Iroquois Memorial Hospital

Community Health Needs Assessment 2019





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Statement of Purpose

In accordance with the requirements for tax exemptions, hospital organizations must meet the requirements imposed by the Internal Revenue Services as described in Section 501(r)(3) by conducting a Community Health Needs Assessment (CHNA) every three years. This CHNA will be included as part of their corporate tax filings with the Internal Revenue Service. Iroquois Memorial Hospital (IMH) is dedicated to providing the best quality health care services for the communities it serves. By assessing community health needs through a review of the available health data, collective participants perceptions of health needs of the area, local officials and community leaders and representatives of the many groups served by the hospital, IMH and its health care partners were able to identify and address the area's most pressing health care needs.



IMH Board of Directors

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Executive Summary

IMH faces many of the same challenges confronting rural hospitals and healthcare in general across the United States. Changing demographics and governmental programming shifts have presented both opportunities and challenges for rural healthcare. IMH has chosen to take a proactive position in meeting these and other challenges. We have chosen to reevaluate, rebrand and refocus our mission to meet the needs of our community as the community continues to change. We will not simply survive, we will thrive and lead. Rural healthcare can no longer be solely focused on mending broken bones, instead we must expand our vision to mending broken lives. By this we will truly promote the improved health of our community.

IMH will focus our attention and services on the needs of our community based upon its demographics and priorities as highlighted in the most recent IPLAN. We will strive to be the best in class in three primary areas: Meeting the needs of an ever aging population, Women's Health and Understanding and meeting the needs of the underserved in our community. We will also help support the efforts of community leaders in the areas of substance abuse and behavioral health. These areas represent programming that we will develop and ask community, state and national leaders to join us in as we serve our community.

IMH will be an outstanding organization by exceeding community and board expectations through empowered people, guided by shared values. This requires: A consistent CUSTOMER FOCUS for our organization which all of our people understand and feel passionate about, A PASSION to provide better patient outcomes and superior customer experiences in our community, An EMPOWERED ORGANIZATION which is both motivated and supported to satisfy customers to the fullest extent of their capabilities and A SET OF SHARED VALUES which guides all of our decisions and actions.



The trunk of the tree is made up of people. These people represent our employees and the community that we care for. People make IMH strong.

The tree trunk is made up of 3 people which represent our past, our present, and our future.

The tree has roots. IMH is deeply rooted in our community. We are here to stay.

The tree has colorful leaves. IMH is alive and growing. The word believe is carved in our bark. We believe that together we will be thrive.

Scope of Assessment

IMH elected to conduct a CHNA for 2019. The Community Health Needs Assessment was developed and conducted by IMH with support from Iroquois County Public Health Department and Illinois Critical Access Hospital Network (ICAHN). The CHNA process allowed Iroquois Memorial and its Community participants to discuss and assess the needs of the community on all levels. By looking at not only the geographical, economic, social, spiritual, and health needs, it allowed Iroquois Memorial the ability to plan a course of action on how to best serve our service area.



Methodology and Gaps Discussion

The CHNA was conducted through IMH. After reviewing primary data that was collected, it was determined to proceed with four focused groups and to also participate and contribute to the counties discussions on their Illinois Project for Local Assessment of Needs (IPLAN). Their plan is a result of a comprehensive, community-based public health needs assessment, including reviews of relevant data, collective perceptions of the community participants, and dialogue about the overall health of Iroquois County. The development of the IPLAN comprised of a multitude of representatives from community leaders, health professionals, faith leaders, business leaders, local officials, and the local school.

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 American Community Survey, Decennial Census, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, (accessed via the Health Indicators Warehouse) US Department of Health & Human Services, National Vital Statistics System (accessed via CDC WONDER), Illinois Vital Statistics. 2017 County Health RankingsNote:This indicator is compared to the lowest state average. Additional data analysis by CARES 2011-12.

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 and Iroquois County Public Health Department. 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 the text, were reviewed and compared to the primary data gathered. Identified needs were prioritized through that process and presented to hospital administration for review.

Community Partners

- Champaign-Urbana Public Health District (C-UPHD)
- First Financial Bank
- Gibson Area Hospital
- Harbor House
- Iroquois County 911
- Iroquois County Board
- Iroquois County Care Services (C-UPHD)
- Iroquois County Coalition for Change
- Iroquois County Emergency Management Agency
- Iroquois County Probation Department
- Iroquois County Public Health Department
- Iroquois County Public Health Department Board of Health
- Iroquois County Times Republic
- Iroquois County Volunteer Services
- Iroquois Mental Health Center
- Iroquois Sexual Assault Services
- Iroquois-Kankakee Regional Office of Education
- Options
- Thrivent Financial
- Trinity Church
- Unit 9 Schools

Evaluation Of Prior Implementation Strategy

The items set forth below were identified and prioritized in the 2016 CHNA. Actions taken are summarized for each Priority.

1. Mental Health - Actions taken:

In 2016, IMH signed a contract with a Mental / Behavioral Health Practice to refer patients to be seen in our facility to aid in the ability to access the services. In 2017, the Partnership did not evolve leaving Iroquois Memorial without the improved access to mental health services. We assess patients with standardized tools for Mental / Behavioral Health Issues in our Clinics and Hospital. We refer patients based on the need. Due to financial constraints of Iroquois Memorial and the ability to achieve a return on the investment, we have not pursued further additional services.

2. Drug and Alcohol - Actions taken:

In 2016, IMH signed a contract with a Mental / Behavioral Health Practice to refer patients to be seen in our facility to aid in the ability to access the services. In 2017, the Partnership did not evolve leaving Iroquois Memorial without the improved access to mental health services. We assess patients with standardized tools for Mental / Behavioral Health Issues in our Clinics and Hospital. We refer patients based on the need. Due to financial constraints of Iroquois Memorial, and the ability to achieve a return on the investment, we have not pursued further additional services.

