



Community Health Needs Assessment 2018

**HSHS Holy Family Hospital, Inc.
Community Health Needs Assessment 2018**

An assessment of Bond County, Illinois conducted jointly by HSHS Holy Family Hospital, Inc. and University of Illinois, Springfield.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to meet the needs identified. 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 process results in a CHNA Report which is used to develop implementation strategies based on the evidence and assets and resources identified in the CHNA process.

Triennially, HSHS Holy Family Hospital, Inc. conducts a CHNA and adopts an Implementation Plan by an authorized body of the hospital in the same tax year, and makes the report widely available to the public. The hospital's previous CHNA Report and Implementation Plan was conducted and adopted in FY2017.

In FY2018 (July 1, 2017 through June 30, 2018), HSHS Holy Family Hospital, Inc. conducted its CHNA in partnership with representatives from the community. Upon completion of the CHNA, the hospital developed a set of implementation strategies and adopted an Implementation Plan to address priority community health needs. The population assessed was Bond County. Data collected throughout the assessment process was supplemented with focus groups, and local leader input.

Identification and Prioritization of Needs: The following health needs were identified based on the analysis of the three engagement sessions as well as additional stakeholder feedback, three health priority areas were identified for the area served by HSHS Holy Family Hospital, Inc. The following provides a discussion of each of these three priority areas:

- **Obesity**
- **Mental Health**
- **Alcohol, Tobacco, and Other Drug Use**
- **Access to Care**

Implementation Plan Development: As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the Implementation Plan. The Implementation Plan is considered a “living document” – a set of strategies that can be adapted to the lessons learned while implementing Community Benefit

activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

Hospital Background

HSHS Holy Family Hospital, Inc. is an acute care hospital located in Bond County, Illinois. For more than 50 years, the hospital has been the leader in health and wellness in Bond County. HSHS Holy Family Hospital, Inc. provides a wide range of specialties, including Obstetrics, Behavioral Health Services, Emergency Care, Inpatient Care, Infusion Services, Specialty Clinics, Therapy Services, Radiology, Laboratory, Cardiopulmonary/Sleep Services, Medical Stabilization and Withdrawal Management Services, Emergency Medical Services and Surgical Services.

HSHS Holy Family Hospital, Inc. partners with other area organizations to address the health needs of the community, living its mission *to reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry*, with a preference for the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly-integrated health care delivery system serving more than 2.6 million people in rural and mid-sized communities in Illinois and Wisconsin. HSHS generates approximately \$2 billion in operating revenue with 15 hospitals and more than 200 physician practice sites. Our mission is carried out by 14,000 colleagues and 2,100 physicians who care for patients and their families in both states.

Hospital Sisters Health System has a rich and long tradition of addressing the health of the community. This flows directly from our Catholic identity. In addition to community health improvement services guided by our triennial CHNA process, the hospital contributes to other needs through our broader community benefit program including health professions education, subsidized health services, research and community building activities. In FY2018, the hospital's community benefit contributions totaled more than \$1.8 million.

Current Hospital Services and Assets

Major Centers & Services	Statistics	New Services & Facilities
<ul style="list-style-type: none"> • Cancer Services • Heart & Vascular • Emergency Services • Rehabilitation Center • Women and Infants • Behavioral Health • Medical Stabilization and Withdrawal Management Service • Gastroenterology • Ophthalmology • Sleep Studies • Radiology • General Surgery • Urology • Rheumatology 	<ul style="list-style-type: none"> • Total Beds: 42 • Total Colleagues: 287 • Bedside RNs: 68 • Inpatient admissions: 1,213 • ED visits: 6,618 • Births: 190 • Inpatient surgeries: 94 • Outpatient surgeries: 1,026 • Physicians on Medical Staff: 156 • Volunteers: 128 • Community Benefit: \$1.8 million 	<ul style="list-style-type: none"> • Telehealth • Tele stroke • Heartland Women’s Healthcare

Hospital Accreditations and Awards

- Catholic Health Association of the United States Membership
- Illinois Hospital Association Membership
- HFAP Healthcare Facilities Accreditation Program
- “Emergent Stroke Ready Hospital (ESRH)” designation by the Illinois Department of Public Health (IDPH)
- HEN 2.0

Community Served by the Hospital

Although HSHS Holy Family Hospital, Inc. serves Bond County and beyond, for the purposes of the CHNA, the hospital defined its primary service area and populations as residents of Bond County. The hospital’s patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Demographic Profile of Bondy County

Area	2010 Population	2016 Population Estimate	Population Change, 2010-2016	Percentage Change 2010-2016
Bond County	17,768	16,824	-944	-5.3%
Illinois	12,419,293	12,801,539	+382,246	+3.1%

Data Source: US Census Bureau, American Fact Finder. Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016. 2016 Population Estimates. Source geography: Tract.

Report Area	Total Population	Age 0 to 17	Age 18 to 24	Age 25 to 34	Age 35 to 44	Age 45 to 54	Age 55 to 64	Age 65+
Bond County	17,313	3,464	1,885	2,041	2,198	2,501	2,426	2,798
%	--	20.01%	10.89%	11.79%	12.70%	14.45%	14.01%	16.16%
Illinois	12,873,761	3,023,734	1,249,849	1,781,564	1,688,662	1,799,314	1,592,650	1,737,988
%	--	23.49%	9.71%	13.84%	13.12%	13.98%	12.37%	13.50%

Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract. Accessed via Community Commons.

Report area	Population Age 25+	Population Age 25+ with no HS Diploma	% Population Age 25+ with no HS Diploma
Bond County	11,964	1564	13.07%
Illinois	8,600,178	1,038,317	12.07%

Data Source: US Census Bureau, American Community Survey: 2011-2015. Source geography: County. Accessed via Community Commons.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
Bond County	15,702	16.5% (2593)	36.5% (5726)
Illinois	12,571,110	14.3% (1,801,118)	31.6% (3,970,713)

Data Source: US Census Bureau, American Community Survey. 2011-15. Accessed via Community Commons. Source geography: Tract.

