

# A Joint Community Health Needs Assessment of Montgomery and Macoupin Counties:

## HSHS St. Francis, Hillsboro Area, & Carlinville Area



# 2021



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*Note:* The following report was constructed by a team from SIU School of Medicine from the Department of Population Science and Policy in partnership with the hospitals. This report could not have been made possible without the work from Nicole M. Summers-Gabr, Ph.D., Jessica Grim, MPH, Corbin Conigilo, B.S., and Kim Luz, M.S. Additional funding support was provided by Blue Cross Blue Shield of Illinois.

## Executive Summary

### HSHS St. Francis Hospital, Hillsboro Area Hospital, and Carlinville Area Hospital Community Health Needs Assessment 2021

Provisions in the 2010 Patient Protection and Affordable Care Act state that in order for hospitals to maintain a non-profit status, they must conduct an assessment every three years to understand local community health needs. Moreover, this assessment must (a) take input from individuals the community serves, (b) make the report publicly accessible, and (c) adopt an implementation strategy based on community health needs identified in the assessment.

Triennially, hospitals conduct a CHNA and adopt an implementation strategy by an authorized body of the hospital in the same tax year, and make the report widely available to the public.

This year St. Francis Hospital (SFL) partnered with Hillsboro Area Hospital (HAH) and Carlinville Area Hospital (CAH), local healthcare organizations that share the same service area: Macoupin and Montgomery Counties. The last CHNA for SFL was conducted and adopted in FY2018 and conducted and adopted for HAH in FY2019. The assessment was led by the Southern Illinois University School of Medicine Department of Population Science and Policy (PSP) under the direction of Assistant Professor Nicole M. Summers-Gabr, PhD. The role of the university partnership was to lead the following activities:

- Collecting secondary data
- Hosting an Advisory Council Meeting to present the strengths and concerns of health needs in the community
- Facilitating focus groups to understand the context behind the greatest issues
- Collecting demographic data from Advisory Council and focus group members to document community representation
- Analyzing focus group data
- Presenting findings to SFL, HAH, and CAH

### Identification and Prioritization of Needs

The following health needs were identified based on burden, scope, severity, health disparities, secondary data sources, input by local leaders, and the ability to collaborate with other assets in the community.

- Access to Mental and Behavioral Health Treatment
- Workforce Development
- Food Insecurity

### Implementation Plan Development

Secondary data and focus group conversations helped target key areas and strategize how to address them. However, more investigation is necessary to understand the (a) reasons for these being such prevalent issues in the community and (b) which solutions fit the community. Therefore, the next step is to survey the community. Data on risk factors and solutions related to the three priorities will be collected during summer 2021. Results from this survey will inform the implementation strategy and determine metrics for its success.

## Hospital Background

### HSHS St. Francis Hospital

SFL is a critical access hospital located in Montgomery County, Illinois. For more than 143 years, the hospital has provided health and wellness services to Macoupin and Montgomery Counties. SFL provides a wide range of specialties, including a cancer care center, cardiopulmonary, emergency care, orthopedics, rehabilitation services, woman and infant's center, surgery center, sleep studies, radiology, laboratory, heart care, and mind-body health services.

SFL 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 their high-quality Franciscan health care ministry, with a focus on 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. With 15 hospitals, scores of community-based health centers and clinics, nearly 2,300 physician partners, and more than 13,000 colleagues, HSHS is committed to its mission "to reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry."

HSHS has a rich and long tradition of addressing the health needs of the communities it serves. This flows directly from their Catholic identity. In addition to community health improvement services guided by their triennial CHNA process, the hospital contributes to other needs through our broader community benefit program. This includes health professions education, subsidized health services, research and community building activities. In FY2020, the hospital's community benefit contributions totaled \$6,851,178.

### Current Hospital Services and Assets

Table 1. SFL Services and Assets

Major Centers and Services	Statistics	New Service and Facilities
<ul style="list-style-type: none"> <li>Cancer Care Center</li> <li>Cardiopulmonary</li> <li>Emergency Care</li> <li>Orthopedics</li> <li>Rehabilitation Services</li> <li>Women and Infants Center</li> <li>Surgery Center</li> <li>Sleep Studies</li> <li>Radiology</li> <li>Laboratory</li> <li>Heart Care</li> <li>Mind-Body Health Services</li> </ul>	<ul style="list-style-type: none"> <li>Total Beds: 25</li> <li>Total Colleagues: 202</li> <li>Bedside RNs: 58</li> <li>Inpatient admissions: 1,380</li> <li>ED visits: 10,990</li> <li>Births: 202</li> <li>Inpatient surgeries: 203</li> <li>Outpatient surgeries: 1894</li> <li>Physicians on medical staff: 22</li> <li>Volunteers: 250</li> <li>Community Benefit: \$6,851,178</li> </ul>	<ul style="list-style-type: none"> <li>Cancer Care Center was completed on the fourth floor. The new renovated space consists of 2,750 sq. ft. and opened in January 2017.</li> <li>Third floor renovations were completed in July 2017. 7,550 sq. ft. of space was renovated and updated to better serve patients.</li> <li>New 9 bed ED opened May 1, 2020.</li> <li>St. Francis Way Clinic opening April 1, 2021 to treat addiction disorders.</li> </ul>

### Hospital Accreditations and Awards

SFL is accredited by The Joint Commission, having received its gold seal of approval, and is licensed by the Illinois Department of Public Health. The hospital is also approved by the Centers for Medicare and Medicaid

Services(CMS). SFL earned a "5-star rating" from CMS regarding patient experience. CMS scores hospitals from one to five based on the 11 publicly reported measures in HCAHPS survey, which assesses patient experiences. The latest rating is based on survey data collected between Oct. 1, 2018, and Sept. 30, 2019. Only 215 hospitals nationwide achieved a "5-star rating."

SFL also received the 2016 Bronze and 2017 Silver Award for Progress toward Excellence by the ILPEX recognition program. The ILPEX Bronze and Silver Awards are granted to those organizations who demonstrate effective, systematic, well-deployed approaches that respond to the overall requirements of most Baldrige Framework for Performance Excellence criteria items and are aligned with organizational needs.

SFL ranked in the 95th percentile for three years in a row on the HSHS culture of safety survey. SFL received the 2016 and 2017 Practice GreenHealth Partner for Change award.

### Hillsboro Area Hospital

HAH is a 25 bed hospital located in Montgomery County, Illinois. Since 1916, the hospital has been an anchor institution in Hillsboro, Illinois. HAH provides a wide range of specialties, including emergency, inpatient, and transitional care, diagnostic imaging, laboratory, rehabilitation, and respiratory services, a sleep clinic, surgery, podiatric medicine, a specialty clinic, as well as integrated behavioral health care.

HAH is dedicated to positively affecting the health and welfare of the community. The core values of the hospital are community, teamwork, service, excellence, respect, and stewardship. In FY2019, the hospital's community benefit contributions totaled \$3,066,245.93.

Since opening a new building in 1975, the hospital has expanded its services to include the Douglas Telfer Outpatient Clinic, the Heartland Home Care Facilities, the Tremont Assisted Living Facility, and the Special Care Cottage for dementia and Alzheimer's.

### Current Hospital Services and Assets

Table 2. HAH services and assets

Major Centers and Services	Statistics	New Services and Facilities
<ul style="list-style-type: none"> <li>Emergency Care</li> <li>Inpatient Care</li> <li>Transitional Care (Swing Bed)</li> <li>Diagnostic Imaging</li> <li>Laboratory</li> <li>Rehabilitation Services</li> <li>Respiratory</li> <li>Sleep Clinic</li> <li>Surgery</li> <li>Podiatric Medicine</li> <li>Tremont Assisted Living Center</li> <li>Hillsboro Specialty Clinic</li> <li>Integrated Behavioral Health</li> </ul>	<ul style="list-style-type: none"> <li>Total Beds: 25</li> <li>Total Colleagues: 252</li> <li>Bedside RNs: 17</li> <li>Inpatient admissions: 337 (227 I/P; 110 SWB)</li> <li>ED visits: 4,816</li> <li>Births: 0</li> <li>Inpatient surgeries: 23</li> <li>Outpatient surgeries: 863</li> <li>Physicians on medical staff: 10</li> <li>Volunteers: 15</li> <li>Community Benefit: \$3,066,245.93</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Behavioral Health</li> <li>Dry needling Level 1 Program</li> <li>First Steps Playgroup</li> <li>Online Bill Pay</li> </ul>

### Hospital Accreditations and Awards

HAH received accreditation and licensure from: the U.S. Department of Health and Human Services, the American College of Radiologists, the Illinois Department of Public Health, and the Illinois Healthcare Association. The hospital also achieved accreditation by Det Norske Veritas. HAH is affiliated with the American Hospital Association, the Illinois Hospital Association, and the Illinois Critical Access Hospital Network.

HAH was named one of the St. Louis Post-Dispatch's top places to work from 2014-2019. Additionally, HAH was named one of the top 100 critical access hospitals by iVantage Health Analytics in 2015 and also received a four star rating in the Hospital Consumer Assessment of Health Plans Survey in 2019.

## Carlinville Area Hospital

Carlinville Area Hospital and Clinics (CAH&C) is a rural-independent, critical access provider offering award-winning inpatient, outpatient and rehabilitation care to the people of Carlinville and surrounding communities in and around Macoupin County. This comprehensive offering also includes a 24-hour STAT Stroke and STAT Heart designated emergency department. The Hospital is steered by a group of progressive leaders with over 250 dedicated team members. Coupled with innovation, updated facilities and a strong medical community that includes vast expertise in over a dozen specialties and subspecialties, we work every day to ensure the best patient experience begins at Carlinville Area Hospital & Clinics.

### Current Hospital Services and Assets

Table 3. CAH services and assets

Major Centers and Services	Statistics (FY 2020)	New Services and Facilities
<ul style="list-style-type: none"> <li>Diagnostic Imaging</li> <li>Emergency Care</li> <li>Infusion and Chemotherapy</li> <li>Inpatient Care</li> <li>Integrated Behavioral Health</li> <li>Laboratory</li> <li>MRI Suite</li> <li>Podiatric Medicine</li> <li>Rehabilitation Services</li> <li>Respiratory</li> <li>Rural Health Clinic(s)</li> <li>Sleep Clinic</li> <li>Specialty Outpatient Clinic</li> <li>Surgery</li> <li>Transitional Care (Swing Bed)</li> <li>Walk-in Clinic</li> <li>Wound Clinic</li> </ul>	<ul style="list-style-type: none"> <li>Total Beds: 25</li> <li>Total Colleagues: 286</li> <li>Bedside RNs: 88</li> <li>Inpatient admissions: 423</li> <li>ED visits: 5,610</li> <li>Births: 0</li> <li>Inpatient surgeries: 26</li> <li>Outpatient surgeries: 383</li> <li>Physicians on medical staff: 9</li> <li>Volunteers: 130</li> <li>Community Benefit: \$13.9 Million</li> </ul>	<ul style="list-style-type: none"> <li>Dry Needling Services</li> <li>Gynecological Outpatient Services</li> <li>Senior Behavioral Health</li> <li>Women's Health – Pelvic Floor</li> </ul>

### Hospital Accreditations and Awards

CAH&C received accreditation and licensure from: U.S. Department of Health and Human Services, Health Facilities Accreditation Program (HFAP), Joint Commission, Illinois Department of Public Health. CAHs are affiliated with the American Hospital Association, Illinois Hospital Association and the Illinois Critical Access Hospital Network.

