



2025 COMMUNITY HEALTH NEEDS ASSESSMENT

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Secondary data is documented in a separate document entitled “Hopedale Medical Complex 2025 Secondary Data.”

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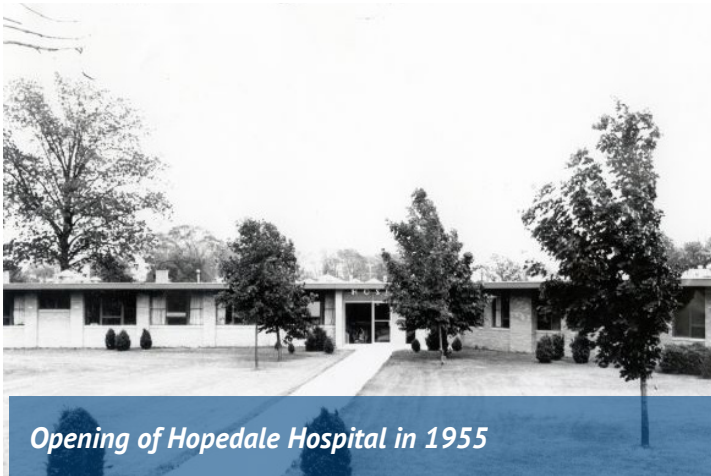


Introduction

On May 8, 1955, Dr. Lawrence J. Rossi, Sr., opened Hopedale Hospital with the assistance of dozens of hard-working local farmers, generous citizens, and volunteers. Over half a century later, Dr. Rossi's dream lives on. Hopedale Hospital, which initially had only 20 beds, has evolved into a nearly 200-bed continuum-of-care facility. Hopedale Medical Complex (HMC) now employs 300 dedicated employees and healthcare professionals. HMC comprises a 25-bed acute care hospital, a 59-bed nursing home, a 70-bed assisted and independent living facility, a 34,000-square-foot Wellness Center, the Midwest Vascular Institute, and four satellite doctors' offices in local towns.

The non-profit Hopedale Medical Foundation, which owns and operates HMC, proudly serves approximately 20,000 patients annually in southern Tazewell, Mason, McLean, and Logan counties. Located a short distance from Peoria and Bloomington, HMC provides a wide range of high-quality healthcare services, delivered by skilled physicians specializing in both primary care and surgery.

Many individuals are unaware that Hopedale Medical Complex offers virtually the same services as many larger, city hospitals, including: a 24-hour emergency room, Intensive Care Unit (ICU), general and vascular surgery departments, orthopedic surgery, physical therapy and rehabilitation services, sports medicine, mammography, open magnetic imaging resonance (MRI), computed tomography scanning (CT), and many of the new innovative technologies needed for modern medicine.



Opening of Hopedale Hospital in 1955



Hopedale Medical Complex in 2025



Mission & Vision

MISSION:

To provide outstanding physician-directed health, wellness, and residential services in a personal, private, family atmosphere.

VISION STATEMENT:

To adhere to the time-honored practice of the private physician-patient/resident relationship and to advance and sustain programs and practices for improved community health and wellness.



Executive Summary

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). CHNA is a systematic process that involves the community in identifying and analyzing community health needs, as well as community assets and resources, to plan and act upon priority community health needs.

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

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

ICAHN, with 60 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the network's overall activities. 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 implementing healthcare initiatives that will enable the hospital and its partners to address the emerging health needs of Hopedale and the surrounding area. The Directors of Wellness and Quality coordinated the CHNA process.

Four focus groups were convened to discuss the state of overall health and wellness in the Hopedale service area, identifying health concerns and needs in the delivery of healthcare and health services to enhance wellness and reduce chronic illness among all residents. The focus groups included representatives from healthcare providers, community leaders, community service providers, schools, faith-based organizations, local elected officials, public health, and other relevant stakeholders. Several members of these groups provided services to underserved and unserved individuals as part of their roles.

The findings of the focus groups, along with secondary data analyzed by the consultant, were presented to a focus group for the identification and prioritization of the significant health needs facing the community.







Identification and Prioritization

Addressing the Need

Priority areas were considered by the prioritization workgroup based on data from onsite meetings and secondary data. The team discussed each focus area, and after their review and discussion, the identification and prioritization group advanced the goals and actions:

- 1. Advancing Community Partnerships and Collaboration**
- 2. Mental Health**
- 3. Chronic Disease Management/Overall Health Improvement**

Senior staff at Hopedale Medical Complex identified and prioritized potential actions to address the needs.



Addressing the Need

Creating the Plan

The group addressed the needs with the following strategies:

- Focus on the greater good of the community versus competition. Encourage collaboration among all communities.
- Leverage services that are already in the communities but may not be widely known.
- Develop educational resources for mental health and chronic conditions to help people not only understand what resources are available and how to access them, but also to improve their coping skills.
- Increase screening opportunities for chronic diseases to diagnose and treat earlier.
- Develop low-cost or free events to encourage people to improve their health.