Report Area	% of Population who are Veterans
Bond County	9.87%
Illinois	6.8%

Data Source: US Census Bureau, American Community Survey: 2011-2015. Accessed via Community Commons. Source geography: County.

Report Area	% of Population who are disabled
Bond County	15.23%
Illinois	10.73%

Data Source: US Census Bureau, American Community Survey: 2011 to 2015. Accessed via Community Commons. Source geography: County.

Process and Methods Used to Conduct the Assessment

HSHS Holy Family Hospital, Inc. led the planning, implementation and completion of the Community Health Needs Assessment in partnership with University of Illinois, Springfield.

Internal

HSHS Holy Family Hospital, Inc. undertook an eight month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

- Building capacity
- Convening internal CHNA teams
- Engaging leadership and boards
- Engaging colleagues on tracking and documenting Community Benefit in CBISA

External

HSHS Holy Family Hospital, Inc. also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. External components and steps included:

- Interviewing key community stakeholders
- Hosting focus groups
- Reviewing/utilizing past CHNAs

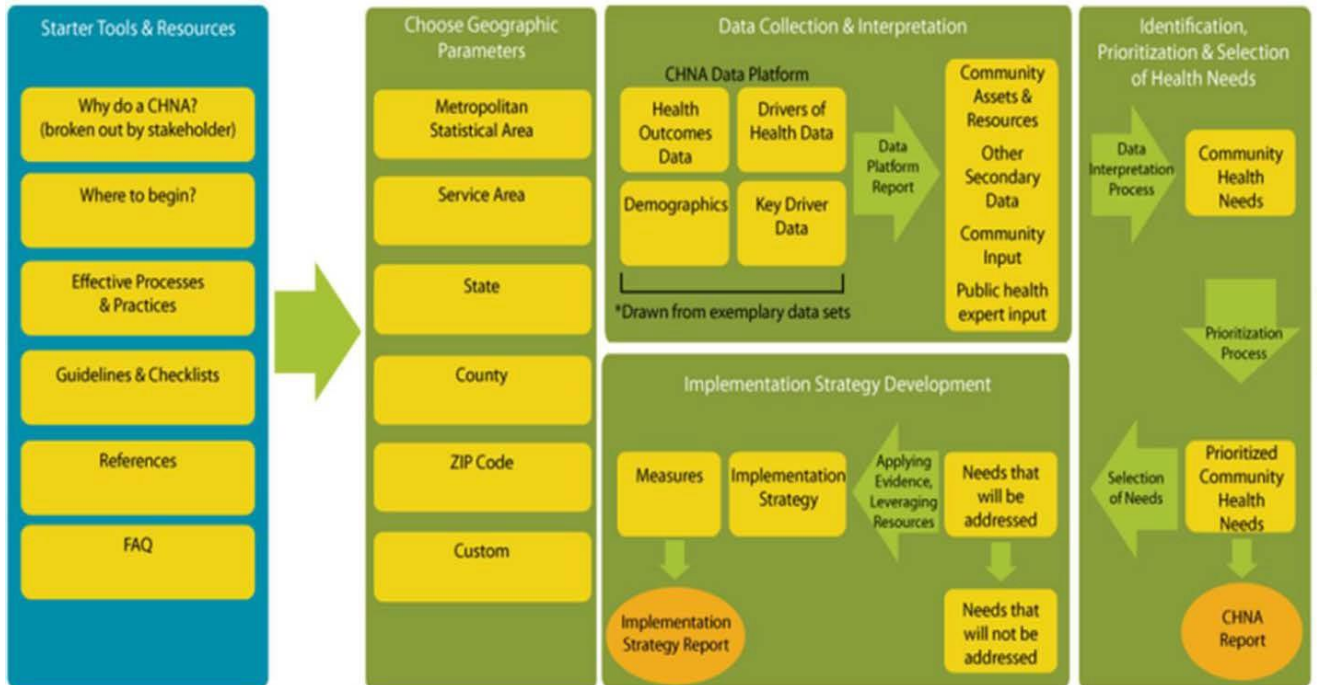
Defining the Purpose and Scope

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, 2) identify resources and assets available to support initiatives to address the health priorities identified, 3) develop an Implementation Plan to organize and help coordinate collaborative

efforts impacting the identified health priorities, and 4) establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis.

Data Collection and Analysis

The overarching framework used to guide the CHNA planning and implementation is based on the Catholic Health Association’s (CHA) Community Commons CHNA flow chart below:



Data Sources

The CHNA process utilizes both primary data including hospital data, focus groups and key stakeholder meetings as well secondary data. Secondary data sources include Behavioral Risk Factor Surveillance System (BRFSS), the US Census Bureau, and Centers for Disease Control and Prevention (CDC) data sources. In addition, this data was supplemented with data from:

Source	Description
<u>Area Health Resource File</u>	The Area Health Resource File draws from 50+ sources of county-level data related to demographics, healthcare professions, and hospital and healthcare facilities.
<u>Behavioral Risk Factor Surveillance System</u>	The BRFSS is the largest,

