

2013

COMMUNITY HEALTH NEEDS ASSESSMENT



COMMUNITY
HEALTH NEEDS
ASSESSMENT

2013



Hillsboro Area Hospital

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PROCESS

Purpose

The mission of Hillsboro Area Hospital is to positively affect the health and well-being of the communities it serves. In the past, Hillsboro Area Hospital has employed many different methods to assess the health needs of the area it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require most of those hospitals, including Hillsboro Area Hospital, to conduct local Community Health Needs Assessments every three years and to report the completion of those assessments as part of their corporate tax filings with the Internal Revenue Service.

Assessing community health needs through a review of available health data and discussion with area health care partners, community leaders, and representatives of the many groups served by the hospital gives Hillsboro Area Hospital and its health care partners the opportunity to identify and address the area's most pressing health care needs.

Scope of Assessment

Hillsboro Area Hospital elected to conduct a Community Health Needs Assessment in 2013. The Community Health Needs Assessment was developed and conducted 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 health care services for member critical access hospitals and their rural communities. ICAHN, with 52 member hospitals, is an independent network governed by a nine-member board of directors with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Hillsboro Area Hospital is a member of the Illinois Critical Access Hospital Network.

The Community Health Needs Assessment will serve as a guide for planning and implementation of health care initiatives that will allow the hospital and its partners to best serve the emerging health needs of Hillsboro and all of Montgomery County.

Hillsboro Area Hospital's mission is to "positively affect the health and well-being of the communities it serves."

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Methodology and Gaps Analysis

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

Possible avenues for gathering primary data were reviewed, and it was determined to proceed with three focus groups comprised of area health care professionals/partners, community officials, and community leaders and groups.

Potential information gaps exist in the service area because of the absence of population concentrations in Hillsboro and the Hillsboro Area Hospital primary service area that could represent target groups of concern in other locations. This assessment has explored the insular needs of identified groups by specifically seeking input from persons with knowledge of the specific health concerns. Input was also sought from members of the community charged professionally with advancing the health and education of the community and all its members, including school officials dealing daily with youth and families.

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

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

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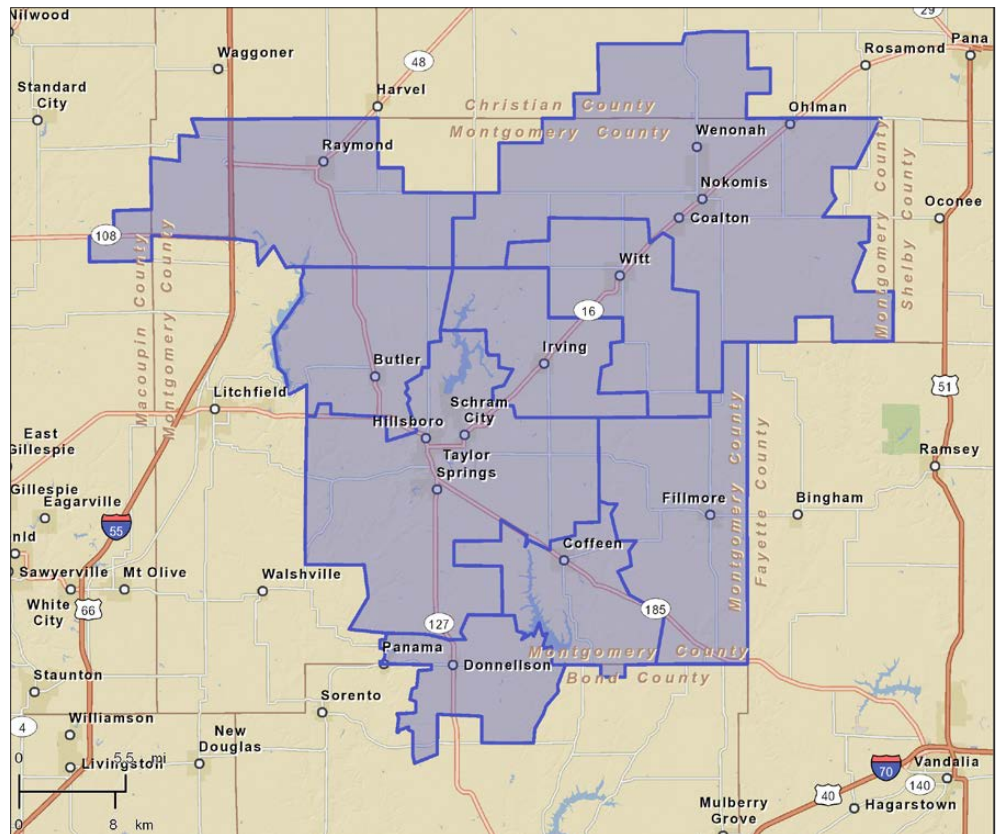
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Geographic Assessment Area Defined

The Hillsboro Area Hospital community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary hospital service area, which includes all or portions of the zip code service areas surrounding Hillsboro, Nokomis, Irving, Butler, Raymond, Coffeen, Donnellson, Fillmore, Taylor Springs, Schram City, and Witt. Staff based their definition on a detailed analysis of discharge data conducted by an outside consultant (HealthTech, Inc.) during a recent strategic planning project. This geographic area definition of community is well-suited to Hillsboro Area Hospital, a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics, and specialty clinics to residents of a rural area.

The Hillsboro Area Hospital service community is nearly contiguous to Montgomery County. Major medical centers in St. Louis and Springfield receive patients from the service area. St. Francis Hospital in Litchfield receives OB patients from the service area.

Illustration 1. Hillsboro Area Hospital Service Area



(ESRI – 2013)

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Demographic Profile

Table 1. Population by Race – Hillsboro Area Hospital Service Area

| RACE and ETHNICITY | 2012 | | 2017 | |
|----------------------------|--------|---------|--------|---------|
| | Number | Percent | Number | Percent |
| White | 17,863 | 93.7% | 17,608 | 93.0% |
| Black | 864 | 4.5% | 934 | 4.9% |
| American Indian | 31 | 0.2% | 31 | 0.2% |
| Asian | 56 | 0.3% | 71 | 0.4% |
| Pacific Islander | 0 | 0.0% | 0 | 0.0% |
| Other | 105 | 0.6% | 110 | 0.6% |
| Two or More Races | 139 | 0.7% | 170 | 0.9% |
| Hispanic Origin (any race) | 324 | 1.7% | 352 | 1.9% |

(ESRI – 2013)

The race and ethnicity makeup of the service area indicates that the numbers are typical of rural Illinois. There are no large changes in the profile projected over the next five years.

The broad demographic profile of the Hillsboro Area Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following charts and data profile trends in the demographic environment surrounding the Hillsboro Area Hospital service area.

Table 2. Demographic Trends – Hillsboro Area Hospital Service Area

| SUMMARY | 2010 | 2012 | 2017 |
|-------------------------------|--------|--------|--------|
| Population | 18,928 | 19,058 | 18,924 |
| Households | 7,058 | 7,080 | 7,098 |
| Families | 4,766 | 4,763 | 4,751 |
| Average Household Size | 2.40 | 2.42 | 2.40 |
| Owner Occupied Housing Units | 5,608 | 5,554 | 5,596 |
| Renter Occupied Housing Units | 1,450 | 1,526 | 1,502 |
| Median Age | 41.6 | 42.0 | 42.7 |
| TRENDS: 2011-2016 Annual Rate | AREA | U.S. | |
| Population | -0.14% | 0.68% | |
| Households | 0.05% | 0.74% | |
| Families | -0.05% | 0.72% | |
| Owner Households | 0.15% | 0.91% | |
| Median Household Income | 2.79% | 2.55% | |

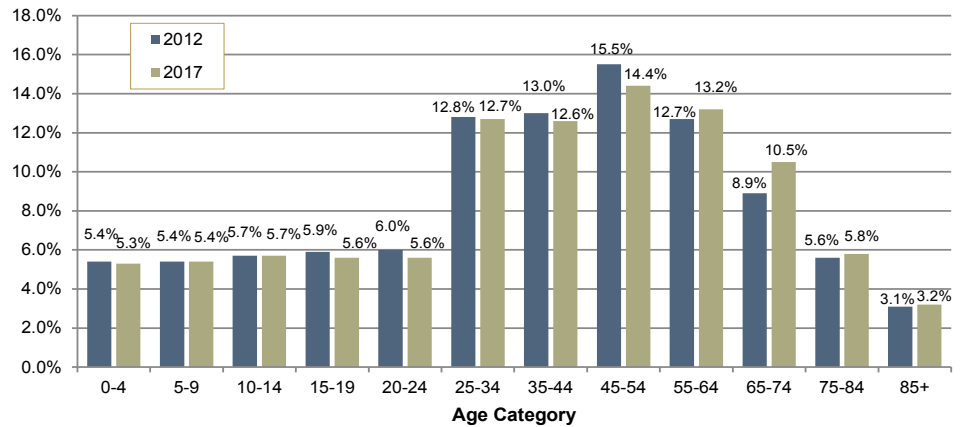
(ESRI – 2013)

The overall population of the service area is trending toward little change with expected related trends in most demographic categories. The data does not explain the small temporary bump in population in 2012. The median age is projected to continue to increase over the next five years to 42.7 years of age.

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Table 3. Population by Age – Hillsboro Area Hospital Service Area



(ESRI – 2013)

The Hillsboro Area Hospital service area is projected to gain population distribution in all groupings over age 55 and experience declines in all other groups. This pattern is not unusual when compared to similar trends in much of rural Illinois.

Economic Profile

Table 4. Household Income Profile – Hillsboro Area Hospital Svc Area

| HOUSEHOLDS BY INCOME | 2012 | | 2017 | |
|--------------------------|----------|---------|----------|---------|
| | Number | Percent | Number | Percent |
| <\$15K | 1,033 | 14.6% | 991 | 14.0% |
| \$15K-\$24K | 1,176 | 16.6% | 953 | 13.4% |
| \$25K-\$34K | 983 | 13.9% | 886 | 12.5% |
| \$35K-\$49K | 925 | 13.1% | 952 | 13.4% |
| \$50K-\$74K | 1,402 | 19.8% | 1,560 | 22.0% |
| \$75K-\$99K | 920 | 13.0% | 1,044 | 14.7% |
| \$100K-\$149K | 450 | 6.4% | 495 | 7.0% |
| \$150K-\$199K | 95 | 1.3% | 116 | 1.6% |
| \$200K+ | 96 | 1.4% | 101 | 1.4% |
| Median Household Income | \$39,585 | | \$45,425 | |
| Average Household Income | \$51,321 | | \$55,454 | |
| Per Capita Income | \$19,919 | | \$21,688 | |

(ESRI – 2013)

Median household income for 2012 is reported at \$39,585 in the Hillsboro Area Hospital service area, compared to \$50,502 in 2011 for all U.S. households. The median household income in Illinois was \$53,234 for 2011. Median household income in the service area is projected to be \$45,425 in five years. Median household income is the amount where one-half of the households in an identified area have a higher income and one-half of the households have a lower income.

