2016 Community Health Needs Assessment

Harrisburg Medical Center

Harrisburg, Illinois

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INTRODUCTION

The mission of Harrisburg Medical Center is to maintain and improve the health of the communities we serve. This Community Health Needs Assessment provides the groundwork for Harrisburg Medical Center, and along with other local organizations to create a blueprint for the provision of services to improve the health of our community.

HARRISBURG MEDICAL CENTER

Harrisburg Medical Center (HMC) is a 77 bed nonprofit Sole Community Hospital licensed by Illinois Department of Public Health and is a member of the Illinois Hospital and Health Systems Association. HMC is accredited by The Joint Commission. Patient care is provided by professional staff skilled in the assessment of patients and development of a care plan based on findings from those assessments.

Services provided include:

- Inpatient Services
  - General Medical and Surgical Services
  - Special and Progressive Care
  - In-Patient Dialysis
- Behavior Health Inpatient Services
  - Adult Psychiatric Care
  - Geriatric Psychiatric Care
- Respiratory Therapy Services
  - Pulmonary Function Testing
  - Electroencephalogram (EEG)
  - Sleep Lab Studies
  - Over Night Oximetry
- Laboratory Services
- Radiology Services
  - Upper GI - Barium Enemas
  - CT Procedures
  - 3D Mammography
  - Dobutamine Stress Echo Testing
  - Intravenous Pyelogram (IVP)
  - Nuclear Medicine
  - Small Bowel Follow Through
  - Ultrasound
  - Upper GI (UGI)
- Outpatient Clinics
  - 5 Clinic Locations includes Outpatient Behavior Health Care
- Surgical Services
  - Orthopedic Surgery
  - Spine Surgery
  - Cataract Surgery
  - Gynecological Surgery
  - Colonoscopy
  - Laparoscopic Hernia Repair
  - Laparoscopic Cholecystectomy
  - Upper Endoscopy
  - Urologic Surgery
  - Podiatric Surgery
  - Port Placements
- Lesion Removal
  Rehabilitation Services
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Cardiopulmonary Rehabilitation
- Emergency Department
- Home Health Care
  - Home Health Aids
  - Occupational & Physical Therapy
  - Skilled Nursing
  - Speech Therapy

Harrisburg Medical Center accepts patients' regardless of ability to pay. Charges excluded from revenue under the hospital's financial assistance policy were approximately $2,303,010 for fiscal year 2015.

Since January 2014, the ACA has required most individuals to maintain health insurance coverage or potentially to pay a penalty for noncompliance. Additionally, the state of Illinois chose to expand Medicaid program eligibility to adults with incomes at or below 138% of federal poverty guidelines. The following table demonstrates the shift at HMC from self-pay gross charges to Medicaid and Commercial insurance.

	FY2015		FY2014		FY2013	
INPATIENT						
Medicare	27,567,989	56%	21,131,438	56%	17,274,769	59%
Medicaid	12,458,468	25%	7,937,269	21%	5,202,323	18%
Commercial	8,191,489	17%	6,445,890	17%	4,269,291	15%
Private Pay	916,835	2%	1,969,563	5%	2,504,635	9%
	49,134,781	100%	37,484,160	100%	29,251,018	100%
HOSPITAL OUTPATIENT						
Medicare	31,234,872	34%	27,632,351	37%	30,392,590	42%
Medicaid	7,544,558	30%	19,352,224	26%	14,948,544	21%
Commercial	29,318,258	32%	23,299,224	31%	21,423,256	30%
Private Pay	3,541,298	4%	4,222,000	6%	5,505,318	8%
	91,638,986	100%	74,505,799	100%	72,269,708	100%

The number of patient days, admissions and discharges at the hospital were:

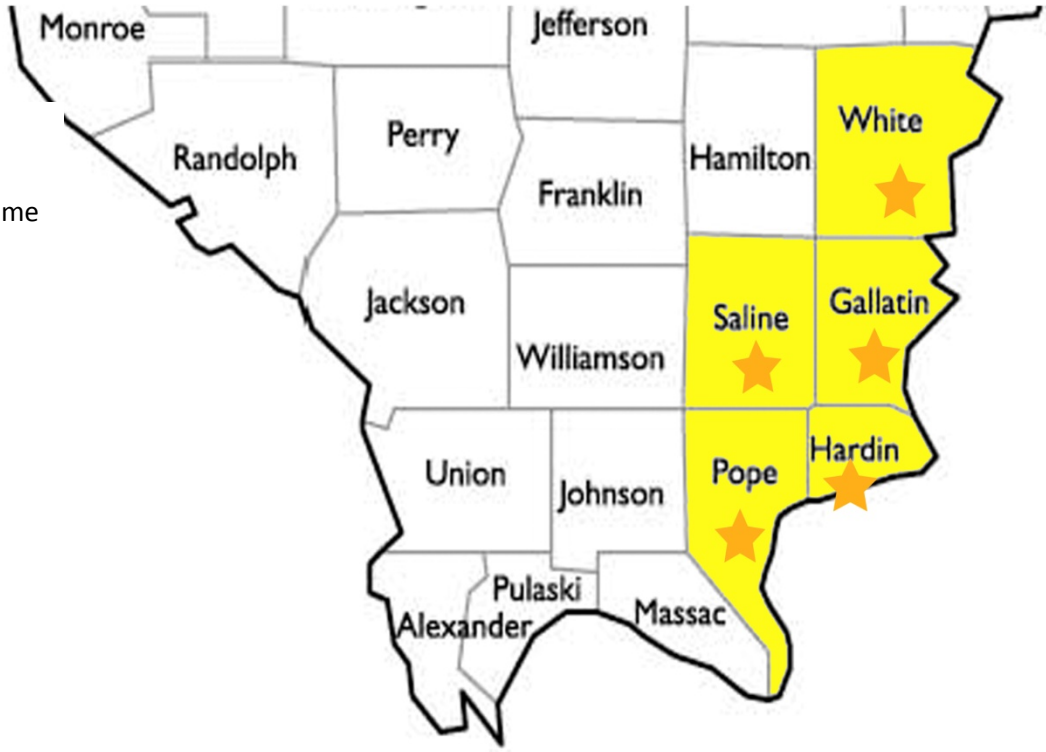
	2015	2014	2013
PATIENT DAYS			
Medical/Surgical	4,575	3,889	3,079
Swing	192	206	200
Psychiatric	9,943	9,262	8,534
Total Pt Days	14,710	13,357	11,813
ADMISSIONS	3,182	2,754	2,386
DISCHARGES	3,181	2,751	2,387
OUTPATIENT REGISTRATIONS	55,238	47,014	44,628

COMMUNITY SERVED BY HOSPITAL

Harrisburg Medical Center (HMC) Primary Service Area

More than 85% of HMC inpatient and outpatient visits came from residents of these five counties

(Fiscal Year: 2015)



Harrisburg Medical Center's primary service area includes Saline, Gallatin, Hardin, Pope and White counties. Key facts about our community from U.S. Census data are:

- 53,987 reside in the five counties
- The median age is: Saline County: 41.7 years; White County: 45.2 years; Gallatin County: 44.4 years; Hardin County: 46.3 years; and Pope County 46.6 years
- Residents are predominantly white
- The median income ranges from a low of $37,071 in Hardin County to a high of $42,914 in White County and is lower than both state and national levels
- In June of 2015, the unemployment rate ranged from 5.1 in White County to 7.1 in Hardin County. By January 2016, after several mine closures, unemployment rates ranged from 7.9 in White Co to 10.1 in Hardin and Saline Counties.

See Attachment D for additional information regarding the hospital's Community Health Profile.

PURPOSE OF A COMMUNITY HEALTH NEEDS ASSESSMENT

Under the Patient Protection and Affordable Care Act (ACA) of 2010, nonprofit 501(c)(3) hospitals are required to perform a Community Health Needs Assessment (CHNA) every three years in to be in compliance with IRS Notice 26 CFR Parts 1, 53 (published 12/31/2014). An implementation strategy must also be developed to address identified needs.

In addition to compliance with the ACA, establishing the community's health needs help to prioritize resources allocation and to determine what services are currently available in our area and how we can coordinate activities with other organization. The process of a community health needs assessment also ensure that needs are identified, efforts are not duplicated, and that the correct organizations to handle specific issues are involved in the process.

ASSESSMENT TOOLS & PROCESS

The community health needs assessment is both a document and a process. Elements of HMC's process include:

1. A collection and analysis of data from existing data sources regarding community demographics, socioeconomic and health statistics, and health care resources,
2. Patient use rates and proprietary financial data
3. A focus group comprised of persons who represent broad interest of the community and people with specialized knowledge of healthcare issues
4. Community and area provider surveys
5. An analysis of existing community plans from Wabash Area Development, Southern Seven Health Department, Egyptian Health Department, and Egyptian Area on Aging.

This document is a synopsis of available information collected during the assessment process. It will serve as a resource until the next assessment cycle. Both the process and document serves to assist in identifying and prioritizing community health needs and will aid in planning to meet those needs.

PRIMARY DATA

Primary data was collected from surveys and a focus group attended by key community members.

SURVEY OF COMMUNITY MEMBERS

We asked community members to participate in HMC's community health needs assessment by answering a set of questions using Survey Monkey to design the survey and collect and analyze the data. Respondents answered several questions related to individual health and access to care, health services challenges, and risk factors. The responses to that survey can be found in **Appendix A**.

Though the response rate was low, we learned that cancer, diabetes, heart disease, mental disorders and obesity were perceived to be the top health issues in our community, but that diabetes and heart diseases had the most impact on the respondents and their families.

SURVEY OF AREA PHYSICIANS

We asked area physicians about their thoughts, concerns, and ideas about the health of the community and their patients via a survey mailed to their individual practice locations.

The responses to that survey can be found in **Appendix B**.

FOCUS GROUP

On November 17, 2015, we facilitated a focus group meeting with key community members representing the broad interest of the community. We invited focus group members based on their knowledge of and interest in community health issues affecting HMC's primary service area, as well as their ability to identify existing community strengths and resource. We also learned about available resources in the community to assist with patient education regarding diabetes, obesity, and other health concerns. Focus group members and results of that group meeting can be found in **Appendix C**.

SECONDARY DATA

We analyzed available data from secondary sources to help identify priority area of concern, and we gathered health and demographic data from various sources.

Secondary sources include:

Wabash Area Development, Inc. (WADI) 2015 Community Assessment

Southern Seven Health Department 2015 IPLAN

Egyptian Health Department IPLAN

Egyptian Area on Aging Summary for Fiscal Year 2016

Data to help better understand the community we serve was analyzed. **Appendix D**, Community Health Profile, provides data gathered from:

Community Commons, Community Health Needs Assessment (CHNA). U.S. Census Bureau, 2013 Census; People QuickFacts, Last revised 3/31/15 by US census

U.S. Census Bureau, 2014 Census.2014 Census Redistricting Data (Public Law 94-171) Summary File, Tables P1 and H1, Last revised 3/31/15 by US Census

U.S. Census Bureau, 2013 Census; People QuickFacts, Last revised 3/31/15 by US census

Illinois State Board of Education School Report Cards, 2014.

U.S. Census Bureau, Small Area Income and Poverty Estimates. Bureau of Labor Statistics, June 2015.

U.S. Department of Agriculture-Food Environment Atlas, 2010.

County Rankings & Roadmaps.

Illinois BRFSS, 2009. IDPH Health Statistics, Illinois Behavioral Risk Factor Surveillance System

U.S. Department of Health and Human Services: Health Resources and Services Administration.

Illinois Department of Children and Family Services. Child Abuse and Neglect Statistics Annual Report- Fiscal Year 2014.

Illinois Department of Healthcare and Family Services.

U.S. Department of Agriculture- Food Environment Atlas.

HEALTH PRIORITY ISSUES

HMC conducted a Community Health Needs Assessment to identify ways HMC can help improve the health of its community and also to respond to ACA requirements. By meeting with a focus group comprised of key community members, surveying area residents and physicians, we have been able to gain a better understanding of the needs of our area.

Our purpose was to identify health challengesas well as risk factors that can be modified or prevented to improve the health of our community. We prioritized community concerns for HMC's five county primary service area into the following categories:

- Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), and Diabetes
- Mental Health
- Substance Abuse Disorders
- Lung and Colon Cancer

Some of the ways HMC can address and make an impact on certain needs include:

a) providing educational activities to encourage healthy lifestyles to help prevent CHF, COPD and Diabetes,
b) identifying and improving access for evaluation and treatment of mental illness,
c) developing a strong referral network of providers to treat substance abuse disorders, and
d) providing easy access to screening for early detection of cancer.

HMC will not be able to address all of the identified needs, but will rely on other resources better positioned to address specific needs.

HMC will use its resources and partner with other community organizations to best meet the needs related to these issues, and will create an Implementation Plan to help guide these efforts.

Appendix A – COMMUNITY SURVEY

Q1. What is your age?

50 Responses, 0 Skipped

Response Choices	%	#
18-24	6.0%	3
25-34	18.0%	9
35-44	28.0%	14
45-54	22.0%	11
55-64	20.0%	10
65-74	0.0%	0
75+	6.0%	3

Q2. What county do you live in?

49 Responses, 1 Skipped

Response Choices	%	#
Saline	83.67%	41
Gallatin	6.12%	3
Hardin	4.08%	2
Pope	4.08%	2
White	2.04%	1

Q3. What is your race/ethnicity?

48 Responses, 2 Skipped

Response Choices	%	#
White	95.83%	46
Black or African American	2.08%	1
American Indian or Alaskan Native	2.8%	1
Asian	0.00%	0
Native Hawaiian or Pacific Islander	0.00%	0
From Multiple Races	0.00%	0

Q4. What do you think are the top health/medical issues in our community?