## Communities Served by the Hospitals

The service area of the hospitals is comprised of two counties: Macoupin County and Montgomery County. This territory covers approximately 203.49 square miles, with a population of approximately 29,479, and a population density of 144.87 persons per square mile. The hospitals' patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

### Demographic Profile of Macoupin County

Table 4. Macoupin County demographic profile

Characteristics	IL, 2019	Macoupin County, 2019	Macoupin County, 2010	% Change for County
Total Population	12,770,631	45,463	47,765	-4.8%
<b>Age</b>				
Median Age (Years)	43.3	43.7	41.7	4.8%
Under 5 Years	767,193	2,292	2,818	-18.7%

Under 18 Years	2,891,526	9,683	10,775	-10.1%
65 Years and Over	1,942,534	8,895	8,171	8.9%
<b>Gender</b>				
Female	6,498,459	22,928	24,369	-5.9%
Male	6,272,172	22,535	23,548	-4.3%
<b>Race and Ethnicity</b>				
White (non-Hispanic)	7,829,850	43,670	46,596	-6.3%
Black or African-American	1,783,708	434	359	20.9%
Native American or Alaska Native	15,108	82	126	-34.9%
Asian	692,370	222	129	72.1%
Hispanic or Latino	2,186,387	560	418	34.0%
<b>Language Spoken At Home Other Than English</b>	2,779,838	680	930	-26.9%
<b>Median Household Income</b>	\$65,886	\$55,159	\$47,178	16.9%
<b>Percent Below Poverty Line In The Last 12 Months</b>	11.5%	13.9%	12%	15.8%
<b>Educational Attainment</b>				
High School Graduate or Higher, Percent of Persons Age 25+	89.2%	91.3%	86.8%	5.2%
Bachelor's Degree or Higher, Percent of Persons Age 25+	34.7%	18.4%	15.0%	22.7%

Source: U.S. Census Bureau, 2010 American Community Survey 5 Year estimates; U.S. Census Bureau, 2019 American Community Survey 5 Year estimates

#### Demographic Profile of Montgomery County

Table 5. Montgomery County demographic profile

Characteristics	IL, 2019	Montgomery County, 2019	Montgomery County, 2010	% Change for County
Total Population	12,770,631	28,828	30,104	-4.2%
<b>Age</b>				
Median Age (Years)	43.3	43.3	41.4	4.6%
Under 5 Years	767,193	1,491	1,703	-12.5%
Under 18 Years	2,891,526	5,776	4,683	23.3%
65 Years and Over	1,942,534	5,655	5,199	8.8%
<b>Gender</b>				
Female	6,498,459	13,694	14,359	-2.8%
Male	6,272,172	15,134	15,745	3.9%
<b>Race and Ethnicity</b>				
White (non-Hispanic)	7,829,850	26,883	28,632	-6.1%
Black or African-American	1,783,708	1,078	952	13.2%
Native American or Alaska Native	15,108	50	47	6.4%
Asian	692,370	71	111	-36.0%
Hispanic or Latino	2,186,387	510	459	11.1%
<b>Language Spoken At Home Other Than English</b>	2,779,838	549	910	39.7%
<b>Median Household Income</b>	\$65,886	\$52,748	\$40,864	29.1%
<b>Percent Below Poverty Line In The Last 12 Months</b>	11.5%	16.6%	14.0%	18.6%
<b>Educational Attainment</b>				
High School Graduate or Higher, Percent of Persons Age 25+	89.2%	87.7%	83.5%	5.0%
Bachelor's Degree or Higher, Percent of Persons Age 25+	34.7%	16.7%	13.3%	25.6%

Source: U.S. Census Bureau, 2010 American Community Survey 5 Year estimates; U.S. Census Bureau, 2019

American Community Survey 5 Year estimates

## Process and Methods Used to Conduct the Assessment

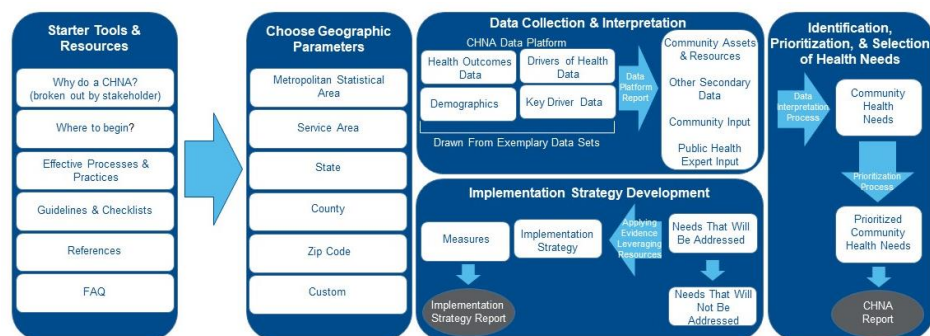
The FY2021 Community Health Needs Assessment was led by a core team comprised of leaders from: SFL, HSHS Illinois Division, HAH, CAH, and facilitated by PSP. The entities collaborated on the planning, implementation and completion of the community health needs assessment.

### Purpose of a CHNA:

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
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 Community Commons CHNA flow chart below:



### CHNA Protocol

The protocol to complete the CHNA included going through four key stages where each stage built off of the work of the last to finalize the top three priorities. These stages included (1) secondary data collection, (2) initial priority selection, (3) primary data collection, and (4) final priority selection. This protocol was approved by the SIU School of Medicine IRB and designated as protocol 21-776.

#### Stage 1: Secondary Data Collection

The CHNA process began with collecting data from preexisting sources on community demographics, housing, poverty, education, labor, and health. Some data was provided by SFL, HAH, and CAH. The remaining data was obtained from the sources below:

- Data USA
- Federal Reserve Bank of St. Louis
- Housing Action Illinois
- Illinois Department of Public Health
- Illinois State Board of Education
- Kids Count Data Center
- National Cancer Institute
- Macoupin County Health Department
- Montgomery County Health Department
- Policy Maps
- RJWF County Health Rankings

#### Stage 2: Initial Priority Selection



All the data was compiled into a presentation by PSP and recommendations were given around initial priority selection. The hospitals selected the remaining top priorities which completed the first complete list of 14 community needs to address. The following were the top 14 priorities:

- Access to Behavioral Health Treatment
- Access to Dental Care
- Access to Exercise
- Access to Mental Health Treatment
- Affordable Healthcare
- Child Abuse and Neglect
- Cost Burdened Renters
- Diabetes and Obesity
- Food Insecurity
- Future Water Issues in rural Areas
- Human Trafficking
- Student Mobility
- Workforce Development
- Unmanaged Chronic Condition

### Stage 3: Primary Data Collection

There were three forms of primary data collection: (1) a demographic survey, (2) the Community Advisory Council Meeting, (3) focus groups.

**Demographic Survey:** The purpose of the demographic survey was to document information on how representative participants were of the general community. All members of the Community Advisory Council and focus groups participated in a 17-item demographic survey. The survey was administered during the Zoom sessions by providing a link to take the survey on REDCap.

**Community Advisory Council Meeting:** A Community Advisory Council meeting comprised of Montgomery and Macoupin County stakeholders was held on February 24, 2021 on Zoom. Out of 24 invited stakeholders, representatives from SFL, HAH, CAH, and PSP met with 20 stakeholders. A total of 18 (38.9% female) responded to the demographic survey. The represented various fields (e.g., ministry, education, health, law enforcement) as well as special population groups (e.g., rural, at-risk, and youth). Youth participants were released from class by the principal to participate virtually. The average age of participants was 46.1 years (SD = 17.3) with a range of 15 years to 71 years. The purpose in generating such a diverse Community Advisory Council was to ensure that conversation about and voting on community health needs was determined by a broad representation of the community and not just those localized in the hospital or in positions of power.

The Community Advisory Council Meeting was 120 minutes in length with the following agenda:

Table 6. CAC meeting agenda

Time (am)	Agenda Item	Agenda Item Description
9:00 - 9:15	Introduction	Introduced facilitators/presenters, provided an overview of the CHNA process, and review priority areas.
9:15 - 9:20	Survey	Provided a link in the Zoom chatbox to click on and fill out a 5-minute demographic survey (Appendix A) on REDCap
9:20 - 10:25	Data Presentation	PSP presented the secondary data (Appendix H) from the sources described above. During this time strengths and concerns about community data were highlighted. Potential reasons for each priority area were also described.
10:25 - 10:45	Breakout Session of Assigned Topic	Three breakout sessions ensued. Each breakout group was assigned a facilitator, and one of three topics to discuss for 20 minutes: (a) housing and poverty, (b) education and labor, or (c) health. The questions for this portion of the session were: <ul style="list-style-type: none"> <li>a. What surprised you most?</li> <li>b. What made you most concerned?</li> <li>c. How did this issue either impact people you know or work with as part of your job?</li> <li>d. To your knowledge, why is this an issue for your community? Do you have data that you can share with us?</li> <li>e. What made you most proud of your community?</li> <li>f. Are there any other comments from the group?</li> </ul>
10:45 - 10:55	Breakout Session of Other Topics	Participants were given an extra 15 minutes to discuss anything their thoughts and opinions on any of the remaining topical areas or what could have been missed. The questions for this portion of the session were: <ul style="list-style-type: none"> <li>a. What makes you most concerned in the other topics we did not get to discuss yet [housing/poverty, education/labor, health]. Why does this issue concern you?</li> <li>b. Is there anything in your personal experiences with your organization or in with others in your life that we have not highlighted in this data?</li> <li>c. Do you feel we left anything off the list that should be considered as a health priority?</li> <li>d. If so, what supporting data can you share to justify the addition?</li> </ul>

10:55 - 11:00	Voting	Participants rated their top five priorities from 5 (highest importance) to 1 (lowest importance). Participants were encouraged to consider the Triple Aim Impact as they voted which meant they were asked to consider the magnitude, seriousness, and feasibility of each priority. Votes were sent through the chatbox to a facilitator.
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Results from forced ranking led to six significant needs. The top six selected priorities were:

1. Access to Behavioral Health Treatment
2. Access to Mental Health Treatment
3. Child Abuse and Neglect
4. Unmanaged Chronic Conditions
5. Food Insecurity
6. Workforce Development

**Focus Groups:** The hospital hosted four online focus groups on March 4<sup>th</sup>, 5<sup>th</sup>, 15<sup>th</sup> and 17<sup>th</sup>. Out of the 29 community members invited, 15 participated. The focus groups were facilitated by PSP on Zoom and scheduled both during and outside of typical business hours to accommodate participants' work/school schedules. Audio recordings were taken to document the conversations and transcriptions were produced by Windy City Transcription to use for analysis. The majority of the participants were female (73.3%). The average age of focus group participants was 55.47 years (SD = 20.99) with a range of 15 years to 76 years. The purpose in generating such diverse focus groups was once again ensure that discussions about and voting on community health needs was determined by a broad representation of the community and not just those localized in the hospital or in positions of power.

