

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

*A collaborative approach
to impacting population
health in Hillsboro and
surrounding areas*





Hillsboro Area Hospital

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I. INTRODUCTION

2019 Community Health Needs Assessment



2019 Community Health Needs Assessment

Insight into Hillsboro Area Hospital's population

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 that 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).

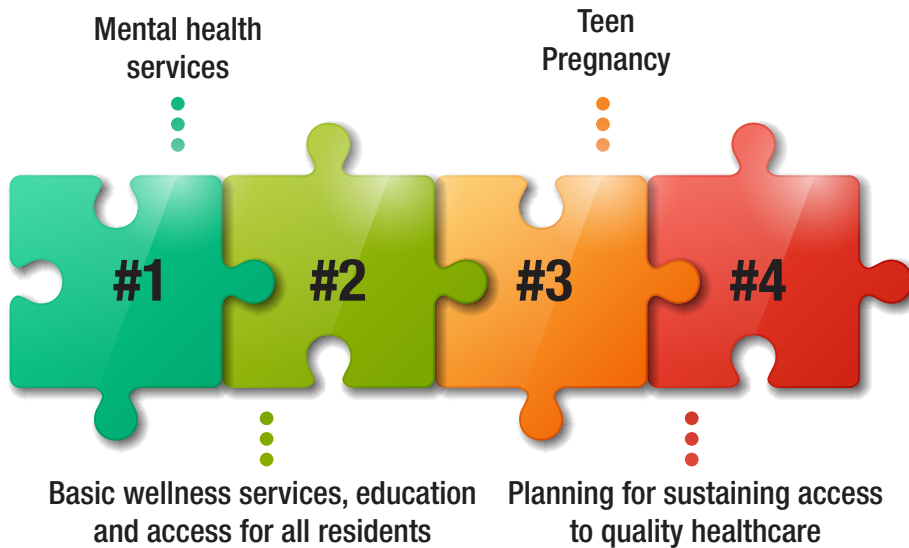
ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 57 member hospitals, is an independent 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. This 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.



Introduction / Background

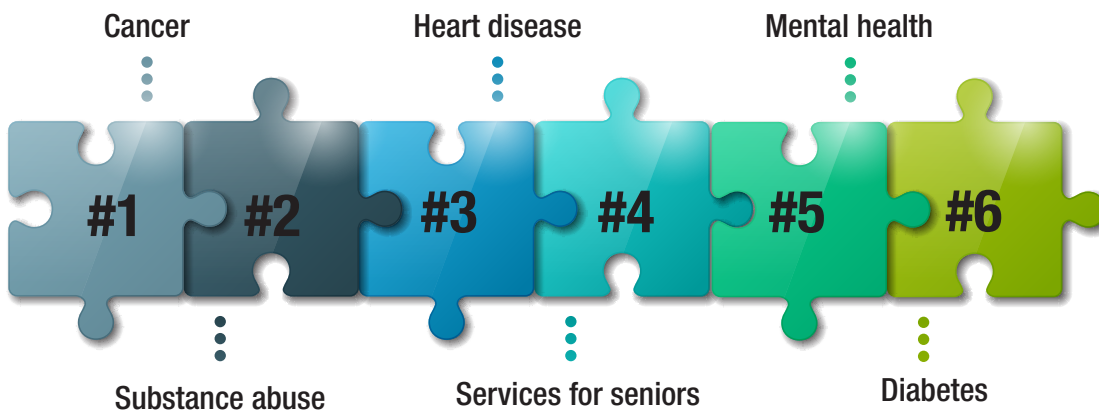
Hillsboro Area Hospital completed two Community Health Needs Assessments prior to 2019. The first CHNA was conducted in 2013 and identified four needs.

2013



The second CHNA was conducted in 2016 and identified five needs.

2016



Background

Hillsboro Area Hospital completed two Community Health Needs Assessments prior to 2019. Since 2013, Hillsboro Area Hospital has taken the following steps to address the identified community health needs identified in that CHNA:

Top Priority CHNA Items for 2013

1. Address gaps in delivery of mental health services

- **Building local inventory of counselors**

Hillsboro Area Hospital (HAH) did not find counselors in sufficient numbers to develop a list. HAH submitted a proposal for telepsychiatry services with InTouch Physicians, a Chicago-based psychiatric service, to address access to mental health services.

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

- **Summer food and exercise program for youth**

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. HAH 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. 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 & Aquatics, a sister organization to HAH, provides free physical activities and swimming for the children two days a week.

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. 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.

- **Regional care information**

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 went live in the spring of 2016.

- **Local care information**

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 districts' certified nursing assistant classes (2013-2016), 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.

- **Business partnerships for mammography**

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 benefit of 3-D mammography, which enhanced interest.

- **CATCH program**

Fusion Fitness & Aquatics, in collaboration with HAH, 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 averaged from 10-15 children per day. The program is free for children who qualify for their school district's free and 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 plus a waiting list.

- **Marina project**

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. A handicapped accessible dock was completed and dedicated for public use in the spring of 2019.

- **Promotion of local recreational resources**

Through its sister corporation, HAH collaborated with the Natural Area Guardians to create an activity/exercise challenge for use on the various protected areas developed and maintained by the Natural Area Guardians (2015-16).

Background

3. Planning for sustaining access to quality healthcare

- **Promoting local students interested in medical school**

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.

- **Urgent care alternative to emergency room care**

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 remains active in seeking staff for an urgent care alternative.

Top Priority CHNA Items for 2016

1. Cancer

- **Skin cancer screening**

Hillsboro Area Hospital partnered with Southern Illinois University (SIU) School of Medicine in 2018 and again in 2019 to provide skin cancer screenings for the people in Hillsboro and its surrounding communities. In 2018, there were 79 screenings completed and in 2019, there were 92 completed. Educational material was distributed at both events.

- **Fit Kits for self-colorectal screening**

Fit Kits for self-colorectal screenings were distributed at the 2018 Girls' Night Out, the 2018 and 2019 skin cancer screening event, and the community wellness fair. Distribution was a result of HAH partnering with SIU School of Medicine.

- **Lung cancer**

In 2019, HAH engaged the SIU School of Medicine to develop and lead lung cancer research in the county. There were 270 surveys completed, and results were analyzed. The research focus is on the high mortality rate of lung cancer in the communities HAH serves, coupled with lower than average screening rates. In addition to the surveys, educational materials focused on lung cancer screening have been circulated at events in Hillsboro.

- **New pulmonologist**

HAH established a relationship through a public service announcement with a pulmonologist, who began coverage with the hospital in 2019.

- **Low dose cancer screenings**

Low dose cancer screenings are offered at HAH and increased after the specialist began pulmonology practice.

2. Substance abuse

There is nothing substantive to report.

3. Heart disease

• Fresh vegetable distribution

Annually, HAH partners with St. Francis Hospital and the Montgomery County Health Department to provide a weekly bag of fresh vegetables, along with an educational sheet on the benefits of eating fresh fruits and vegetables, to WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) participants and senior citizens in the Hillsboro community.

• Free, expanded summer lunch program

In 2018 and 2019, HAH expanded the free summer lunch program to include Witt, Irving, and Coffeen. Children are fed a healthy meal, participate in fun and productive physical activities and experience social interaction with adult volunteers. Children from outlying communities are bussed to the hospital campus for indoor swimming and gym activities once a week. On Fridays, the children receive a food bag to supplement their family's groceries for the weekend.

• Passport for a Healthy Life

HAH partners with Fusion Fitness & Aquatics and the Springfield Clinic to provide a health fair designed for elementary school children. This health fair features more than 20 education stations to educate students and their parents on healthy lifestyles.

• Healthy dietary options in HAH cafeteria

In 2019, HAH began serving additional healthy options in the hospital cafeteria. The dietary staff is also providing nutritional information on the items being served.

• HAH Health Fair

In 2019, the annual Hillsboro Area Hospital Health Fair was held. Along with the ability to get blood work completed as a screening tool, HAH provided up-to-date educational information on nutrition, relaxation, and healthy lifestyles.

• Continued participation with Springfield Clinic cardiology group

HAH continues to participate with the Springfield Clinic Cardiology group and Prairie Cardiovascular with its STAT Heart and STAT MI programs to ensure timely evidence-based care of cardiac patients.

• Stroke awareness

Community education was provided related to stroke awareness during Friday Night Lights, which was held at a hometown football game.

Background

- **Acute Stroke Ready Hospital designation**

HAH received state approval to continue to be an Acute Stroke Ready Hospital for the third consecutive year.