<u>(BRESS)</u>	continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
<u>CDC Wonder</u>	CDC Wonder is a query system that includes a variety of public health measures, including environmental, chronic disease, prevention, mortality, and population indicators.
<u>Center for Medicare and Medicaid Services</u>	CMS (Medicare) administrative claims data includes measures on chronic condition prevalence, spending, and health care utilization through 2015 at the county level.
<u>Dartmouth Atlas of Health Care</u>	The Dartmouth Atlas Project examines patterns of health care delivery and practice, namely utilizing Medicare data. Data from the Dartmouth Atlas Project are generally presented at the hospital referral region level, but the <u>County Health Rankings</u> were able to obtain a small subset of health indicators at the county level.
<u>Diabetes Interactive Atlas</u>	This CDC data source graphically displays, at a county level, prevalence and trends of obesity, diabetes, and other related factors.
<u>Feeding America</u>	The Feeding America “Mapping the Meal Gap” provides a food insecurity measure that incorporates lack of access to enough food for an active, healthy life for all family members and limited/unavailability of foods with adequate nutrition.
<u>Illinois DCFS</u>	The Illinois Department of Child

	and Family Services has county level data on the prevalence of child abuse and neglect.
<u>Illinois Department of Public Health IOUERY</u>	This community health database facilitates queries of a variety of health behavior, substance use, and clinical care indicators.
<u>Illinois Gaming Board</u>	Per HSHS Holy Family’s request, data on video gaming presence were extracted and will subsequently be included in all HSHS secondary data reports. The number of establishments identified as licensed or license pending were used to create a density of video gaming establishments per 100,000 population, These were compared to the state density.
<u>Illinois Youth Survey</u>	The University of Illinois Center for Prevention Research and Development conducts continuous surveying of Illinois youth on social and health indicators.
<u>Institute for Health Metrics and Evaluation (IHME)</u>	The IHME created a county-based map displaying county-level prevalence of health behaviors (e.g. smoking) and outcomes (e.g. hypertension).
<u>National Center for Health Statistics (NCHS)</u>	<p><u>SEER*stat</u> is a cancer incidence and mortality statistical software program that has National Vital Statistics mortality data (from the National Center for Health Statistics) embedded within it, including cancer and other causes of mortality.</p> <p>Additionally, the NCHS provides vital statistic data related to births (e.g. teen births, low birthweights).</p>

<p><u>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</u></p>	<p>This CDC organization provides data on incidence/prevalence of infectious disease.</p>
<p>OneSource Global Business Browser (<u>County Health Rankings</u>)</p>	<p>The <u>County Health Rankings</u> used the One Source Global Business Browser and map files from ESRI, the US Census Bureau and other sources combined in ARCGIS software to determine the percent of a county's population that has access to locations for physical activity.</p>
<p><u>Pediatric Nutrition Surveillance</u> (county level data provided by the Illinois Department of Public Health)</p>	<p>Data from the CDC on pediatric nutrition, health, and family behaviors among children under the age of 5 years old.</p>
<p><u>Safe Drinking Water Information System (EPA)</u></p>	<p>The EPA is the primary source of data on the safety of drinking water. For the purposes of this report, this data is extracted from the County Health Rankings where it is noted as an environmental factor.</p>
<p><u>The National Center for Educational Statistics (NCES)</u></p>	<p>The NCES collects data and analyzes statistics related to American education, including the proportion of students who are eligible for the free lunch program.</p>
<p><u>Uniform Crime Reporting-FBI</u></p>	<p>The Uniform Crime Reporting data from the FBI is a primary source of violent crime data (homicide, rape, robbery, and aggravated assault). For the purposes of this report, this data is extracted from County Health Rankings, where it is a socioeconomic indicator incorporated into the rankings.</p>
<p><u>US Census</u></p>	<p>National census data is collected by the US Census Bureau every 10 years. Additional subsets of census bureau data include the American Community Survey and the Small</p>

	Area Health Insurance Estimates. These subsets are collected continuously and may be aggregated over multiple years to provide data at the county level (e.g. American Community Survey data is from 2011-2015).
<u>USDA Food Environment Atlas</u>	The Food Environment Atlas incorporates food environment factors, such as proximity to stores, food prices and assistance programs, and community characteristics that influence food choices and quality.

The data was gathered into a written report/presentation and shared with community members at in-person focus groups and key stakeholder meetings (described below).

Input from Persons Who Represent the Broad Interests of the Community

HSHS Holy Family Hospital, Inc. is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2015 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top three identified community health needs: Access to high quality, local health care, Substance abuse and birth-related issues. This year’s assessment built on that collaboration, actively seeking input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus human, material and financial resources on.

Input from Community Stakeholders

In order to gain community input for the FY2018-2021 Community Health Needs Assessment, a variety of stakeholders were asked to participate in engagement sessions. These individuals included HSHS Holy Family’s partners, individuals from other health care organizations, local school districts, community organizations, business members, public administrators, and local religious organizations. Possible participants for the 2018 CHNA were identified by researchers at the UIS Survey Research Office and approved by HSHS Holy Family Hospital.

Individuals were recruited to participate in an engagement session by researchers at the University of Illinois Springfield. Each individual received a letter or email introducing the project on December 4th, 2017 and reminder emails were sent on December 11th, 2017.

Individuals were informed that the engagement sessions were organized and would be moderated by researchers from the University of Illinois Springfield's Survey Research Office (SRO). The SRO is an independent research organization with a reputation for quality health care research. And while the stakeholders were informed that their participation in this process is significant to the success of the 2018 Community Health Needs Assessment, their participation was voluntary. They were also informed that anything they said during the discussion would be kept confidential and the SRO would not release any information that could be linked to them. Finally, they were informed that a member of the SRO research team would be contacting them by telephone to give them more details.

Engagement sessions were held on the following dates and times:

- December 13 @ 1 p.m., Fair Oaks Conference Room, HSHS Holy Family Hospital, Greenville
- December 13 @ 3 p.m., Fair Oaks Conference Room, HSHS Holy Family Hospital, Greenville
- December 14 @ 5 p.m., Fair Oaks Conference Room, HSHS Holy Family Hospital, Greenville

In total, 16 stakeholders participated in the engagement sessions (5 attended the 1 p.m. group, 6 attended the 3 p.m. group, and 5 attended the 5 p.m. group). A complete list of those invited to the sessions can be found in the appendix. Complete transcripts from the meetings are included in the appendix.