Each focus group was 60 minutes in length with the following example agenda:

Table 7. Focus Group agenda

Time (pm)	Agenda Item	Agenda Item Description
6:00 – 6:05	Introduction	Introduced facilitators/presenters, provided an overview of the CHNA process, and review priority areas.
6:05 – 6:10	Survey	Provided a link in the Zoom chatbox to click on and fill out a 5-minute demographic survey (Appendix A) on REDCap
6:10 - 10:25	Data Presentation	PSP presented a shortened version of the secondary data (Appendix H) with a particular focus on concerns in the six significant needs described above.
10:25 - 10:55	Discussion	Participants were guided through discussion about the data. Each priority was given approximately 5 minutes to discuss the data contingent upon participants' interest and specialties. Participants were asked the following questions: <ol style="list-style-type: none"> <li>a. What concerned you most about this theme?</li> <li>b. Why do you think this is happening?</li> <li>c. How do you think it should be fixed?</li> <li>d. Is there anything that you think we should explore more in this topic?</li> <li>e. Do you have any data sources to support this?</li> </ol>
10:55 - 11:00	Voting	Participants rated their top three priorities from 3 (highest importance) to 1 (lowest importance). Participants were encouraged to consider the Triple Aim Impact as they voted which meant they were asked to consider the magnitude, seriousness, and feasibility of each priority. Votes were sent through the chatbox to a facilitator.

Results from forced ranking led to three significant needs. The top three selected priorities were:

1. Access to Mental Health Treatment

2. Workforce Development
3. Food Insecurity

#### Stage 4: Final Priority Selection

The internal advisory council from the hospitals reviewed the final three selected priorities, as well as the rankings for the other six priorities. The internal advisory council decided that due to its close ties with mental health access, behavioral health access would be combined with mental health access to create a single priority of access to mental and behavioral health treatment. Based on the CHNA planning and development process described, the following community health needs were identified:



Access to Mental and Behavioral Health Treatment



Workforce Development



Food Insecurity

#### Identified Overview of Priorities

##### Access to Mental Health and Behavioral Health Services

Mental and behavioral health are a challenge for both adults and youth in Montgomery and Macoupin County. Mental Health surfaced as a priority for SFL in FY2015 and FY2018. It also emerged as a priority for HAH in FY2019 and as a priority for CAH in 2016. Data for adults suggests that there are two times as many suicides for Montgomery County and four times as many suicides for Macoupin County than state levels. In addition, there were more opioid overdose deaths among adults in both counties than cocaine and alcohol overdose deaths combined. These issues persist in youth with around 1 in 4 youth in middle school and 1 in 3 high school students in Hillsboro reporting moderate to very severe depression. Additionally, around 1 in 5 youth used vapes or consumed alcohol recently and 1 in 10 youth used marijuana.

Part of the reasons these issues could have persisted over the years is that there is little access to social workers, psychologists, and psychiatrists in comparison to state averages. Focus groups confirmed the challenges of obtaining mental health access in a timely manner and also shared that when services are available, there is not always a supportive network in seeking treatment.

##### Workforce Development

Within the counties, less than 1 in 5 adults has a higher education degree. Moreover, around 50% of residents only have a high school degree or less as their highest education. What this suggests is that there could be a gap in the market with specialty training jobs. Alternatively, it could mean that there are not enough jobs that require a college education to keep residents in the community. The average age is higher in both counties than the state average, which shows that it is a challenge to keep younger populations in the community. Participants in the focus group conversations reported the only high paying jobs are in the school district, the hospitals, or the prison.

Workforce development issues may be exacerbated by the lack of internet. A greater proportion of the population lacks internet access and computer ownership than at the state level. While this may also be because the average age of the population is higher and older populations may not be familiar with navigating the internet, it also means that a number of consequences could result. Specifically, lack of internet poses barriers to telehealth treatment, e-learning opportunities, and applying for jobs. Focus group conversations reiterated the troubles that they have seen lack of internet access cause and reported seeing individuals go to fast food restaurant and library parking lots to be able to access the internet and apply for jobs. Results from focus group conversations propose that that workforce development is interrelated with mental and behavioral health and that more people would stay in the

community.

### Food Insecurity

Food insecurity impacts all ages, but youth especially. Around 1 in 5 children were found to be food insecure, as well as 1 in 10 people overall. That means that large proportion of the population is unsure of where their next meal will come from. In addition, matters may only be exacerbated by the lack of access to grocery stores. Focus group discussions revealed the challenges around accessing nutritious food and reported that residents have to rely on convince stores to purchase basic items like student lunch supplies. While large grocery stores with fresh produce can be found in cities nearby, not everyone may have the time or transportation to travel.

Focus group participants said that short-term food insecurity is being supplemented through local food pantries, meals offered at churches, and through neighborhood initiatives to share excess food. However, more long-term and cohesive solutions are important to develop.

## Input from Persons Who Represent the Broad Interests of the Community

SFL, HAH, and CAH are committed to addressing community health needs in collaboration with local organizations and other area health care institutions. The FY2021 assessment built on that collaboration, actively seeking input from a broad section of community stakeholders.

### Input from Community Stakeholders

The FY2021 aimed to better document community inclusion. PSP developed an electronic demographic survey to be completed by Community Advisory Council and focus group participants. This survey documented basic information such as gender, age, and profession. In total, 33 individuals completed the survey. While the CAC was majority male and the focus groups were majority female, across the two forms of participation, the gender dispersion was nearly even (45.5% male; 54.5% female). No participants identified as transgender or non-conforming. The age range across all participants was from 15 years old to 71 years old with an average age of 50.4 years old and a median age of 51 years old.

Focusing on the profession of those who participated, 66.7% of Community Advisory Council actively worked outside of healthcare (i.e., hospitals, clinics, public health departments) and 100% of the focus group participants actively worked outside of healthcare. In addition to including the voices of 9 retirees, fields that participants actively served in included ministry, law enforcement, public education, farm bureau, social work, public housing, and economic development. This information suggests that the majority of the decision-makers in the voting of priorities were community members from many fields, not necessarily individuals employed by the hospitals.

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

SFL, HAH, and CAH are committed to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, and promoting the common good and stewarding resources. In addition, the hospitals have worked to increase decision-making opportunities in people who could be directly impacted by CHNA strategies. In order to best understand the reasons for and solutions to the greatest health priorities concerning the community, the hospitals reached out to a diverse group of individuals to be part of the Community Advisory Council and Focus Groups.

FY2021 is the first year that youth were included as participants. Youth were included to better understand youth health concerns through the actual voice of adolescents rather than secondary data alone or second-hand information from adults. FY2021 is also the first year that demographic data was collected from Community Advisory Council and Focus Group participants. The purpose of collecting demographic data was to capture how diverse and representative participants were of the population.

All participants had voting power and time to discuss their thoughts and opinions on each priority area and the data associated with it. Out of 33 participants between the Community Advisory Council and Focus Groups, 15.15% were youth. Across adult and youth participants, both racial/ethnic minorities and sexual minorities were represented. From the participants, 3.03% identified as Native American and 3.03% identified as African American/Black. Additionally, 9.10% reported being a member of the LGBTQ2+ community.

All participants reported having medical insurance; however, there was also some diversity in socioeconomic status as indicated by income, employment, and education. Across all participants, 18.20% reported a household income level less than \$49,999, but only 3.03% reported that their household income fell below the federal poverty line. Out of the adult participants, 10.71% reported their employment status as disabled. In addition, 7.14% indicated that they were not homeowners. Finally, while adult education was higher on average than the general

population, there were 7.14% of adult participants who completed some high school and 17.9% completed some college, thus indicating that not all participants were from positions of power or privilege.

### Input from Communities on Past CHNAs

No written comments were received regarding the SFL FY2018 CHNA, the HAH FY2019, or the CAH FY2019.

**Commented [LKA1]:** Please let me know if/how you would like me to condense any of the information; or provide additional information.

**Commented [JG2R1]:** Kim – the section you had here will actually be down in Appendix E!. We have gone ahead and formatted this text

## Potential Resources to Address the Significant Health Needs

The following resources will be considered when developing the implementation plan:

### Access to Mental and Behavioral Health Treatment

Table 8. Mental and behavioral health resources

Service Area	Resource Type	Resource Name	Link or Name
Both	Event	U of I Extension – Managing Stress During Peak Seasons	<a href="https://extension.illinois.edu/events/2021-04-01-managing-stress-during-peak-seasons">https://extension.illinois.edu/events/2021-04-01-managing-stress-during-peak-seasons</a>
Montgomery	Prevention	Sources of Strength	Hillsboro High School; <a href="https://sourcesofstrength.org/">https://sourcesofstrength.org/</a>
	Treatment	Blues Program	HAH; <a href="https://thebluesprogram.weebly.com/">https://thebluesprogram.weebly.com/</a>
		Psychiatric Mental Health Nurse Practitioners -	<b>Sandra Cania</b> Phone: 217-839-1526 Fax: 217-839-1538 Website: <a href="https://www.healthcare4ppl.com/physician/illinois/gillespie/sandra-l-cania-1316441868.html">https://www.healthcare4ppl.com/physician/illinois/gillespie/sandra-l-cania-1316441868.html</a>  <b>Jennifer Thery</b> Phone: 618-288-5019 Website: <a href="https://sia-llc.net/about-us">https://sia-llc.net/about-us</a>
		Consulting Psychiatrist for Sandra Cania -	<b>Arif Habib, M.D.</b> Phone: (618) 876-7515 Fax: (618) 876-7596 Website: <a href="https://www.gatewayregional.net/gateway-regional-medical-center/findadoctor/habib-arif-md-3706">https://www.gatewayregional.net/gateway-regional-medical-center/findadoctor/habib-arif-md-3706</a>
		Consulting Psychiatrist for Jennifer Thery -	<b>Sanjay Nigam, M.D.</b> Phone: 618-288-5019 Website: <a href="https://sia-llc.net/about-us">https://sia-llc.net/about-us</a>
		Psychologist -	<b>Michele Womontree, Psy.D.</b> Phone: 217-523-2001 Website: <a href="https://doctor.webmd.com/doctor/michele-womontree-65da74b8-6769-459c-bf79-15697d5abf09-overview">https://doctor.webmd.com/doctor/michele-womontree-65da74b8-6769-459c-bf79-15697d5abf09-overview</a>
Macoupin	Treatment	Macoupin County Health & Wellness Center	<a href="https://mcphd.net/health-wellness-center-recovery-center/">https://mcphd.net/health-wellness-center-recovery-center/</a>
		School Linked Health Center	<a href="https://mcphd.net/school-linked-health-center?/">https://mcphd.net/school-linked-health-center?/</a>
		Behavioral Health Services	<a href="https://mcphd.net/maple-street-clinic/#Behavioral">https://mcphd.net/maple-street-clinic/#Behavioral</a>