3. Diabetes - Actions taken:

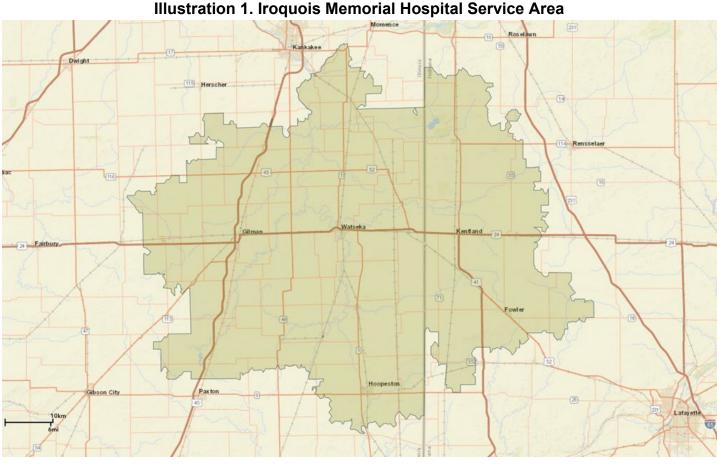
IMH has been active in helping to educate the community on healthy eating and exercise. We held several community educational events in 2017 and 2018, led by our Dietician on Healthy Eating and Weight loss concepts addressing all age groups. These included community events held here as well as visits to the Community Park district to discuss with the children on choosing healthy snacks. We also had two educational events on exercise, what to monitor during exercising, and red flags to be aware of in 2017, with five more of those events in 2018. We joined our Accountable Care Organization in 2016 and hired a Care Coordinator in 2017 to assess a patient's medical, physical and social support needs. We do this by developing a plan of care, monitoring their care needs, assisting with locating and obtaining services, and supporting them to achieve their goals.

4. Obesity - Actions taken:

IMH has been active in helping to educate the community on healthy eating and exercise. We held several community educational events led by our Dietician on Healthy Eating and Weight loss concepts addressing all age groups. These included community events held here as well as visiting the Community Park district to discuss with the children on choosing healthy snacks. We also had two educational events on exercise, what to monitor during exercising, and red flags to be aware of in 2017 and five events in 2018.

Geographic Assessment Area Defined

The IMH 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 IMH, 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.



Illinois - all or part of Iroquois, Ford and Kankakee Counties:

60959 Piper City 60924 Cissna Park		60951 Martinton
60968 Thawville	60926 Claytonville	60970 Watseka
60927 Clifton	60928 Crescent City	60953 Milford
60911 Ashkum	60945 Iroquois	60973 Wellington
60930 Danforth	60956 Papineau	60942 Hoopeston
60938 Gilman	60967 Stockland	60912 Beaverville
60955 Onarga	60974 Woodland	60931 Donovan
60918 Buckley	60964 Wichert	60966 Sheldon
60948 Loda		

Indiana – all or part of Benton and Newton counties:

47963 - Morocco	47951 - Kentland	47942 - Earl Park4
47922 - Brook	47948 - Goodland	47944 - Fowler

Demographic Profile

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Total Population

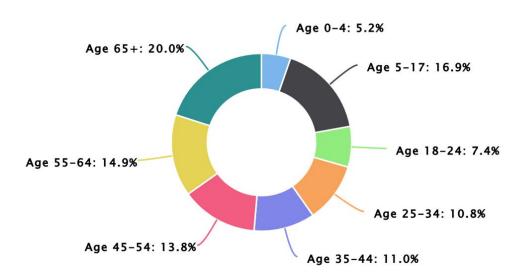
A total of 50,496 people live in the 1,844.33 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2013-2017 five year estimates. The population density for this area, estimated at 27.38 persons per square mile, is less than the national average population density of 90.88 persons per square mile.

Total Population by Age Groups, Percent

Report Area	Age	Age	Age	Age	Age	Age	Age	Age
	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
Report Location	5.25%	16.89%	7.39%	10.83%	10.97%	13.78%	14.92%	19.97%
Ford County, IL	5.40%	17.59%	7.28%	10.77%	11.53%	13.53%	15.15%	18.75%
Iroquois County, IL	5.33%	16.74%	7.33%	10.50%	11.15%	13.56%	14.90%	20.49%
Kankakee County, IL	6.07%	17.80%	10.36%	12.10%	12.03%	13.20%	12.96%	15.48%
Livingston County, IL	5.66%	16.19%	8.44%	12.25%	11.38%	14.03%	14.42%	17.62%
Vermilion County, IL	6.63%	17.28%	8.14%	12.07%	11.51%	12.71%	13.64%	18.02%
Benton County, IN	6.00%	19.00%	7.75%	11.08%	11.39%	14.00%	13.77%	17.02%
Jasper County, IN	5.93%	18.22%	9.31%	11.18%	12.25%	13.39%	13.46%	16.27%
Newton County, IN	5.12%	16.82%	7.92%	11.70%	11.83%	13.73%	15.31%	17.57%
Illinois	6.11%	16.91%	9.56%	13.86%	12.93%	13.53%	12.72%	14.38%
Indiana	6.32%	17.53%	10.09%	12.85%	12.42%	13.27%	12.88%	14.64%
United States	6.18%	16.74%	9.70%	13.72%	12.67%	13.42%	12.69%	14.87%

Total Population by Age Groups, Total

Report Location



Median Age

This indicator reports population median age based on the 5 year American Community Survey estimate.

Report Area	Total Population	Median Age
Report Location	50,496	No data
Ford County, IL	13,470	43.2
Iroquois County, IL	28,457	44.3
Kankakee County, IL	110,801	37.7
Livingston County, IL	36,812	41.6
Vermilion County, IL	79,207	40.2
Benton County, IN	8,685	40.9
Jasper County, IN	33,448	39.0
Newton County, IN	14,056	42.5
Illinois	12,854,526	37.7
Indiana	6,614,418	37.5
United States	321,004,407	37.8

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Population Age 18-64

This indicator reports the percentage of population age 18-64 in the designated geographic area. This indicator is relevant because it is important to understand the percentage of adults in the community, as this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 18-64	Percent Population Age 18-64
Report Location	50,496	29,233	57.89%
Ford County, IL	13,470	7,848	58.26%
Iroquois County, IL	28,457	16,347	57.44%
Kankakee County, IL	110,801	67,207	60.66%
Livingston County, IL	36,812	22,280	60.52%
Vermilion County, IL	79,207	46,000	58.08%
Benton County, IN	8,685	5,036	57.99%
Jasper County, IN	33,448	19,929	59.58%
Newton County, IN	14,056	8,502	60.49%
Illinois	12,854,526	8,047,597	62.61%
Indiana	6,614,418	4,067,995	61.50%
United States	321,004,407	199,670,739	62.20%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Population Age 65+

An estimated 19.97% of the population in the report area is age 65 or older according to the U.S. Census Bureau American Community Survey 2013-2017 five year estimates. An estimated total of 10,086 older adults resided in the area during this time period. The number of persons age 65 or older is relevant because this population has unique health needs which should be considered separately from other age groups.