Community Stakeholders who participated in the CHNA process represented the following area organizations and institutions:

- City of Greenville
- Lemuel Rhodes Cancer Foundation
- Bradford National Bank
- Bond County Health Department*
- Holy Family Auxiliary
- County Coroner
- Essendant
- Bond County Community Foundation*
- WGEL Broadcasting
- Free Methodist Church*

**Denotes groups representing medically underserved, low-income and minority populations.*

Input from Members of Medically Underserved, Low Income and Minority Populations

Hospital Sisters Health System and HSHS Holy Family Hospital, Inc. are committed to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, promoting the common good, and stewarding resources. We believe that the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve. To ensure that the needs of these groups were adequately represented, we included representatives from the Bond County Health Department. This organization serves the under-resourced in our community, including low-income seniors, children living in poverty, and families who struggle with shelter and food insecurity. Representatives of this organization, who work directly with their constituents, have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including this organization in the CHNA process was critical to ensure that the needs of the most vulnerable persons in our communities were being shared and addressed in the CHNA process and development of related implementation strategies.

Input on FY2015 CHNA

No written comments were received regarding the FY2017 CHNA.

Prioritizing Significant Health Needs

Members of the Holy Family Hospital Administration Team collaborated with key department leaders in the in the review and analysis of CHNA data.

As part of the identification and prioritization of health needs, the hospital considered the 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.

Based on the CHNA planning and development process described, the following community health needs were identified:

- 1. Obesity**
- 2. Mental Health**
- 3. Alcohol, Tobacco, and Other Drug Use**
- 4. Access to Care**

As an outcome of the prioritization process, Holy Family Hospital will address all of the priority community health needs identified in the data.

Overview of Priorities

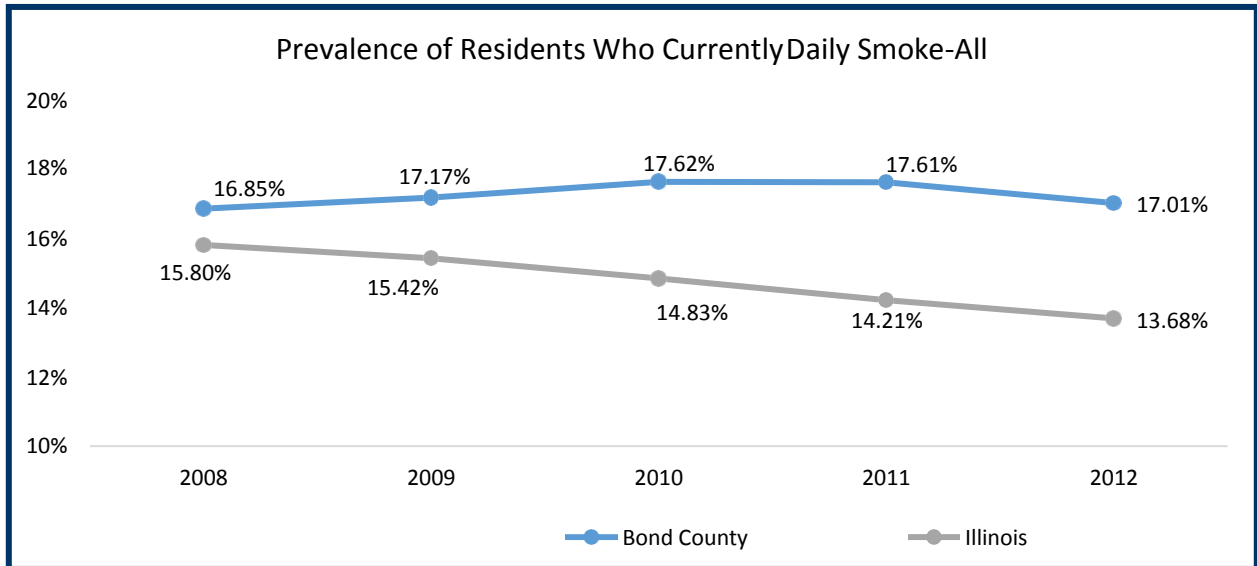
Obesity

One of the major concerns facing residents is the percentage of the population who suffer from obesity, which then results in diabetes, heart disease and other complications. Heart disease and diabetes have long been an issue in the Holy Family service area, with obesity being an underlying cause. The data on hospitalizations due to heart disease suggests the rates for cardiovascular and pulmonary disease in Bond County are higher than the state rate.

Acute Condition	Bond County	Illinois
Acute Myocardial Infarction	7.4%	6.8%
Cerebrovascular Disease	12.2%	9.3%
Congestive Heart Failure	16.3%	12.0%
Chronic Obstructive Pulmonary Disease	9.3%	7.6%
Coronary Artery Disease	6.3%	4.7%
Irregular Heart Beat	10.7%	8.5%