### Workforce Development

Table 9. Workforce development resources

Service Area	Resource Type	Resource Name	Link or Name
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Both	Dual credit	Lincoln Land Community College "First Semester Program"	<a href="https://www.llcc.edu/academics/high-school-programs/first-semester-experience/">https://www.llcc.edu/academics/high-school-programs/first-semester-experience/</a>
		Lincoln Land Community College	<a href="https://www.llcc.edu/academics/high-school-programs/dual-credit/">https://www.llcc.edu/academics/high-school-programs/dual-credit/</a>
	Dual credit; Technical training	Lincoln Land Technical Education Center	<a href="https://sites.google.com/a/ltec41.org/ltec-home-website/">https://sites.google.com/a/ltec41.org/ltec-home-website/</a>
	Job training for those on food Stamps or Unemployment Insurance	Workforce Innovation and Opportunity Act (WIOA) Job Training	<a href="http://www.west-central.org/job-training.php">http://www.west-central.org/job-training.php</a>
	Job placement for ages 16-24	Youth Work Experience Program	<a href="http://www.west-central.org/job-training.php">http://www.west-central.org/job-training.php</a>
	Early college credit	Lincoln Land Community College "College Now"	<a href="https://www.llcc.edu/academics/high-school-programs/college-now-2/">https://www.llcc.edu/academics/high-school-programs/college-now-2/</a>
Montgomery	Multi-service	Montgomery County Job Center	<a href="http://www.west-central.org/employment_Montgomery.php">http://www.west-central.org/employment_Montgomery.php</a>
Macoupin	Multi-service	Macoupin County Job Center	<a href="http://www.west-central.org/employment_Macoupin.php">http://www.west-central.org/employment_Macoupin.php</a>

### Food Insecurity

Table 10. Food insecurity resources

Service Area	Resource Type	Resource Name	Link or Name
Both	Event	U of I Extension – Container Gardening with Vegetables	<a href="https://extension.illinois.edu/events/2021-04-06-container-gardening-vegetables">https://extension.illinois.edu/events/2021-04-06-container-gardening-vegetables</a>
		U of I Extension – 4-H Salsa Gardening for Kids	<a href="https://extension.illinois.edu/events/2021-04-20-4-h-salsa-gardening-kids">https://extension.illinois.edu/events/2021-04-20-4-h-salsa-gardening-kids</a>
		U of I Extension – Bread Making	<a href="https://extension.illinois.edu/events/2021-04-02-4-h-bread-making-hillsboro">https://extension.illinois.edu/events/2021-04-02-4-h-bread-making-hillsboro</a>
		U of I Extension - Community Supported Agriculture Boxes   Eat Fresh, Eat Local	<a href="https://extension.illinois.edu/events/2021-04-21-community-supported-agriculture-boxes-eat-fresh-eat-local">https://extension.illinois.edu/events/2021-04-21-community-supported-agriculture-boxes-eat-fresh-eat-local</a>
Montgomery	Food Pantries/banks	CEFS Montgomery County Outreach	<a href="https://www.cefseoc.org/">https://www.cefseoc.org/</a>
		Litchfield Food Pantry	<a href="https://www.llcc.edu/wp-content/uploads/2020/12/Montgomery-County-Local-Food-Pantries2.pdf">https://www.llcc.edu/wp-content/uploads/2020/12/Montgomery-County-Local-Food-Pantries2.pdf</a>
		Panhandle Food Pantry	
		St. Clare Center	
Macoupin	Food Pantries/banks	Witt Food Pantry	<a href="https://www.llcc.edu/wp-content/uploads/2020/03/Macoupin-County-Local-Food-Pantries.pdf">https://www.llcc.edu/wp-content/uploads/2020/03/Macoupin-County-Local-Food-Pantries.pdf</a>
		Area Caring Center (2 locations: Gillespie, IL and Mt. Olive, IL)	
		Brethren Church (Only serves old Virden School District)	
		Brighton Food Pantry	
		Bunker Hill United Methodist Church	
		Carlinville Food Pantry	
		Girard Food Pantry (only serves old Girard School District)	

		Shipman United Methodist Church	
		Staunton Helping Hands Resource Center	
		United Methodist Church (Northwestern School District)	

## Next Steps

After completing the FY2021 CHNA process and identifying the top priority health needs, next steps included:

- Collaborating with community organizations and government agencies to develop or enhance existing implementation strategies
- Developing a three-year implementation plan (FY2022 through FY2024) to address identified health needs.
- Integrating the implementation plan into organizational strategic planning and budgeting to ensure the proper allocation of human, material and financial resources
- Presenting and receiving approval of the CHNA report and implementation plan by the hospital's governing board in the same tax year the CHNA was conducted
- Publicizing the CHNA report and implementation plan widely on <https://www.hshs.org/stfrancis/>, <http://www.hillsboroareahospital.org/>, and <https://www.cahcare.com/> and CHNA partner websites and make accessible in public

## Approval

The FY2021 CHNA Report was adopted by the SFL governing board on May 11, 2021.

The FY2021 CHNA Report was adopted by the HAH board of directors on June 17, 2021

The FY2021 CHNA Report was adopted by the CAH board of directors on June 17, 2021



## APPENDICES

### Appendix A

#### Macoupin and Montgomery County Demographic Survey

### Appendix B

#### Survey Results: Community Advisory Council

### Appendix C

#### Survey Results: Focus Group

### Appendix D

#### Focus Group Discussion Results

### Appendix E

#### HSHS FY2018 Evaluation

### Appendix F

#### HAH FY2019 Evaluation

### Appendix G

#### CAH FY2019 Evaluation

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### Appendix H

#### Secondary Data Analysis

## APPENDIX A

### Macoupin and Montgomery County Demographic Survey

**If there was one health concern that you could improve in your community, what would it be?**

**Have you ever served on an advisory council for HSHS St. Francis or Hillsboro Area Hospital before?**

- ☐ Yes
- ☐ No

**Have you ever participated in a focus group for HSHS St. Francis or Hillsboro Area Hospital before?**

- ☐ Yes
- ☐ No

**What is your profession (e.g., social worker, electrician, retired, student)?**

**What is your employment status?**

- ☐ Employed Full-Time
- ☐ Employed Part-Time
- ☐ Unemployed, seeking opportunities
- ☐ Unemployed, not seeking opportunities
- ☐ Retired
- ☐ Prefer not to say
- ☐ Other

**If you selected other, what is your employment status?**

**What is your age?**

**Are you a veteran?**

- ☐ Yes
- ☐ No

**What is your gender?**

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Non-Conforming
- ☐ Other

**If other, what is your gender?**

**Are you a member of the LGBTQ+ community?**

- ☐ Yes
- ☐ No

**What is your race (select all that apply)?**

- ☐ Native American or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other

**If other, what is your race?**

**Are you Hispanic or Latino?**

- ☐ Yes
- ☐ No

**What is the highest level of education you have completed?**

- ☐ 8th grade
- ☐ Some high school
- ☐ High school
- ☐ Some college
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Ph.D., law or medical degree
- ☐ Other

**What is your household income level?**

- ☐ Less than \$25,000
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 - \$149,999
- ☐ \$150,000 - \$199,999
- ☐ \$200,000 or more

**Does your income fall below the federal poverty line? For reference, use the table below.**

Federal Poverty Line Indicators	
\$12,760	Individual
\$17,240	2
\$21,720	3
\$26,200	4
\$30,680	5
\$35,160	6
\$39,640	7

- ☐ Yes
- ☐ No

**Do you currently have health insurance?**

- ☐ Yes
- ☐ No

**Are you currently a homeowner?**

- ☐ Yes
- ☐ No

**Who invited you to be part of the community health needs assessment process?**

## APPENDIX B

### Survey Results: Community Advisory Council

Table 11. Advisory Council Demographic Data

Miscellaneous binary questions	No	Yes
Have you ever served on an advisory council for HSHS St. Francis or Hillsboro Area Hospital before?	64.7%	35.3%
Have you ever participated in a focus group for HSHS St. Francis or Hillsboro Area Hospital before?	55.6%	44.4%
Are you a veteran?	100.0%	0.0%
Are you a member of the LGBTQ2+ community?	94.1%	5.9%
Do you currently have health insurance?	100.0%	0.0%
Does your income fall below the federal poverty line?	94.4%	5.6%

Table 12. Advisory Council Occupation and Employment Data

What is your profession?	Frequency	Percent
Student	3	16.8%
Refuse To Respond	2	11.1%
Administrator	1	5.6%
Behavioral Health	1	5.6%
CEO/Public Health Administrator	1	5.6%
Chief of Police	1	5.6%
Community and Economic Development	1	5.6%
Community Outreach/Social Worker	1	5.6%
Educator	1	5.6%
Executive Director	1	5.6%
Farm and Rural Development Advocate	1	5.6%
Hospital Administrator	1	5.6%
Hospital CEO	1	5.6%
Pastor	1	5.6%
Property Manager for Public Housing	1	5.6%

Table 13. Advisory Council Employment Status Data

What is your employment status?	Frequency	Percent
Employed Full-Time	14	77.8%
Employed Part-Time	2	11.1%
Unemployed, seeking opportunities	1	5.6%
Unemployed, not seeking opportunities	1	5.6%

Table 14. Advisory Council Gender Orientation Data

What is Your Gender?	Frequency	Percent
Male	11	61.1%
Female	7	38.9%

Table 15. Advisory Council Race/Ethnicity Data

What is your race/ethnicity? (Select all that apply)	Frequency	Percent
White	17	94.4%
Black or African American	1	5.6%
Native American or Alaska Native	1	5.6%
Asian	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%