Report Area	Total Population	Population Age 65+	Percent Population Age 65+
Report Location	50,496	10,086	19.97%
Ford County, IL	13,470	2,525	18.75%
Iroquois County, IL	28,457	5,830	20.49%
Kankakee County, IL	110,801	17,148	15.48%
Livingston County, IL	36,812	6,487	17.62%
Vermilion County, IL	79,207	14,271	18.02%
Benton County, IN	8,685	1,478	17.02%
Jasper County, IN	33,448	5,442	16.27%
Newton County, IN	14,056	2,470	17.57%
Illinois	12,854,526	1,847,932	14.38%
Indiana	6,614,418	968,568	14.64%
United States	321,004,407	47,732,389	14.87%

Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Population Age 65+ by Gender

This indicator reports the percentage of population that are at age 65 and older by gender. In the report area, 16.09% of male population are at age 65 and older, and 22.02% of the female population are at age 65 and older.

Report Area	Total Male	Total Female	Percent Male	Percent Female
Report Location	4,009	5,632	16.09%	22.02%
Ford County, IL	875	1,472	13.16%	21.57%
Iroquois County, IL	2,304	3,283	16.60%	22.52%
Kankakee County, IL	6,606	9,541	12.14%	16.92%
Livingston County, IL	2,468	3,634	13.07%	20.28%
Vermilion County, IL	5,754	7,890	14.63%	19.78%
Benton County, IN	606	838	13.93%	19.33%
Jasper County, IN	2,299	2,960	13.88%	17.54%
Newton County, IN	1,053	1,336	14.96%	19.04%
Illinois	715,388	1,049,641	11.33%	16.04%
Indiana	382,431	545,703	11.74%	16.26%
United States	18,945,773	26,677,081	11.99%	16.37%

Urban and Rural Population

This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Report Area	Total Pop.	Urban Pop.	Rural Pop.	Percent Urban	Percent Rural
Report Location	51,879	14,416	37,463	27.79%	72.21%
Ford County, IL	14,081	8,198	5,883	58.22%	41.78%
Iroquois County, IL	29,718	8,398	21,320	28.26%	71.74%
Kankakee County, IL	113,449	85,703	27,746	75.54%	24.46%
Livingston County, IL	38,950	23,057	15,893	59.20%	40.80%
Vermilion County, IL	81,625	56,112	25,513	68.74%	31.26%
Benton County, IN	8,854	0	8,854	0%	100.00%
Jasper County, IN	33,478	10,700	22,778	31.96%	68.04%
Newton County, IN	14,244	0	14,244	0%	100.00%
Illinois	12,830,632	11,353,553	1,477,079	88.49%	11.51%
Indiana	6,483,802	4,697,100	1,786,702	72.44%	27.56%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract

Social & Economic Factors

Indiana

United States

Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Children Eligible for Free Lunch (Alone) by Year, 2010-11 through 2016-17

46.76%

48.15%

The table below shows local, state, and National trends in student free and reduced lunch eligibility. *Note: Data for the 2011-12 school year are omitted due to lack of data for some states.*

Report Area	2010-11	2012-13	2013-14	2014-15	2015-16	2016-17
Ford County, IL	35.38%	40.19%	40.67%	47.99%	41.30%	44.84%
Iroquois County, IL	43.95%	50.32%	49.62%	52.17%	49.47%	49.76%
Kankakee County, IL	51.24%	57.26%	57.42%	56.92%	51.73%	46.77%
Livingston County, IL	37.07%	39.07%	42.52%	47.10%	43.65%	42.90%
Vermilion County, IL	59.03%	62.34%	63.79%	65.60%	65.03%	62.28%
Benton County, IN	45.91%	46.54%	47.51%	48.07%	46.45%	47.84%
Jasper County, IN	37.92%	39.93%	40.51%	41.54%	41.23%	39.33%
Newton County, IN	47.82%	51.04%	51.59%	52.66%	54.93%	54.31%
Illinois	46.69%	50.56%	51.44%	54.09%	49.88%	50.20%

49.01%

51.31%

49.23%

51.99%

49.21%

51.79%

48.29%

52.30%

47.26%

48.88%

Income - Median Household Income

This indicator reports median household income based on the latest 5 year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Report Area	Total Households	Average Household Income	Median Household Income
Report Location	20,858	\$62,109.00	No data
Ford County, IL	5,684	\$62,640.00	\$50,851.00
Iroquois County, IL	11,845	\$63,305.00	\$48,857.00
Kankakee County, IL	40,239	\$69,319.00	\$56,542.00
Livingston County, IL	14,379	\$68,968.00	\$54,339.00
Vermilion County, IL	31,355	\$57,972.00	\$44,930.00
Benton County, IN	3,397	\$58,906.00	\$49,183.00
Jasper County, IN	12,220	\$65,974.00	\$56,574.00
Newton County, IN	5,530	\$60,390.00	\$52,193.00
Illinois	4,818,452	\$85,262.00	\$61,229.00
Indiana	2,537,189	\$69,197.00	\$52,182.00
United States	118,825,921	\$81,283.00	\$57,652.00

Note:This indicator is compared to the highest state average. Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract

Education - High School Graduation Rate

Within the report area 87.3% of students are receiving their high school diploma within four years. Data represents the 2016-2017 school year.

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Report Location	563	491	87.3%
Ford County, IL	192	158	82.3%
Iroquois County, IL	296	255	86.1%
Kankakee County, IL	752	651	86.6%
Livingston County, IL	204	176	86.3%
Vermilion County, IL	863	677	78.4%
Benton County, IN	111	102	91.9%
Jasper County, IN	433	399	92.1%
Newton County, IN	155	139	89.7%
Illinois	88,525	75,853	85.7%
Indiana	70,951	64,178	90.5%
United States	3,095,906	2,688,701	86.8%

Note: This indicator is compared to the highest state average. Data Source: US Department of Education, <u>EDFacts.</u> Accessed via <u>DATA.GOV</u>. Additional data analysis by <u>CARES.</u> 2016-17. Source geography: School District. <u>This indicator is relevant because research suggests education is one of the strongest predictors of health (<u>Freudenberg & Ruglis, 2007</u>).</u>

Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status. In the report area 8.98% of the total civilian non-institutionalized population are without health insurance coverage. The rate of uninsured persons in the report area is greater than the state average of 8.52%. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population	Total Uninsured	Percent Uninsured
	(For Whom Insurance Status is Determined)	Population	Population
Report Location	49,713	4,466	8.98%
Ford County, IL	13,062	901	6.90%
Iroquois County, IL	28,018	2,030	7.25%
Kankakee County, IL	108,546	7,710	7.10%
Livingston County, IL	34,348	2,110	6.14%
Vermilion County, IL	76,608	5,636	7.36%
Benton County, IN	8,599	1,018	11.84%
Jasper County, IN	33,093	2,647	8.00%
Newton County, IN	13,840	1,745	12.61%
Illinois	12,674,162	1,079,822	8.52%
Indiana	6,515,358	671,254	10.30%
United States	316,027,641	33,177,146	10.50%

Note: This indicator is compared to the lowest state average. Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Poverty - Population Below 100% FPL

Poverty is considered a key driver of health status. Within the report area 15.58% or 7,714 individuals are living in households with incomes below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Report Location	49,501	7,714	15.58%
Ford County, IL	13,040	2,044	15.67%
Iroquois County, IL	27,864	4,316	15.49%
Kankakee County, IL	106,135	16,059	15.13%
Livingston County, IL	34,196	4,565	13.35%
Vermilion County, IL	75,965	15,043	19.80%
Benton County, IN	8,546	1,271	14.87%
Jasper County, IN	32,373	2,898	8.95%
Newton County, IN	13,805	1,932	13.99%
Illinois	12,551,822	1,698,613	13.53%
Indiana	6,412,384	933,540	14.56%
United States	313,048,563	45,650,345	14.58%

Note: This indicator is compared to the lowest state average. Data Source: US Census Bureau, American Community Survey. 2013-17. Source geography: Tract

Input

Health Profiles from Existing Studies and Other 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) 2019
- The Community Themes and Strengths assessment

Population with Any Disability

This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Population with Any Disability by Gender

Report Area	Total Male	Total Female	Percent Male	Percent Female
Report Location	4,251	3,990	17.22%	15.94%
Ford County, IL	1,086	1,078	16.83%	16.31%
Iroquois County, IL	2,244	2,096	16.30%	14.71%
Kankakee County, IL	8,089	8,882	15.31%	15.95%
Livingston County, IL	2,508	2,582	14.79%	14.85%
Vermilion County, IL	5,771	5,827	15.59%	14.72%
Benton County, IN	750	841	17.33%	19.70%
Jasper County, IN	2,280	2,494	13.95%	14.89%
Newton County, IN	984	1,124	14.14%	16.33%
Illinois	661,517	727,310	10.68%	11.22%
Indiana	435,605	463,662	13.63%	13.96%
United States	19,232,246	20,559,836	12.45%	12.72%

Population with Any Disability by Age Group, Percent

Report Area	Under Age 18	Age 18-64	Age 65+
Report Location	6.48%	13.61%	37.48%
Ford County, IL	6.88%	14.13%	38.78%
Iroquois County, IL	3.83%	12.31%	38.17%
Kankakee County, IL	4.61%	14.44%	38.49%
Livingston County, IL	4.67%	12.45%	36.43%
Vermilion County, IL	3.71%	13.94%	34.73%
Benton County, IN	9.35%	17.08%	37.54%
Jasper County, IN	6.17%	12.47%	34.16%
Newton County, IN	6.71%	13.32%	33.38%
Illinois	3.32%	8.58%	34.22%
Indiana	4.82%	11.90%	37.13%
United States	4.16%	10.34%	35.46%

Heart Disease (Adult)

Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Report Location	Suppressed	Suppressed	Suppressed
Ford County, IL	13,330	1,456	10.9%
Iroquois County, IL	29,579	2,486	8.4%
Kankakee County, IL	89,463	2,747	3.1%
Livingston County, IL	28,005	3,244	11.6%
Vermilion County, IL	64,091	3,390	5.3%
Benton County, IN	25,493	1,227	4.8%
Jasper County, IN	14,251	1,370	9.6%
Illinois	9,681,141	369,926	3.8%
Indiana	4,815,238	247,073	5.1%
United States	236,406,904	10,407,185	4.4%

Note: This indicator is compared to the lowest state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Surveillance System. Additional data analysis by CARES 2011-12. Source Geography: County

High Blood Pressure (Adult)

Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Report Location	Suppressed	Suppressed	Suppressed
Ford County, IL	10,762	No data	Suppressed
Iroquois County, IL	22,839	7,674	33.60%
Kankakee County, IL	84,067	27,742	33.00%
Livingston County, IL	30,391	10,363	34.10%
Vermilion County, IL	61,745	17,474	28.30%
Benton County, IN	6,529	No data	Suppressed
Jasper County, IN	24,729	7,740	31.30%
Newton County, IN	10,930	No data	Suppressed
Illinois	9,654,603	2,722,598	28.20%
Indiana	4,848,923	1,415,886	29.20%
United States	232,556,016	65,476,522	28.16%

Note: This indicator is compared to the lowest state average.

Data Source: Centers for Disease Control and Prevention, <u>Behavioral Risk Factor Surveillance System</u>. Accessed via the <u>Health Indicators Warehouse</u>. US Department of Health & Human Services, <u>Health Indicators Warehouse</u>. 2006-12. Source geography: County

Death Injury and Violence

The various causes of death in Iroquois County are similar to those of Illinois, with heart disease and cancer topping the list with over double the number of deaths than the next leading causes of death.

Number of Deaths	2010	2011	2012	2013	2014	2015	2016
Illinois	99,624	101,291	102,433	103,409	105,296	106,879	107,041
Iroquois County, IL	380	387	379	353	371	394	406
Causes of Death in Iroquois County	2010	2011	2012	2013	2014	2015	2016
Heart Disease	101	97	114	73	101	90	100
Cancer	85	84	85	74	84	93	89
Stroke	33	29	23	23	19	16	22
Chronic Lower Respiratory Diseases	16	27	20	26	20	25	24
Accidents	13	14	22	19	16	18	26
Alzheimer's Disease	28	31	23	26	20	23	31
Diabetes	11	16	19	12	8	14	19
Kidney Disease	16	7	5	13	6	7	8
Influenza and Pneumonia	3	8	4	0	3	8	5
Septicemia	11	10	4	5	11	7	6

Data obtained from Illinois Vital Statistics 2010-2016

Mortality - Coronary Heart Disease

Report Area	Total Population	Average Annual Deaths 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Location	Suppressed	Suppressed	Suppressed	Suppressed
Ford County, IL	13,768	25	180.10	106.20
Iroquois County, IL	28,821	62	213.70	122.50
Kankakee County, IL	111,484	134	120.40	99.70
Livingston County, IL	37,587	54	143.10	98.70
Vermilion County, IL	79,635	166	208.90	153.20
Benton County, IN	8,720	16	185.80	144.80
Jasper County, IN	33,445	58	174.00	148.40
Newton County, IN	14,044	21	148.10	106.10
Illinois	12,859,901	13,901	108.10	94.44
Indiana	6,591,565	7,950	120.61	105.69
United States	318,689,254	367,306	115.30	99.60

Note: This indicator is compared to the lowest state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

Mortality - Drug Poisoning

This indicator reports the rate of death due to drug overdose per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available.

