COMMUNITY HEALTH NEEDS ASSESSMENT 2015

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

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Hopedale Hospital, the core facility of the Hopedale Medical Complex, conducted a Community Health Needs Assessment (CHNA) over a period of several weeks in the summer and fall of 2015. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities.

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

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

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

Two focus groups met on July 7, 2015, to discuss the overall state of health and the local delivery of healthcare and health-related services. They identified positive recent developments in local services and care and also identified issues or concerns that they felt still existed in the area.

A third group, comprised of members or representatives of members of the focus groups, then met and considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

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

Five needs were identified as significant health needs and prioritized:

1. **Wellness**
2. **Mental health**
3. **Recruit physicians, specialists, and other healthcare professionals**
4. **Continuum of care for patients with chronic disease**
5. **Marketing of local healthcare services**

The consultant then compiled a report detailing key data and information that influenced the process and setting out the conclusions drawn by the participants. This report was delivered to Hopedale Medical Complex in October, 2015.

Background

On May 8, 1955, Dr. Lawrence J. Rossi, Sr., opened Hopedale Hospital with the help of area farmers, local citizens, and volunteers. Hopedale Hospital, which began with 20 beds, has grown into a nearly 200-bed continuum-of-care facility. The Hopedale Medical Complex (HMC) is now staffed by 300 employees and healthcare professionals. HMC includes a 25-bed acute care hospital, 74-bed nursing home, 70-bed assisted and independent living facility, 34,000 square foot Wellness Center, the Midwest Vascular Institute, and four satellite doctors' offices in area towns.

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

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 53 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. Hopedale Medical Complex is a member of the Illinois Critical Access Hospital Network. The Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Hopedale and the surrounding area.

The population assessed included the identified service area including Tazewell, Logan, and Mason counties. Data collected throughout the assessment process was supplemented with:

- **a local asset review;**
- **qualitative data gathered from broad community representation; and,**
- **focus groups, including input from local leaders, medical professionals, health professionals, and community members who serve the needs of persons in poverty and the elderly.**

Hopedale Medical Complex is a not-for-profit Charitable corporation.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

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 city 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.

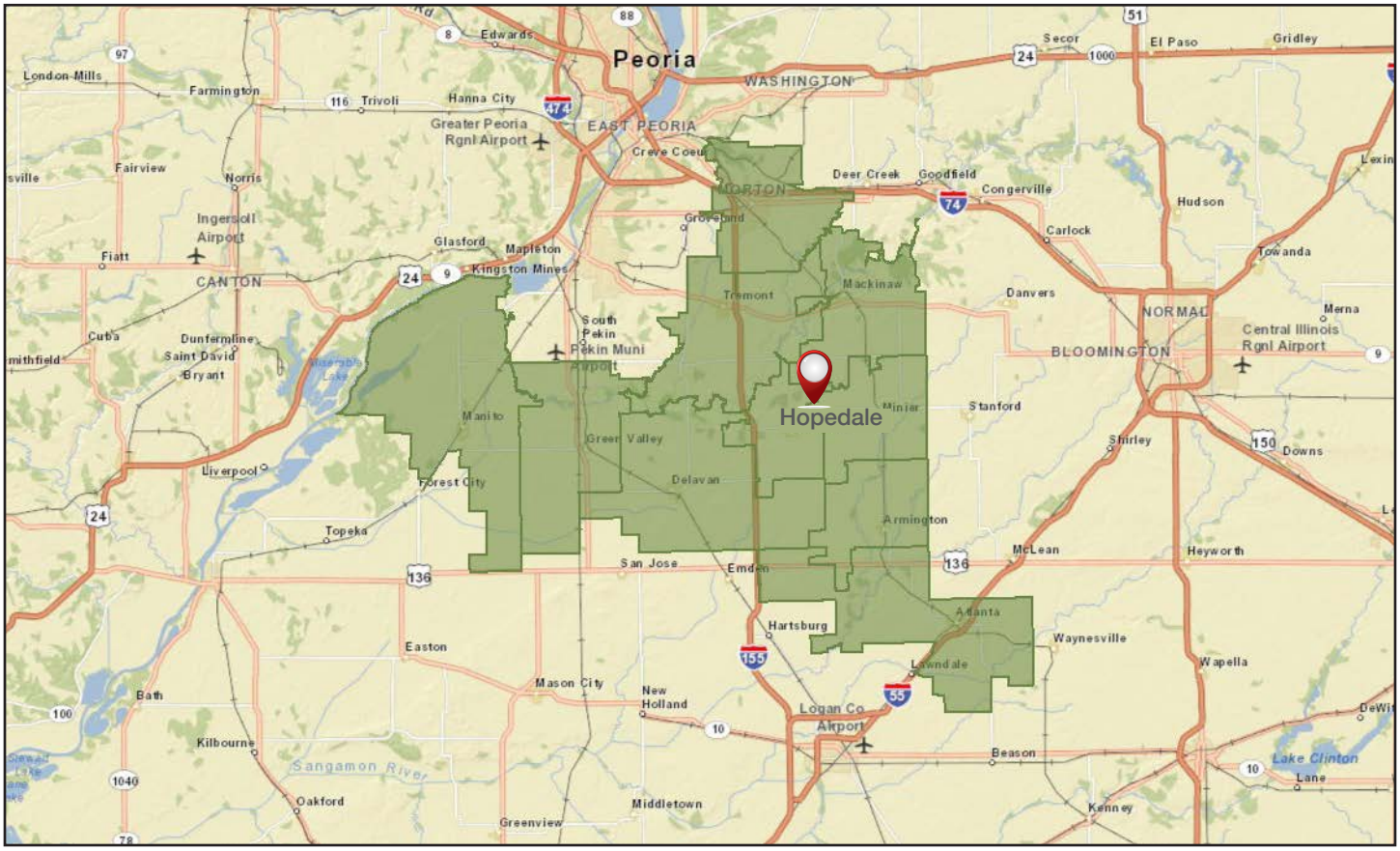
DEMOGRAPHICS

Hopedale Medical Complex's service area is comprised of approximately 487.90 square miles with a population of approximately 41,410 and a population density of 84.87 per square mile. The service area consists of the following rural communities:

Cities and Towns
- Hopedale
- Delavan
- Morton
- Atlanta

Villages
- Green Valley
- Manito
- Tremont
- Armington
- Mackinaw
- Minier

Illustration 1. Hopedale Medical Complex Service Area



ESRI – 2015

The service area estimates reported in the following tables from Community Commons represent the zip codes identified as the service area. The full county data for Logan, Mason, and Tazewell counties which contain all but a very small portion of the service area are included in most tables for comparison.

