

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

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





Hopedale Medical Complex

2019 Community Health Needs Assessment

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1. INTRODUCTION

2019 Community Health Needs Assessment



2019 Community Health Needs Assessment

Insight into Hopedale Medical Complex's population

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

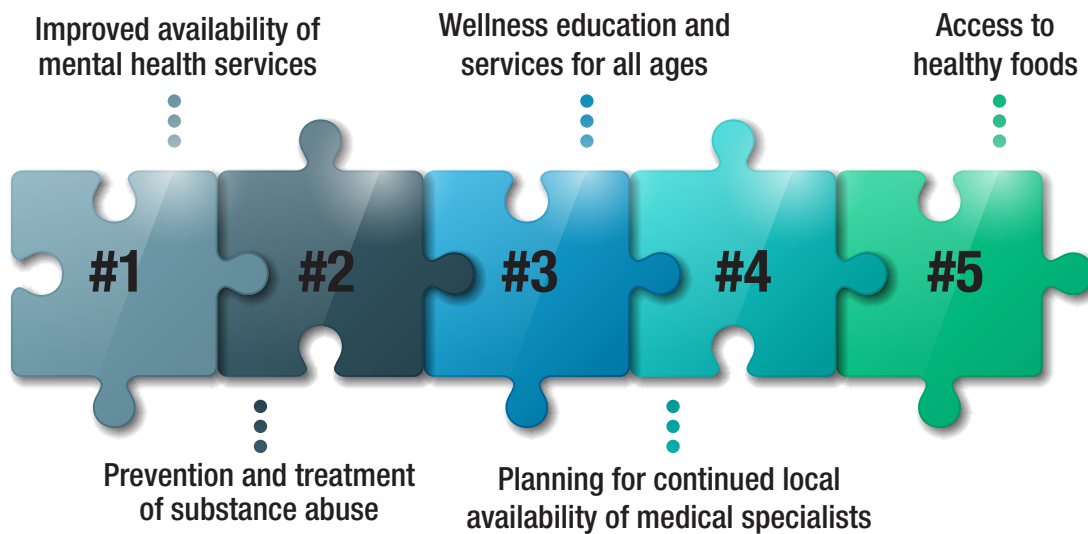
This assessment process results in a CHNA report that assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant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

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 57 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Hopedale and the surrounding area.

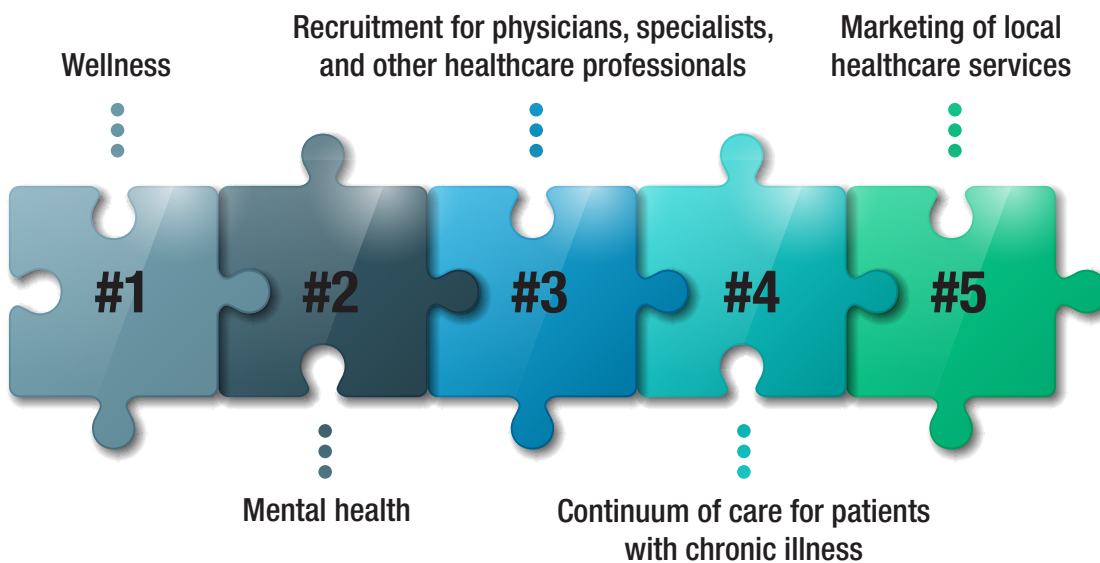


Introduction / Background

Hopedale Medical Complex completed two Community Health Needs Assessments prior to 2019. The first CHNA was conducted in 2013 and identified five significant needs:



The second CHNA was conducted in 2016 and also identified five significant needs:



Background

Since 2013, Hopedale Medical Complex has taken the following steps to address the identified community health needs identified in that first CHNA:

1. Improved availability of mental health services

- Hopedale Medical Complex (HMC) attempted to address mental health service availability to the elderly specifically with the creation of Renewed Hope, a senior counseling center. Renewed Hope was moderately successful, but despite HMC's best efforts, utilization of the service was not sufficient to support the business. Unfortunately, it is exceptionally difficult to find mental health professionals willing to work in Hopedale or rural areas in general, and a lack of mental health services is plaguing Illinois. This same community need was brought up in the most recent CHNA, and HMC will continue to attempt to address mental health services shortages in the service area.

2. Prevention and treatment of substance abuse

- HMC completed construction of a new Emergency Room, which provides treatment for substance abusers. This same community need was brought up in the most recent CHNA, and HMC will continue to attempt to educate the population within the service area on the dangers of alcohol and drug abuse.

3. Wellness education and services for all ages

- HMC continues to provide abundant wellness education and services for all ages throughout its service area. Although the Hopedale Wellness Center operates at a loss, the facility is underwritten by HMC in order to provide a first-class gymnasium and pools to the communities served. HMC also has a dedicated sports medicine and rehabilitation team that works with local schools. HMC offers a variety of informational lectures on various health and wellness topics throughout the year at its Wellness Center and White Fence Estate retreat building, utilizing HMC doctors and dietitians.

4. Planning for continued local availability of medical specialists

- As noted above, HMC recently completed an extensive hospital renovation. New patient rooms were built, along with a new ambulatory surgery department, in order to provide a first-in-class facility that will appeal to all sorts of medical specialists. A new hybrid angiography suite was constructed in the HMC Operating Room, and both orthopedic and neurosurgery services are now offered at HMC.