Background

The Community Health Needs Process is conducted every three years. Hopedale Medical Complex has taken the following actions in response to identified and prioritized issues, and an implementation strategy has been developed to address them.

HOPEDALE MEDICAL COMPLEX CHNA 2022

Five needs were identified as “significant health needs” and prioritized:

PRIORITY #1 – IMPROVE ACCESS TO HEALTHY FOODS AND NUTRITION INFORMATION ACROSS THE SERVICE AREA

Actions

- Collaborated with food pantries to offer assistance for services via the Wellness Center.
- Create and maintain a robust library of nutrition information and resources at the Wellness Center.
- Used print and social media resources to make this information widely available.



PRIORITY #2 – IMPROVE ACCESS TO TARGETED EDUCATION AND INFORMATION ABOUT LOCAL RESOURCES FOR ACHIEVING AND MAINTAINING WELLNESS

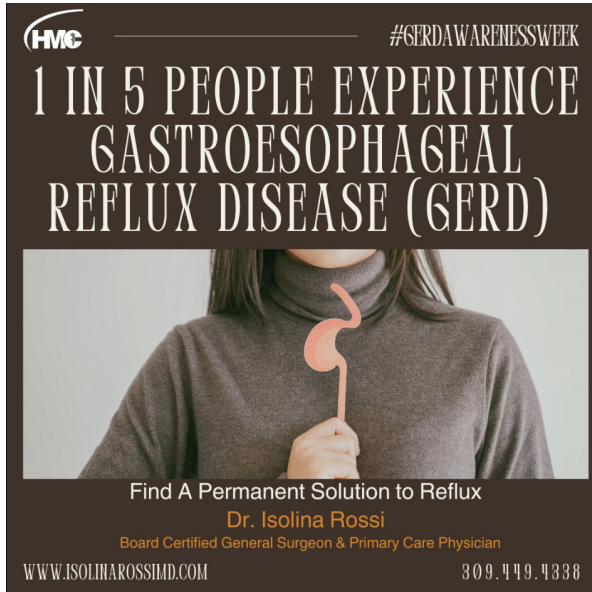
Actions

- Collaborated with schools to provide information for youth health and wellness resources.
- Used print and social media resources to make this information widely available.

PRIORITY #3 – RE-ESTABLISH COMMUNICATION AMONG COMMUNITY PARTNERS POST-PANDEMIC

Actions

- Continued use of social media outreach.
- Utilized newsletter to inform the community and partner organizations.
- Updated and reestablished lines of communication with partner organizations.



PRIORITY #4 – ADDRESS TRANSPORTATION ISSUES, INCLUDING TRANSPORTATION TO AND FROM PRIMARY CARE AND EMS RESPONSE TIME

Actions

- Developed HMC Ambulance services for patient transfers.

PRIORITY #5 – EXPAND CHRONIC CARE MANAGEMENT TO REDUCE HOSPITAL VISITS

Actions

- Expanded chronic care management program based on review of impact and needs analysis.

Evaluation of Prior Impact

PRIORITY #1 – IMPROVE ACCESS TO HEALTHY FOODS AND NUTRITION INFORMATION ACROSS THE SERVICE AREA

Access to healthy food remains a concern. At the time of the 2022 CHNA report, the full impact of the pandemic on the community, economy, and mental and physical health was not fully recognized.

Report Area	Obesity 2022	Obesity 2025
Hopedale Medical Complex	26.9%	35.5%
Illinois	27.8%	34.3%

Data Source: Centers for Disease Control and Prevention and Health Promotion

Report Area	Food Insecurity Rate 2022	Food Insecurity Rate 2025
Hopedale Medical Complex	9.70%	11.58%
Illinois	10.90%	11.63%

Data Source: Feeding America

During this period of the 2022 CHNA, there were multiple avenues of nutritional information, including how to access healthy foods. The Wellness Center has a dietician who provides one-on-one nutritional counseling and offers personalized recommendations on food types and access for individuals. Another program that was implemented was the Kickstart Program, which specifically targets individuals with weight control issues. They are advised not only with nutritional information but also with physical activity and behaviors to make a change.

HMC healthcare professionals were also present at the four school districts that the facility serves, talking about food and access. These were educational sessions in a health fair setting. The Hopedale Wellness Center staff was also part of a collaboration with the Tazewell County Health Department, which addressed nutritional issues in our communities and obtained a list of food banks/pantries. Residents and farmers brought fresh vegetables to the Wellness Center to give free to members and staff. HMC provided free meals to over 200 individuals and families during Thanksgiving and has an internal program to help local families of staff who need food items.

