

COMMUNITY HEALTH NEEDS ASSESSMENT 2016



A Collaborative Approach to Impacting Population Health
in Hillsboro and Surrounding Areas

HILLSBORO AREA HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Hillsboro Area Hospital, conducted a Community Health Needs Assessment (CHNA) over a period of several weeks in the winter and spring of 2016. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities.

The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN). ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access hospitals and their rural communities.

The process involved the review of several hundred pages of demographic and health data specific to the Hillsboro Area Hospital service area. The secondary data and previous public health planning conclusions draw attention to several common issues of rural demographics and economics and draw emphasis to issues related to mental health services, wellness, obesity, physician and specialist supply, and related issues.

In addition, the process involved focus groups comprised of area healthcare providers and partners and persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health. Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at-risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to healthcare due to geographic, language, financial, or other barriers.

Three focus groups met on February 11, 2016 to discuss the overall state of health and the local delivery of healthcare and health-related services. They identified positive recent developments in local services and care and also identified issues or concerns that they felt still existed in the area. A fourth group comprised of members or representatives of the focus groups then met and considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs.

As an outcome of the prioritization process, discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for future consideration.

Five needs were identified as significant health needs and prioritized:

1. Cancer
2. Substance abuse
3. Heart disease
4. Services for seniors
5. Mental health

The consultant then compiled a report detailing key data and information that influenced the process and set out the conclusions drawn by the participants. This report was delivered to Hillsboro Area Hospital in June, 2016.

Background

Hillsboro Hospital opened on February 22, 1916. The board of directors began to plan for a new hospital in November 1971, when the state informed them that the existing hospital could not pass safety standards because basic wooden construction posed a fire hazard. The new Hillsboro Area Hospital, a 100-bed facility, was dedicated on October 23, 1975.

Since opening the facility in 1975, the Douglas-Telfer Outpatient Clinic was dedicated in 1990 to the Douglas and Telfer families with their long history of service to patients in the HAH area. Heartland Home Care, which was built at the same time, occupies a duplex with Dr. Brian Cady.

Tremont Ridge Assisted Living Facility opened in December 2003 and the Special Care Cottage for dementia and Alzheimer's residents opened in October 2004. Work on the most recent addition began in 2008. The newest addition added a new emergency department, comprehensive imaging center, and classrooms.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 54 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Hillsboro Area Hospital is a member of the Illinois Critical Access Hospital Network. The Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Hillsboro and the surrounding area.

The population assessed was the identified service area and Montgomery, Macoupin, Bond, Christian, and Fayette counties. Data collected throughout the assessment process was supplemented with:

- A local asset review
- Qualitative data gathered from broad community representation
- Focus groups, including input from local leaders, medical professionals, health professionals, and community members who serve the needs of persons in poverty and the elderly

Hillsboro Area Hospital is a not-for-profit hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

For the purpose of this CHNA, Hillsboro Area Hospital defined its primary service area and populations as the general population within the geographic area in and surrounding the city of Hillsboro, defined in detail below. The hospital’s patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

DEMOGRAPHICS

Hillsboro Area Hospital’s service area is comprised of approximately 422.15 square miles, with a population of approximately 18,706 and a population density of 44.31 people per square mile. The service area consists of the following rural communities:

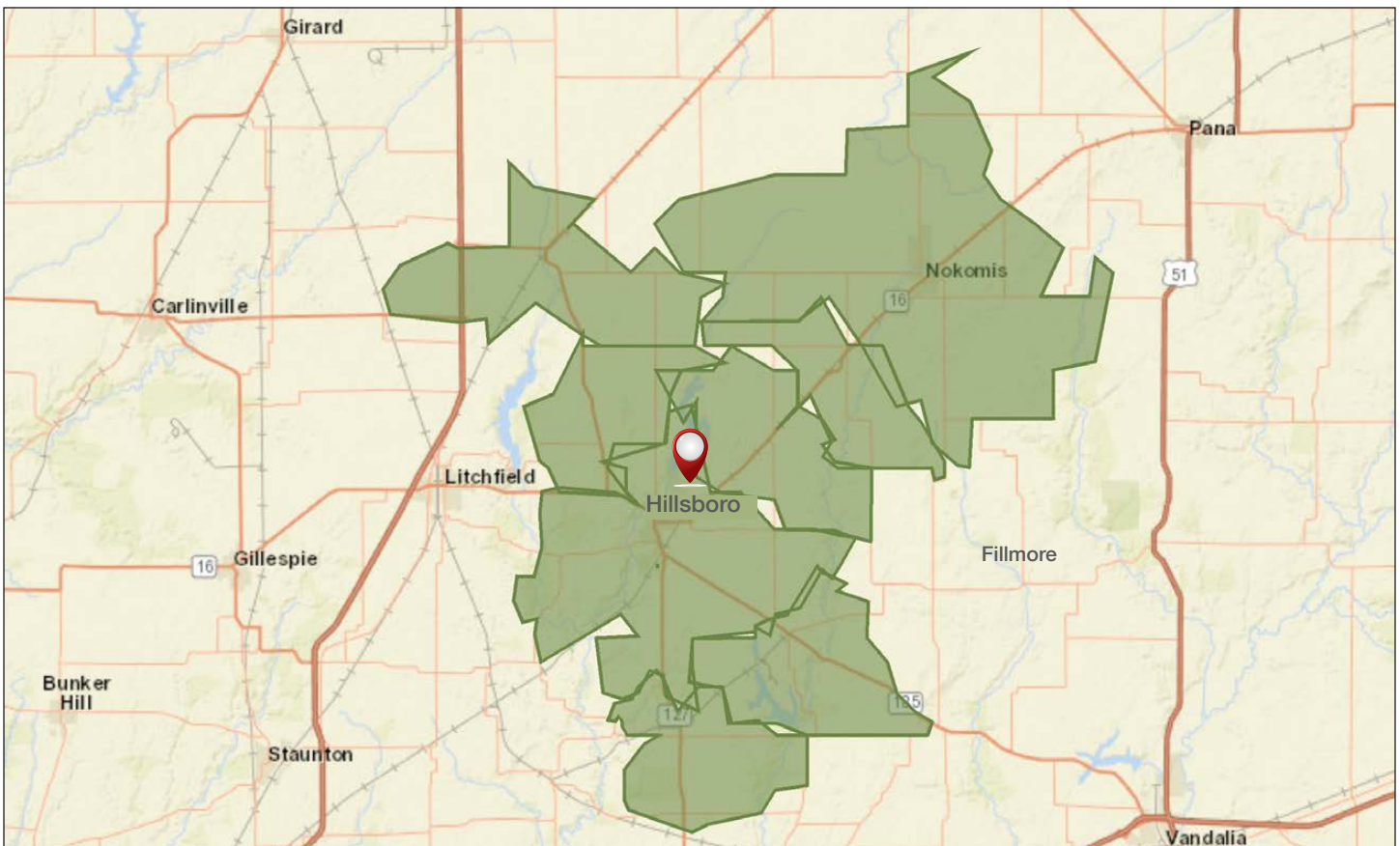
Cities and Towns

- Hillsboro
- Nokomis
- Fillmore
- Irving
- Coffeen
- Raymond
- Witt

Villages

- Butler
- Donnellson

Illustration 1. Hillsboro Area Hospital Service Area



ESRI – 2016

The service area estimates reported in the following tables from Community Commons represent the zip codes identified as the service area. The full county data for Bond, Christian, Fayette, Macoupin, and Montgomery counties are included in most tables for comparison.

TOTAL POPULATION CHANGE, 2000-2010

According to the U.S. Census data, the population in the region grew from 17,633 people to 17,768 between the years 2000 and 2010, a 0.77% increase.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	No data	No data	No data	No data
Bond County	17,633	17,768	135	.77%
Christian County	35,372	34,800	-572	-1.62%
Fayette County	21,802	22,140	338	1.55%
Macoupin County	49,019	47,765	-1,254	-2.56%
Montgomery County	30,652	30,104	-548	-1.79%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	154,498	152,577	-1,921	-1.25%

Data Source: Community Commons

The Hispanic population in Bond County increased by 294 (116.21%), increased in Christian County by 126 (36.52%), increased in Fayette County by 130 (74.71%), increased in Macoupin County by 113 (37.05%), and increased in Montgomery County by 133 (40.8%).

In Bond County, additional population changes were as follows: White 0.89%, Black -17.3%, American Indian/Alaska Native 13.58%, Asian 47.83%, and Native Hawaiian/Pacific Islander -62.5%.

In Christian County, additional population changes were as follows: White -1.37%, Black -34.7%, American Indian/Alaska Native -10.53%, Asian 26.52%, and Native Hawaiian/Pacific Islander -27.27%.

In Fayette County, additional population changes were as follows: White 1.22%, Black -7.89%, American Indian/Alaska Native 34.62%, Asian 37.84%, and Native Hawaiian/Pacific Islander 0%.

In Macoupin County, additional population changes were as follows: White -2.99%, Black -10.25%, American Indian/Alaska Native 15.6%, Asian 44.94%, and Native Hawaiian/Pacific Islander -21.43%.

In Montgomery County, additional population changes were as follows: White -1.55%, Black -16.71%, American Indian/Alaska Native -25.4%, Asian 58.57%, and Native Hawaiian/Pacific Islander 22.22%.

