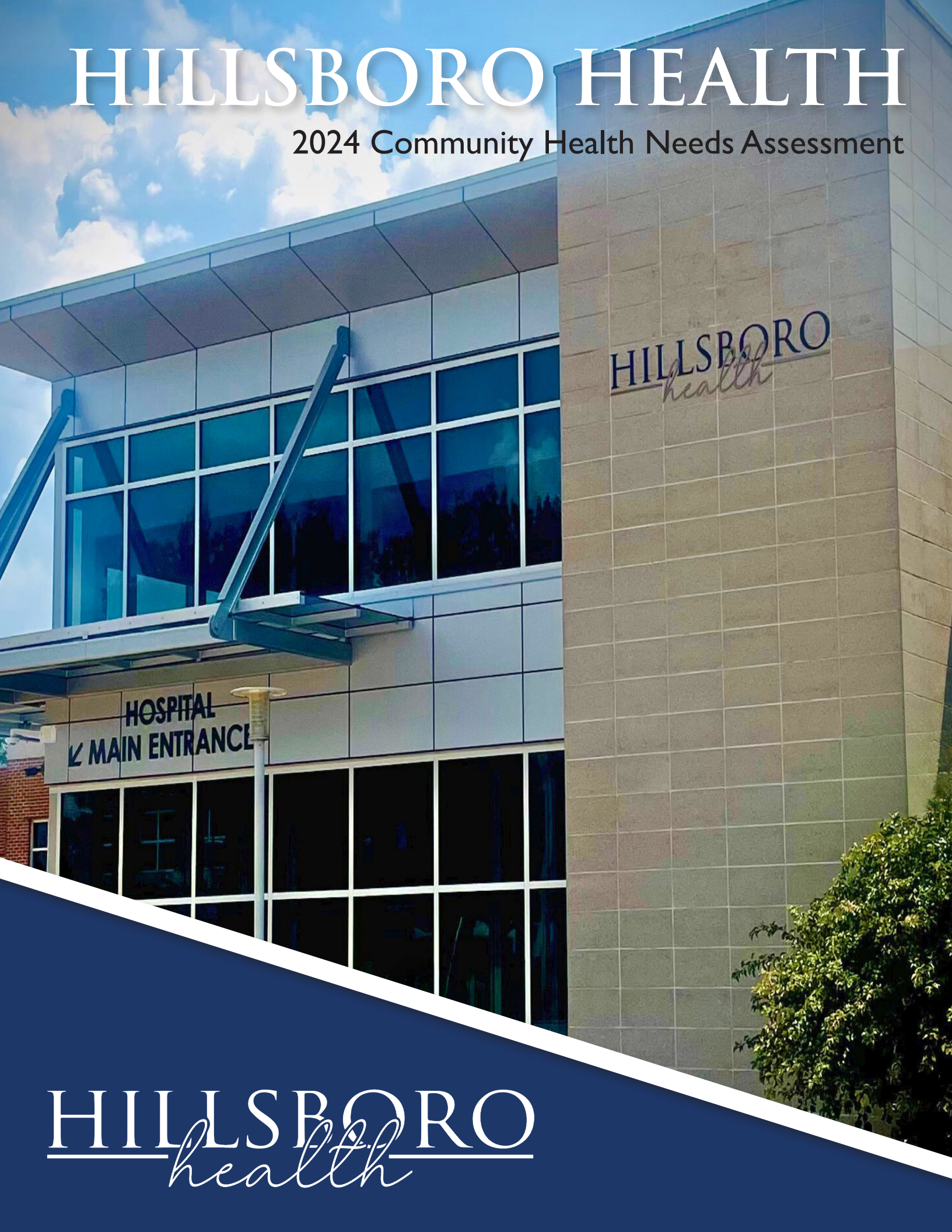


HILLSBORO HEALTH

2024 Community Health Needs Assessment



HILLSBORO
health

HOSPITAL
MAIN ENTRANCE

HILLSBORO
health

INTRODUCTION

Hillsboro Health, formerly known as Hillsboro Area Hospital, began its history in April 1914 when A. B. Frankel, an East St. Louis architect, submitted plans for a three-story hospital. It was estimated to cost \$20,000 with plans to open on July 4, 1915. The plans were approved, but by July 1915 only \$10,110 of the \$21,200 in pledges had been paid and outstanding bills totaled \$1,600. It seemed as if the project would be stopped in its tracks. However, the community rallied together to finish the hospital, and on February 22, 1916, Hillsboro Hospital formally opened.