PRIORITY #2 – IMPROVE ACCESS TO TARGETED EDUCATION AND INFORMATION ABOUT LOCAL RESOURCES FOR ACHIEVING AND MAINTAINING WELLNESS

Education and resources in multiple disciplines of health, wellness, and safety for the communities the Hopedale Medical Complex serves were discussed within and distributed in a collaboration with Peoria, Tazewell, and Woodford County Health Departments' Partnership for a Healthy Community program. Additionally, information on medical care and wellness was distributed through the Hopedale Medical Complex's marketing efforts and internal education to existing patients.

PRIORITY #3 – RE-ESTABLISH COMMUNICATION AMONG COMMUNITY PARTNERS POST-PANDEMIC

There was a "re-connect" with our four local school districts that we contract sports medicine coverage with (Tremont CUSD702, Deer Creek-Mackinaw CUSD701, Delavan CUSD703, Hartsburg-Emden CUSD21). Our staff successfully coordinated continued care and provided guidance on post-pandemic recommendations for disinfection and environmental safety, applicable to both athletics and the school. There was a collaboration with Olympia CUSD 16 on mental health and the influence of physical fitness. There was internal and external marketing, including verbal, social media, and print materials, on multiple topics regarding health, safety, Hopedale Medical Complex services, ancillary emergency services, as well as collaboration with the regional Peoria Emergency Management Services.

PRIORITY #4 – ADDRESS TRANSPORTATION ISSUES, INCLUDING TRANSPORTATION TO AND FROM PRIMARY CARE AND EMS RESPONSE TIME

Transportation has historically been an issue in rural settings. Hopedale does not have a public transit system like those found in larger cities. People travel around to their destination via personal automobile. Individuals who need to get to a physician's appointment come in a personal automobile either on their own or with another person. The only transit service that comes to Hopedale is We Care. This organization is based out of Morton, Illinois, and serves rural Tazewell County. This organization provides over 80,000 transits in a year, which makes transportation challenging. Regarding EMS transportation, during the time of this CHNA, the volunteer ambulance services for Delavan, Illinois (one of our primary service areas), ceased operation due to a decrease in EMS volunteers to staff them. The town had to contract Advanced Medical Transport from Pekin for all EMS calls. This was a challenge due to the longer response time. The medical transports from the Hopedale Medical Complex were also challenged with moving patients between facilities. COVID has put a strain on the transport process. The resolution to this issue was for Hopedale Medical Complex to purchase an ambulance, allowing patients to be transported to another location based on their medical needs in a more efficient and timely manner.

Evaluation of Prior Impact Continued

PRIORITY #5 – EXPAND CHRONIC CARE MANAGEMENT TO REDUCE HOSPITAL VISITS

- Cardiac Rehab incorporated dietitian consultations for each patient to improve eating habits for the continuum of care for heart disease and related chronic disease issues.
- HMC provides delivery of prescription medications to patients in the communities we serve to ensure that they are managing chronic health issues.
- Kickstart is a weight management program developed that incorporates behavior changes along with physical activity, as it works in conjunction with dietary changes.
- Ongoing diabetes education and nutritional consultation for inpatients and outpatients. HMC's licensed dietitians perform these.
- Ongoing testing orders and evaluations by the physicians for patients with chronic disease to optimally prescribe proper care for the patient. This is facilitated with timely follow-ups and referrals, if warranted.
- Pulmonary care is facilitated in the hospital through appropriate testing procedures for inpatients. Pulmonary function testing is provided for any issues or chronic problems, and a pulmonary rehabilitation program is available at the Wellness Center if needed for the patient.
- Continuum of care is the priority of HMC in all its disciplines, along with timely follow-up and care.