- **Blood pressure screenings**

HAH partnered with ICAHN in 2018 and 2019, to provide blood pressure screenings, educational information, and tracking tools. These tools include information to guide staff or community members to create an online account, enter their blood pressures, and monitor them. HAH also has blood pressure screenings for select times throughout the year for the Workplace Wellness program, made available through a partnership with Fusion Fitness & Aquatics.

4. Services for seniors

- **Veterans Administration's MOVE program**

HAH continues to offer the Veterans Administration's MOVE program for veterans. HAH underwrites the cost through a contracted partnership with Fusion Fitness & Aquatics. Fusion has provided eight different, 8-week sessions since the program started in 2013. This weight management, health education, and lifestyle classes include two (1.5 hour) sessions a week that incorporate nutrition and a different exercise routine (pool, gym, and group exercise classes) into each day. The MOVE program is free of charge and has demonstrated effectiveness in assisting veterans to learn a wide variety of healthy options such as healthy eating at restaurants, healthy portion sizes, incorporating today's technology into healthy living via YouTube exercise, Fitbits, and online daily calorie trackers. Seventy area veterans have successfully completed the program since its inception. In 2019, HAH and Fusion organized the community's first walk/run challenge wherein all of the proceedings will go to further the financial support to the MOVE program. The next class is planned to start in September of 2019.

- **Expansion of the SHAPE program**

HAH expanded the SHAPE Program, which stands for Stronger Healthier Active Positive Everyday. Fusion Fitness & Aquatics started this program to mimic the MOVE program, with financing coming via the hospital's sister corporation. Women and women's health is the exclusive target audience. Similar to the MOVE program, it includes nutritional education, a hands-on experience of cooking a healthy meal, and various group exercise classes for the women to try a variety of beneficial physical activities. It has been offered four times (two 12-week programs and two 10-week programs) and recommences in the next fiscal year.

- **HAH's partnership with Pana Community Hospital**

HAH partnered with Pana Community Hospital's Quad County Home Health and DME (Durable Medical Equipment), to meet the needs of the combined communities related to home health, in-home rehab, and DME services.

- **Transportation**

Available transportation continues to be a struggle in Hillsboro's rural community. There has been broad-based networking to find successful transportation models in other rural communities. HAH is researching possible partnerships with local churches to utilize their vans; however, no solution has been implemented at this time. HAH assists with scheduling rides with Quad County Health and Central Illinois Public Transportation. When this is not possible and the patient cannot afford to pay, the hospital assists with payment to the taxi service that serves the western section of the county.

Transportation for the free summer lunch program is provided by the Hillsboro School District bus service, and the hospital reimburses them for this service. Many children would not be able to participate in the summer lunch program if transportation was not provided.

5. Mental health

- **Behavioral health outpatient services**

In late 2018, the hospital contracted with a psychiatrist for the provision of integrated behavioral health outpatient services. The availability of a psychiatrist with a physician extender and an integrated behavioral health program is new to the area. Presently one contract is in place with a large multi-specialty group to enable the psychiatrist to provide professional services for the contracted group's behavioral health patients and assist with the management of their care.

- **Mental health education opportunities**

The hospital's psychiatrist has provided numerous educational opportunities for the Hillsboro community and the employees at Hillsboro Area Hospital in 2019. One popular program focuses on stress and its effect on mental health. The psychiatrist presented at one of HAH's most popular community health education series, Girls' Night Out, in early spring 2019.

- **Suicide awareness**

HAH connected with a local organization, Crossroads Ministries, dedicated to providing education on suicide awareness.

Background

- **Partnership with SIU School of Medicine**

The hospital partnered with the Southern Illinois University School of Medicine's Department of Population Science & Policy (SIU-SOM PSP). The purpose of this partnership is to conduct research of the area's youth as it relates to struggles they appear to be having with motivation, positive attitudes, bullying, and the other societal issues that seem to be commonly experienced across the country. At this time, it is entitled Hillsboro Youth Assessment. The funds to support this research were approved so that study and assessment can begin in 2019 to identify the magnitude of the issues faced by Hillsboro's youth and the strength of existing community support services available. Once the issues are defined and measured, the hospital will continue the research with SIU-SOM PSP to evaluate the effectiveness of tactics utilized by other rural communities to establish a foundation for successful programs in HAH's communities. At this time, key stakeholders have been identified, and the school system has agreed to discuss if the research could be accepted within the schools.

6. Diabetes

- **Nutritional education**

HAH provided nutritional education to admitted patients or referred as outpatients through the nutritional services department. HAH also provided nutritional education at a local health fair.

- **Fulltime podiatrist**

HAH employed a fulltime podiatrist in 2018. As a specialist, the podiatrist is able to include diabetic foot care and wound care on a regular basis to the area.

Executive Summary

The 2019 Hillsboro Area Hospital Community Health Needs Assessment was conducted in November, 2018 through February, 2019. The Implementation Strategy was developed in March, 2019. The CHNA is influenced by the large rural service area of Hillsboro Area Hospital.

The health profile of the service area of Hillsboro Area Hospital is influenced by the following indicators of social determinants of health:

Poverty – Children living in poverty

Poverty – Population below 100% of Federal Poverty Level

Education – Persons with Bachelor's Degrees or higher

Access to mental health providers

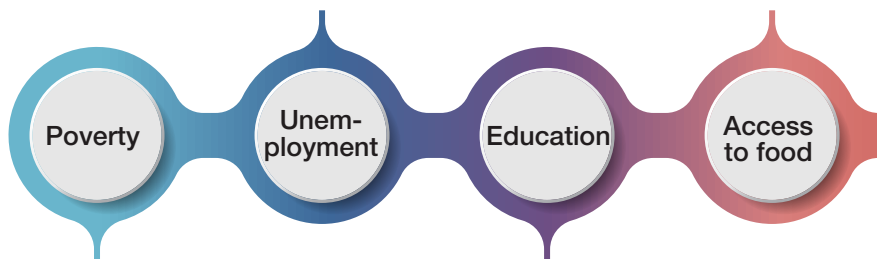
Unemployment

Access to food

The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and added others. The identified and prioritized needs selected include:

1. Issues related to mental health including:
 - a. Education for parents about mental health issues facing youth
 - b. Address teen suicide
 - c. Community awareness education on mental health
 - d. Education on awareness and understanding of self esteem
 - e. Address mental health disorder 'triggers' including:
 - i. Substance abuse
 - ii. Electronics in and out of the home
2. More flexible transportation in the area
3. Expand hospital involvement with youth and schools in order to improve awareness of health issues, healthy living and lifestyles, and health careers
4. Increase local access to urgent care
5. Address chronic illnesses and causes including obesity, diabetes, heart disease, cancer, and Chronic Obstructive Pulmonary Disorder (COPD)

2019
Hillsboro
Area
Hospital
Health
Profile
Issues



Executive Summary

The Implementation Plan developed by the senior staff at Hillsboro Area Hospital is specific and thorough. The plan, set out in the report, includes these highlights:

- Hillsboro Area Hospital will utilize the psychiatrist and the LCSW to provide community education in the evenings.
- Hillsboro Area Hospital will explore education programs by the psychiatrist and others on the school campus.
- As part of the health and wellness program, Hillsboro Area Hospital will provide education at the hospital for the hospital staff including signs and symptoms of substance abuse.
- Hillsboro Area Hospital will encourage community commitment to address county drug issues. This includes facilitating county-wide law enforcement training on drug manufacturing and trafficking and the importance of reporting suspicions promptly.
- Hillsboro Area Hospital will provide educational programming to teach the importance of controlled electronic time and talk about cyber bullying and cyber etiquette along with programming for parents on how to monitor use of devices and accounts.
- Hillsboro Area Hospital will offer in-house health and wellness points for staff attendance to educational events and offer community service hours for assisting with events.
- Hillsboro Area Hospital will facilitate door-to-door campaigns/flyers related to behavioral health issues/self-esteem, etc.
- Hillsboro Area Hospital will survey the community for ways to reach and hear from marginalized residents.
- Hillsboro Area Hospital will expand direct relationships with members of the community that may be underserved or unserved.
- Hillsboro Area Hospital will explore partnering with multiple hospitals to develop an approach to mental illness and disorders.
- Hillsboro Area Hospital will explore a partnership with Macoupin County Public Health to address mental health and substance use needs.
- Hillsboro Area Hospital will explore a partial partnership with SIU School of Medicine to study and address “sadness.”
- Hillsboro Area Hospital will explore a partnership with Macoupin County Public Health and other hospitals to expand public transportation.
- Hillsboro Area Hospital will explore voucher agreements with local taxi services.
- Hillsboro Area Hospital will expand an in-house pilot employee wellness program to create a behavioral health wellness model for businesses in the community to address healthy foods, exercise, and financial advice.
- Hillsboro Area Hospital will explore after-school and summer programs to create awareness of health professions, wellness, and other issues for youth.
- Hillsboro Area Hospital will expand nutrition education programming.