48 Responses, 2 Skipped

Response Choices	%	#
Alzheimer's Disease	12.5%	6
Asthma	8.33%	4
Cancer	62.5%	30
Diabetes	41.67%	30
Heart Disease	47.92%	23
Kidney Disease	8.33%	4
Learning Disorders	2.80%	1
Mental Disorders	47.92%	23
Obesity	58.33%	28
Respiratory Disease	22.92%	11
Stroke	4.17%	2

Q5. What is the top health/medical issue impacting members of your household?

41 Responses, 9 Skipped

Response Choices	%	#
Alzheimer's Disease	4.88%	2
Asthma	9.76%	4
Cancer	4.88%	2
Diabetes	29.27%	12
Heart Disease	19.51%	8
Kidney Disease	7.32%	3
Learning Disorders	2.44%	1
Mental Disorders	4.88%	2
Obesity	9.76%	4
Respiratory Disease	7.32%	3
Stroke	0.00	0

Q6. Please select the top 3 items that you think affect our community in a negative way

45 Responses, 5 Skipped

Response Choices	%	#
Poverty	68.89%	31
Lack of Education	24.44%	11
Cultural and Language Barriers	4.44%	2
Addiction: Alcohol, Tobacco, Illicit Drug Use, Gambling, etc.	75.56%	34
Lack of Family/Social Support	15.56%	7
Lack of Transportation	8.89%	4
Under-Employment & Unemployment	86.67%	39
Lack of Space to Live, Work 7 Play	6.67%	3
Indoor/Outdoor Air Quality	2.22%	1

Q7. Please select the top 3 items that you think most greatly impact the HEALTH of those living in our community.

42 Responses, 8 Skipped

Response Choices	%	#
Access to Primary Care Physicians	42.86%	18
Access to Dental/Oral Health Services	47.62%	20
Access to Mental Health Services	42.86%	18
Access to Substance Abuse Services	40.48%	17
Child & Adolescent Health Issues	23.81%	10
Access to Cancer Care	28.57%	12
Chronic Disease Management Services (for those w diabetes, congestive heart failure, etc.)	33.33%	14
Ease of Emergency Room Use	26.19%	11
Indoor/Outdoor Air Quality	2.22%	1

Appendix B – PHYSICIAN SURVEY

Q1: What are the most common overall health issues you see among your patients?

Foot/ankle problems
Obesity
Infection
Obesity, coronary disease, Hypertension
CAD AFib
Obesity, smoking, dependency, access
Cops, CHF, pneumonia, angina, MI, tooth pain, back pain
Chronic disease management
Increasing behavioral health issues

Q2: What are the biggest barriers to health and wellness for the communities we serve?

Transportation issues/monetary issues
Lack of insurance coverage
Poverty
Cost of certain services, access to other services such as Dentistry
Awareness of healthy practices (exercise, diet, smoking), poverty
Access, availability
Lack of perceived value among patients of utilizing primary care prevention
Lack of primary care physicians and local specialists
Communication and competition; everyone trying to get a piece of the pie instead of working together

Q3: What are the greatest strengths/assets to support health and wellness in the communities we serve?

A lot of local physicians will heal the communities in any way possible
Health system locally
HMC is a great community hospital with an excellent staff
Outreach, community service
Strong morals among the majority of residents
Hospital, EMS services, and behavioral health services
Great providers in the area; resources

Q4: What barriers are the most important to address over the next 3 years?

Patient education and compliance
Poverty
Access to certain specialties; desperately needs more reliable ambulance service
Poverty, access to care; awareness of healthy practices; need stronger primary care base (outside of HB)
Reaching the intended target, visibility, distribution of literature & information
Instill a desire to try to care for oneself and consider utilizing primary care providers for preventative health care
Ambulance service, more primary care and specialty coverage so that people can be seen and managed in clinics instead of ERs
Communication and collaboration

Q5: How might HMC help address the barriers?

Patient compliance
Partner for ambulance services; recruits additional specialists
Easy access to programs, shuttles, going into the community
Get involved with local EMS; recruit primary care physicians. Engage more specialists to go to clinics locally
Clinical committees, and work with other clinics that utilize the hospital as well as the hospital owned clinics

Q6: Which community services/social services do you have experience with linking and referring patients to?

Addus
PCG, HMC
Egyptian Health, CHESI
EHD

Q7: Is there anything else you think is important to share for this HMC assessment?

Integrate more services and collaborate with other non-HMC clinics to reach the same goal which is patient health care

Appendix C – FOCUS GROUP

Focus Group Meeting
Harrisburg Medical Center
November 17, 2015

Community Representatives:

- Angie Hampton, Egyptian Health Department
- Nancy Holt, Southern Seven Health Department
- Jennifer Mennick, Wabash Area Development, Inc.
- Euka Brown, Wabash Area Development, Inc.
- Dale Fowler, City of Harrisburg, Mayor's Office
- Cody Underwood, Harrisburg resident

HMC representatives:

- Rodney Smith, Chief Executive Officer
- Dr. Robert Hodson
- Dr. Clay Ford
- Cindy Ford
- Danny Lampley
- June Hayes
- Dorene Ewell
- Cathy Harte
- Jeff Smith

Our third means of collecting primary data was our Focus Group with key community members. The following are notes from our group's meeting in November 2015.

Community Health Needs Focus Group Meeting
November 17, 2015
HMC Board Room

Meeting began at 11:00 a.m. with remarks by Rodney Smith, CEO. Community Heath Needs Assessment process, and requirements were explained to the group.

HMC's updated Community Health Profile (demographics, socioeconomic factors, health status and outcomes, etc.).

First topic for discussion: Systems and Access to Care

Question: What are our strengths?

Response: The addition of the outpatient clinics have helped with access to care. Mulberry Center. Expanded hours of the RHC to the community. Walk-in clinics for behavioral health assessments. Telemedicine. Some physicians have local ties to the area for retention.

Question: What are our weaknesses?

Response: Behavioral health is a great need in our area. Lack of BH providers. Ambulance access is a barrier to care. Population health management - preventative care and education; lack of funding. In time, this will change with reimbursement changes to incentivize preventative health management. Lack of specialty care. Transportation for patients/families. High-speed connectivity is limited in the rural community. Substance abuse treatment and counseling needed. Education for women's health and contraceptive management for teens. Lack of coverage for contraceptive devices. Lack of funding from both state and federal agencies for the care of teen sexual health. Care team approach with BH patients presenting to the ER for services. Outpatient BH efficacy to prevent readmission.

Question: Any there any suggestions for opportunities for improvement?

Response: Family Planning, EHD Walk-in health, substance abuse program. Tobacco cessation planning - Hardin County rates the highest Orthopedic services needed. Endocrinology services. Ob/Gyn services and education. Study to determine the prevalence of Alzheimer's and dementia in our area. Geriatrician services. Additional surgeon needed.

Second topic for discussion: Emergency Room Care

Questions: What are our strengths, weaknesses, and opportunities for improvement?

Response regarding strengths: Dedicated nursing staff & physicians. Expanded telemedicine within the department. Express Care clinics.

Response regarding weaknesses: Overutilization of services for non-emergent care. Lack of case management with the ER population - need to reinforce preventative care rather than ER services. Other providers not accepting all payer classes – specifically Medicaid patients. Lack of specialists in area for ED patient referral. Transportation – transfers not able to be made in timely manner.

Response regarding opportunities: Care Team for ER for Behavioral Health. Need for a fast track in the ER. Improve 'through-put" processes More telemedicine services. After hours tele-clinic.

Appendix D - COMMUNITY HEALTH PROFILE

Rural Profile

The community that HMC serves is very rural and largely separated by both farmland and the Shawnee National Forrest.

Geography Quick Facts	Illinois	Saline	White	Gallatin	Hardin	Pope
Land area in square miles, 2019-2013	1,743.49	379.82	494.64	322.99	177.48	368.67
Population density per square mile, 2009-2013	30.83	65.71	29.58	17.08	24.08	11.89

Source: Community Commons, Community Health Needs Assessment (CHNA). Assessment.communitycommons.org/CHNA/report. Retrieved June 2, 2015.

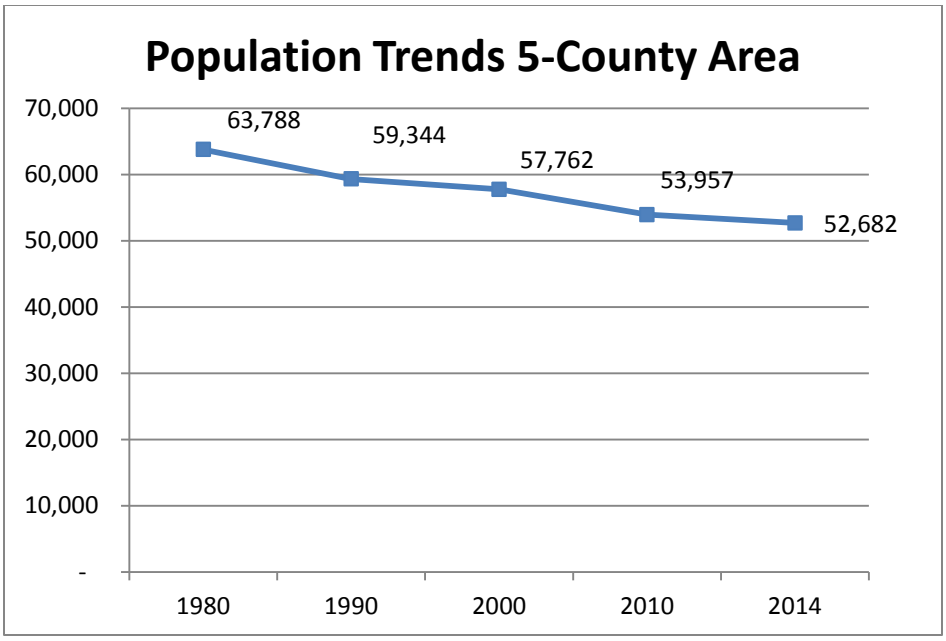
Economy

The local economy is heavily dependent on educational services, health care and social assistance (42.1%); arts, entertainment, recreation, accommodations, and food service (15.1%); retail trade (12.6); public administration (5.0%), and other service industries making up the remainder.

Major employers (500+ employees) in the area include Harrisburg Medical Center, American Coal, Willow Lake, Eagle Creek, Egyptian Health Department and Southeastern Illinois College.

Population

In the area that is served, HMC is situated in the most densely populated area, Saline County Illinois. Saline County is home to approximately 24,946 people. The five counties that HMC primarily services are Saline, White, Gallatin, Hardin, and Pope. These five counties are home to approximately 53,957 people. Collectively the region has experienced a decrease in total population between 2000 and 2014.



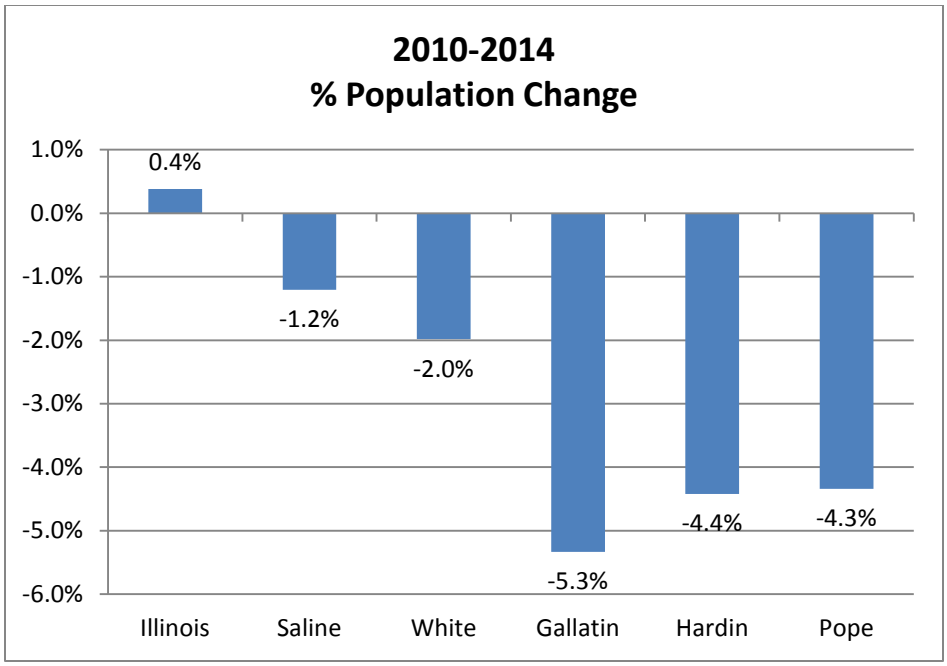
Source: U.S. Census Bureau, 2013 Census; People QuickFacts, Last revised 3/31/15 by US census

The graph above (Population Trends 5-County Area) shows the steady decrease in the five counties as a whole over the past thirty-four (34) years.

The graphs below show the percentage of decreased population from 2010 to 2014.