(ESRI – 2013, U.S. Census 2012)

Median home value in the area is \$81,408, compared to a median home value of \$167,749 for the U.S. In five years, median value is projected to increase by 3.12% annually to \$94,909. (ESRI – 2013)

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According to the Illinois Department of Employment Security, Local Employment Dynamics data, 390 new jobs were created in Montgomery County during the first quarter of 2012. The average number of jobs over Q1 2012 and the prior three quarters was 443. That is the most recent data reported for the county. The average net job flow (jobs created – jobs lost) for the same period was 18. This was a typical pattern compared to many other rural Illinois counties. *(IDES – May 2012)*

Montgomery County’s annual average unemployment rate for 2012 was 11.9%, compared to 8.9% annual average unemployment rate for the entire state of Illinois and 8.1% for the U.S. In January 2013, the monthly average unemployment rate was 14.2%, compared to 10.1% monthly average unemployment rate for Illinois and 8.5% for the U.S. The January 2013 rate was the second highest of all Illinois counties. *(IDES, May, 2012)*

Table 5. Collected Sales Tax Trends – HAH Service Area

| Fiscal Year | Hillsboro | Nokomis | Raymond |
|-------------|-----------|-----------|-----------|
| FY 2012 | \$633,688 | \$206,499 | \$127,762 |
| FY 2011 | \$610,115 | \$206,350 | \$122,450 |
| FY 2010 | \$570,344 | \$176,194 | \$114,573 |

(ESRI – 2013)

Table 6. Educational Attainment, Persons Over Age 25 – HAH Svc Area

| |
|--|
| In 2012, the educational attainment of the population aged 25 years or older in the area was distributed as follows: |
| 17.0 percent had not earned a high school diploma |
| 64.7 percent were high school graduates only |
| 7.4 percent had completed an associate’s degree |
| 7.2 percent had a bachelor’s degree |
| 3.7 percent earned a master’s/professional/doctorate degree |

(ESRI – 2013)

The percent of post high school attainment in the service area is higher than for the state of Illinois overall for an associate’s degree and lower than the state of Illinois overall in the categories of bachelor’s degree and graduate or professional degree.

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Low income students are pupils ages 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds, or eligible to receive free or reduced-price lunches. The percentage of low income students is the count of low income students divided by the total fall enrollment and multiplied by 100. The majority of the service area is included in three public school districts reflecting the following levels of low income students.

PERCENTAGE OF LOW INCOME STUDENTS

| SCHOOL DISTRICT | 2000 | 2012 |
|------------------|------|------|
| Hillsboro CUSD 3 | 29.7 | 49.2 |
| Nokomis CUSD 22 | 31.2 | 42.5 |
| Panhandle CUSD 2 | 23.8 | 42.8 |

The population of low income students for the state of Illinois went from 36.7% in 2000 to 48.1% low income students in 2012.

The Hillsboro Area Hospital service area is experiencing consistently low employment numbers. Sales tax revenue is improving. The numbers of children eligible for free or reduced-price lunches are increasing and are higher across the entire service area than is often found in rural areas. The service area seems to be in a similar, or slightly less favorable, economic position than many rural communities in Illinois today.

Table 7. Employment by Industry – Hillsboro Area Hospital Svc Area

| CATEGORY | EMPLOYED | % OF WORKING POPULATION |
|--|----------|-------------------------|
| Health care and social assistance | 1,349 | 17.5% |
| Retail trade | 902 | 11.7% |
| Public administration | 717 | 9.3% |
| Manufacturing | 643 | 8.3% |
| Construction | 609 | 7.9% |
| Agriculture, forestry, fishing and hunting | 538 | 7.0% |
| Finance and insurance | 445 | 5.8% |
| Educational services | 416 | 5.4% |
| Accommodations and food services | 368 | 4.8% |
| Other services, except public administration | 320 | 4.1% |
| Transportation and warehousing | 293 | 3.8% |
| Administrative and support/waste management services | 251 | 3.2% |
| Professional, scientific and technical services | 242 | 3.1% |
| Wholesale trade | 160 | 2.1% |
| Utilities | 159 | 2.1% |
| Mining, quarrying, and oil/gas extraction | 118 | 1.5% |
| Information | 76 | 1.0% |
| Arts, entertainment and recreation | 59 | 0.8% |
| Real estate, rental and leasing | 52 | 0.7% |
| Management of companies and enterprises | 7 | 0.1% |

(ESRI – 2013)

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The service area offers diverse employment opportunities overall. The largest employment group is health care and social assistance. Hillsboro Area Hospital and its supporting services and partners are included in this group. Hillsboro Area Hospital plays an important role in the economic vitality of the area as well as its health.

The service area's social and economic picture is influenced by the fact that 77% of the land area in Montgomery County consists of farms, according to 2007 data from the USDA. Thirty-five percent of local farm operators work off-farm.

(Atlas of Rural and Small Town America, 2011)

Analysis of the 2010 U.S. Census data discloses a large area south, east, and southeast of Hillsboro having concentrations of adults without high school diplomas, which exceeds 20 percent. A high percentage of adults without high school diplomas is a potential indicator of concentrations of underinsured and uninsured populations.

The Hillsboro Area Hospital catchment area is marked by small communities relying primarily on small businesses and industries, agriculture, and service providers for its local employment.

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



INPUT

Health Profiles from Existing Studies and other Secondary Data

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

- Kaiser State Health Facts – The Kaiser Family Foundation
- Illinois County Health Rankings – Robert Wood Foundation
- State Cancer Profiles – The National Cancer Institute
- Community Health Status Indicators – U.S. Department of Health and Human Services
- Illinois Behavioral Risk Factor Surveillance System (IBRFSS), which provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology and Laboratory Services
- Community Health Needs Assessment Survey (LEEDE Research, January, 2012)
- Hillsboro Area Hospital CHNA Survey 2013

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

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences the health of county residents. The Rankings look at a variety of measures that affect health, such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (*County Health Rankings and Roadmaps, 2012*).

Montgomery County is ranked 79th out of the 102 Illinois counties in the Rankings released in March 2013. The following chart highlights areas of possible concern from the County Health Rankings.

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AREAS OF POSSIBLE CONCERN

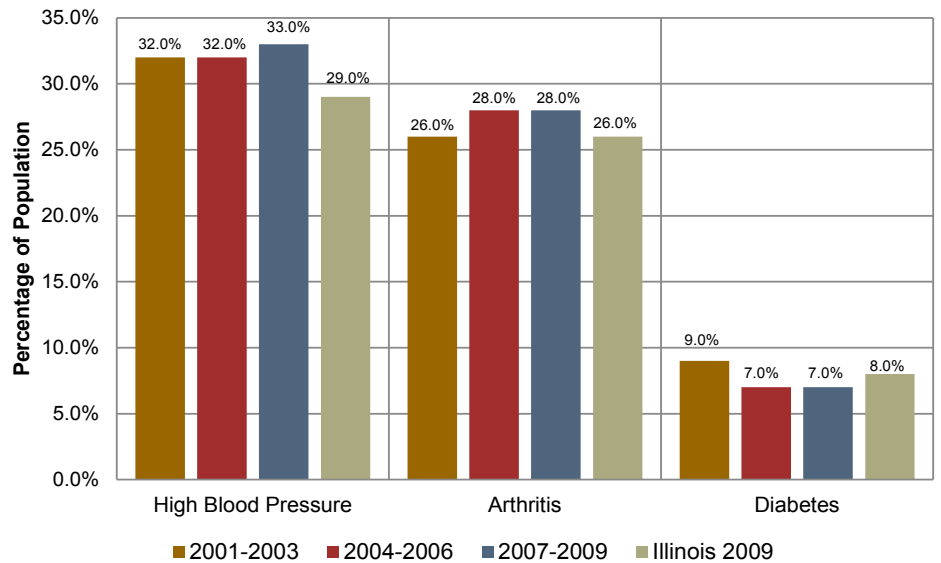
| Observation | Montgomery | Illinois |
|--|-------------|-------------|
| Adults reporting poor or fair health | 19% | 15% |
| Adults reporting no leisure time physical activity | 29% | 25% |
| Adult obesity | 25% | 27% |
| Children under 18 living in poverty | 22% | 21% |
| Excessive drinking | 20% | 20% |
| Teen birth rate | 48/1,000 | 38/1,000 |
| Motor vehicle crash death rate | 19/100,000 | 10/100,000 |
| Violent crime rate | 554/100,000 | 486/100,000 |

(County Health Rankings and Roadmaps – 2012)

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

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

Table 8. Diagnosed Risk Factors – Montgomery County



(Illinois Behavioral Risk Factor Surveillance System – 2012)

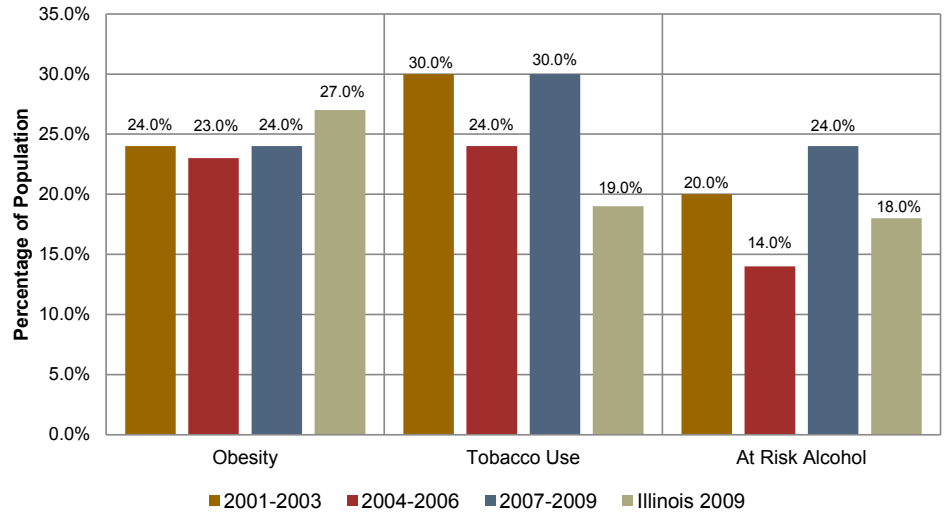
Since 2003, reports of diagnosis of high blood pressure have exceeded the state level, and reports of diagnosis of arthritis have varied but exceeded state levels in 2009. Diagnosis of diabetes has also fluctuated over several years but remains near the state level.

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The percent of persons at-risk for acute or binge drinking and tobacco use exceeds the state levels. The rate of persons reporting obesity has remained below the state level in the IBRFSS and the more recent data available from the County Health Rankings.

Table 9. Health Risk Factors – Montgomery County



(Illinois Behavioral Risk Factor Surveillance System - 2012)

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

| Disease Type | # of Deaths |
|--|-------------|
| Diseases of the heart | 100 |
| Malignant neoplasms (cancer) | 89 |
| Cerebrovascular diseases (stroke) | 37 |
| Lower respiratory diseases | 20 |
| Accidents | 16 |
| Alzheimer's disease | 24 |
| Diabetes mellitus | 8 |
| Influenza and pneumonia | 13 |
| Nephritis, nephrotic syndrome, and nephrosis | 7 |
| Septicemia | 2 |
| Intentional self harm (suicide) | 5 |
| Chronic liver disease, cirrhosis | 1 |
| All other causes | 68 |
| TOTAL DEATHS | 390 |

(Illinois Department of Public Health – 2008)

The mortality numbers are much as one would expect with diseases of the heart and cancer as the leading causes of death in the county.

(National Cancer Institute, State Cancer Profiles, 2009)

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The State Cancer Profiles compiled by the National Cancer Institute list Montgomery County at Level 5 for all cancers, which means that the cancer rate overall is above the U.S. rate but is falling over the recent past. Some cancer information resources have suppressed Montgomery County data because of the low reporting numbers.