Service Area Demographics

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. The service area consists of the following rural communities.

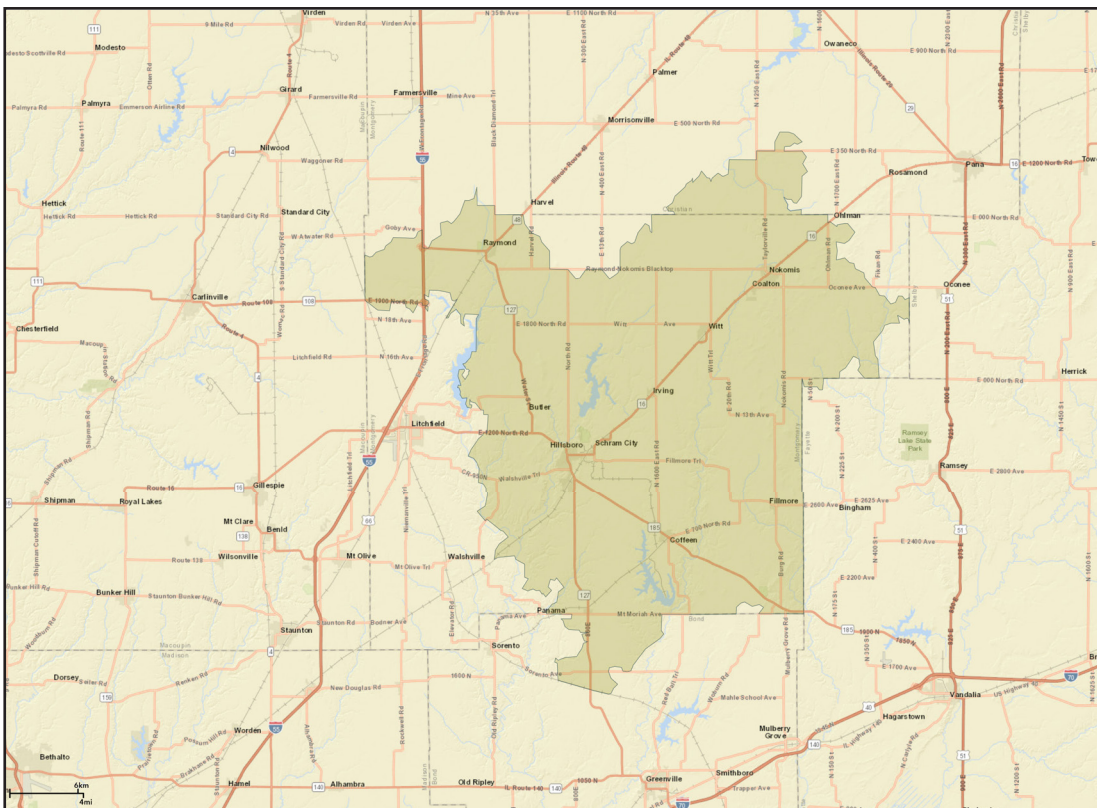
Cities

- Hillsboro
- Nokomis
- Witt

Villages and Unincorporated Communities

- Fillmore
- Irving
- Coffeen
- Raymond
- Butler
- Donnellson

Service Area Map



Service Area Demographics

Total Population Change, 2000 to 2010

According to U.S. Census data, the population in the Hillsboro Area Hospital service area fell from 19,425 people to 18,938 people between the years 2000 and 2010, a 2.51% decrease.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	19,425	18,938	-487	-2.51%
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%
Total Area (Counties)	154,478	152,577	-1,901	-1.23%
Illinois	12,416,145	12,830,632	414,487	3.34%

Data Source: Community Commons (US Census Bureau, Decennial Census, 2000-2010. Source Geography: Tract)

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 in the service area is 55% male and 45% 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	No data	902	2,580	1,504	2,797
Bond County	17,137	773	2,542	1,815	2,043
Christian County	33,562	1,709	5,527	2,656	3,947
Fayette County	21,980	1,176	3,379	1,974	2,809
Macoupin County	45,960	2,317	7,584	3,637	5,095
Montgomery County	29,173	1,476	4,381	2,362	3,736
Illinois	12,854,526	785,560	2,173,437	1,229,450	1,782,100

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	2,400	2,493	2,527	3,545
Bond County	2,187	2,375	2,404	2,895
Christian County	4,194	4,745	4,764	6,290
Fayette County	2,689	3,059	2,995	3,899
Macoupin County	5,419	6,342	6,926	8,640
Montgomery County	3,504	4,054	4,142	5,518
Illinois	1,661,674	1,739,064	1,635,359	1,847,932

Data Source: Community Commons



II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2019 Community Health Needs Assessment

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, conferenced 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, and to identify and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was directly 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 of representatives from the community and the health profession.
- ICAHN's consultant provided secondary data from multiple sources set out below in Section III. Data Collection and Analysis.
- Participation included representatives of county health departments, which also serve the area served by the hospital.



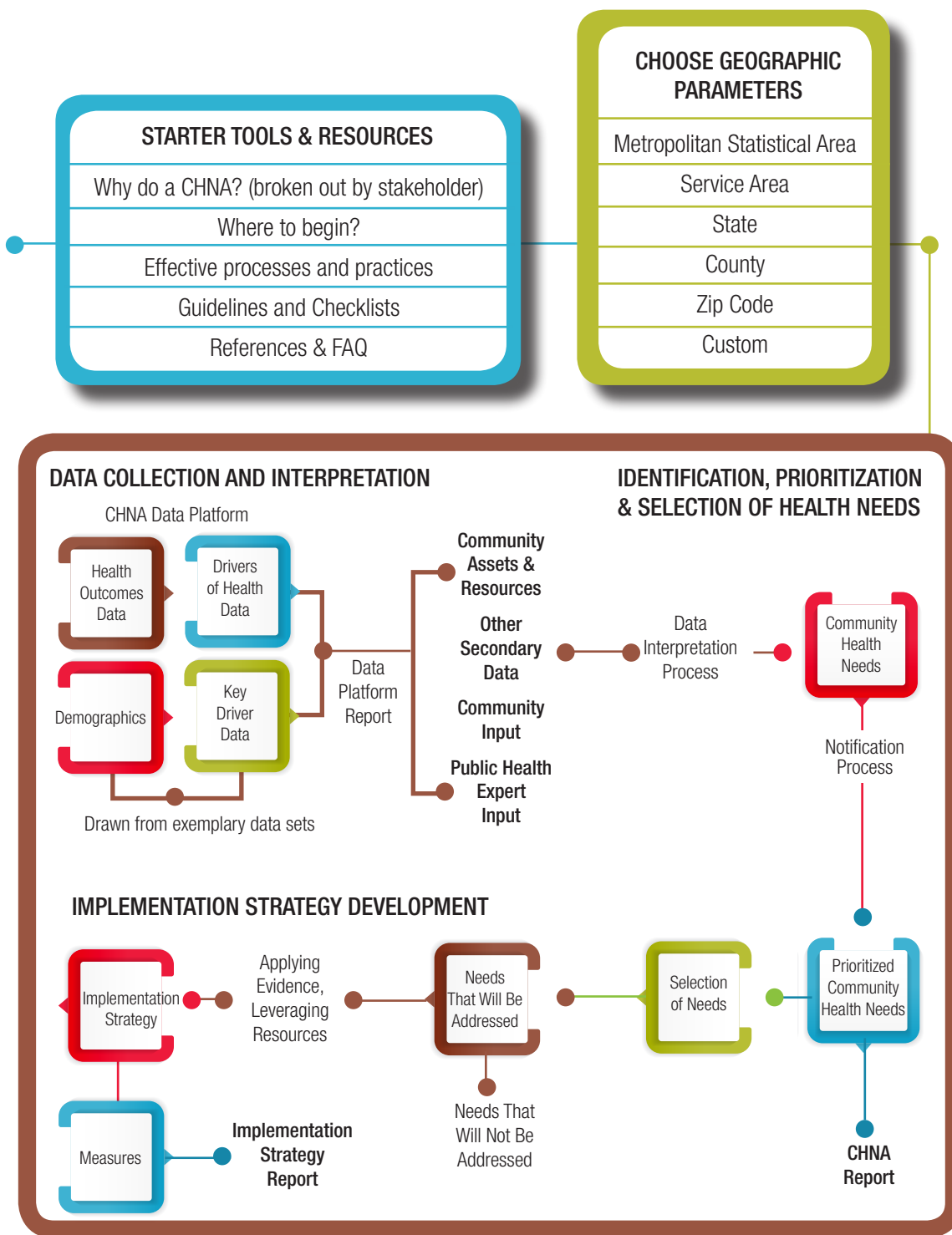
III. DATA COLLECTION AND ANALYSIS

2019 Community Health Needs Assessment

Description of Process and Methods Used

Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process.