2014 Census Population Compared to 2010: Illinois Counties				
Location	**2010 Census Total Population**	**2014 Census Total Population**	**2010-2014 Change**	**2010-2014 % Change**
Illinois	12,831,587	12,880,580	48,993	0.4%
Saline	24,913	24,612	-301	-1.2%
White	14,665	14,374	-291	-2.0%
Gallatin	5,589	5,291	-298	-5.3%
Hardin	4,320	4,129	-191	-4.4%
Pope	4,470	4,276	-194	-4.3%
Total	**53,957**	**52,682**	**-1,275**	**-17.29%**

Source: U.S. Census Bureau, 2014 Census.2014 Census Redistricting Data (Public Law 94-171) Summary File, Tables P1 and H1, Last revised 3/31/15 by US Census



Source: U.S. Census Bureau, 2013 Census; People QuickFacts, Last revised 3/31/15 by US census

Age Profile

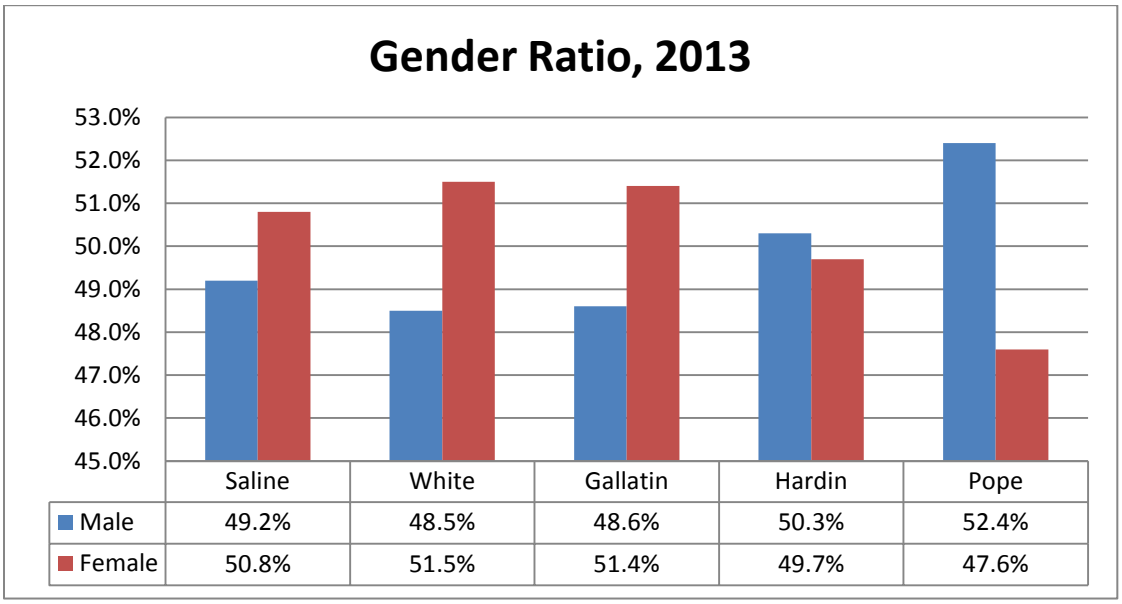
The median age in Illinois (2013) was 36.6 years of age and the U.S. as a whole was 37.2. The average percentage of population age 65+ in Illinois overall is 13.5%. Southern Illinois counties have a higher percentage of adults age 65 years and older than the state average. Having a larger percentage of older adults has implications for service delivery and demand for healthcare services.

Age Profile (2013)	Illinois	Saline	White	Gallatin	Hardin	Pope
Median age (Years)	36.6	41.7	45.2	44.4	46.3	46.6
% Under age 5	6.2%	6.1%	6.5%	4.5%	5.3%	3.5%
% Under age 18	23.5%	22.2%	21.8%	19.9%	20.3%	16.4%
% Age 65+	13.5%	19.0%	21.5%	22.0%	22.7%	20.8%

Source: U.S. Census Bureau, 2013: People QuickFacts.

Gender Ratio

The following chart includes the gender ratio for the five counties in our primary service area. Pope County has the highest male population and the lowest female population.

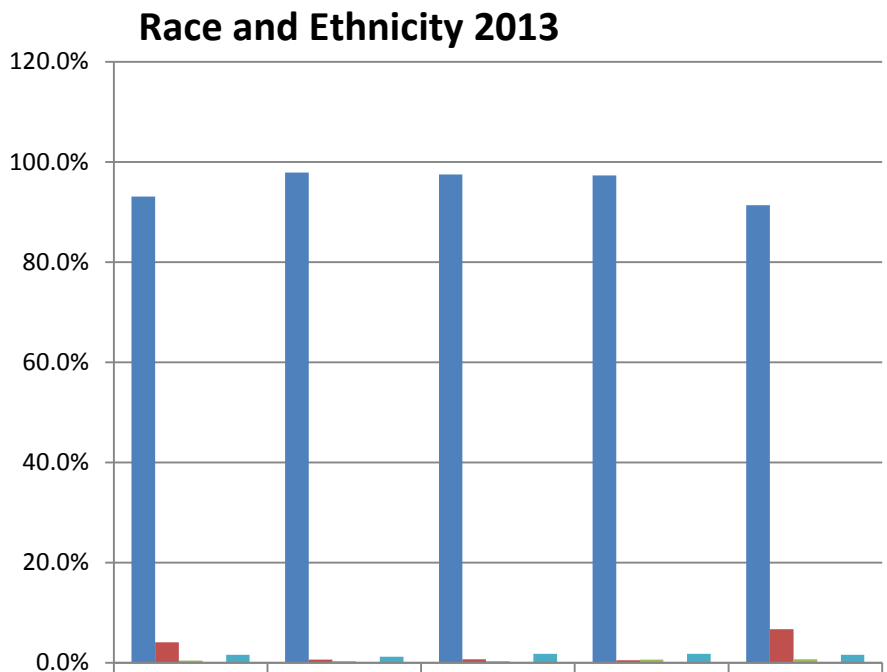


	Saline	White	Gallatin	Hardin	Pope
Male	49.2%	48.5%	48.6%	50.3%	52.4%
Female	50.8%	51.5%	51.4%	49.7%	47.6%

Source: U.S. Census Bureau, 2013 Census; People QuickFacts, Last revised 3/31/15 by US census

Racial and Ethnic Composition

The following table provides race/ethnicity demographics from the 2013 Census for the counties of Saline, White, Gallatin, Hardin, and Pope in Illinois. The area is predominantly White.



	Saline	White	Gallatin	Hardin	Pope
White Alone	93.1%	97.9%	97.5%	97.3%	91.4%
Black/African Alone	4.1%	0.6%	0.7%	0.5%	6.7%
American Indian/Alaska Native	0.4%	0.3%	0.3%	0.6%	0.7%
Native Hawaiian/Other Pacific Islander alone	0.1%	0.0%	0.0%	0.1%	0.0%
Hispanic/Latino	1.6%	1.2%	1.8%	1.8%	1.6%

Source: U.S. Census Bureau, 2013 Census; People QuickFacts, Last revised 3/31/15 by US Census

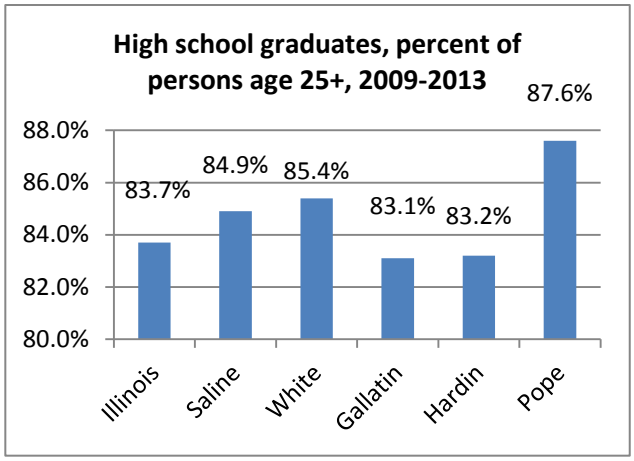
***Does not include persons reporting more than one race.**

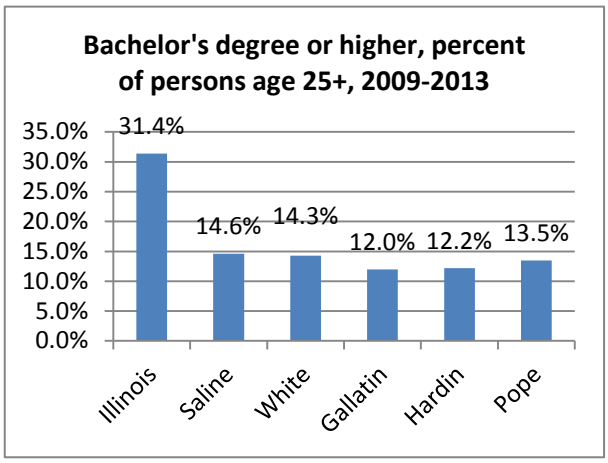
***Hispanics may be of any race, so also are included in applicable race categories.**

Socioeconomic Factors

Educational Attainment

In the five counties served by HMC, an average of 84.8% of the population has at least a high school diploma. An average of 13.3% of the population over the age of 25 have a Bachelor's degree or higher. Poverty rates, unemployment rates, and lower health status have been linked to low levels of education attainment among adults. In all five counties served, less than a quarter of the population over the age of 25 have college degrees.

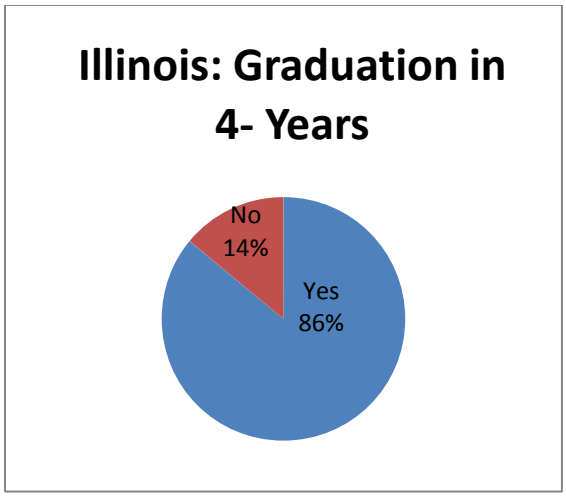


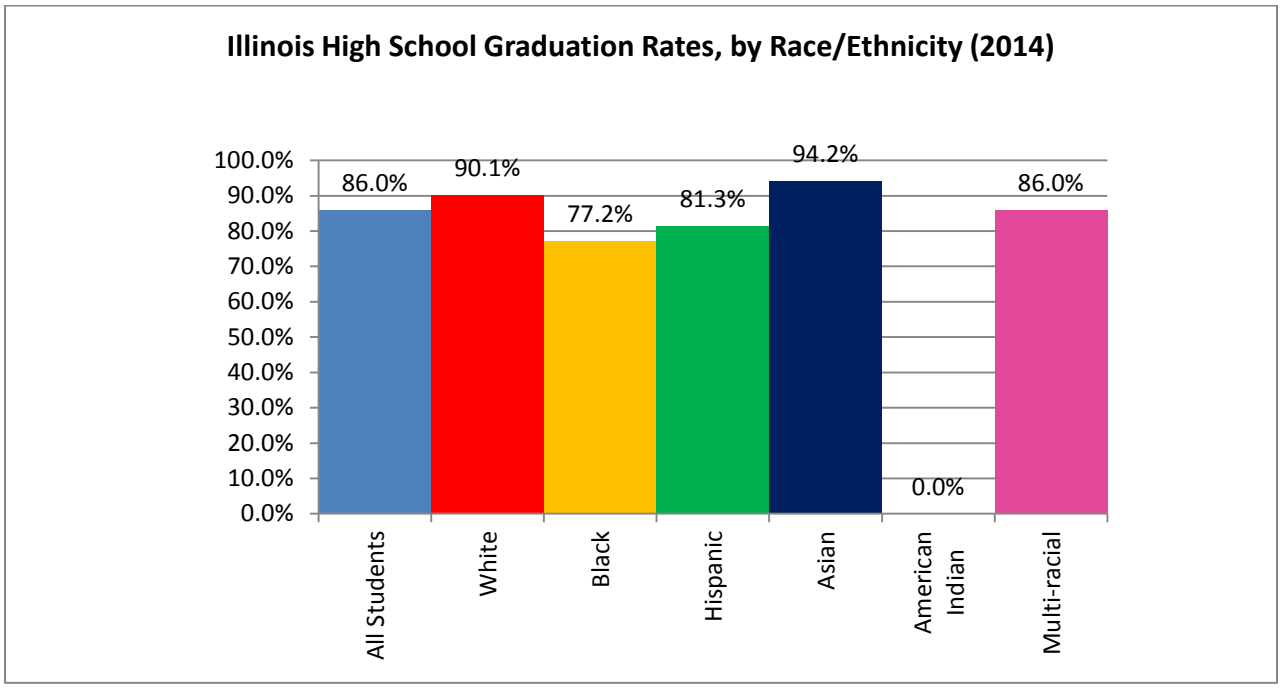


Source: U.S. Census Bureau, 2013 Census; People QuickFacts

High School Graduation Gaps

A good education can be a prediction of good health. Academic achievement and disparities in health, future employment and earning potential are closely linked. According to the Illinois State Board of Education Report Cards, 82.3% of Illinois students graduated from high school within regular diploma in four years in 2012 (down from 86% in 2011). Half of the high schools in the HMC primary service area have graduation rates below statewide levels and have racial achievement gaps consistent with state comparisons.





Source: Illinois State Board of Education School Report Cards, 2014. www.isbe.net/assessment/report-card.htm.