(National Cancer Institute, State Cancer Profiles, 2009)

Community Health Needs Information from Locally Initiated Studies

The Montgomery County Board created a comprehensive planning committee and commissioned a comprehensive plan from the University of Illinois in 2009. That report, the Montgomery County Comprehensive Plan, was completed early in 2012. The report focuses on economic development and land use policies and information. It is noted that the Montgomery County Comprehensive Plan relies on different private data sources than used for this Community Health Needs Assessment and is not a perfectly overlapping sample, resulting in small discrepancies in economic data between the two reports. Of interest to community health needs, the plan suggests that one in four residents of Montgomery County will be 65 or older in 2030. The plan does not appear to address health care as an economic driver, except to recognize the hospital in its role as an employer.

During 2011, a telephone survey consisting of 410 completed interviews was designed and conducted by LEED Research, a marketing research firm specializing in health care information. The survey, which required weighted adjustments to age and income typical in many phone surveys, indicated disease reports of high blood pressure, cholesterol, asthma, and diabetes at higher levels than the IBRFSS data for Montgomery County, which is not as current as the LEED Research. The LEED Survey findings showed the number of respondents self-reporting as smokers was 17%, which is lower than both the Community Health Rankings and IBRFSS numbers cited previously in this needs assessment. Because of time frames, the lack of exact overlap, and the self-reporting methods involved in all of these processes, it is difficult to assess the importance of the differences.

The LEED survey specifically asked respondents "To what extent are you concerned about the following issues in your area?" concerning a defined set of issues. Responses were ranked through calculating mean scores over a prioritization rank of 1 (not at all concerned) through 7 (greatly concerned) with the following results, which are outlined on the following page:

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LEVEL OF CONCERN

| Issue | Mean Score |
|---|------------|
| Unemployment/Under employment | 5.00 |
| Inability to afford medications | 4.59 |
| Inability to afford health insurance | 4.54 |
| Lack of affordable health care | 4.40 |
| Teen alcohol and drug use | 4.33 |
| Drug abuse | 4.14 |
| Lack of activities for youth | 3.82 |
| Underage drinking | 3.81 |
| Marijuana use | 3.66 |
| Teen pregnancy | 3.63 |
| Sexually transmitted diseases | 3.37 |
| Lack of health care education & prevention services | 3.33 |
| Lack of affordable housing | 3.28 |
| Lack of food | 3.25 |
| Environmental concerns | 3.23 |
| Adequate/Affordable child care | 3.22 |
| Mental health issues | 3.16 |
| Transportation | 2.98 |
| Personal safety issues | 2.58 |
| Alcohol abuse | 2.50 |

(LEEDE Research – 2011)

The LEEDE data also suggests a disparity of view on the extent, or even existence, of underserved populations in the area. Potential underserved populations included elderly, low income, children, and unemployed. The Executive Summary of the LEEDE Report is appended to this report.

In May 2012, Hillsboro Area Hospital commissioned a survey conducted by a strategic planning consultant from HealthTech Solutions Group as part of a strategic planning process. The survey included interviews with the Hillsboro Area Hospital Board of Directors, management staff, physicians, and seven community members including a local pastor, the Hillsboro mayor, a school superintendent, and the county board chairman. The survey was conducted as a combination of SWOT (Strengths, Weaknesses, Opportunities, and Threats) and Visioning.

The following concerns were selected for this report as reflective of repeated community health needs concerns emerging from the May 2012 process:

- Physician recruitment
- Marketing the image and services of the hospital
- Continuing to serve the aging population
- Updating older sections of the hospital

The full HealthTech interview summary, which is marked confidential, is not appended to this document.

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In 2013, Hillsboro Area Hospital staff met with members of the Hillsboro and Nokomis Rotary clubs, the Grand Advantage Seniors Program, and the Hillsboro Community Child Development Council, and surveyed each group concerning their own community health needs by identifying a choice of answers from a list of possibilities. Selected responses from those reports prioritized by frequency are set out below. They provide an interesting snapshot of opinions of differing groups within the service community.

WHAT ARE THE MOST PRESSING HEALTH CHALLENGES?

- **Hillsboro Rotary Club**
 - Affordable health insurance
 - Personal debt due to medical bills
 - Mental health services
 - Obesity
 - Hunger
- **Nokomis Rotary Club**
 - Cancer
 - Dental services
 - Home health services
- **Grand Advantage Seniors Program**
 - Healthy lifestyle
 - Access to primary care physicians
 - Home health services
 - Affordable health services
 - Prescription drug affordability
 - Dental health
 - Wellness and prevention services
 - Access to specialists
- **Hillsboro Community Child Development Council**
 - Affordable health insurance
 - Personal debt due to medical bills
 - Cancer
 - Prescription drug affordability
- **Hillsboro Area Hospital Staff**
 - Mental health services
 - Access to chemotherapy
 - Cancer
 - Substance abuse services
 - Obesity
 - Dental services

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WHAT ARE THE GREATEST BARRIERS TO ACCESSING HEALTH CARE SERVICES?

- **Hillsboro Rotary Club**
 - Cost of health care
 - Being uninsured
 - Availability of local services
- **Nokomis Rotary Club**
 - Lack of knowledge about available resources
 - Transportation
 - Availability of local services
- **Grand Advantage Seniors Program**
 - Lack of knowledge about available resources
 - Cost of health care
 - Availability of local services
 - Being uninsured
 - Transportation
- **Hillsboro Community Child Development Council**
 - Cost of health care
 - Lack of knowledge about available resources
 - Being uninsured
- **Hillsboro Area Hospital Staff**
 - Lack of knowledge about available services
 - Transportation
 - Being uninsured
 - Cost of health care

WHAT ARE THE GREATEST GAPS IN HEALTH CARE SERVICES FOR RESIDENTS?

- **Hillsboro Rotary Club**
 - Veteran care
 - Mental health services
 - Availability of services/providers
 - Services for children
 - Services for low income residents
- **Nokomis Rotary Club**
 - Geriatric care
 - Prescription drug assistance
 - Services for children
 - Services for low income residents

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- **Grand Advantage Seniors Program**
 - Geriatric care
 - Veteran care
 - End of life care
 - Availability of services/providers
 - Prescription drug assistance
 - Services for low income residents
- **Hillsboro Community Child Development Council**
 - Veteran care
 - Dental care
 - End of life care
 - Mental health services
 - Services for children
- **Hillsboro Area Hospital Staff**
 - Veteran care
 - Substance abuse
 - Mental health services
 - Dental care
 - End of life care

WHAT ARE THE GREATEST NEEDS REGARDING HEALTH EDUCATION AND PREVENTION?

- **Hillsboro Rotary Club**
 - Obesity prevention
 - Substance abuse
 - Mental health
 - Healthy lifestyles
 - Tobacco prevention and cessation
- **Nokomis Rotary Club**
 - Mental health
 - Oral/dental health
 - Health screenings
- **Grand Advantage Seniors Program**
 - Obesity prevention
 - Mental health
 - Healthy lifestyles
 - Health screenings
- **Hillsboro Community Child Development Council**
 - Substance abuse
 - Mental health
 - Tobacco prevention and cessation
 - Obesity prevention
 - Sexually transmitted diseases

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- **Hillsboro Area Hospital Staff**
 - Obesity prevention
 - Substance abuse
 - Sexually transmitted diseases
 - Healthy lifestyles
 - Oral/dental health

WHO ARE THE VULNERABLE POPULATIONS MOST AFFECTED BY LOCAL HEALTH CARE NEEDS?

- **Hillsboro Rotary Club**
 - Working poor families
 - Unemployed heads of households
 - Veterans
 - Uninsured
- **Nokomis Rotary Club**
 - Unemployed heads of households
 - Senior citizens
 - Low income residents
- **Grand Advantage Seniors Program**
 - Unemployed heads of households
 - Senior citizens
 - Female-headed households
 - Working poor families
 - Low income residents
 - Veterans
- **Hillsboro Community Child Development Council**
 - Uninsured
 - Working poor families
 - Senior citizens
 - Low income residents
- **Hillsboro Area Hospital Staff**
 - Working poor families
 - Veterans
 - Low income residents
 - Uninsured
 - Unemployed heads of households
 - Youth
 - Senior citizens
 - Special needs

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WHAT ARE THE TOP SOCIAL CHALLENGES FACING YOUR COMMUNITY?

- **Hillsboro Rotary Club**
 - Unemployment
 - Broken families
 - Substance abuse
 - Mental health
 - Education levels
- **Nokomis Rotary Club**
 - Broken families
- **Grand Advantage Seniors Program**
 - Broken families
 - Lack of social support
 - Homelessness
 - Education/literacy
 - Affordable child care
 - Teen pregnancy
- **Hillsboro Community Child Development Council**
 - Unemployment
 - Broken families
 - Substance abuse
 - Education levels
 - Teen pregnancy
- **Hillsboro Area Hospital Staff**
 - Substance abuse
 - Mental health
 - Unemployment
 - Transportation
 - Education levels
 - Broken families

Synthesized Secondary Data

The demographics for Hillsboro Area Hospital service area reflect income levels similar to or lower than many other rural areas and lower than Illinois overall.

Montgomery County reports a higher percentage of population diagnosed with arthritis and high blood pressure than state averages. Diseases of the heart and cancer are the two leading causes of death. Although cancer in all forms is a leading cause of death, the cancer rate has been reported to be falling over recent years. Death from motor vehicle crashes is reported as being higher than the statewide rate.

Adults reporting no leisure time physical activity exceed state levels. Tobacco use and adults at-risk for alcohol abuse exceed the state percentage. The teen birth rate is higher than many rural areas and the state level.

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Summary

The secondary data and previous planning conclusions draw attention to several common issues or rural demographics and economies and draw emphasis to issues related to wellness, mental health, education, and risky behavior with regard to alcohol, obesity, smoking, and related issues.

Primary Source Information

Primary source input was gathered through the use of focus groups. Participants were selected to represent the broad interests of the community serviced by the hospital facility, including those with special knowledge of or expertise of the communities' health and needs: seniors, day care workers, persons with disabilities, local health department, dentist, optometrist, elected officials, boards of community agencies and organizations, and local business persons all representing the interest of the communities served by Hillsboro Area Hospital. Representatives from the hospital, including managers of all departments with expertise in their field of service, also participated.

Focus Group #1 – Health Care Professionals and Partners

A focus group comprised of health care professionals and partners met on February 27, 2013. The group included the administrator of the Montgomery County Health Department, physicians, a pharmacist, an optometrist, a dentist, nurses, nursing home administrators, and others.

The focus group session opened with the identification of several positive events that took place within the Hillsboro Area Hospital service area during the past five years.