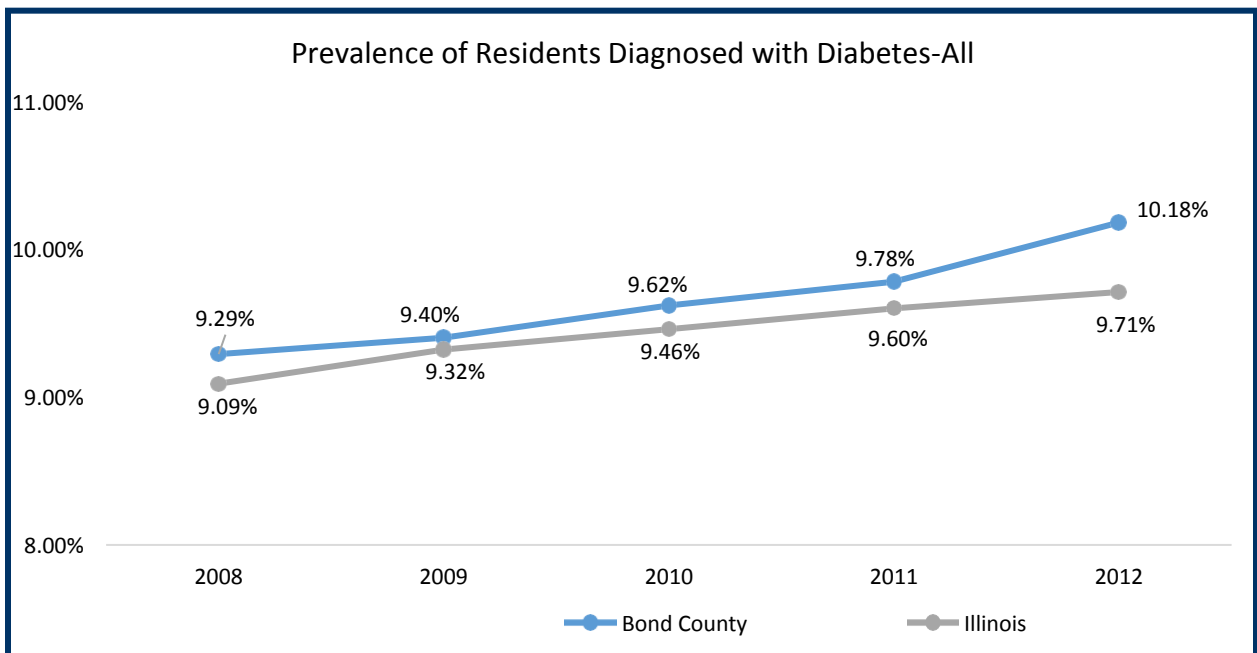
Note: Not all acute conditions are shown; percentages may not equal 100%. Data Source: Illinois Department of Public Health's IQUERY, 2014 data. Source geography: County.

As a Bond County Health Department employee stated, “The number one health priority we found in researching all of the data was heart disease, and that’s been consistent over several years for the county.” There is also secondary data that backs this up, with one of the leading causes being the high rate of smoking in the county. Smoking is a main risk for heart disease, and when combined with other factors such as high cholesterol, high blood pressure, or obesity, smoking further increases the risk. As seen in the graph below, while the rate of smoking for the state has slowly decreased since 2008, the rate for Bond County has actually increased.



Note: This indicator is compared with the state average. Data Source: Institute for Health Metrics and Evaluation. Source geography: County

Another major complication from obesity is diabetes. Individuals with diabetes are more likely to develop heart and have a greater chance of a heart attack or stroke. As seen in the graph below, the county rate for diabetes is only slightly higher than the state rate, though the rate for the county has been on the rise since 2008.



Note: This indicator is compared with the state average. Data Source: Institute for Health Metrics and Evaluation. Source geography: County.

Data suggests Bond County residents exercise less than compared to the state average. The data in the table below shows results for the BRFSS question, “During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?” The rates for Bond County were lower than the rates for the state.

Report Area	Do You Get Any Exercise? (Male)	Do You Get Any Exercise? (Female)	Gets Exercise (All Adults)	Does Strengthening Exercises (All Adults)
Bond County	69.9%	71.8%	70.7%	32.5%
Illinois	75.9%	74.5%	75.2%	44.5%

Data Source: Illinois Behavioral Risk Factors Surveillance System 2010-2014 series.

Nutrition and exercise was mentioned several times during the focus groups in association with obesity and various illnesses. A participant stated, “In rural communities, it tends to be that smoking and some of the more unhealthy lifestyles are more socially acceptable, the types of foods that are consumed or how often we exercise. Those kinds of things.” Another participant stated, “We see and hear about the kids in school with the backpack program and the different needs, nutritionally, that the kids have.”

Mental Health

Individuals living in HSHS Holy Family’s service area have less access to mental health care providers. While it’s difficult to measure the rate of individuals in the service area suffering from mental illness, there are some data available that can aid in assessing the need. When looking at the BRFSS question which asks the number of days that mental health is not good for respondents, the rate for Bond County of those who report 8-30 days a month of not good mental health is higher than the state rate –an average of 16.1 percent compared to 13.7 percent for the state. The rate of emergency department visits for mental health was 2.3 in Bond County versus 2.1 for the state of Illinois (Illinois Department of Public Health, 2014).

The National Plan and Provider Enumeration System currently manages the NPI registry which allows individuals to see the rate of health care providers per population. According to the NPI registry, Bond County has one mental health care provider for every 770 individuals; the rate for the state is one provider for every 580 individuals.

Report Area	NPI Ratio of Population to Mental Health Providers
Bond County	770:1
Illinois	580:1

Note: This indicator is compared with the state average. Data Source: Illinois Youth Survey 2016 data. Source geography: County.

The lack of availability of mental health services was brought up by participants during engagement sessions. When asked by the moderator to identify a particular health problem that stood out, one participant stated, “There used to be a group, here, and it was a psychology and counseling group based at the hospital and that is no longer the case at all. Some of those services are provided at the health department, but I don’t know how busy or how accessible those services are.”

Written responses from the exercise at the end of the engagement sessions indicate that mental health is frequently believed to be a problem.

Mental health issues are not isolated to a certain segment of the population and are affecting all age levels but are especially affecting the region’s youngest and oldest populations. In Bond County, the percentage of the population diagnosed with depression was higher than the state rate, with 20.6% of the population diagnosed with depression. The statewide average was 16.5 percent.