Figure1. Advisory Council Educational Attainment Data

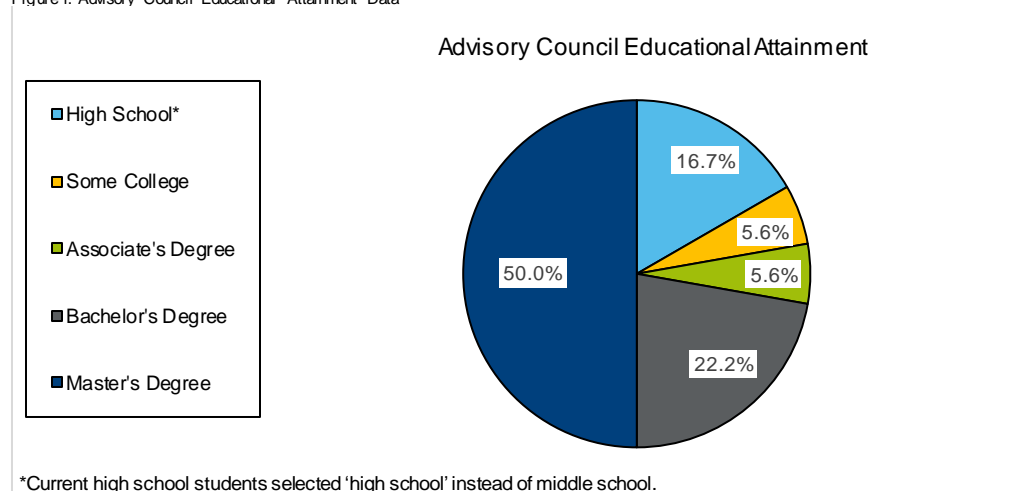
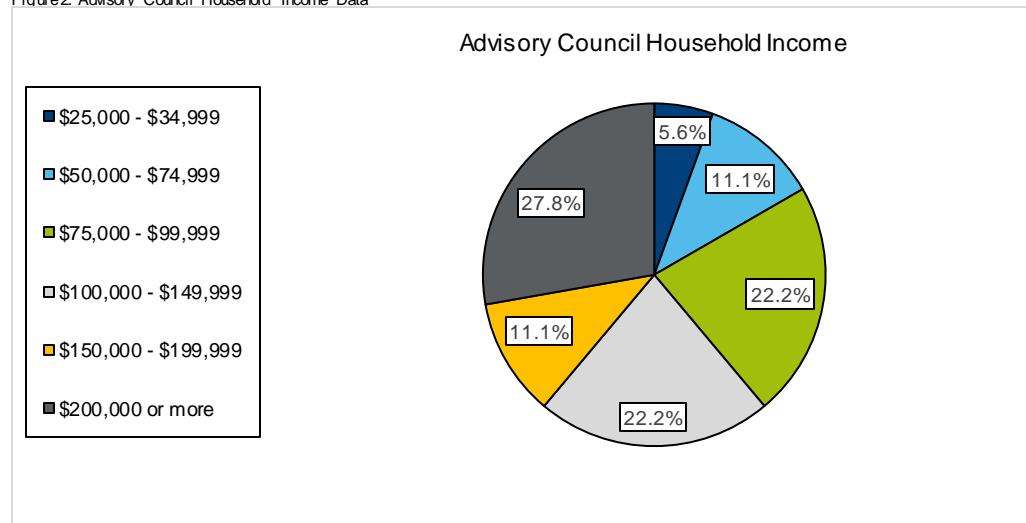


Figure2. Advisory Council Household Income Data



## APPENDIX C

### Survey Results: Focus Groups

Table 16. Focus Group Health Concerns Data

If there was one health concern that you could improve in your community, what would it be?	Frequency	Percent
<b>Mental health</b>	7	46.5%
<b>Behavioral health needs</b>	2	13.3%
<b>Anxiety</b>	1	6.7%
<b>Affordable health care</b>	1	6.7%
<b>Homelessness and low-income residents</b>	1	6.7%
<b>Child abuse and neglect</b>	1	6.7%
<b>Obesity</b>	1	6.7%
<b>Childcare</b>	1	6.7%

Table 17. Focus Group HSHS/ Hillsboro Area Hospital Advisory Council Service Data

Have you ever served on an advisory council for HSHS St. Francis or Hillsboro Area Hospital before?	Frequency	Percent
<b>No</b>	14	93.3%
<b>Yes</b>	1	6.7%

Table 18. Focus Group HSHS/Hillsboro Area Hospital Focus Group Service Data

Have you ever participated in a focus group for HSHS St. Francis or Hillsboro Area Hospital before?	Frequency	Percent
<b>No</b>	12	80.0%
<b>Yes</b>	3	20.0%

Table 19. Focus Group Occupation and Employment Data

What is your profession?	Frequency	Percent
<b>Retired</b>	9	60.0%
<b>Disabled</b>	3	20.0%
<b>Student</b>	2	13.3%
<b>Nurse</b>	1	6.7%

Table 20. Focus Group Employment Status Data

What is your employment status?	Frequency	Percent
<b>Retired</b>	9	60.0%
<b>Disabled</b>	3	20.0%
<b>Employed, Part-Time</b>	2	13.3%
<b>Unemployed, seeking opportunity</b>	1	6.7%

Table 21. Focus Group Age Demographic Data

What is your age?	Frequency	Percent
15	2	13.3%
31	1	6.7%
43	2	13.3%
59	1	6.7%
65	2	13.3%
69	2	13.3%
70	2	13.3%
73	1	6.7%
74	1	6.7%
76	1	6.7%

Table 22. Focus Group Veteran Status Data

Are you a veteran?	Frequency	Percent
No	15	100.0%
Yes	0	0.0%

Table 23. Focus Group Gender Orientation Data

What is your gender?	Frequency	Percent
Male	4	26.7%
Female	11	73.3%

Table 24. Focus Group Sexual Orientation Data

Are you a member of the LGBTQ2+ community?	Frequency	Percent
No	13	86.7%
Yes	2	13.3%

Table 25. Focus Group Race/Ethnicity Data

What is your race/ethnicity? (Select all that apply)	Frequency	Percent
White	15	100.0%
Black or African American	0	0.0%
Native American or Alaska Native	0	0.0%
Asian	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%

Table 26. Focus Group Educational Attainment Data

What is the highest level of education you have completed?	Frequency	Percent
8 <sup>th</sup> grade	1	6.7%
Some high school	2	13.3%
High school	1	6.7%
Some college	4	26.7%
Bachelor's degree	2	13.3%
Master's degree	3	20.0%
Ph.D., law, or medical degree	2	6.7%

Table 27. Focus Group Household Income Data

What is your household income level?	Frequency	Percent
\$35,000-\$49,999	5	33.3%
\$50,000-\$74,999	1	6.7%
\$75,000-\$99,999	2	13.3%
\$100,000-\$149,999	4	26.7%
\$150,000-\$199,999	1	6.7%
\$200,000 or more	2	13.3%

Table 28. Focus Group Poverty Data

Does your income fall below the federal poverty line?	Frequency	Percent
No	15	100.0%
Yes	0	0.0%

Table 29. Focus Group Health Insurance Data

Do you currently have health insurance?	Frequency	Percent
No	0	0.0%
Yes	15	100.0%

Table 30. Focus Group Home Ownership Data

Are you currently a homeowner?	Frequency	Percent
No	4	26.7%
Yes	11	73.3%



## APPENDIX D

### Focus Group Conversation Results

#### Executive Summary

Focus group participants were asked to share their thoughts related to the six priority areas selected by the CAC. The three main topics discussed within each priority area were: biggest concern, resources or solutions, and further investigation.

One of the common concerns across the priorities was a lack of access to services. Participants shared concerns related to the lack of access to mental and behavioral health treatment, as well as the lack of social workers to assist neglected children, a lack of broadband access and employment opportunities, and a lack of grocery stores nearby. Participants shared that many of the biggest concerns within each priority area related directly to issues of access. Many of the resources that participants listed were related to improving access to these services.

Participants acknowledged that several of the priorities were linked together, specifically with mental health and behavioral health treatment access. Participants also noted that many of these priorities are generational health issues and carry over from parents to children. Consequently, childhood was a major focus on future prevention ideas. More specifically, school-based programs (e.g., mental health interventions, dual credit opportunities) and adult support systems (e.g., more social workers) were described as a necessity to change the future of all six priority areas.

#### Access to Behavioral Health Treatment

##### Biggest Concern

Participants were concerned about many issues highlighted in the behavioral health data including mortality rates, substance use, and handgun possession within school premises. However, the majority of each focus group's discussion narrowed in on the topic of substance use for both youth and adults. Participants cited reasons for youth substance use including accessibility, parental influence through their own usage, mental health in the community, too much free time, and to fit in with the norm. One youth participant stated:

*"It's become such a normal thing and it's almost like the roles have changed where if you choose to stay healthy and not participate in those risk behaviors you're on the outside and you're like considered – you know – you don't fit in with what's normal."*

Participants also shared fears about the likelihood of substance use increasing across all ages in the near future due to COVID-19, legalization of marijuana, lack of knowledge about the long-term effects of vaping. For instance, one person reported:

*"You know honestly, I think it's pretty spot-on and kind of scary, but since now marijuana is legal and it's really becoming about being legal and illegal, all of these behaviors are illegal for ... So that is, to me, those are all just still very scary things and a lot of that is just really related to how they're brought up, what they see in their everyday lives and availability, so I'm worried that the marijuana one will actually go up because it's going to be more easily accessible."*

##### Resources or Solutions

In terms of substance use for adults, one participant mentioned that there is a new recovery program coming near SFL. However regarding youth substance use, one proposed solution to addressing the issue was to have more activities for youth to occupy their time with rather than vaping and drinking. This could be accomplished by targeting that demographic of youth and asking them what they would like to see in the community.

##### Future Investigations

The only area that participants seemed curious to understand more is the reasons behind premature deaths such as farm accidents or lack of access to proper healthcare (e.g., gynecological care).

#### Access to Mental Health Treatment

##### Biggest Concern

Participants reported being mostly concerned about the low number of providers in their community and poor insurance coverage for testing. To elaborate a participant stated:

*"If an insurance company or carrier will not cover a test or procedure you're just screwed. They will not even allow you to have the tests unless you can prove that your insurance will cover it or you can pay thousands out-of-pocket to pay for these tests. The tests I had done out-of-pocket would have been – I think it was somewhere between twelve and fourteen hundred dollars just to be tested."*

A youth participant reported that they believe that the magnitude of the issue is even greater than the data reveals because not all of their peers were honest about mental health struggles in both the Hillsboro Youth Survey and the biannual school testing.

*"When I look around at my school and I see what people post on social media there are a lot of people that struggle and I wish that everyone would be more open. I know a lot of people when you guys did these surveys, I heard a lot of people say they lied on them and they're not going to say how they feel on a survey, which saddens me because like I know I was one hundred percent honest even though it was kind of odd putting all my information out there I was like I have to be honest because when you look at our county and our community, we have to see what the real issues are. It just surprises me with these numbers"*

### Resources or Solutions

Participants shared a few ideas of what they believed could help address mental health in their community including advertising mental health services better, providing child care while receiving mental health treatment, and breaking down the stigma of mental illness. One way a participant elaborated to destroy the stigma of mental illness with youth specifically is by finding a venue in which brave youth can share stories of their struggles so that others can see that mental health struggles are experienced by people from all backgrounds or social groups.

