Iroquois Memorial Hospital, providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area. Tertiary Care Hospitals in Champaign, Kankakee, and other locations receive patients from the service area.

Illustration 1. Iroquois Memorial Hospital Service Area



Mapitude - 2015

Demographic Profile

Table 1. Population by Race - Iroquois Memorial Hospital Service Area

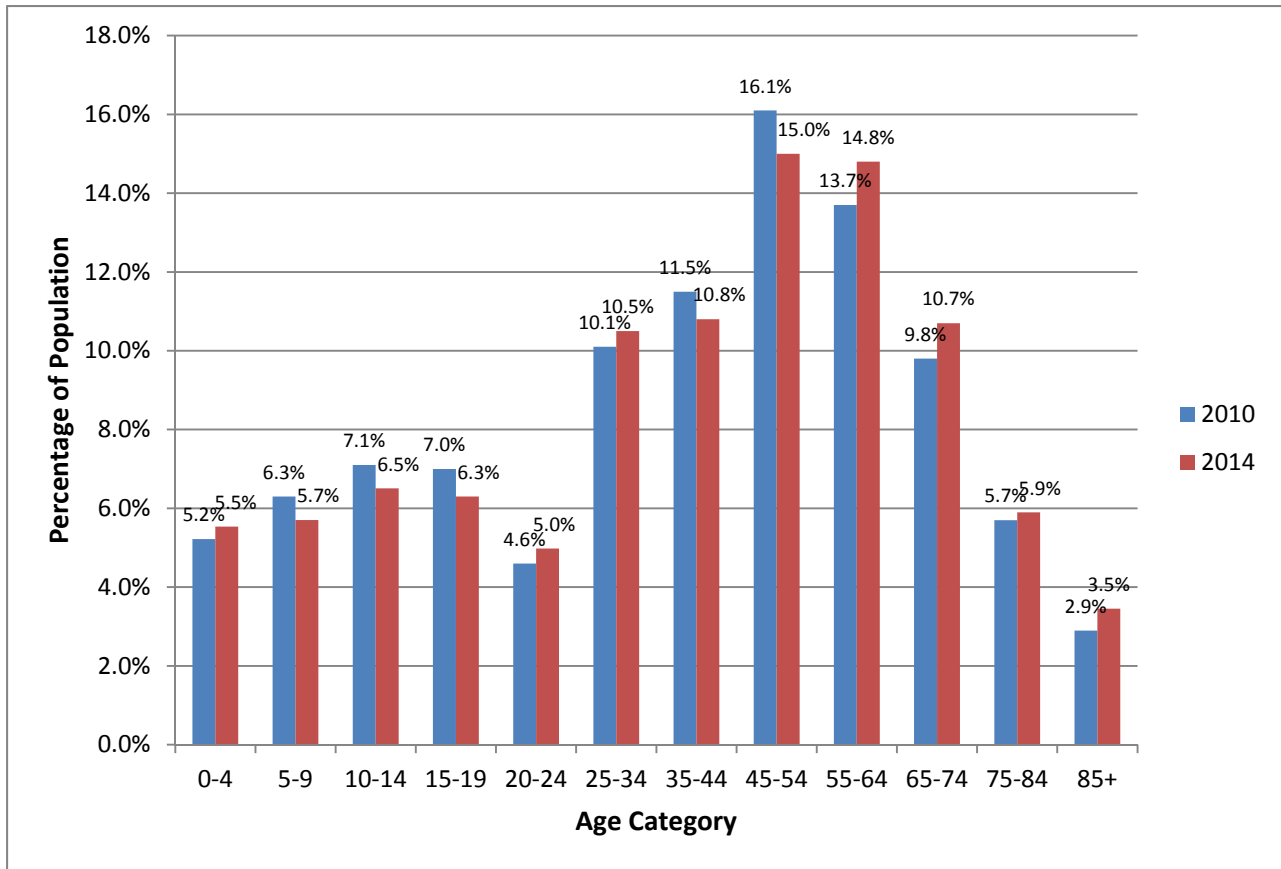
RACE and ETHNICITY	2014 American Community Survey	
	Number	Percent
White	49,002	95.7%
Black or African American	1,046	1.0%
American Indian & Alaska Native	81	0.2%
Asian	168	0.4%
Native Hawaiian & Pacific Islander	12	0.0%
Other	782	1.2%
Two or More Races	636	1.5%
HISPANIC or LATINO and RACE		
Hispanic Origin (any race)	3,450	6.2%

The race and ethnicity make-up numbers of the service area are typical of rural Illinois. The broad demographic profile of the Iroquois Memorial Hospital service area was determined from data reported by the American Community Survey. The following chart and data profile shows trends in the demographic environment surrounding the Iroquois Memorial service area.