Report Area	Total Population	Average Annual Deaths 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Location	Suppressed	Suppressed	Suppressed	Suppressed
Ford County, IL	13,768	No data	Suppressed	Suppressed
Iroquois County, IL	28,821	6	20.10	23.80
Kankakee County, IL	111,484	17	15.10	15.90
Livingston County, IL	37,587	7	17.60	18.00
Vermilion County, IL	79,635	15	18.80	20.60
Benton County, IN	8,720	No data	Suppressed	Suppressed
Jasper County, IN	33,445	4	13.20	15.20
Newton County, IN	14,044	3	21.40	Suppressed
Illinois	12,859,901	1,832	14.24	14.11
Indiana	6,591,565	1,204	18.26	18.84
United States	318,689,254	49,715	15.60	15.60

Note: This indicator is compared to the lowest state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County

Quality of Life

The quality of life in Iroquois County is approximately the same as Illinois, with the only significant difference being Iroquois County having slightly more poor physical and mental health days. Additionally, according to the Illinois Behavioral Risk Factor Surveillance System, 18.39% of residents stated that their activities are limited to impairment and 21.4% reported having a disability.

Quality of Life	Iroquois County	Illinois
Poor or Fair Health	16%	17%
Poor Physical Health Days	4.0	3.8
Poor Mental Health Days	3.8	3.6

Data obtained from 2017 County Health Rankings

Chronic Disease and Health Behaviors

In terms of Health Behaviors, Iroquois County is very similar to, if not better than Illinois in most categories. However, Iroquois County falls significantly behind in access to exercise opportunities and suffers from having limited access to healthy foods. Iroquois County has a lower percentage of alcohol-impaired driving deaths and sexually transmitted infections when compared to the state but has a considerably higher rate of deaths due to motor vehicle crashes and drug overdoses.

Health Behaviors	Iroquois County	Illinois
Adult Smoking	17%	16%
Adult Obesity	33%	38%
Food Environment Index	8.0	8.7
Physical Inactivity	27%	27%
Access to Exercise Opportunities	51%	91%
Excessive Drinking	19%	21%
Alcohol-impaired Driving Deaths	26%	33%
Sexually Transmitted Infections	235.5	540.4
HIV Prevalence Rate	62	330
Food Insecurity	11%	12%
Limited Access to Healthy Foods	8%	4%
Motor Vehicle Crash Deaths	23	8
Drug Overdose Deaths	21	15

Data obtained from 2017 County Health Rankings

Percentage of Medicare Population with Diabetes by Age

Report Area	65 Years and Older	Less than 65 Years
Ford County, IL	27.04%	25.00%
Iroquois County, IL	27.14%	26.61%
Kankakee County, IL	28.50%	27.95%
Livingston County, IL	25.08%	23.54%
Vermilion County, IL	28.48%	26.07%
Benton County, IN	28.76%	26.79%
Jasper County, IN	27.89%	24.21%
Newton County, IN	26.58%	23.94%
Illinois	26.94%	28.54%
Indiana	28.13%	28.04%
United States	27.36%	26.61%

This indicator reports the prevalence of diabetes among Medicare beneficiaries by age.

IPLAN (top priorities)

The Iroquois County Public Health Department completed the five-year Illinois Project for Local Assessment of Needs (IPLAN) in 2019. 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:

- 1. Substance Abuse
- 2. Mental / Behavioral Health
- 3. Healthy Lifestyle Promotion

The Community Themes and Strengths Assessment

The Community Needs Assessment for Iroquois County conducted by the Iroquois County Public Health Department was distributed by survey to 289 adult community members and residents. Two-hundred thirty (230) surveys were completed online using SurveyMonkey.com and fifty nine (59) were completed via paper survey at the public health department or other local healthcare offices. The surveys were completed between September 2018 and November 2018. The survey was stratified by zip code, race, income and age for a 90% confidence interval. The results of the survey are as follows:

Community Themes and Strengths Assessment

The following survey will only take a few minutes to complete. Your input is important and will be used by the Iroquois County Public Health Department and our community partners to assist in identifying and meeting the needs of our community. All information will be kept confidential and your name is not required on the questionnaire.

THANK YOU FOR YOUR TIME!

NEIGHBORHOOD TRAFFIC AND ROADS: For each of the following categories, please indicate the level to which your neighborhood						
meets these needs.	· F 11 1	CI	Needs	Danu	81/6	
	Excellent	Good	Improvement	Poor	N/A	
Road maintenance / repair						
Access to public transportation						
Access to sidewalks				STEERS OF THE PARTY.		
Street Lights						
Wheelchair accessibility				Charles and the second		
Pedestrian crosswalks						
Bike paths				- Declaration		
Other (please specify)						
CAFETY CONCERNS. For each of the f	allawina astago	ومناهم ومراهم	ta vaur laval of co	nearn as it nortains to	o vour poigh	harbood
SAFETY CONCERNS: For each of the f			te your level of co		J your neign	iborriood.
	Not	Somewhat		Very		
	Concerned	Concerned	Concerned	Concerned	N/A	
Traffic speeds		und and very				
Lack of crime patrols/Block watches						
Gang activity		THE DESCRIPTION		en transfer Director les	11 2 Day	
Crime rates						
Controlled rural intersections	THE PARTY OF THE PARTY OF	maub (Ditter				
Other (please specify						
HEALTH ISSUES (Medical, Dental, Me Please select the five (5) issues you fe					nin the Unite	ed States.
Alcohol use	Lung/Respir	atory disease		Mental health		Distribution of the control of the c
Cancer	Gun Violenc			Obesity		
Child abuse & neglect	Heart diseas			Senior/Aging challer	nges	
Dental problems	Infant death			Senior/Elder abuse 8	_	
Diabetes	Infectious d			Suicide	to de de la constante de la co	Om White Pill
				Teenage pregnancy		
	(HIV/AIDS, ST	Ds, West Nile Virus)		Other		
	-01-0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
COMMUNITY RESOURCES: For each of the following categories, please indicate the level to which Iroquois County meets these needs. Very Very Don't						
	Adequate	Adequate	Inadequate	Inadequate	Know	1 1 1 1 1 1
Affordable housing						
Employment / ability to find jobs						
Ability to pay for basic needs						
(food, clothing, etc.)						ini dian Fami
Drug treatment services						
Mental health services						
Family support services						
Affordable childcare						
Opportunities for youth						
Funding for schools		THE RESERVE TO SERVE THE REAL PROPERTY.		Bullio Carlingle		
Funding for after school programs						
Senior services / adult care				THE REAL PROPERTY.		LY SERVE C
Access to health care						
		parti of the p				
Services for low income persons				2 4 3 3 3		
Other (please specify)	-					