Description of Data Sources

Quantitative Process

Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
U.S. Census	National census data is collected by the U.S. Census Bureau every 10 years.
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 Illinois Department of Employment Security 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 Illinois Department of Public Health 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.

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.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
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.
ESRI	ESRI (Environmental Systems Research Institute) 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 levels.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
USDA	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
Illinois Youth Survey	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

Secondary Data

Social Determinants of Health

Education – High School Graduation Rate

Within the Hillsboro Area Hospital service area, 85% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	191	163	85%
Bond County	177	155	88%
Christian County	385	336	87%
Fayette County	259	209	81%
Macoupin County	475	398	84%
Montgomery County	275	233	85%
Illinois	91,892	75,974	83%

Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. Additional data analysis by CARES 2015-16. Source District)

Education – No High School Diploma

Within the Hillsboro Area Hospital service area, there are 1,871 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 13.6% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Service Area Estimates	13,762	1,871	13.6%
Bond County	11,904	1,292	10.9%
Christian County	23,940	2,663	11.1%
Fayette County	15,451	2,696	17.5%
Macoupin County	32,422	3,045	9.4%
Montgomery County	20,954	2,787	13.3%
Illinois	8,666,079	991,424	11.4%

Data Source: Community Commons (US Census Bureau, American Community Survey 2012-2016. Source Geography: Tract)



Secondary Data

Social Determinants of Health

Education – Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in Grade 4 whose reading skills tested below the “proficient” level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring ‘Proficient’ or Better	Percentage of Students Scoring ‘Not Proficient’ or Worse
Service Area Estimates	169	40.4%	59.6%
Bond County	184	29.8%	70.2%
Christian County	366	32.3%	67.7%
Fayette County	253	27.7%	72.3%
Macoupin County	445	35.9%	64.2%
Montgomery County	289	35.3%	64.7%
Illinois	144,944	39.3%	60.7%

Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. 2014-15. Source Geography: School District)

Education – Bachelor’s Degree or Higher

Of the population aged 25 and older, 12.69% or 1,746 adult students have obtained a Bachelor’s level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor’s Degree or Higher	Population Age 25+ With Bachelor’s Degree or Higher
Service Area Estimates	13,762	1,746	12.69%
Bond County	11,904	2,296	19.29%
Christian County	23,940	3,919	16.37%
Fayette County	15,451	1,843	11.93%
Macoupin County	32,422	6,011	18.54%
Montgomery County	20,954	3,021	14.42%
Illinois	8,666,079	2,898,584	33.45%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)

Education – Head Start

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5. Head Start facility data is acquired from the U.S. Department of Health and Human Services (HHS) 2018 Head Start locator. Population data is from the 2010 US Decennial Census.

Service Area	Total Children Under Age 5	Total Head Start Programs	Head Start Programs Rate Per 10,000 Children
Service Area Estimates	No data	No data	No data
Bond County	955	1	10
Christian County	2,093	2	10
Fayette County	1,295	1	8
Macoupin County	2,818	4	14
Montgomery County	1,703	2	6
Illinois	835,577	757	7

Secondary Data

Economic Stability

Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 4,570 public school students (51.58%) are eligible for free/reduced price lunches out of 8,860 total students enrolled. This is higher than the Illinois statewide free/reduced price lunch eligibility rate of 49.9%. 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.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	8,860	4,570	51.58%
Bond County	2,305	1,088	47.20%
Christian County	5,165	2,730	52.86%
Fayette County	3,026	1,651	54.56%
Macoupin County	8,529	4,112	48.21%
Montgomery County	4,388	2,242	51.09%
Illinois	2,018,739	1,006,936	49.88%

Data Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data. 2015-16. Source Geography: Address)



Median Household Income

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

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	6,393	\$61,926	No data
Bond County	6,132	\$65,818	\$54,393
Christian County	13,892	\$61,863	\$50,668
Fayette County	7,659	\$58,101	\$44,541
Macoupin County	18,663	\$65,997	\$53,890
Montgomery County	11,234	\$61,542	\$47,801
Illinois	4,818,452	\$85,262	\$61,229

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.
Source Geography: Tract)*

Secondary Data

Economic Stability

Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. 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.

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	18,180	3,045	16.7%
Bond County	16,950	1,996	11.8%
Christian County	33,642	5,330	15.8%
Fayette County	22,043	3,457	15.7%
Macoupin County	46,045	6,777	14.7%
Montgomery County	28,898	4,856	16.8%
Illinois	12,859,995	1,935,887	15.1%

Data Source: Community Commons (US Census Bureau, Small Area Income & Poverty Estimates, 2015. Source Geography: County)

Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Hillsboro Area Hospital service area, 24.8% or 848 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access, including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	14,894	3,420	848	24.8%
Bond County	15,250	3,259	711	21.82%
Christian County	31,580	6,859	1,245	18.15%
Fayette County	20,029	4,417	1,189	26.92%
Macoupin County	44,865	9,667	2,016	20.85%
Montgomery County	25,147	5,760	1,356	23.54%
Illinois	12,551,822	2,915,860	549,508	18.85%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)



Secondary Data

Economic Stability

Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 15.97% or 2,379 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	14,894	2,379	15.97%
Bond County	15,250	2,399	15.73%
Christian County	31,580	4,033	12.77%
Fayette County	20,029	3,564	17.79%
Macoupin County	44,865	5,962	13.29%
Montgomery County	25,147	3,916	15.57%
Illinois	12,551,822	1,698,613	13.53%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16. Source Geography: Tract)

Unemployment Rate

Total unemployment in the service area for the month of August 2018 was 406 or 5.4% of the civilian non-institutionalized population age 16 and older (on-seasonally adjusted).

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	7,592	7,185	406	5.4%
Bond County	7,844	7,519	325	4.1%
Christian County	14,467	13,718	749	5.2%
Fayette County	9,539	9,075	464	4.9%
Macoupin County	23,174	22,123	1,051	4.5%
Montgomery County	12,048	11,401	647	5.4%
Illinois	6,460,016	6,190,961	269,055	4.2%

Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics, 2018-August. Source Geography: County)

Insurance – Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	14,956	784	5.24%
Bond County	15,779	991	6.28%
Christian County	31,656	1,781	5.63%
Fayette County	20,167	2,045	10.14%
Macoupin County	45,434	2,645	5.82%
Montgomery County	25,244	1,470	5.82%
Illinois	12,674,162	1,079,822	8.52%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.
Source Geography: Tract)*

Secondary Data

Food Environment

Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than one-half mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	18,938	5,599	29.56%
Bond County	17,768	3,000	16.88%
Christian County	34,800	1,859	5.34%
Fayette County	22,140	8,717	39.37%
Macoupin County	47,765	8,797	18.42%
Montgomery County	30,104	6,885	22.87%
Illinois	12,830,632	2,483,877	19.36%

Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015. Source Geography: Tract)

Food Environment – Grocery Stores

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 retaining 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 sell food, such as supercenters and warehouse club stores are excluded.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	18,938	2	11
Bond County	17,768	1	6
Christian County	34,800	8	23
Fayette County	22,140	3	14
Macoupin County	47,765	10	21
Montgomery County	30,104	4	13
Illinois	12,830,632	2,770	22

Data Source: Community Commons (US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source Geography: ZCTA)



Secondary Data

Access to Care

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.

Service Area	Total Population 2015	Dentists 2015	Dentists (Rate Per 100,000 Population)
Service Area Estimates	18,180	12	68
Bond County	16,950	4	24
Christian County	33,642	8	24
Fayette County	22,043	8	36
Macoupin County	46,045	17	37
Montgomery County	28,898	20	69
Illinois	12,859,995	9,336	73

Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental healthcare.