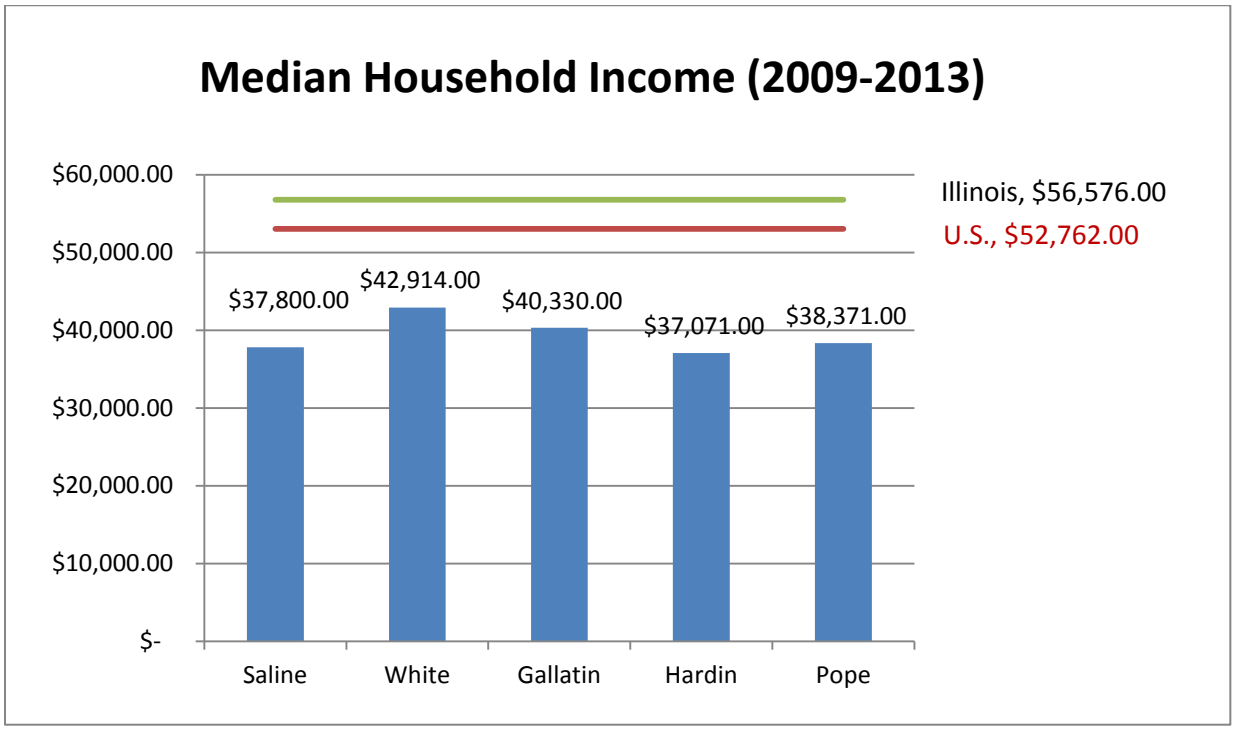
Comparison of Local High Schools' 4-year Graduation Rates

School	All Students	White	Black	Hispanic	Asian	American Indian	Multiracial
Eldorado HS	78.7	78.6	0	100	0	0	100
Harrisburg Comm. HS	80.3	82	83.3	100	0	0	60
Gallatin HS	69.7	70.7	0	-	-	-	-
Carmi White Co. HS	85.1	84.8	-	100	100	-	-
Hardin Co. HS	84.2	87.9	100	50	-	-	0
Pope Co. HS	92.3	94.1	100	-	-	-	75

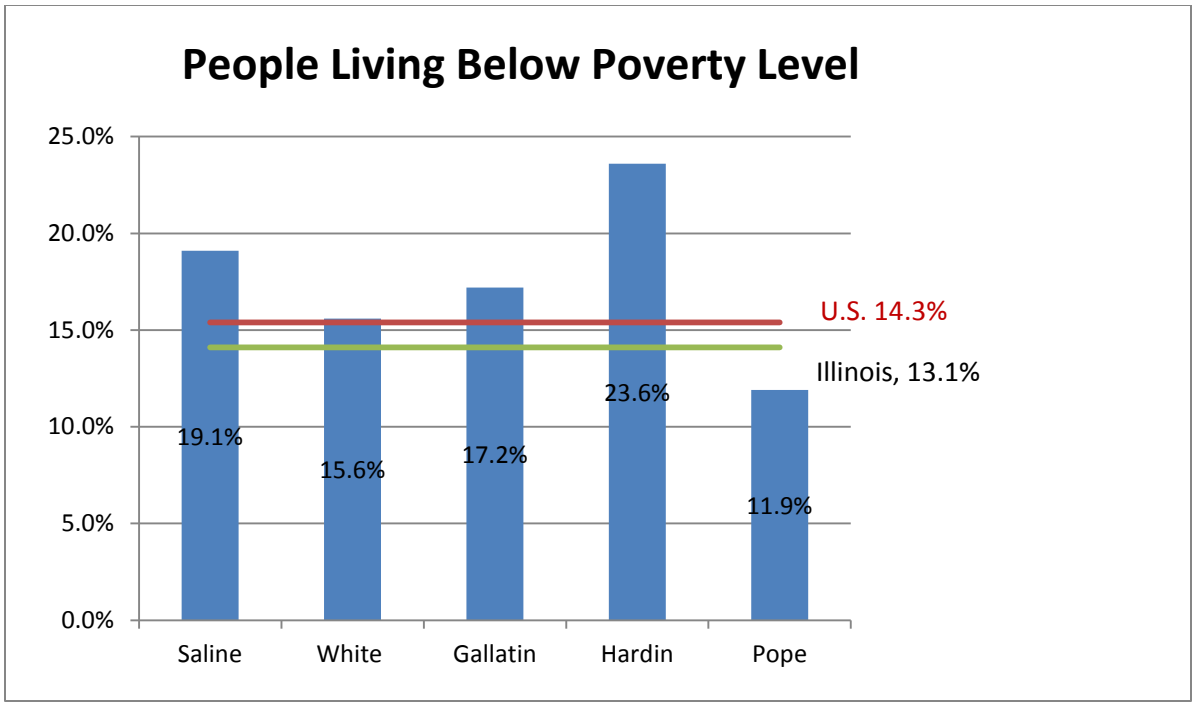
Source: Illinois State Board of Education School Report Cards, 2014. www.isbe.net/assessment/report-card.htm
Note: This chart displays the overall percentage by school and race. Actual counts are suppressed due to small numerators in some instances.

Income

The annual median family income for the five-county service area is lower than both the State and National levels. The median household income ranges from a low of $37,071.40 in Hardin County to a high of $42,914.00 in White County.

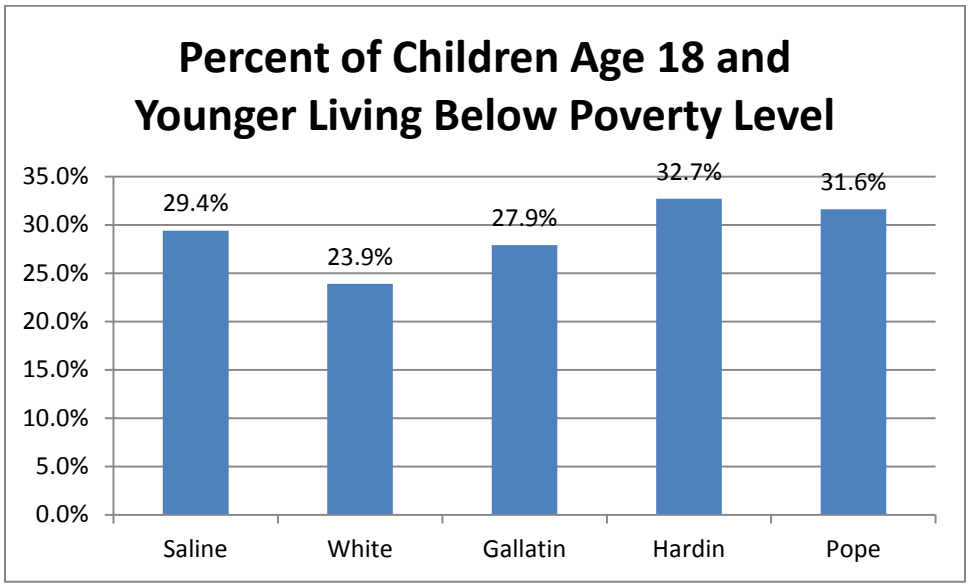


Source: U.S. Census Bureau, 2013 Census; People QuickFacts



Source: U.S. Census Bureau, 2013 Census; People QuickFacts

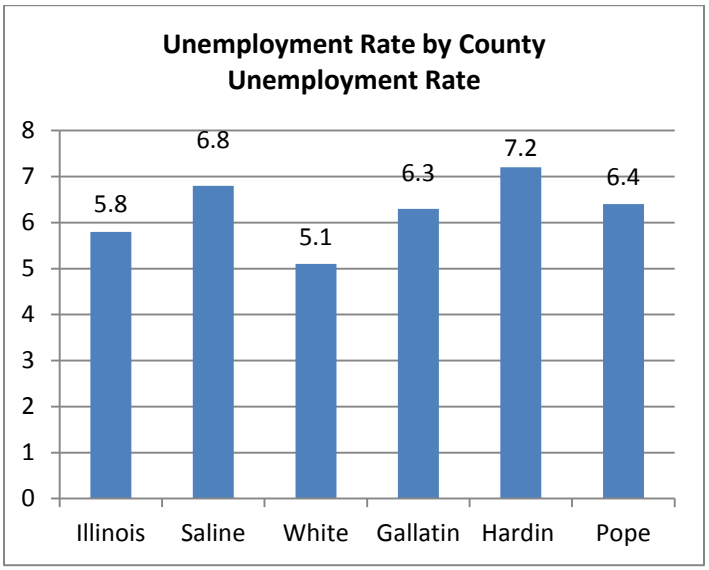
Children living in poverty are more likely to have physical, behavioral and emotional health problems. It has been shown that children living in poverty have lower achievement test scores, and are less likely to graduate from high school, affecting their future employment opportunities and earning potentials.



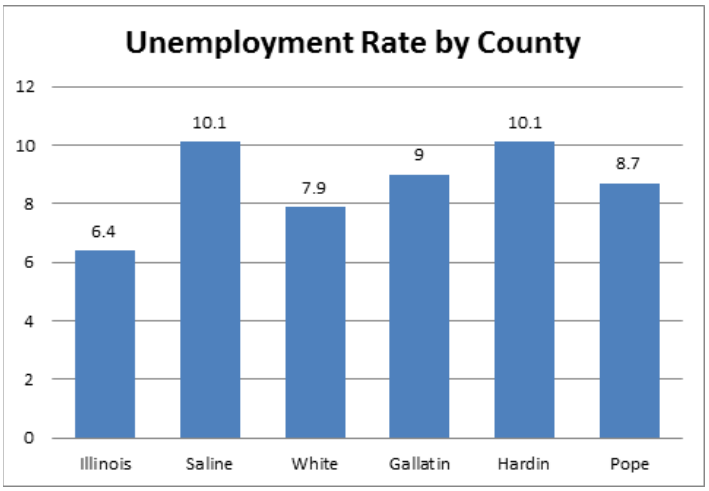
Source: U.S. Census Bureau, Small Area Income and Poverty Estimates. http://www.census.gov/did/www/saipe/data/interactive/.

Unemployment

High Unemployment has personal and societal impacts, affecting access to health care, straining financial and emotional support systems and contributes to a decrease in quality of life. Local area unemployment rates range from 5.1 in White County to 7.2 in Hardin County. The U.S. Bureau of Labor Statistics reported that the national unemployment rate in June 2015 was 7.5 percent, and the overall unemployment rate for Illinois (seasonally adjusted) was 5.8.



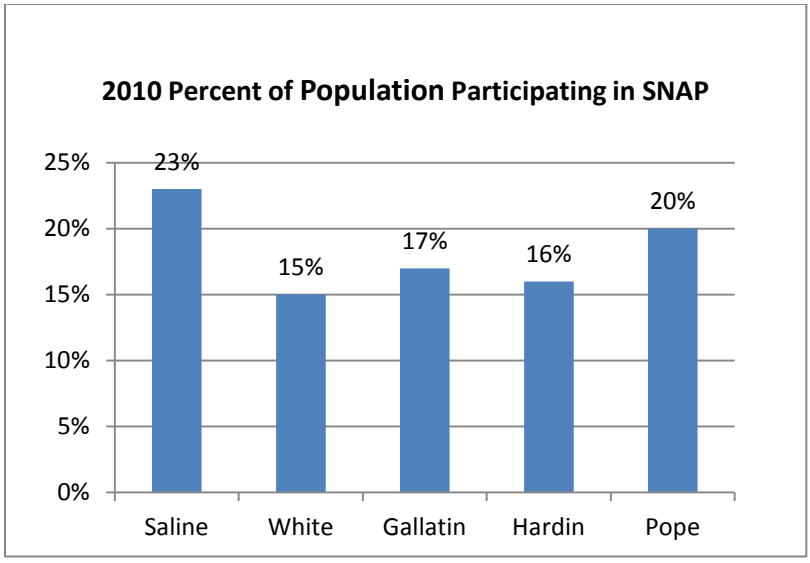
Source: Bureau of Labor Statistics, June 2015.



Source: Bureau of Labor Statistics, January 2016

Food Assistance

Indicators that may reflect food insecurity include Supplemental Nutrition Assistance Program (SNAP) participation, Women's Infants and Children and Children Eligible for free and reduced-price lunch programs. In the U.S., one in eight adults and one in four children were using SNAP benefits as of 2009.



Source: U.S. Department of Agriculture-Food Environment Atlas, 2010. http://www.ers.usda.gov/data-products/supplemental-nutrition-assistance-program-(snap)-data-system/go-to-the-atlas.aspx.