In November 1971, the hospital’s Board of Directors once again began planning for a new hospital building because the current facility no longer passed state safety standards. With the new hospital building came a new name.

On October 23, 1975, the new 100-bed Hillsboro Area Hospital opened on Tremont Street.

Since the opening of the new building, Hillsboro has continued to expand:

- The Douglas-Telfer outpatient clinic and Heartland Home Care facilities opened in 1990.
- The Tremont Assisted Living facility opened in 2003.
- The Special Care Cottage for dementia and Alzheimer’s residents opened in 2004.
- The North wing renovations, which included a new emergency department, imaging center, and classrooms, were completed in 2012
- In 2024, Hillsboro Area Hospital became Hillsboro Health. Their promise to the community was:

“It’s more than a name change; it’s a promise to reimagine our community’s well-being.”



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The goal is to increase access to comprehensive, high-quality healthcare services; including primary and specialty care services.

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The goal is to improve the physical and the mental well-being of the members of the community. This will be done through educational efforts, increasing awareness of community resources and a continued focus on improving the social determinants of health (food access, emotional health, etc.).

Supporting Data
Priorities and Strategies

Board Approval 27

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MISSION, VISION & VALUES

MISSION

To positively affect the health and welfare of the communities we serve.

VISION

Hillsboro Health will partner with our community to continue to be recognized as a leading provider of high-quality, affordable, and personalized healthcare and wellness services.

CORE VALUES

Community

The health and welfare of the community come **first**.

Service

Service is provided in a compassionate, friendly, professional, and caring environment fostering healing and wellness.

Teamwork

Patients, family, staff, and community resources actively participate in collaboration.

Excellence

In pursuit of excellence, we value quality in care, customer service, safety innovation, and continuous learning.

Respect

We respect the rights, privacy, diversity, and dignity of the individual.

Stewardship

Integrity and financial viability are necessary to accomplish our mission, achieve our vision, and live by our values.



EXECUTIVE SUMMARY

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). CHNA is a systematic process involving the community to identify and analyze community health needs, assets, and resources to plan and act on priority community health needs.

This assessment process results in a CHNA report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 to share resources, and education, promote operational efficiencies, and improve healthcare services for member critical access and rural hospitals and their communities.

ICAHN, with 60 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers.

This Community Health Needs Assessment will guide the planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Hillsboro and the surrounding area.

The CHNA process was coordinated by the Chief Executive Officer and Director of Marketing and Community Services.

Hillsboro Health elected to do a robust community survey process to collect input and to identify health concerns and needs in the delivery of healthcare and health services to improve wellness and reduce chronic illness for all residents. The survey was sent to targeted community members and posted for the community at large via their social media channels. It was open for 30 days and received 214 responses.

The survey and the full results are available in the Hillsboro Health Data Document.

In May, the findings from the survey were presented along with secondary data analyzed by the consultant to a focused group for identification and prioritization of the significant health needs facing the community.



EXECUTIVE SUMMARY (CONTINUED)

Identification and Prioritization > Addressing the Need

After their review and discussion, the identification and prioritization group advanced the goals and actions:

1. Access to Care

The goal is to increase access to comprehensive, high-quality healthcare services, including primary and specialty care services.

2. Wellness

The goal is to improve the physical and mental well-being of the members of the community. This will be done through educational efforts, increasing awareness of community resources, and a continued focus on improving the social well-being of community members (food access, emotional health, etc.)

The results of the assessment process were then presented to senior staff at Hillsboro Health through a facilitated discussion for the development of a plan to address the identified and prioritized needs.



Addressing the Need > Creating the Plan

The group addressed the needs with the following strategies:

- Continue to build on the health and wellness programs that exist within Hillsboro Health including the Hillsboro Health Fitness and Aquatics, kids summer camp to build healthy habits including physical activity and healthy eating, diabetes management program, and summer lunch programs.
- Work within the healthcare community to ensure knowledge of existing resources for those in need.
- Continue efforts to bring specialty service providers to the community.