Table 2. Demographic Trends – Iroquois Memorial Service Area

SUMMARY	2010	2014
Population	51,729	51,729
Households	20,902	20,154
Owner Occupied Housing Units	15,573	15,313
Renter Occupied Housing Units	5,329	5,411
Median Age	43.2	43.8

Table 3. Population Age Trends – Iroquois Memorial Service Area



The Iroquois Memorial Hospital Service area has seen a gain in population distribution in across more than half of the age categories. The most gain in population is seen in the groupings age 55 and over which is a normal pattern that is seen when compared to other rural areas in Illinois.

Table 4. Household Income Profile – Iroquois Memorial Service Area

HOUSEHOLDS BY INCOME	2014 American Community Survey	
	Number	Percent
<\$15K	2,526	11.7%
\$15K-\$24K	2,605	13.41%
\$25K-\$34K	2,359	10.75%
\$35K-\$49K	3,409	16.07%
\$50K-\$74K	4,022	19.55%
\$75K-\$99K	2,728	14.31%
\$100K-\$149K	1,923	9.39%
\$150K-\$199K	437	3.40%
\$200K+	529	2.54%

Economic Profile

Median household income in Iroquois County in 2000 stood at \$38,071 while the 2010-2014 5-year estimate stands at \$47,184. While median household income for Iroquois County has increased since 2000, it still remains well below the State's average of \$57,166.

Median home value in Iroquois County is \$96,000, compared to the median home value of \$175,700 for the United States. *(American Community Survey, 2014)*

According to the Illinois Department of Employment Security, Local Employment Dynamics data, 632 new jobs were created in Iroquois County during the second quarter of 2015. The average over Q1-2015 and the prior three quarters was 405 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 244 jobs created.

In Kankakee County, 3,139 new jobs were created during the second quarter of 2015. The average over Q1-2015 and the prior three quarters was 2012 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 348 jobs created.

In Ford County, 282 new jobs were created during the second quarter of 2015. The average over Q1-2015 and the prior three quarters was 207 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 96 jobs created. *(IDES - 2015)*

The annual average unemployment rate for 2014 was 10% for Illinois, 8.8% for Indiana, and 9.2% for the U.S., compared to the following rates in the service area. They include 9.4% annual average for 2014 in Iroquois County; 10.1% for Ford County; 10.5% for Kankakee County; 5.8% for Benton County; and 9.8% for Newton County.

In Iroquois County in 2014, 88.1% of persons age 25 or over had attained at least a high school diploma compared to 87.6% who had attained at least a high school diploma statewide. Over fourteen percent of persons 25 or over had attained a bachelor's degree or higher, compared to 31.9% attaining a bachelor's degree or higher in the state overall. *(U.S.*

Census - Quick Facts 2014)

Low-income students are pupils ages 3 to 17, 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 and multiplied by 100.

A large portion of the service area is included in eight public school districts reflecting the following levels of low-income students;

District	Percent Low-Income Students	
	2011	2015
Central CUSD 4	39%	43%
Donovan CUSD 3	39%	54%
Iroquois County CUSD 9	53%	63%
Iroquois West CUSD 10	52%	57%
Milford CCSD 280	54%	47%
Milford TWP HSD 233	31.1% (2009)	N/A
Crescent Iroquois CUSD 249	34%	42%
Cissna Park CUSD 6	22%	16%

The population of low-income students for the state of Illinois went from 48% in 2011 to 54% 2015. In 2011, three area school districts exceeded the state level. In 2015, three local districts had percentages higher than the state.

The demographic/economic profile of the Iroquois Memorial Hospital service area overall is typical of many rural Illinois communities. In the near term, the profile is expected to remain substantially similar in most categories reviews for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.

INPUT

Health Profiles from Existing Studies and Other Secondary Data

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

- County Health Rankings
- Iroquois County Public Health Department Illinois Project for Local Assessment of Needs (IPLAN) 2014

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.

Iroquois County is ranked 55 out of the 102 Illinois counties in the Health Outcomes and Health Factors rankings released in 2016. Ford County is ranked 56 and Kankakee County is 71. The following chart highlights areas on interest from the County Health Rankings.