Health Status and Outcomes

County Health Rankings

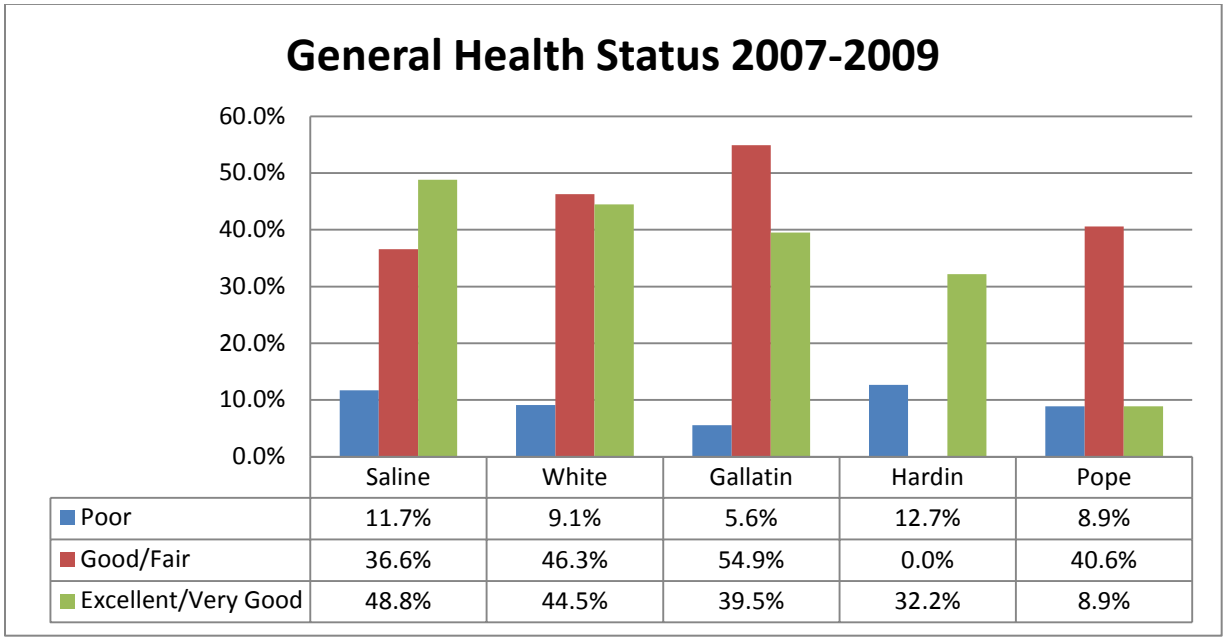
County Health Rankings are a way to measure and understand how healthy communities served by HMC facilities are. Each county's rank is determined by assessing health behaviors, access to and quality of clinical care, social and economic influences such as crime and education levels, and the physical environment. Actual health outcomes such as causes of death and quality and length of life are measured along with the other counties in the state to draw comparisons. High ranks (e.g., 1 or 2) are estimated to be the 'healthiest' areas. In general, a poor ranking on health factors translates to poor health outcomes. The HMC service area posts some of the *lowest* ranks out of 102 counties.

County Health Rankings 2015: Illinois (102 counties)		
County	***Health Outcome Rank***	***Health Factor Rank***
Saline	97	97
White	97	80
Gallatin	94	93
Hardin	81	101
Pope	101	86

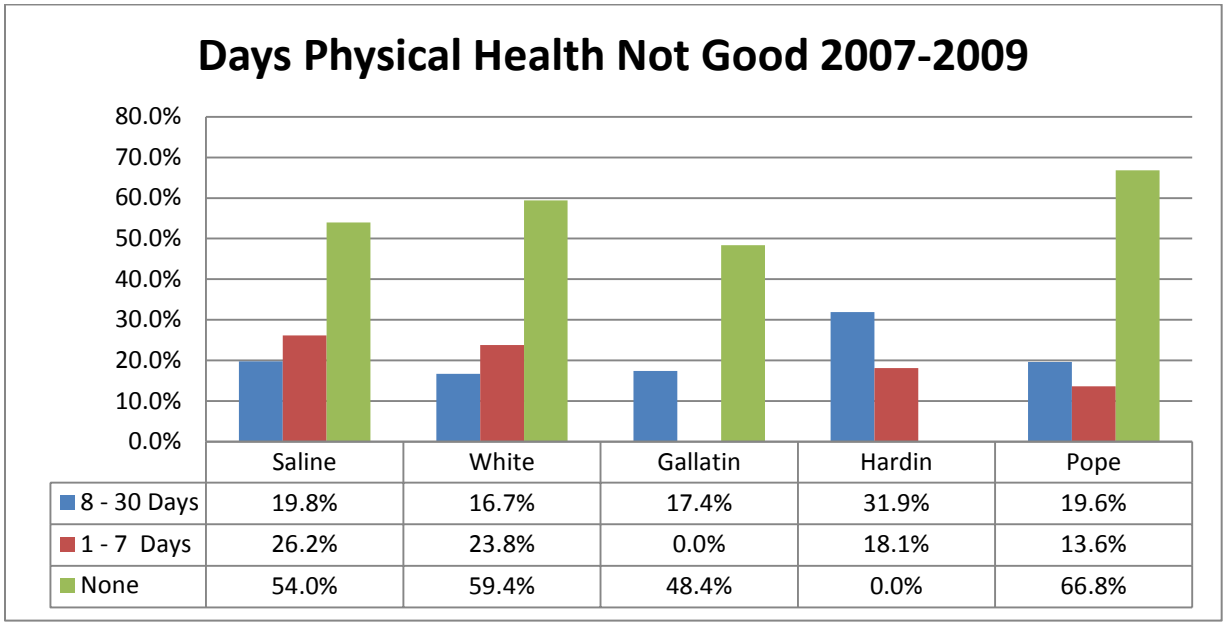
Source: County Rankings & Roadmaps.
http://www.countyhealthrankings.org/app/illinois/2015/rankings/pope/county/outcomes/overall/snapshot

Health Status

Health Status is an important indicator of the quality of life and a factor that drives the demand for health care services. Most of the residents in the five-county service area consider their general health to be excellent/very good or good/fair. Over half say they have no days in the last year when their physical health was not good.



	Saline	White	Gallatin	Hardin	Pope
Poor	11.7%	9.1%	5.6%	12.7%	8.9%
Good/Fair	36.6%	46.3%	54.9%	0.0%	40.6%
Excellent/Very Good	48.8%	44.5%	39.5%	32.2%	8.9%



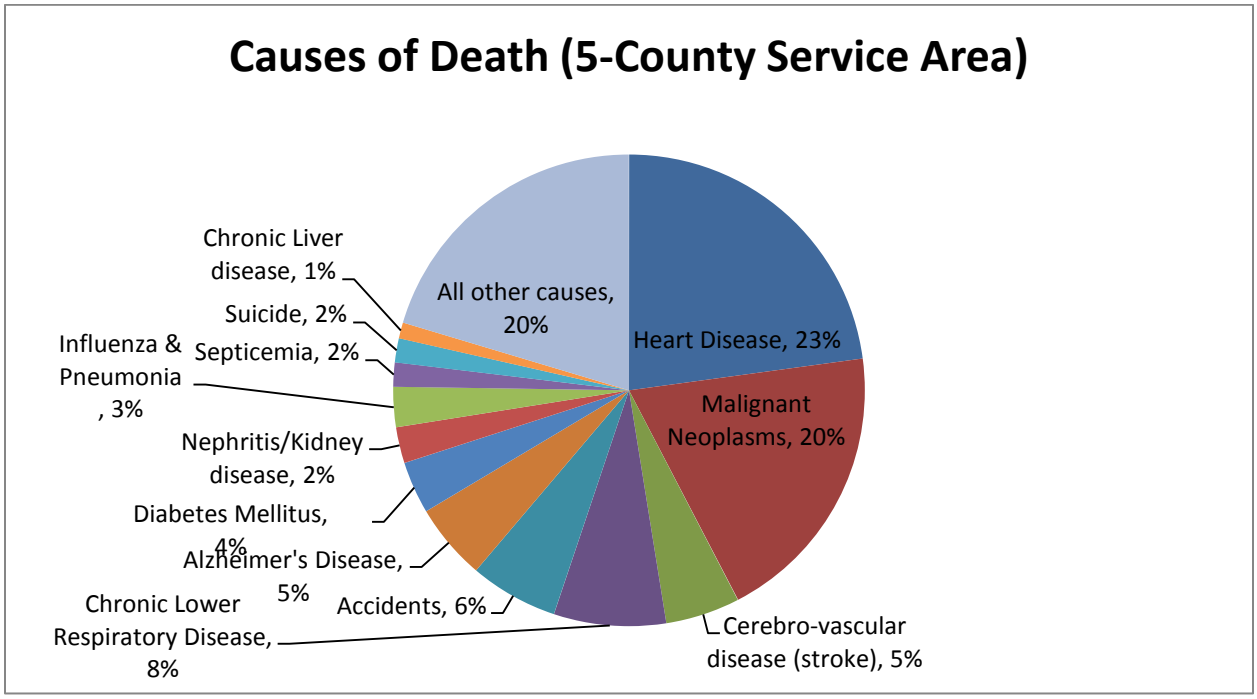
	Saline	White	Gallatin	Hardin	Pope
8 - 30 Days	19.8%	16.7%	17.4%	31.9%	19.6%
1 - 7 Days	26.2%	23.8%	0.0%	18.1%	13.6%
None	54.0%	59.4%	48.4%	0.0%	66.8%

Source: Illinois BRFSS, 2009.
http://app.idph.state.il.us/brfss/countydata.asp?selTopicCounty=hlthstat&areaCounty=Saline_83&show=freq&yrCounty=4&form=county&yr=&area=&selTopic=

Leading Causes of Death

The majority of leading causes of death in 2009 retained rankings similar to those in 2008. Examining disease indicators for our community shows that in general, the leading cause of death is consistent with Illinois' and national trends.

It is clear that many of the leading causes of death can be attributed to a core group of preventable causes including Alcohol, tobacco, and other drug use, physical inactivity, poor nutrition, environmental influences, preventable injuries and mental health.



Source: IDPH Health Statistics, http://www.dph.illinois.gov/sites/default/files/publications/causes-death-resident-county.pdf

Health Behaviors

Alcohol Consumption

Alcohol abuse is associated with a variety of negative health and safety outcomes. The percent of adults in our community who reported binge drinking (at least once in the previous 30 days) is shown in the following table for both 2004-2006 and 2007-2009. Binge drinking is defined as five or more drinks on one occasion for males (four drinks for females).

Percentage of Adults who Binge Drink		
County	***2004-2006***	***2007-2009***
Saline	8%	12.7%
White	15%	12.5%
Gallatin	15.9%	13.3%
Hardin	do not meet standards of reliability	7.9%
Pope	do not meet standards of reliability	8.2%

Source: Illinois Behavioral Risk Factor Surveillance System

Smoking

Tobacco is a large contributor to avoidable illness, disability, and death. In addition to direct smoke exposure, communities with a high smoking prevalence have greater exposure to secondhand smoke for non-smokers with the potential to cause or contribute to a wide range of negative health effects, including cancer, respiratory infections, and asthma. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco.

Percentage of Adults who Smoke or are a Former Smoker		
County	***Smoker***	***Former Smoker***
Saline	20.4%	24.8%
White	28.7%	27.2%
Gallatin	do not meet standards of reliability	24.1%
Hardin	do not meet standards of reliability	27.1%
Pope	30.6%	27.1%

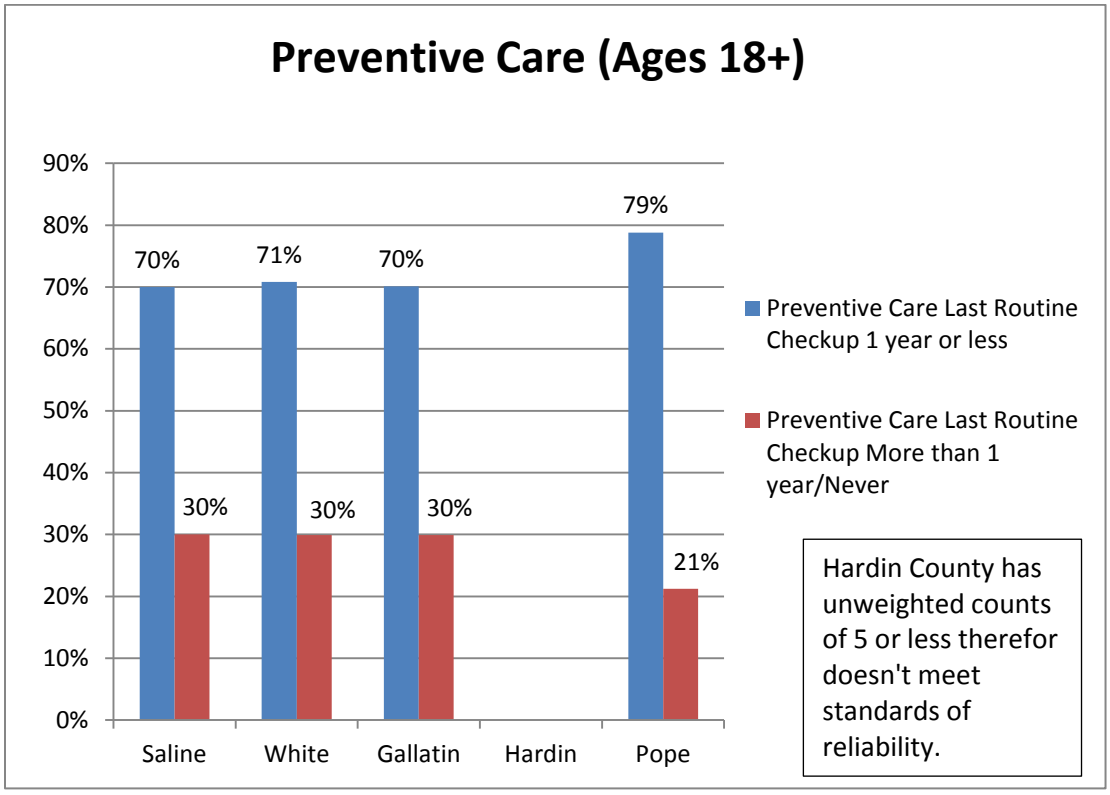
Source: Illinois Behavioral Risk Factor Surveillance System

Preventative Care

Preventative care includes behavioral lifestyle choices, education, and clinical preventive services such as screenings, counseling services, family and pediatric medicine, and behavioral health that aim to improve the health of people by keeping them from getting sick in the first place (to prevent the onset of disease).

Location	Percent of adults with Influenza vaccination in last 12 Months	Percent of adults who ever had a pneumonia vaccination
Saline	48.9%	36.6%
White	38.7%	24.3%
Gallatin	39.3%	22.5%
Hardin	30.7%	34.8%
Pope	34.7%	31.2%

Source: Illinois Behavioral Risk Factor Surveillance System



Source: Illinois Behavioral Risk Factor Surveillance System

Systems and Access to Care

Medically Underserved

Medically underserved areas (MUAs) are a state-level designation indicating areas having too few primary care providers, high infant mortality, high poverty and/or high elderly population. The Illinois Department of Public Health Center for Rural Health has identified the HMC service area as having physician shortages. All five counties in the HMC primary service area are in medically underserved areas.