BACKGROUND

The Community Health Needs Assessment Process is conducted every three years. In response to issues identified and prioritized and the implementation strategy developed to address them, Hillsboro Area has taken the following steps since its last CHNA.

Hillsboro Health – CHNA 2021

Three prioritized needs were identified as significant health needs and prioritized:

Priority #1 – Access to Mental and Behavioral Health Treatment

Improved access to prevention and early intervention services:

- Work with schools and other community partners to determine appropriate prevention, education, and training for student and adult populations.
- Partner with County Recovery Oriented programs.

Increase access to care:

- Increase volumes of behavioral telehealth, telepsychiatry, and crisis screening through our service lines.
- The Integrated Behavioral Health program was discontinued in August 2023 due to underfunding, low reimbursement, legislative changes in telepsychiatry, the HSHS Medical Group Family Medicine Hillsboro closure, and additional program partners' decisions to step away.

Engage in unified planning with surrounding medical care providers and community organizations.

- Through community partnerships, provide support for children and families in crisis including financial crisis, unemployment, homelessness, health crisis and or illness, incarceration, social isolation, chronic stress, etc.



Priority #2 – Food Insecurity

Improve access to prevention and early intervention services.

- Work with providers to determine patient barriers to healthy living, i.e.- social determinants of health.
- Work with community partners to provide health education, screenings, and referrals to care.
- Work with individuals to improve understanding of resources and access opportunities.

Increase access to care:

- Work with local farmer's markets, food pantries, and feeding programs to support access to fresh produce and nutrient-dense foods.
- Work with community partners to expand opportunities for nutrition education including health cooking, menu and meal planning, and eating on a budget.

Work with internal and external stakeholders to engage in unified planning and policy.

- Work with state and local leaders to factor health implications into policy and budget decisions.

Priority #3 – Workforce Development

Integrate programs and long-term goals with potential worker groups.

- Work with schools, community colleges, and colleges to develop or scale up pipeline programs.
- Work with existing career organizations to provide supervised internship and workforce training opportunities.

Develop workforce plans and training programs.

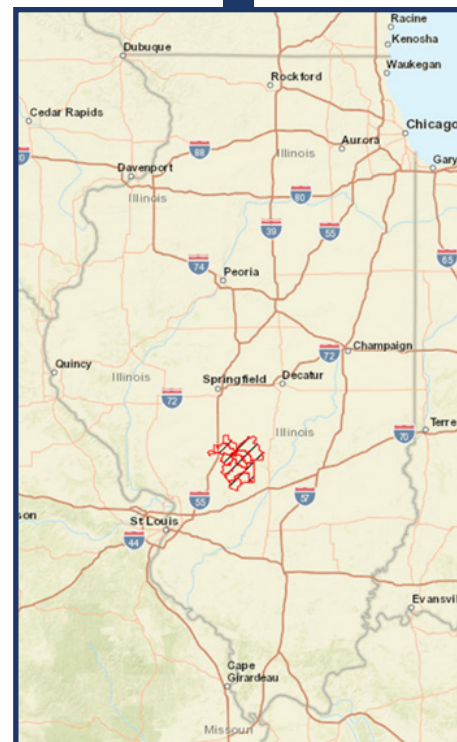
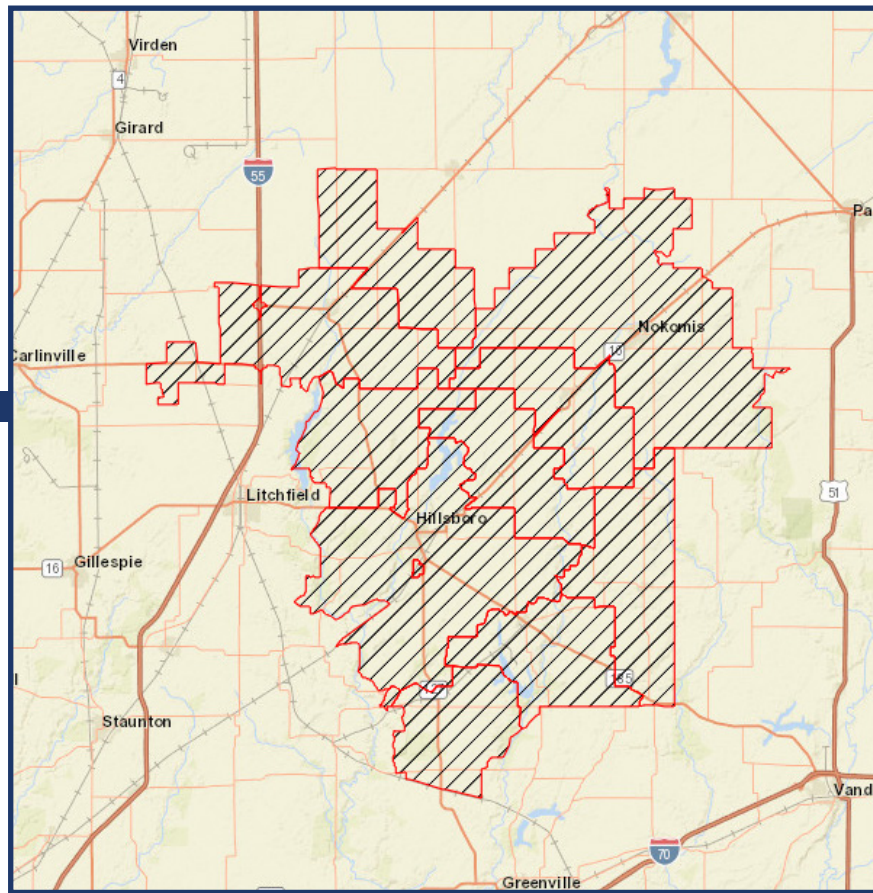
- Evaluate services available internally and within the community, and work to address service gaps.