Table 5. County Health Rankings – Iroquois, Ford, and Kankakee (Illinois)

Observation	Iroquois	Ford	Kankakee	Illinois
Adults reporting poor or fair health	14%	13%	16%	N/A
Adults reporting no leisure time physical activity	28%	26%	25%	23.9%
Adult obesity	33%	30%	34%	29.3%
Children under 18 living in poverty	22%	19%	21%	20.5%
Excessive drinking	19%	20%	20%	21.4%
Teen birth rate (per 1,000 females, ages 15-19)	32	34	38	24.6
Motor vehicle crash rate (per 100,000)	20	19	13	N/A
Adult smoking	16%	15%	17%	16.5%

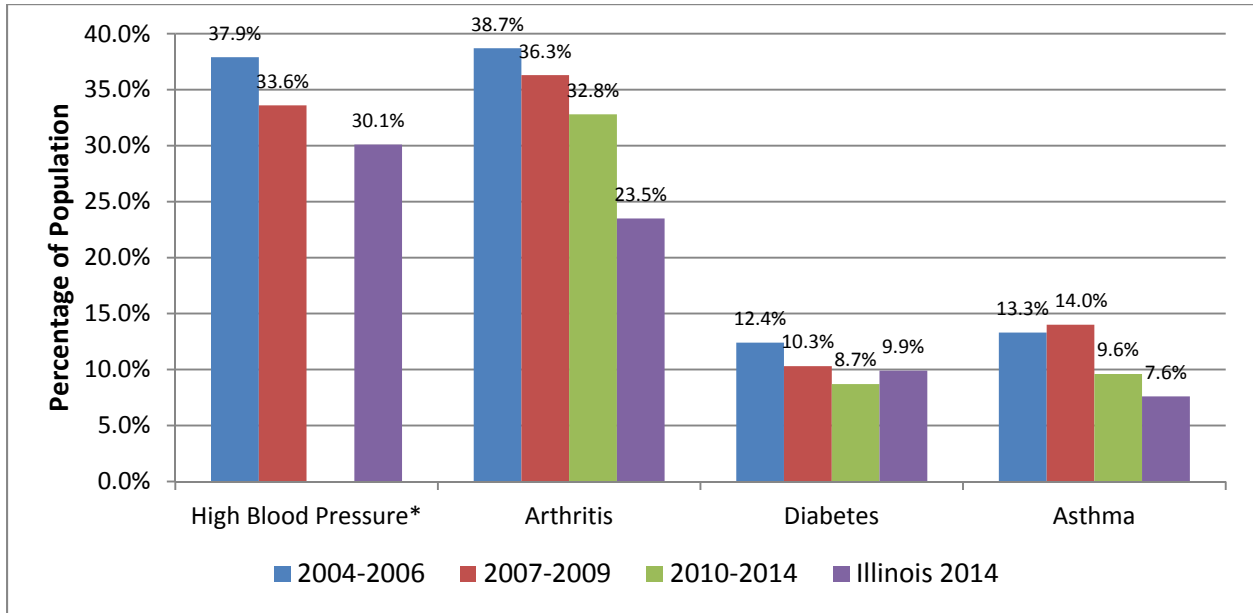
Table 6. County Health Rankings – Benton and Newton (Indiana)

Observation	Benton	Newton	Indiana
Adults reporting poor or fair health	17%	18%	N/A
Adults reporting no leisure time physical activity	33%	33%	26.1%
Adult obesity	33%	35%	32.7%
Children under 18 living in poverty	18%	18%	23.3%
Excessive drinking	16%	15%	15.8%
Teen birth rate (per 1,000 females, ages 15-19)	34	36	30.3%
Motor vehicle crash rate (per 100,000)	24	32	N/A
Adult smoking	21%	22%	22.9%