TOTAL POPULATION CHANGE, 2000-2010

According to U.S. Census data, the population in the region grew from 40,428 to 41,757 between the years 2000 and 2010, a 3.29% increase.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	40,428	41,757	1,329	3.29%
Logan County	31,183	30,305	-878	-2.82%
Mason County	16,038	14,666	-1,372	-8.55%
Tazewell County	128,485	135,394	6,909	5.38%
Illinois	12,419,231	12,830,632	411,401	3.31%
Total Area (Counties)	175,706	180,365	4,659	2.65%

Data Source: Community Commons

The Hispanic population increased in Logan County by 390 (77.53%), 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%, Native Hawaiian/Pacific Islander 25%.

In Mason County, additional population changes were as follows: White -9.26%, Black 184.21%, American Indian/Alaska Native -14.29%, Asian 21.21%, 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%, Native Hawaiian/Pacific Islander 230%.

POPULATION BY GENDER AND AGE GROUPS

Population by gender in the region is 49.86% male and 50.13% female. 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	41,410	2,336	7,668	3,180	4,651
Logan County	30,177	1,505	4,280	3,314	4,224
Mason County	14,508	713	2,386	1,042	1,434
Tazewell County	135,747	8,438	23,306	10,086	17,490
Illinois	12,848,554	820,771	2,265,645	1,252,399	1,778,128

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	4,890	6,286	5,602	6,798
Logan County	3,884	4,395	3,730	4,845
Mason County	1,805	2,219	2,082	2,827
Tazewell County	17,461	19,612	17,868	21,486
Illinois	1,711,098	1,842,487	1,521,168	1,656,858

Data Source: Community Commons

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

Within the report area, there are 1,582 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 5.86% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	28,163	1,700	6.04%
Logan County	21,078	2,990	14.19%
Mason County	10,367	1,512	14.58%
Tazewell County	93,917	7,819	8.33%
Illinois	8,509,739	1,082,381	12.72%

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

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

Poverty is considered a key driver of health status. Within the report area, 5.34% or 2,174 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is lower than the statewide poverty level by 14.13%. Within the report area, 18.06% or 7,356 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This is lower than the statewide poverty levels by 31.51%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below100% FPL	Population Below 200% FPL
Service Area Estimates	40,739	2,174	7,356
Logan County	23,419	3,228	7,552
Mason County	14,270	2,323	5,311
Tazewell County	132,958	12,150	32,848
Illinois	12,547,066	1,772,333	3,954,161

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

POPULATION WITH ANY DISABILITY

Within the report area, 8.64% or 3,538 individuals are disabled in some way. This is lower than the statewide disabled population level of 10.48%. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population With a Disability	Percent Population With a Disability
Service Area Estimates	40,495	3,538	8.64%
Logan County	24,136	3,377	13.99%
Mason County	14,326	2,269	15.84%
Tazewell County	133,305	14,478	10.86%
Illinois	12,668,117	1,327,536	10.48%

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

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the report area, 1,827 public school students (27.1%) are eligible for Free/Reduced Price lunch out of 6,742 total students enrolled. This is lower than the statewide Free/Reduced Price Lunch of 50.56%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/ Reduced Price Eligible	% of Free/Reduced Price Lunch Eligible
Service Area Estimates	6,742	1,827	27.1%
Logan County	3,725	1,631	47.48%
Mason County	2,599	1,400	53.87%
Tazewell County	20,647	7,955	40.81%
Illinois	2,049,231	1,044,588	51.44%

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

INCOME – PER CAPITA INCOME

The per capita income for the report area is $31,111. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Service Area Estimates	41,410	$1,288,318,047	$31,111
Logan County	30,177	$647,147,328	$21,445
Mason County	14,508	$336,575,616	$23,199
Tazewell County	135,747	$3,805,916,672	$28,036
Illinois	12,848,554	381,170,546,736	$29,666

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

INSURANCE – POPULATION RECEIVING MEDICAID

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

Report Area	Total Population (For Whom Insurance Status is Determined)	Population With Any Health Insurance	Population Receiving Medicaid	% of Insured Population Receiving Medicaid
Service Area Estimates	40,945	38,725	3,948	10.19%
Logan County	24,136	22,121	4,377	19.79%
Mason County	14,326	12,617	3,288	26.06%
Tazewell County	133,305	122,166	18,795	15.38%
Illinois	12,668,117	11,021,355	2,212,779	20.08%

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

POPULATION RECEIVING SNAP BENEFITS

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

Report Area	Total Households	Households Receiving SNAP Benefits	% of Households Receiving SNAP Benefits
Service Area Estimates	No Data	No Data	No Data
Logan County	10,963	1,371	12.51%
Mason County	6,310	940	14.9%
Tazewell County	54,428	4,564	8.39%
Illinois	4,772,723	564,185	11.82%

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

POPULATION WITH LOW FOOD ACCESS

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

Report Area	Total Population	Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	41,757	12,836	30.74%
Logan County	30,305	6,012	19.84%
Mason County	14,666	996	6.79%
Tazewell County	135,394	52,022	38.42%
Illinois	12,830,632	2,623,048	20.44%

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

LOW INCOME POPULATION WITH LOW FOOD ACCESS

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

Report Area	Total Population	Low Income Population With Low Food Access	% Low Income Population WithLow Food Access
Service Area Estimates	41,757	1,826	4.37%
Logan County	30,305	1,315	4.34%
Mason County	14,666	402	2.74%
Tazewell County	135,394	11,040	8.15%
Illinois	12,830,632	584,658	4.56%

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

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

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

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, met with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

Internal

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 Senior Director for Risk Management reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate two 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 Risk Manager 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 external steps included:

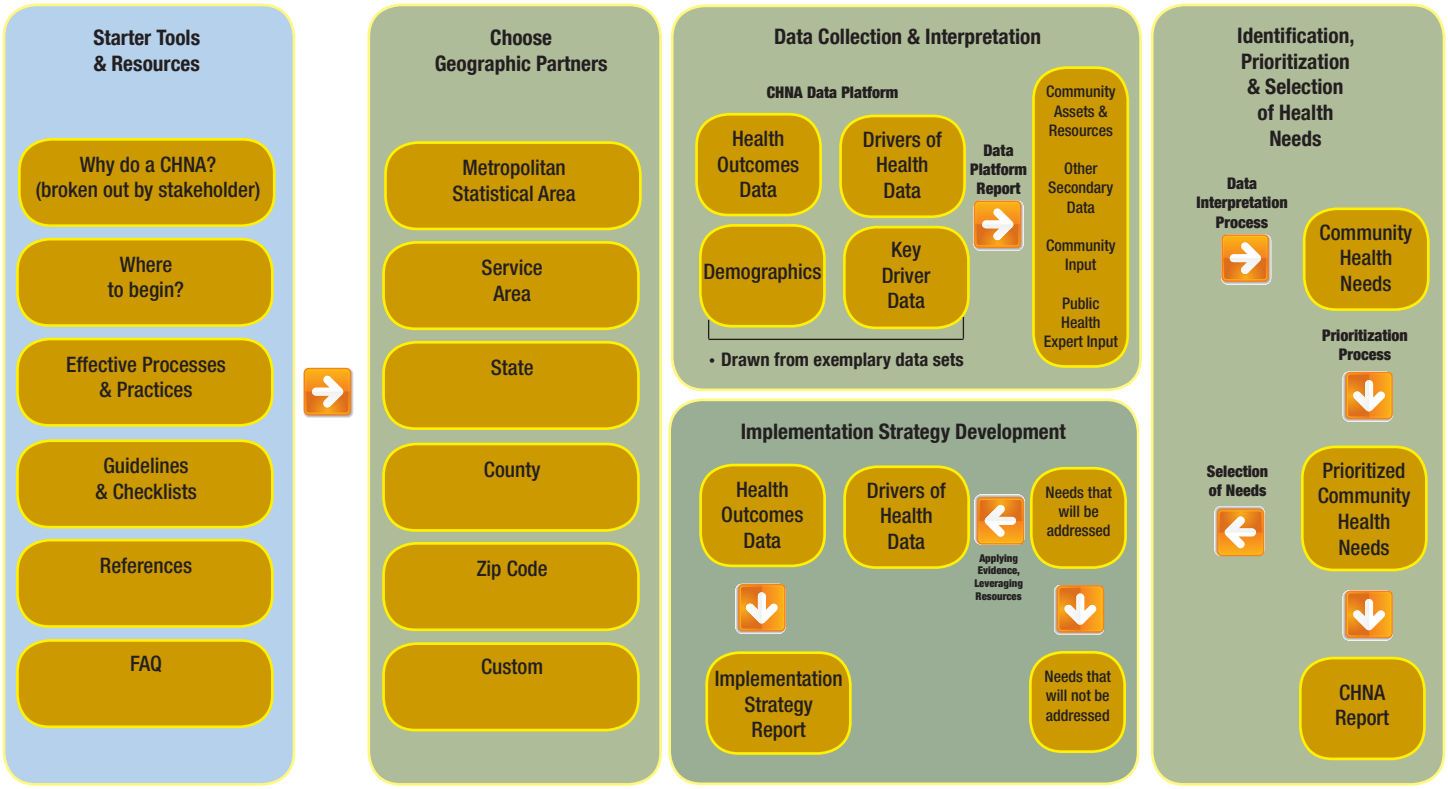
- The Risk Manager secured the participation of a diverse group of representatives from the community and the health professions.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of the county health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

III. DEFINING THE PURPOSE AND SCOPE

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

IV. DATA COLLECTION AND ANALYSIS

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



DESCRIPTION OF DATA SOURCES

Quantitative

Source	Description
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.
US 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.
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.

Source	Description
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.
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, 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.

County Health Rankings, University of Wisconsin/Robert Wood Johnson Foundation, 2015

SECONDARY DATA DISCUSSION

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

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The *Rankings*, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. *(County Health Rankings and Roadmaps, 2015)*

Tazewell County is ranked 31st out of the 102 Illinois counties in the *Rankings* released in April 2015. Logan County is ranked 62nd out of 102 Illinois counties in the *Rankings* released in April 2015. Mason County is ranked 100th out of 102 Illinois counties in the *Rankings* released in Arpil 2015. The table on the following page highlights area of interest from the *County Health Rankings.*

HEALTH RANKING OBSERVATIONS

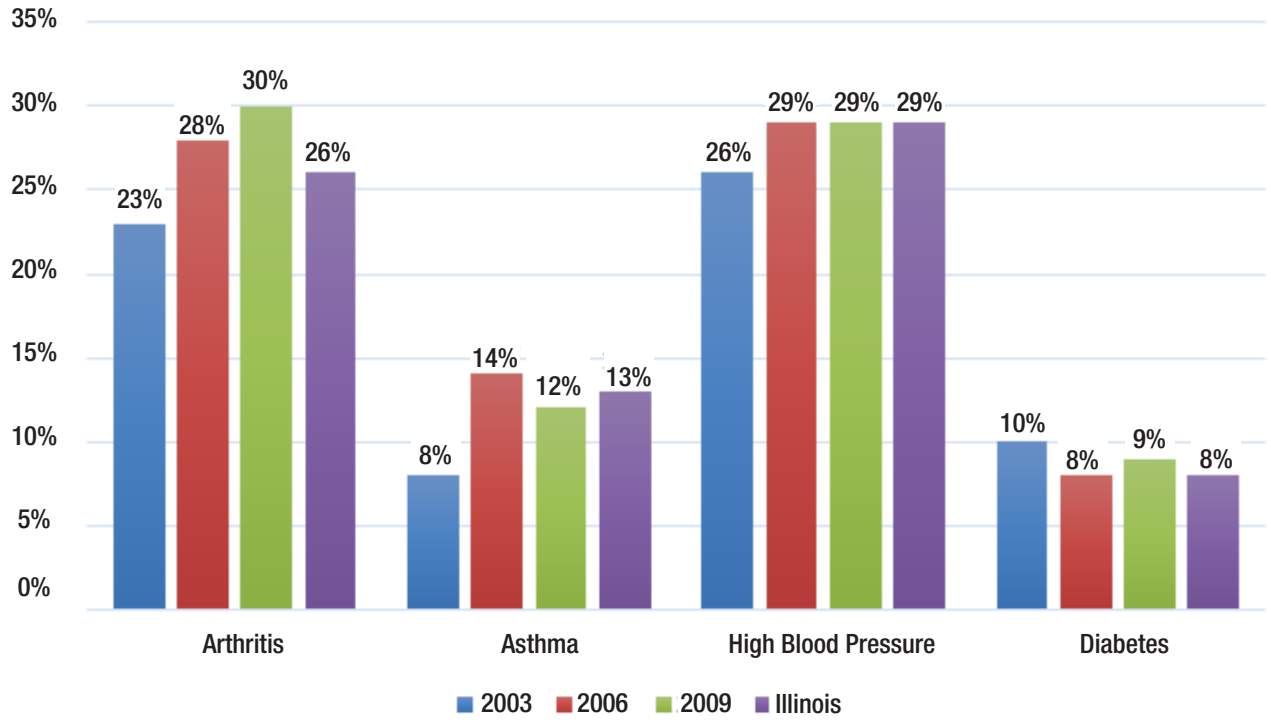
Table 1. Health Ranking Observations – Logan, Mason, and Tazewell Counties

Observation	Logan County	Mason County	Tazewell County	Illinois
Adults reporting poor or fair health	17%	Not available	11%	15%
Adults reporting no leisure time physical activity	26%	28%	29%	23%
Adult obesity	32%	32%	28%	27%
Children under 18 living in poverty	19%	23%	12%	21%
Uninsured	10%	13%	10%	15%
Adult smoking	28%	17%	19%	18%
Teen birth rate (ages 15-19)	28/1,000	47/1,000	33/1,000	35/1,000
Alcohol crash deaths/ total crash deaths	39%	69%	33%	37%
Unemployment	8.8%	11%	9%	9.2%

Data Source: Community Commons

The Illinois Behavioral Risk Factor Surveillance System provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services.The following tables reflect information from the IBRFSS that indicate areas of likely healthcare needs.