Work with internal and external stakeholders to engage in unified planning and policy.

- Work with state and local leaders to factor health implications into policy and budget decisions.

HILLSBORO HEALTH SERVICE AREA

Hillsboro Health, formerly known as Hillsboro Area Hospital, defines its service area by zip code data which includes the following rural communities:



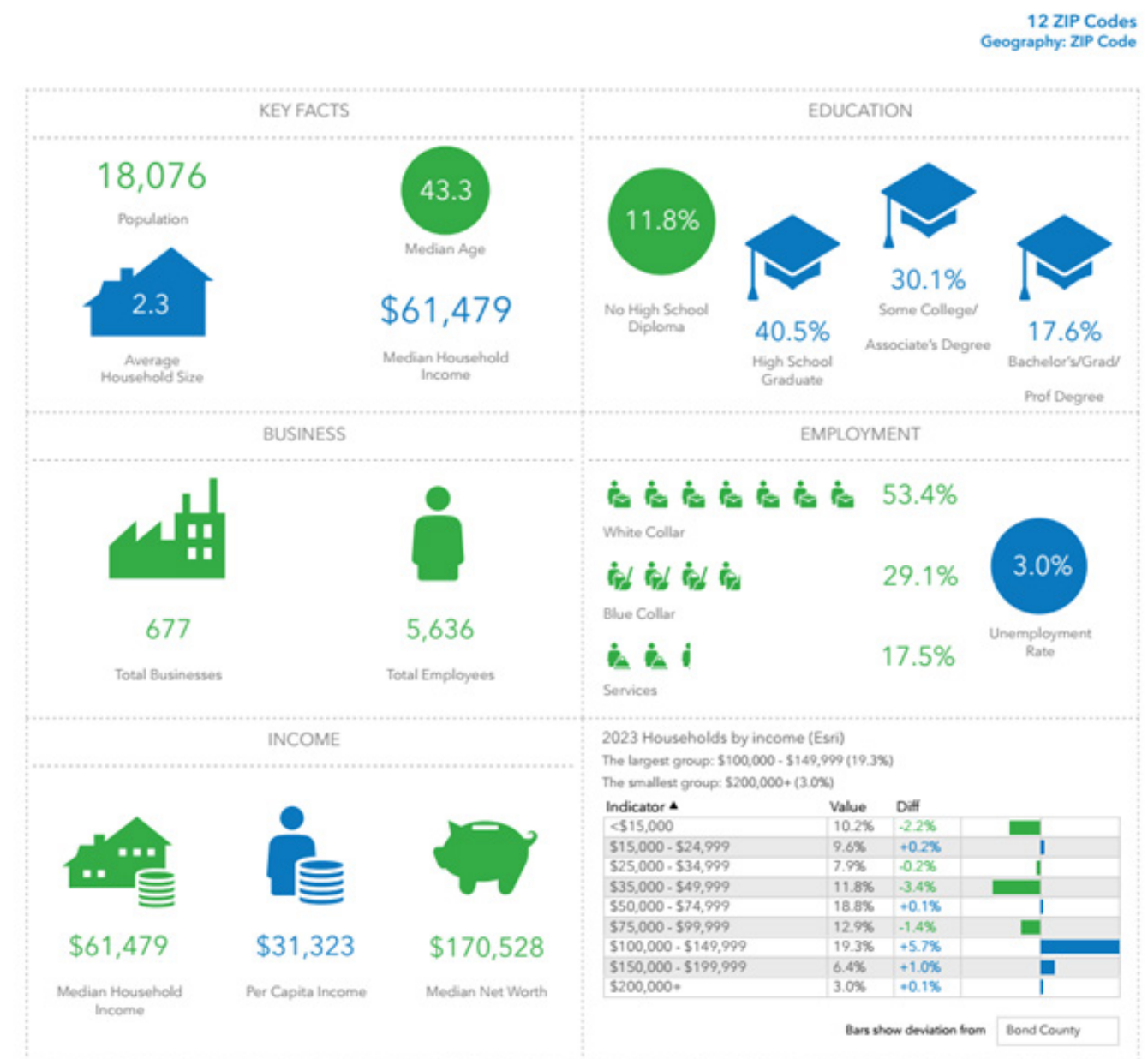
- Hillsboro
- Taylor Springs
- Nokomis
- Witt
- Coffeen
- Irving
- Raymond
- Fillmore
- Butler
- Panama
- Donnellson
- Harvel