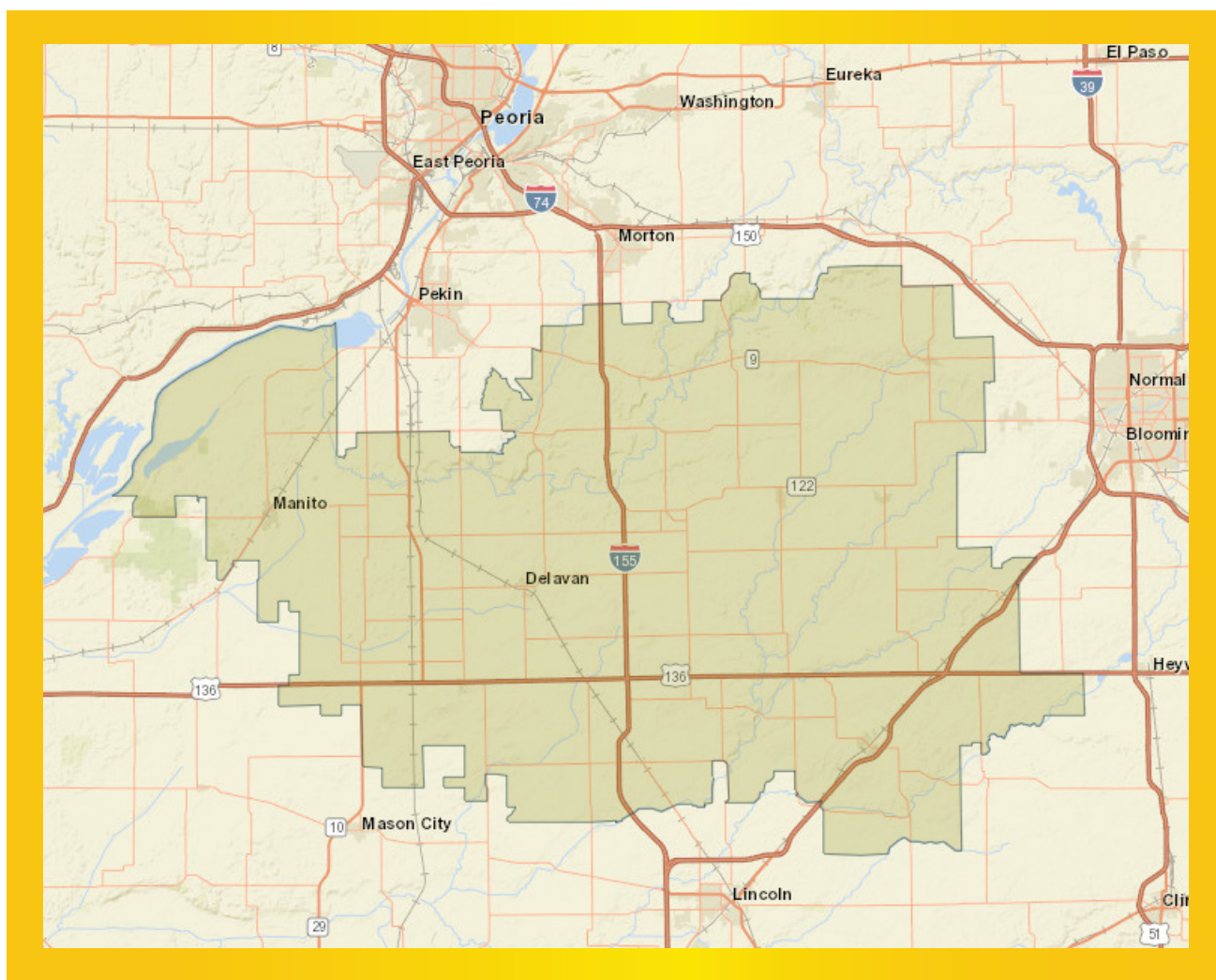


Hopedale Wellness Center

Hopedale Medical Complex Service Area

For this CHNA, Hopedale Medical Complex has defined its primary service area and populations as the general population within the geographic area surrounding Hopedale, Illinois, described below. The hospital's patient population includes all individuals who receive care, regardless of insurance coverage or eligibility for assistance.

A total of 27,177 people reside in the 778.21 square mile report area defined for this assessment, according to the U.S. Census Bureau's 2019-23 American Community Survey 5-year estimates. The population density for this area, estimated at 35 persons per square mile, is less than the national average population density of 94 persons per square mile.