POPULATION BY AGE GROUPS

Population by gender was 58% male and 42% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	18,706	810	2,732	1,460	2,806
Bond County	17,571	861	2,654	1,917	2,099
Christian County	34,415	1,936	5,428	2,819	3,997
Fayette County	22,041	1,226	3,663	1,995	2,764
Macoupin County	47,229	2,543	7,895	3,868	5,349
Montgomery County	29,740	1,561	4,495	2,475	3,827
Illinois	12,868,747	810,671	2,244,295	1,253,226	1,781,319

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	2,782	2,897	2,216	3,003
Bond County	2,239	2,638	2,381	2,782
Christian County	4,222	5,166	4,661	6,186
Fayette County	2,814	3,172	2,764	3,643
Macoupin County	5,541	6,917	6,714	8,402
Montgomery County	3,821	4,221	4,054	5,286
Illinois	1,699,140	1,823,332	1,560,481	1,696,283

Data Source: Community Commons

HIGH SCHOOL GRADUATION RATE

Within the service area, 74.93% of students are receiving their high school diploma with four years. This is lower than the Healthy People 2020 target of 82.4% and is greater than the statewide average. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Service Area Estimates	227	170	74.93%
Bond County	184	157	85.3%
Christian County	520	433	83.3%
Fayette County	279	238	85.3%
Macoupin County	742	642	86.5%
Montgomery County	410	326	79.6%
Illinois	169,361	131,670	77.7%

Note: This indicator is compared with the state average. Data Source: Community Commons

Healthy People is a federal health initiative which provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities. Healthy People 2020 (HP2020) continues in this tradition with the launch on December 2, 2010 of its ambitious, yet achievable, 10-year agenda for improving the nation's health.

POPULATION WITHOUT A HIGH SCHOOL DIPLOMA (Ages 25 and Older)

Within the service area, there are 2,081 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 15.19% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	13,704	2,081	15.19%
Bond County	12,139	1,667	13.73%
Christian County	24,232	2,855	11.78%
Fayette County	15,157	2,432	16.05%
Macoupin County	32,923	3,657	11.11%
Montgomery County	21,209	3,112	14.67%
Illinois	8,560,555	1,062,144	12.41%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH ASSOCIATE'S LEVEL DEGREE OR HIGHER

In the service area, 20.85% of the population aged 25 and older, or 2,857 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With Associate's Degree or Higher	% Population Age 25+ With Associate's Degree or Higher
Service Area Estimates	13,704	2,857	20.85%
Bond County	12,139	3,159	26.02%
Christian County	24,232	5,234	21.6%
Fayette County	15,157	3,422	22.58%
Macoupin County	32,923	8,241	25.03%
Montgomery County	21,209	4,553	21.47%
Illinois	8,560,555	3,373,016	39.4%

Note: This indicator is compared with the state average. Data Source: Community Commons

POVERTY – CHILDREN BELOW 100% FPL & 200% FPL

Poverty is considered a key driver of health status. Within the service area, 16% or 556 children aged 0-17 are living in households with income below 100% of the Federal Poverty Level (FPL). Within the service area, 33.88% or 1,177 children are living in households with income below 200% of 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	Population Under Age 18	Population Under Age 18 in Poverty Below 100% FPL	Population Under Age 18 in Poverty Below 200% FPL
Service Area Estimates	3,474	556	1,177
Bond County	3,389	823	1,727
Christian County	7,204	1,682	3,259
Fayette County	4,735	1,199	2,480
Macoupin County	10,102	1,918	4,234
Montgomery County	5,925	1,133	2,588
Illinois	3,011,614	612,922	1,243,877

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION IN POVERTY (100% FPL and 200% FPL)

Poverty is considered a key driver of health status. Within the service area, 13.29% or 1,774 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is lower than the statewide poverty levels of 14.13%. Within the service area, 30.3% or 4,045 individuals are living in household with income below 200% of the Federal Poverty Level (FPL). This is lower than the statewide poverty levels of 31.51%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
Service Area Estimates	13,351	1,774	4,045
Bond County	15,880	2,524	5,752
Christian County	32,482	4,809	11,420
Fayette County	20,513	3,364	8,038
Macoupin County	45,981	5,729	14,813
Montgomery County	24,149	3,514	8,641
Illinois	12,566,139	1,810,470	4,004,005

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – FAMILIES EARNING OVER \$75,000

In the service area, 38.98%, or 4,089 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families With Income Over \$75,000	Percent Families With Income Over \$75,000
Service Area Estimates	4,089	1,594	38.98%
Bond County	4,229	1,602	37.88%
Christian County	9,033	3,191	35.33%
Fayette County	5,449	1,706	31.31%
Macoupin County	13,068	5,003	38.28%
Montgomery County	7,463	2,550	34.17%
Illinois	3,131,125	1,480,485	47.28%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH ANY DISABILITY

Within the service area, 13.68% or 1,836 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.48%. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population With a Disability	Percent Population With a Disability
Service Area Estimates	13,419	1,836	13.68%
Bond County	16,483	2,451	14.87%
Christian County	32,616	4,631	14.2%
Fayette County	20,667	3,461	16.75%
Macoupin County	46,614	7,145	15.33%
Montgomery County	24,280	3,412	14.02%
Illinois	12,690,056	1,347,468	10.62%

Note: This indicator is compared with the state average. Data Source: Community Commons

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the service area, 1,460 public school students (49.06%) are eligible for free/reduced price lunch out of 2,976 total students enrolled. This is lower than the statewide free/reduced price lunch of 51.44%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/ Reduced Price Eligible	% of Free/Reduced Price Lunch Eligible
Service Area Estimates	2,976	1,460	49.06%
Bond County	2,351	1,063	45.21%
Christian County	5,227	2,673	51.14%
Fayette County	3,107	1,773	57.06%
Macoupin County	8,644	3,698	49.05%
Montgomery County	4,620	2,404	52.03%
Illinois	2,049,231	1,044,588	51.44%

Note: This indicator is compared with the state average. Data Source: Community Commons

FOOD INSECURITY RATE

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Food Insecure Population, Total	Percent Food Insecure Population
Service Area Estimates	18,053	2,803	15.53%
Bond County	17,665	2,350	13.3%
Christian County	34,651	4,950	14.29%
Fayette County	22,088	3,230	14.62%
Macoupin County	47,462	6,200	13.06%
Montgomery County	29,878	4,650	15.56%
Illinois	12,882,135	1,755,180	13.62%

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – PER CAPITA INCOME

The per capita income for the service area is \$18,428. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Service Area Estimates	18,706	\$344,716,596	\$18,428
Bond County	17,571	\$408,213,696	\$23,232
Christian County	34,415	\$826,494,400	\$24,015
Fayette County	22,041	\$481,476,800	\$21,844
Macoupin County	47,229	\$1,199,694,848	\$25,401
Montgomery County	29,740	\$596,796,224	\$20,067
Illinois	12,868,747	\$386,312,175,616	\$30,019

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – PUBLIC ASSISTANCE INCOME

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or non-cash benefits such as food stamps.

Report Area	Total Households	Households With Public Assistance Income	Percent Households With Public Assistance Income
Service Area Estimates	5,718	63	1.1%
Bond County	6,230	166	2.66%
Christian County	14,089	259	1.84%
Fayette County	7,981	387	4.85%
Macoupin County	19,098	284	1.49%
Montgomery County	10,923	125	1.14%
Illinois	4,778,633	120,020	2.51%

Note: This indicator is compared with the state average. Data Source: Community Commons

INSURANCE – POPULATION RECEIVING MEDICAID

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population For Whom Insurance Status is Determined	Population With Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Service Area Estimates	13,419	12,593	2,816	22.36%
Bond County	16,483	15,300	4,083	26.69%
Christian County	32,616	29,473	6,577	22.32%
Fayette County	20,667	17,872	5,234	29.29%
Macoupin County	46,614	42,309	9,375	22.16%
Montgomery County	24,280	22,603	5,415	23.96%
Illinois	12,690,056	11,126,169	2,282,641	20.52%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION RECEIVING SNAP BENEFITS

This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Households	Households Receiving SNAP Benefits	% of Households Receiving SNAP Benefits
Service Area Estimates	5,718	670	11.72%
Bond County	6,230	1,045	16.77%
Christian County	14,089	1,808	12.83%
Fayette County	7,981	1,187	14.87%
Macoupin County	19,098	2,513	13.16%
Montgomery County	10,923	1,355	12.41%
Illinois	4,778,633	599,455	12.54%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH LOW FOOD ACCESS

The indicator on the following page reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population	Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	No data	No data	No data
Bond County	17,768	3,800	21.39%
Christian County	34,800	1,523	4.38%
Fayette County	22,140	8,165	36.88%
Macoupin County	47,765	4,685	9.81%
Montgomery County	30,104	4,056	13.47%
Illinois	12,830,632	2,623,048	20.44%

Note: This indicator is compared with the state average. Data Source: Community Commons

LOW INCOME POPULATION WITH LOW FOOD ACCESS

This indicator reports the percentage of the population of low income residents that have low food access. It further focuses data provided for the entire population in the chart above.