PERSONAL HEALTH: For each of the following questions or stater week.	ments, please indicate how often you engage in these activities per Less than once 1-3 days 4-6 days Every ver a week a week day
How many days do you exercise for at least 30 minutes?	ei aweer aweer aweer day
l eat at least 5 servings of fruits and vegetables a day.	
How many days do you eat fast food?	
I drink more than 1 sugary drink a day (soda, sweet tea, etc.)	
I smoke, chew tobacco, or use e-cigarettes.	
How many days do you drink more than 4 alcoholic drinks?	
I use illegal drugs.	
i use megai urugs.	
PERSONAL SATISFACTION: For each of the following statements,	please indicate the level to which you agree or disagree that Iroquois
County meets these needs.	Strongly Agree Agree Disagree Strongly Disagree
I am satisfied with my access to health care in Iroquois County.	
I am satisfied with the cost of my health care in Iroquois County.	
I am satisfied with the quality of my health care in Iroquois Count	
I am satisfied with my access to affordable dental care in Iroquois	County.
Iroquois County is a good place to raise children.	
Iroquois County is a good place to grow old.	
Iroquois County is a good place to live.	
Iroquois is a racially, ethnically, and culturally diverse place to live	
WHAT ZIP CODE DO YOU LIVE IN?	HOUSEHOLD INCOME: (Please select one)
	☐ Less than \$20,000 ☐ \$100,001 - \$125,000
GENDER: □ Male □ Female □ Transgender □ Other	□ \$20,001 - \$40,000 □ \$125,001 - \$150,000
If other, please specify	□ \$40,001 - \$60,000 □ \$150,001 - \$200,000
	□ \$60,001 - \$75,000 □ Over \$200,001
INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR	□ \$75,001 - \$100,000 □ prefer not to answer
HOUSEHOLD? □ 1 □ 2 □ 3 □ 4 □ 5+	
AGE: □ 17 & Under □ 18-24 □ 25-34 □ 35-44	DO YOU QUALIFY FOR ANY OF THE FOLLOWING PROGRAMS?
□ 45-54 □ 55-64 □ 65 & Older □ I prefer not to answer	(Please select all that apply)
□ 43-34 □ 33-64 □ 63 & Older □ I prefer not to answer	☐ SNAP/Food Stamps
WHAT IS YOUR RACE? (Please select all that apply)	□ WIC
☐ Black/African American	☐ Free or reduced school lunch
☐ White	□ None
☐ American Indian/Alaskan Native	☐ Other (please specify)
☐ Asian	EDUCATION: (Highest level)
□ Native Hawaiian/Other Pacific Islander	☐ Less than high school diploma ☐ Master's degree
☐ I prefer not to answer	☐ High school diploma/GED ☐ Doctorate
☐ Other (please specify)	☐ Some college, no degree ☐ Professional degree
	☐ Associate's degree (e.g. MD, DDS, DVM)
ARE YOU HISPANIC, LATINO, OR SPANISH ORIGIN?	☐ Bachelor's degree ☐ I prefer not to answer
☐ Yes ☐ No ☐ I prefer not to answer	☐ Other (please specify)
DO VOLUME A PRIMARY CARE RUYOGIANO — V	
DO YOU HAVE A PRIMARY CARE PHYSICIAN? Yes No	HOW DO YOU PAY FOR HEALTH CARE?
If yes, what clinic/hospital does your primary care physician	□ No insurance (self pay)
practice within?	☐ No insurance (charity care)
HOW LONG HAS IT DEEN SINGE VOLUMED A DOUTING CHECK	Health Insurance (employer, spouse, parent, Marketplace)
HOW LONG HAS IT BEEN SINCE YOU HAD A ROUTINE CHECK- UP	☐ Medicare (including Medicare Supplements)
	☐ Medicaid
	☐ I prefer not to answer
 ☐ More than 1 yr., less than 2 yrs. ☐ More than 5 yrs. ☐ I prefer not to answer 	☐ Other (please specify)
DO YOU SEE A DENTIST REGULARLY?	HOW LONG HAS IT BEEN SINCE YOU HAVE SEEN A DENTIST?
	☐ Within the past year
WHERE DO YOU GO FOR DENTAL SERVICES?	☐ More than a year but less than 2 years
☐ Private Dentist ☐ Emergency Room	☐ More than 2 years but less than 5 years
☐ I do not go to the dentist ☐ I prefer not to answer	☐ More than 5 years
☐ Other (specify)	☐ I prefer not to answer

Demographics of Survey Respondents

- Respondents were 79% female, 20% male and 1% transgender.
- Respondents were 1% Hispanic, 97% non-Hispanic, and 2% preferred not to answer.
- 83% report not qualifying for SNAP, WIC or free or reduced school lunches.
- 84% had reported having at least some college, and 58% reported having a degree.
- 22 zip codes were represented.

Health Behaviors

- 100% reported never having used illegal drugs.
- 80% reported never having used tobacco of any kind, while 15% reported using tobacco products every day.
- 68% reported never consuming more than 4 alcoholic drinks in one day.
- Over 50% reported eating fast food less than 1 day per week.

Health Care

- 16.54% report having no primary care physician.
- 72.05% of respondents reporting having seen a doctor within the past year, while 5.91% report that it has been over 5 years.
- 37.40% of respondents report not seeing a dentist regularly.
- Only 56.69% of respondents have seen a dentist within the past year, while 14.96% report not having seen a dentist in more than 5 years.