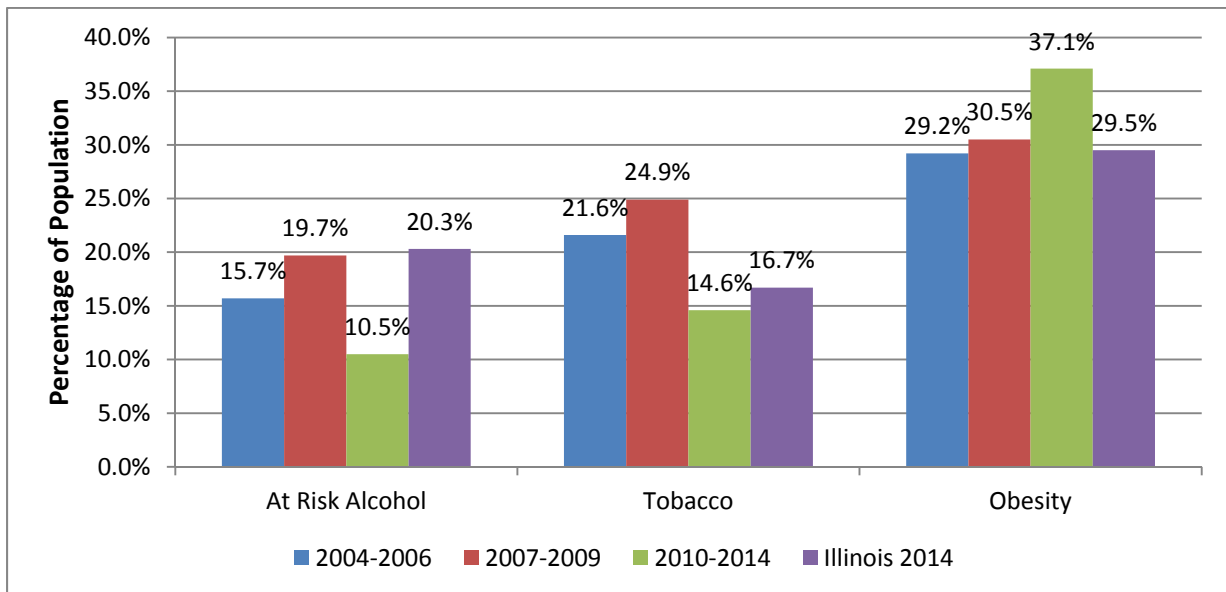
The Illinois Behavioral Risk Factor Surveillance System provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services.

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

Table 7. Diagnosed Disease Factors – Iroquois County



*Insufficient data was available for the 2010-2014 reading for high blood pressure (IBRFSS, 2014)



Since 2006, reports of high blood pressure, arthritis, and asthma have exceeded the state level. Until recently, the percent of persons at risk for acute or binge drinking have

exceeded the state levels. The rate of obesity continues to remain above the state level in the IBRFSS and more recent data available from the County Health Rankings.

The Illinois Department of Health releases countywide mortality tables showing causes of death within the county. The data is shown below:

Table 8. Incidence by Disease Type – Iroquois County

Disease Type	Number of Deaths
Diseases of the Heart	101
Malignant Neoplasms	85
Cerebrovascular Diseases (Stroke)	33
Alzheimer’s Disease	28
Lower Respiratory Diseases	16
Diabetes Mellitus	16
Accidents	13
Nephritis, Nephrotic Syndrome, and Nephrosis	11
Septicemia	11
Intentional Self Harm (Suicide)	5
Chronic Liver Disease, Cirrhosis	4
Influenza and Pneumonia	3
All other causes	
TOTAL DEATHS	380

(Illinois Behavioral Risk factor Surveillance System, 2014)

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

IPLAN (top priorities)

The Iroquois County Public Health Department completed the five-year Illinois Project for Local Assessment of Needs (IPLAN) in 2014. Each health department in the state conducts this process on a rotating basis. The IPLAN helps to identify local health concerns on a countywide basis and establish plans to address them.

The IPLAN identifies the following priorities as the leading health concerns in the two counties:

1. Reduce Breast and Cervical Cancer
2. Reduce Obesity in Preschool Children Ages 2-5
3. Reduce Tobacco Use

Synthesized Secondary Data

The demographics for Iroquois Memorial Hospital service area reflect overall better or similar income when compared to many other rural areas – however, it is still below the State’s average.

Iroquois County reports a higher percent of population diagnosed with arthritis and asthma but is below the state average for diabetes. Diseases of the heart and cancer are the two leading causes of death throughout the service area.

Summary

The secondary data as well as primary data draw attention to several common issues that are seen in rural communities including drug and alcohol abuse, access to mental health services, obesity, diabetes, smoking, and general wellness.

Primary Source Information

From August 17-18, 2015 Presence Health held a series of stakeholder engagement sessions and management meetings to help build a Healthy Community Vision plan for Iroquois Memorial Hospital. These meetings included stakeholder groups such as farmers, seniors, young adults and faith communities. The aim of this process was to integrate the existing plans with Presence Health’s Management Agreement and create an overall vision for the community.