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of Persons)	Mental Healthcare Provider Rate (Per 100,000 Population)
Service Area Estimates	No data	No data	No data	No data
Bond County	16,824	24	701	143
Christian County	33,309	14	2,379	42
Fayette County	21,789	12	1,816	55
Macoupin County	45,908	20	2,295	44
Montgomery County	28,952	19	1,524	66
Illinois	12,729,412	24,332	523	191

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 American Medical Association 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 subspecialties within the listed specialties are excluded.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians, Rate Per 100,000 Population
Service Area Estimates	18,468	9	51
Bond County	17,269	10	58
Christian County	33,892	13	38
Fayette County	21,870	4	18
Macoupin County	46,453	14	30
Montgomery County	29,359	15	51
Illinois	12,880,580	12,477	97

Federally Qualified Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide healthcare to vulnerable populations. They receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Service Area	Total Population	Number of Federally Qualified Health Centers	Rate of FQHCs Per 100,000 Population
Service Area Estimates	18,938	0	0
Bond County	17,768	0	0
Christian County	34,800	1	3
Fayette County	22,140	2	9
Macoupin County	47,765	2	4
Montgomery County	30,104	0	0
Illinois	12,830,632	364	3

Secondary Data

Access to Care

Medical Conditions and Circumstances

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 County Health Rankings help counties understand what influences how healthy residents are and how long they will live.

The County Health 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 County Health 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, 2012*).

Montgomery County is ranked 57 out of the 102 Illinois counties in the Rankings released in April 2018. Bond County is ranked 62.

Health Condition	Bond County	Montgomery County	Illinois
Adults Reporting Poor or Fair Health	17%	15%	17%
Adults Reporting No Leisure Time/ Physical Activity	26%	29%	22%
Adult Obesity	30%	29%	28%
Children Under 18 Living in Poverty	18%	23%	18%
Alcohol Impaired Driving Deaths	33%	31%	33%
Teen Births	21/1,000	27/1,000	26/1,000
Uninsured	6%	6%	8%
Unemployment	5%	7%	6%

Behavioral Risk Factor Surveillance System

Bond County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	18.4%	17.7%	21.5%
Asthma	9.1%	11.6%	11.1%	14.2%
Diabetes	10.2%	8.0%	6.9%	10.0%
Obesity	29.5%	33.1%	28.5%	29.9%
Smoking	16.7%	28.0%	29.9%	17.7%

Montgomery County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	No data	23.9%	13.9%
Asthma	9.1%	11.0%	6.9%	19.1%
Diabetes	10.2%	10.5%	7.3%	7.5%
Obesity	29.5%	35.1%	24.4%	23.4%
Smoking	16.7%	20.9%	29.7%	24.3%

Secondary Data

Health Indicators

Population With Any Disability

Within the service area, 13.95% or 2,087 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Service Area Estimates	14,956	2,087	13.95%
Bond County	15,779	2,530	16.03%
Christian County	31,656	4,160	13.14%
Fayette County	20,167	3,792	18.80%
Macoupin County	45,434	7,064	15.55%
Montgomery County	25,244	3,527	13.97%
Illinois	12,674,162	1,388,827	10.96%

Teen Births

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

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	546	16	29
Christian County	1,146	50	43
Fayette County	686	31	45
Macoupin County	1,559	48	31
Montgomery County	890	36	40
Illinois	448,356	15,692	35

Low Birth Weight Rate

This indicator reports the percentage of total births that are low birth weight (under 2,500 grams = less than 5.15 pounds). This indicator is relevant because low birth weight infants are at a higher risk for health problems. This indicator can also highlight the existence of health disparities.

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	1,400	112	8.0%
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%

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)



Secondary Data

Health Indicators

Diabetes Management – Hemoglobin A1c Test for Medicare Enrollees

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test that measures blood sugar levels, administered by a healthcare professional in the past year. In the service area, 274 Medicare enrollees with diabetes have had an annual exam out of 307 Medicare enrollees in the service area with diabetes, or 89.4%.

Service Area	Total Medicare Enrollees	Medicare Enrollees With Diabetes	Medicare Enrollees With Diabetes With Annual Exam	Percent Medicare Enrollees With Diabetes With Annual Exam
Service Area Estimates	2,778	307	274	89.4%
Bond County	2,348	250	170	68.0%
Christian County	4,720	521	470	90.2%
Fayette County	3,041	362	308	85.4%
Macoupin County	7,469	932	835	89.7%
Montgomery County	4,500	498	446	89.6%
Illinois	1,210,320	129,125	111,696	86.5%

30-Day Hospital Readmissions

This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization.

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Bond County	282	17.4
Christian County	619	14.1
Fayette County	374	14.5
Macoupin County	858	12.5
Montgomery County	528	12.0
Illinois	143,569	15.2

Preventable Hospitalizations – Medicare Population

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 of investment” from interventions that reduce admissions through better access to primary care resources.

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	2,149	148	69.2%
Bond County	1,827	154	84.5%
Christian County	3,687	293	79.7%
Fayette County	2,329	198	85.3%
Macoupin County	5,811	379	65.3%
Montgomery County	3,480	240	69.0%
Illinois	985,698	53,873	54.8%

Depression (Medicare Population)

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

Service Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries With Depression	Percent With Depression
Service Area Estimates	3,599	703	19.5%
Bond County	2,820	551	19.5%
Christian County	5,562	850	15.3%
Fayette County	3,568	701	19.6%
Macoupin County	9,338	1,727	18.5%
Montgomery County	5,838	1,141	19.5%
Illinois	1,451,929	219,143	15.1%

Data Source: Community Commons (Centers for Medicare & Medicaid Services, 2015).
Source Geography: County

Secondary Data

Mortality Tables

Bond County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	48
Malignant Neoplasms	41
Cerebrovascular Diseases	6
Chronic Lower Respiratory Diseases	5
Diabetes Mellitus	4
Intentional Self-Harm (Suicide)	4
Influenza and Pneumonia	2

Montgomery County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	80
Malignant Neoplasms	79
Chronic Lower Respiratory Diseases	27
Cerebrovascular Diseases	17
Influenza and Pneumonia	7
Diabetes Mellitus	6
Intentional Self-Harm (Suicide)	3
Assault (Homicide)	1

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.

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Bond County	990	5	5
Christian County	1,980	15	7
Fayette County	1,260	6	5
Macoupin County	2,660	17	7
Montgomery County	1,595	14	9
Illinois	879,035	6,065	7

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 resummared 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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,231	37	217	164
Christian County	33,956	96	282	192
Fayette County	21,955	53	240	178
Macoupin County	46,503	128	275	189
Montgomery County	29,297	84	285	197
Illinois	12,859,901	24,531	191	169

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

Secondary Data

Mortality Tables

Mortality – Coronary Heart Disease

This indicator reports the rate of death due to coronary heart disease 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 heart disease is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,231	30	174	129
Christian County	33,956	53	187	119
Fayette County	21,955	26	119	84
Macoupin County	46,503	77	166	111
Montgomery County	29,297	48	165	108
Illinois	12,859,901	13,901	108	94

Mortality – 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 year 2000 standard.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,231	8	49	36
Christian County	33,956	23	68	46
Fayette County	21,955	16	74	53
Macoupin County	46,503	36	77	53
Montgomery County	29,297	18	61	43
Illinois	12,859,901	5,330	43	39

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

Mortality – Motor Vehicle Crash

This indicator reports the crude rate of death due to motor vehicle crashes per 100,000 population.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,231	4	24	25
Christian County	33,956	8	22	23
Fayette County	21,955	6	26	26
Macoupin County	46,503	8	17	17
Montgomery County	29,297	4	15	15
Illinois	12,859,901	1,116	9	8

Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-15. Source Geography: County)

Secondary Data

Mortality Tables

Mortality – Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian motor vehicle crash deaths are preventable and they are a cause of premature death.

Service Area	Total Population 2010	Average Pedestrian Deaths 2011-2015	Average Annual Death Rate (Per 100,000 Population)
Service Area Estimates	No data	No data	No data
Bond County	17,768	1	2
Christian County	34,800	2	2
Fayette County	22,140	4	6
Macoupin County	47,765	1	1
Montgomery County	30,104	4	4
Illinois	12,830,632	827	2

Mortality – Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) 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 stroke is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,231	10	56	39
Christian County	33,956	20	59	37
Fayette County	21,955	13	57	41
Macoupin County	46,503	29	63	42
Montgomery County	29,297	26	89	53
Illinois	12,859,901	5,497	43	38

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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,231	No data	Suppressed	Suppressed
Christian County	33,956	6	19	18
Fayette County	21,955	3	15	Suppressed
Macoupin County	46,503	6	14	12
Montgomery County	29,297	5	16	15
Illinois	12,859,901	1,358	11	10

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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Bond County	17,231	11	65	60
Christian County	33,956	22	64	58
Fayette County	21,955	14	63	56
Macoupin County	46,503	31	66	58
Montgomery County	29,297	18	63	54
Illinois	12,859,901	4,800	37	36

Primary Data

Qualitative Data

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 in the appendix.