KEY FACTS

The average household size of the area, at 2.3, is lower than both Illinois and the U.S. The median age is 43.3 years, which is higher than in Illinois and the U.S. The largest education segment is high school graduates followed by those with some college. **11.88% of the population has no high school diploma or GED** and 41.18% of the community's population have only a high school degree.

Unemployment at the time of writing was 5.8% (February 2024 data) which is higher than the Illinois and United States unemployment rate averages.

As is the case in much of rural Illinois, the average household income (\$73,871) and the median household income (\$61,479) are lower than the statewide or national average.



SOCIAL DETERMINANTS OF HEALTH

The CDC describes social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes.

Healthy People 2030 uses a place-based framework that outlines five key areas of SDoH:



FIVE KEY AREAS OF SDOH

Healthcare Access and Quality includes access to healthcare overall, primary care, health insurance coverage, health literacy, and compliance with recommended screenings and incidents of certain health-related conditions.

Education Access and Quality which includes high school graduation rates, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

Social and Community Context includes the incidents of homelessness, teen birth rates, juvenile arrest rates, and the incidents of young people not in school and not working.

Economic Stability includes average household income, rates of unemployment, cost of living, people living in poverty, employment, food security, and housing stability.

Neighborhood and Built Environment include the cost and quality of housing, access to transportation, access to healthy food, air and water quality, broadband access, access to fitness and recreation facilities, walkability, and rates of crime and violence.

PROCESS

ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Description of Data Sources – Quantitative/Secondary Data

Quantitative (secondary) data is collected from many resources including, but not limited to, the following:

SOURCE	DESCRIPTION
Behavioral Risk Factor Surveillance System	The largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death
SparkMap	An online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
U.S. Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.
County Health Rankings	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
American Communities Survey	A product of the U.S. Census Bureau which helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
Illinois Department of Employment Security	The state's employment agency that collects and analyzes employment information.

Secondary data is initially collected through the SparkMap and ESRI systems and then reviewed.

Questions raised by the data reported from those sources are compared with other federal, state, and local data sources to resolve or reconcile potential issues with reported data.

Secondary data and detailed primary data for the Hillsboro Health CHNA is available in a separate document entitled [Hillsboro Health 2024 Secondary Data](#).