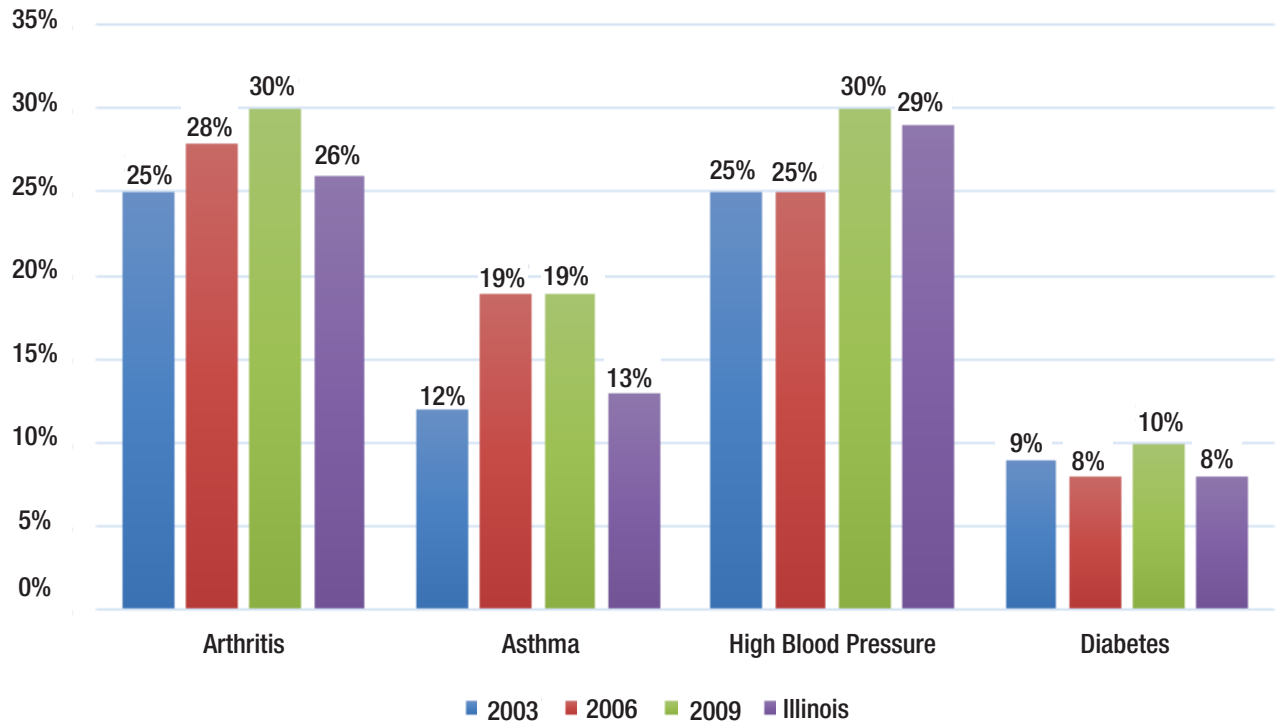
Table 2. Diagnosed Disease Factors – Tazewell County



IBFRSS, 2015

Diagnosis of arthritis has increased to exceed the state level. Diagnosis of diabetes has been stable and just above or matching the state level. Reports of high blood pressure have increased since 2003 to match the state level. Diagnosis of asthma has been below the state level, except in the 2006 timeframe.

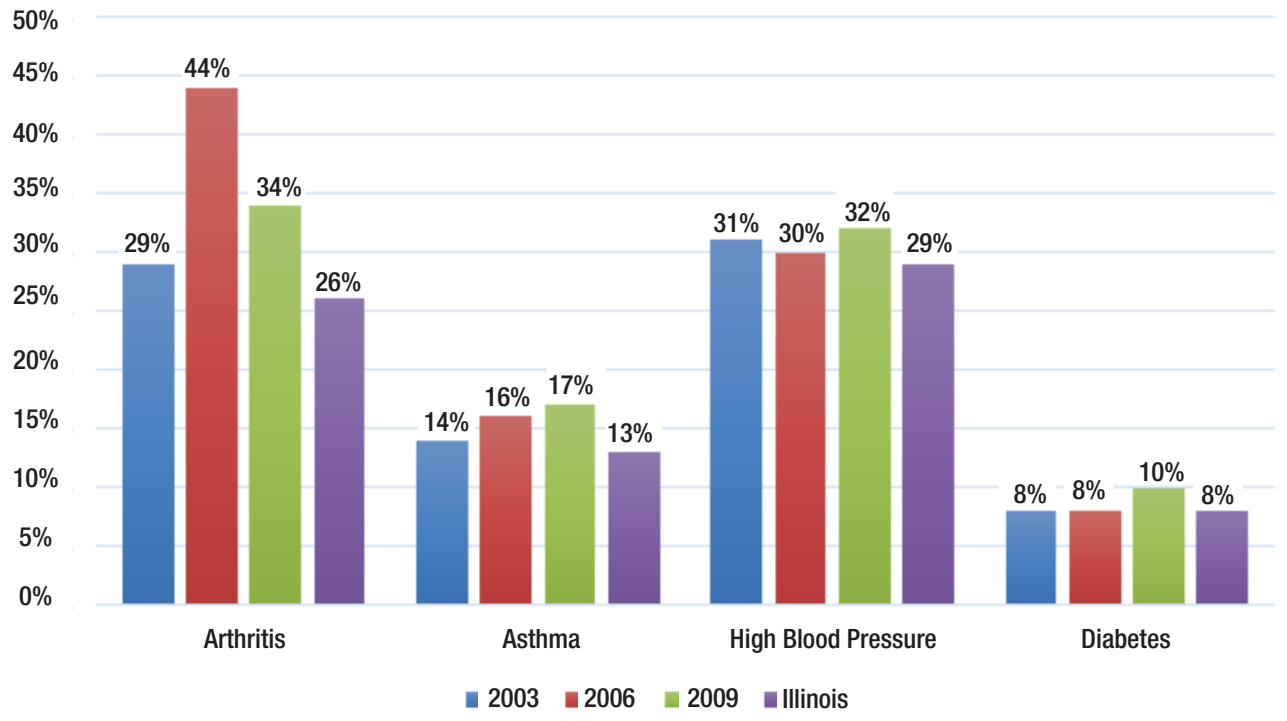
Table 3. Diagnosed Disease Factors – Logan County



IBFRSS, 2015

Diagnoses of arthritis, asthma, high blood pressure, and diabetes have all increased to exceed the state level in the past decade.