Focus Group #1 – Executive Team

The first group discussed the following concerns:

- The sharp decrease in market share due to stiff competition
- Systemic distrust of the health system by the community members
- The need for increased presence in the community and building up the image of the hospital through aggressive marketing and PR campaign

Some suggestions included:

- Leveraging the hospital to provide and support needed community services that would bolster the image of IMH in the community
- Utilizing Aunt Martha’s, a local FQHC, more efficiently to ensure appropriate care and referrals to IMH

Focus Group #2 – IMH Management

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

- Access to care
- Health behavior management for substance abuse. Medication adherence issues and a general lack of health knowledge
- Physician shortages
- Lack of wellness programs
- Higher uninsured/underinsured rate

While the strength of being a tight-knit family centered community with a dedicated staff, some structural deficiencies within the system were identified, including:

- Lack of communication
- Difficulties retaining high-quality staff
- The need for increased efficiency in operational processes

Focus Group #3 – IMH Providers

This group discussed various challenges in their work broken down into three main themes:

1. Lack of financial power
2. Lack of health education
3. ACA implementation

Providers stated that the #1 barrier to health was financial buying power of community members. Many community members do not have the means to pay for medical care and prevention leading to overuse of the Emergency Room when problems become serious enough. There were also issues with both Medicare and Medicaid patients surrounding prescription medication coverage in the community.

Patient health education was also seen as a large barrier including both education about health behaviors as well as system navigation education. There is an FQHC but most individuals do not understand how to access it and what services are provided. The lack of ACA navigation education also leads to services that would be covered, such as annual wellness visits and screenings, are not being taken advantage of by the insured patients. There was also an extreme lack of any mental health services. Adult screenings have now fallen to the Primary Care Physicians who are often uncomfortable making these diagnoses and there are no pediatric mental health services in the county. Basic screenings for ADD/ADHD and other learning disabilities are left to the teachers in the local school system.

The community is facing high levels of drug abuse, including prescription drug abuse and heroin and providers and unequipped to manage these problems.

Focus group #4 – IMH Board of Trustees

This group specified two main themes of lack of needed services and a brain-drain on the community. The group felt that anyone with an education and potential to make sustained impact leaves the community as soon as possible. It was noted that there is a severe lack of health services in the areas of; mental health, substance abuse, stress, self-esteem, obesity and employee wellness.

Specific hospital barriers to increased success included EMR/IT integration problems, general productivity issues, and the feeling that anyone 'of means' goes elsewhere to live and work.

Focus Group #5 – Farmers and Faith Leaders

The farmers and faith communities identified issues related to health care and health care needs, including:

- Lack of mental health services
- Lack of chronic care support
- Lack of access to dental care and physical therapy
- The lack of activities for young people causing youth the stray away from the community

Some suggestions included implementing a young leaders group, partnering with EMS training, and bolstering partnerships.

Focus Group #6 – Young Adult Employees

The overarching theme for this group was the lack of resources across a wide range of areas – especially barriers to health. These barriers include:

- Lack of affordable food options
- Lack of mental health services
- Lack of urgent care centers
- Lack of cancer treatment programs
- Lack of general wellness education

This group also noted the lack of programs targeting their development and general transportation issues within the community. As mention in another focus group, there is a

perception that most of the young people who can leave the community do and there is little to keep them from moving away. Perception of school districts in the community combined with unaffordable home prices and taxes further exacerbate this problem. When asked for a one-word perception of their community words such as run-down, negative, and unhealthy were prominent. Conversely there is hope within this group of transforming their community into a place that is healthier, forward-thinking and improved.

Focus Group #7 – Civic and Business Leaders

The civic and business leaders identified stigma and social factors as the largest barriers to health. This included mental health needs as well as some social determinants of health:

- Low income
- Lack of education
- Employment
- Unstable home conditions

They did see great opportunities in emerging programs such as the SHOW bus but also noted that the hospital needs to integrate itself more with the community and promote partnerships. The new hospital CEO is very well perceived and this needs to be used to the hospital's advantage when marketing services and programs.

NEED IDENTIFICATION AND 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 mental health services, including prevention of substance abuse and access to mental health care for the uninsured and underinsured, diabetes, and obesity. The areas chosen were consistent with the needs of the need identified from the secondary information collected and observed.