Location	MUA Population Designated	Score	ID#
Saline	Low Income	56.6	7098
White	County	47.6	00820
Gallatin	County	48.2	07233
Hardin	County	57.3	00807
Pope	County	36.9	00815

Source: U.S. Department of Health and Human Services: Health Resources and Services Administration. http://muafind.hrsa.gov/index.aspx (last updated May 11, 2001).

Health Provider Shortage Area

Health Professional Shortage Areas (HPSAs) are designated at the federal level by the Health Resources and Service Administration (HRSA). This means there is a known shortage of primary medical care, dental or mental health providers. There may also be a geographic (a county or specific service area), demographic (such as low-income population), or a shortage of public health facilities (institutional shortage) such as a comprehensive health center, federally qualified health center or other public facility.

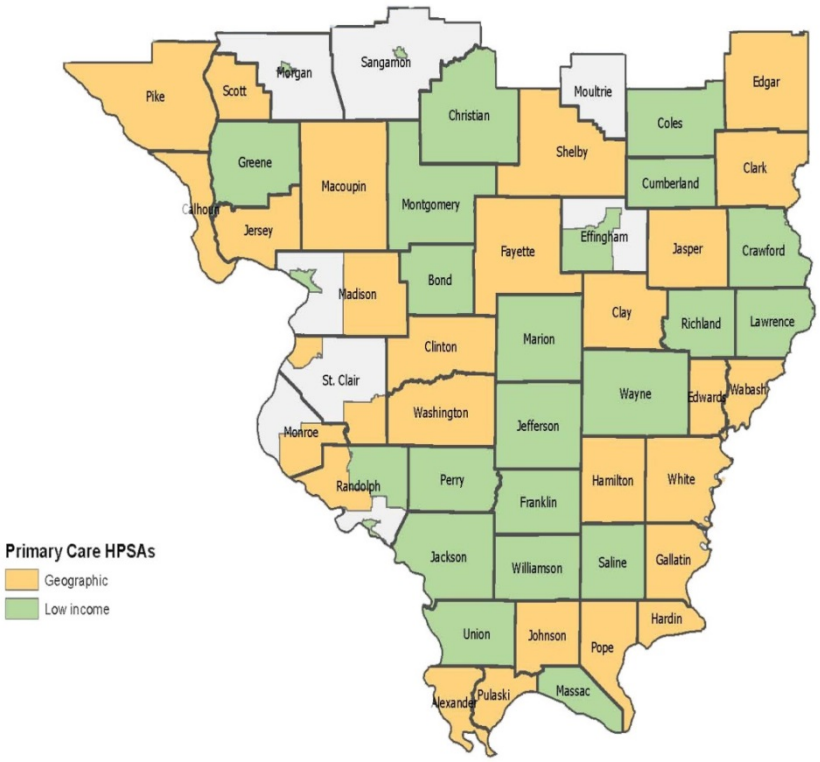
HPSA	State Designation			Federal Designation			
	Entire County			Entire County			
	Yes	No	Service Area	Yes	No	Service Area	Score
Saline		X	Egyptian Health Dept.-Eldorado	X		Low Income	15
White	X			X		Low Income	15
Gallatin	X			X			20
Hardin	X			X			13
Pope	X			X			13

Source: http://muafind.hrsa.gov/; U.S. Department of Health and Human Services, Health Resources and Service Administration, Shortage Designation Branch, http://hpsafind.hrsa.gov,2012; http://www.idph.state.il.us/about/rural_health/2009.

Primary Care

Access to quality primary health care is integral to prevention, screening, early diagnosis and treatment of medical conditions. Health insurance, household income level, having a usual source of primary care (a medical home), and use of emergency rooms for ambulatory care sensitive conditions are predictors of access to quality health care.

As designated medically underserved/health service provider shortage area, there is a known shortage of primary medical care, dental and mental health providers.



Mental Health

High volumes of Emergency Department utilization for both routine and crisis mental health disorders suggest access or barriers to care. HMC utilization patterns suggest access/barriers to ambulatory, outpatient, and other less intensive services or a failure to access treatment for mental health until the individual's need has risen to a more critical level. In either case, mental health utilization rates need to be viewed within the context of the service systems and HPSAs in these counties.

Substance Abuse

Substance abuse is a significant public health issue, nationally and in Southern Illinois. The prevalence of substance abuse among adults (18 and over) residents was assessed by examining chronic heavy drinking and binge drinking; motor vehicle crash death rates, adult smoking, and substance abuse within the communities served by HMC facilities.

Alcohol Behaviors

At Risk for Acute/Binge Drinking 2007-2009	
County	**Percent**
Saline	12.7%
White	12.5%
Gallatin	13.3%
Hardin	7.9%
Pope	8.2%

Source: Illinois Behavioral Risk Factor Surveillance System, last updated 2007-2009.

Child Abuse

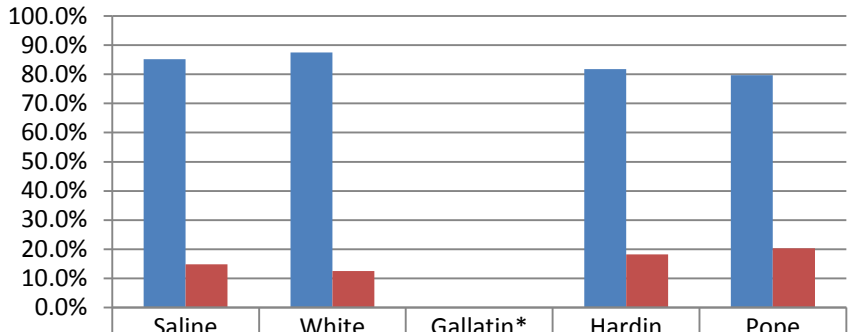
County	Child Abuse Cases/1,000 children
Saline	16.9%
White	11.3%
Gallatin	21.5%
Hardin	14.3%
Pope	8.5%

Source: Illinois Department of Children and Family Services. Child Abuse and Neglect Statistics Annual Report- Fiscal Year 2014. https://www.illinois.gov/dcfs/aboutus/newsandreports/Documents/DCFS_Annual_Statistical_Report_FY2014.pdf.

Barriers to Medical Care

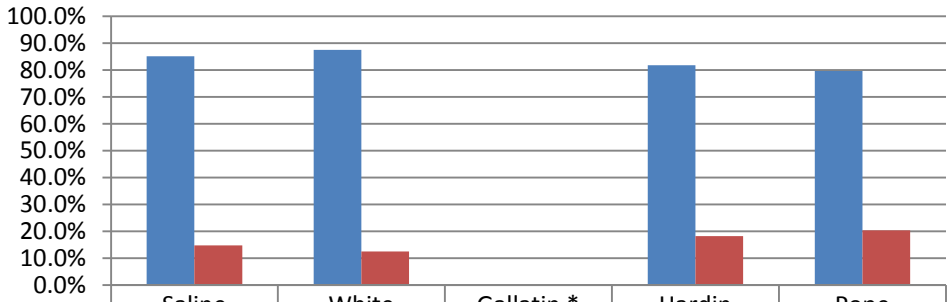
Adults with a Usual Source of Health Care

"Individuals who have a usual source of care are more likely to visit a doctor's office or clinic instead of an ED or hospital outpatient clinic." The most common diagnosis include abdominal pain, urinary tract infections, headache, backaches, pain, alcohol abuse, and anxiety and depressive disorders.



	Saline	White	Gallatin*	Hardin	Pope
Yes	85.2%	87.5%	0.0%	81.8%	79.7%
No	14.8%	12.5%	0.0%	18.2%	20.3%

Source: Illinois Behavioral Risk Factor Surveillance System. http://app.idph.state.il.us/brfss/countydata.asp?selTopicCounty=hlthuse&areaCounty=Saline_83&show=freq&yrCounty=4&form=county&yr=&area=&selTopic=



	Saline	White	Gallatin *	Hardin	Pope
Yes	85.2%	87.5%	0.0%	81.8%	79.7%
No	14.8%	12.5%	0.0%	18.2%	20.3%

** Does not meet standards of reliability.*

Medicaid Recipients

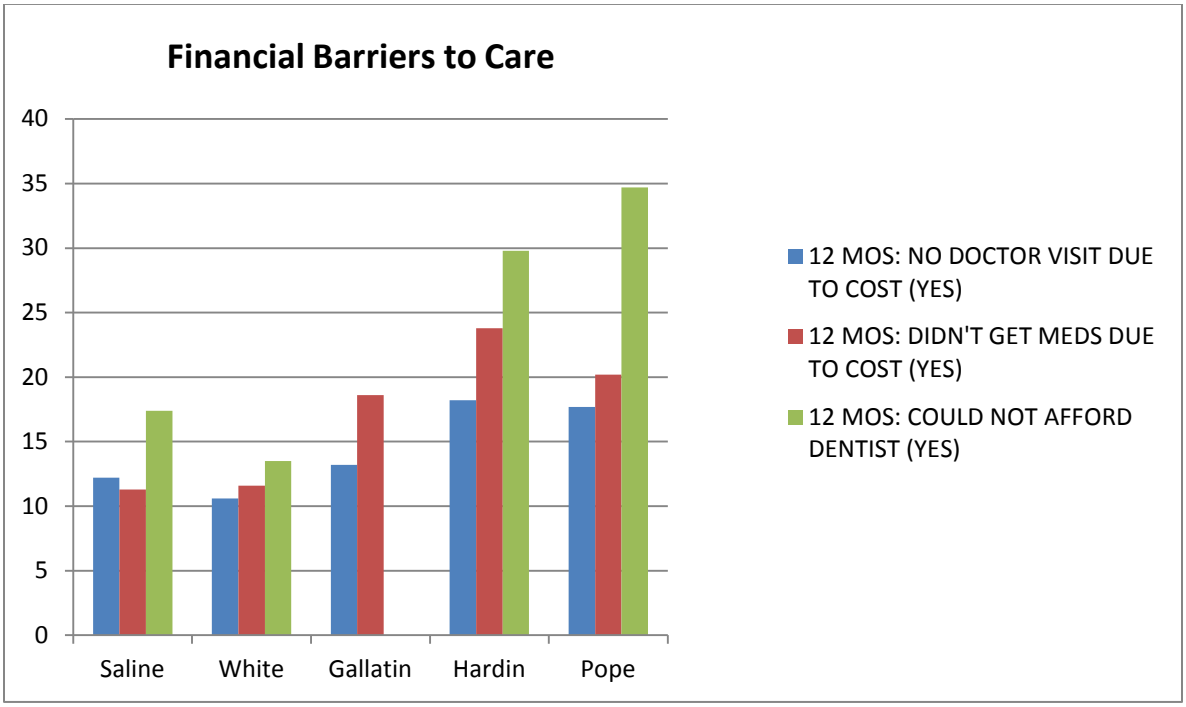
In FY2011, there were 15,499 Medicaid recipients in the HMC seven-county primary service area. Fifty percent (50%) of the area's Medicaid recipients were children.

State Fiscal Year 2014							
County	**Child**	**Disabled Adults**	**Other Adults**	**Seniors**	Total Comprehensive	Total Partial	**Total All Recipients**
Saline	4,921	1,414	288	865	11,968	165	12,043
White	1,539	349	865	288	3,590	58	3,543
Gallatin	513	153	329	137	1,398	13	1,373
Hardin	14	-	1	-	65	-	23
Pope	39	-	3	-	131	17	64
Total for HMC Service Area	**7,026**	**1,916**	**1,486**	**1,290**	**17,152**	**253**	**17,046**

Source: Illinois Department of Healthcare and Family Services.
http://www2.illinois.gov/hfs/agency/Program%20Enrollment/Pages/countieslist.aspx.

Financial

Even when health care providers are available, financial barriers to care are present. Many people in our community have delayed medical care or prescription drugs due to cost, skipped doses or taken smaller amounts of medication than prescribed to make the supply last longer. This can indicate a lack of insurance, underinsurance, and poverty.



Source: Illinois Behavioral Risk Factor Surveillance System. http://app.idph.state.il.us/brfss/countydata.asp.

Quality and Effectiveness of Care

Ambulatory Care Sensitive Conditions

An assessment of hospital utilization for Ambulatory Care Sensitive (ACS) conditions, reflects community issues of access to, and quality of, ambulatory care in a given geographic area. ACS or primary care treatable conditions are those for which good patient education and adherence, outpatient care and monitoring can potentially prevent the need for hospitalization. Early intervention (treatment) helps avoid complications and slows disease progression- allowing people to stay healthier longer.

While other factors outside the direct control of the health care system, such as poor environmental conditions or lack of patient adherence to treatment recommendations, can contribute to hospitalizations, the information provides a good starting point for assessing the overall health system performance in a community. It may help public health agencies, healthcare systems and other interested in improving health care quality in their communities focus their attention on the most needed areas.

A review of utilization data (both inpatient and emergency department), shows that use for ACS conditions is elevated in our area. It is likely that these utilization rates are due to differences in access and/or quality as well as poorer underlying health status (disease prevalence) in the community. For comparison, the 90th percentile benchmark nationally is 41 per 1,000 and in Illinois is 65 per 1,000.

Preventable Hospital Stays: Medicare Population	
Location	**Discharges/1,000 Medicare Enrollees**
Saline	112
White	100
Gallatin	106
Hardin	173
Pope	130

Source: County Health Rankings & Roadmaps 2015.
http://www.countyhealthrankings.org/app/illinois/2015/measure/factors/5/map.