5. Access to healthy foods

- The White Fence Estate retreat building was opened in 2012. This property, which is located one-half mile from the hospital, offers a place where fresh vegetables are grown in the gardens and then served at HMC's café. It is HMC's goal to provide patients, visitors, residents, and employees with a wide array of healthy, locally-sourced food in the coming years. HMC is also evaluating the feasibility of creating a "Meals on Wheels" program to get healthy food from the HMC facility out to the communities served.

Since 2016, Hopedale Medical Complex has taken the following steps to address the identified community health needs identified in that first CHNA:

1. Wellness

- Hopedale Medical Complex is in the process of partnering with local businesses to provide free stroke screenings in the communities of the hospital's service area. It also has a very active employee wellness program, known as "FastTrack."

2. Mental health

- Hopedale Medical Complex continues to build its referral list for transfer beds for mental health patients needing inpatient care. This remains an issue beyond the control of HMC, but the hospital continues to aggressively look for resources for transfer beds for its mental health patients. HMC also continues to explore relationships for local counseling services.

3. Recruitment for physicians, specialists, and other healthcare professionals

- HMC has very successfully recruited both specialists to easily cover the next 10 years of demand.

4. Continuum of care for patients with chronic illness

- Hopedale Medical Complex continues to develop a comprehensive chronic illness management program.

5. Marketing of local healthcare services

- Hopedale Medical Complex continues to expand its website, its social media presence, and public information regarding services and activities through local media. HMC also continues to grow its volunteer pool across the service area.

Executive Summary

The 2019 Hopedale Medical Complex Community Health Needs Assessment was conducted in February through April of 2019. The Implementation Strategy was developed in April, 2019. The CHNA is influenced by the large rural service area of Hopedale Medical Complex.

The health profile of the Hopedale Medical Complex service area is influenced by the following indicators of social determinants of health:

- Education— Population with Bachelor's degrees or higher
- Access to food
- Access to dental care for low income, underinsured, and uninsured
- Access to mental health services

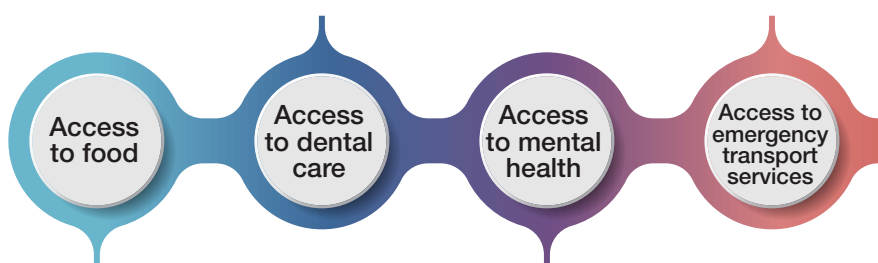
The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and added others. The identified and prioritized needs selected include:

1. Access to mental health services, including:
 - a. Local psychiatric services
 - b. Local or distant mental health beds
 - c. Substance abuse services, including care beyond the emergency room and resources for rehabilitation and recovery
2. Better emergency medical healthcare, including emergency response and hospital-to-hospital transfers by ambulance
3. Access to healthy foods
4. Opportunities for recreation and exercise, combined with nutrition and wellness education for youth and adults
5. Education for underinsured and uninsured persons and persons on Medicare about access to medical care

The Implementation Strategy, developed by the senior staff at Hopedale Medical Complex, is specific and thorough. The plan, set out in this report, includes these highlights:

- Hopedale Medical Complex will contact Tazwood Center for Wellness to attempt to secure opportunities for services for Hopedale area residents.
- Hopedale Medical Complex will explore a relationship with Chestnut Health Systems to serve persons that may not be eligible for care from the new Unity Place project.

- Hopedale Medical Complex will provide local education about the 211– information service and how local residents can utilize it to locate services for mental health, substance abuse, and suicide prevention.
- Hopedale Medical Complex will continue to communicate with Delavan and Hopedale rescue squads regarding immediate needs for emergency medical care in the Delavan area, including consideration of running an ambulance from Hopedale Medical Complex.
- Hopedale Medical Complex will explore the possibility of using AMT (Advanced Medical Transport – a private ambulance service) to staff an ambulance for hospital-to-hospital transfers.
- Hopedale Medical Complex will explore purchasing a greenhouse to supplement local food production at the White Fence Estate garden plots.
- Hopedale Medical Complex will work with local food pantries to provide fruit and vegetables for its clients.
- Hopedale Medical Complex will partner with the Healthy Communities' HEAL program (Healthy Eating, Active Living).
- Hopedale Medical Complex will develop volunteer support for the garden and greenhouse and will explore hiring a full-time coordinator for the project and other community support efforts.
- Hopedale Medical Complex will develop an education program for healthy eating, lifestyles, and food preparation.
- Hopedale Medical Complex will explore starting a local CATCH (Coordinated Approach to Child Health) program for school-age children.
- Hopedale Medical Complex will collaborate with physical education teachers to provide materials to assist with addressing nutrition and wellness education
- Hopedale Medical Complex will work with schools to collect anthropometric measurements to create aggregate reports to help direct local health education.
- Hopedale Medical Complex will explore expanded opportunities for adult use of the Hopedale Wellness Center.
- Hopedale Medical Complex will develop educational programs based on HMC's knowledge of charity care policies to provide information about how to obtain healthcare needs and address healthcare costs for persons lacking resources.