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. Mental Health

This issue was raised in numerous focus groups with regard to services available through Iroquois Memorial Hospital, community resources, and education. This issue was also identified as one of great importance, especially in the Iroquois County youth. This need was also supported in the secondary data related to risky behavior. **Action Plan:** An additional four Mental Health professionals will be added. A Care Coordinator position will be created to develop care plans for all of our patients to address Medical, Mental and Nutritional needs

2. Drug and Alcohol Abuse

In almost all focus groups, drug and alcohol abuse was a main theme for top needs in the community. This topic was especially concerning for the providers as they did not feel adequately equipped to manage the high levels of drug abuse in the community. **Action plan:** An additional four Mental Health professionals will be added. A Care Coordinator position will be created to develop care plans for all of our patients to address Medical, Mental and Nutritional needs

3. Diabetes

According to America's Health Rankings, in the State of Illinois, the diabetes rate stands at 10.1% in 2015 from 8.1% in 2010. Iroquois County's rate of diabetes is 10.3% which is slightly higher than the percentage for the State. Wellness education was among a number of solutions that were discussed in the focus groups with

some groups putting more emphasis on youth. **Action Plan:** A Registered Dietitian will begin school and public education programs throughout the service area. A Care Coordinator position will be created to develop care plans for all of our patients to address Medical, Mental and Nutritional needs

4. Obesity

Obesity is a problem plaguing almost every community in the nation. During the past 20 years, there has been a dramatic increase in obesity in the United States and the rates remain high. Based on 2007-2009 BFRSS data, 32% of residents are overweight and 30.5% are obese. Again, focus groups identified general wellness education as an avenue to combat this epidemic in their communities as well as other serious health conditions related to obesity. **Action Plan:** A Registered Dietitian will begin school and public education programs throughout the service area. A Care Coordinator position will be created to develop care plans for all of our patients to address Medical, Mental and Nutritional needs

IMPLEMENTATION STRATEGY

The Needs Identification and Prioritization Findings and Recommendations have been used to create an action plan to achieve success. This includes the development and delivery of an implementation plan to drive execution of the defined strategies. Components include a communication plan, priority initiative work plans, role and responsibility assignments, measure/indicators for success along with baseline data and project timelines.

All of the prioritized recommendations will be addressed through the Coordination of Care Program that will be created before the end of 2016. The Coordination of Care includes patient and resident care coordination between inpatient, outpatient and community care settings

Priority 1 - Mental Health

Over the course of 2016 and 2017 an additional four Mental Health professionals will be added. A Care Coordinator position will be created to develop care plans for all of our patients to address Medical, Mental and Nutritional needs

Priority 2 -Drug and Alcohol Abuse

A Care Coordinator position will be created in 2016 to develop care plans for all of our patients to address Medical, Mental and Nutritional needs.

Priority 3 - Diabetes

A Registered Dietitian will begin school and public education programs throughout the service area. A Care Coordinator position will be created to develop care plans for all of our patients to address Medical, Mental and Nutritional needs

Priority 4 - Obesity

A Registered Dietitian will begin school and public education programs throughout the service area. A Care Coordinator position will be created to develop care plans for all of our patients to address Medical, Mental and Nutritional needs

RESOURCE INVENTORY

Iroquois Memorial Hospital

Iroquois Memorial Hospital offers a wide range of services and care to portions of five counties in Illinois and Indiana. The hospital provides general medical and surgical care for inpatient, outpatient, Iroquois Memorial Hospital Satellite Clinic patients, emergency room patients, and participates in the Medicare and Medicaid programs. Services include:

Diagnostic Services

- Cardiology
- Laboratory
- Respiratory Therapy
- Sleep Lab
- Medical Imaging

Outpatient Services

- Cardiopulmonary Rehab
- Industrial health and work conditioning
- Iroquois Memorial Hospital Home Health
 - IV Therapy/PICC Lines
 - Cardiac and post-operative care
 - Diabetic management
 - Extensive wound care/dressings
 - Care of the terminally ill
 - Internal nutrition (feeding tubes)
 - Catheter care
 - Injections
 - Complex teaching
 - Disease management
 - Pediatric care
 - Ostomy care education
 - Maternal/child care
 - Phototherapy
- Iroquois Memorial Hospital Hospice
- Lifeline Personal Response System
- Medical transport van (non-emergency)
- Nutrition counseling

- Rehab Services
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy

Support Services

Clinical Services

- 24-hour emergency department
- Anesthesiology
- Cardiology services
- Crisis intervention
- EMS/ambulance service
- Gynecology
- Infection control
- Intensive care and telemetry
- Medical imaging
- Obstetrics
- Pathology
- Surgery
- Urology

Specialty Clinics

- Dermatology
- Gastroenterology
- Nephrology
- Oncology
- Ophthalmology
- Orthopedic surgery
- Otolaryngology
- Podiatry
- Urology
- Vascular Surgery
- Wound care