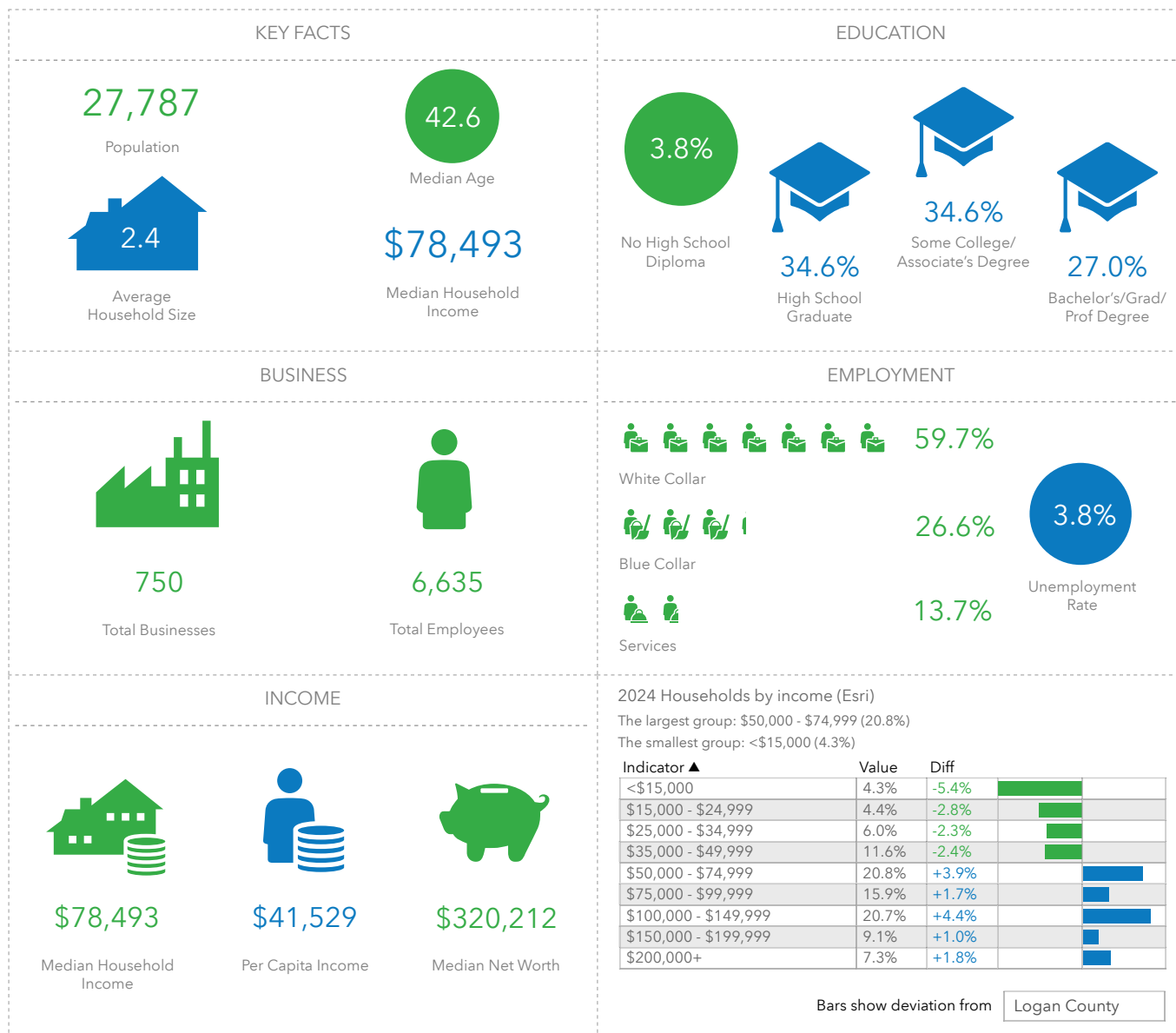


The service area, defined by zip code data, includes the following rural communities:

Hopedale, Tremont, Mackinaw, Delavan, Minier, Manito, Stanford, Atlanta, Armington, San Jose, Danvers, Green Valley, Mclean, Emden and Hartsburg

Key Facts

15 ZIP Codes
Geography: ZIP Code



Source: This infographic contains data provided by Esri (2024, 2029), Esri-Data Axle (2024). © 2025 Esri

The average household size of the area, at 2.43, is lower than both Illinois and the U.S. The median age is 42.6 years, which is higher than in Illinois and the U.S. The largest education segment consists of high school graduates, followed by those with some college education. 3.87% of the population has no high school diploma or GED, and 34.6% of the community's population has only a high school degree. Unemployment at the time of writing was 3.3%, which is below both the State of Illinois and the United States' unemployment rate averages.

The average household income for the service market area, based on the latest 5-year American Community Survey estimates, was \$104,522. This is slightly under the state (\$112,933) and United States (\$110,491) averages.

Social Determinants of Health (SDoH)

The data and discussion on the following pages will examine the social determinants in the Hopedale Medical Complex service area, providing insight into the complexity of circumstances that affect physical and mental well-being.

The infographic provides a snapshot of the at-risk population served by Hopedale Medical Complex.

The CDC describes social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes. Healthy People 2030 uses a place-based framework that outlines five key areas of SDoH:

FIVE KEY AREAS OF SDOH

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

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

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

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

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



AT RISK POPULATION PROFILE

15 ZIP Codes

27,787

Population

11,370

Households

2.43

Avg Size
Household

42.6

Median
Age

\$78,493

Median
Household Income

\$186,403

Median Home
Value

96

Wealth
Index

142

Housing
Affordability

15

Diversity
Index

AT RISK POPULATION



2,796

Households With
Disability



5,830

Population 65+



316

Households
Without Vehicle

POVERTY AND LANGUAGE



8%

Households Below
the Poverty Level



917

Households Below
the Poverty Level



0

Pop 65+ Speak
Spanish & No English

POPULATION AND BUSINESSES



20,593

Daytime
Population



750

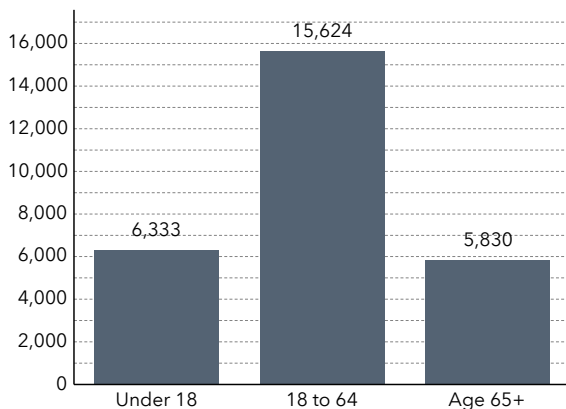
Total
Businesses



6,635

Total
Employees

POPULATION BY AGE



Language Spoken (ACS)	Age 5-17	18-64	Age 65+	Total
English Only	4,956	16,365	5,339	26,660
Spanish	33	128	16	177
Spanish & English Well	33	128	15	176
Spanish & English Not Well	0	0	1	1
Spanish & No English	0	0	0	0
Indo-European	15	36	4	55
Indo-European & English Well	15	35	2	52
Indo-European & English Not Well	0	1	2	3
Indo-European & No English	0	0	0	0
Asian-Pacific Island	2	34	0	36
Asian-Pacific Isl & English Well	2	34	0	36
Asian-Pacific Isl & English Not Well	0	0	0	0
Asian-Pacific Isl & No English	0	0	0	0
Other Language	0	23	0	23
Other Language & English Well	0	1	0	1
Other Language & English Not Well	0	22	0	22
Other Language & No English	0	0	0	0



Process Methods and Accountability

Establishing the CHNA Infrastructure and Partnerships

DESCRIPTION OF DATA SOURCES – QUANTITATIVE/SECONDARY DATA

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

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

Secondary data is initially collected through the Spark Map and/or ESRI systems and then reviewed. Questions raised by the data reported from those sources are compared with other federal, state, and local data sources to resolve or reconcile potential issues with reported data.

Secondary data is available in a separate document titled, “Hopedale Medical Center 2025 Secondary Data.”

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

Primary Data

A community focus group was convened at Hopedale Medical Complex in June 2025. Twelve community members participated, representing local service groups, healthcare providers, schools, and churches. A full listing of participants is in the Secondary Data document.

Anecdotal data collected from the focus groups revealed the following.

THE TOP FIVE (5) STRENGTHS:

- Hospital staff/culture/service/quality
- Community-minded/family-oriented community
- Strong schools and school partnerships
- Parks/recreational and event venues
- Engaged faith-based community

THE TOP FIVE (5) OPPORTUNITIES THAT NEED TO BE ADDRESSED:

- Access to healthy foods
- Transportation
- Community collaboration/outreach
- Mental Health resources
- Safe and affordable housing

THE TOP FIVE (5) ASPIRATIONS:

- Easy access to resources, including reducing the stigma of needing to ask for help
- Expansion of EMS services to full-time/paid service
- Outreach to smaller communities to help with inclusion
- Senior resources, including their ability to age in place
- Continued growth for the community

Description of the Community Health Needs Identified

After their review and discussion, the identification and prioritization group advanced the following areas of focus:

1. **ADVANCING COMMUNITY PARTNERSHIPS AND COLLABORATION**
2. **MENTAL HEALTH**
3. **CHRONIC DISEASE MANAGEMENT/OVERALL HEALTH IMPROVEMENT**



Resources Available to Meet Priority Health Needs

HOSPITAL RESOURCES

- Hospital Executive and Leadership Teams
- HMC providers
- HMC Senior Care services
- HMC Wellness team
- Marketing

HEALTHCARE PARTNERS OR OTHER RESOURCES, INCLUDING TELEMEDICINE

- Tazwell County Health Department
- Mental Health agencies, providers, and organizations

COMMUNITY RESOURCES

- Schools
- Community action agencies
- Community organizations
- Faith-based organizations
- Local government leaders
- Law Enforcement

Documenting and Communicating Results

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

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

No written comments were received concerning the hospital facility's most recently conducted CHNA or the adopted Implementation Strategy. A method for retaining written public comments and responses exists, but none were received.



Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff of Hopedale Medical Complex in July 2025. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They also considered internal and external resources that could potentially address the current prioritized needs.

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

The plan will be evaluated through periodic reviews of measurable outcome indicators, in conjunction with annual reviews and reporting.



Implementation Strategy

The group addressed the needs with the following strategies:

PRIORITY 1: ADVANCING COMMUNITY PARTNERSHIPS AND COLLABORATION

INDICATORS THAT SUPPORT THIS PRIORITY

- Community collaboration and outreach were one of the top five opportunities identified by the onsite community group.
- Although a strong sense of community pride was identified as a strength, discussion with the community group revealed that there is still a feeling of “competition” between communities, and most felt like there were resources in selected communities that could benefit others.
- Discussion was also held about the changes in community engagement post-COVID. The sentiment was that fewer people are engaged in community events, and there is a desire to improve this to pre-COVID standards.