Service Area Demographics

For the purpose of this CHNA, Hopedale Medical Complex defined its primary service area and populations as the general population within the geographic area in and surrounding the village of Hopedale, defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance. Hopedale Medical Complex's service area is comprised of approximately 586 square miles, with a population of approximately 67,503 and a population density of 115 persons per square mile. The service area consists of the following rural communities:

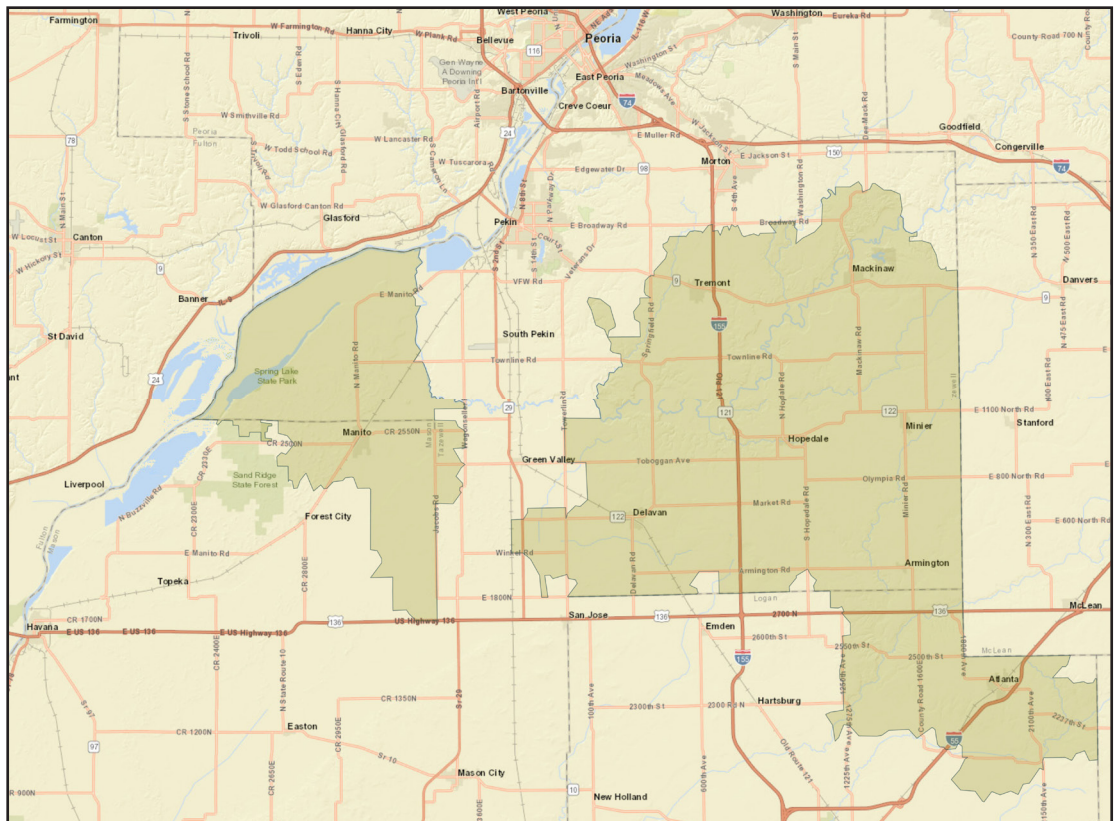
Cities

- Delavan
- Atlanta

Villages and Unincorporated Communities

- Hopedale
- Tremont
- Minier
- Armstrong
- Mackinaw
- Manito

Service Area Map



Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the Hopedale Medical Complex region grew from 68,606 to 68,923 between the year 2000 and 2010, a 0.46% increase.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	68,606	68,923	317	.46%
Logan County	31,183	30,305	-878	-2.82%
McLean County	150,433	169,572	19,139	12.72%
Mason County	16,038	14,666	-1,372	-8.55%
Tazewell County	128,485	135,394	6,909	5.38%
Total Area (Counties)	326,139	349,937	23,798	7.30%
Illinois	12,416,145	12,830,632	414,487	3.34%

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

The Hispanic population increased in Logan County by 390 (77.53%), increased in McLean County by 3,601 (93.95%), increased in Mason County by 37 (46.25%), and increased in Tazewell County by 1,183 (88.88%).

In Logan County, additional population changes were as follows: White -5.54%, Black 11.74%, American Indian/Alaska Native 22.45%, Asian 7.6%, and Native Hawaiian/Pacific Islander 25%.

In McLean County, additional population changes were as follows: White 6.54%, Black 38.54%, American Indian/Alaska Native 56.33%, Asian 134.11%, and Native Hawaiian/Pacific Islander 12.24%.

In Mason County, additional population changes were as follows: White -9.26%, Black 184.21%, American Indian/Alaska Native -14.29%, Asian 21.21%, and Native Hawaiian/Pacific Islander No Data.

In Tazewell County, additional population changes were as follows: White 4.06%, Black 21.49%, American Indian/Alaska Native 13.35%, Asian 50.23%, and Native Hawaiian/Pacific Islander 230%.

Service Area Demographics

Population by Age Groups

Population by gender in the service area is 50% male and 50% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	67,503	4,202	11,814	5,037	8,542
Logan County	29,820	1,452	4,126	3,284	4,125
McLean County	173,254	10,516	27,650	30,869	23,037
Mason County	13,931	659	2,288	1,002	1,397
Tazewell County	135,400	8,176	23,088	10,066	16,954
Illinois	12,851,684	790,205	2,200,424	1,242,711	1,780,279

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	8,476	9,263	9,065	11,104
Logan County	3,856	4,041	3,879	5,057
McLean County	20,953	21,312	19,162	19,765
Mason County	1,604	2,063	2,068	2,850
Tazewell County	17,429	18,365	18,324	22,998
Illinois	1,672,366	1,768,455	1,613,087	1,784,097



II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2019 Community Health Needs Assessment



Establishing the CHNA Infrastructure and Partnerships

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

Internal

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

- The project was overseen at the operational level by the COO.
- Arrangements were made with ICAHN to facilitate three focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Hopedale Medical Complex.
- The COO worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Hopedale Medical Complex also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These steps include:

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

III. DATA COLLECTION AND ANALYSIS

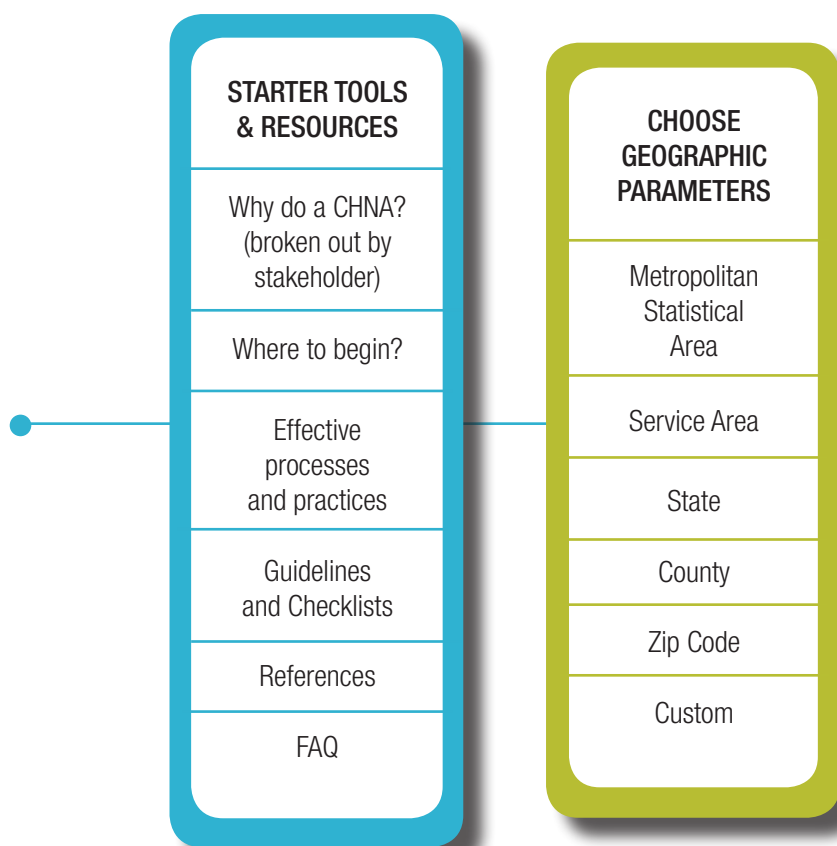
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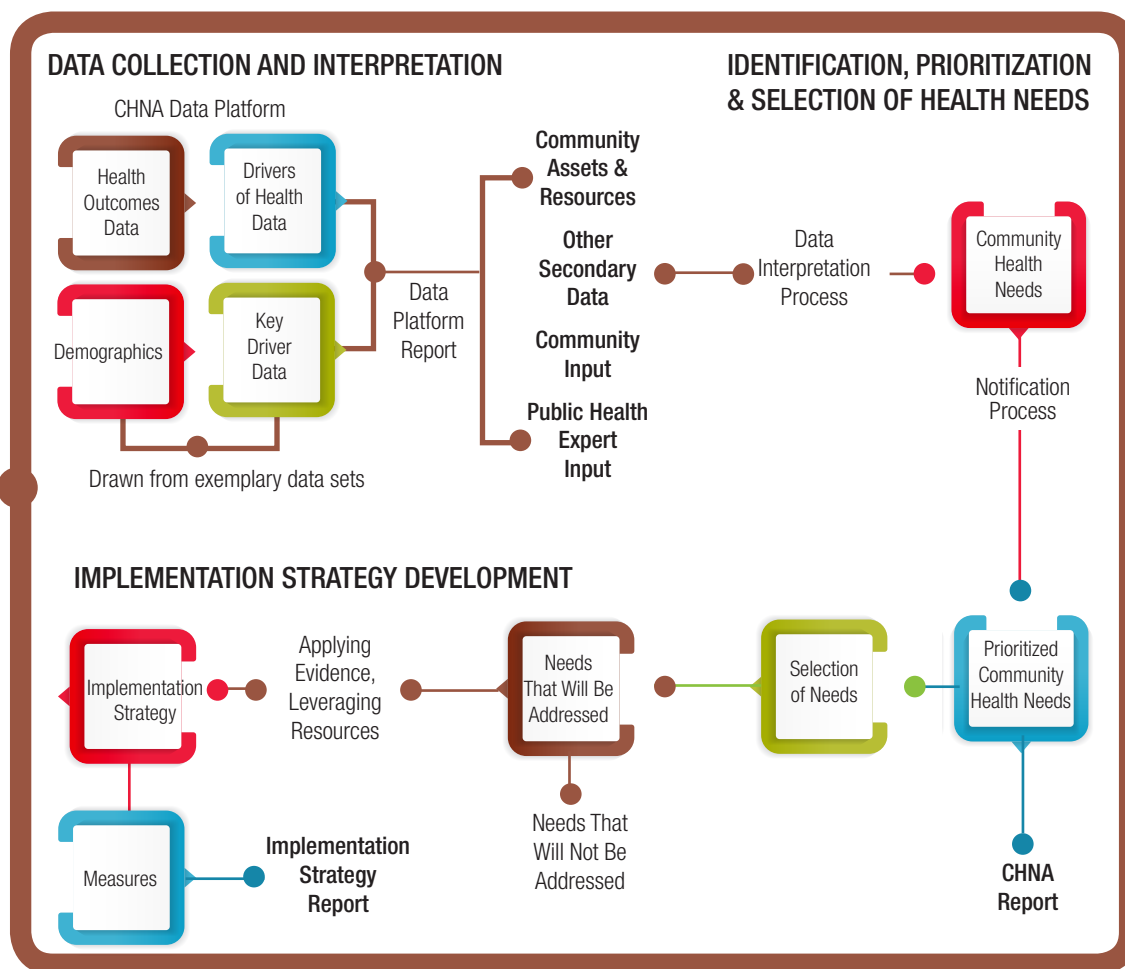


Description of Process and Methods Used

Qualitative Process

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





Description of Data Sources

Quantitative Process

Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
U.S. Census	National census data is collected by the U.S. Census Bureau every 10 years.
Community Commons	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
Illinois Department of Employment Security	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
National Cancer Institute	The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.
Illinois Department of Public Health	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
HRSA	The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.