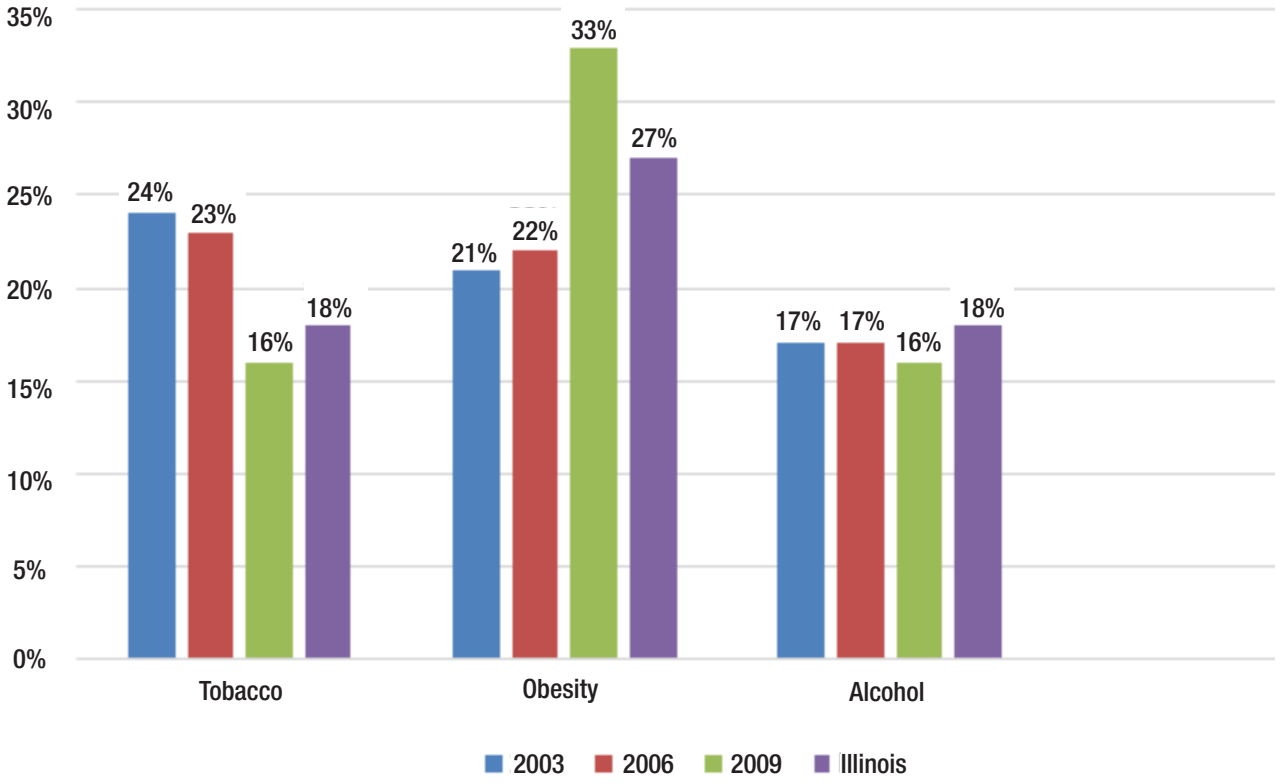
Table 4. Diagnosed Disease Factors – Mason County



IBFRSS, 2015

Diagnosis of arthritis, asthma, and high blood pressure have exceeded the state level in the past decade. Diagnosis of diabetes has increased to exceed the state level.

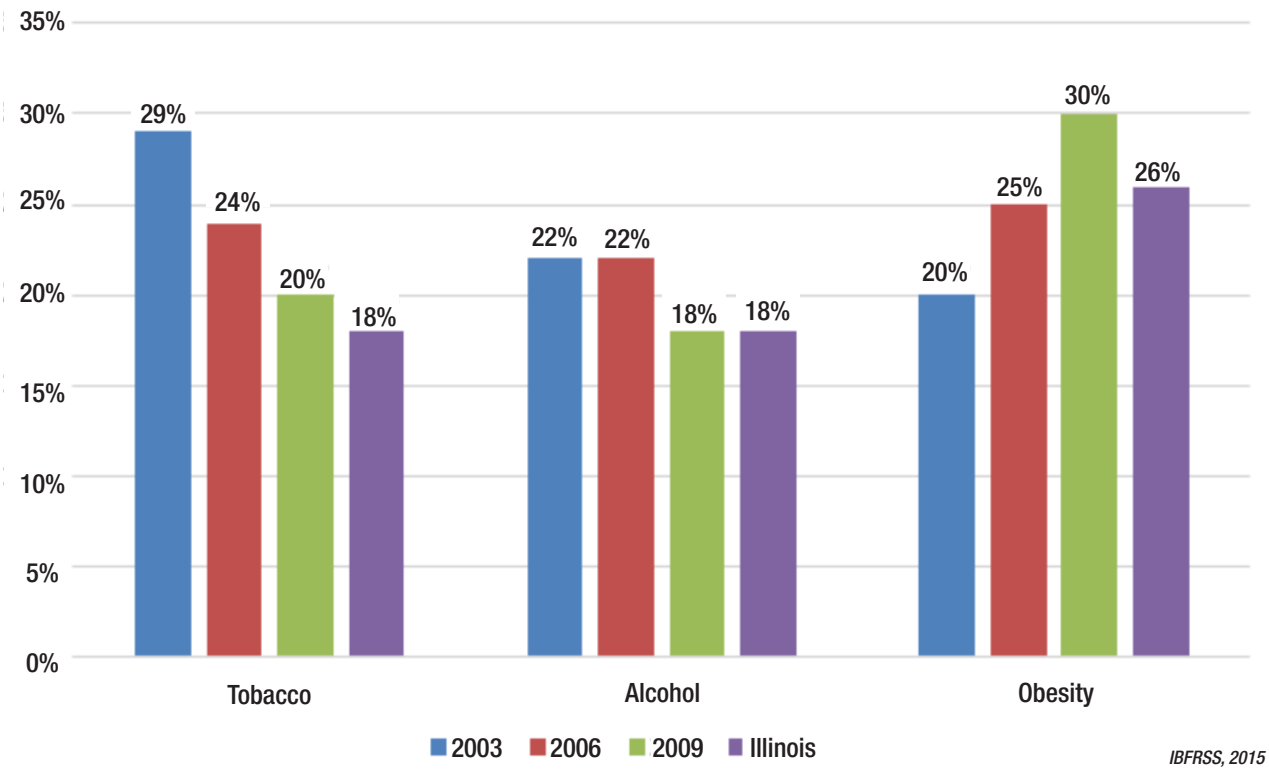
Table 5. Health Risk Factors – Tazewell County



IBFRSS, 2015

Tobacco use has exceeded the state level in the past decade and is decreasing. The rate of persons reporting obesity has increased to exceed the state level in the IBRFSS and the more recent data from the *County Health Rankings.* Alcohol use has remained just below the state average. Teen birth rates (ages 15-19), as noted in Table 1, are just below the state rate.