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED

- Conduct community partner meetings at least twice a year to discuss resources and current priorities.
- Leverage existing groups and partnerships to educate and expand the use of existing isolated resources. For example, there is a Triangle of Opportunity in the Olympia area that was not well understood. Additionally, in Triad, there is a Senior Care Network that could be expanded to include more of the Hopedale services area.
- Partner with non-traditional healthcare groups to explore opportunities for sharing healthcare offerings in the area.
- In collaboration with partner organizations, develop a comprehensive health resources directory. This could include resources that support the social determinants of health (food pantries, housing assistance, etc.)

ANTICIPATED IMPACTS OF THESE ACTIONS

- Improved knowledge of the resources available at HMC and within other providers in the community.
- Improved access to services. People will know where services exist and how to access them.
- Collaborations will help stretch scarce personnel and financial resources to serve the community's health needs better.
- Improved community involvement and cooperation among community partners.

PROGRAMS AND RESOURCES THAT THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEED

- Hospital leadership
- Rural Health Clinic staff and providers
- Senior Life Solutions team
- Health Educators
- Community Outreach Director

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER FACILITIES OR ORGANIZATIONS

- Schools
- Health Department
- Mental Health Center

Implementation Strategy Continued

PRIORITY 2: MENTAL HEALTH

INDICATORS THAT SUPPORT THIS PRIORITY

- Access to mental health resources was one of the top five opportunities identified by the on-site community group.
- Access to mental health providers is diminished in the area.

Report Area	Access to Mental Health Providers
Hopedale Medical Complex	222.8
Illinois	337
United States	332.6

Data Source: Centers for Medicare and Medicaid Services

- The number of poor mental health days self-identified by adults aged 18+ is greater than the Illinois average.

Report Area	Poor Mental Health Days/Month
Hopedale Medical Complex	5.5
Illinois	4.8
United States	5.2

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

- The rate of depression is increased in adults 18+, and the Medicare population is increasing.

Report Area	Depression Adults 18+	Depression Medicare
Hopedale Medical Complex	22.3%	16%
Illinois	19.0%	15%
United States	20.7%	17%

*Data Source: Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System*

- Substance abuse is a concern in the area.

Report Area	Current Smokers
Hopedale Medical Complex	15.1%
Illinois	13.5%
United States	13.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Report Area	Babies Born to Mothers Who Smoked During Pregnancy
Hopedale Medical Complex	11.2%
Illinois	4.4%
United States	4.6%

Data Source: University of Wisconsin Population Health Institute, County Health Rankings

Implementation Strategy Continued

PRIORITY 2: MENTAL HEALTH

- The suicide rate among adults over 18 is above the state average.

Report Area	Suicide
Hopedale Medical Complex	14.1
Illinois	11.7
United States	14.5

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED

- Investigate partnering with the health department to provide mental health first aid training to a wide range of providers, including hospital and clinic staff, as well as EMS personnel, police, and other relevant professionals.
- Develop educational resources for a variety of ages on mental health resources, how and where to get help.
- Continue to collaborate with local schools to educate students on healthy choices, reduce the stigma of seeking help, and provide ways to access help.
- Develop a campaign for the community that addresses the stigma associated with seeking mental health or substance abuse help.
- Investigate Crisis Intervention Teams training.
- Investigate ASIST (suicide intervention) training.
- Investigate the potential use of telemedicine to provide access to mental health providers.

ANTICIPATED IMPACTS OF THESE ACTIONS

- Community members will be more informed about improving their own mental health and mental health overall.
- The community will be informed about the kinds of resources available and how to access them to improve their mental health.
- Long term, the stigma of seeking help will be decreased.

PROGRAMS AND RESOURCES THAT THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEED

- Hospital executive and leadership teams
- Educators
- Social Workers
- Senior Services Team
- Athletic trainers

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER FACILITIES OR ORGANIZATIONS

- Mental Health Service providers
- Health Department
- Schools

Implementation Strategy Continued

PRIORITY 3: CHRONIC DISEASE MANAGEMENT/OVERALL HEALTH IMPROVEMENT

INDICATORS THAT SUPPORT THIS PRIORITY

- The prioritization team selected Chronic Disease Management and Obesity as their top two health improvement opportunities.
- 11.43% of the population has been identified as having a disability. Almost 25% of the households (2796/11,370) have someone with a disability living in them.
- The overall percentage of people living below the federal poverty level is 10.5% which is less than the state average of 11.6%. However, the ALICE population (those earning more than the FPL but less than the county’s basic costs of living) is 25%. Additionally, 71% of single female-headed households with children are below the ALICE threshold. 63% of householders under the age of 25 fall below the ALICE threshold, while 44% of householders aged 65+ also fall below the threshold.
- The number of Medicare beneficiaries who get their annual wellness exam completed is below the state and national averages.

Report Area	AWV Completed-Medicare Only
Hopedale Medical Complex	27%
Illinois	45%
United States	44%

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool

- The incidence of selected cancers and cancer mortality is above the state and national averages.