### Future Investigations

Participants had many questions around the topic of mental health. First, there was great interest around the Sources of Strength and the Blues Program that HAH is sponsoring at Hillsboro High School. Participants were curious about the results and future expansion of the program including the junior high school and other school districts. Participants also wanted to know about the true availability of mental health services such as what are the referral services like at the school-level, if all mental health providers are accurately counted and tracked, and the average wait time to get an appointment. One participant shared:

*"I think six months to get in to talk to a psychologist about my emotional issues even knowing that I had a severe disease. It took over six months just to get an appointment with someone that my insurance would pay for."*

### Access to Behavioral Health Treatment

#### Biggest Concern

Participants thought that all the data around child abuse and neglect was interrelated and that not one particular statistic struck as the most concerning. Rather, participants discussed many concerns and reasons they felt that this is a prevalent issue including the lack of providers, fear of repercussions from reporting that could be experienced by the reporter or victim, and victims believing that abuse was normal. Some comments by participants included:

*"My concern there too is that the teacher who reports it often fears for themselves because some of the people who are involved, the parents, are horrible; they're violent, and I have a couple of stories that I've heard about their experiences. So DCFS can only do so much, so hands are tied on both ends I think; this is a very difficult situation and it's sad; it's really sad because it is the children who suffer."*

*"There is not enough providers per 10,000 kids, like three, that's ridiculous. I think there needs to be way more; they're overrun and they can't do their jobs properly and thoroughly because they have to rush through it to get to the next one to make sure that kid is taken care of too."*

*"In our community you see a lot of that because it's generation-to-generation and people don't really think there is much wrong with that if they've been raised that way. Some people don't understand or accept betterment from how they were raised."*

One youth indicated that all data around caregiver punitive punishment were concerning even when it came to parent-child communication:

*"Of course you want the numbers to be zero for things like 'hitting you with a hard object,' 'slap or hit you,' – those are still not good numbers. But the fact that nearly 25 percent of kids said that their parents 'call them names like stupid or dumb,' and barely over half said that their parents don't even 'listen to their side.'"*

### Resources or Solutions

Participants believed that one of the greatest ways to help families in these circumstances would be to increase the number of mental health and social service providers so that the case load is more reasonable. Others believed that more early intervention is needed and that the best way to serve the community would be to do that at the school-level. One participant believed that neighborly check-up and involvement would better help identify and intervene in these cases.

#### Future Investigations

One area which needs further understanding is the extent of child abuse and neglect in Montgomery County because there was not information available on the number of documented cases.

### Workforce Development

#### Biggest Concern

Participants were concerned about many areas related to workforce development including low Bachelor's degree achievement, poor employment opportunities, and how access to internet affects economic opportunities. It was reported that the only major local employers include the school district, the hospital, and the prison. Therefore, people may have to leave to get a job. Additionally, as they search for better opportunities, it may be impossible to engage in e-learning or submit resumes due to poor internet connection. Participants reported:

*"My son-in-law has been applying for jobs and he lives just a short distance from me; theirs is so bad he goes and sits at Hardee's parking lot so that he can actually do resume."*

*"At our library our Wi-Fi is free and it's open and we have people who sit outside even after the library is closed just to use the Wi-Fi."*

Other participants highlighted that workforce development is interrelated with mental health as a way to support that this was the most important concern to address out of all of the priorities:

*"I've always said that education and economic development go hand-in-glove and honestly, I think that also fits with the mental health side of things. If the job that you do had meaning, whether it's in the actual work or what it provides for your family, then I think that really serves well on the mental health side too."*

*"But I would agree with [Participant Name], both my parents were teachers, although my dad farmed most of his life, but he was also a teacher, and I think to me it's like [Participant Name] said earlier, the chicken or the egg. I think to me, it's the workforce development in developing the economy so that if we have a good economy and nice places to live, the people are wonderful, then you can get more physicians. You may get a fulltime psychiatrist; you may be able to attract more child psychologists to the community which would help with the whole mental health issue. So, I'm like [Participant Name], to me I think this was the number one thing when you look at cause and effect and you can have the biggest bang for the buck."*

#### Resources or Solutions

Most of the solutions that participants posed involved targeting education. One idea was to promote the certificate training at Lincoln Land Community College and offer transportation services to the training. Another solution involved changing dual credit opportunities. All four schools in the county have educational foundations which offer scholarships that are typically for people graduating. The educational foundations could help fund scholarships for youth still in high school to afford dual credit for programs like College Now at Lincoln Land which costs \$450. Another solution was to have a position where someone has more time to work closely with youth to sort through available scholarships and help youth apply.

#### Future Investigations

There were no gaps in the data or areas in which participants thought needed to be explored more.

### Unmanaged Chronic Conditions

#### Biggest Concern

Nutrition-related diseases (diabetes and heart disease) as well as lung cancer were among the greatest concerns discussed among focus group participants. Participants stated their reasoning for concern was due to how unmanaged conditions were interrelated with mental health, the costs of medications (e.g., insulin) making it difficult to get treatment, and the lack of knowledge around vaping. For instance, one youth participant described how future cancer statistics may be a concern around current youth substance use:

*"I feel like now a lot of kids will get lung cancer now and that's where it's starting like now and a little bit ahead of us when the vaping epidemic started."*

An adult participant touched on how all of the unmanaged chronic conditions could be interrelated with childhood experiences:

*"I think everything kind of goes back to mental illness when you have a high ACES score, when you've been through trauma, there are higher rates of all that and when there is not enough people to manage that and not enough people who are getting treated for that, then that's all stored in the body."*

#### Resources or Solutions

One youth participant thought that the top chronic conditions were interconnected with nutrition the most. Poor nutritional choices and lack of time can lead to unhealthy eating which can in turn be related to diabetes, heart disease, and cancer. Therefore to address these issues, the root cause of poor nutrition needed to be considered. An adult participant thought that county-wide screenings need to be promoted more to both identify issues sooner and get the community educated.

#### Future Investigations

Participants were interested in getting more data around these issues to understand the rate, not the frequency of cases, and compare them to other Illinois counties or states. Another participant also raised the question as to why Macoupin County had more cases than Montgomery County. A final participant was curious as to how many unmanaged cases were due to lack of access to healthcare or healthy food vs. lack of self-care.

#### Food Insecurity

##### Biggest Concern

Participants reiterated findings in data which suggest there is a shortage of grocery stores. Moreover, as more grocery stores close within these two counties, without money for food and gas, residents will have to rely on convenience stores like Casey's to buy basic items like children's lunch. One participant said:

*"...because there was no lunch prepared for them, and the other is their only access to food was something like Casey's, so it was chocolate milk and Pop-Tarts and the children were overweight; they didn't have – they were obviously malnourished and it affected all their life."*

Participants also indicated that since COVID-19 began, they believe that food insecurity has only increased. One participant shared about meals given at their local church:

*"We've just been doing drive-thru and walk-up, hand them a bag lunch and usually it's a hot lunch, and we actually had an increase when we actually would have them come inside and meet downstairs in the dining room. We've given usually between sixty and seventy meals out every Wednesday morning at eleven o'clock so it's a real thing. I know also in the Hillsboro schools there was a program developed at the high school because the high school students had food to eat over the weekends and we've had that already going at the grade school too..."*

##### Resources or Solutions

Participants mentioned many resources that could be considered for expansion in future food insecurity programs. First, it was mentioned that the Methodist Church and St. Agnes both provide meals for community members. Therefore, they might be valuable partners in the future to host future meal programs. Second, one community mentioned a neighborhood Garden Overflow Box – where people put their extra produce in and anyone can donate or take whenever they please. To the participant's knowledge the Garden Overflow Box is well used and no food has yet gone to waste. Building more Garden Overflow Boxes could offer healthy food to those in need in different neighborhoods and reduce waste.

##### Future Investigations

Participants had no remaining inquiries about the Food Insecurity data.

## APPENDIX E

### HSHS FY2018 Evaluation

Commented [NS4]: Kim, update

Evaluation of the impact of any actions that were taken, since the immediately preceding CHNA conducted in FY2018, to address significant identified health needs.

In FY2018, SFL 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:

- Substance Abuse
- Mental Health
- Diabetes and Obesity

The FY2018 implementation plan outlined strategies the hospital would undertake to address the priority community health needs identified through the CHNA process. Evaluation of the impact of the action taken in response to the hospital's FY2018 CHNA:

#### Substance Abuse and Mental Health

##### Coalition Building

The Macoupin/Montgomery County Mental Health Coalition formed in March 2016. Members included leaders from different organizations, including law enforcement, health care, clergy and school systems. The coalition goals were to:

1. Guide and participate in the planning, development and implementation of projects and programs intended to improve addiction education and behavioral health of the SFL service area.
2. Create a unified, county-wide process for intake and post-intake handling of criminal and non-criminal mental health & substance abuse needs introduced to the system by law enforcement and other social service agencies.
3. Improve access to psychiatrists and rehab facilities for youth and adults.

**Outcomes:** This group continues to meet. In FY2020, they developed a pocket guide for all law enforcement and first responders to carry with easy access resources for SUD and mental health situations. This group also launched a program in conjunction with the schools which provides a safe number for students to call if they are feeling thoughts of self-harm, suicide, depression, sadness, etc.

##### Coordinated Care Delivery

In a partnership with the Illinois Telehealth Network (ITN), a pilot program was created in response to a needs assessment completed by 26 ITN Members, including HSHS St. Francis Hospital to address behavioral health provider shortages in rural areas using telemedicine. This pilot program consists of 3 phases:

1. Implement assessments via telemedicine to patients presenting in the ED using the service provider Locust Street Resource Center, Carlinville, Illinois.
2. Adding consistent post-acute behavioral health services via telehealth services to expand phase 1.
3. The incorporation of a community health worker to coordinate care and track remote monitoring technology as part of the overall patient care plan.

**Outcomes:** This program continues to provide crisis assessments to SFL ED patients presenting with behavioral health issues. An Outpatient Services component was added in FY2021 to include the addition of a Clinical Supervisor, Engagement Specialist (ES), and Recovery Coach (RC). Through a partnership with Gateway Foundation, our patients presenting with SUD can voluntarily work with an ES to determine the level of treatment and recovery needed. Once determined, the ES works with the treatment facility to secure a bed and warm handoff between Emergency Department and treatment facility. The RC is available to assist if the patient is not ready to go directly to treatment; and the RC is also available to help the patient transition back to community following treatment.

## Diabetes and Obesity

### Diabetes Self-Management

Provide a free six-week course to community members living with pre-diabetes/diabetes.