SOURCE	DESCRIPTION
National Cancer Institute	Coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients, and the families of cancer patients
Illinois Department of Public Health	IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
Health Resources and Services Administration	The US Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process conducted every five years by local health jurisdictions in Illinois.
ESRI (Environmental Systems Research Institute)	An international supplier of Geographic Information System (GIS) software, web GIS and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined, level.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year, it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
United States Department of Agriculture	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

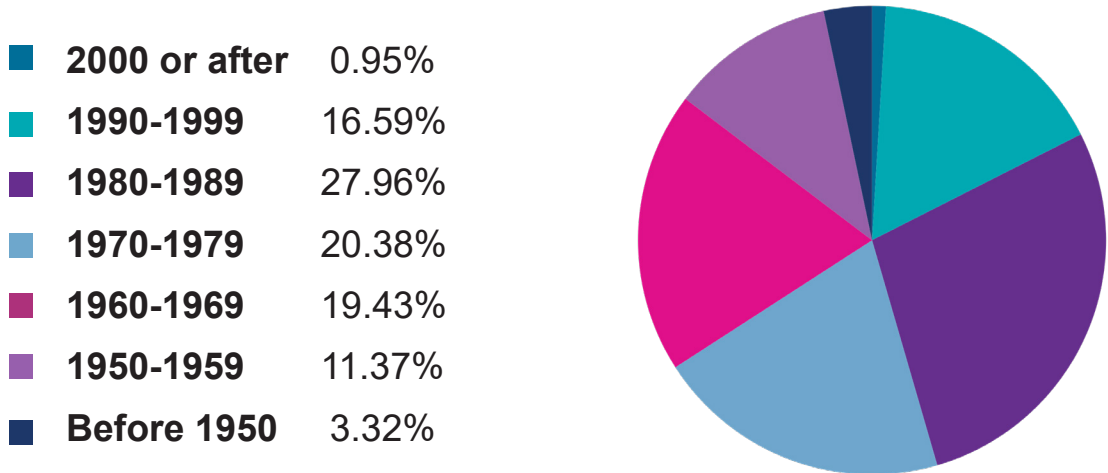
PRIMARY DATA

Hillsboro Health elected to do a robust community survey process to collect input and to identify health concerns and needs in the delivery of healthcare and health services to improve wellness and reduce chronic illness for all residents.

The survey was sent to targeted community members and posted for the community at large via their social media channels. The survey was open for 30 days and received 214 responses. The survey and the full results are available in the [Hillsboro Health 2024 Secondary Data Document](#).

SURVEY RESULTS

- 29 total zip codes were represented in and surrounding the Hillsboro Health service area.
- 88.44% of the participants were covered by private health insurance, 16.34% Medicare and 10.00% Medicaid. (Some participants may have coverage in more than one area.)
- Respondent’s birthdates represented a wide range of ages:



- 80% of respondents were female and 17% were male. 3% elected to not disclose.

- Respondents were asked to select the top five (5) health issues in the community. The top answers were:

- Mental health/substance abuse
- Chronic disease management/treatment
- Obesity: lack of access to healthy goods/poor nutrition
- Access to basic needs (food, clothing and shelter) and healthcare
- Physical inactivity

- Respondents were asked to identify the top five (5) problems in the community relating the health or a healthy lifestyle. The top five identified issues were:

- Mental health/substance abuse
- Access to affordable exercise/activities
- Access to healthy foods/nutrition counseling/obesity
- Access to specialty healthcare services
 - > Obstetrics, Orthopedics, Urology, and Cancer were specified
- Transportation needs



DESCRIPTION OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

After their review and discussion, the identification and prioritization group advanced the following needs as being the significant community health needs facing the Hillsboro Health service area:

Priority #1 – Access to Care

The goal is to increase access to comprehensive, high-quality healthcare services, including primary and specialty care services.

Priority #2 – Wellness

The goal is to improve the physical and mental well-being of the members of the community. This will be done through educational efforts, increasing awareness of community resources, and a continued focus on improving the social well-being of community members (food access, emotional health, etc.).

Priority #3 – Mental Health and Substance Abuse

Although both the community survey and supporting data show a need for additional support and resources for mental health and substance abuse, the Hillsboro Health team did not move this priority to the action plan phase. The reasons for this are as follows:

- Lack of appropriate reimbursement for mental health services overall. The leader stated their former behavioral health service was operating at such a large loss that it put the financial stability of the organization at risk. Due to the unsustainable financial nature of the service line, it was closed
- The organization operates a pain management service that is an alternative to opioids or other drugs for pain.
- The primary care clinic and Emergency Departments will continue to focus on the mental health and substance abuse needs of their patients and refer them to specialists as appropriate.

RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

HOSPITAL RESOURCES

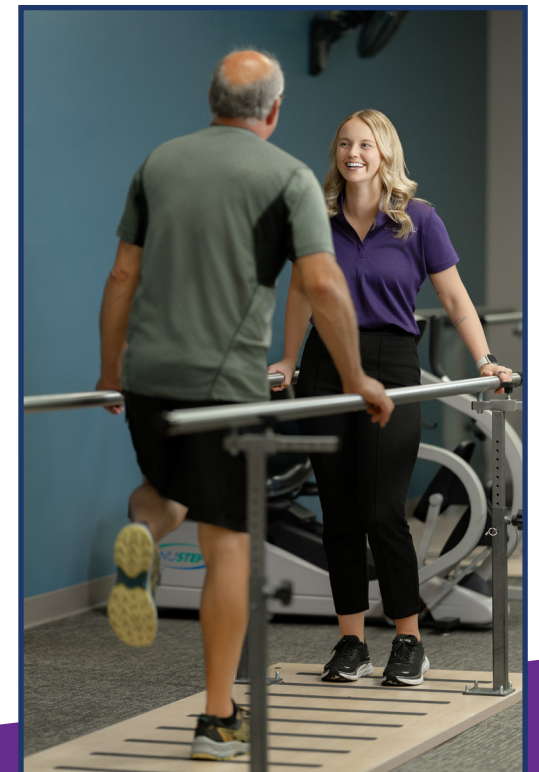
- Executive Team
- Hospital leadership team
- Hospital providers
- Marketing
- Hillsboro Health Fitness and Aquatics
- Dietician

HEALTHCARE PARTNERS OR OTHER RESOURCES INCLUDING TELEMEDICINE

- Local Health Departments
- Behavioral and mental health service providers
- Providers in the community

COMMUNITY RESOURCES

- Schools
- Community action agencies
- Community organizations
- Faith-based organizations
- Local governments
- Law enforcement



DOCUMENTING AND COMMUNICATING RESULTS

This CHNA Report will be available to the community on the hospital's public website, www.hillsborohealth.org.

A hard copy may be reviewed at the hospital by inquiring at the information desk at the main entrance.

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

PLANNING PROCESS

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Hillsboro Health in May 2024. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

The group then considered each of the prioritized needs. For each of the three priority areas, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need.

The plan will be evaluated by periodic review of measurable outcome indicators with annual review and reporting.



IMPLEMENTATION STRATEGY

The group addressed the needs with the following strategies:

Priority #1 – Access to Care

The goal is to increase access to comprehensive, high-quality healthcare services; including primary and specialty care services.

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

- Evaluate further development of an orthopedic service in the community by partnering with providers from adjacent communities to do clinics and procedures at Hillsboro Health.
- Review the current OR spaces for potential renovations to accommodate specialty care procedures. Seek funding for this in long-term planning, grant opportunities, etc.
- Support the physicians in the community who provide obstetrical services. While Hillsboro Health does not deliver babies (most are done in Litchfield), these physicians provide pre and postnatal clinics in the community.
- Support a recently added urology service with promotion and resources as needs are identified.
- Continue to recruit specialty providers to the area as specific needs are identified in planning and by primary care.

Indicators that support this priority:

- Access to specialty care services was in the top five identified problems in the community relating the health or a healthy lifestyle. Obstetrics, Orthopedics, and Urology were all specified needs.
- The overall teen birth rate for the service area (6.79/1000 females) was within the normal range as compared to the state and U.S. averages. However, Fayette County, located on the eastern side of the Hillsboro Health market area, had a significantly increased teen birth rate at 88.36/1000 females.
- 20% of the overall population is aged 65+ indicating a potentially increased need for both orthopedic and urology specialties. Over 50% of households have someone aged 65+ living in them.
- 17.41% of the overall population is considered to have a disability and approximately 32% of households have someone with a disability. (6889 total households: 2213 households with any disability).

Anticipated impacts of these actions:

- Patients will be able to see orthopedic and urology specialists in the community.
- OB prenatal and postnatal care will be provided in the community.