Report Area	All Sites - Total	Breast	Colon-Rectum	Lung	Prostate
Hopedale Medical Complex	505.3	132.7	44.1	80.5	119.1
Illinois	459.2	133.6	38.8	58.3	117.0
United States	444.4	129.8	36.4	53.1	113.2

Data Source: State Cancer Profiles

Report Area	Death Due to Cancer/ 100,000 Population
Hopedale Medical Complex	238.3
Illinois	187.9
United States	182.7

Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System.

- 15.1% of the population identifies as current smokers according to the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.
- The percentage of the population with chronic disease has increased in the adult and Medicare populations.

Report Area	COPD Medicare	Kidney Disease Medicare	High BP Medicare	High Cholesterol Medicare	Heart Disease Medicare	Depression Medicare
Hopedale Medical Complex	15%	22%	66%	53.8%	20%	16%
Illinois	13%	19%	66%	48.9%	21%	15%
United States	12%	19%	65%	47.7%	21%	17%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Implementation Strategy Continued

PRIORITY 3: CHRONIC DISEASE MANAGEMENT/OVERALL HEALTH IMPROVEMENT

Report Area	COPD Adult	Kidney Disease Adult	High BP Adult	High Cholesterol Adult	Heart Disease Adult	Depression Adult
Hopedale Medical Complex	7.5%	2.8%	35.0%	34.6%	7.4%	22.3%
Illinois	6.2%	3.1%	21.8%	32.1%	6.3%	19.0%
United States	6.8%	3.1%	32.7%	35.5%	6.8%	20.7%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED

- Using live and podcast venues, create educational programming that meets basic health educational needs as well as advanced education on selected topics.
- Focus on the resources available in the community and how to help people access them.
- Focus on connecting internal and external resources through the care coordination/discharge planning teams to ensure that when people are discharged, they have been connected to the resources they need.
- Focus on heart health and blood pressure control through education and healthy lifestyle activities.
- Focus on low-cost or free screenings, education, and exercise opportunities.
- Prioritize screenings that can reveal chronic diseases at an earlier stage, such as cancer screenings, lung screenings, and cholesterol screenings.
- Focus education on smoking and vaping cessation with students and the community.
- Focus on substance abuse prevention as well as reducing the stigma for seeking services for mental health and substance abuse.
- Leverage the existing wellness programs to help people discover what works for their individual exercise and fitness needs.
- Potentially partner with the park systems to co-develop fitness programming.

ANTICIPATED IMPACTS OF THESE ACTIONS

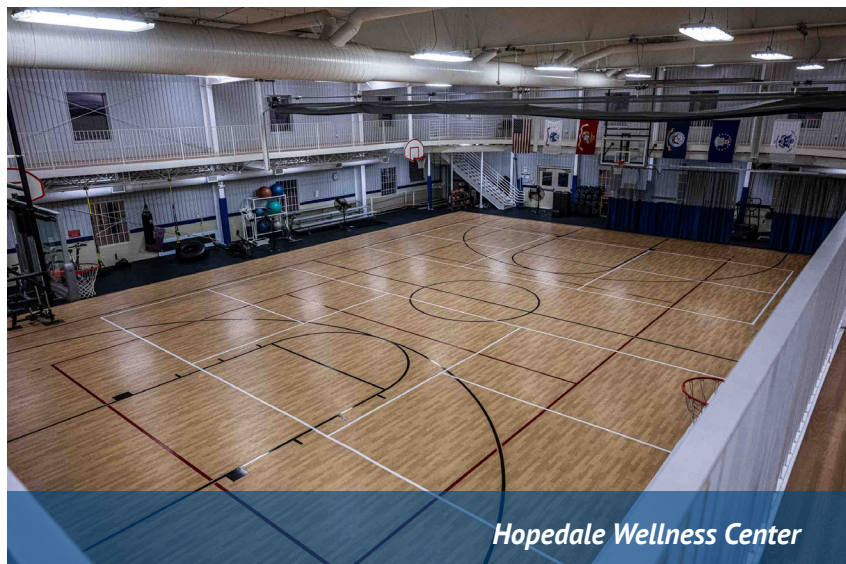
- People in the community will learn tactics to improve their own health. This could include knowledge of healthy eating and living, as well as education on selected health conditions.
- People will know how and where to get the health information and assistance they need.
- People who have food insecurity will know where and how to access healthy foods.
- Over a series of years, the number of people in the community who have chronic diseases and disease-related complications will decrease.

PROGRAMS AND RESOURCES THAT THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEED

- Hospital executive and leadership teams
- Providers
- Rural health clinic teams
- Marketing Team
- Health Educators
- Fitness team

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER FACILITIES OR ORGANIZATIONS

- Health Department
- Schools
- Churches
- Community Businesses
- Parks and Recreation programs



Hopedale Wellness Center







2025 Community Health Needs Assessment

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