The following developments were cited:

- The new Emergency Room
- Community support for the hospital is enthusiastic
- Fusion Fitness & Aquatics
- The Emergency Room is more user friendly, private, and navigable
- Additions to the medical staff
- The hospitalist program
- Electronic health records
- Expansion of services from the hospital into adjacent communities
- Free dental screening organized by hospital staff
- Cooperation among health care partners and providers is strong
- The hospital's outreach through health fairs and other community activities
- Ambulance and Fire Department services and training have improved
- The Fusion facility creates positive opportunities for youth
- The medical director and quality improvement in the Emergency Room
- Outreach from the hospital, especially to Nokomis
- Improved outpatient services
- The Nokomis clinic
- Addition of dementia care at Tremont Ridge Assisted Living
- Community child day care on the hospital campus
- The collaboration between the hospital and Lincoln Land Community College and the tele-med programs offered as a result

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

- Better access to healthy foods
- Address obesity, especially in youth
- A gastroenterologist
- Pediatric specialty care – especially speech and occupational therapy
- Better coordination and communication among all partners and steps of a patient's care
- Outdoor recreation and exercise opportunities
- More local resources for Central Illinois Public Transit
 - Appointments are sometimes difficult to make
 - Riders to assist the elderly
- Address hunger issues for youth – possibly with backpack lunch and summer foods programs
- Dental care for patients with Medicaid
- Urgent or prompt care – especially after hours
- Access for Medicaid and self-pay patients to providers at all levels
- Education for the community about the Affordable Care Act, the responsibilities it creates and its meaning to patients, and the public
- Local access to specialists for emergency room patients
- Mental health
 - There is one psychiatrist once a week
 - Finding inpatient transfer beds is difficult
 - Need to explore tele-psychiatry
 - Need better access to youth assessment and counseling
 - Transportation to beds outside the area is difficult
- The cancer rate seems high among 40 – 50 year age group
- Teen pregnancy and sexually transmitted diseases among young people seem high
- Home care coordination and communication for skilled and companion care
- Substance abuse
 - Alcohol
 - Heroin
 - Marijuana
 - Methamphetamines
 - Cocaine
 - Synthetics
 - Bath salts
 - K2 and similar substances
 - Prescriptions
 - Patient abuse and misdirection
 - Patients selling prescriptions
 - Sharing prescriptions
 - “Pharm” parties among youth
 - Overall need for prevention education and programming

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- Obesity is a major issue
 - Need for more diabetes management education and care
 - Hypertension
 - Related psychological issues
- Underutilization of insurance and lack of education about benefits
- Chronic pain management system
- Positive activities for youth
- Better education for patients at all levels
- More community recreation opportunities — especially free and low cost
- There is a need for parental involvement and responsibility
- Positive role models in the community
- Education for parents on child care, discipline, and other issues
- Family planning services for underinsured and uninsured

Focus Group #2 – Community Officials

A focus group comprised of community leaders and group representatives met on February 27, 2013. The group consisted of 20 participants, including a member of the Montgomery County Board, the Hillsboro mayor, a school superintendent, a Chamber of Commerce executive, and others.

The second focus group session opened with the identification of several positive events that took place within the Hillsboro Area Hospital service area during the past five years. The following developments were cited:

- The Fusion facility
- “CATCH Kids” program for obesity for at-risk youth
- Rural health fiber network
- Addition of the MRI
- A young doctor who grew up in the community has returned to practice
- Access to electronic medical records
- MOVE weight management program for veterans
- Hillsboro Community Child Development Center on the hospital campus
- Local nurse training
- Addition of new specialty doctors
- Lighten Up Montgomery County weight loss challenge
- The new Emergency Room
- Cooperation between the hospital and high school for CNA training and distance learning
- Ability to do rehabilitation locally
- The hospital’s follow-up surveys show interest and commitment
- New digital mammography
- The development of the hospital campus
- Hillsboro has strong community collaboration
- Opening of Tremont Ridge Assisted Living
- New ambulance facility with four ambulances
- Hospital outreach to Raymond, Nokomis, and other communities
- New program to attract new doctors to return home to practice

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- Goodwill is in the county now
- A summer foods program is being planned

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses, both current and threatened for the future, in delivery of health care in the Hillsboro Area Hospital service area.

- Veterans' clinic
- Improved non-emergency transportation to and from medical services
- Mental health – especially counseling and psychological services for youth
- Healthy food and nutrition for youth
- Substance abuse
 - Alcohol – youth and adults
 - Heroin
 - Methamphetamines
 - Cocaine
 - Synthetics – especially K2 and related substances
 - Prescription drugs
 - Abuse by patients
 - Sharing and sale of prescriptions
- Urgent care, prompt care – after hours
- Local cancer treatment services
- Expedited Emergency Room care when outside security (police/sheriff) is required
- Education and services for victims of domestic violence, including local resource and support follow-up
- Education for elderly about available services and care and how to access those services
- Education on civic roles and responsibilities for youth
- Local resources for patients with Tri-Care coverage
- Local CEUs for medical professionals
- Explore local resources to expand public transportation, including possible use of school and church vehicles
- Mentoring for youth and parents
- Outdoor recreation for elderly and handicapped
- Maternity services
- Current information about resources that can be distributed to schools, partners, and others
- Senior independent living
- Address emotional and learning disabilities in youth
- Obesity in youth and adults
- Asthma seems to be on the increase among youth
- Severity of diabetes seems to be growing among youth
- Education on wellness and nutrition
- Smoking, especially among youth
- It seems that there are a great deal of sports injuries

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- Youth use of technology is conflicting with healthy recreation
- Cardiac health
- Address needs of areas with high elderly and high poverty in population
- Educate about financial issues and responsibility
- Entrepreneurial opportunities for youth

Focus Group #3 – Community Members and Organizations

A focus group comprised of community members and representatives of community organizations met on February 27, 2013. The group included 18 community members and organization representatives.

The group first discussed positive developments in the Hillsboro Area Hospital service area in the recent past. They identified the following changes:

- The Fusion facility
- The new ER and privacy it provides
- The staff at the hospital
- The development of all aspects of the hospital campus
- Tele-med for stroke assessment
- Tremont Ridge
- Hillsboro Specialty Clinics at the hospital
- The Hillsboro Area Ambulance
- The Education Center at the hospital
- The volunteer fire department – training and equipment
- The annual health fair and opportunities for wellness information and baselines
- The attitude of the community toward cooperation
- Coordination between the hospital and the hospitals in Springfield
- Hillsboro Child Development Center
- Longevity and familiarity of staff
- The role the hospital has played to bring the community together for planning
- The programs at Fusion for veterans and at-risk youth
- Conference on parenting issues and skills, hosted by HCCDC

The group then discussed a wide variety of health needs and concerns in several general categories, including:

- Better access to existing outdoor recreation areas and the high school for persons with disabilities or handicaps
- Urgent care/prompt care after hours clinic
- Cost information for self-pay patients
- A paved bike trail
- Veterans' clinic
- Better sidewalks in Hillsboro
- Access in the community for special needs citizens
- Plan to address needs of increasing elderly population
- Plan to address needs of increasing low income population
- Care for underinsured and uninsured

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- Explore and address nutrition needs for the elderly with services, resources, and education
- More flexible transportation resources
- Address hunger and nutrition needs of youth
- Nutrition education for families
- Maternity center
- Pediatric specialist
- Plan for replacement of aging physicians
- Population growth
- Teen pregnancy
- Local specialists and equipment wherever possible
- Cancer
- Education about cancer identification and care
- Chemotherapy and dialysis
- Obesity – youth and adult
- Suicide, especially teens
- Mental health care for youth
- Mentoring for youth – pre-kindergarten and up
- Education about bullying
- Job training center



PRIORITIZATION

Reconciliation of Primary Source Information with Secondary Data

The facilitated primary information gathering process resulted in the discovery of issues subsequently prioritized during discussion by participants and repetition among groups to a list of concerns largely common to the overarching categories of delivery of mental health services, including prevention of substance abuse, access to opportunities for physical activity for all residents, teen pregnancy, and planning for sustaining availability of local health care in an increasingly challenging economy. The areas chosen were consistent with the needs identified from the secondary information collected and observed.

An issue was raised in a focus group about a perception of recent elevated levels of cancer. No secondary data reviewed supported the anecdotal report of a spike in cancer reports but may warrant further investigation.

Summary of Findings and Recommendations

The items set forth below are those which found consistent identification and, ultimately, prioritization in the primary information gathering process and which are supported by the secondary information related to demographics and health status.

1. Mental health services

- Gaps in access to mental health services at virtually all levels were identified in all the focus groups and supported by secondary data. Many of the identified issues involve health delivery and community partners outside the control of Hillsboro Area Hospital but providing opportunities for external partnerships and cooperative planning for resolution.
- Related issues concerning substance abuse were also identified in each group and supported by the secondary data. Prevention of tobacco use and addressing prescription drug abuse were repeated concerns. These issues also provide the opportunity for external collaboration.

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

- Concern was expressed in all the focus groups that there is not sufficient opportunities for wellness care and healthy living in the Hillsboro Area Hospital service area. Hillsboro Area Hospital was encouraged to continue to expand positive wellness engagement efforts. There was a general recognition in primary and secondary sources of the need for community focus on preventing – rather than treating – chronic illness.
- Several wellness education needs were identified with regard to youth and adults and including nutrition information, access to baseline data for health measurement, information concerning available local health care and wellness resources, and education about prevention of chronic health issues. Unemployed, underinsured and uninsured, the elderly, and youth were all

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groups identified as needing access to better information about wellness and access to services.

- Issues were repeated concerning the availability of reliable and practical non-emergency transportation for those in need of health care.
- Access to indoor and outdoor recreation opportunities, as well as public access issues in the community for persons with handicaps or special needs, were recognized by the community leaders group.

3. Teen pregnancy

- A higher than expected teen pregnancy rate was identified as an issue in both the secondary data and the focus groups.

4. Planning for sustaining access to quality local health care

- This issue was raised in several contexts related to access to primary care physicians, specialists, and services; meeting future needs of uninsured and underinsured residents in the face of consistently high unemployment and low income population numbers; and Hillsboro Area Hospital as an economic driver, as an employer, and as a health care provider.

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RESOURCE INVENTORY

Hillsboro Area Hospital

Hillsboro Area Hospital is a critical access hospital delivering a wide range of services to Montgomery County:

- Emergency care
- In-patient care
- Transitional care
 - Skilled nursing care for wounds, IV therapy, etc.
 - Physical, speech, and occupational therapy
 - Nutrition counseling
 - Social services and activities
 - Ancillary services (lab, imaging, respiratory therapy)
 - Discharge planning
- Diagnostic imaging
 - General x-ray
 - Bone density
 - CT
 - Digital mammography
 - Ultrasound
 - Echocardiography
 - MRI
 - Nuclear medicine
- Laboratory
- Physical therapy
 - Aquatics
 - Cardiac Rehab Phase III
 - Chronic and acute lower back pain
 - Custom splint application
 - Geriatric
 - Hand therapy
 - Headache management
 - Myofascial release
 - Occupational therapy
 - Orthotics
 - Sports rehabilitation
 - Total joint program
 - Vestibular program
 - Work conditioning evaluations and treatment
- Sleep clinic
- Surgical Services
 - Appendectomy
 - Biopsies (breast, muscle)
 - Bunion removal
 - Cataract removal
 - Cholecystectomy

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- Colonoscopy
 - Diagnostic laparoscopy
 - EGD (epidural steroid injections for pain management)
 - Hemorrhoid removal
 - Hernia repair
 - Orthopedic procedures
 - Tonsillectomy
 - Tubal ligation
 - Urologic procedures
- Tremont Ridge Assisted Living near the Hillsboro Area Hospital Campus
 - Fusion Fitness and Aquatics Center on the Hillsboro Area Hospital Campus
 - Hillsboro Specialty Clinics and Education Center on the Hillsboro Area Hospital campus
 - Cardiology
 - Dermatology
 - ENT (Otolaryngology)
 - General surgery
 - Neurology
 - Orthopedics
 - Podiatry
 - Pulmonology
 - Rheumatology
 - Urology
 - CNA education program offered by Lincoln Land Community College