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 health care due to geographic, language, financial or other barriers. Montgomery County Public Health Department participated in the process.

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.

Focus Group 1 – Medical Professionals and Partners

The first focus group consisted of medical professionals and partners, including representatives of groups that represent or serve persons that may be underserved by local medical services. The group included physicians, a nurse practitioner, a pharmacist, an anesthesiologist, an optometrist, nurses, and representatives of senior care facilities. The group met at 7:00 a.m. on October 17, 2018 at Hillsboro Area Hospital. Positive developments in the service area in recent years were identified as:

- New physicians have been added at Hillsboro Area Hospital
- New specialists have been added at Hillsboro Area Hospital
- Expanded education for youth on health issues
- Adult day care services have been added at Tremont Ridge
- Respite care has been added at Tremont Ridge
- Improved cooperation between Hillsboro Area Hospital and local schools resulting in new programs for youth
- Hillsboro Area Hospital is taking more programs to schools
- Hillsboro Area Hospital's leadership is strong and innovative
- Remote assessment of Emergency Room patients has improved quality of care
- Consolidation of local health services into Hillsboro Area Hospital has strengthened local access to care
- Communication has improved among physicians, Hillsboro Area Hospital, and eye care providers
- Hillsboro Area Hospital has partnered with Southern Illinois University School of Medicine to explore lung cancer in the service area and also, local youth health issues
- There is a steady number of new CNAs being certified locally to support the health workforce
- Hillsboro Area Hospital participates with a number of health profession education programs to develop interns and students into local healthcare professionals
- Hillsboro Area Hospital has improved its marketing in the community
- Hillsboro Area Hospital's engagement with "Imagine Hillsboro" technology improvement has helped the success of the program
- Hillsboro Area Hospital in general
- Specialist recruitment

Primary Data

Qualitative Data

- Hillsboro Area Hospital has been involved in local economic development by sponsoring studies and taking roles on the economic development council
- Strength of the leadership and vision at Hillsboro Area Hospital
- Hillsboro Area Hospital is actively promoting wellness through the “Zero Hour” program for high school youth
- Hillsboro Area Hospital has become a stronger community partner that encourages collaboration and partnerships
- Hillsboro Area Hospital has increased access to local services through new specialists

Needs and health issues were identified as:

- Growth of local practices of specialists to expand use of services at Hillsboro Area Hospital
- Local availability of specialists, especially in the areas of orthopedics, urology, gynecology, and psychiatry
- Access to inpatient services for behavioral health and memory care patients
- Expanded local access to oncology services
- Better information about access to mental health services to address suicide and opiates
- Improved access to referrals for persons with suicidal ideation
- Surgeons willing to visit more often
- Transportation to and from medical services, both local and distant
- Prevention education and programming for substance use among teens, especially vaping
- Expanded education for adult and youth on current health issues facing local youth
- Reduce delay in access to services due to insurance requiring that services be performed out of the area or in conjunction with emergency room visits
- Reduce insurance required trips for tests that could be performed locally
- Parenting skills’ education programs for young parents
- Community education about Medicaid and local impact of choices

Focus Group 2 – Community Leaders and Representatives

The second focus group consisted of community leaders and representatives of groups that represent or serve persons that may be underserved by local medical services. The group included school officials, the county Public Health Administrator, a representative of the Sheriff's office, local community development leaders, University of Illinois Extension, community organization members, and others. The group met at 11:30 a.m. on October 17, 2018 at Hillsboro Area Hospital. Positive developments in the service area in recent years were identified as:

- The elementary school district in Hillsboro has added a social worker
- New emergency response teams have been formed providing manpower, equipment, and increased community involvement in disaster and emergency preparedness
- 708 Board
- "Imagine Hillsboro" technology committee has assisted several projects
- There have been increased community-wide discussions of mental health issues and suicide
- The Lions Club is obtaining an OptiPlex machine for use by schools and community organizations to conduct eye screenings
- Young doctors willing to take on new patients
- Partnerships for economic opportunities involving University of Illinois Extension, Montgomery CEO, and others
- Partnerships among schools, public health, and others to provide mental health services to youth, including youth in crisis
- Summer lunch program partners including Hillsboro Area Hospital, churches, service organizations, and others have been able to expand the program so that it now serves four communities
- Improved collaboration with Hillsboro Area Hospital and many community groups and organizations
- Improved cooperation for disaster planning among agencies
- Hillsboro Area Hospital is better engaged with the community
- New doctors, including specialists
- Increased "active" community events
- Improved partnering on community goals and interests
- Eagle Zinc Superfund Cleanup
- New podiatrist to provide local services, including surgery
- The Junior Board at Hillsboro Area Hospital

Primary Data

Qualitative Data

Needs and health issues were identified as:

- Expand partnerships to identify and provide additional mental health services to address behavioral health and substance abuse issues
- Better access to transportation to medical services both local and distant
- More opportunities for telehealth
- Expanded education, services, program and care to address suicide
- Better community education about available local mental health services
- Expand cooperative education on mental health for youth including depression, coping skills, and restorative practices
- Education and programs to help youth understand generational and situational poverty and to see that there is hope
- Community-wide cooperation for prevention
- Flexible transportation, especially for seniors
- Improved security at Hillsboro Area Hospital
- Access to inpatient mental health beds
- Detoxification for persons with substance use disorders
- A new culture of community preparedness for disasters and emergencies
- Parent education of topics of parenting, adulting, and nutrition
- Childcare in small communities, especially for single parents
- Continued recruitment of medical providers at all levels
- Better substance abuse prevention programming for schools
- Community education about social norms
- Education about the use, risks, and dangers of social media

Focus Group 3 – Community Leaders and Representatives

The third focus group consisted of community leaders and representatives of groups that represent or serve persons that may be underserved by local medical services. The group included leaders of volunteer organizations, senior citizens, the Mayor of Hillsboro and others. The group met at 6:00 p.m. on October 17, 2018 at Hillsboro Area Hospital. Positive developments in the service area in recent years were identified as:

- Community collaboration is good
- New doctors
- Renewed interest in downtown Hillsboro is improving community outlook
- Young doctors

- Hillsboro Area Hospital does a very good job keeping up with technology and medical equipment
- Hillsboro Area Hospital is proactive about staff needs
- Expansion of summer food program and summer activities for youth
- Birth through age three programming in the schools
- City has encouraged community activities
- Little Leaps program with Southern Illinois University School of Medicine
- Child advocacy services are locating in Hillsboro
- Hillsboro Area Hospital focuses proactively on health and wellness for the brain and body
- Cancer study with Southern Illinois University Medical School
- Two superfund sites
- Better access to primary care
- Medication take back program with a drop off box at the Courthouse
- Volunteerism has become collaborative and focused

Needs and health issues were identified as:

- Local access to more specialists
- More community loyalty to Hillsboro Area Hospital
- Convenient transportation to and from medical services, especially for seniors and single parent families
- Substance abuse
- Prompt care
- Resources to address suicide
- Address poverty evidence-based approaches to suicide prevention
- A ready workforce
- Information for the community about local health and social services
- Plan for succession for aging dentists
- Access to local primary care for children on public aid
- Local access to services for veterans
- More opportunities for recreation and exercise



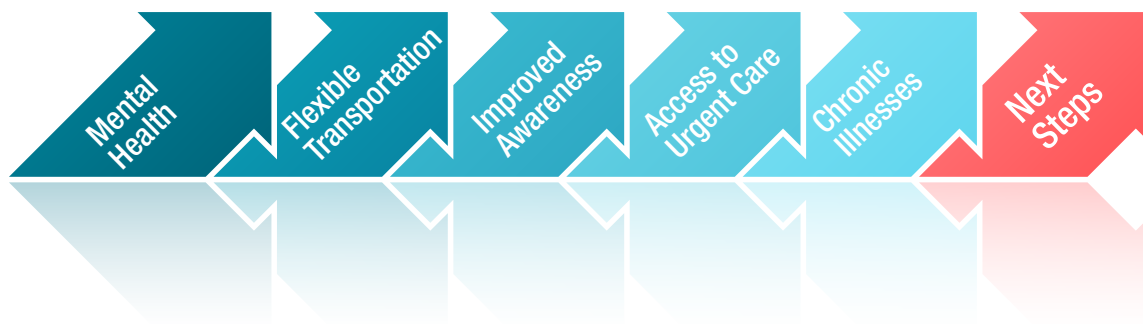
IV. IDENTIFICATION AND PRIORITIZATION OF NEEDS

2019 Community Health Needs Assessment

Identification and Prioritization of Needs

Description of the Community Health Needs Identified

The steering group, comprised primarily of representatives from all focus groups – including members serving persons likely to be unserved or underserved – met on February 13, 2019 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, National Cancer Institute, and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Hillsboro Area Hospital service area.