County Health Rankings	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
ESRI	ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined levels.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
USDA	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
Illinois Youth Survey	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

Secondary Data

Social Determinants of Health

Education – High School Graduation Rate

Within the Hopedale Medical Complex service area, 91.6% of students are receiving their high school diploma within four years. This is higher than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	289	265	91.6%
Logan County	109	95	87.2%
McLean County	1,610	1,415	87.9%
Mason County	196	174	88.8%
Tazewell County	490	448	91.4%
Illinois	91,892	75,974	82.7%

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

Education – No High School Diploma

Within the Hopedale Medical Complex service area, there are 3,789 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 8.16% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Service Area Estimates	46,450	3,789	8.16%
Logan County	20,958	2,643	12.61%
McLean County	104,229	4,549	4.36%
Mason County	9,982	1,270	12.72%
Tazewell County	94,070	6,771	7.2%
Illinois	8,618,284	1,008,608	11.7%

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

Education – Student Reading Proficiency (4th Grade)

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

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring ‘Proficient’ or Better	Percentage of Students Scoring ‘Not Proficient’ or Worse
Service Area Estimates	261	41.71%	58.29%
Logan County	274	32.41%	67.59%
McLean County	1,840	41.61%	58.39%
Mason County	148	36.44%	63.56%
Tazewell County	1,494	43.51%	56.49%%
Illinois	144,944	39.33%	60.67%

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



Secondary Data

Social Determinants of Health

Education – Bachelor's Degree or Higher

Of the population aged 25 and older, 19.95% or 9,266 adult students have obtained a Bachelor's level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor's Degree or Higher	Population Age 25+ With Bachelor's Degree or Higher
Service Area Estimates	46,450	9,266	19.95%
Logan County	20,958	3,851	18.37%
McLean County	104,229	46,413	44.53%
Mason County	9,982	1,428	14.31%
Tazewell County	94,070	23,528	25.01%
Illinois	8,618,284	2,834,869	32.89%

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



Economic Stability

Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 9,409 public school students (42.67%) are eligible for free/reduced price lunches out of 22,052 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.88%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	22,052	9,409	42.67%
Logan County	3,745	1,694	45.23%
McLean County	25,766	8,897	34.53%
Mason County	2,492	1,264	50.72%
Tazewell County	20,327	7,741	38.08%
Illinois	2,018,739	1,006,936	49.88%

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

Income – Median Household Income

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

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	26,944	\$65,038	No data
Logan County	11,016	\$64,033	\$52,676
McLean County	65,956	\$81,734	\$63,420
Mason County	6,084	\$57,245	\$43,125
Tazewell County	54,612	\$75,595	\$60,178
Illinois	4,802,124	\$81,865	\$59,196

Secondary Data

Economic Stability

Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	68,423	8,350	12.2%
Logan County	29,494	4,558	15.5%
McLean County	173,166	18,990	11.0%
Mason County	13,701	2,512	18.3%
Tazewell County	134,800	16,007	11.9%
Illinois	12,859,995	1,935,887	15.1%

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

Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Hopedale Medical Complex service area, 13.83% or 2,166 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	65,476	15,665	2,166	13.83%
Logan County	24,035	5,511	1,022	18.54%
McLean County	165,599	37,714	4,426	11.74%
Mason County	13,658	2,862	671	23.45%
Tazewell County	132,301	30,521	2,980	9.76%
Illinois	12,548,538	2,947,192	576,159	19.55%

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



Secondary Data

Economic Stability

Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 10.08% or 6,601 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	65,476	6,601	10.08%
Logan County	24,035	2,996	12.47%
McLean County	165,599	23,485	14.18%
Mason County	13,658	2,115	15.49%
Tazewell County	132,301	10,485	7.93%
Illinois	12,548,538	1,753,731	13.98%

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

Unemployment Rate

Total unemployment in the Hopedale Medical Complex service area for the month of August 2018 was 1,537 or 4.7% of the civilian non-institutionalized population age 16 and older (seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	32,550	31,013	1,537	4.7%
Logan County	12,809	12,228	581	4.5%
McLean County	87,853	84,310	3,543	4.0%
Mason County	6,502	6,132	370	5.7%
Tazewell County	64,328	61,308	3,020	4.7%
Illinois	6,460,016	6,190,961	269,055	4.2%

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

Insurance – Uninsured Population

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

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	65,833	3,668	5.57%
Logan County	24,787	1,497	6.04%
McLean County	172,070	9,287	5.40%
Mason County	13,737	951	6.92%
Tazewell County	132,943	7,238	5.44%
Illinois	12,671,738	1,233,486	9.73%

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

Young People Not in School and Not Working

This indicator reports the percentage of youth aged 16-19 who are not currently enrolled in school and who are not employed.

Service Area	Population Age 16-19	Percentage of Population Age 16-19 Not in School and Not Employed
Service Area Estimates	2,949	8.38%
Logan County	1,729	24.29%
McLean County	13,130	1.86%
Macon County	652	9.97%
Tazewell County	6,446	5.96%
Illinois	704,861	7.17%

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

Secondary Data

Neighborhood and Physical Environment

Food Environment – Grocery Stores

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

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	68,923	8	12
Logan County	30,305	4	13
McLean County	169,572	28	17
Mason County	14,666	2	14
Tazewell County	135,394	16	12
Illinois	12,830,632	2,770	22

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

Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	68,923	17,163	24.90%
Logan County	30,305	7,400	24.42%
McLean County	169,572	55,625	32.80%
Mason County	14,666	4,526	30.86%
Tazewell County	135,394	55,390	40.91%
Illinois	12,830,632	2,483,877	19.36%

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

Secondary Data

Access to Care

Access to Primary Care

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

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians Rate Per 100,000 Population
Service Area Estimates	68,904	35	52
Logan County	29,746	11	37
McLean County	174,061	1,018	62
Mason County	13,898	3	22
Tazewell County	135,707	73	54
Illinois	12,880,580	12,477	97

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source Geography: County)

Access to Mental Health Providers

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

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of Persons)	Mental Healthcare Provider Rate Per 100,000 Population
Service Area Estimates	No Data	No Data	No Data	No Data
Logan County	29,746	17	1,750	57
McLean County	174,062	366	476	210
Mason County	13,897	5	2,779	36
Tazewell County	135,703	197	689	145
Illinois	12,806,917	23,090	555	180

Data Source: Community Commons (University of Wisconsin Population Health Institute, County Health Rankings. 2019. Source Geography: County)

Access to Dentists

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

Service Area	Total Population 2015	Dentists 2015	Dentists Rate Per 100,000 Population
Service Area Estimates	68,422	32	47
Logan County	29,494	16	54
McLean County	173,166	111	64
Mason County	13,701	5	36
Tazewell County	134,800	64	47
Illinois	12,859,995	9,336	73

Secondary Data

Access to Care

Medical Conditions and Circumstances

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

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

Tazewell County is ranked 18 out of the 102 Illinois counties in the Rankings, released in April 2019. Mason County is ranked 81. Logan County is ranked 66.