Alcohol, Tobacco, and Other Drug Use

Focus groups from the 2013 CHNA identified substance abuse as another main issue in the county. Substance abuse entails drugs, alcohol, and tobacco. The rate of heavy drinking and binge drinking in Bond County for both sexes is lower (19%) than the state rate (21%). However, the rate of illegal drug use and prescription was not taken into account in the previously prepared secondary data report. Many residents are aware that their community, like many communities across the U.S., has had an unhealthy rise in opioids and prescription medication abuse. One participant stated, “I think, like most communities now, the opioid crisis is growing and becoming a bit difficult.” The Center for Disease Control and Prevention (CDC) reported that 40% of all U.S. opioid overdose deaths involve prescription opioid. Moreover, in 2016, more than 46 individuals died every day from overdoses involving prescription opioids. While the CDC does not report specific data by county, the Illinois Department of Public Health (IDPH) has made some data available, including that in 2016, up to four people died of opioid-related overdoses in Bond County. The rate of opioid overdose deaths for Illinois was 10.7 per 100,000; in Bond County the rate was estimated to be 10.8 to 19.9 per 100,000. One stakeholder echoed the fact that opioid use was just as bad in rural Bond County as it is statewide, stating, “If you look at opioid use, for instance, in our community, it matches the state opioid numbers like almost ranked down one. “

Fortunately, with the increased availability of Naloxone, a medication created to rapidly reverse opioid overdose, some overdose deaths have been prevented. According to the IDPH report, data from 2015 reported that the number of Emergency Medical Services (EMS) events with one more Naloxone administrations in Bond County was between 10 to 49; the number for the state was 9,272. The rate per 10,000 of reported EMS events with one or more Naloxone administrations for Bond County was 9.00 or more per 10,000; the rate for the state was 7.21.

Prior to the opioid crisis, Bond County experienced an outbreak of methamphetamine. One of the participants stated, “The meth was pretty heavy for the longest time. We had problems with that. We’re rural so they can come out here and get the anhydrous....so, they bring meth up here and sell it and then go hit the anhydrous and back they go.” When asked if the groups felt that meth use and manufacture had decreased due to more restrictive laws, one stakeholder responded, “It’s a slightly different commentary, but maybe the bigger reason meth has decreased is that heroin has gotten cheaper. Not because meth is really decreasing so much, but because it’s the poverty rate that is driving a different drug, which, again, is a pretty sad commentary.”

Holy Family Hospital recognizes the need in Bond County as well as the surrounding communities for services regarding substance abuse. The hospital has a partnership with New Vision, a Special Care Hospital Management Corporation, which offers innovative treatment by facilitating inpatient medical services to clients seeking to break the cycle of addiction. Clients from various backgrounds are afforded an opportunity to transition into sobriety without the associated discomfort and often painful withdrawals. Using evidence-based protocols from the American Society of Addiction Medicine (ASAM), clients are offered a unique approach to withdrawal management, often forgone in traditional detox settings.

Access to Care

In 2013, Greenville Regional Hospital conducted a Community Health Needs Assessment that identified access to local quality care as one of the main priority areas for the county. Unfortunately, this is the case for many rural hospitals where access to specialists and other care providers is limited. However, with the hospital becoming a part of the larger HSHS system in 2016, having access to HSHS specialists could greatly increase access to care. Yet, many residents feel that they still do not have access to specialists and other health care providers. One participant said, “I know, in the case of primary care physicians, three years ago, it was actually better than it is today.” The 2013 Community Health Needs Assessment conducted by Greenville Regional Hospital identified access to local quality health care as one of the major health priority areas for their service area, and again this is one of the priority issues identified by the 2017 focus groups. Another participant stated:

Two things that are very important, to me, when I think of a health community, is access in two ways: primary care and specialty availability. I think it’s hard to build a healthy community without primary care and access that is readily available not within weeks of waiting for an appointment for a specialty.

Today, HSHS Holy Family Hospital continues to work to provide access to local quality care to its service area. However, due to recent changes, some residents are not satisfied with the quality of care that they have observed. Several group participants stated that to receive quality care, many Bond County residents travel outside of HSHS Holy Family Hospital service area to see certain specialists, whether it be in Saint Louis or in Springfield. Another participant stated:

There's definitely been an out migration, which can be followed both statistically and anecdotally, with Bond County residents having gone either out of the country or out of state. Definitely out of the county and that's been quantifiable as I talked with local pharmacists. They've seen a real shift in where prescriptions are coming from because of the inability to get primary care locally.

According to the County Health Rankings, in 2013, Bond County was ranked 35 out of 102 in clinical care. The following chart shows the breakdown of some of the data that helps determine that ranking:

2013 Access to Care				
Report Area	Uninsured Population Under 65	Ratio of Population to Primary Care Physicians	Ratio of Population to Dentists	Ratio of Population to Mental Health Providers
Bond County	13%	1778:1	5926:1	5926:1
Illinois	16%	1292:1	1592:1	2340:1

Data Source: Area Health Resource File, 2013 data via the County Health Rankings. Source geography: County and Service Area

However, the most recent data indicates that access/availability to primary care physicians and access to care has dramatically decreased in the county. In 2017, Bond County ranked 79 out of 102 in clinical care. The rate for uninsured residents under 65 years of age was 9% compared to 11% for the state. The primary care physicians' ratio was 1730:1 while the ratio for the state was 1240:1 while the ratio for dentists was 4240:1 compared to 1380:1 for the state. Furthermore, residents in Bond County have less access to other care providers such as nurse practitioners (NPs), physician assistants (PAs), clinical nurse specialists, and other specialists (2119:1) than compared to the state as a whole (1741:1).

2017 Access to Care				
Report Area	Uninsured Population Under 65	Ratio of Population to Primary Care Physicians	Ratio of Population to Dentists	Ratio of Population to Mental Health Providers
Bond County	9%	1730:1	4240:1	770:1
Illinois	11%	1240:1	1380:1	580:1

Data Source: Area Health Resource File, 2017 data via the County Health Rankings. Source geography: County and Service Area.