**Outcomes:** Certification through the American Association of Diabetes Educators was obtained by our Community Outreach Facilitator and an 8 Module Diabetes Self-Management course is in development. In June of 2018 a referral-based relationship was developed with local primary physicians to ensure future enrollment. Currently, the program has been put on hold in response to the COVID pandemic.

### St. Clare's Community Garden

Montgomery County contains areas known as "food deserts", where residents do not have convenient access to healthy food. Food deserts tend to consist of mostly low-income households. Without access to transportation, many of these individuals must walk, bike or ride transit to get food. In these cases, the volume of food that can be purchased and the time to buy food is limited. Lack of mobility may also be a barrier to access to healthy food. The FY2018 Community Health Needs Assessment (CHNA) identified diabetes and obesity as a top priority. One of the influencing factors is a lack of access to nutrient dense foods and fresh produce. In response to a previous CHNA, which identified food access as a top priority

**Outcomes:** In FY2020, this program was put on hold due to the onset of COVID. As planting had occurred leading up to COVID-19, our colleagues maintained and harvested the garden on a volunteer basis. All produce harvested was donated to the local food pantries and the Summer Feeding Program to help with rising demands. Similarly, the garden manager is working closely with local food pantries in FY2021 and 100% of produce grown and harvested will be donated to help meet the increase in food demand as a result of the pandemic.

### Summer feeding Program

The program began in May 2017. With 27% of children in the community of Litchfield living below the poverty line, SFL partnered with First Baptist Church of Litchfield and Illinois Coalition for Community Services to bring a free summer lunch program to the community. The church also wrote for a grant through the W.D. Kilton Trust and received additional funding for the program. A free lunch is provided over the summer months Monday through Friday for any child up to eighteen years old. The lunch is served at the First Baptist Church. Transportation is provided. The daily lunch service fills the gap over the summer months to ensure every child has access to one fresh, healthy meal five days a week.

**Outcomes:** This is the fourth year of the lunch feeding program through the First Baptist Church of Litchfield run by volunteers that offers free lunch to all school aged children June 1 - July 31. This year, through an additional partnership with the Central Illinois Food Bank, we were able to provide 2,300 meals and feed an average of 45 kids each weekday. Meals were provided 'To Go' as boxed lunches in order to follow COVID and social distancing guidelines.

## APPENDIX F

### HAH FY2019 Evaluation

#### **Evaluation of the impact of any actions that were taken, since the immediately preceding CHNA conducted in FY2019, to address significant identified health needs**

In FY2019, HAH 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:

- Mental Health
- Transportation
- Improved Awareness
- Access to Urgent Care
- Chronic Illnesses

The FY2019 implementation plan outlined strategies the hospital would undertake to address the priority community health needs identified through the CHNA process. Evaluation of the impact of the actions taken in response to the hospital's FY2019 CHNA:

#### **Mental Health**

##### **Education for Parents about Mental health issues facing youth**

Sent letters to parents regarding the two-session assessment survey conducted by the PSP, as well as letters describing the two suicide prevention programs taking place at Hillsboro High School (Sources of Strength and the Blues Program).

##### **Address Teen Suicide**

HAH supported a schoolwide assessment of the students at Hillsboro High School and Hillsboro Middle School. The assessment, created and administered by PSP, was completed by approximately 750 students in 2019. A community Steering Committee was formed to assess the data that was collected and selected two evidence-based programs to implement at Hillsboro High School in 2020 (Sources of Strength and the Blues Program).

##### **Community Awareness Education on Mental Health**

The community was made aware of mental health programming through fund-raising for the evidence-based programs. In February 2020 the Steering Committee was able to raise \$37,000 at an event sponsored by the hospital. Additional funds were acquired during the 2020 year. Through fundraising, community awareness was addressed and was successful as measured by significant funds raised.

##### **Education on Awareness and Understanding of Self-esteem**

Education and awareness of self-esteem began with the implementation of the Sources of Strength Program in October 2020 and continued with the implementation of the Blues program in March 2021.

##### **Address Mental Health Disorder "Triggers"**

The Sources of Strength and Blues programs are designed to address mental health triggers and began their implementation at Hillsboro High School.

##### **Integrated Behavioral Health**

The hospital also added two professionals to the integrated behavioral medicine staff in 2020. The four-person department is overseen by both hospital nurses and a contracted psychiatrist.

##### **Telepsych Services**

Telepsychology services efforts were unable to be started due to inability to recruit a tele-psychologist. The work to develop a tele-psychologist for a two-county region is presently awaiting approval from a third party.

#### **Transportation**

##### **Summer Lunch Program**

HAH provided reimbursement to the Hillsboro School District bus service for students to attend the free summer

lunch program in 2019. However, in 2020 the summer lunch program was redesigned to where volunteers delivered groceries to families in need.

#### **Ride Scheduling**

HAH assists with scheduling rides with Quad County Health and Central Illinois Public Transportation. When the patient cannot afford to pay, the hospital assists with payment to the taxi service serving the western section of the county.

#### **Improved Awareness**

##### **Workplace Wellness**

An employee wellness program from Allscripts was added at HAH in December 2019. The Allscripts Wellness plan provides wellness benefits to participants by offering a personalized coaching experience. The coach can help team members with many different aspects of their health, including weight management, healthy eating, diabetes, hypertension, smoking cessation and many more. Each team member was provided a scale, blood pressure cuff, and activity tracker.

##### **Special Presentations**

In July 2019 presentations were provided for the summer lunch participants on health professions and living a healthy life. In November of 2019, partnered with Fusion Fitness and Aquatics and Springfield Clinic to provide a health fair designed for elementary school age children. This fair provided 25 stations to educate students and their parents on healthy lifestyles.

##### **Health Care Career Exploration**

HAH offers a program for high school students who want to learn more about specific health careers and observe the workplace of various healthcare professionals. Students may attend monthly meetings where they can study health-related topics and complete related activities. Sessions were offered evenings and during the day on non-school days. Students were able to visit various departments, look at different skills and departments and really explore health careers.

##### **Community Education**

In November of 2019 HAH began a series of Lunch and Learn events for the community. The first was a presentation titled "An Apple a Day Keeps the Doctor Away" which focused on healthy diets and eating habits. Due to COVID-19, all additional presentations were postponed.

#### **Access to Urgent Care**

##### **Telehealth Services**

Telehealth was disrupted by the pandemic, but some progress was made. There was an establishment of telehealth between the assisted living facility and their primary care physicians. A contract for telemedicine services to supplement our hospitalists was negotiated and in the process of being implanted. Telecommunication between assisted living residents and families was established and telecommunications for platforms such as ZOOM were established.

##### **Urgent Care**

HAH has been unable to recruit a physician to establish urgent care services, however, this effort will continue.

#### **Chronic Illnesses**

##### **Lung Cancer**

In 2019 HAH partnered with PSP to conduct a lung cancer research survey. There were 270 surveys completed and educational material was developed to educate the community about the importance of Lung Cancer Screening. A billboard was installed in December 2020 to bring awareness to the community.

##### **Pulmonologist**

HAH has continued a contractual relationship with a pulmonologist from Springfield Clinic.



## APPENDIX G

### CAH FY2019 Evaluation

Commented [N55]: Need to add in Carlinville

#### Evaluation of the impact of any actions that were taken, since the immediately preceding CHNA conducted in FY2019, to address significant identified health needs

In FY2019, CAH 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:

- Obesity Education
- Diabetes Prevention
- Mental Health
- Improved Access to Activities
- Workforce Development

The FY2019 implementation plan outlined strategies the hospital would undertake to address the priority community health needs identified through the CHNA process. Evaluation of the impact of the actions taken in response to the hospital's FY2019 CHNA:

#### Obesity Education

Addressed obesity, focusing on the youth. Provided education and programming aimed at youth on the need for recreation, exercise, and healthy eating. Addressing this issue also impacted other issues identified as significant, including diabetes and mental health.

Continued supporting programs already in place, such as Lunch Bunch providing meals to children and families during the off-school summer months, Third Day Project providing snack bags on long weekends, University of Illinois Extension's Health Jam, Auxiliary 5K and Wellness Fair, other local 5K sponsorships, and sports team sponsorships.

Explored partnerships with local University of Illinois Extension for nutrition program. Carlinville Area Hospital also promoted wellness with increased community and hospital employee use of a walking path located on the hospital grounds.

#### Diabetes Prevention

Addressed diabetes and the need for education and prevention programming for pre-diabetes and diabetes. Implemented smoking prevention education and various programs. Encouraged recreation and exercise at all ages.

Continued the development of chronic care management with focus on diabetes and migrating towards Patient Centered Medical Home. Developed relationship with endocrinologist.

#### Mental Health

Improved availability of mental health and substance use and misuse counseling. Improved access to local mental health case management services for persons suffering mental health issues including depression, grief, and loss. Diversion of concentrated services for persons identified with Adverse Childhood Experiences (ACES).

Improved access to preventative care and case management services and established a local healthcare workforce development team. Explored tele-psychiatry for mental health counseling, continued a relationship with Locust Street Resource Center to help with the evaluation and placement of patients. Explored tele-behavioral health crisis assessment, and in addition, added a social worker to the Rural Health Clinics.

#### Improved Access to Activities

Continued group activities and developed additional activities as needed including the Senior Series, golf clinic, fall and balance classes, Parkinson support group and exercise classes, aquatic classes, cancer support group, etc.