Health Condition	Tazewell County	Mason County	Logan County	Illinois
Adults Reporting Poor or Fair Health	14%	15%	15%	17%
Adults Reporting No Leisure Time/ Physical Activity	25%	26%	22%	22%
Adult Obesity	33%	31%	31%	29%
Children Under 18 Living in Poverty	11%	21%	17%	17%
Alcohol Impaired Driving Deaths	25%	40%	42%	33%
Teen Births	24/1,000	34/1,000	25/1,000	23/1,000
Uninsured	4%	6%	5%	7%
Unemployment	5%	6%	5%	5%

Behavioral Risk Factor Surveillance System

Tazewell County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	14.6%	15.5%	16.9%
Asthma	9.1%	16.2%	11.7%	13.7%
Diabetes	10.2%	8.0%	8.9%	7.5%
Obesity	29.5%	16.8%	33.0%	22.3%
Smoking	16.7%	18.7%	16.0%	22.7%

Mason County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	16.3%	23.4%	20.7%
Asthma	9.1%	16.0%	17.0%	16.1%
Diabetes	10.2%	16.6%	9.7%	7.5%
Obesity	29.5%	28.8%	30.4%	22.0%
Smoking	16.7%	26.7%	24.7%	29.5%

Logan County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	23.0%	16.7%	22.0%
Asthma	9.1%	10.6%	18.5%	18.7%
Diabetes	10.2%	8.6%	9.9%	7.6%
Obesity	29.5%	43.3%	30.4%	24.9%
Smoking	16.7%	No data	19.9%	22.7%

Secondary Data

Health Indicators

Population With Any Disability

Within the service area, 12.37% or 8,143 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Service Area Estimates	65,833	8,143	12.37%
Logan County	24,787	3,759	15.17%
McLean County	172,070	15,818	9.19%
Mason County	13,737	2,172	15.81%
Tazewell County	132,943	14,979	11.27%
Illinois	12,671,738	1,376,858	10.87%

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

Teen Births

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

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Logan County	1,005	29	28
McLean County	7,902	139	18
Mason County	457	21	47
Tazewell County	4,171	136	33
Illinois	448,356	15,692	35

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

Low Birth Weight Rate

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

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Logan County	2,268	186	8.2%
McLean County	15,302	1,209	7.9%
Mason County	1,183	128	10.8%
Tazewell County	11,543	843	7.3%
Illinois	1,251,656	105,139	8.4%

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



Secondary Data

Health Indicators

Preventable Hospital Events – Medicare Population

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

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	6,467	329	51.0%
Logan County	2,580	157	60.9%
McLean County	10,395	427	41.2%
Mason County	1,543	91	59.2%
Tazewell County	13,155	662	50.4%
Illinois	985,968	53,973	54.8%

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source Geography: County)

30-Day Hospital Readmissions – Medicare Beneficiaries

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

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions Among Medicare Beneficiaries (per 1,000)
Logan County	406	15.1%
McLean County	1,286	14.3%
Mason County	221	15.5%
Tazewell County	1,908	14.8%
Illinois	143,569	15.2%

Mortality Tables

Tazewell County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	357
Malignant Neoplasms	304
Chronic Lower Respiratory Diseases	78
Cerebrovascular Diseases	60
Diabetes Mellitus	42
Influenza and Pneumonia	34
Intentional Self-Harm (Suicide)	19
Assault (Homicide)	3

Mason County Mortality, 2017

Cause of Mortality	Total Deaths
Malignant Neoplasms	49
Diseases of the Heart	38
Chronic Lower Respiratory Diseases	16
Diabetes Mellitus	9
Cerebrovascular Diseases	8
Intentional Self-Harm (Suicide)	6
Influenza and Pneumonia	4

Logan County Mortality, 2017

Cause of Mortality	Total Deaths
Malignant Neoplasms	69
Diseases of the Heart	57
Chronic Lower Respiratory Diseases	34
Cerebrovascular Diseases	15
Influenza and Pneumonia	11
Diabetes Mellitus	10
Intentional Self-Harm (Suicide)	5

Secondary Data

Mortality Tables

Infant Mortality

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

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Logan County	1,635	15	9
McLean County	11,025	68	6
Mason County	800	5	6
Tazewell County	8,415	50	6
Illinois	879,035	6,065	7

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source Geography: County)

Mortality – Cancer

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Logan County	29,749	88	296	219
McLean County	173,315	260	150	159
Mason County	13,936	45	326	212
Tazewell County	135,439	317	234	177
Illinois	12,859,901	24,531	191	169

Mortality – Coronary Heart Disease

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Logan County	29,749	39	130	93
McLean County	173,315	139	80	82
Mason County	13,396	22	155	95
Tazewell County	135,439	160	118	86
Illinois	12,859,901	13,901	108	94

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

Secondary Data

Mortality Tables

Mortality – Pedestrian Motor Vehicle Crash

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

Service Area	Total Population 2010	Total Pedestrian Deaths 2011-2015	Average Annual Deaths (Rate Per 100,000 Population)
Service Area Estimates	No data	2	No data
Logan County	30,305	2	2
McLean County	169,572	12	2
Mason County	14,666	0	0
Tazewell County	135,394	5	1
Illinois	12,830,632	827	2

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

Mortality – Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Logan County	29,749	24	81	59
McLean County	173,315	74	43	46
Mason County	13,396	13	96	60
Tazewell County	135,439	79	58	43
Illinois	12,859,901	5,330	43	39

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

Mortality – Stroke

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Logan County	29,749	17	59	41
McLean County	173,315	52	30	31
Mason County	13,936	7	53	30
Tazewell County	135,439	74	55	40
Illinois	12,859,901	5,497	43	38

Mortality – Suicide

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Logan County	29,749	5	18	18
McLean County	173,315	22	13	12
Mason County	13,396	5	36	31
Tazewell County	135,439	19	14	14
Illinois	12,859,901	1,358	11	10

Secondary Data

Mortality Tables

Mortality – Motor Vehicle Crash

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Logan County	29,749	4	12	Suppressed
McLean County	173,315	15	9	9
Mason County	13,936	2	16	Suppressed
Tazewell County	135,439	13	10	10
Illinois	12,859,901	1,116	9	8

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

Mortality – Drug Poisoning

This indicator reports the rate of death due to drug overdose per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Logan County	29,749	5	16	16
McLean County	173,315	23	13	14
Mason County	13,936	2	16	Suppressed
Tazewell County	135,439	21	16	17
Illinois	12,859,901	1,832	14	14

Mortality – Unintentional Injury

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

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Logan County	29,749	5	18	18
McLean County	173,315	22	13	12
Mason County	13,936	5	36	31
Tazewell County	135,439	19	14	14
Illinois	12,859,901	1,358	11	10

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



Primary Data

Qualitative Data

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

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

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

Members of the CHNA steering committee, those who both participated in focus groups and the needs identification and prioritization process, were chosen based on their unique expertise and experience, informed perspectives, and involvement with the community.