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

- Chief Executive Officer
- Specialty Clinic Practice Manager
- Primary care medical staff
- Marketing resources including advertising and social media platforms

Planned collaboration between the hospital and other facilities or organizations:

- Springfield Clinic
- SIU Physicians
- HSHS
- Independent providers



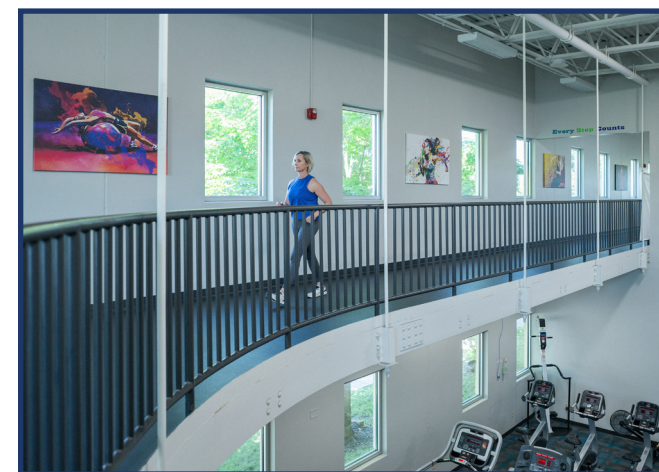
Priority #2 – Wellness

The goal is to improve the physical and mental well-being of the members of the community.

This will be done through educational efforts, increasing awareness of community resources, and a continued focus on improving the social well-being of community members (food access, emotional health, etc.).

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

- Leverage the existing Hillsboro Health Fitness and Aquatics resources to encourage community participation. Ensure service pricing is reasonable.
- Investigate ways to provide free or very low-cost fitness opportunities.
- Continue the Summer Lunch program for students who would normally be receiving lunch at school.
- Expand the Diabetes Education and Prevention program and use the resources from this service to create appropriate screenings and education for the community.
- Continue using the hospital's resources to collect food for local food pantries.
- Work with community partners to ensure everyone is aware of the resources within Hillsboro Health and other community healthcare partners to address health and social service concerns. This will be done through the annual Health and Wellness Fair. And the primary care clinic.
- Provide tools for assistance with understanding my health insurance/bills. Financial counselors are being added to the front of the hospital for easy access.



Indicators that support this priority:

- According to the community survey, access to affordable exercise and activities was identified as one of the top five (5) problems that exist within the community.
- Obesity: lack of access to healthy foods/poor nutrition was also identified as one of the top five (5) most important health issues in the community.
- Approximately 2% of the community survey respondents state they have either accessed or needed to access a food pantry.
- Almost 10% of the community survey respondents stated they needed help with their medical bills or health insurance.
- Although the secondary data shows that patients who self-report themselves as obese (BMI >30.0) are lower than the state and national averages at 22.2%, state and national trends have been increasing since 2004.
- Poor or fair health was reported by 17.70% of adults over age 18, as compared to 15.43% in Illinois and 16.10% in the U.S.
- Diabetes incidents in the Medicare population is 27.6% as compared to 27% in Illinois and the United States. Selected counties in the service market area are as high as 29.4% (Bond and Macoupin).
- Across the nation, the total number of patients diagnosed with diabetes has risen from 6.6% in 2004 to 8.9% in 2021.
- 50% of the students in the service market area are eligible for free or reduced lunches in school.
- Overall food insecurity rates are greater than the state and national norms (11.17%). Food insecurity in children is 12.0%, which is higher than the U.S. norm.
- Four (4) zip codes in the southern service market area are considered food deserts.

Anticipated impacts of these actions:

- Citizens will learn about the resources offered by Hillsboro Health and other health and social services providers.
- Citizens will have access to fitness programming that is affordable.
- Diabetes education and screening will be available for patients who are prediabetic or diabetic. This will include management, medication management, exercise, etc.
- Students who normally are fed with the school lunch program will have access to healthy food during the summer.

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

- Chief Executive Officer
- Hillsboro Health Fitness and Aquatics
- Dietician

Planned collaboration between the hospital and other facilities or organizations:

- Community healthcare and social service partners
- Civic Organizations

Board Approval

The 2024 CHNA was presented to the Hillsboro Health Board of Directors on June 20, 2024. It was approved as presented.

Notes:

1. Statistics may vary slightly depending on the resource.