Hospital Readmissions

Some readmissions are planned as a part of a specific treatment plan or are medically appropriate due to a change in condition or health status. More often, however, hospital readmissions within 30-days are being thought of as avoidable and as "indicators of poor care or missed opportunities to coordinate better care" (MedPAC, 2007). Many factors can contribute to readmissions. For example, quality of care during the initial hospitalization, lack of social support, follow-up care, understanding of discharge instructions, or other breakdowns along the continuum of care. Harrisburg Medical Center's system-wide priorities include Chronic Obstructive Pulmonary Disease (COPD), Acute Myocardial Infarction (AMI), Congestive Heart Failure (CHF), Pneumonia, Septicemia, Diabetes, Sickle Cell Anemia and major respiratory infections and inflammation.

ED Utilization

An analysis of Emergency Department frequent users (5+ visits to ED) showed that many of the conditions were non-emergent and/or primary care treatable. This is an indication that the ED is being used for primary care. The most frequent diagnoses seen in the ED included abdominal pain, urinary tract infections, migraine, headache, constipation, back pain, chest pain and acute upper respiratory infections.

Cardiovascular Health

Overweight/obesity

The number of adults who are overweight and obese is an important measure of a community's overall health. Being overweight or obese increases the risk for many diseases and health conditions including heart disease, Type 2 Diabetes, cancer hypertension, stroke, liver and gallbladder disease, respiratory problems and osteoarthritis. In addition to these health effects, obesity carries significant economic costs due to increases in necessary healthcare spending and potential lost earnings. Losing weight and maintaining a healthy weight through physical activity, healthy eating, and not smoking can prevent and control these diseases.

Adults who are Overweight or Obese	
Location	**Percent**
Illinois	27.0%
Saline	32.0%
White	32.0%
Gallatin	31.0%
Hardin	34.0%
Pope	30.0%

Source: County Health Rankings & Roadmaps 2015.
http://www.countyhealthrankings.org/app/illinois/2015/measure/factors/5/map.

Physical Activity

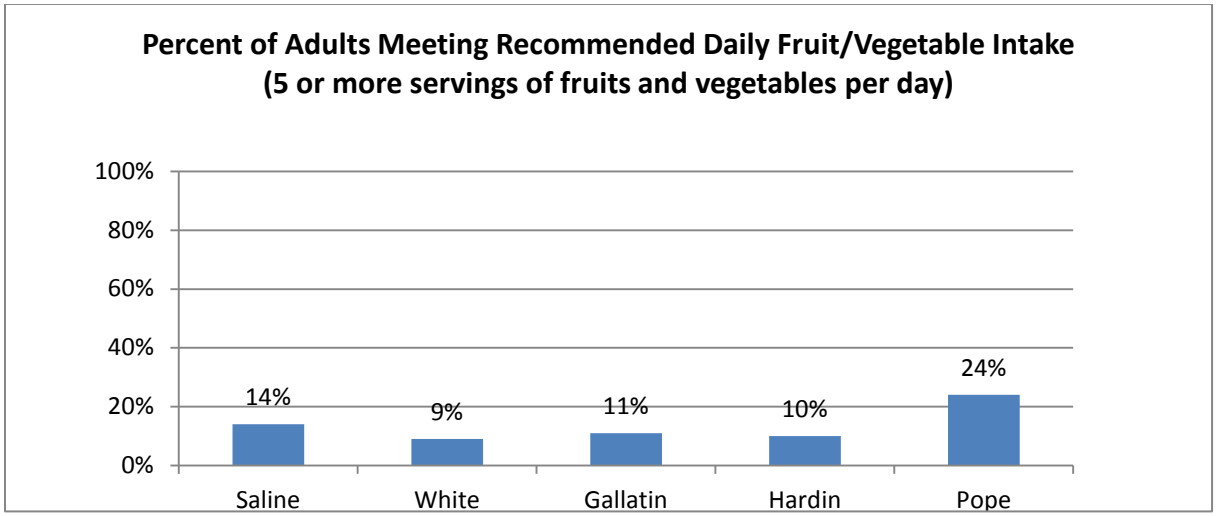
Strong evidence supports the health benefits of regular physical activity. Physical activity guidelines encourage participation in moderate and vigorous physical activities and muscle-strengthening activities. Nationally, more than 80% of adults do not meet the recommended physical activity guidelines for both aerobic and muscle-strengthening activities

Physical Inactivity	
Location	**2015**
Illinois	23.0%
Saline	31.0%
White	28.0%
Gallatin	29.0%
Hardin	29.0%
Pope	29.0%

Source: County Health Rankings & Roadmaps 2015.
http://www.countyhealthrankings.org/app/illinois/2015/measure/factors/5/map

Nutrition

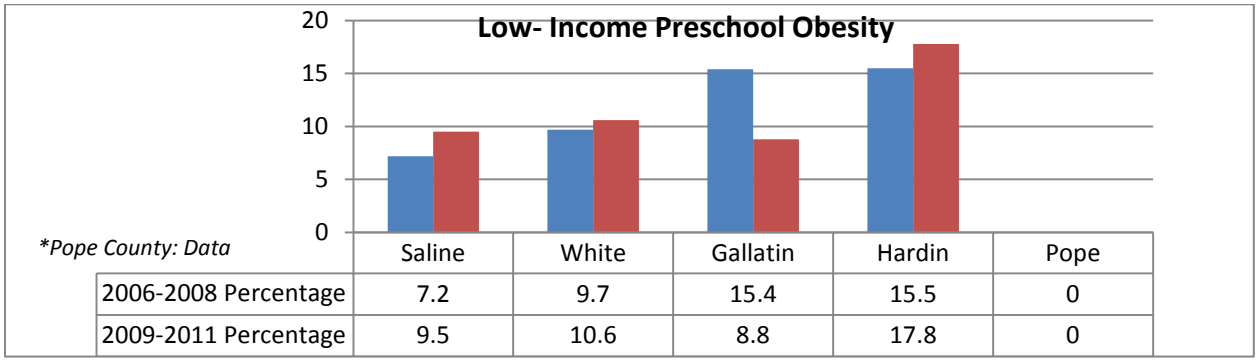
Vegetables and fruit are major contributors of essential nutrients. Adequate consumption is associated with reduced risk of many chronic diseases. The percentage of adults in our community who eat five or more servings of fruits and vegetables per day is below recommended levels for health benefits, weight management, and chronic disease prevention.



Source: Illinois Behavioral Risk Factor Surveillance System, 2007-2009.

Children's Obesity

Childhood obesity has more than tripled since 1980. The National Center for Health Statistics states that nearly 17%, or close to 12.5 million youth, age 2-19 in the U.S. are obese. Also, there are significant racial/ethnic and low-income disparities in obesity prevalence among U.S. children. Childhood obesity has both immediate and long-term health impacts.



**Pope County: Data*

	Saline	White	Gallatin	Hardin	Pope
2006-2008 Percentage	7.2	9.7	15.4	15.5	0
2009-2011 Percentage	9.5	10.6	8.8	17.8	0

Source: U.S. Department of Agriculture- Food Environment Atlas. http://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx. Last updated August 10, 2015

Chronic Obstructive Pulmonary Disease (COPD)

COPD is a preventable, treatable, but chronic lung disease that makes it difficult to breathe. Also called chronic lower respiratory disease, chronic bronchitis, emphysema or a combination of both, it is the third leading cause of death in our community.

Diabetes Health

Adults with Diabetes

The percentage of adults who have ever been diagnosed with diabetes is slowly increasing. Diabetes is a leading cause of death in our community. It has a harmful effect on major organ systems and contributed to cerebrovascular diseases (including ischemic heart disease and stroke). Diabetes Mellitus was responsible for 2,741 deaths in Illinois in 2009.

Adults with Diabetes
(Not including women diagnosed with diabetes during pregnancy).

Location	Percent of Adults told have diabetes	Percent of Adults with Diabetes who had Blood Glucose Test in past 12 months
Saline	12.8%	68.5%
White	9.7%	61.1%
Gallatin	8.5%	64.0%
Hardin	12.5%	*
Pope	11.2%	72.1%

**Do not meet standards of reliability*

Source: Illinois Behavioral Risk Factor Surveillance System, 2007-2009.

Risk Behaviors

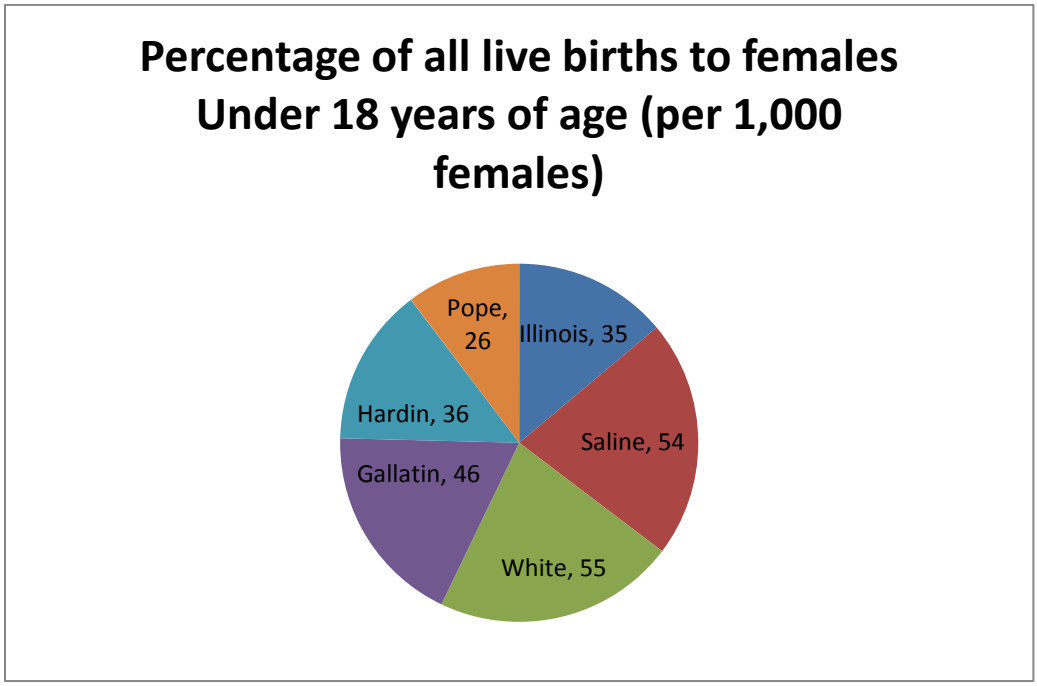
Sexually Transmitted Infections

Location	Chlamydia Incidence Rate
Illinois	526
Saline	369
White	213
Gallatin	221
Hardin	-
Pope	749

Source: County Health Rankings & Roadmaps 2015.
http://www.countyhealthrankings.org/app/illinois/2015/measure/factors/5/map.

Teen Births

The number of births to teens is a health concern for both the mother and the child. Babies born to teen mothers are more likely to be premature and/or have a low birth weight which is a determinant of mortality, morbidity, and disability in infancy and childhood. Teenagers' health, social and education development can also be adversely affected



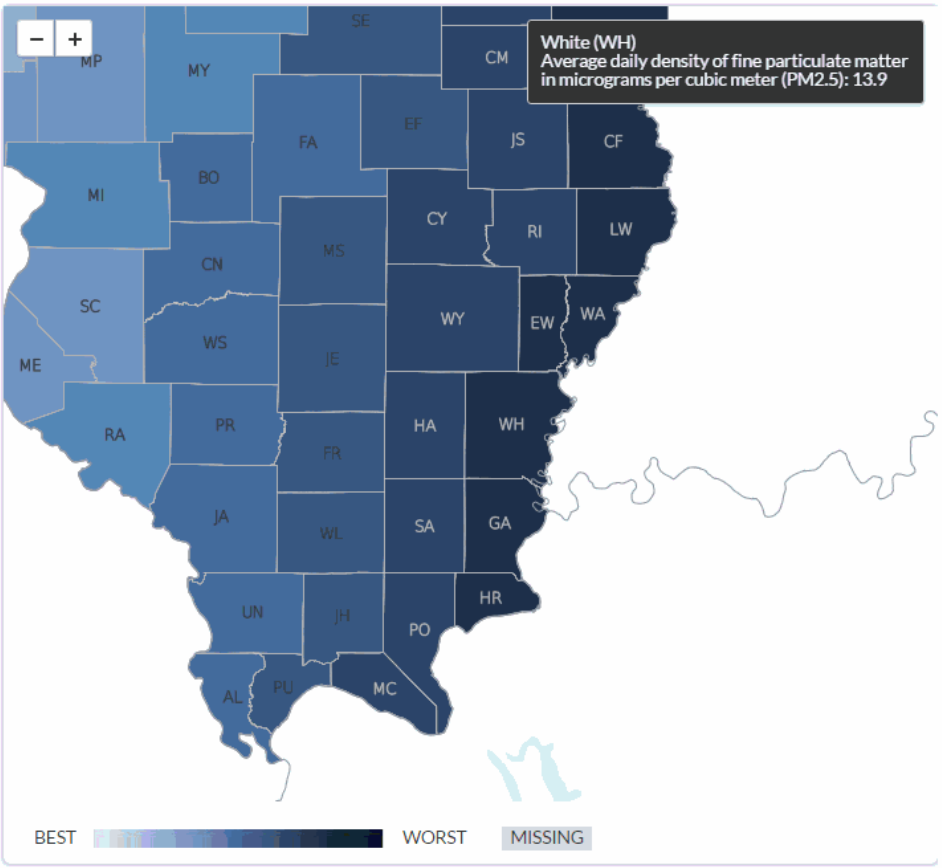
Source: County Health Rankings & Roadmaps 2015.
http://www.countyhealthrankings.org/app/illinois/2015/measure/factors/5/map.

Physical Environment

Air Quality

Air pollution-particulate matter days represent the number of days each year that air quality was considered unhealthy due to small particles in the air. Guidelines are set according to the Centers for Disease Control and Prevention (CDC) and the Environment Protection Agency (EPA). Ambient air pollution contributes to decreased lung function and adversely affects the respiratory and pulmonary system. The national benchmark, 90th percentile, is zero.