Conversely, the most recent Illinois Behavioral Risk Factor Surveillance System (BRFSS) county level data indicates that the proportion of the residents in Bond County who have usual source of medical care was 86.7%, higher than the state rate of 82.6%. Much of this could likely

be attributed to the increase in the number of residents with health insurance, thus making it more financially feasible for residents to see a doctor. However, the location of the medical provider is not indicated.

Report Area	% Indicating a Usual Medical Provider
Bond County	86.7%
Illinois	82.6%

Data Source: Illinois Behavioral Risk Factors Surveillance System 2010-2014 series. Source geography: County.

Access to care is a topic that encompasses a wide array of issues within health care. Some of the key aspects pointed out by participants are that the access/availability to quality care is directly related to lack of awareness of services or what is covered by insurances, lack of rapport with the community, and lack of cooperation with Bond County Health Department. With lack of awareness, one participant stated:

A lack of awareness of what is available (is a problem). I know I've had phone calls regarding who have Medicaid or Managed Care and not knowing how to access the providers that are in their network and just navigating that system. Not knowing what resources are available to them to help them through that process.

As previously mentioned, it has been stated by several participants that it is now not uncommon for residents of Bond County to travel outside of the county to receive their medical care. Furthermore, participants expressed concern about HSHS Holy Family Hospital competing with the Bond County Health Department. Several shared their fear that if HSHS did not change this policy, more services would become unavailable to residents of the county. And many in the county don't have the capability to travel outside the area to receive services. One participant stated:

I would like to see HSHS work more closely with Bond County Health Department. I know that there have been many times that people had 'to get' home care. Even though our Bond County Health Department has excellent home health care, people are not directed to them. I know at least two specific situations where the persons said that, 'I want care from Greenville.' Well they made the mistake of not saying Bond County so HSHS did not contact the Health Department.

With this in mind, several participants stated that they wanted to see more cooperation between Holy Family and the Bond County Health Department. Another participant stated, "There needs to be, in my mind, and in my opinion, better cooperation between Holy Family and Bond County Health and whatever is necessary." Improved cooperation with the Bond County Health Department could go a long way in helping to restore the residents' faith in HSHS, as many have a strong sense of loyalty to their community as well as to their hospital. Another participant stated, "I don't think that HSHS understands a small town's loyalty both to their local doctors and to their local hospital. Citizens in Greenville are not likely to go to Highland by choice."

Thus, participants suggested that Holy Family hospital needs to work towards building rapport with the community, which also impacts access/availability to access to care. Another participant stated, “I think that there is some disconnect between the community and the board, and its role. So, whatever could be done to help build that because I think rebuild is important.”

Despite the fact that residents of the service area seem to be struggling with the changes being made by the new hospital leadership, it should be noted that there is also an optimism that the changes in the end will be for the betterment of the community. Said one participant:

There are tons of things [that are positive about the community]. The fact that this hospital still has the lights on is one of the positive things going. Our community as a whole should be reasonably grateful for that. It's the fact that it has been acquired by an organization who has a mission to align itself with some of those poverty issues I think is a pretty positive thing relative to...not that Greenville Regional didn't do that, but the organization today is using a much stronger faith based charitable organization than Greenville Regional could be, I think. And I haven't really seen all the effects of that yet, but I think those are really positive things. The physicians that are in community, I believe, are outstanding in terms of the desire to provide care. Just don't know if there are enough hours in the day to get them to do what they want to do for the whole community.

HSHS Holy Family Hospital provides additional access to health services through their Convenient Care. This is a walk-in clinic located in Greenville approximately five miles from the hospital, which serves as a great alternative for patients needing care or who need a healthcare provider after normal hours but are not in need of an emergency room. Convenient Care is designed to treat minor injuries and illnesses that require immediate attention, such as sprains and strains, aches and pains, and minor lacerations. Adults and children of all ages, races, and ability (as well as non-ability) to pay are diagnosed and treated. This service creates an avenue for patients to access care with the hope of connecting them to a future primary care provider.

All patients being admitted to Holy Family Hospital are asked if they are currently being cared for by a primary physician. If the patient does not have a primary physician, HSHS Medical Group family practitioners will provide the patient one follow up visit after their discharge from the hospital. At this time, the patient can also apply to be a patient of the HSHS Medical Group providers.

In conjunction with HSHS Medical Group, Holy Family Hospital actively participates in the recruitment of primary care physicians and advanced practice providers.

Potential Resources to Address the Significant Health Needs

As part of the focus groups and key stakeholders' meetings, community assets and resources that currently support health or could be used to improve health were identified. The following resources will be considered to develop the implementation plan to address the prioritized community health needs:

Hospitals and Related Medical Groups

- HSHS St. Joseph's Hospital, Highland, Illinois
- HSHS St. Joseph's Hospital, Breese, Illinois
- Anderson Hospital, Maryville, Illinois
- Heartland Women's Healthcare
- HSHS Medical Group
- Prairie Cardiovascular Services

Walk-in Health Clinic:

- HSHS Convenient Care Walk In Clinic

Other Community Organizations and Government Agencies:

Obesity

- American Diabetes Association
- Area Churches
- Bond County Health Department
- Greenville Community School District
- Greenville University
- HSHS St. Joseph's Hospital Breese
- HSHS St. Joseph's Hospital Highland

Mental Health

- Area Churches
- Bond County Health Department
- Clinton County Health Department
- Greenville Police Department
- Madison County Health Department
- HSHS St. Joseph's Hospital Breese
- HSHS St. Joseph's Hospital Highland

Alcohol, Tobacco, and Other Drug Use

- Bond County Health Department

- Clinton County Health Department
- Greenville Police Department
- Greenville University
- Madison County Health Department
- New Vision
- Partnership for a Drug Free Community
- HSHS St. Joseph's Hospital Breese
- HSHS St. Joseph's Hospital Highland