Focus Group 1 – Community Leaders and Representatives

The first focus group consisted of community leaders and representatives of groups that represent or serve persons that may be underserved by local medical services. The group met at 8:00 a.m. on February 21, 2019 at Hopedale Medical Complex. Positive developments in the service area since the time of the last CHNA were identified as:

- Health self-promotion awareness efforts are encouraging more people to take better ownership of their own health and wellness
- Access to food and necessities has improved
- Hopedale Medical Complex has expanded the nursing home with a new addition
- Hopedale Medical Complex has increased its presence and visibility in the community, especially at community events and public functions
- Physician recruitment has been successful
- New clinic in Tremont
- Business has increased at Hopedale Medical Complex
- The emergency room at Hopedale Medical Complex is being recognized for its importance to the area
- Hopedale Medical Complex provides widespread, non-traditional services to the community demonstrated by its use as a community-wide warming center during a recent extended power outage

Needs and health issues were identified as:

- Access to obstetrical care in the service area, especially for Medicaid, underinsured, and uninsured patients
- Access to referrals for psychiatrists and psychiatric services
- Delavan Ambulance Service is unable to keep an ambulance in operation because of lack of trained personnel
- Local access to family counselling and grief counselling
- Access to private ambulances for non-emergency transfers and transport, both local and distant
- Expanded partnerships between Hopedale Medical Complex and the faith-based community to address local needs for counseling and care
- Post-care chronic disease management, especially for patients with diabetes and Chronic Obstructive Pulmonary Disorder (COPD)
- Address childhood healthcare and the related issue of parent engagement
- Improve local partnerships to create efficient and effective access to vaccinations
- Sustaining local healthcare employees

Primary Data

Qualitative Data

Focus Group 2 – Medical Professionals and Partners

The second focus group consisted of medical professionals and partners. The group included representatives of the physicians, nurses, senior care providers and others. The group met at noon on February 21, 2019 at Hopedale Medical Complex. Positive developments in the service area since the time of the last CHNA were identified as:

- Availability of handicapped accessible transportation has improved
- We Care transport services have improved
- Hopedale Medical Complex has increased outreach services for screenings to schools for orthopedics and sports medicine
- New Dollar Store in Hopedale has improved local access to food and necessities
- Physician recruitment efforts at Hopedale Medical Complex have been successful
- Hopedale Medical Complex outreach and community engagement has improved
- Expansion of disaster preparedness partnerships to encompass all levels of healthcare

Needs and health issues were identified as:

- Address the influence of service gaps in the time immediately following discharge on readmission numbers
- Local access to psychiatrists and psychiatric services
- Behavioral health services at all age levels, including local access to counselors and immediate support services
- Supportive services on discharge to assist with necessities like food and prescriptions
- Access to higher salary jobs in the community
- Fill the gap in nursing services

IV. IDENTIFICATION & PRIORITIZATION OF NEEDS

2019 Community Health Needs Assessment



Identification and Prioritization of Needs

Description of the Community Health Needs Identified

The steering group, comprised primarily of representatives from both focus groups, met on April 2, 2019, to identify and prioritize significant needs, including members serving persons likely to be unserved, underserved, or otherwise health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute, and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Hopedale Medical Complex service area.



1. The group first identified and prioritized access to mental health services, including:
 - a. Local psychiatric services
 - b. Local or distant mental health beds
 - c. Substance abuse services, including care beyond the emergency room and resources for rehabilitation and recovery
2. The group next prioritized the need for better emergency medical healthcare, including emergency response and hospital-to-hospital transfers by ambulance
3. The third prioritized need was access to healthy foods
4. The group next identified opportunities for recreation and exercise combined with nutrition and wellness education for youth and adults
5. The group's final identified need was education for underinsured and uninsured persons and persons on Medicare about access to medical care

V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

2019 Community Health Needs Assessment



Resources Available to Meet Priority Health Needs

Hopedale Medical Complex Resources

Hospital Resources

- 24-hour emergency services
- Intensive Care Unit
- Orthopedic services
- HMC swing bed program
- Laboratory
- Family practice
- Specialty services
 - Orthopedic
 - Podiatry
 - Urology
 - Allergist
 - Dentist
 - Nephrologist
 - Physiatrist
 - Cardiologist
 - Vascular specialists
- Midwest Vascular Institute
- Outpatient services
 - Pain management
 - Diagnostic radiology
 - Cardiopulmonary services
 - Cardiac rehabilitation
 - Midwest Vascular Institute's non-invasive vascular lab
 - Laboratory
 - Surgery
- Rehabilitation and sports management
 - Aquatic therapy
 - Concussion management
 - Occupational therapy
 - Physical therapy
 - Speech therapy
 - Sports medicine
 - Diagnostic radiology
- HMC LINX
- Pharmacy
- Screenings
- Wellness Center
- Miss Mona's Childcare Center



Community Resources

- Tazwood Center for Wellness
- Chestnut Health Systems
- Unity Place
- 211 – Information
- Delavan Ambulance Service
- Area rescue squads
- Volunteers
- Partnership for a Healthy Community
- Schools
 - Tremont
 - Deer Creek-Mackinaw
 - Olympia
 - Delavan
 - Harrisburg-Emden
- University of Illinois Extension
- Holt Center for Healthy Living
- Local meeting facilities



VI. IMPLEMENTATION STRATEGY

2019 Community Health Needs Assessment

Implementation Strategy

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Hopedale Medical Complex on April 2, 2019. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

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

Implementation Strategy – Priority #1



The following process by which needs will be addressed was developed:

The group first identified and prioritized access to mental health services, including:

- a. Local psychiatric services
- b. Local or distant mental health beds
- c. Substance abuse services, including care beyond the emergency room and resources for rehabilitation and recovery

Implementation Strategy

Planning Process

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

- Hopedale Medical Complex will contact Tazwood Center for Wellness to attempt to secure opportunities for services for Hopedale area residents
- Hopedale Medical Complex will explore a relationship with Chestnut Health Systems to serve persons that may not be eligible for care from the new Unity Place project
- Hopedale Medical Complex will provide local education about the 211– information service and how local residents can utilize it to locate services for mental health, substance abuse, and suicide prevention

Anticipated impacts of these actions:

- Hopedale Medical Complex expects these steps to result in increased, nearby mental health, substance abuse, and suicide prevention services including counseling, psychiatric services, and inpatient care for local residents

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

- Administration

Planned collaboration between the hospital and other organizations:

- Tazwood Center for Wellness
- Chestnut Health Systems
- Unity Place

Implementation Strategy – Priority #2



The group next identified the need for better emergency medical healthcare, including emergency response and hospital-to-hospital transfers by ambulance.

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

- Hopedale Medical Complex will continue to communicate with Delavan and Hopedale rescue squads regarding immediate needs for emergency medical care in the Delavan area, including the consideration of running an ambulance from Hopedale Medical Complex
- Hopedale Medical Complex will explore staffing an ambulance for hospital-to-hospital transfers

Anticipated impacts of these actions:

- Hopedale Medical Complex anticipates that the steps above could assist in replacing an existing transport agreement for the Delavan area with local services
- Hopedale Medical Complex anticipates that the above steps will provide a permanent solution for hospital-to-hospital transfers from Hopedale Medical Complex
- Hopedale Medical Complex anticipates that the above steps could lead to a possibility of publicly supported services for Delavan

Implementation Strategy

Planning Process

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

- Administration
- Emergency room
- EPSS (Emergency Physician Staffing Solutions)

Planned collaboration between the hospital and other organizations:

- Delavan Ambulance Service
- Area rescue squads

Implementation Strategy – Priority #3



The third prioritized need was access to healthy foods.

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

- Hopedale Medical Complex will explore purchasing a greenhouse to supplement the local foods' production at the White Fence Estate garden plots
- Hopedale Medical Complex will work with local food pantries to provide fruit and vegetables for their clients
- Hopedale Medical Complex will partner with the Healthy Communities' HEAL program (Healthy Eating, Active Living)
- Hopedale Medical Complex will develop volunteer support for the garden and greenhouse and will explore hiring a full-time coordinator for the project and other community support efforts
- Hopedale Medical Complex will develop an education program for healthy eating, lifestyles, and food preparation

Anticipated impacts of these actions:

- Hopedale Medical Complex anticipates a significant improvement to local availability of healthy foods
- Hopedale Medical Complex anticipates the realization of community enthusiasm for this program, with everyone helping each other to find a solution for this local issue

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

- Administration
- Sports medicine

Planned collaboration between the hospital and other organizations:

- Volunteers
- Partnership for a Healthy Community

Implementation Strategy – Priority #4



The group next identified opportunities for recreation and exercise combined with nutrition and wellness education for youth and adults.

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

- Hopedale Medical Complex will explore starting a local CATCH (Coordinated Approach to Child Health) program for school age children
- Hopedale Medical Complex will collaborate with physical education teachers to provide them materials to assist with addressing nutrition and wellness education

Implementation Strategy

Planning Process

- Hopedale Medical Complex will work with schools to collect anthropometric measurements to create aggregate reports to help direct local health education
- Hopedale Medical Complex will explore expanded opportunities for adult use of the Hopedale Wellness Center

Anticipated impacts of these actions:

- Hopedale Medical Complex anticipates that the above steps will provide increased opportunities for recreation and exercise combined with nutrition and wellness education for youth and adults

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

- Administration
- Sports medicine
- Hopedale Wellness Center

Planned collaboration between the hospital and other organizations:

- Schools
 - Tremont
 - Deer Creek-Mackinaw
 - Olympia
 - Delavan
 - Harrisburg-Emden
- University of Illinois Extension
- Holt Center for Healthy Living

Implementation Strategy – Priority #5



The group's final identified need was education for underinsured and uninsured persons and persons on Medicare about access to medical care.

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

- Hopedale Medical Complex will develop educational programs based on HMC's knowledge of charity care policies to provide information about how to obtain healthcare needs and address healthcare costs for persons lacking resources.

Anticipated impacts of these actions:

- Hopedale Medical Complex anticipates that the above steps will enhance the ability of those who are underinsured and uninsured to obtain medical care for wellness and treatment.

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

- Administration
- Patient accounts' staff

Planned collaboration between the hospital and other organizations:

- Local meeting facilities



VII. DOCUMENTING AND COMMUNICATING RESULTS

2019 Community Health Needs Assessment

Documenting and Communicating Results

Approval

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

This Community Health Needs Assessment and Implementation Plan of Hopedale Medical Complex was approved by the Hopedale Medical Complex Board of Directors on the 28th day of June, 2019.



VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment

References

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

Appendix


Appendix

Focus Groups and/or Steering Committee

The following persons contributed to the needs assessment process through their participation in the two focus groups or with the Steering Committee.

Kurt Walker	Hopedale Mennonite Church
David Zimmerman	Tazewell County Board
Linda Thomas	Hopedale resident
Fred Finchum	City of Atlanta
Tim Sondag	Hopedale Medical Complex and City of Manito
Liz Skinner	City of Delavan
Kevin Frazier	Olympia Board of Education
Brent Eichelberger	Village of Hopedale
Greg Eberle	Hopedale Medical Complex
Amy Fox	Tazewell County Health Department
Melissa Stokes	EMS System Coordinator, UnityPoint EPSS
James Hubler, MD	Morton Fire and Emergency Services
Joe Kelley	Central Illinois Agency on Aging, Inc.
Renee Razo	Hopedale Medical Complex
Emily Whitson	Delavan City Administrator
Matt Fick	Tazewell County Health Department
Angie Phillips	Delavan Ambulance Service
Gordon Klokenga	Hopedale Rescue Service
Rose Willis	Commerce Bank
Jon Williams	Hopedale Medical Complex
Mark Rossi, COO	

Notes



2019 Community Health Needs Assessment
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