Report Area	Total Population	Low Income Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	No data	No data	No data
Bond County	17,768	1,577	8.88%
Christian County	34,800	550	1.58%
Fayette County	22,140	3,435	15.51%
Macoupin County	47,765	1,598	3.35%
Montgomery County	30,104	1,655	5.5%
Illinois	12,830,632	584,658	4.56%

Note: This indicator is compared with the state average. Data Source: Community Commons

UNEMPLOYMENT RATE

Total unemployment in the service area for the current month was 782 or 10.3% of the civilian, non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	7,573	6,790	782	10.3%
Bond County	8,019	7,451	568	7.1%
Christian County	15,814	14,458	1,356	8.6%
Fayette County	9,996	9,114	882	8.8%
Macoupin County	23,519	21,644	1,875	8%
Montgomery County	12,311	11,032	1,279	10.4%
Illinois	6,534,379	6,072,864	461,515	7.1%

Note: This indicator is compared with the state average. Data Source: Community Commons

GROCERY STORE ACCESS

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate Per 100,000 Population
Service Area Estimates	18,189	2	13.39
Bond County	17,768	3	16.88
Christian County	34,800	7	20.11
Fayette County	22,140	5	22.58
Macoupin County	47,765	11	23.03
Montgomery County	30,104	4	13.29
Illinois	12,830,632	2,850	22.2

Note: This indicator is compared with the state average. Data Source: Community Commons

RECREATION AND FITNESS FACILITY ACCESS

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other health behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Service Area Estimates	18,189	1	9.92%
Bond County	17,768	1	5.63%
Christian County	34,800	3	8.62%
Fayette County	22,140	2	9.03%
Macoupin County	47,765	5	10.47%
Montgomery County	30,104	3	9.97%

Data Source: Community Commons

ACCESS TO PRIMARY CARE

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Population
Service Area Estimates	17,899	9	50.69
Bond County	17,644	11	62.3
Christian County	34,638	17	49.1
Fayette County	22,014	4	18.2
Macoupin County	47,231	12	25.4
Montgomery County	29,620	15	50.6
Illinois	12,875,255	10,168	79.00

Data Source: Community Commons

ACCESS TO DENTISTS

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Population
Service Area Estimates	17,916	11	63.32%
Bond County	17,470	4	22.9%
Christian County	34,298	8	23.3%
Fayette County	22,060	7	31.7%
Macoupin County	46,880	17	36.3%
Montgomery County	29,654	19	64.1%
Illinois	12,882,135	8,865	68.8%

Data Source: Community Commons

DENTAL CARE UTILIZATION

This indicator reports the percentage of adults aged 18 and over who self-report that they have not visited a dentist, dental hygienist, or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventative care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population Age 18+	Total Adults Without Recent Dental Exam	Percent Adults With No Dental Exam
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	14,148	0	0%
Christian County	26,965	7,645	28.4%
Fayette County	16,989	4,178	24.6%
Macoupin County	36,958	9,465	25.6%
Montgomery County	23,883	8,340	34.9%
Illinois	9,654,603	2,981,670	30.9%

Data Source: Community Commons

PREVENTABLE HOSPITAL EVENTS

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are Ambulatory Care Sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources.

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Hospital Discharge Rate
Service Area Estimates	2,898	230	79.58
Bond County	2,842	193	68
Christian County	6,045	554	91.8
Fayette County	3,445	382	110.9
Macoupin County	7,159	507	70.9
Montgomery County	4,882	388	79.6
Illinois	1,420,984	92,604	65.2

Data Source: Community Commons

Overall, the service area of Hillsboro Area Hospital is similarly positioned in many key economic and other demographic indicators when compared not only to state and federal measures but also to the overall data from the counties touched.

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Hillsboro Area Hospital led the planning, implementation, and completion of the Community Health Needs Assessment through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, and former educator and community development specialist, met with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

Internal

Hillsboro Area Hospital undertook a three-month planning and implementation effort to develop the CHNA, identify, and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was overseen at the operational level by the Director of Community Relations, reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate three focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data, and to prepare a final report for submission to Hillsboro Area Hospital.
- The Director of Community Relations worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Hillsboro Area Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These steps included:

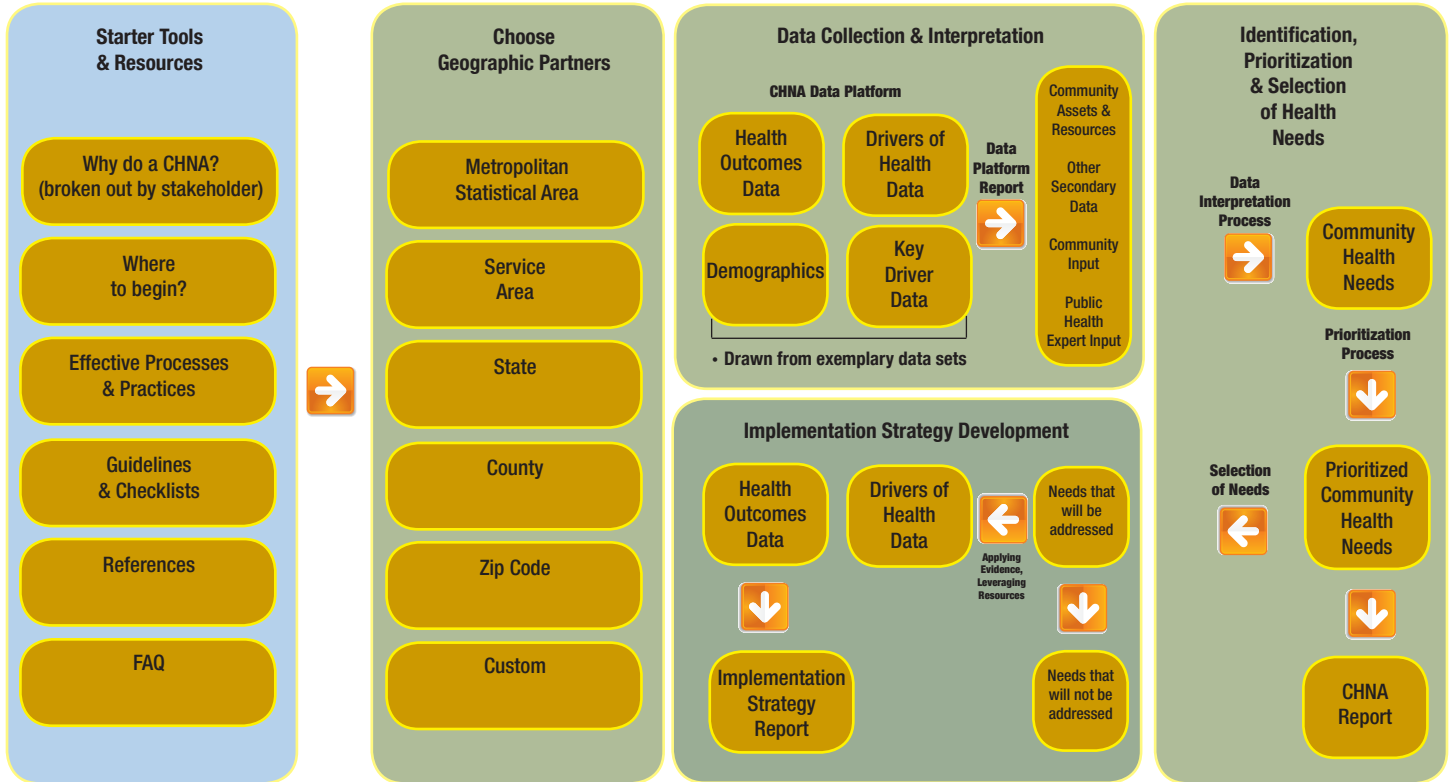
- The Director of Community Relations secured the participation of a diverse group representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of the county health department serving the great majority of the area served by the hospital.

III. DEFINING THE PURPOSE AND SCOPE

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, and 2) identify resources and assets available to support initiatives to address the health priorities identified.

IV. DATA COLLECTION AND ANALYSIS

The overarching framework used to guide the CHNA planning and implementation is consistent with the Catholic Health Association's (CHA) Community Commons CHNA flow chart shown below:



DESCRIPTION OF DATA SOURCES

Quantitative

The following quantitative sources were reviewed for health information:

Source and Description

Behavioral Risk Factor Surveillance System – *The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Centers for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.*

US Census – *National census data is collected by the US Census Bureau every 10 years.*

Centers for Disease Control and Prevention – *Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.*

County Health Rankings – *Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.*

Community Commons – *Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.*

Illinois Department of Employment Security – *The IDES is the state's employment agency. It collects and analyzes employment information.*

National Cancer Institute – *The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.*

Illinois Department of Public Health – *The IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.*

HRSA – *The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.*

Local IPLANs – *The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.*

Environmental Systems Research Institute – *ESRI is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined, level.*

Illinois State Board of Education – *The ISBE administers public education in the state of Illinois. Each year, it releases school 'report cards' which analyze the make-up, needs, and performance of local schools.*

U.S. Department of Agriculture – *USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.*

SECONDARY DATA DISCUSSION

The *County Health Rankings* rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The *Rankings*, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (*County Health Rankings and Roadmaps, 2016*)

Montgomery County is ranked 62nd out of the 102 Illinois counties in the *Rankings* released in April 2016. The table below highlights area of interest from the *County Health Rankings*.