Area Health Services Review

Physicians and Providers

Daniel Adair, MD

Orthopaedic Surgery, Sports Medicine

Thomas Baron, MD

Urology

Craig Alan Beyer, MD

Orthopaedics

David Bitzer, MD

Adult & Pediatric Urology

Joseph A. Blaser, DO

General Surgery

Stephanie Broom, AuD

Audiology

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Phyllis Eze, MD

Ophthalmology

Patrick J. Butler, MD

Ophthalmology

Douglas Byers, MD

Family Medicine

Benjamin Cady, MD

Family Medicine

Brian J. Cady, MD

Family Medicine

Cassandra Claman, MD

Dermatology

Walter I. Evans, CRNA

Anesthesiology

Claude Fortin, MD

Neurology, Pain Management

Sarah Fowler, MD

Otolaryngology/Ear, Nose & Throat

Philip Garcia, MD

Otolaryngology/Ear, Nose & Throat

Matthew Gardner, MD

Orthopaedic Surgery

Mark Greatting, MD

Orthopaedic Surgery

Jason Guthrie, MD

Rheumatology

Orlando Icaza, MD

General Surgery

Peter Karras, MD, PhD

Gastroenterology

Roger McFarlin, MD

Family Medicine

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Barbara Mulch, MD
Internal Medicine

Robert Mulch, MD
Family Medicine

Shailesh Nandish, MD
Cardiology

R. Mitchell Parker, DPM
Podiatry

William Payne, MD
Orthopaedic Surgery

Manjeshwar B. Prabhu, MD
Internal Medicine, Pulmonary Diseases & Sleep Medicine

David Roszart, MD
Urology

Mark A. Stampehl, MD
Cardiovascular Medicine

Mark Stern, MD
Rheumatology

Robert V. Trask, MD
Interventional Cardiology and Nuclear Cardiology

Bart A. Wetzel, CRNA
Anesthesiology

Patricia Weaver Whitworth, MD
Radiology

Sandra Yeh, MD
Ophthalmology

Jennifer K. Black, CNP
Cardiology

Donna Blessman, FNP-BC
Urology

Erika A. Lukac, PA-C
Orthopaedics, Orthopaedic Surgery

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Jennifer R. Nichelson, FNP-BC
Orthopaedics, Orthopaedic Surgery

Linda J. Read, FNP-BC
Dermatology

Joel Wietfeldt, MD
Plastic and Reconstructive Surgery

Senior Care

Tremont Ridge Assisted Living

- Operated by Hillsboro Area Hospital
- 28 private suites accommodating up to 32 residents
- Special care cottage for Alzheimer's residents

Hillsboro Rehabilitation and Health Care Center

- A 121-bed skilled nursing and rehabilitation facility providing:
 - Physical, occupation, and speech therapy
 - Stroke rehabilitation
 - Wound care services
 - Restorative programming
 - Private rehab-to-home suites
 - Secured Alzheimer's/dementia unit
 - Complex IV services
 - Total parenteral nutrition
 - Peritoneal dialysis
 - Pulmonary care
 - Trach care
 - Respite care
 - Daily recreational activities
 - Hospice care
 - Community re-entry program
 - Advanced wound care
 - Adult day care
 - Infectious disease care

Montgomery Nursing and Rehabilitation Center

- A 101-bed skilled nursing and rehabilitation facility providing the following services:
 - 24-hour nursing care
 - Hospice program
 - Dental, optical, and podiatry services
 - Pharmaceutical services
 - Nutritional programs
 - "Senior-cize" therapy
 - Social services

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- Physician services
- Adult day care
- Respite care
- Physical, occupational, speech therapies — NW Rehab

Nokomis Rehabilitation and Health Care Center

- A skilled care facility offering:
 - 24-hour skilled nursing services
 - 24-hour pharmacy services
 - 24-hour laboratory services
 - Facility podiatrist and his staff make regularly scheduled visits to the facility
 - Dental services
 - On-site audiology consultation
 - 24-hour x-ray services
 - IV therapy
 - TPN Therapy
 - Dementia care

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REMARKS

The Hillsboro Area Hospital Community Health Needs Assessment was conducted in 2013. The process followed interim IRS guidelines allowing for a more confident focus of effort and resources.

ICAHN is grateful to Hillsboro Area Hospital staff for their participation in the development of this project, which will benefit many of their ICAHN partners in the years to come.

ICAHN and Hillsboro Area Hospital are grateful to the health care professionals, community leaders, and citizens who offered their thoughtful input for the assessment.

This report was submitted to the administration of Hillsboro Area Hospital in April 2013, subject to further revision reflecting data updates or changes in local circumstances, prior to widespread publication.

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COLLABORATORS

The Hillsboro Area Hospital Community Health Needs Assessment was developed and conducted 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 health care services for member critical access hospitals and their rural communities. ICAHN, with 52 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Hillsboro Area Hospital is a member of the Illinois Critical Access Hospital Network.

Terry Madsen, M.A., J.D., former University of Illinois Extension educator and community development specialist, was the lead collaborator for this project. Mr. Madsen is a member of the City Council and Commissioner for Public Health and Safety for the City of Princeton, IL, which owns a critical access hospital. He has participated in specialized training in community needs assessment, community organization, diversity, ethics, community, and youth development and project evaluation.

Through ICAHN, Mr. Madsen has direct access to data services and specialized production equipment as well as educational, management, and marketing support from in-house staff and consultants.

Curt Zimmerman, ICAHN Director of Business Services and Development, and Stephanie Cartwright, ICAHN Communications and Media Specialist, provide technical support, design/layout direction, proofreading, and editorial support for the Community Health Needs Assessments projects through ICAHN and Mr. Madsen.

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APPENDIX

Focus Group and Interview Participants

Theresa Rapp, RN, Director, Surgical Services
Hillsboro Area Hospital

Dolores Wheelhouse
Public Health

Hugh Satterlee, Administrator
Montgomery County Health Department

J. Kirk Hess, DDS
Dentist

Carla VonderHaar, RN, Administrator
Montgomery Nursing and Rehabilitation Center

Amy Maedje, DON
Montgomery County Nursing and Rehabilitation Center

Ceressa Waldrup, RSC
Tremont Ridge Assisted Living

Jessi Hilt, OCC
Tremont Ridge

Barbara Schmedeke
Hillsboro Area Ambulance Service

Dr. Robert Mulch, Physician
Springfield Clinic

Lynne Hutchison, NP
Springfield Clinic

Dr. Barbara Mulch, Physician
Springfield Clinic

Bart Wetzel, CRNA
Contracted to Hillsboro Area Hospital

Dr. Doug Johnson, Optometrist
Family Eye Care Association

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Chris Moore, RN, ADON
Hillsboro Rehabilitation and Health Care Center

Chris Whitten, Director of Rehabilitation
Hillsboro Area Hospital

Dr. Ben Cady, Physician
Springfield Clinic

Amy Rupert, Director of Pharmacy
Hillsboro Area Hospital

Sarah White, RN
Hillsboro Area Hospital

John Downs
Mayor of Hillsboro

Mark Noyes
First Community Bank, Hillsboro

Earl Meier
Retired School Administrator/School Board Member

Barb Hewitt
Retired Teacher/Hillsboro Area Hospital Board Member

Zach Frailey, Principal
Beckemeyer Elementary School

Geoff Trost, IT Supervisor
Hillsboro Area Hospital

Sandy Leitheiser
Montgomery County Clerk

Dave Strowmatt
Veteran Affairs Officer

Rick Robbins, Undersheriff
Montgomery County

Harry Hutchison, President
National Bank of Hillsboro

Lesley Pollard, Executive Director
Hillsboro Chamber of Commerce

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Jennifer Anderson, Counselor

Hillsboro High School/Hillsboro Junior High School

Holly Lemons

Montgomery County Circuit Clerk

Heather Hampton-Knodle

Montgomery County Board Member

Tisha Miller, Operations Analyst

Lincoln Land Community College

David Powell, Superintendent

Hillsboro Community Unit District 3

Bob Fuehne

Hillsboro Area Health System Board Member

Nena White

Hospital Foundation Board Member and Hillsboro Area Hospital Auxiliary

John Rapp

Hillsboro Area Health Services Board President

Annette Blankenship

HCCDC Preschool Teacher

Donna Reynolds

Community Leader

Lisa and Robbie Shipman

Community Leaders and Hillsboro Area Ambulance Service

Michael Ryan

National Bank Executive and Community Leader — serves with many organizations

Pat Pope

Community Leader from Raymond

Susan Galer

Co-publisher of The Journal-News

Mary Herschelman

Editor of The Journal-News

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Jody Dunn

Community Leader – Retired Real Estate Agent/Owner

Terri Miller

President of the Hillsboro Chamber of Commerce

Nancy Slepicka

Fusion Fitness & Aquatics/
Montgomery County Economic Development Corporation
Marketing Representative/Grant Manager

Dany Baker

Community Leader from Coffeen

Ed Heck, President

First National Bank of Nokomis

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APPENDIX

Hillsboro Area Hospital Community Needs Assessment Survey Executive Summary



The following is the Executive Summary of the Hillsboro Area Hospital Community Needs Assessment survey process completed in January of 2012. The purpose of this document is to give the reader an overview of the information gathered. Please note it is not meant to replace a complete review of the research results.

Hillsboro Area Hospital, in cooperation with LEEDE Research, a marketing research firm specializing in health care information programs and tools, completed the 2012 Community Needs Assessment survey process. The goal of the study was to identify population perceptions of community issues and needs that could be combined with other information for a Community Health Needs Assessment. The Needs Assessment will then inform an action plan to address selected needs for the benefit of the community and general populations.

The primary research portion of the study consisted of 410 telephone interviews completed by LEEDE Research. LEEDE designed the questionnaire used in this survey process in cooperation with hospital leadership. The program was part of a larger corporate initiative and like questions were created for comparison purposes.

A proportionate stratified sample was used to provide equal input from all geographic areas. Weighting by age and income was used to more accurately represent the actual population in the area. The goal was to give the survey an accurate representation of the actual service area.

STUDY FINDINGS

The general information gathered in the study sought to identify the respondents' self-perceptions of their health and related habits. There was a measurement of basic health habits. It also sought to identify how they felt about services in the area and unmet needs in the community. This information would help to identify issues and community needs that could be the target of future action.

PERCEPTIONS OF PERSONAL HEALTH

Early questions in the Needs Assessment survey sought to identify the respondents' perception of their personal health and situation. Just over half of the respondents indicated their current health condition was Very Good or Excellent. There was another 30% who indicated their health was Good. Only 6% of respondents indicated a Poor level of health. The trend for the past two years in the market is generally stable.

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Results indicate that about 50% of health insurance in the service area is tied to an employer. This is slightly lower than the national average, which is now around 60%, down from 70% just 10 years ago. This corresponds closely to the percent of coverage provided through HMOs, PPOs, or other commercial plan designs. This should be noted in future programming as it indicates an opportunity to work with employers to improve overall community health. There is also a financial benefit for employers to work towards this goal to help control future premiums. There are 13% of employer-covered households where not all family members are covered by insurance.