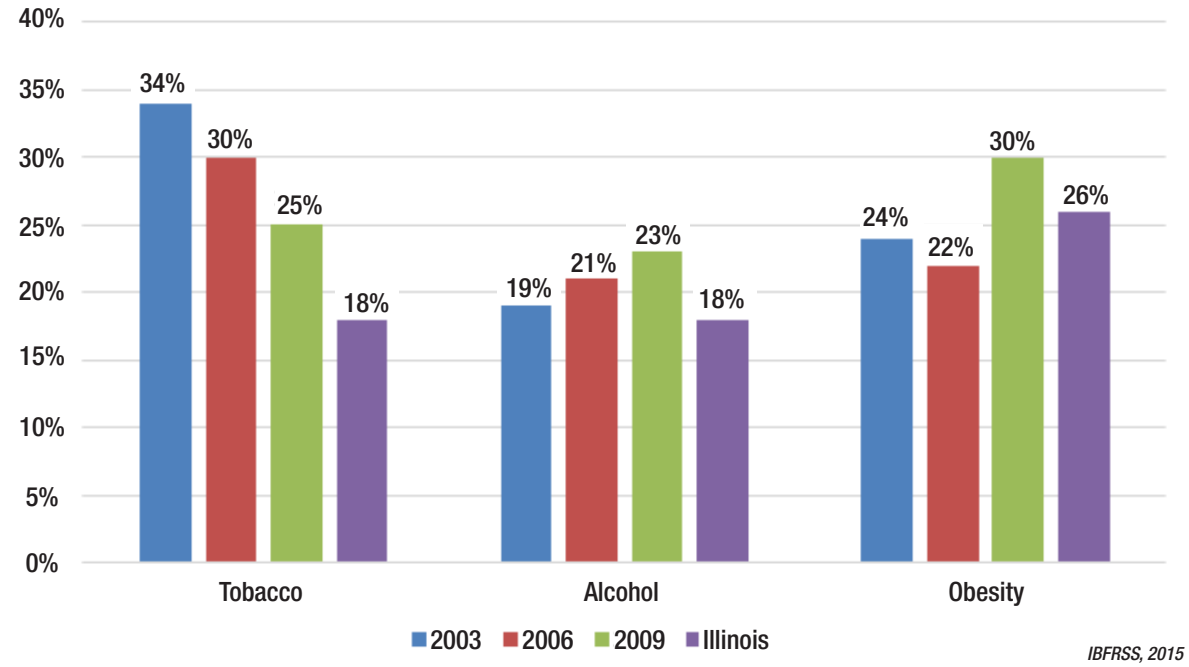
Table 6. Health Risk Factors – Logan County



IBFRSS, 2015

Tobacco use has consistently exceeded the state levels and is decreasing. The rate of persons reporting obesity has increased to exceed the state level in the IBRFSS and the more recent data from the *County Health Rankings*. Alcohol use has exceeded the state average and is decreasing. Teen birth rates (ages 15-19), as noted in Table 1, are below the state rate.

Table 7. Health Risk Factors – Mason County



IBFRSS, 2015

Tobacco use has consistently exceeded the state levels and is decreasing. The rate of persons reporting obesity has increased to exceed the state level in the IBRFSS and the more recent data from the *County Health Rankings*. Alcohol use has exceeded the state average and is increasing. Teen birth rates (ages 15-19), as noted in Table 1, are below the state rate.

CANCER PROFILES

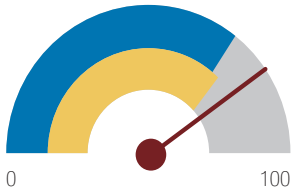
The State Cancer Profiles compiled by the National Cancer Institute lists Tazewell, Logan, and Mason Counties at Level 4 for all cancers, which means that the cancer rate is above the U.S. rate and is stable over the recent past. This is confirmed by the local cancer data set out on the pages below.

Cancer Incidence – Lung

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

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Custom Area Estimates	41,573	44	**84.9**
Logan County	30,353	29	**79.4**
Mason County	14,788	20	**92.3**
Tazewell County	134,636	142	**84.7**
Illinois	12,790,182	9,336	70.6
United States	306,603,776	212,768	64.9

Note: This indicator is compared with the state average. Community Commons, 2015



Annual Lung Cancer Incidence Rate (per 100,000 Population)

Report Area (84.9)
Illinois (70.6)
United States (64.9)

Note: This indicator is compared with the state average.
Data Source: National Institutes of Health, National Cancer Institute, *Surveillance, Epidemiology, and the End Results Program State Cancer Profiles: 2007-2011.*
Source Geography: County

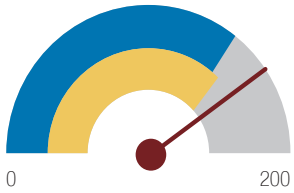
Red numbers indicate rates that exceed state levels. The green highlights that the indicated service area is below the state level. The color scheme clarifies where there are differences in the percentages within the reporting area.