HEALTH RANKING OBSERVATIONS

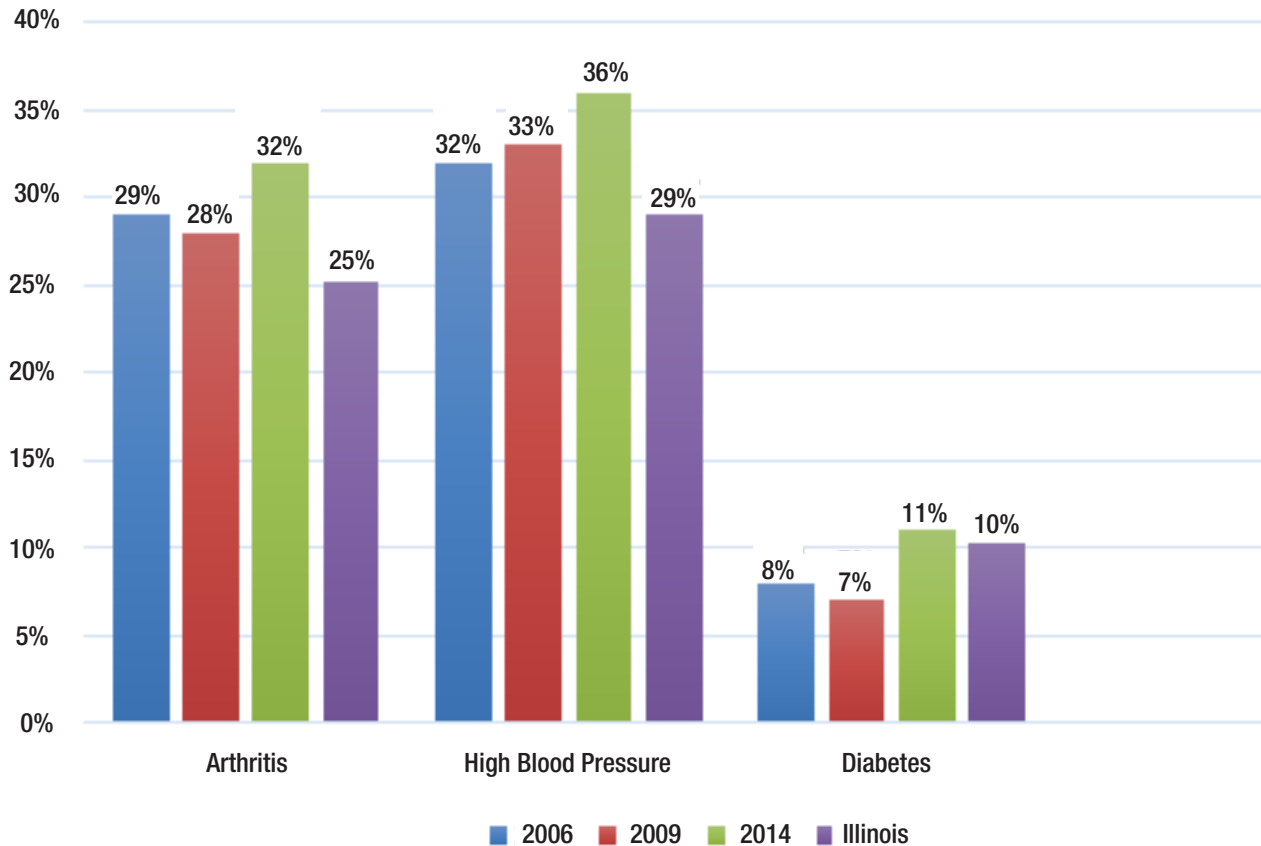
Table 1. Health Ranking Observations – Macoupin County

Observation	Montgomery County	Illinois
Adults reporting poor or fair health	14%	17%
Adults reporting no leisure time physical activity	25%	22%
Adult obesity	29%	27%
Children under 18 living in poverty	23%	20%
Uninsured	12%	15%
Teen birth rates (ages 15-19)	37/1,000	33/1,000
Alcohol-impaired driving deaths	33%	36%
Unemployment	8.8%	7.1%

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

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

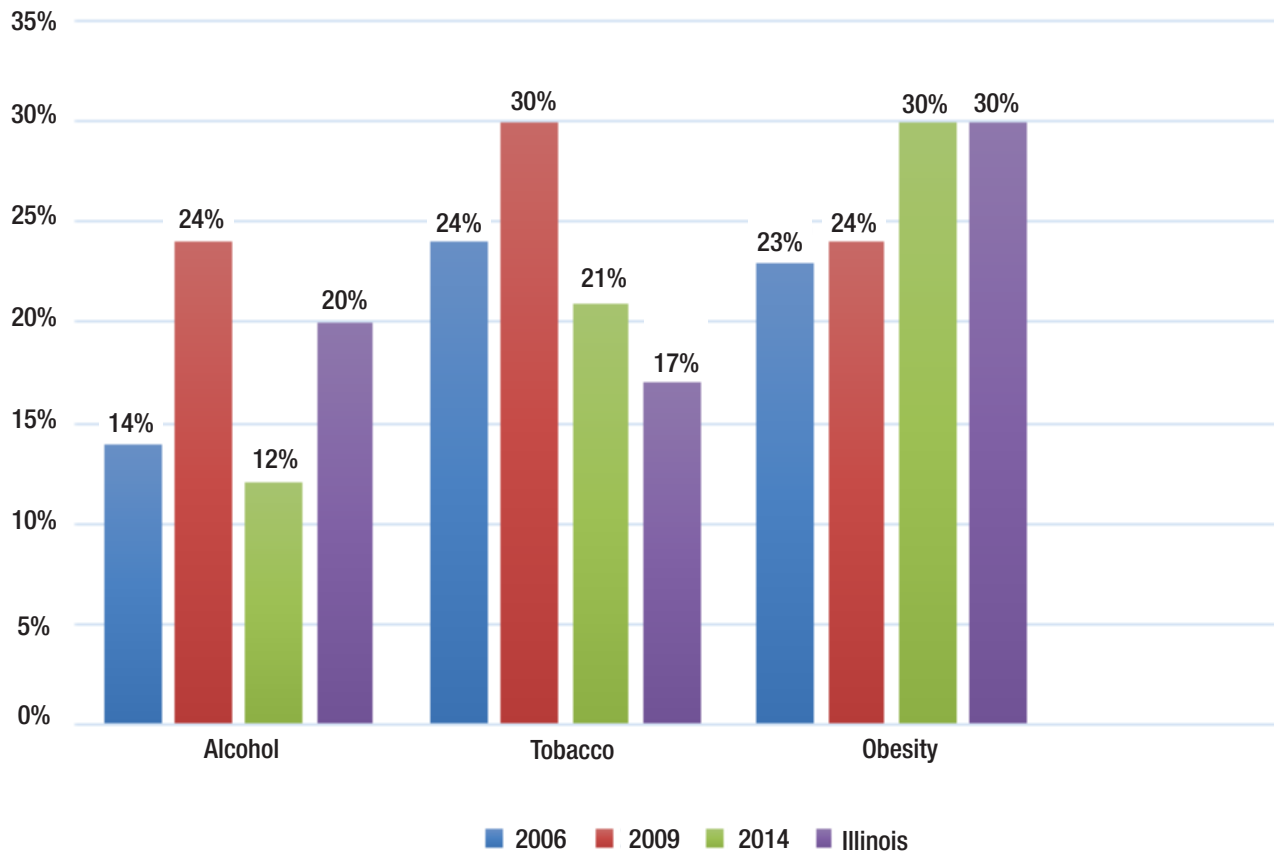
Table 2. Diagnosed Disease Factors – Montgomery County



IBFRSS, 2016 Report

Diagnosis of high blood pressure and arthritis are above the state level and have increased over the recent past. Diagnosis of diabetes has increased to above the state level in the recent past.

Table 3. Health Risk Factors – Montgomery County



IBFRSS, 2016 Report

Tobacco use has decreased but remains above the state level. The rate of persons reporting obesity has increased and is similar to the state level in the IBFRSS and the more recent data from the *County Health Rankings*. Alcohol use remained well below the state level, except in 2009.

ADDITIONAL DIAGNOSED DISEASE FACTORS (Montgomery County)

Disease Factor	Montgomery County, 2014	Illinois, 2014
COPD	4.8%	5.8%
Kidney disease	1.4%	5.8%
Skin cancer	7.2%	4.2%
Other cancer	7.6%	5.4%

IBFRSS, 2016 Report

In 2016, the IBFRSS released additional diagnosed disease factors. These new measures can be seen in the table above. There are no linear comparisons available for the new factors.

TEEN BIRTHS

The indicator reports the rate of total births to women age of 15-19 per 1,000 female population age 15-19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Report Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Birth Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	546	16	28.7%
Christian County	1,146	50	43.4%
Fayette County	686	31	44.7%
Macoupin County	1,559	48	30.9%
Montgomery County	890	36	40.1%
Illinois	448,356	15,692	35%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

LOW BIRTH WEIGHT

This indicator reports the percentage of total births that are low birth weight (under 2,500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Birth Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	1,400	112	8%
Christian County	2,891	269	9.3%
Fayette County	1,750	145	8.3%
Macoupin County	3,829	283	7.4%
Montgomery County	2,289	163	7.1%
Illinois	1,251,656	105,139	8.4%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

DEPRESSION (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Beneficiaries	Beneficiaries With Depression	Percent With Depression
Service Area Estimates	3,708	642	17.31%
Bond County	3,059	522	17.1%
Christian County	6,730	1,229	18.3%
Fayette County	3,851	694	18%
Macoupin County	9,973	1,676	16.8%
Montgomery County	6,263	1,084	17.3%
Illinois	1,623,784	239,311	14.7%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

POOR DENTAL HEALTH

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates a lack of access to dental care and/or social barriers to utilization of dental services.