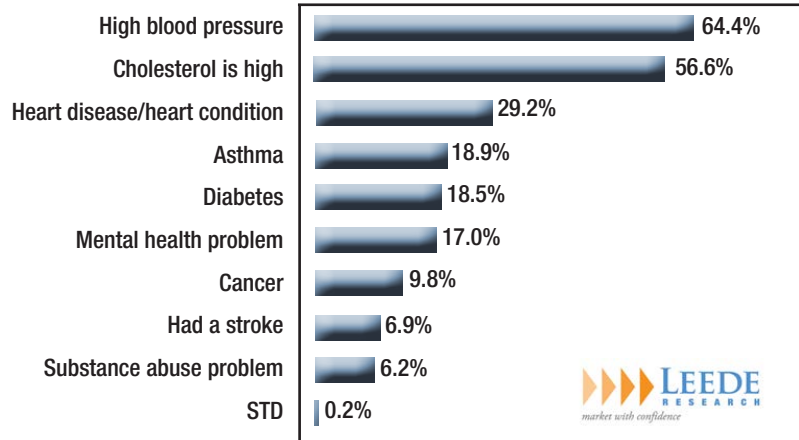
There were only 10% of respondents who indicated that they did not seek needed medical care and treatment in the past year for any reason. The follow-up question indicates that cost of care and lack of insurance coverage for the need was the primary reason. Almost three quarters of respondents have seen a physician in the past year. Just under a third of respondents indicate they did not have any of the following screenings in the past two years:

| | |
|------------------------|------------|
| Breast Exam | 44% |
| Pap/Pelvic Exam | 38% |
| Mammogram | 36% |
| Rectal Exam | 23% |
| Colon Screening | 23% |
| Prostate/PSA | 16% |
| HIV/AIDS | 11% |
| STD | 10% |

Respondents were asked whether they have been diagnosed with specific conditions indicating either current or future health risks.

Have Been Told of Conditions

Q10. Have you ever been told that you have:— Yes Responses



Self-reported results indicate that there are significant populations with high blood pressure and cholesterol issues. These and other conditions are self-reported and will be reviewed against key demographics and secondary data. They may be a target in driving future action plans.

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The results clearly indicate issues with both blood pressure and cholesterol levels in the service area. These could also be a factor in the levels of heart conditions seen. Diabetes and asthma are also issues that should be reviewed.

FOOD AND EXERCISE HABITS

The next series of questions in the study sought to identify the respondents' eating habits and their participation in exercise. Eating fruits and vegetables showed mixed response with over a third of the respondent base indicating they have three or more servings per day. It should be noted that this is self-reported and is likely to be perceptual. It is also likely not to take into consideration fruits and vegetables that may be part of dining options but not separate fruits or veggies.

Slightly over one-third of respondents indicated they eat fast foods a couple of times per week. There was another 40% who indicated they use this dining option a couple of times per month. This could be a factor in some of the health concerns seen and should be reviewed. Respondents were asked how many times per week they participate in a formal exercise process of at least 20 minutes or more. The response is varied, with just under 26% indicating this occurs less than once per week. There were also 24% who indicated they do so three to four times per week. This information can be reviewed and analyzed against other health factors to determine value and target groups for further development.

The final health issue was tied to children and asked whether or not they wore safety helmets in situations such as biking, skating, or skateboarding. Fifty-four percent of respondents did not have children in the household. Slightly less than a quarter of the respondents who had children indicated that they never wear helmets. Forty-three percent of respondents always or nearly always wear a helmet. Considering the long-term impact of accidents on youth, this could be an area for further program consideration.

DEPRESSION ISSUES

A series of questions sought to identify depression or indication of potential depression issues in the population. Almost a quarter of the respondents indicated they felt "sad, blue, or depressed" a couple of times per week or daily. The severity overall of these feelings showed a mean of 2.62 on the 7-point measurement scale. There were 9% that rated these feelings in the top-two ratings.

LIVING A HEALTHY LIFESTYLE

A section of the study was devoted to identifying how the respondents felt about living a healthy lifestyle and what tools and barriers might exist for them. This section was designed to give the organization a road map to helping the community improve their overall health status. Respondents were first asked what barriers might exist. It was positive to see that 62% of respondents did not see any particular barriers to them living a healthy life. For those indicating barriers the top issues were:

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- 20% — Lack of motivation
- 13% — Lack of insurance
- 7% — Access to exercise
- 7% — Access to transport
- 7% — Access to foods
- 5% — Lack of services

The results show that people in the area indicated participation in what is considered “binge drinking” with a mean of less than once per month. They indicated drinking a mean of 1.85 drinks per day. One percent of respondents indicated they have driven after drinking. It should be noted that this is self-reported and prior work by LEEDE indicates that this is likely to be understated.

Less than 1% of respondents indicated they know someone who has been affected by drug abuse. This is again self-reported and may be understated. This is still a significant number when projected into the overall population of the service area. This may be a target for focused response in the community by the organization or other community partners. There were 76% of respondents who indicated that they have never used chewing tobacco products and another 59% who have never used other tobacco products. Within the balance, 17% currently smoke, with another 22% indicating they used to smoke. There was a relatively small group that uses chewing tobacco products and once again there was an equal amount that indicated they formerly used these products. More detailed review of the smoking population is available within the study data.

ISSUES OF CONCERN IN THE COMMUNITY

The next section of the study sought to identify their level of concern regarding some specific issues identified in the study. Respondents were asked to rate this on a scale from 1 to 7, with 1 being “not at all concerned” and 7 being “greatly concerned.” The response to this series can indicate issues, the need for education, or the need for further services in the market. A chart indicating “Level of Concern” is shown on the following page.



COMMUNITY HEALTH NEEDS ASSESSMENT

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LEVEL OF CONCERN

| ISSUE | MEAN SCORES | TOP TWO BOX SCORES |
|--------------------------------------|-------------|--------------------|
| Unemployment/Under employment | 5.00 | 50.8% |
| Inability to afford medications | 4.59 | 40.2% |
| Inability to afford health insurance | 4.54 | 42.0% |
| Lack of affordable health care | 4.40 | 37.5% |
| Teen alcohol and drug use | 4.33 | 39.9% |
| Drug abuse | 4.14 | 34.1% |
| Lack of activities for youth | 3.82 | 23.7% |
| Underage drinking | 3.81 | 27.4% |
| Marijuana use | 3.66 | 27.4% |
| Teen pregnancy | 3.63 | 23.7% |
| Sexually transmitted diseases | 3.37 | 18.8% |
| Lack of health care education | 3.33 | 17.7% |
| Lack of affordable housing | 3.28 | 13.0% |
| Lack of food | 3.25 | 15.8% |
| Environmental concerns | 3.23 | 19.3% |
| Adequate/affordable child care | 3.22 | 14.4% |
| Mental health issues | 3.16 | 16.4% |
| Transportation | 2.98 | 11.8% |
| Personal safety issues | 2.58 | 11.4% |
| Alcohol abuse | 2.50 | 8.5% |

(LEEDE Research – 2011)

The chart also presents the Top Two Box Scores. This is the percentage of the total response that fell in either a 6 or 7 rating. This information can be helpful in determining what percent of the population feels an issue is critical.

It is interesting to note that unemployment generated a mean score of 5.0. There were a large number of issues showing rating means below 4.0, which would be considered average. The general response indicates that there does not appear to be significant unmet needs from the perspective of the public.

Top issues relate to employment and the affordability of different aspects of health insurance and related care. These may be factors of recent and current economic conditions overall in the market. The issue of affordability should be considered as an action plan if developed from the study and other information used in the Needs Assessment.

Another question asked the respondent to rate the level of underserved or unserved needs in the community. This was again measured on a 1 to 7 scale and showed a mean response of 3.8, just slightly below average. There were almost a quarter of respondents in the top two ratings. This indicates the respondent believes there are significant issues.

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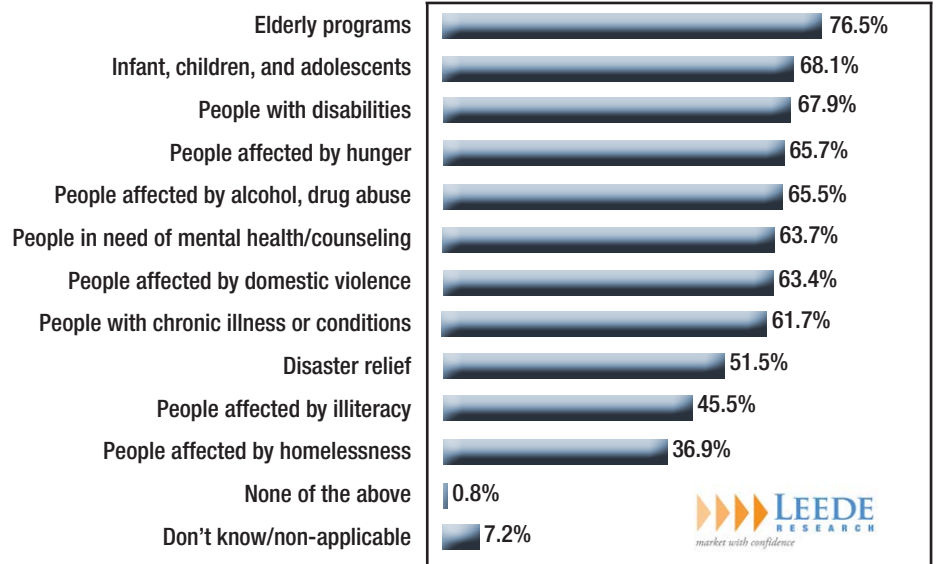


One noticeable feature of this question is a significant variation in the responses. There are almost a third of respondents in the bottom two boxes and a fairly even distribution in between. This indicates that there is not agreement within the respondents to the level of unmet needs in the community.

The elderly and low income populations are seen as the top groups. There is also some response for the unemployed and children. These may be groups to more thoroughly review as part of the Community Health Needs Assessment and action plan.

Aware of Community Programs

Q24. Please indicate if you are aware of programs or services related to the following areas in the community:
— Yes Responses



There appears to be solid awareness of programs in the market targeting specific needs. These should be reviewed against actual service offerings to determine whether gaps exist that should be addressed in planning.

The results indicate there is generally a solid awareness of different programs for key groups in the community. It should be noted that this question is really measuring perceptual awareness. This should be reviewed against actual programming in the service area. It is possible for the public to perceive there are programs in the market that are not available in reality. It is also noted that while this level of awareness is solid, there is still room for improvement.

Respondents were asked to rate their confidence in dealing with the healthcare system. This was again on a rating from 1 to 7, with 7 being the strongest level of confidence. Shown is a mean response of 5.3, with 51% giving one of the top two ratings. LEEDE has seen a general tie to this question and the level of consumer awareness in the healthcare market. This is a solid score, though there were 19% of respondents with below average ratings. Further analysis of this group may be helpful in targeting improvements in healthcare literacy.

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UNDERSERVED OR UNSERVED COMMUNITY NEEDS

| ISSUE | MEAN SCORES | TOP TWO BOX SCORES |
|---|-------------|--------------------|
| I have a personal physician who I can talk to and ask questions when needed | 5.87 | 78.0% |
| I have access to the specific health care services that I need to be healthy | 5.73 | 63.7% |
| I know how to find resources I need to address the health needs of my household | 5.64 | 62.0% |
| I find the bills I receive for my health care services to be clear and easy to understand | 4.84 | 45.7% |
| Our area has a high quality health care system that delivers strong quality and care | 4.83 | 45.4% |
| I find dealing with health insurance issues to be very difficult | 4.27 | 31.0% |
| I find it difficult to find the doctors and specialists that I need for my personal care | 3.10 | 20.7% |

(LEEDE Research – 2011)

Another set of questions looked at the relationship the respondent has with the healthcare system and where there might be issues. There were generally solid responses. There does not appear to be issues with finding the needed care and expertise in the market. This information can form a baseline for further improvement.

FINDING ADDITIONAL INFORMATION

It should again be noted that this summary document is not meant to replace a full review of the data gathered in the Needs Assessment process. There is a full set of information in this tool that looks at the results by different demographic factors and other key components. These banners can provide additional perspective.

There are other information resources that may be used as part of the overall Action Plan that is developed from the Needs Assessment process. Some of this information is secondary data on the health and health statistics of the service area. These can be a valuable tool in comparison to community perceptions generated from this survey tool.