1. Issues related to mental health including:
 - a. Education for parents about mental health issues facing youth
 - b. Address teen suicide
 - c. Community awareness education on mental health
 - d. Education on awareness and understanding of self esteem
 - e. Address mental health disorder 'triggers' including:
 - i. Substance abuse
 - ii. Electronics in and out of the home
2. More flexible transportation in the area
3. Expand hospital involvement with youth and schools in order to improve awareness of health issues, healthy living and lifestyles, and health careers
4. Increase local access to urgent care
5. Address chronic illnesses and causes including obesity, diabetes, heart disease, cancer, and Chronic Obstructive Pulmonary Disorder (COPD)



V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

2019 Community Health Needs Assessment

Resources Available to Meet Priority Health Needs

Resources available to meet priority health needs

Hospital Resources

- Emergency care
- Inpatient care
- Transitional care
- Diagnostic imaging
 - General x-ray
 - Bone density screening
 - CT scan
 - 3D digital mammography
 - Ultrasound
 - Echocardiography
 - MRI
 - Nuclear medicine
- Laboratory
- Rehabilitation services
 - Aquatics
 - Speech
 - Pediatrics
 - Sports rehab
 - Cardiac rehab
 - Treatment for chronic and acute lower back pain
 - Custom splint application
 - Hand therapy
 - Headache management
 - Myofascial release
 - Physical therapy
 - Occupational therapy
 - Orthotics
 - Total joint program
 - Vestibular program
 - Work conditioning evaluations and treatment
- Respiratory therapy tests and services
 - Pulmonary function test
 - Pulse oximetry
 - Smoking cessation
 - Apnea link
 - Cardiac Rehabilitation Phase III
 - Pulmonary Rehabilitation Phase II and III

Resources Available to Meet Priority Health Needs

Hillsboro Area Hospital Resources

- Sleep clinic
- Surgery
 - Appendectomy
 - Biopsies (breast and muscle)
 - Bunion removal
 - Cataract removal
 - Cholecystectomy
 - Colonoscopy
 - Diagnostic laparoscopy
 - Hemorrhoid removal
 - Hernia repair
 - Myringotomy with tube insertion
 - Orthopedic procedures (example: knee arthroscopy, carpal tunnel repair and ulnar nerve transportation)
 - Plastic surgery procedures
 - Podiatric surgery
 - Tonsillectomy
 - Tubal ligation
- Podiatric Medicine
 - Wound/diabetic foot care
 - Podiatric dermatology
 - Fracture care
 - Sports medicine
 - Internal and external fixation techniques of the lower extremity
 - Reconstructive adult foot and ankle surgery
 - Arthroscopy of the lower extremity
 - Limb salvage of the lower extremity
 - Pediatric foot deformities
 - Plastic surgery of the lower extremity
 - Dermatopathology of the lower extremity
 - Wound care of the lower extremity
- Assisted Living Center
- Hillsboro Specialty Clinic

Community Resources

- Schools
- Other hospitals
- Macoupin County Public Health
- Southern Illinois University School of Medicine
- Macoupin County Health Department
- Local taxi services
- Library
- Americorps
- Springfield Clinic
- Fusion



VI. IMPLEMENTATION STRATEGY

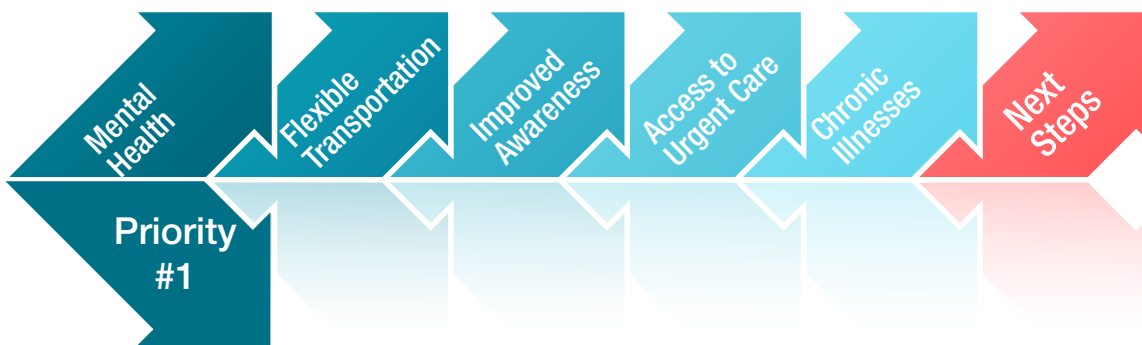
2019 Community Health Needs Assessment

Implementation Strategy

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Hillsboro Area Hospital on March 7, 2019. 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 five 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.

Implementation Strategy – Priority #1



The group first identified and prioritized issues related to mental health, including:

- a. Education for parents about mental health issues facing youth
- b. Address teen suicide
- c. Community awareness education on mental health
- d. Education on awareness and understanding of self esteem
- e. Address mental health disorder 'triggers' including:
 - i. Substance abuse
 - ii. Electronics in and out of the home

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

- Hillsboro Area Hospital will utilize the psychiatrist and the LCSW to provide community education in the evenings
- Hillsboro Area Hospital will explore education programs on the school campus presented by the psychiatrist and others

Implementation Strategy

Planning Process

- Hillsboro Area Hospital will provide education at the hospital for the hospital staff, as part of the health and wellness program, including signs and symptoms of substance abuse
- Hillsboro Area Hospital will encourage community commitment to address county drug issues – this includes facilitating county-wide law enforcement training on drug manufacturing and trafficking and the importance of reporting suspicions promptly
- Hillsboro Area Hospital will provide educational programming to teach the importance of controlled electronic time and talk about cyber bullying and cyber etiquette, along with programming for parents on how to monitor use of devices and accounts
- Hillsboro Area Hospital will offer in-house health and wellness points for staff attendance to educational events and offer community service hours for assisting with events
- Hillsboro Area Hospital will facilitate door-to-door campaigns/flyers related to behavioral health issues/self-esteem, etc.
- Hillsboro Area Hospital will survey the community for ways to reach and hear from marginalized residents
- Hillsboro Area Hospital will expand direct relationships with members of the community that may be underserved or unserved
- Hillsboro Area Hospital will explore partnering with multiple hospitals to develop an approach to mental illness and disorders
- Hillsboro Area Hospital will explore a partnership with Macoupin County Public Health to address mental health and substance use needs
- Hillsboro Area Hospital will explore a partial partnership with Southern Illinois University School of Medicine to study and address “sadness”

Anticipated impacts of these actions:

Positive impacts will consist of improved self-esteem, creation of a highly engaged community in relationship to knowledge of the mental health issues, suicide, and substance abuse. Once given the knowledge, an ongoing flow of information will be needed to increase understanding of the failures to address and the rewards of addressing these issues as a community.

Programs/resources the hospital plans to commit to address the need:

- Administration
- Behavioral health
- Marketing

Planned collaboration between the hospital and other organizations:

- Schools
- Other hospitals
- Macoupin County Public Health

Implementation Strategy – Priority #2



The group next prioritized the need for more flexible transportation in the area.

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

- Hillsboro Area Hospital will explore a partnership with Macoupin County Public Health and other hospitals to expand public transportation
- Hillsboro Area Hospital will explore voucher agreements with local taxi services

Anticipated impacts of these actions:

Hillsboro Area Hospital anticipates that these steps will increase both the availability and flexibility of transportation in the area for both persons seeking medical care and the public in general.

Programs/resources the hospital plans to commit to address the need:

- Administration
- Marketing
- Assisted Living

Planned collaboration between the hospital and other organizations:

- Macoupin County Health Department
- Local taxi services
- Other hospitals

Implementation Strategy

Planning Process

Implementation Strategy – Priority #3



The third prioritized need was to expand hospital involvement with youth and schools in order to improve awareness of health issues, healthy living and lifestyles, and health careers.

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

- Hillsboro Area Hospital will expand an in-house pilot employee wellness program to create a behavioral health wellness model for businesses in the community to address healthy foods, exercise, and financial advice
- Hillsboro Area Hospital will explore after-school and summer programs to create awareness of health professions, wellness, and other issues for youth

Anticipated impacts of these actions:

Hillsboro Area Hospital anticipates that these steps will expand hospital involvement with youth and schools in order to improve awareness of health issues, healthy living and lifestyles, and health careers.