Report Area	Total Population Age 18+	Total Adults With Poor Dental Health	Percent Adults With Poor Dental Health
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	14,148	0	0%
Christian County	26,965	7,777	28.8%
Fayette County	16,989	3,442	20.3%
Macoupin County	36,958	4,768	12.9%
Montgomery County	23,883	4,869	20.4%
Illinois	6,654,603	1,418,280	14.7%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute lists Montgomery County at Level 4 for all cancers, which means that the cancer rate is above the U.S. rate and is stable over the recent past. This is confirmed by the local cancer data set out on the pages below.

Cancer Incidence – Breast

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of breast cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Female Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	1,065	16	150.2
Christian County	2,257	30	132.9
Fayette County	1,228	14	114
Macoupin County	3,281	42	128
Montgomery County	1,944	25	128.6
Illinois	732,106	9,349	127.7

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Colon and Rectum

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	2,195	13	59.2
Christian County	4,787	27	56.4
Fayette County	2,794	14	50.1
Macoupin County	6,493	35	53.9
Montgomery County	4,036	22	54.5
HP 2020 Target	–	–	<=38.7

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Lung

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	2,160	17	78.7
Christian County	4,664	48	102.9
Fayette County	2,795	18	64.4
Macoupin County	6,400	53	82.8
Montgomery County	4,060	35	86.2
Illinois	1,346,397	9,344	69.4

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Prostate

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of prostate cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Total Male Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	1,041	12	115.2
Christian County	2,166	26	120
Fayette County	1,348	17	126.1
Macoupin County	2,971	43	144.7
Montgomery County	1,845	22	119.2

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

MORTALITY

Mortality – Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,761	39	218.4	173.1
Christian County	34,682	95	274.5	196.9
Fayette County	22,087	48	218.2	166.9
Macoupin County	47,439	122	257.6	185.6
Montgomery County	29,870	86	287.9	210.4
Illinois	12,850,811	24,263	188.8	176.5

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Red numbers indicate rates that exceed state levels. The green highlights that the indicated service area is below the state level.

Mortality – Heart Disease

Within the service area, the rate of death due to coronary heart disease per 100,000 population is 212.54. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,671	42	238.81	185.1
Christian County	34,682	103	297.56	201.6
Fayette County	22,087	44	201.02	150.8
Macoupin County	47,439	149	314.09	212.7
Montgomery County	29,870	80	268.5	173.6
Illinois	12,850,811	24,877	193.58	177.4

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Ischaemic Heart Disease

Within the service area, the rate of death due to ischaemic heart disease per 100,000 population is 103.4. This rate is greater than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,671	29	163	125.7
Christian County	34,682	63	181.1	121.5
Fayette County	22,087	26	116.8	87.5
Macoupin County	47,439	86	181.7	122.9
Montgomery County	29,870	53	177.4	115
Illinois	12,850,811	14,927	116.2	106.5

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Greene County	17,671	11	61.12	49.4
Jersey County	34,682	23	66.89	47
Macoupin County	22,087	16	71.53	53.9
Montgomery County	47,439	37	78.84	55.9
Morgan County	29,870	20	65.62	46.9
Illinois	12,850,811	5,353	41.65	39.5

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Stroke

The Healthy People 2020 target is less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummariied for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,761	9	49.8	39
Christian County	34,682	23	66.3	43.6
Fayette County	22,087	13	59.8	44.1
Macoupin County	47,439	30	62.8	42
Montgomery County	29,870	21	71.6	45.6
Illinois	12,850,811	5,322	41.4	38.2

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummariied for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,671	9	52.06	47.1
Christian County	34,682	17	49.59	45
Fayette County	22,087	12	56.14	51.2
Macoupin County	47,439	26	55.65	46.4
Montgomery County	29,870	18	59.59	50.4
Illinois	12,850,811	4,225	32.87	31.9

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,761	0	No data	No data
Christian County	34,682	5	13.3	13.2
Fayette County	22,087	4	16.3	No data
Macoupin County	47,439	5	11	10.7
Montgomery County	29,870	5	16.7	15.8
Illinois	12,850,811	1,239	9.6	9.4

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate Per 1,000 Births
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	990	5	5.2
Christian County	1,980	15	7.4
Fayette County	1,260	6	4.8
Macoupin County	2,660	17	6.5
Montgomery County	1,595	14	8.6
Illinois	879,035	136,369	6.9

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Report Area	Total Population 2008-2010 Average	Total Premature Deaths	Total Years of Potential Life Lost 2008-2010 Average	Years of Potential Life Lost, Rate Per 100,000 Population
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,727	67	1,159	6,537
Christian County	34,865	148	2,659	7,627
Fayette County	22,133	80	1,307	5,906
Macoupin County	47,687	196	3,349	7,022
Montgomery County	29,848	139	2,524	8,454
Illinois	12,869,257	42,933	853,004	6,628

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

The Illinois Department of Health releases county-wide mortality tables from time to time. The most recent table available for Montgomery County, showing the causes of the death within the county, is set out below.

Disease Type	Montgomery County
Diseases of the Heart	64
Malignant Neoplasms	88
Lower Respiratory Systems	21
Cardiovascular Diseases (Stroke)	14
Accidents	13
Alzheimer's Disease	24
Diabetes Mellitus	11
Nephritis, Nephrotic Syndrome, and Nephrosis	5
Influenza and Pneumonia	12
Septicemia	4
Intentional Self-Harm (Suicide)	3
Chronic Liver Disease, Cirrhosis	3
All Other Causes	70
Total Deaths	332

IDPH, 2011 Data

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

Qualitative Sources

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,2 and the subsequent final rules reported at 79 FR 78953, the qualitative/primary data received and reviewed included primary input from (1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community] and, (2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations. The organizations and persons that participated are detailed below.

No written comments were received concerning the hospital facility's most recently conducted CHNA nor on the most recently adopted implementation strategy. A method for retaining written public comments and responses exists, but none were received.

Data was also gathered representing the broad interests of the community.

The hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at-risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to healthcare due to socioeconomic factors such as geographic, language, financial, etc.

Members of the CHNA Steering Committee, those who both participated in focus groups and the needs identification and prioritization process, were chosen based on their unique expertise and experience, informed perspectives and involvement with the community. The CHNA Steering Committee members included:

CHNA Steering Committee Member and Area of Expertise

Rex Brown, CEO, Hillsboro Area Hospital
David Harrison, Vice President of Patient Care Services, Hillsboro Area Hospital
David Imler, retired board member, Hillsboro Area Hospital
Theresa Rapp, Director of Surgical Services, Hillsboro Area Hospital
Rosanne Heck, Director of Community Relations, Hillsboro Area Hospital
Pam Dawson, Summer Lunch Coordinator, Hillsboro Area Hospital
Abby Buggs, Director of Physical Therapy, Hillsboro Area Hospital

Others providing input included through the focus groups included:

Dr. Ben Cady, Springfield Clinic
Dr. Robert Mulch, MD
Dr. Barbara Mulch, MD
Barb Schmedeke, EMT, Hillsboro Ambulance
Carla Vonder Haar, Director, Montgomery County Rehab
Ceressa Waldrup, Executive Director, Tremont Ridge Assisted Living
Sarah White, Nurse Practitioner, Springfield Clinic
Corey Meyer, Nurse Practitioner, Springfield Clinic
Chris Henson, Director of Emergency Service, Hillsboro Area Hospital
Hugh Satterlee, Montgomery County Health Department
Brian Sullivan, Mayor/Pharmacist
Zach Frailey, Principal
Lori McDonald, LLCC
Heather Hampton Knodle, Montgomery County Board
Eric Bruder, Principal, Nokomis High School

Mike Plunkett, Montgomery County Board and newspaper reporter
Dave Strowmatt, local VA office
Sheri Reynold, preschool coordinator
Ryan Follis, Pastor, Nokomis Baptist Church
Gloria Wendling, Nokomis Baptist Church
Don Baxter, Nokomis Baptist Church
Anne Foster, retired teacher
Barb Hewitt, retired teacher
Patty Niehaus
Marty Niehaus
Amy Patton, accountant
Angie Karban
Tish Spelbring
Pat Pope, retired nurse

FOCUS GROUP – HAH MEDICAL PROFESSIONALS AND PARTNERS

Three focus groups were convened at Hillsboro Area Hospital on February 11, 2016. The Medical Professionals and Partners Group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- Improved focus on preventative medicine and walk-in care
- Free summer lunch program has expanded
- Expanded sleep lab
- Improved communication among mental health providers
- Physician recruitment
- Specialist recruitment
- Improved marketing of services and image at Hillsboro Area Hospital
- Development of the Junior Board program offering youth opportunities for health education and community service activities
- Success in recruiting homegrown professionals
- Increased access to local specialty services
- Expanded hours at the clinic and cooperation between Hillsboro Area Hospital and the clinic for after-hour services
- There is a strong group of local professionals – rated highly by Press-Ganey
- Improved youth participation in healthy lifestyle program at Fusion
- Creation of programs for veterans (MOVE) and women (shape) at Fusion
- Expanded physical therapy facilities at Hillsboro Area Hospital
- Tremont Ridge is demonstrating sustainability
- Community mapping process and the Imagine Hillsboro group
- Hillsboro Area Hospital is recognized for strong community involvement
- Hillsboro Area Hospital and its partners have evolved from looking at patients who walk through the doors to community inquiry and outreach
- Hillsboro Area Hospital is beginning a grand rounds program and is working with professional health education programs
- Expanded pulmonary rehabilitation
- High satisfaction with Hillsboro Area Hospital from patients and providers
- Expanded athletic trainer involvement with school sports programs and parents
- Development of internal patient champion at Hillsboro Area Hospital