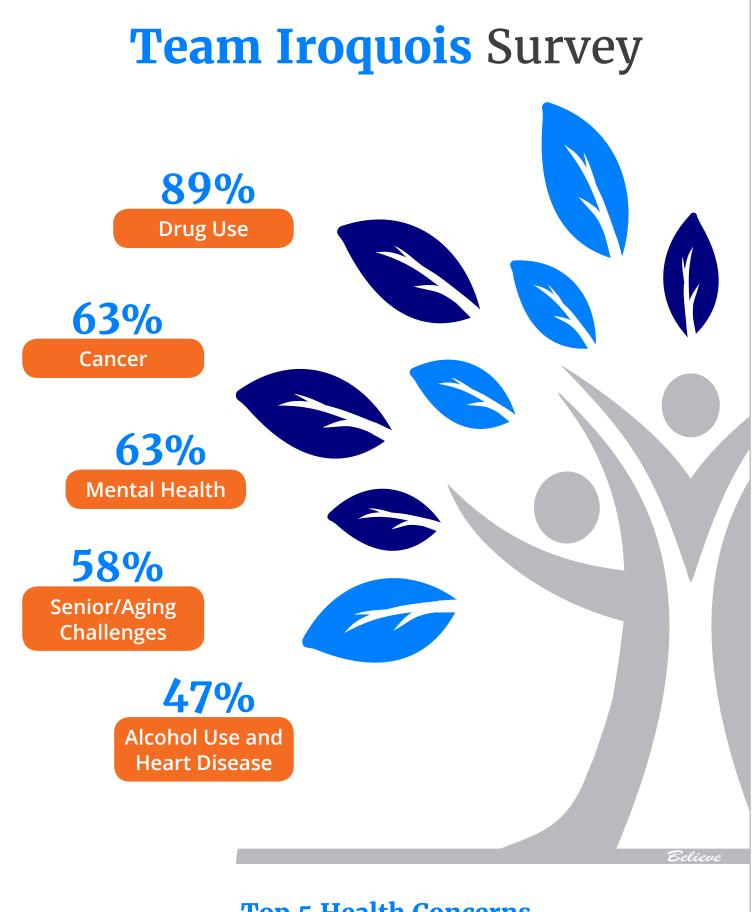
Personal Satisfaction

- 76.90% strongly agree or agree that Iroquois County is a safe place to live.
- 77.27% strongly agree or agree that Iroquois County is a good place to raise children.
- 58.33% disagree or strongly disagree that Iroquois County is a diverse place to live.
- 46.97% are not satisfied with the cost of healthcare in Iroquois County.

Community Health Concerns Top Health Priorities

Respondents were given a list of the top health concerns in the United States and asked to choose their top 5 as related to the health of Iroquois County.

- Overall, the top five selected were *drug abuse* (83.9%), *mental health* (58.2%), *alcohol abuse* (52.1%), *cancer* (48.9%) *and obesity* (35.5%).
- The bottom five selected were dental problems (10.3%), infectious disease (9.6%), lung/respiratory disease (7.1%), gun violence (4.3%) and infant deaths (0.4%)



Top 5 Health Concernsof Team Iroquois Survey Respondents

Synthesized Secondary Data

Focus Group #1 - Iroquois Memorial Board of Directors

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

- Aging Population with limited but steady incomes
- Transportation availability
- Drug and Alcohol Addiction and Treatment options
- Domestic Violence / Child Abuse
- Senior Care
- Underserved Population
- Stabilization of Primary Care providers. The turn over in providers has a negative effect on building a trusting relationship
- Internal barriers:
 - Ease of scheduling appointments
 - Communication of the services offered
 - Ability to get around our facility
 - Community image
- Preventative Health

Focus Group #2 - Executive Team

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

- Behavioral Health
- Women's Health
- Elder Care
- The Underserved
- Barriers that we see that affect our patients ability to receive Health Care include:
 - Financial Burden
 - Transportation
 - Lack of Educational Resources
 - Lack of Ancillary Services in the local area

Focus Group #3 – IMH Management

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

- Provider Shortages:
 - Urology
 - Cardiology
 - o OB/Gyne
 - o Family Practice
 - Pulmonology
 - Oncology
- Access to care:
 - Transportation
 - Lack of insurance
 - Ability to use their insurance here
- Elderly:
 - Transportation
 - Educational Resources for disease processes
 - Providers
- Health behavior management for substance abuse. Medication adherence issues and a general lack of health knowledge

Focus Group #4 – IMH Providers

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

- Pediatric Behavioral Health
- Lack of ancillary specialties
- Barrier seen in clinics is the ability to schedule patients to ancillary services with certain insurances
- Disconnect between communities and the hospital
- Lack of Community Education Opportunities
- Pain and Addiction Management
- Psychiatric Programs & Services

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 are 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. Elder Care
- 2. Behavioral Health
- 3. The Underserved
- 4. Women's Health

Implementation Strategy

The Identification of the Needs of the Community that we serve and Prioritization Findings and Recommendations have been used to create an action plan to achieve success in health and wellness.

Priority 1. Elder Care

IMH is committed to meeting the needs of the elders within our communities and recognize the vital role this population serves to our healthcare system as well as to the economic development of the communities we live within. IMH currently provides a multitude of services to meet the needs of our elders and is planning to expand and grow those services more over the next few years. Some of the services include Home Health, Physical, Occupational, and Speech Therapy, wound care, a Skilling Nursing Home, medical imaging and laboratory services, orthopedics and podiatry, an emergency room and an inpatient/observation unit, diabetic counseling, family providers, Hospice care, and many more. IMH leadership is currently in the process of evaluating several of the above services and looking to not only expand the services offered, but also to expand the service area for which they cover.

Some of the future plans to serve the needs of the elder care include the following: IMH has recently opened a Wound Care Center 1 day per week and is planning, as the need grows, to increase this center to 2-3 days per week. IMH is exploring expanding the service area of our Home Health and Hospice services by the beginning of 2020. We have held meetings with the IRCCO to explore providing and enhancing the continuation of care following hospital or nursing home or home health stays, in an effort to keep our communities members healthier and prevent hospital or similar admissions. We are working to expand our physical, occupational, and speech therapies to better meet the needs and schedules of our patients. IMH is also exploring the best options for the future of our nursing home to ensure we are fully meeting the needs of our aging population.