Primary information from the survey can be combined with secondary information on health statistics to generate new information for the market. This can help to both identify and address specific needs in the market. This can be combined with input from healthcare and community professionals to generate actionable information for the plan and related programs.

LEEDE Research is available to provide additional tools and support as Hillsboro Area Hospital continues the development of their action plan. There is a large volume of information available through further analysis of the survey. This can segment different user groups in the results or look at target populations who have specific conditions or needs.

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Information from this type of a study is generally accurate for a period of up to two years unless there are significant changes in the service area or related programming. This may be the case if specific programs and tools are generated from the Action Plan. It should be noted that all of the information generated from this study will serve as a baseline for future measurement. This will help determine the impact of action and programming in the next measurement of community needs.

For more information on this study or specific questions, please contact:

Tim Brick – Vice President

LEEDE Research

tim@leede.com

www.leede.com

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HILLSBORO AREA HOSPITAL

1200 E. Tremont St., Hillsboro, IL 62049
Community Health Needs Assessment Survey

HILLSBORO ROTARY CLUB

1. Please share with us any populations or groups that you represent or serve (Select only one and answer the survey only as a representative of that community)

- HAH staff
- HAH volunteer
- Physician—1
- Business community—4
- Corrections
- Disabled
- Education—1
- Faith community—2
- Government employee/official—1
- Health care provider (medical, dental, mental)—1
- Citizen—1
- Law enforcement
- Media
- Minorities
- Public health
- Senior citizen—1
- Social service organization—1
- Parent—1
- Veteran
- Youth
- Other, please specify _____

2. What health matters do you feel are adequately addressed or strengths throughout your community? (Select all that apply)

- Access to a primary care physician—13
- Access to specialists—8
- Mental health services—1
- Affordable health insurance coverage—2
- Heart disease and stroke—2
- Cancer
- Prescription drug affordability—2
- Chronic disease management (diabetes, heart failure, renal failure, etc.)—4
- Reliable health information—6

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- Coordination of care—5
- Substance abuse services—2
- Dental services—9
- Hunger
- Personal debt due to medical bills—1
- Wellness and prevention service—6
- Healthy lifestyle (exercise and nutrition)—10
- Smoking—2
- Obesity—1
- Other (please specify): _____

3. What are the most pressing health challenges in the community you represent? (Select all that apply)

- Access to a primary care physician—2
- Access to specialists—3
- Mental health services—5
- Home health services—3
- Affordable health insurance coverage—7
- Heart disease and stroke
- Cancer—2
- Prescription drug affordability—3
- Chronic disease management (diabetes, heart failure, etc.)
- Chemotherapy—5
- Reliable health information
- Coordination of care—1
- Substance abuse services—3
- Dental services
- Hunger—4
- Personal debt due to medical bills—6
- Wellness and prevention service—1
- Healthy lifestyle (exercise and nutrition)
- Smoking—1
- Obesity—4
- Other (please specify): _____

4. Identify the greatest barriers to accessing health care services in the community you represent? (Select all that apply)

- Availability of needed services in our area—7
- Personal debt due to medical bills—3
- Being uninsured—8
- Cost of health care—8
- Lack of knowledge about available resources—5
- Transportation—3
- Other (please specify): _____

COMMUNITY
HEALTH NEEDS
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5. In the community you represent, what are the greatest gaps in health care services for community residents? (Select all that apply)

- Availability of services/providers—4
- Dental care
- Geriatric care (seniors)—1
- Veteran Care—10
- End-of-life care (hospice, palliative care)—2
- Mental health services—6
- Prescription drug assistance—2
- Services for children—4
- Primary care
- Services for low income residents—4
- Substance abuse—3
- Other (please specify): _____

6. In the community you represent, what are the greatest needs regarding health education and prevention services? (Select all that apply)

- Tobacco prevention and cessation—4
- Mental health—6
- Substance abuse—7
- STD (sexual transmitted diseases)—2
- Disease specific information—2
- Obesity prevention—7
- Healthy lifestyles—4
- Oral/dental health—1
- Health screenings—2
- Other (please specify): _____

7. In the community you represent, who are the vulnerable populations most affected by local health care needs? (Select all that apply)

- Female-headed households—3
- Unemployed heads of households—9
- Youth—2
- Special needs—2
- Uninsured—5
- Senior citizens—2
- Veterans—5
- Low income residents—7
- Working poor families—13
- Other (please specify): _____

8. What do you consider to be the top social challenges in the community you represent? (Select all that apply)

- Broken families—7
- Education levels—6
- Crime/violence
- Discrimination

COMMUNITY HEALTH NEEDS ASSESSMENT

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- Domestic violence and child abuse—2
- Homelessness
- Home foreclosure—1
- Services for seniors—4
- Lack of social support—1
- Education/literacy—2
- Unemployment—8
- Transportation—2
- Poverty—5
- Mental health—6
- Suicide
- Substance abuse—6
- Affordable child care services—3
- STD (sexual transmitted disease)—2
- Teen pregnancy—3
- Other (please specify): _____

DEMOGRAPHIC INFORMATION

9. Age

- 18-24
- 25-40—3
- 41-60—4
- 61-85—7
- 85 and over

10. Gender

- Male—9
- Female—5

11. Zip Code

- 62049—12
- 62094—1

12. Employment Status

- Full time—10
- Part-time—2
- Retired—2
- Unemployed
- Homemaker
- Student

13. Housing

- Homeowner—13
- Renter
- Live with friends or family



COMMUNITY HEALTH NEEDS ASSESSMENT

2013



HILLSBORO AREA HOSPITAL

1200 E. Tremont St., Hillsboro, IL 62049
Community Health Needs Assessment Survey

NOKOMIS ROTARY CLUB

1. Please share with us any populations or groups that you represent or serve (Select only one and answer the survey only as a representative of that community)

- HAH staff
HAH volunteer
Physician
Business community
Corrections
Disabled
Education
Faith community—1
Government employee/official
Health care provider (medical, dental, mental)
Citizen
Law enforcement
Media
Minorities
Public health
Senior citizen—3
Social service organization—4
Parent—1
Veteran
Youth
Other, please specify

2. What health matters do you feel are adequately addressed or strengths throughout your community? (Select all that apply)

- Access to a primary care physician—4
Access to specialists—1
Mental health services—1
Affordable health insurance coverage—2
Heart disease and stroke—1
Cancer—2
Prescription drug affordability—4
Chronic disease management (diabetes, heart failure, renal failure, etc.)—1
Reliable health information—3

COMMUNITY
HEALTH NEEDS
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- Coordination of care
- Substance abuse services—1
- Dental services—2
- Hunger—2
- Personal debt due to medical bills—2
- Wellness and prevention service—1
- Healthy lifestyle (exercise and nutrition)—2
- Smoking—3
- Obesity—2
- Other (please specify): _____

3. What are the most pressing health challenges in the community you represent? (Select all that apply)

- Access to a primary care physician—2
- Access to specialists—1
- Mental health services—3
- Home health services—4
- Affordable health insurance coverage—3
- Heart disease and stroke—2
- Cancer—5
- Prescription drug affordability—3
- Chronic disease management (diabetes, heart failure, etc.)—2
- Chemotherapy—1
- Reliable health information
- Coordination of care
- Substance abuse services—2
- Dental services—5
- Hunger—1
- Personal debt due to medical bills—3
- Wellness and prevention service—1
- Healthy lifestyle (exercise and nutrition)
- Smoking—2
- Obesity—2
- Other (please specify): _____

4. Identify the greatest barriers to accessing health care services in the community you represent? (Select all that apply)

- Availability of needed services in our area—5
- Personal debt due to medical bills—3
- Being uninsured—4
- Cost of health care—4
- Lack of knowledge about available resources—6
- Transportation—6
- Other (please specify): _____

COMMUNITY HEALTH NEEDS ASSESSMENT

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5. In the community you represent, what are the greatest gaps in health care services for community residents? (Select all that apply)

- Availability of services/providers—2
- Dental care—2
- Geriatric care (seniors)—3
- Veteran care—1
- End-of-life care (hospice, palliative care)—2
- Mental health services—2
- Prescription drug assistance—3
- Services for children—3
- Primary care
- Services for low income residents—3
- Substance abuse—2
- Other (please specify): _____

6. In the community you represent, what are the greatest needs regarding health education and prevention services? (Select all that apply)

- Tobacco prevention and cessation—2
- Mental health—3
- Substance abuse—1
- STD (sexual transmitted diseases)—1
- Disease specific information—1
- Obesity prevention—2
- Healthy lifestyles—1
- Oral/dental health—3
- Health screenings—3
- Other (please specify): _____

7. In the community you represent, who are the vulnerable populations most affected by local health care needs? (Select all that apply)

- Female-headed households—1
- Unemployed heads of households—4
- Youth—1
- Special needs—1
- Uninsured—3
- Senior citizens—2
- Veterans—1
- Low income residents—4
- Working poor families—2
- Other (please specify): _____

8. What do you consider to be the top social challenges in the community you represent? (Select all that apply)

- Broken families—6
- Education levels—1
- Crime/violence
- Discrimination

COMMUNITY HEALTH NEEDS ASSESSMENT

2013



- Domestic violence and child abuse—1
- Homelessness
- Home foreclosure
- Services for seniors—1
- Lack of social support—1
- Education/literacy—1
- Unemployment—2
- Transportation
- Poverty
- Mental health—1
- Suicide
- Substance abuse—2
- Affordable child care services—2
- STD (sexual transmitted disease)
- Teen pregnancy
- Other (please specify): _____

DEMOGRAPHIC INFORMATION

9. Age

- 18-24
- 25-40
- 41-60—2
- 61-85—2
- 85 and over—1

10. Gender

- Male—3
- Female—2

11. Zip Code

- 62075—5

12. Employment Status

- Full time—2
- Part time—1
- Retired—3
- Unemployed
- Homemaker
- Student

13. Housing

- Homeowner—6
- Renter
- Live with friends or family



COMMUNITY HEALTH NEEDS ASSESSMENT

2013



HILLSBORO AREA HOSPITAL

1200 E. Tremont St., Hillsboro, IL 62049
Community Health Needs Assessment Survey

GRAND ADVANTAGE SENIOR PROGRAM

1. Please share with us any populations or groups that you represent or serve (Select only one and answer the survey only as a representative of that community)

- HAH staff
HAH volunteer—5
Physician—1
Business community—1
Corrections
Disabled—1
Education
Faith community—4
Government employee/official
Health care provider (medical, dental, mental)—2
Citizen—7
Law enforcement—1
Media
Minorities
Public health
Senior citizen—16
Social service organization
Parent
Veteran
Youth
Other, please specify

2. What health matters do you feel are adequately addressed or strengths throughout your community? (Select all that apply)

- Access to a primary care physician—20
Access to specialists—19
Mental health services—6
Affordable health insurance coverage—12
Heart disease and stroke—11
Cancer—11
Prescription drug affordability—17
Chronic disease management (diabetes, heart failure, renal failure, etc.)—9
Reliable health information—13

COMMUNITY
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- Coordination of care — 10
- Substance abuse services — 4
- Dental services — 12
- Hunger — 3
- Personal debt due to medical bills — 4
- Wellness and prevention service — 17
- Healthy lifestyle (exercise and nutrition) — 15
- Smoking — 7
- Obesity — 5
- Other (please specify): _____