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Additional specialists, especially GI, gynecology, infectious disease, and oncology
- Low cost access to recreation and fitness opportunities
- Available housing for middle income families
- Childhood obesity and related issues
- Address college readiness at schools and graduation rates
- Address children needing to use blankets to stay warm during classes at schools
- Planning for future space needs for meetings and services
- Smoking
- Planning for retention of healthcare professionals
- Expanded education on nutrition and dietary issues for adults, including health meal planning and cooking
- Public transportation that is dependable and flexible
- Access to healthy foods
- Address increase in youth suicide in the recent past
- Access to closer mental health transfer options or alternative transportation method to avoid transfers
- Increased marketing of low cost services at Fusion
- Geriatric psychiatric services at all levels
- More opportunities for social activities for seniors
- Planning to sustain home services for seniors, including Meals on Wheels
- Regular communication among Hillsboro Area Hospital, providers, and the community to inform about services and needs
- Specialists that can do procedures local health services and insurance
- Urgent care
- Substance abuse
 - Heroin
 - Methamphetamines
 - Cocaine
- Expanded access to services for special needs children
- Improved communication between providers and Montgomery County Health Department and the Counseling Center
- Electronic health record at Hillsboro Area Hospital and providers' offices need to connect
- Dental care for Medicaid patients
- Eye care for Medicaid patients

FOCUS GROUP – HAH ELECTED OFFICIALS AND EDUCATORS GROUP

The Elected Officials and Educators Group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- Free summer lunch program with mentoring and education
- Better overall access to physicians and mid-level providers
- Dr. Cady
- Increased health-related entrepreneur activity in the community
- Development of a Critical Incident Stress Debriefing Team
- Improved communication between schools and mental health counseling services at the Montgomery County Health Department
- Physician recruitment
- Improved relationship among Hillsboro Area Hospital and schools for athletic trainer services, especially for concussion protocols
- Increased active lifestyle events in the community including the Big Dawg Dare, running classes, cardboard boat races, 5K runs and bike rides
- 3-D mammography

- Prompt, friendly service at Hillsboro Area Hospital
- CIPTS, public transportation service is improving
- New programs at Fusion
- Walking trail on school campus

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Dealing proactively with addictive behavior among youth and adults
 - Substances
 - Pornography, sex crimes
 - Gaming
- Services for families
- Local prenatal, delivery, and neonatal care
- Maintaining status of Hillsboro Area Hospital as a critical access hospital
- Better allocation of local public funds to address local prevention issues
- Mental health
 - Transfer beds
 - Pediatric mental health services, especially for victims
 - Additional mental health resources, including 708 Board
- Collaboration towards parenting education and parent motivation
 - Child development and care education
 - Information on available services to parents and families
- Walking/biking trail
- Pediatrician
- Youth-friendlier lab services at Hillsboro Area Hospital
- Increased local choices for providers and prescriptions available from insurance
- VA Clinic
- Superfund site remediation – completion of one site, starting work on another
- Qualified professional (psychiatrist or clinical psychologist) to diagnose PTSD for veterans
- Local oncology services
- Diabetes
- Expanded local fiber access to allow for home-to-provider telehealth
- Prompt care
- Summer lunch programs for communities outside of Hillsboro
- Access to mental health counseling at schools rather than requiring office visits
- Improved substance enforcement
- Information about community resources and services
- Business incubator space for community development
- Heroin
- Tobacco

FOCUS GROUP – IMAGINE HILLSBORO WORKING FOCUS GROUP

The Imagine Hillsboro Working Group was first asked to report any positive changes they have observed in the delivery of healthcare services over the past three years. They responded with the following:

- New walking path
- First responder training has improved in Nokomis, Witt, and Irving
- Expanded programming at Fusion
- Continuing improvement of access to health services at Hillsboro Area Hospital and to specialists
- Expanded collaboration among Hillsboro Area Hospital and the schools
- New health technology company
- Expanded services at CIPTS
- Hillsboro Area Hospital supports community organizations and events, including use of space which has led to increased community good will
- Quality of staff and engagement of the Board at Hillsboro Area Hospital
- Better cooperation between Raymond and Hillsboro
- Physician recruitment
- Recruitment of medical professionals with roots in the community
- Summer lunch program with education and food for youth
- MOVE program for veterans at Fusion
- Community involvement and support for physician recruitment
- Laboratory services at Hillsboro Area Hospital have improved
- There is a sense of positive attitudes and respect toward all patients at Hillsboro Area Hospital, regardless of who they are
- SHAPE program for women at Fusion
- Mammography services
- Hillsboro Area Hospital is an engine for economic development

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Suicide among youth and adults
- Expanded housing – skilled, assisted and independent – for seniors
- Cancer
 - Breast cancer
 - Colon cancer among men 65 and older
- Nutrition education and opportunities for recreation and exercise for youth
- Hearing, dental, and eye care for seniors
- Tobacco
- Childhood obesity
- Food access for youth
- Community perception of specialists needs to improve
- Parent education
- Improved resources and services for the elderly on all levels
- Memory care (Alzheimer's) education and increased services
- Mental health
 - Increased access to therapy for patients not requiring medication
 - Flexibility in public transportation to facilitate appointments and access to other opportunities and services
- Address substance abuse, especially local rehabilitation and recovery services for alcohol and heroin
- Food and water safety and security
- Thyroid awareness and education and physician awareness of full panel testing
- Teen pregnancy
- One-stop information source for community and health resources and services
- Prompt care

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

As part of the identification and prioritization of health needs, the CHNA Steering Committee considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs. The identification and prioritization group included steering committee members, including a representative of the Montgomery County Health Department.

As an outcome of the prioritization process, discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for consideration for the Implementation Strategy.

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The steering committee met on the morning of April 4, 2016 to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, *County Health Rankings and Roadmaps*, Illinois State Board of Education, National Cancer Institute and other resources. Following the review, the group identified and then prioritized the following as the significant health needs facing the Hillsboro Area Hospital service area:

1. CANCER

The group identified cancer-related services as the primary significant health need. They expressed a specific need for increased local access to cancer care specialists. They also felt that there was a need for education to the community about cancer risks, early identification, and the need for screenings. Finally, they expressed a need for the community to explore causes for the high local cancer rate.

2. SUBSTANCE ABUSE

The group identified substance abuse as a significant issue and identified the related needs of community-wide prevention efforts and alternative activities for youth. They also identified the need to concentrate local efforts to reducing the use of heroin and synthetic drugs.

3. HEART DISEASE

The group identified heart disease as a significant health issue and identified the following as significant needs:

- Community education on stroke identification and management
- Community education on heart attack identification and management and heart attack prevention
- Improve general wellness for the community through:
 - o Increased access to opportunities for sports and recreation
 - o Community education on nutrition
 - o Improved access to healthy food choices

4. SERVICES FOR SENIORS

The group recognized a significant need for increased senior services including improved access to transportation and specialized care, especially psychiatric services, dementia care, and expanded assisted living.

5. MENTAL HEALTH

Access to mental health services was also identified as a significant need. The group specified increased access to psychiatrists, counselors, and transfer beds as priority needs. They also identified the need for community prevention and education efforts to reduce suicide, especially among young males as a significant mental health concern.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH HILLSBORO AREA HOSPITAL

- Emergency care
- Inpatient care
- Transitional care (swing beds)
 - Skilled nursing care for wounds, IV therapy, etc.
 - Physical, speech, and occupational therapy
 - Nutrition counseling
 - Social services and activities
 - Ancillary services (lab, imaging, respiratory therapy)
 - Discharge planning
- Diagnostic imaging
 - General X-ray
 - X-ray
 - GI studies
 - Urology studies
 - Joint injections
 - Bone density
 - CT
 - Head
 - Neck
 - Spine
 - Chest
 - Abdomen
 - Pelvis
 - Joints
 - Digital mammography
- Laboratory
- Physical therapy
 - Aquatics
 - Cardiac Rehab Phase III
 - Chronic and acute lower back pain
 - Custom splint application
 - Geriatric
 - Hand therapy
 - Headache management
 - Myofascial release
 - Occupational therapy
 - Orthotics
 - Sports rehabilitation
 - Total joint program
 - Vestibular program
 - Work conditioning evaluations and treatment
- Sleep clinic
 - Sleep lab evaluates patients for:
 - Sleep apnea
 - Restless leg syndrome
 - Snoring
 - Insomnia
 - REM behavior disorder
 - Periodic limb movement

- Surgery
 - o Appendectomy
 - o Biopsies (breast, muscle)
 - o Bunion removal
 - o Cataract removal
 - o Cholecystectomy
 - o Cosmetic procedures (breast augmentations, liposuction)
 - o Diagnostic laparoscopy
 - o Hemorrhoid removal
 - o Orthopedic procedures
 - o Plastic surgical procedures
 - o Podiatry
 - o Tonsillectomy
 - o Tubal ligation
 - o Urologic procedures
- Tremont Ridge Assisted Living Center
- Hillsboro Specialty Clinic
- Studer Group
- Fusion Fitness and Aquatics