Priority 2 - Behavioral Health

As shown by the previous data, our service area has been faced with a multitude of behavioral health issues. Many contributing factors may prevent one from the ability to overcome such issues. IMH is committed to addressing the Medical and Mental Health needs of our patients by developing working relationships with outside agencies, organizations, and hospitals to address the Drug and Alcohol Addiction crisis within our community. We plan to align ourselves with multiple centers to aid in the patient's ability to get into both inpatient and outpatient treatment facilities. We plan to immediately start this process and to develop an intricate network in the next two years.

Priority 3 - The Underserved

Many residents in our service area face economic barriers to achieving optimal health and wellness. As shown in this report, the number of students eligible for free or reduced lunches is above the national average and the average household income is significantly below the national average. The economic challenges in our community have impacted the physical, emotional, and spiritual health of the area. IMH is committed to serving the underserved and ensuring health equity in our area. As the healthcare leader in our area, it is our plan to lead the charge to heal Iroquois County by taking a holistic approach to serving the underserved. Transportation to quality healthcare is a barrier faced by the underserved population. Starting in 2019, IMH will explore and implement a transportation program. The goal of this program will be to provide necessary transportation to healthcare and eliminate transportation as a barrier for wellness.

By the end of 2019, IMH will establish a member of the leadership team to focus on program development for the underserved. This individual will actively seek and implement ways to impact the holistic health of our service area. In addition to this, IMH will explore and implement food insecurity initiatives in 2020.

Priority 4 - Women's Health

IMH has identified the need for increased Women's Health Services. It is crucial to make readily available a wide range of specialties and focus areas, such as:

- Birth control, sexually transmitted infections (STIs), and gynecology
- Breast cancer, ovarian cancer, and other female cancers
- Mammography
- Menopause and hormone therapy
- Osteoporosis
- Pregnancy and childbirth
- Women and heart disease

IMH is committed to expanding women's health services by hiring an OB-GYN Physician by the end of 2019. We also plan on building a comprehensive advanced lab testing services in 2019 that will deliver faster laboratory results. This process will aid in better treatment outcomes for our patients as it will provide the Physicians quicker relative data to appropriately treat certain problems.

Resource Inventory

IMH 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, IMH Satellite Clinic patients, emergency room patients, and participates in the Medicare and Medicaid programs. Services include:

Diagnostic Services

- Cardiology
- Laboratory
- Respiratory Therapy
- Medical Imaging

Outpatient Services

- Cardiopulmonary Rehab
- Business and Industry Services

- 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
 - Phototherapy
- Iroquois Memorial Hospital Hospice
- Lifeline Personal Response System
- Medical transport van (non-emergency)
- Nutrition counseling
- Primary Care
 - o Gilman Clinic
 - Kentland Clinic
 - Milford Clinic
 - Multi-Specialty Clinic
- Rehab Services
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Work Conditioning
 - Pediatric Physical Therapy
 - Pediatric Occupational Therapy
 - Pediatric Speech Therapy

Clinical Services

- 24-hour emergency department
- Anesthesiology
- Cardiology services
- Crisis intervention
- Infection control
- Intensive care and telemetry
- Medical imaging
- Pathology
- Pharmacy
- Surgery

Specialty Clinics

- Dermatology
- Gastroenterology
- Oncology
- Orthopedic surgery
- Podiatry
- Wound care

Resident Home

- Medicare Certified
- Medicaid Certified
- 24-hour licensed skilled nursing care
- 24-hour emergency medical care available with attached hospital
- Respite care
- Hospice care
- Individualized care plans
- Resident choice menu planning
- Special diet accommodations
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Respiratory therapy
- Intravenous therapy
- Wound and ostomy care
- Social service
- A full schedule of activities including community outings
- 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
 - X-Ray services
 - Specialty Clinic
 - Chemotherapy

Area Health Physicians

Physician	Specialty
Aravind Reddy, MD	Cardiology
Jennifer Winkleman, PA-C	Dermatology
Almuhannad Alfrhan, MD, Medical Director	Emergency Medicine
Basher Alzein, MD	Emergency Medicine
Joseph DiPiazza, MD	Emergency Medicine
Zewdu Haile, MD	Emergency Medicine
Mohamed Imad Jabri, MD	Emergency Medicine
Danielle McGee, MD	Emergency Medicine
Kathleen Schmelka, MD	Emergency Medicine
Pradip Shah, MD	Emergency Medicine
Jonathan Slater, DO	Emergency Medicine
Colleen Henderson, FNP	Family Practice
Becky Koerner, FNP-BC	Family Practice
Nina Seplak, FNP	Family Practice
Teresita Torres, MD, FAAFP	Family Practice
Chelsea Wichtner, FNP	Family Practice
Thomas O'Connor, MD	Gastroenterology
David Sutherland, MD	Gastroenterology
Hytham Beck, MD	General Surgery
Daniel Chase, MD	General Surgery
Gonzalo Florido, MD FACP	Internal Medicine
Crisanto Reyes, MD	Internal Medicine
Patricia Johnson, MD	Oncology
Alex Michalow, MD	Orthopedic Surgery
Thomas Betlej, MD	Pathology
Mark Pool, MD	Pathology
Noman Siddiqui, MD	Pathology
Walter Curry, DPM	Podiatry
Timothy Friedrich, DPM	Podiatry
Iroquois Mental Health Center	Psychology
John Tricou, MD	Radiology

Allied Health Providers

Physician	Specialty		
Jennifer Hagen, CRNA	Anesthesia		
Jennifer Schroeder, CRNA	Anesthesia		
Stuart Rotramel, CRNA	Anesthesia		
DiAnne Schoolman, NP	Cardiology		
Colleen Henderson, FNP	Family Practice		
Becky Koerner, FNP-BC	Family Practice		
Nina Seplak, FNP	Family Practice		
Chelsea Wichtner, FNP	Family Practice		
Jennifer Grant, RA	Radiology		

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 E. Fairman Avenue Watseka, IL

Iroquois Memorial Hospital Specialty Clinic

200 E. Fairman Avenue Watseka, IL

Iroquois Mental Health Center

323 W. Mulberry Street 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 Watseka, IL

George Ade Memorial Health Care

3623 Indiana 16 Brook, IN

Remarks

The IMH CHNA was conducted in 2019. The process followed IRS guidelines allowing for a more confident focus of effort and resources. IMH is grateful to the Board of Health Members, its staff, community leaders, and citizens who offered their thoughtful input for the assessment. This report was shared to the Iroquois Memorial Executive team and the Board of Health in July of 2019 for further revision, updates of changes prior to widespread publication.