3. What are the most pressing health challenges in the community you represent? (Select all that apply)

- Access to a primary care physician — 8
- Access to specialists — 6
- Mental health services — 3
- Home health services — 7
- Affordable health insurance coverage — 7
- Heart disease and stroke
- Cancer — 2
- Prescription drug affordability — 7
- Chronic disease management (diabetes, heart failure, etc.) — 3
- Chemotherapy — 5
- Reliable health information — 5
- Coordination of care — 3
- Substance abuse services — 2
- Dental services — 7
- Hunger — 3
- Personal debt due to medical bills — 1
- Wellness and prevention service — 6
- Healthy lifestyle (exercise and nutrition) — 12
- Smoking
- Obesity — 5
- Other (please specify): VA Clinic — 1

4. Identify the greatest barriers to accessing health care services in the community you represent? (Select all that apply)

- Availability of needed services in our area — 6
- Personal debt due to medical bills — 2
- Being uninsured — 6
- Cost of health care — 7
- Lack of knowledge about available resources — 11
- Transportation — 6
- Other (please specify): _____

COMMUNITY
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5. In the community you represent, what are the greatest gaps in health care services for community residents? (Select all that apply)

- Availability of services/providers—7
- Dental care—4
- Geriatric care (seniors)—9
- Veteran care—8
- End-of-life care (hospice, palliative care)—8
- Mental health services—4
- Prescription drug assistance—6
- Services for children—2
- Primary care—3
- Services for low income residents—6
- Substance abuse—2
- Other (please specify): _____

6. In the community you represent, what are the greatest needs regarding health education and prevention services? (Select all that apply)

- Tobacco prevention and cessation—3
- Mental health—7
- Substance abuse—5
- STD (sexual transmitted diseases)—3
- Disease specific information—1
- Obesity prevention—10
- Healthy lifestyles—6
- Oral/dental health—4
- Health screenings—6
- Other (please specify): _____

7. In the community you represent, who are the vulnerable populations most affected by local health care needs? (Select all that apply)

- Female-headed households—10
- Unemployed heads of households—12
- Youth—6
- Special needs—7
- Uninsured—8
- Senior citizens—11
- Veterans—9
- Low income residents—9
- Working poor families—10
- Other (please specify): _____

8. What do you consider to be the top social challenges in the community you represent? (Select all that apply)

- Broken families—13
- Education levels—6
- Crime/violence—6
- Discrimination—3

COMMUNITY HEALTH NEEDS ASSESSMENT

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- Domestic violence and child abuse—5
- Homelessness—8
- Home foreclosure—4
- Services for seniors—3
- Lack of social support—12
- Education/literacy—8
- Unemployment—4
- Transportation—4
- Poverty—1
- Mental health—4
- Suicide—1
- Substance abuse—6
- Affordable child care services—7
- STD (sexual transmitted disease)
- Teen pregnancy—7
- Other (please specify): _____

DEMOGRAPHIC INFORMATION

9. Age

- 18-24
- 25-40
- 41-60
- 61-85—17
- 85 and over—3

10. Gender

- Male
- Female—21

11. Zip Code

- 62049—15
- 62032—1
- 62056—2
- 62089—1
- 62019—1
- 62051—1

12. Employment Status

- Full time
- Part time
- Retired—19
- Unemployed
- Homemaker—2
- Student

13. Housing

- Homeowner—16
- Renter—1
- Live with friends or family

COMMUNITY
HEALTH NEEDS
ASSESSMENT

2013



HILLSBORO AREA HOSPITAL

1200 E. Tremont St., Hillsboro, IL 62049
Community Health Needs Assessment Survey

HILLSBORO COMMUNITY CHILD DEVELOPMENT COUNCIL

1. Please share with us any populations or groups that you represent or serve (Select only one and answer the survey only as a representative of that community)

- HAH staff
- HAH volunteer
- Physician
- Business community—1
- Corrections
- Disabled
- Education—19
- Faith community
- Government employee/official
- Health care provider (medical, dental, mental)—1
- Citizen—3
- Law enforcement
- Media
- Minorities
- Public health—2
- Senior citizen
- Social service organization
- Parent—2
- Veteran
- Youth—1
- Other, please specify _____

2. What health matters do you feel are adequately addressed or strengths throughout your community? (Select all that apply)

- Access to a primary care physician—22
- Access to specialists—13
- Mental health services—2
- Affordable health insurance coverage—5
- Heart disease and stroke—3
- Cancer—9
- Prescription drug affordability—11
- Chronic disease management (diabetes, heart failure, renal failure, etc.)—3
- Reliable health information—11

COMMUNITY HEALTH NEEDS ASSESSMENT

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- Coordination of care—3
- Substance abuse services—2
- Dental services—16
- Hunger—3
- Personal debt due to medical bills—2
- Wellness and prevention service—5
- Healthy lifestyle (exercise and nutrition)—18
- Smoking—4
- Obesity—7
- Other (please specify): _____

3. What are the most pressing health challenges in the community you represent? (Select all that apply)

- Access to a primary care physician—2
- Access to specialists—1
- Mental health services—7
- Home health services—4
- Affordable health insurance coverage—14
- Heart disease and stroke—2
- Cancer—6
- Prescription drug affordability—6
- Chronic disease management (diabetes, heart failure, etc.)—3
- Chemotherapy—5
- Reliable health information
- Coordination of care
- Substance abuse services—4
- Dental services—3
- Hunger—2
- Personal debt due to medical bills—9
- Wellness and prevention service
- Healthy lifestyle (exercise and nutrition) —1
- Smoking—3
- Obesity—4
- Other (please specify): Pediatrician—2

4. Identify the greatest barriers to accessing health care services in the community you represent? (Select all that apply)

- Availability of needed services in our area—3
- Personal debt due to medical bills—7
- Being uninsured—11
- Cost of health care—20
- Lack of knowledge about available resources—14
- Transportation—4
- Other (please specify): _____

COMMUNITY HEALTH NEEDS ASSESSMENT

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5. In the community you represent, what are the greatest gaps in health care services for community residents? (Select all that apply)

- Availability of services/providers—1
- Dental care—9
- Geriatric care (seniors)—2
- Veteran Care—12
- End-of-life care (hospice, palliative care)—8
- Mental health services—8
- Prescription drug assistance—4
- Services for children—7
- Primary care—1
- Services for low income residents—5
- Substance abuse—5
- Other (please specify): _____

6. In the community you represent, what are the greatest needs regarding health education and prevention services? (Select all that apply)

- Tobacco prevention and cessation—10
- Mental health—11
- Substance abuse—14
- STD (sexual transmitted diseases)—9
- Disease specific information—4
- Obesity prevention—10
- Healthy lifestyles—7
- Oral/dental health—6
- Health screenings—6
- Other (please specify): _____

7. In the community you represent, who are the vulnerable populations most affected by local health care needs? (Select all that apply)

- Female-headed households—7
- Unemployed heads of households—8
- Youth—6
- Special needs—8
- Uninsured—12
- Senior citizens—6
- Veterans—10
- Low income residents—9
- Working poor families—12
- Other (please specify): College students—1
- Middle class—2

8. What do you consider to be the top social challenges in the community you represent? (Select all that apply)

- Broken families—18
- Education levels—9
- Crime/violence—2
- Discrimination—2

COMMUNITY HEALTH NEEDS ASSESSMENT

2013



- Domestic violence and child abuse—7
- Homelessness
- Home foreclosure—5
- Services for seniors—5
- Lack of social support—3
- Education/literacy—2
- Unemployment—20
- Transportation—7
- Poverty—6
- Mental health—5
- Suicide—5
- Substance abuse—14
- Affordable child care services—6
- STD (sexual transmitted disease)—4
- Teen pregnancy—9
- Other (please specify): _____

DEMOGRAPHIC INFORMATION

9. Age

- 16—1
- 18-24—8
- 25-40—9
- 41-60—9
- 61-85
- 85 and over

10. Gender

- Male—4
- Female—17

11. Zip Code

- 62049—12
- 62017—1
- 62056—1
- 62089—6
- 62094—1
- 62051—1
- 62019—1
- 62091—1

12. Employment Status

- Full time—12
- Part time—15
- Retired
- Unemployed
- Homemaker
- Student—1

13. Housing

- Homeowner—20
- Renter—1
- Live with friends or family—7

COMMUNITY
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ASSESSMENT

2013



HILLSBORO AREA HOSPITAL

1200 E. Tremont St., Hillsboro, IL 62049

Community Health Needs Assessment Survey

LDI – HOSPITAL MANAGERS AND STAFF

1. Please share with us any populations or groups that you represent or serve (Select only one and answer the survey only as a representative of that community)

- HAH staff—19
- HAH volunteer
- Physician
- Business community
- Corrections
- Disabled
- Education
- Faith community
- Government employee/official
- Health care provider (medical, dental, mental)—1
- Citizen—1
- Law enforcement
- Media
- Minorities
- Public health
- Senior citizen
- Social service organization
- Parent
- Veteran
- Youth
- Other, please specify _____

2. What health matters do you feel are adequately addressed or strengths throughout your community? (Select all that apply)

- Access to a primary care physician—14
- Access to specialists—8
- Mental health services—3
- Affordable health insurance coverage—5
- Heart disease and stroke—1
- Cancer—2
- Prescription drug affordability—8
- Chronic disease management (diabetes, heart failure, renal failure, etc.)—1
- Reliable health information—4

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5. In the community you represent, what are the greatest gaps in health care services for community residents? (Select all that apply)

- Availability of services/providers—5
- Dental care—9
- Geriatric care (seniors)—4
- Veteran Care—14
- End-of-life care (hospice, palliative care)—9
- Mental health services—12
- Prescription drug assistance—4
- Services for children—6
- Primary care—1
- Services for low income residents—6
- Substance abuse—13
- Other (please specify): Urgent care facility—1
 - Psychiatric—1
 - Veterans—2

6. In the community you represent, what are the greatest needs regarding health education and prevention services? (Select all that apply)

- Tobacco prevention and cessation—10
- Mental health—17
- Substance abuse—15
- STD (sexual transmitted diseases)—14
- Disease specific information—6
- Obesity prevention—16
- Healthy lifestyles—11
- Oral/dental health—9
- Health screenings—7
- Other (please specify): _____

7. In the community you represent, who are the vulnerable populations most affected by local health care needs? (Select all that apply)

- Female-headed households—6
- Unemployed heads of households—13
- Youth—12
- Special needs—9
- Uninsured—14
- Senior citizens—10
- Veterans—15
- Low income residents—15
- Working poor families—20
- Other (please specify): _____

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8. What do you consider to be the top social challenges in the community you represent? (Select all that apply)

- Broken families—12
- Education levels—14
- Crime/violence—2
- Discrimination
- Domestic violence and child abuse—5
- Homelessness—4
- Home foreclosure—6
- Services for seniors—9
- Lack of social support—8
- Education/literacy—9
- Unemployment—15
- Transportation—15
- Poverty—9
- Mental health—16
- Suicide—3
- Substance abuse—19
- Affordable child care services—7
- STD (sexual transmitted disease)—8
- Teen pregnancy—9
- Other (please specify): _____

DEMOGRAPHIC INFORMATION

9. Age

- 18-24—2
- 25-40—7
- 41-60—10
- 61-85
- 85 and over

10. Gender

- Male—1
- Female—19

11. Zip Code

- 62075—2
- 62033—1
- 62094—1
- 62017—2
- 62089—2
- 62015—1
- 62049—9
- 62690—1

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12. Employment Status

- Full time—18
- Part-time—2
- Retired
- Unemployed
- Homemaker
- Student

13. Housing

- Homeowner—18
- Renter
- Live with friends or family—1