COMMUNITY ORGANIZATIONS, HEALTH PARTNERS AND GOVERNMENT AGENCIES

Organizations identified through the process that were current or potential partners for addressing health needs and related issues include:

- Montgomery County Health Department
- School districts
- Springfield Clinic
- Montgomery County Board
- City of Hillsboro
- Veterans
- Churches
- Signs of Suicide (suicide prevention group)
- Hospice providers
- St. Francis Hospital
- Local transportation providers
- Imagine Hillsboro
- Barnes-Jewish Hospital
- Montgomery County Cancer Association
- Law enforcement
- Youth services providers
- Mental health services providers

VIII. STEPS TAKEN SINCE THE LAST CHNA TO ADDRESS IDENTIFIED NEEDS

The Community Health Needs Assessment was accepted for publication, and this Implementation Strategy was approved and adopted by the Board of Directors of Hillsboro Area Hospital in May 2013. The following items have been selected as top priority items (with the remaining items to be addressed as time, funds, and opportunity arise):

TOP PRIORITY CHNA ITEMS	PROGRESSION
<p>1. Address gaps in delivery of mental health services wherever possible – <i>The assessment of building a local inventory of counselors including clergy, in year one for mental health</i></p>	<p>Hillsboro Area Hospital did not find counselors in sufficient numbers to develop a list. HAH is submitting a proposal for telepsychiatry services with InTouch Physicians, a Chicago-based psychiatric service, to address access to mental health services.</p>
<p>2. The summer food and exercise program for youth – <i>Improve availability of basic wellness care opportunities for youth</i></p>	<p>The free Summer Lunch Program was instituted to provide nutritious meals and physical activity to children during the summer months when school is not in session. The hospital started the program in 2013, given that about 50 percent of the Hillsboro School District population was on the free and reduced lunch program during the school year. This program fills the need for those same students during the summer months who may not have access to a hot meal for lunch.</p> <p>Volunteers consist of church members, teachers, and other service organizations which assist in providing staffing for the program. Transportation for the children is provided by one of the local churches. Fusion Fitness and Aquatics, a sister organization to HAH, provides free physical activities and swimming for the children two days a week. Over the summer, the program served approximately 730 meals to nearly 100 children.</p> <p>In 2014, the program was expanded to include activities five days a week, including a service day to mentor children in giving back to the community. Also added were speakers delivering different topics to promote healthy lifestyle choices. A garden planted, maintained, and harvested by the children taught children how healthy food choices can be raised in their backyard. Local churches expanded the transportation options, with volunteers continuing to provide staffing for the program.</p> <p>Also, in 2014, a bag of non-perishable food distributed to the children on Fridays was added so they would be able to eat during the weekend. These bags were donated by local church groups. Backpacks filled with school supplies were donated by the community and presented to the children on the last day of the program. In 2014, 1,227 meals were served to 130 different children.</p>
<p>3. Support regional care information of the website being developed by the Springfield Clinic</p>	<p>In 2015, HAH contracted with Legato Healthcare Marketing, a communications company, to construct a website for the hospital that will contain elements of the regional care offered and also connect to a variety of pertinent websites, including the Springfield Clinic. The website became available in spring of 2016.</p>

<p>4. Provide local care information for youth</p>	<p>HAH used a variety of approaches to making local care information available to youth. The staff of HAH are available to high school counselors (2015-16), the four school district's certified nursing assistant classes (2013-16), the Junior Board (2014-16), Interact (2015-16), and the county's Creating Entrepreneurial Opportunities (2015-16). Healthful behaviors are integrated into the hospital's Summer Lunch Program and the CATCH program, sponsored by HAH.</p>
<p>5. Create business partnerships for mammography</p>	<p>This initiative was created to increase awareness of the benefits of early detection and payment of mammography utilizing the assistance of local businesses. Initially, there was not much interest generated. However, the Montgomery County Cancer Association provided funds that could be used to offset costs, and HAH created an awareness program educating the public on the benefits of 3-D mammography, which enhanced interest.</p>
<p>6. CATCH Program – Improve availability of basic wellness care opportunities for youth</p>	<p>Fusion Fitness and Aquatics, in collaboration with Hillsboro Area Hospital, offers an after-school program for children who are at-risk of becoming overweight or obese. CATCH Kids Club is a two-hour long Monday through Friday program. Each day's session includes structured time for nutrition education, healthy snacks, and homework followed by 60 minutes of fun, high-energy games led by the Fusion staff. The attendance for the after-school program averages from 10-15 children per day.</p> <p>The program is free for children who qualify for their school district's free/reduced price lunch program. Those children who do not meet the income eligibility requirement pay a fee that is established, according to family income. Throughout the summer, two CATCH Kids Camps are offered for children who will be starting grades 3-6. Class size is 30 students, and a waiting list exists.</p>
<p>7. Marina Project – Encourage improved access to indoor and outdoor recreation opportunities to address public access needs for persons with impairment, disability, and/or handicap in the community</p>	<p>HAH presented the value of improved access to the Hillsboro Area Health Foundation and supported the creation of fund-raising activities (2014-16) to build and maintain an accessible dock on Glen Shoals Lake.</p>
<p>8. The promotion of local recreational resources</p>	<p>Through its sister corporation, HAH collaborated with the Natural Area Guardians to creation a activity/exercise challenge for use of the various protected areas developed and maintained by the Natural Area Guardians (2015-16).</p>
<p>9. Promoting local students interested in medical school – Recruit primary care physicians and providers</p>	<p>HAH hosted numerous introductory sessions with students and parents (2014-16). One medical resident is presently receiving financial support, two residents are being recommended for support, and a fourth student is in line to receive support when he graduates from medical school and enters a residency pertinent to the area's needs.</p>
<p>10. Continue to develop a plan for an urgent care alternative to emergency room care</p>	<p>HAH supported the education (2013-15) of two advanced practice nurses with the intent of hiring them to staff the urgent care alternative. They accepted employment elsewhere. HAH is remains active in seeking staff for an urgent care alternative.</p>

IX. DOCUMENTING AND COMMUNICATING RESULTS

This CHNA Report will be available to the community on the hospital's public website: www.hillsboroareahospital.org. A hard copy may be reviewed at the hospital by inquiring at the information desk at the main entrance.

The hospital will also provide in its annual IRS Schedule H (Form 990) the URL of the webpage on which it has made the CHNA Report and Implementation Strategy widely available to the public as well as a description of the actions taken during the taxable year to address the significant health needs identified through its most recent CHNA, as well as the health indicators that it did not address and why.

Approval

The Community Health Needs Assessment of Hillsboro Area Hospital was approved by the Hillsboro Area Hospital Board of Directors on the 16th day of June, 2016.

X. REFERENCES

- *County Health Rankings, 2016*
- *Community Commons, 2016*
- Illinois Department of Employment Security, 2016
- National Cancer Institute, 2015 (data through 2011)
- Illinois Department of Public Health, 2016
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2016
- Macoupin County Public Health Department, IPLAN
- ESRI, 2016
- Illinois State Board of Education, Illinois Report Card, 2015-16
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.

IMPLEMENTATION STRATEGY

IMPLEMENTATION STRATEGY

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Hillsboro Area Hospital including:

- **Rex Brown**, CEO, Hillsboro Area Hospital
- **David Harrison**, Vice President of Patient Care Services, Hillsboro Area Hospital
- **David Imler**, retired board member, Hillsboro Area Hospital
- **Theresa Rapp**, Director of Surgical Services, Hillsboro Area Hospital
- **Rosanne Heck**, Director of Community Relations, Hillsboro Area Hospital
- **Pam Dawson**, Summer Lunch Coordinator, Hillsboro Area Hospital
- **Abby Buggs**, Director of Physical Therapy, Hillsboro Area Hospital

The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

The group then considered each of the prioritized needs. For each of the six categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Process by which needs will be addressed:

1. CANCER

The group identified cancer-related services as the primary significant health need. They expressed a specific need for increased local access to cancer care specialists. They also felt that there was a need for education to the community about cancer risks, early identification, and the need for screenings. Finally, they expressed a need for the community to explore causes for the high local cancer rate.

Actions the hospital intends to take to address the health need:

- Continue to explore relationships with specialist
- Create and offer a cancer education program on cancer risks, identification, and screenings
- Develop a program for reduced cost cancer screenings, starting with colorectal cancer
- Explore a partnership with St. Francis Hospital and Montgomery County Cancer Association to investigate local causes of elevated cancer rates
- Develop and report at least one measure of number of screenings or number of persons reached with education

Anticipated impact of these actions:

- Better access to screening for underserved population
- Increased awareness of cancer risks, identification, and screenings among the public
- Possible identification of explanation for elevated local cancer rates

Programs and resources the hospital plans to commit to address the health need:

- Administration
- Community Relations

Planned collaboration between the hospital and other facilities or organizations:

- MOVE (Veterans' wellness program)
- Montgomery County Cancer Association
- Springfield Clinic
- Barnes-Jewish Hospital
- St. Francis Hospital

2. SUBSTANCE ABUSE

The group identified substance abuse as a significant issue and identified the related needs of community-wide prevention efforts and alternative activities for youth. They also identified the need to concentrate local efforts to reducing the use of heroin and synthetic drugs.