Access to Care

- Bond County Peer Counselor
- Bond County Health Department
- Bond County Transit
- Board of Lactation Consultant Examiners
- Patient Innovation Center
- HSHS St. Joseph's Hospital Breese
- HSHS St. Joseph's Hospital Highland

Next Steps

After completing the FY2018 CHNA process and identifying the top priority health needs, next steps include:

- Collaborate with community organizations and government agencies to develop or enhance existing implementation strategies
- Develop a three-year Implementation Plan (FY2019 through FY2021) to address priority health needs identified in the FY2018 CHNA process
- Integrate the Implementation Plan into organizational strategic planning and budgeting to ensure alignment and allocation of human, material and financial resources
- Present and receive approval of the CHNA Report and Implementation Plan by the hospital's governing board in the same tax year that the CHNA was conducted
- Publicize the CHNA Report and Implementation Plan widely on the hospital website and CHNA partner websites and make accessible in public venues such as Town Halls, etc.

Approval

The FY2018 CHNA Report was adopted by the hospital's governing board on May 29, 2018.

Appendix A.

The following individuals were invited to participate in one of the two engagement sessions identifying the health priority areas in the region.

Name	Group	Organization
Dave Willey	December 13 @ 1	City of Greenville
Karen Kessinger	December 13 @ 1	Lemuel Rhodes Cancer Foundation
Kami Hohm	December 13 @ 1	Bradford National Bank
Sean Eifert	December 13 @ 1	Bond County Health Department
Sharon Alger	December 13 @ 1	Holy Family Auxiliary
Tony Brooks	December 13 @ 3	County Coroner
Jerry Graber	December 13 @ 3	Lemuel Rhodes Cancer Foundation
Steve Morgan	December 13 @ 3	United Stationers
Pat Kious	December 13 @ 3	Bond County Community Foundation
Tom Kennedy	December 13 @ 3	WGEL Broadcasting
Bill Walker	December 13 @ 3	City of Greenville
Alan Gaffner	December 14 @ 5	City of Greenville
Allen Davis	December 14 @ 5	City of Greenville
Tom Ryan	December 14 @ 5	Free Methodist Church
Nora Ryan	December 14 @ 5	Free Methodist Church
Sharon Ahern	December 14 @ 5	Holy Family Auxiliary

Appendix B.

Evaluation of the impact of any actions that were taken, since the immediately preceding CHNA conducted in FY2015, to address significant health needs identified.

In FY2015, HSHS Holy Family Hospital conducted a Community Health Needs Assessment (CHNA). Primary and secondary data was gathered from multiple sources to assess the hospital's primary service area. Based on the data and the prioritization process, the following priority community health needs were selected:

- Access to Care
- Substance Abuse
- Women and Children's Health

The FY2015 Implementation Plan outlined the strategies that the hospital would undertake to address the priority community health needs identified through the CHNA process. Evaluation of the impact of the actions that were taken in response to the hospital's FY2015 CHNA follows.

Access to Care

Outcomes: Subsidized a walk-in clinic to provide patients with access to care after normal hours who do not need emergency services. The hospital subsidized the health clinic at a cost of \$366,789.

Provided a hospital speaker and education materials at several Greenville and Vandalia events including Think Pink and Pink Bowl to increase awareness and education about breast health. Currently, insurance does not reimburse for 3D mammography. The hospital wrote off an insurance difference of \$34,534 to increase access to better imaging technology and early detection.

Hosted enhanced annual community-wide Health Fair which is staffed by health care professionals and providers; the event served more than 1,200 participants in FY2017. Services ranged from discounted labs for prostate specific antigen blood test (PSA), lipids, CBC, TSA, BMP and hemoglobin A1-C, Vitamin D blood test, and Coladvantage; free oral health care exams; hearing and vision exams for early detection of cataracts; podiatry screenings to assess foot wellness; posture screenings to assess early onset scoliosis; pulmonary function testing; and bone density testing. Online registration was made available to prepare participants for the Fair especially those seeking screenings which required fasting.

In FY2017, more than 2,000 blood tests were performed as part of the health fair. In addition to the services provided on the day of the Health Fair, the hospital also performs the low-cost blood

tests at several off-site locations including area schools, businesses, and manufacturers. Through the years, life-threatening and serious medical conditions have been discovered through testing performed in association with the Health Fair.

The hospital continued to support other organizations as appropriate including the Bond County Health Department which provides Home Health services, Psychiatry, Oral Health services, and preventative immunizations.

Substance Abuse

Outcomes: Provided seminars on mental health through the course of the year to local directors of assisted living and skilled nursing facilities. Seminar topics included information regarding current medical assisted treatment protocols and non-medical treatment protocols for assisting individuals with rehabilitation therapy.

Women's and Children's Services

Outcomes: In partnership with Bond County Health Department, provided a registered dietician to visit local 6th grade classes and present on the benefits of healthy eating. Education was also provided on obesity and diabetes. HSHS Medical Group spokesperson Sonya Jones hosted three community speaking events to encourage participants to choose a healthy lifestyle. Annually, a nurse educator teaches CPR classes to all local high school students and all school district teachers. In addition, the high school 11th and 12th grade life skills classes tour HSHS Holy Family Hospital's Family Birth Center.

Provided EMS Education for Greenville 7th graders, Sorento and Pocahontas K-8th graders to educate children on the signs and symptoms necessitating emergency care to decrease anxiety in the event of a medical emergency.

Provided free clothing and household items to victims of abuse and neglect. The program also provides free clothing and household items to families affected by fires, floods or other natural catastrophes.

The hospital continued to support other organizations as appropriate including Eden's Glory, which provides aid and housing for victims of human trafficking, and The Simple Room, which provides programming for the spiritual, physical, mental and social development of youth to empower them to positively engage in their community.