Resident Home

- Medicare- and Medicaid-certified
- 24-hour licensed skilled nursing care, including 24-hour RN coverage
- 24-hour emergency medical care
- Respite care
- Hospice care
- Individualized care plans
- Resident choice menu planning
- Special diet accommodations
- Physical, occupational, and speech therapy
- Respiratory therapy
- Intravenous therapy
- Wound and ostomy care
- Social service
- A full schedule of activities, including a community outing
- Open visiting hours
- Care conferences
- Wheelchair accessible van
- Access to routine medical care and specialty care without leaving the Iroquois Memorial Hospital campus, including laboratory, MRI, and x-ray services, specialty clinic, and chemotherapy

Area Health Services Review

Physicians

Physician	Specialty
Shelby Chien, MD	Anesthesia
Vicko Gluncic, MD	Anesthesia
Ronald Hayes, MD	Anesthesia
Stanley Knight, MD	Anesthesia
Maen Martini, MD	Anesthesia
Mauricio Morales, MD	Anesthesia
Madison Sample Jr., MD	Anesthesia
Aravind Reddy, MD	Cardiology
Janice Jones, MMS, PA-C, PhD	Dermatology
Ron Kurzejka, MD	Emergency Medicine
Fredrick Burke, MD	Emergency Medicine
Kenyatta Frazier, MD	Emergency Medicine
Katherine Halleran, MD	Emergency Medicine
Leonard Kaczorowski, MD	Emergency Medicine
Jason Kole, MD	Emergency Medicine
R. Vijay Kumar, MD	Emergency Medicine
Peter McCool, MD	Emergency Medicine
Danielle McGee, MD	Emergency Medicine
Larry Mitchell, MD	Emergency Medicine
Charles Motley, MD	Emergency Medicine
Issac Plamoottil, DO	Emergency Medicine
Pat Rastogi, MD	Emergency Medicine
Daniel Saviano, MD	Emergency Medicine
Pradip Shah, MD	Emergency Medicine
Sharonda Shaw-Berrocol, DO	Emergency Medicine
Andrew Zasada, MD	Emergency Medicine
Michael Ajakaiye, MD	Family Medicine
Sheena Gibson, MD	Family Medicine
Teresita Torres, MD, FAAFP	Family Practice
Thomas O'Connor, MD	Gastroenterology
David Sutherland, MD	Gastroenterology
Hytham Beck, MD	General Surgery
Daniel Chase, MD	General Surgery
Jun Kim, MD	Gynecology
Rodney Alford, MD	Internal Medicine

Naran Dodia, MD	Internal Medicine
Gonzalo Florido, MD FACP	Internal Medicine
Crisanto Reyes, MD	Internal Medicine
Steven Ambrose, MD FACOG	Maternal Fetal Medicine
Nashib Hashmi, MD	Nephrology
Miguel Hizon, MD	Nephrology
Steven Ambrose, MD FACOG	Obstetrics
Sheena Gibson, MD	Obstetrics
Jun Kim, DO	Obstetrics
Patricia Johnson , MD	Oncology
Gregory Halperin, MD	Ophthalmology
Alex Michalow, MD	Orthopedic Surgery
William Youngerman, MD	Otolaryngology
Thomas Betlej, MD	Pathology
Mark Pool, MD	Pathology
Noman Siddiqui, MD	Pathology
Rodney Alford, MD	Pediatrics
Walter Curry, DPM	Podiatry
Timothy Friedrich, DPM	Podiatry
Iroquois Mental Health Center	Psychology
John Tricou, MD	Radiology
Eric Helfer, MD	Urology
Jennifer Ash, MD	Vascular Surgery
Terrill Applewhite, MD	Wound Care

Allied Health Providers

Physician	Specialty
Jennifer Hagen, CRNA	Anesthesia
Holli Madewell, CRNA	Anesthesia
Jennifer Schroeder, CRNA	Anesthesia
DiAnne Schoolman, NP	Cardiology
Erin Dean, Nurse Practitioner	Family Medicine
Shannon Haggard, Nurse Practitioner	Family Medicine
Colleen Henderson, Nurse Practitioner	Family Medicine
Jennifer Schnell, Nurse Practitioner	Family Medicine
Janella Schroeder, Nurse Practitioner	Family Medicine
Jessica St. John, Nurse Practitioner	Family Medicine
Jennifer Weaver, RA	Radiology
Jo Ann Hine, PA	Urology