Actions the hospital intends to take to address the health need:

- The hospital feels that community substance abuse prevention is an issue that is more appropriately addressed by the community as a whole and toward that end, the hospital will initiate an effort to launch a community coalition to address these issues – especially heroin, synthetic drugs, and alcohol – that will include law enforcement, healthcare providers, mental health services providers, faith-based organizations, youth development organizations, business and community leaders, and others.

Anticipated impact of these actions:

- A community-driven effort to address substance abuse from prevention through recovery focusing on heroin, synthetic drugs, alcohol, and other substances as determined by the community coalition

Programs and resources the hospital plans to commit to address the health need:

- Administration
- Community Relations

Planned collaboration between the hospital and other facilities or organizations:

- Law enforcement
- Faith-based organizations
- Healthcare providers
- Mental health services providers
- Community and business leaders
- Youth development organizations
- Other interested citizens

3. HEART DISEASE

The group identified heart disease as a significant health issue and identified the following as significant needs:

- Community education on stroke identification and management
- Community education on heart attack identification and management and heart attack prevention
- Improve general wellness for the community through:
 - Increased access to opportunities for sports and recreation
 - Community education on nutrition
 - Improved access to healthy food choices

Actions the hospital intends to take to address the health need:

- Continue the MOVE Program for veterans
- Expand the SHAPE Program
- Develop and offer public nutrition education programs
- Develop a public education program for stroke identification and early intervention
- Continue heart attack education programs
- Develop an incentive program to encourage restaurants to include healthy foods on menus
- Continue project for developing an access pier at Glen Shoals Lake
- Develop and report at least one measure of success of new or expanded programming

Anticipated impact of these actions:

- Improved public awareness of stroke identification and the importance of early intervention
- Improved public awareness of heart attack identification
- Improved public access to nutrition information
- Improved public access to healthy foods

Programs and resources the hospital plans to commit to address the health need:

- Administration
- Rehabilitation
- Hillsboro Area Health Foundation

Planned collaboration between the hospital and other facilities or organizations:

- City of Hillsboro
- Imagine Hillsboro
- Citizens

4. SERVICES FOR SENIORS

The group recognized a significant need for increased senior services including improved access to transportation and specialized care, especially psychiatric services, dementia care, and expanded assisted living.

Actions the hospital intends to take to address the health need:

- Explore dementia care
- Explore expanded assisted living
- Continue to explore relationships with specialists
- Develop telepsychiatry services
- Form new partnerships with home healthcare and hospice providers
- Although the hospital is not a transportation provider, it will explore alternatives to improve transportation for local and out-of-area healthcare services and appointments
- Develop and report at least one measure of success of new or expanded programming

Anticipated impact of these actions:

- Increased access to dementia care
- Increased access to assisted living
- Increased access to psychiatric counseling and other services
- Improved local home health and hospice care
- Improved transportation for non-emergency services

Programs and resources the hospital plans to commit to address the health need:

- Administration
- Board of Directors
- Community Relations

Planned collaboration between the hospital and other facilities or organizations:

- Illinois Tele-Health Network
- Arch Consulting
- Home healthcare providers
- Hospice providers
- Community faith-based groups and other volunteers
- Public transportation providers

5. MENTAL HEALTH

Access to mental health services was also identified as a significant need. The group specified increased access to psychiatrists, counselors, and transfer beds as priority needs. They also identified the need for community prevention and education efforts to reduce suicide, especially among young males as a significant mental health concern.

Actions the hospital intends to take to address the health need:

- Establish Tele-Health Network services to provide psychiatric services
- Establish a program to utilize distance learning for local education and prevention efforts for suicide
- Assist the local suicide support group as reasonably possible
- Availability of transfer beds for mental health patients is a matter beyond the control of the hospital, but it will continue to educate for the need of additional mental health beds.

Anticipated impact of these actions:

- Access to psychiatric services
- Access to suicide prevention education and prevention programming

Programs and resources the hospital plans to commit to address the health need:

- Administration

Planned collaboration between the hospital and other facilities or organizations:

- Signs of Suicide (suicide prevention group)
- Tele-Health Network

6. DIABETES

Diabetes was an issue raised in focus groups and supported by secondary data. The identification and prioritization group did not, however, identify it as a prioritized significant health need in its final decision. On further review of the data and focus group comments, the hospital determined that the data around diabetes was compelling enough to add the disease as a significant health need worthy of being addressed. Therefore, while not initially included in the prioritization, Diabetes as a health need will be addressed as follows:

Actions the hospital intends to take to address the health need:

- Determine if hospital engagement in a diabetes prevention program has the potential to positively affect the health of the population served

Anticipated impact of these actions:

- Increased awareness of diabetes risk and prevention tactics with the hope of reduction in the rates of new diabetes cases in the hospital's service area

Programs and resources the hospital plans to commit to address the health need:

- Partner with existing expertise so as not to duplicate prevention efforts in the service area
- Review proven prevention programs
- Select an approach to implement that has a high likelihood of successful impact

Planned collaboration between the hospital and other facilities or organizations:

- HAH Medical Staff
- County Health Department
- Fusion Fitness and Aquatics
- Providers of successful diabetes prevention programs

Committed Resources

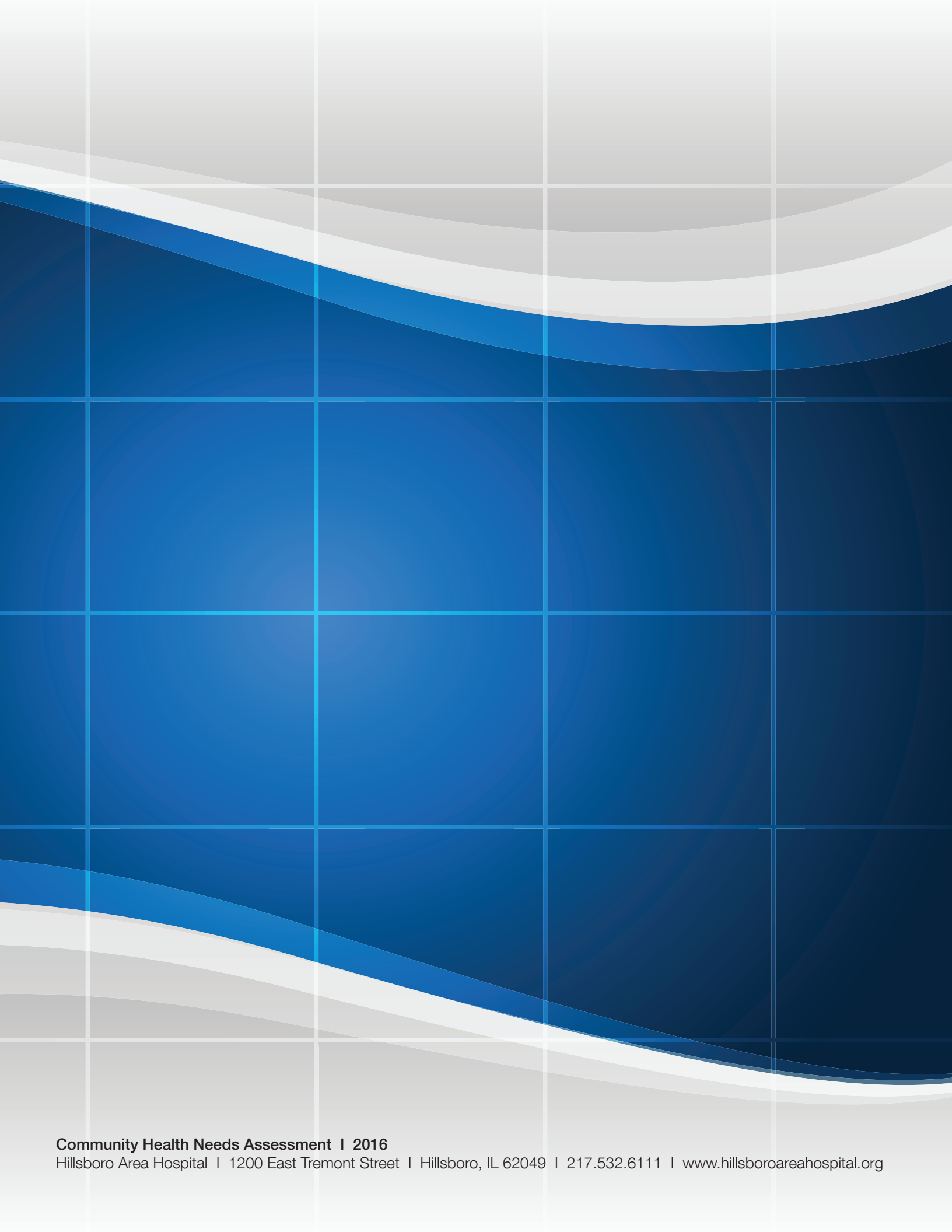
In addition to staff and facility resources, Hillsboro Area Hospital has budgeted spending community benefit activities and will continue its practice of reviewing opportunities for health improvement on a periodic basis and applying funds on a discretionary basis that will help support this Implementation Strategy.

Approval

The Hillsboro Area Hospital Board of Directors reviews the prior fiscal year's community benefit role annually and approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment and other plans for community benefit.

This Implementation Strategy for the Community Needs Assessment of Hillsboro Area Hospital was approved by the Hillsboro Area Hospital Board of Directors on this 16th day of June, 2016.

NOTES:



Community Health Needs Assessment | 2016

Hillsboro Area Hospital | 1200 East Tremont Street | Hillsboro, IL 62049 | 217.532.6111 | www.hillsboroareahospital.org