Cancer Incidence – Prostate

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

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Custom Area Estimates	20,436	39	**159.7**
Logan County	15,383	22	**128.5**
Mason County	7,165	13	**125.7**
Tazewell County	66,320	128	**164.3**
Illinois	6,272,579	9,168	149.4
United States	150,740,224	220,000	142.3

Note: This indicator is compared with the state average. Community Commons, 2015



Annual Prostate Cancer Incidence Rate (per 100,000 Population)

Report Area (159.7)
Illinois (149.4)
United States (142.3)

Note: This indicator is compared with the state average.
Data Source: National Institutes of Health, National Cancer Institute, *Surveillance, Epidemiology, and the End Results Program State Cancer Profiles: 2007-2011.*
Source Geography: County

MORTALITY

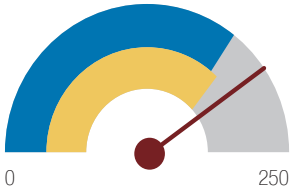
Mortality – Cancer

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Custom Area Estimates	41,798	104	247.93	**193.03**
Logan County	30,360	69	227.93	**179.94**
Mason County	14,796	45	301.44	**206.86**
Tazewell County	134,627	324	240.37	**193.24**
Illinois	12,787,914	24,135	188.74	181.31
United States	306,486,831	569,481	185.81	174.08
HP 2020 Target	-	-	-	<=160.6

Community Commons, 2015

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



Cancer Mortality, Age-Adjusted Death Rate (per 100,000 Population)

- Report Area (193.03)
- Illinois (181.31)
- United States (174.08)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System, Access via CDC WONDER - Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-2011.*
Source Geography: County

Mortality – Motor Vehicle Accident

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Custom Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Logan County	30,153	3	10.6	No Data
Mason County	14,503	3	19.3	No Data
Tazewell County	135,682	11	7.8	**7.8**
Illinois	12,850,811	1,020	7.9	7.8
United States	311,430,373	34,139	11	10.8

Community Commons, 2015

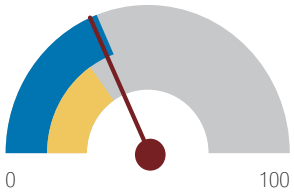
Note: This indicator is compared with the state average.
Data Source: National Institutes of Health, National Cancer Institute, *Surveillance, Epidemiology, and the End Results Program State Cancer Profiles: 2007-2011.*
Source Geography: County

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.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Custom Area Estimates	71,798	16	39.12	**36.43**
Logan County	30,360	14	46.11	**39.84**
Mason County	14,796	9	63.53	**54.98**
Tazewell County	134,627	52	38.77	**35.83**
Illinois	12,787,914	4,142	32.39	31.77
United States	306,486,831	122,185	39.87	38.85
HP2020	-	-	-	<=36.0

Community Commons, 2015



Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (per 100,000 Population)

Report Area (36.43)
Illinois (31.77)
United States (38.85)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System, Access via CDC WONDER - Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-2011.*
Source Geography: County

Mortality – Suicide

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Custom Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Logan County	30,153	3	8.6	No Data
Mason County	14,503	3	22.1	No Data
Tazewell County	135,682	16	12.1	**12.1**
Illinois	12,850,811	1,239	9.6	9.4
United States	311,430,373	39,308	12.6	12.3
HP2020	-	-	-	<=10.2

Community Commons, 2015

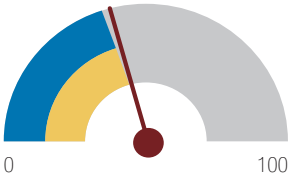
Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System, Access via CDC WONDER - Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-2011.*
Source Geography: County

Mortality – Stroke

Within the report area there are an estimated 41.92 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than than the Healthy People 2020 target of less than or equal to 33.8. 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.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Custom Area Estimates	41,798	23	53.95	**39.65**
Logan County	30,360	18	59.95	**43.66**
Mason County	14,796	10	68.94	**42.13**
Tazewell County	134,627	73	54.52	**41.91**
Illinois	12,787,914	5,526	43.21	40.95
United States	306,486,831	131,470	42.9	40.39
HP2020	-	-	-	<=33.8

Community Commons, 2015



Stroke Mortality, Age-Adjusted Death Rate (per 100,000 Population)

Report Area (41.92)
Illinois (40.95)
United States (40.39)

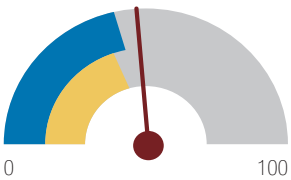
Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System. Access via CDC WONDER - Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2005-2010.*
Source Geography: County

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. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Custom Area Estimates	41,798	26	63.22	**48.32**
Logan County	30,360	16	54.02	**41.87**
Mason County	14,796	14	91.92	**60.83**
Tazewell County	134,627	79	58.53	**46.19**
Illinois	12,787,914	5,253	41.08	39.95
United States	306,486,831	137,478	44.86	422.67

Community Commons, 2015



Lung Disease Mortality, Age-Adjusted Death Rate (per 100,000 Population)

Report Area (47.09)
Illinois (39.95)
United States (42.67)

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System. Access via CDC WONDER - Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2005-2010.*
Source Geography: County

The Illinois Department of Health releases county-wide mortality tables from time to time. The most recent table available for Tazewell, Logan, and Mason Counties, showing the causes of the death within the counties, is set out below.

Disease Type	Logan County	Mason County	Tazewell County
Diseases of the Heart	62	45	96
Malignant Neoplasms	59	43	137
Lower Respiratory Systems	17	6	40
Cardiovascular Diseases (Stroke)	17	18	34
Accidents	8	5	22
Alzheimer's Disease	18	8	12
Diabetes Mellitus	2	4	15
Nephritis, Nephrotic Syndrome, and Nephrosis	4	3	9
Influenza and Pneumonia	9	5	11
Septicemia	11	8	4
Intentional Self-Harm (Suicide)	5	2	2
Chronic Liver Disease, Cirrhosis	1	4	5
All Other Causes	67	49	117
Total Deaths	282	200	504

IDPH, 2011 data

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

Qualitative Sources

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

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

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

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

CHNA Steering Committee Member and Area of Expertise

Karla Burress, Assistant Administrator, Tazewell County Health Department
David Zimmerman, Chairman, Tazewell County Board
Kim Barman, Hopedale Medical Complex VP of Community Health and Wellness
Greg Eberle, Hopedale Medical Complex Wellness Center Programming Manager
Tim Sondag, Hopedale Medical Complex CNO, Mayor, Manito
Fred Finchum, Mayor, Atlanta
Dr. Jim Hubler, Founder, EPSS
Kevin Frazier, President, Olympia Board of Education

Others providing input included through the focus groups included:

Kurt Walker, Hopedale Mennonite Church
Linda Thomas, Hopedale resident
Joe Woith, City Administrator, Delavan
Msgr. Tim Nolan, St. Mary's Church, Delavan
Rod Egli, Rod's Construction
Jake Eichelberger, Community Youngster
Sarah Sparkman, Tazewell County Health Department
Maggie Ballard, EMS System Coordinator, UnityPoint Health, Proctor
Tim Williamson, Morton Fire Department
Laurie Pence, Central Illinois Agency on Aging
Emily Whitson, Hopedale Medical Complex
Fred Kaiser, Midwest Food Bank

FOCUS GROUPS – HMC MEDICAL PROFESSIONALS

Two focus groups were convened at Hopedale Medical Complex on July 7, 2015. The Medical Professionals group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past two to three years. They responded with the following:

- A new Emergency Department physical plant
- Logan and Mason public transportation
- Hospital upgrades
- Renewed public interest in Hopedale Medical Complex's local services
- Increased collaboration between Tazewell County Health Department and Hopedale Medical Complex
- Prompt services in the Emergency Department for EMS
- Expanded outreach and collaboration from Hopedale Medical Complex for education and wellness opportunities

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

- Parental education on childhood obesity
- Family involvement in parenting
- Family counseling
- Concussion education
- More collaboration for activities for aging and senior citizens, including patients
- Access to healthy food

- Access to food for children
- Nutrition education
- Continuum of care from hospital to wellness, including awareness for wellness providers and better communication at all levels
- Abuse of controlled substances, especially;
    - Abuse of prescription drugs among youth, including 'pharm' parties and 'Skittle' parties
    - Abuse of prescription drugs among adults, especially doctor shopping for opioids
    - Huffing by youth
    - Alcohol, especially among adults
- More recruiting of young phhysicians and other young healthcare professionals
- Local specialist access for orthopedics, oncology, and psychiatry
- More psychiatric services, especially geriatric
- Dental care for underinsured and uninsured

The Community Leaders Group was first asked to report any positive changes they have observed in the delivery of health care and health-related services over the past two to three years. They responded with the following:

- Improved collaboration between Hopedale Medical Complex and the Olympia School District, including providing trainers at events, working with coaches and addressing concussion issues with baseline reporting and other services
- Working with students for health conditioning
- Care at HMC and the nursing home addresses the whole person with concern for individual dignity and comfort
- There has been a positive shift toward putting the right people in the right places at HMC
- Outreach from HMC has expanded
- Stability of services
- Work on the facility at HMC
- Maintained satellite services in Delavan
- Countywide improvement of substance abuse services
- Collaboration on blood drives
- Continuity of services to all ages
- Asthma/allergy specialist
- Improved signage at HMC

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

- Wellness and fitness education for youth is needed on a large scale
- Transportation to rehab services for seniors
- Overcoming the perception that 'small town' services cannot be as good as urban offerings
- Better collaboration for outreach
- Create an environment for wellness, including;
    - Access to food and access to healthy food
    - Make healthier choices available
- Access to emergency mental health services
- Information about available mental health services
- More information about locally available healthcare services
- Local assisted living facility
- Marketing available local specialist services
- Fitness classes for seniors

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

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

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

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The steering group met on September 2, 2015 to identify and prioritize the community health needs facing the Hopedale Medical Complex. The group considered the input from the focus groups and a summary of secondary health data compiled for them by the consultant. Following review and discussion, the group selected the following needs in the order presented.

1. WELLNESS

Wellness, and its many issues, was discussed by both focus groups. Secondary data concerning food access and choices, obesity and healthy living indicators, supported many of those concerns. The identification and prioritization group identified wellness as a significant need that was inclusive of the various concerns raised. The group specifically identified the need to address physical inactivity among adults and the need for increased access to screenings as significant. They indicated that physical inactivity needed to be addressed in the communities with opportunities for recreation and physical activity beyond Hopedale and the Hopedale Medical Complex.

2. MENTAL HEALTH

Mental health concerns were raised in both focus groups and supported by the conclusions of the Healthy Tazewell Initiative. The group agreed that significant needs existed for access to mental health evaluation, local counseling, and beds in appropriate facilities for transfers.

3. RECRUITMENT FOR PHYSICIANS, SPECIALISTS AND OTHER HEALTHCARE PROFESSIONALS

The group recognized the need for recruitment of young physicians and other young healthcare professionals. They also agreed with the community leaders' focus group that there was a need for local orthopedic, oncology, and psychiatry services.

4. CONTINUUM OF CARE FOR PATIENTS WITH CHRONIC ILLNESS

The group identified this as a need for continued improvement in an area that the hospital has recently undertaken some new approaches. The group saw the need as the continued expansion of post hospitalization communication and planning.

5. MARKETING OF LOCAL HEALTHCARE SERVICES

Both focus groups identified concerns with information about locally available services and promotion of the use of those services. They believed that there needs to be a provider/community collaboration to work to overcome the idea that urban services are necessarily better than small town care. It was pointed out that Hopedale Medical Complex offers highly skilled general surgeons and excellent emergency care. There is very good local specialty care in some fields. The group saw a need for local information and marketing of those services, including the use of HMC satellite locations for better outreach and promotion.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

24-Hour Emergency Services

Pharmacy

White Fence Estate

Outpatient Services
- Sleep Center
- Cardiopulmonary Services
  - Cardiac Rehabilitation
- Diagnostic Radiology
  - Mammography
- Heart & Vascular Care
- Laboratory
- Nutrition Services
- Pain Management
- Pharmacy

Hopedale Hospital
- Surgery
- Swing Bed Program

Specialty Care
- Allergist
- Cardiologist
- Dentist
- Nephrologoist
- Obstetrician/ Gynecologist
- Orthopedist
- Pain Management
- Physiatrist
- Podiatrist
- Urologist
- Vascular Specialists

Rehabilitation & Sports Medicine
- Concussion Management/ImPACT
- Occupational Therapy
- Physical Therapy
- Sports Medicine/ Athletic Training
- Speech Therapy

Screenings
- Stroke Screenings

Doctor's Offices
- Atlanta
- Delavan
- Mackinaw
- Manito
- Hopedale Medical Arts Physicians Building

Wellness Center

Miss Mona's Daycare

Cafe & Dining

Community Organizations, Health Partners, and Government Agencies

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

- Tazewell County Health Department
- Midwest Food Bank
- Central Illinois Agency on Aging
- Local school districts
- UnityPoint Health – Proctor
- Local governments
- Tazewell County government

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

1. IMPROVED AVAILABILITY OF MENTAL HEALTH SERVICES

The 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 recently completed construction of a new ER 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. ImPACT concussion testing has been taking place and the Wellness Center and HMC's new White Fence Estate Wellness Retreat have been offering informational lecturers on various health and wellness topics throughout the year.

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 OR, and a sleep lab has recently been constructed and implemented.

5. ACCESS TO HEALTHY FOODS

White Fence Estate was opened last year and fruits and vegetables grown in the gardens are being served at HMC. 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.

Approval

The Community Health Needs Assessment of Hopedale Medical Complex was approved by the Hopedale Medical Complex Board of Directors on the _____ day of _____.

IX. DOCUMENTING AND COMMUNICATING RESULTS

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

X. REFERENCES

- *County Health Rankings, 2014*
- *Community Commons, 2014*
- Illinois Department of Employment Security, 2015
- National Cancer Institute, 2015 (data through 2011)
- Illinois Department of Public Health, 2015
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2015
- Tazewell County Health Department, IPLAN
- ESRI, 2015
- Illinois State Board of Education, Illinois Report Card, 2013-14
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.