Similarly, air pollution-ozone days are the number of days each year that air quality was considered unhealthy due to ozone levels. Ozone at the ground level is an unstable and poisonous form of oxygen, is high corrosive and can damage the respiratory tract when inhaled. The national benchmark for ozone (90th percentile) is 9.5.



Location	Air pollution-particulate matter
Illinois	12.5
Saline	13.6
White	13.9
Gallatin	13.9
Hardin	14.0
Pope	13.7

Source: County Health Rankings & Roadmaps 2015.
http://www.countyhealthrankings.org/app/illinois/2015/measure/factors/5/map

County Health Rankings Comparison

The table below compares variables with each of the five counties we serve to the state of Illinois. This comparison helps provide an overview of the disparities and issues we continually see in these five Southern Illinois counties. Numbers represented in RED indicate a disparity in that county compared to Illinois.

	Illinois	Gallatin	Hardin	Pope	Saline	White
Health Outcomes		94	96	101	97	88
Length of Life		101	94	102	99	92
Premature death	6,349	11,388	9,692	12,229	10,519	9,374
Quality of Life		32	94	61	88	71
Poor or fair health	15%				16%	
Poor physical health days	3.4				5.2	4.4
Poor mental health days	3.3					
Low birthweight	8.4%	6.9%	10.0%	8.1%	8.7%	8.2%
Health Factors		93	101	86	97	80
Health Behaviors		67	79	68	98	87
Adult smoking	18%				27%	27%
Adult obesity	27%	31%	34%	30%	32%	32%
Food environment index	7.8	5.0	7.1	7.5	6.4	7.2
Physical inactivity	23%	29%	29%	29%	31%	28%
Access to exercise opportunities	89%	37%	100%	98%	73%	53%
Excessive drinking	20%					
Alcohol-impaired driving deaths	37%	0%	33%	40%	42%	25%
Sexually transmitted infections	526	221		749	369	213

	Illinois	Gallatin	Hardin	Pope	Saline	White
Teen births	35	46	36	26	54	55
Clinical Care		98	102	94	88	92
Uninsured	15%	14%	13%	14%	13%	13%
Primary care physicians	1,266:1	5,430:1	2,129:1		1,313:1	3,642:1
Dentists	1,453:1		2,091:1		2,494:1	2,910:1
Mental health providers	604:1		4,181:1	2,156:1	779:1	1,119:1
Preventable hospital stays	65	106	173	130	112	100
Diabetic monitoring	85%	88%	87%	88%	87%	89%
Mammography screening	64.4%	48.4%	49.4%	70.0%	57.8%	54.8%
Social & Economic Factors		90	100	88	92	48
High school graduation	82%	73%			78%	82%
Some college	66.7%	61.0%	59.6%	61.4%	59.7%	63.3%
Unemployment	9.2%	10.0%	12.3%	10.4%	10.4%	8.1%
Children in poverty	21%	28%	33%	32%	29%	24%
Income inequality	4.8	4.7	5.6	3.6	4.7	4.8
Children in single-parent households	32%	32%	39%	35%	33%	31%
Social associations	9.9	22.1	14.1	14.0	21.6	26.8
Violent crime	430	107	337	291	346	268
Injury deaths	50	100	120	100	84	84
Physical Environment		86	102	40	84	74
Air pollution - particulate matter	12.5	13.9	14.0	13.7	13.6	13.9
Drinking water violations	2%	0%	18%	0%	0%	0%
Severe housing problems	19%	8%	10%	9%	13%	9%
Driving alone to work	74%	87%	82%	76%	84%	84%
Long commute - driving alone	40%	33%	28%	52%	28%	31%

Source: County Health Rankings & Roadmaps 2015.
http://www.countyhealthrankings.org/app/illinois/2015/measure/factors/5/map

Implementation Plan for Needs Identified in the 2016 Community Health Needs Assessment for Harrisburg Medical Center

HARRISBURG MEDICAL CENTER

Harrisburg Medical Center is a 77 bed nonprofit Sole Community Hospital licensed by the Illinois Department of Public Health and is a member of the Illinois Hospital and Health Systems Association. The organization is accredited by The Joint Commission. Patient care is provided by professional staff skilled in the assessment of patients and development of a care plan based on findings from those assessments.

Harrisburg Medical Center's Mission

The mission of Harrisburg Medical Center is to maintain and improve the health of the communities we serve. This Community Health Needs Assessment Implementation Plan provides the groundwork for Harrisburg Medical Center, and along with other local organizations to create a blueprint for the provision of services to improve the health of our community. This Implementation Plan is designed ensure that efforts are not duplicated and that the correct organizations to handle specific issues are involved in the process of the needs identified.

The top four priority health needs Identified for Harrisburg Medical Center that are addressed in this implementation plan are:

- **Mental Health**
  Focus on Access to and Treatment of individuals having mental health issues other than the Emergency Room.

- **Chronic Diseases**
  Encourage healthy lifestyles and provide educational activities to elementary school age children to help prevent Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) Diabetes and Obesity in later life.

- **Substance Abuse**
  Focus on the development of a hospital provided Inpatient Medical Stabilization related withdrawal from substance abuse/addiction and a strong outpatient network of programs and providers for treatment of patients with substance abuse/addiction related to drugs and alcohol.

Harrisburg Medical Center 2016 Health Improvement Process Implementation Plan

PRIORITY AREA 1: MENTAL HEALTH

Rationale: Throughout the Community Health Needs Assessment, there was overwhelming evidence of the need for increased awareness, education, and access related to mental health issues in our community. Support for our community members and their impacted families who suffer with mental health issues was noted extensively throughout the assessment.

TARGET POPULATION: Individuals and their families within our community that suffer with mental health issues.

GOAL: Decrease emergency room use related to mental health issues and readmission to the inpatient Behavioral Health Unit by increasing the awareness and use of various outpatient services that are available in our community to those who suffer with these issues.

PERFORMANCE MEASURES

Short Term Indicator 1: Increase awareness of community resources

- Partner with our behavioral health community to identify additional public locations for resource guide distribution.
- Create community resource guide and expand/enhance presence on HMC Web site.
- Raise awareness of resources with community leaders.
- Partner with local libraries to make resource information publicly available.

Possible partners: local community libraries, mental health agencies, local health departments

Short Term Indicator 2: Develop stronger relationships with organizations that provide services and resources that are culturally educationally appropriate to community members

- Research and identify resources available from the professional community with like strategic priorities and identify ways we can work together.
- Conduct interviews with support agencies and community groups to identify how HMC can develop/expand relevant programming for our community.

Possible partners: local health departments, local mental health agencies

Short Term Indicator 3: Establish Outpatient appointments current baseline volumes for 3 months data;

- Initial Outpatient appointments at identified local mental health agencies
  Related to the percentage of Initial Outpatient appointments made and kept at EPC and Behavioral Health Inpatient referrals appointments made for post discharge
- BH patients discharged from ER with follow-up appointments
  Related to the percentage of Initial Outpatient appointments made and kept for patients seen and discharged from HMC ER.
- Patients discharged from the BH inpatient unit

Related to the percentage of Initial Outpatient appointments made and kept by patients referrals following discharge from Behavioral Health inpatient status.

Short Term Indicator 4: Establish current baseline volumes for 3 months data related to;

- Patients seen in the ER for Behavioral Health issues monthly
- Patients re-admitted to inpatient Behavioral Health Unit

Long Term Indicators

- Increase in outpatient appointments monthly at identified local mental health agencies
  Compared to the monthly baseline
- Decrease in emergency room visits for psychiatric care
  Compared to the monthly baseline
- Decrease in Behavioral Health inpatient re-admissions for psychiatric care
  Compared to the monthly baseline

Implementation Plan Data

Short-Term Indicators

- Establish a baseline from 3 months data related to the percentage of Initial Outpatient appointments made and kept at; EPC, Behavioral Health Inpatient referrals post discharge, post BH patients ER visit discharge follow-up appointments.
- Establish a baseline from 3 months data related to the volume of patients seen in the ER related to behavioral health issues
- Establish a baseline from 3 months data related to the number of patients that are re-admitted as inpatients to the Behavioral Health Unit

- Once the baseline is established, monthly tracking shall be compared to the baseline

Long-Term Indicators

- Increase in the number of outpatient visits related to behavioral health issues
- Decrease in the number of patients seen monthly in the ER for related behavioral health issues
- Decrease in the number of patient re-admitted to the inpatient Behavioral Health Unit

PRIORITY AREA 2: **Childhood Obesity/Overweight**

Rationale: The rates of obesity and related chronic diseases are on the rise nationally, and the state of Illinois and our community are no exception. Illinois adult obesity rate has increased by nearly 250% in 23 years which has created an increase in patients affected by diabetes, heart disease, hypertension, COPD and obesity related cancer. Childhood obesity has more than tripled since 1980. The National Center for Health Statistics states that nearly 17%, or close to 12.5 million youth age 2-19 in the United States are obese. It has been identified that losing weight and maintaining a healthy weight through physical activity and healthy eating can help to prevent and control these diseases.

TARGET POPULATION: Elementary aged school children

GOAL: Reduce the risk factors for obesity by utilization of activities and partnering with area schools and pre-school programs to teach students the importance of good nutrition through a healthy diet and regular physical activity for improved health later in life.

PERFORMANCE MEASURES

Short Term Indicator 1: **Increase awareness of community resources**

- Partner with our community resources related to child development and education for eating a good diet and participating in moderate and vigorous physical activities and muscle strengthening activities to aid in the prevention of overweight and obesity.
- Create a community resource guide and expand/enhance presence of educational material related to the importance of eating five or more servings of fruits and vegetables per day to reduce the risk of many chronic diseases later on in life.
- Raise awareness of resources with community leaders.
- Partner with local libraries to make resource information publicly available.

Possible partners: local community libraries, local health departments, area schools

Short Term Indicator 2: **Develop stronger relationships with organizations that provide educational services and resources that are culturally educationally appropriate to community members**

- Develop a community group involving educational organizations along with as health care organizations involved in children's health and development.
- Research and identify resources available from the professional community with like strategic priorities and identify ways we can work together.
- Conduct interviews with support agencies and community groups to identify how HMC can develop/expand relevant programming for our community in healthier habits in child development.

Possible partners: local health departments, pre-school programs and school programs

Short Term Indicator 3: **Increase the number of schools that participate in the CATCH program**

Short Term Indicator 4: **Establish current baseline volumes for 3 months data related to;**

Long Term Indicators 1: Reduce the proportion of children in elementary schools who are considered obese.

PRIORITY AREA 3: Substance Abuse/Addiction related to Drugs and Alcohol

Rationale: In the United States, 17.6 million people, or 1 in every 12 adults, suffer from alcohol abuse or dependence. This amounts to 8.3% of the population. An estimated 24.6 million Americans aged 12 or older, or 9.4% of the population, used an illegal drug in the past 30 days. Additionally, the nonmedical use or abuse of prescription drugs--including painkillers, sedatives, and stimulants—is growing, with an estimated 48 million people ages 12 and older having used prescription drugs for nonmedical reasons. This represents approximately 20% of the U.S. population. These are figures from The National Survey on Drug Use and Health. Our primary service area includes the following counties; Saline, Franklin, Gallatin, Hamilton, Hardin, Johnson, Pope, White, and Williamson. In this service area there is a population of 138,017 adults 18 and older. Utilizing the figures stated nationally above, 11,455 people in our service area (8.3%)with alcohol abuse or dependency, 12,973 people (9.4%) who will use illegal drugs and 27,603 (20%) are presently using prescription drugs non-medically.

TARGET POPULATION: Adults 18 years and older with substance abuse/addiction related to drugs and alcohol.

GOAL: Treat those patients who are in need of medical stabilization services who have been drug, alcohol and or other health related issues. To provide appropriate discharge planning assistance in entering into community based programs and services for continued treatment.

PERFORMANCE MEASURES

Short Term Indicator 1: Harrisburg Medical Center and Special Care Hospital Management Corporation begin structure of New Vision services within the hospital.

- Establish New Vision structure
- Develop and improve patient care pathways and protocols
- Develop a Community Outreach and Community Education Plan to increase awareness and managed care awareness of the service
- Define monthly and quarterly goals
- Provide in-service training to hospital staff and selected physicians
- Implement a plan for outreach activity
- Implement policies and procedures
- Implement an outline of daily reporting to Special Care
- Implement monthly reporting to the hospital

Short Term Indicator 2: Development of Service Goals

- Increase community awareness of stabilization service to businesses and agencies with the area
- Recruit new staff/nurses, if needed
- Train and work with nursing staff in development of the service
- Review-assess Community Outreach and Community Education Plan
- Review of billing and collection of accounts receivable
- Begin developing relationships with outpatient referral resources that are substance abuse sites within a 50 mile radius of the hospital's location

Long Term Indicator 1: Harrisburg Medical Center will develop and provide inpatient medical stabilization and withdrawal symptom management services at the hospital.

- Harrisburg Medical Center will contract with Special Care Hospital Management Corporation to institute a New Vision Service where patients are screened and admitted for Medical Stabilization and Withdrawal Symptoms Management.

Long Term Indicator 2: Harrisburg Medical Center through the New Vision Program will develop an internal and external public relations campaign to showcase the Hospital and its New Vision service.

- Marketing the New Vision Service to people, groups, community agencies, businesses and EAP's, who are most likely to encounter people who need New Vision services, including Business and Industry, Community Groups, Hospital Emergency Rooms and other healthcare practitioners.

Long Term Indicator 3: Harrisburg Medical Center and Special Care Hospital Management Corporation will develop and implement a quarterly plan which will concentrate on;

- Increasing community outreach activities and presentations
- Medical chart reviews for compliance with policies and procedures
- Physician recruitment and retention if needed
- Review of Medical Director duties/compliance
- Evaluation of The Joint Commission compliance/state and federal licensure compliance
- Ongoing evaluation of quality of services
- Routine communication with referral sources within the service area
- Communication with the business office to insure billing and collection is appropriate