Centers and Clinics

Iroquois County Public Health Department

1001 East Grant Street
Watseka, IL

Iroquois Memorial Hospital Gilman Clinic

508 E. Crescent
Gilman, IL

Iroquois Memorial Hospital Kentland Clinic

303 N. Seventh Street
Kentland, IN

Iroquois Memorial Hospital Milford Clinic

34 E. Jones Street
Milford, IL

Iroquois Memorial Hospital Multi-Specialty Physicians

200 N. Laird Lane
Watseka, IL

Iroquois Memorial Hospital Specialty Clinic

200 E. Fairman Avenue
Watseka, IL

Iroquois Mental Health Center

323 W. Mulberry Street
Watseka, IL

Iroquois Women's Health

625 E. 5th Street, #1
Watseka, IL

Senior Care

ARC of Iroquois County

700 E. Elm Street
Watseka, IL

Creekside Prairie Independent Living

510 A Prairie Lane
Cissna Park, IL

Gilman Nursing Home

1390 S. Crescent Street
Gilman, IL

Heritage Woods of Watseka

577 Martin Avenue
Watseka, IL

Iroquois Resident Home

200 E. Fairman Avenue
Watseka, IL

Kingdon Gardens Assisted Living

819 W. Lafayette Street
Watseka, IL

Merkle-Knipprath Catholic Home

1190 E. 2900 North Road
Clifton, IL

Piper City Rehab and Living Center

600 S. Maple Street
Piper City, IL

Prairie View Lutheran Home

403 N. Fourth Street
Danforth, IL

Sheldon Health Care Center

170 W. Concord Street
Sheldon, IL

Watseka Rehabilitation and Health Care

715 E. Raymond Road
Witseka, IL

George Ade Memorial Health Care

3623 Indiana 16
Brook, IN

REMARKS

The Iroquois Memorial Hospital Community Health Needs Assessment was conducted in 2015. The process followed IRS guidelines allowing for a more confident focus of effort and resources.

Iroquois Memorial Hospital is grateful to its staff 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 Iroquois Memorial Hospital in August, 2016, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.

APPENDIX

Focus Group and Interview Participants

Ardith Heuton

Community Member, Hospital Volunteer

Bob Burd

Country Financial

Carla Waters

Times- Republic

Cheryl Bohlmann

Community Member

Cindy Sumner

Darlene McGehee

Iroquois Insurance

Erin Dean, NP

Jessica St. John, NP

Jun Kim, DO

Kerry Bell

First Trust and Savings Bank

Mary Ann Keifer

IMH Auxiliary Chairperson

Pastor Tom McCann

First Presbyterian Church

Rhonda Pence

Iroquois Federal

Roland Heuton

Community Member

Dee Shippert

Iroquois County Public Health Department

Julie Schippert

Iroquois County Probation Officer

Kami Garrison
Iroquois Sexual Assault Services

Ken Barragree
I E D A

Kenny Lee
Iroquois County CUSD #9

Mayor Jim Ward
Village of Crescent City

Mayor Robert Harwood
City of Watseka

Sheriff Derek Hagen
Iroquois County Sheriff's Office

Wayne Lehmann
Iroquois Title Company

Collaborators

The Iroquois Memorial Hospital Community Health Needs Assessment was developed and conducted in partnership with Presence Health. Iroquois Memorial is an Independent Partner of Presence Health

Presence Health is a not-for-profit 501(c)(3) Catholic Health System in Illinois with more than 150 locations around the state, including 11 hospitals, 27 long-term care and senior living facilities.

In each of the communities Presence Health serves, Presence works with others – including charitable organizations, community health providers, elected officials, business leaders, schools, churches, and residents – to look at the overall health of the community and identify the greatest needs. Presence makes a plan and develop strategies together with each communities to address the highest priority health needs.

Dougal Hewitt – Presence Health Chief Officer for Mission and External Affairs

As the Chief Mission and External Affairs Officer for Presence Health, Dougal Hewitt oversees mission, ministry formation, ethics and external affairs. Dougal joined Presence Health in 2013. He has more than 22 years of experience in health administration, community outreach and values-based leadership development and formation. Dougal also has a certification in ethics from Georgetown University and a certification in integral leadership from University of Notre Dame.

Will Snyder - Presence Health Vice President External Affairs

As Vice President External Affairs Will Snyder manages Presence's advocacy, community benefit and community health work. Will has worked at Presence for over two years, advancing community outreach through social determinant data projects and developing social safety net coalitions. Will graduated from New York University with a Bachelor of Fine Arts.

NOTES