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

- Administration
- Marketing
- Fusion
- Dietary
- All departments

Planned collaboration between the hospital and other organizations:

- Library
- Schools
- Americorps
- Southern Illinois University School of Medicine, Springfield, IL

Implementation Strategy – Priority #4



The group next identified the need of increased local access to urgent care.

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

Hillsboro Area Hospital recognizes the desire for local prompt care facilities but must consider that there are two prompt care clinics within eight miles of Hillsboro. The access to these clinics is 15 minutes, more or less, and makes it difficult to justify the expense of creating another clinic. Hillsboro Area Hospital does, however, recognize a continuing need for services for persons who are underinsured and uninsured and will explore the creation of a Medicaid provider's office that will offer walk-in services.

Anticipated impacts of these actions:

Hillsboro Area Hospital anticipates that this action will create improved access for local Medicaid patients and reduce their need to utilize the emergency room for non-emergency services.

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

- Administration

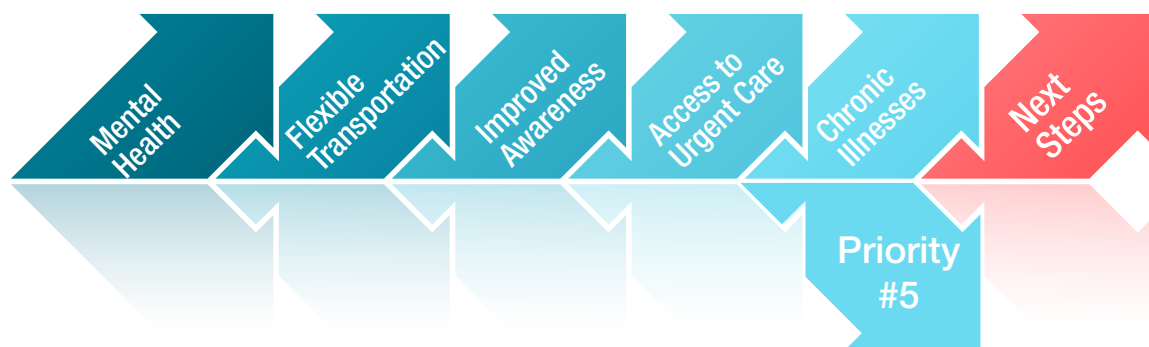
Planned collaboration between the hospital and other organizations:

- Contract providers
- Financial feasibility

Implementation Strategy

Planning Process

Implementation Strategy – Priority #5



The group's final identified need was to address chronic illnesses and causes, including obesity, diabetes, heart disease, cancer, and Chronic Obstructive Pulmonary Disorder:

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

- Hillsboro Area Hospital will expand wellness programming to businesses and the community
- Hillsboro Area Hospital will expand nutrition education programming
- Hillsboro Area Hospital will continue participation in a study of local cancer with Southern Illinois University School of Medicine
- Hillsboro Area Hospital will continue a relationship with a pulmonologist

Anticipated impacts of these actions:

Hillsboro Area Hospital anticipates that these steps will improve wellness and understanding of chronic disease and reduce obesity, diabetes, heart disease, cancer, and Chronic Obstructive Pulmonary Disorder.

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

- Administration
- Respiratory therapy
- Dietary
- Other departments as indicated

Planned collaboration between the hospital and other organizations:

- Springfield Clinics
- Fusion
- Southern Illinois University School of Medicine

**VII. DOCUMENTING AND COMMUNICATING
RESULTS**

2019 Community Health Needs Assessment



Documenting and Communicating Results

Approval

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

This Community Health Needs Assessment and Implementation Plan of Hillsboro Area Hospital was approved by the Hillsboro Area Hospital Board of Directors on the 20th day of June, 2019.

VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment



References and Appendix

References

- *County Health Rankings, 2019 County Health Rankings*
- *Community Commons, 2019 Community Commons*
- Illinois Department of Employment Security, 2019
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2019
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2018
- ESRI, 2019
- Illinois State Board of Education, *Illinois Report Card, 2017 - 2018*
- *Atlas of Rural and Small Town America, USDA, 2019*
- *Behavioral Risk Factor Surveillance Survey – Illinois Counties – 2018*
- *Illinois Youth Survey, 2018*
- *Courtesy: Community Commons, <www.communitycommons.org>, February 10, 2019*

(Support documentation on file and available upon request)

Appendix

Focus Group 1 – Medical Professionals and Partners

Dr. Joe Blaser	Surgeon	Hillsboro Area Hospital
Dr. Ben Cady	Local family physician	Springfield Clinic West, Hillsboro
Dr. Eric Johnson	Optometrist	Family Eye Care, Hillsboro
Dr. Barb Mulch	Local retired family physician	Springfield Clinic East, Hillsboro
Theresa Rapp	Nurse	Hillsboro Area Hospital
Hugh Satterlee	Director	Montgomery County Health Department
Tammy Richardson	Admission Coordinator	Montgomery County Nursing and Rehabilitation
Carla-Lipe Vonder Haar	Director	Montgomery County Nursing and Rehabilitation
Ceressa Waldrup	Director	Tremont Ridge Assisted Living
John Weiss	Pharmacist	Hillsboro Area Hospital
Bart Wetzel	Nurse anesthetist	Hillsboro Area Hospital
Sarah White	Nurse practitioner	Springfield Clinic West, Hillsboro
Dr. Andrew Ott	Podiatrist	Hillsboro Area Hospital
Dave Imler	Chairman, Board of Directors	Hillsboro Area Hospital
Rex Brown	Chief Executive Officer	Hillsboro Area Hospital
Rosanne Heck	Director of Community Relations	Hillsboro Area Hospital

Appendix

Appendix

Focus Group 2 – Community Leaders and Representatives

Valerie Belusko	Director	Montgomery County Economic Development
Zach Frailey	Principal	Hillsboro Grade School
Joe Gasparich	Nokomis councilman and disaster preparedness consultant	City of Nokomis
Heather Hampton Knodle	4-H leader and local activist	Village of Fillmore
Jay Martin	Minister	City of Witt
Earl Meier	Retired principal	Hillsboro School District
Mike Plunkett	Journal news editor	City of Hillsboro
David Powell	Superintendent	Hillsboro School District
Rick Robbins	Sheriff	Montgomery County
Dave Imler	Chairman, Board of Directors	Hillsboro Area Hospital
Rex Brown	Chief Executive Officer	Hillsboro Area Hospital
Rosanne Heck	Director of Community Relations	Hillsboro Area Hospital

Focus Group 3 – Community Leaders and Representatives

Jessica Chappellear	Director	Fusion Fitness & Aquatics
Pam Dawson	Summer lunch coordinator and retired school teacher	City of Hillsboro
Katie Duncan	Hillsboro council member	City of Hillsboro
Greg Holcomb	Parent and Country Companies insurance agent	City of Hillsboro
Dr. Robert Mulch	Retired local family physician	Springfield Clinic East, Hillsboro
John Rapp	Local citizen and service chairman of the board	Hillsboro Area Health Services
Sheri Reynolds	Director	Hillsboro Community Child Development Center
Chris Sherer	Lawyer, parent, and city councilman	City of Hillsboro
Brian Sullivan	Mayor and pharmacist	City of Hillsboro
Dr. Patricia Whitworth	Retired radiologist	Hillsboro Area Hospital
John Wright	Parent and entrepreneur	City of Hillsboro
Barb Hewitt	Retired teacher	Hillsboro School District
Earl Meier	Retired principal	Hillsboro School District
Dave Imler	Chairman, Board of Directors	Hillsboro Area Hospital
Rex Brown	Chief Executive Officer	Hillsboro Area Hospital
Rosanne Heck	Director of Community Relations	Hillsboro Area Hospital

Appendix

Appendix

Focus Group Review Attendees

Hugh Satterlee	Director	Montgomery County Health Department
Dr. Robert Mulch	Retired local family physician	Springfield Clinic East, Hillsboro
Theresa Rapp	Nurse	Hillsboro Area Hospital
Katie Duncan	Hillsboro council member	City of Hillsboro
Earl Meier	Retired principal	Hillsboro School District
Heather Hampton Knodle	4-H leader and local activist	Village of Fillmore
Dave Imler	Chairman, Board of Directors	Hillsboro Area Hospital
Rex Brown	Chief Executive Officer	Hillsboro Area Hospital
Rosanne Heck	Director of Community Relations	Hillsboro Area Hospital

Notes

Notes





2019 Community Health Needs Assessment
Hillsboro Area Hospital

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