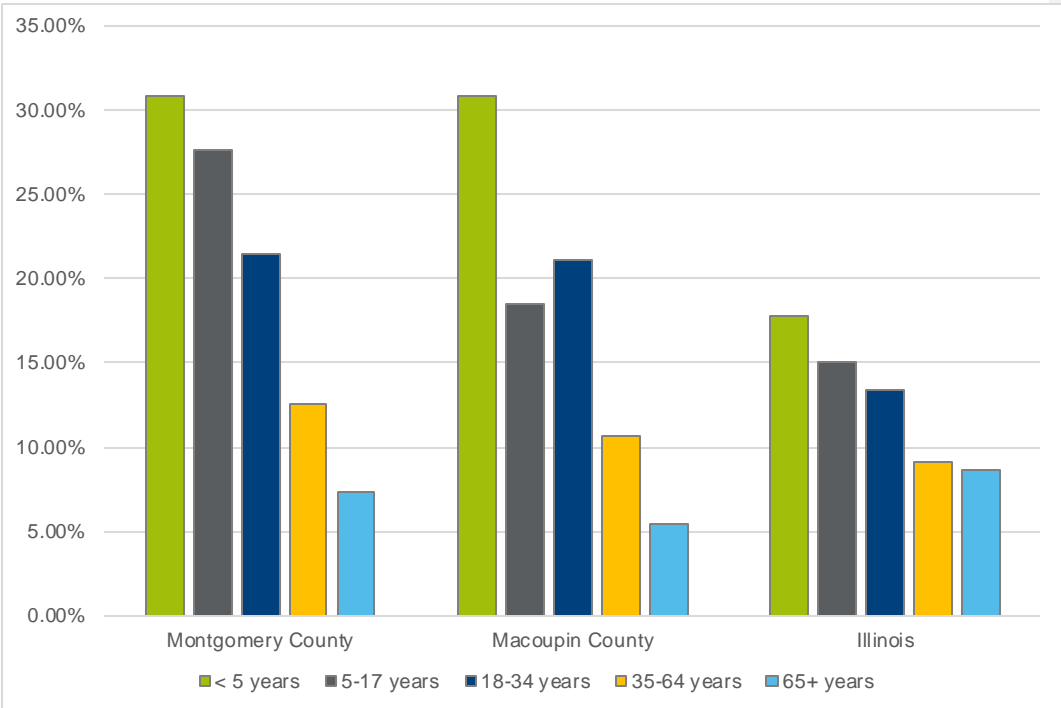
#### Workforce Development

*A combined assessment of HSHS St. Francis, Hillsboro Area, and Carlinville Area Hospital Community Health Needs Assessment*  
Continued support of the Macoupin CEO Program, continued to offer High School 2 Health Care Program, and provided tours of the hospital to students. Continued offering clinical rotations for nursing students.  
Communicated available scholarship opportunities to all employees and

APPENDIX H

Secondary Data Analysis

Figure3. Percentage of poverty by age groups



Note: In the state of IL, poverty is highest among residents under 65, with children under 5 making up the biggest percentage. In Macoupin and Montgomery Counties, 31% of children under 5 live in poverty, compared to the state average of 18%.

Table 31. Disproportionate rate of poverty and homelessness in Illinois

Illinois			
	White	Black/African-American	Other
Percent total Population	72.0%	14.0%	14.0%
Percent of persons in poverty	53.0%	30.0%	17.0%
Percent of homelessness population	36.0%	59.0%	5.0%

Note: At the county level, poverty and race are difficult to understand due to a lack of county-specific information. At the state level the majority of those experiencing homelessness are Black/African-American.

A combined assessment of HSHS St. Francis, Hillsboro Area, and Carlinville Area Hospital Community Health Needs Assessment  
 Table 32. Percentage of children in poverty and other socioeconomic factors

	Montgomery County	Macoupin County	Illinois	U.S.
Total children in poverty	28.4%	21.4%	17.1%	18.5%
White children in poverty	-	20.0%	9.0%	10.0%
Black/ African-American children in poverty	-	6.0%	34.0%	31.0%
Hispanic/Latino children in poverty	-	73.0%	20.0%	23.0%
Children in single-parent household	39.0%	31.0%	32.0%	34.0%
Uninsured children	3.0%	3.0%	3.0%	6.0%

Note: Children of color, disproportionately live in poverty compared to children who are White. In Illinois, 9% of White children live in poverty, whereas 20% of Hispanic children and 34% of Black/African-American children live in poverty. In Macoupin County, 20% of White children and 73% of Hispanic children live in poverty.

Table 33. Homelessness in Illinois and South Central Continuum of Care (CoC)

Indicator	South Central Illinois CoC	Illinois
2019*	94	10,199
Homeless per 10,000 people	2.4	8.0
Homelessness by Population	Total ↓ by 62.0%	Total ↓ by 34.0%
Sheltered	↓ by 72.0%	↓ by 32.0%
Unsheltered	↑ by 9.0%	↓ 43.0%
Family	↓ 81.0%	↓ 46.0%
Individual	↑ by 2.0%	↓ 25.0%
Veteran	N/A	↓ 48.0%
Chronic	↓ 73.0%	↓ 43.0%

Note: Count of homeless population based on one night of the year.

Table 34. Percentages of residents experiencing housing and renting cost-burdens

Owner Type	Indicator	Montgomery County	Macoupin County	Illinois
Homeowners	Homeowners	76.4%	76.7%	66.1%
	Cost-burdened homeowners	15.9%	13.2%	23.0%
	Severely cost-burdened homeowners	5.5%	4.8%	9.4%
Renters	Renters	23.6%	23.3%	33.9%
	Cost-burdened renters	33.5%	45.4%	44.6%
	Severely cost-burdened renters	14.6%	23.6%	22.8%

Table 35. Households (HH) in Macoupin County above the Federal Poverty Line earning less than the basic cost of living for the county

Macoupin County, 2017		
Town	Total HH	% ALICE & Poverty
Benld	615	44.0%
Brighton	874	31.0%
Bunker Hill	767	43.0%
Carlinville	2,015	42.0%
East Gillespie	102	30.0%
Gillespie	1,381	45.0%
Girard	748	36.0%
Lake Ka-Ho	107	52.0%
Medora	179	38.0%
Modesto	101	38.0%
Mount Clare	127	47.0%
Mount Olive	801	34.0%
Nilwood	105	38.0%
Palmyra	271	54.0%
Sawyer ville	104	53.0%
Shipman	204	29.0%
Staunton	2,295	41.0%
Virden	1,453	36.0%
Wilsonville	259	58.0%

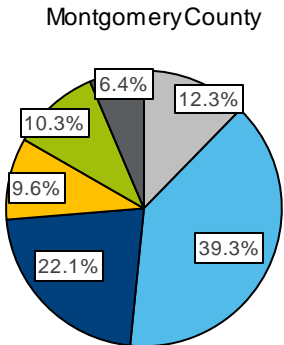
Note: The ALICE poverty indicator stands for Asset Limited, Income Constrained, Employed. The ALICE metrics for this indicator represents households with income above the poverty line but below basic costs of living which are developed based on a county specific analysis of monthly costs. The Household Survival Budget reflects the bare minimum that a household needs to live and work. It does NOT include emergency savings or future savings.

Table 36. Households (HH) in Montgomery County above the Federal Poverty Line earning less than the basic cost of living for the county

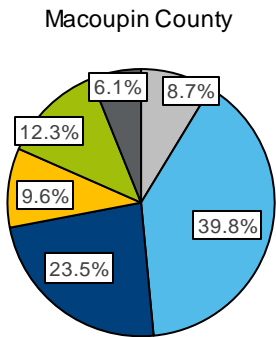
Montgomery County, 2017		
Town	Total HH	% ALICE & Poverty
Coalton	132	46.0%
Coffeen	258	58.0%
Donnellson	101	73.0%
Farmersville	310	42.0%
Fillmore	133	48.0%
Hillsboro	1,572	39.0%
Irving	160	57.0%
Litchfield	3,220	48.0%
Nokomis	923	46.0%
Panama	126	43.0%
Raymond	409	38.0%
Schram City	312	44.0%
Taylor Springs	209	52.0%
Witt	364	44.0%

A combined assessment of HSHS St. Francis, Hillsboro Area, and Carlinville Area Hospital Community Health Needs Assessment  
Figure 4. Percentage of educational attainment

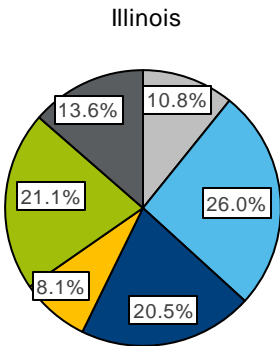
- No degree
- High school
- Some college
- Associate's
- Bachelor's
- Post-Grad



High School Grad Rate = 91%



High School Grad Rate = 88%



High School Grad Rate = 88%

A combined assessment of HSHS St. Francis, Hillsboro Area, and Carlinville Area Hospital Community Health Needs Assessment  
Figure 5. Percentage of veterans by war

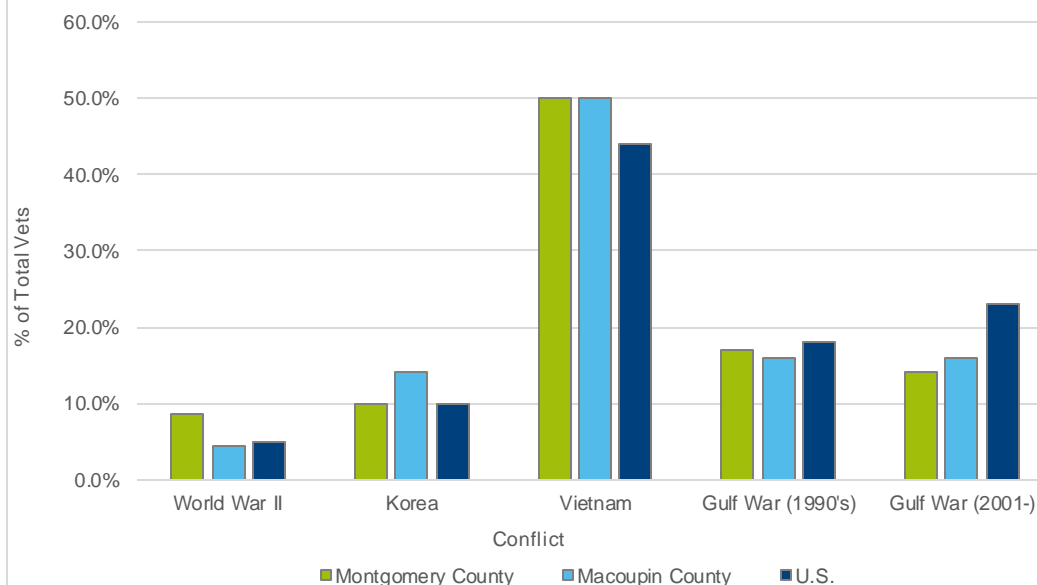


Table 37. Education attendance information

Indicator	Montgomery County	Macoupin County	Illinois
Enrollment	4,066	7,967	1,957,018
Chronic absenteeism	7.0%	7.0%	11.0%
Attendance rate	96.3%	96.8%	---
Dropout rate	3.8%	3.5%	3.5%
Student mobility	10.5%	7.8%	6.2%

Note: Montgomery and Macoupin County have a 4% lower absenteeism rate than the state average. However, Macoupin, and especially Montgomery, have higher student mobility rates, meaning children change schools, than the state average

Table 38. Population distribution of employment

	Montgomery County	Macoupin County	Illinois	U.S.
Population 16 years and over	23,779	37,018	10,215,498	259,662,880
In labor force	51.0%	59.5%	65.2%	63.4%
Not in labor force	49.0%	40.5%	34.8%	36.6%
Civilian labor force (employed)	48.7%	55.5%	61.2%	59.6%
Civilian labor force (unemployed)	2.3%	3.9%	3.9%	3.4%
Armed forces	< 0.0%	< 0.0%	0.2%	0.4%

A combined assessment of HSHS St. Francis, Hillsboro Area, and Carlinville Area Hospital Community Health Needs Assessment  
Figure 6. Unemployment rate of Montgomery and Macoupin County

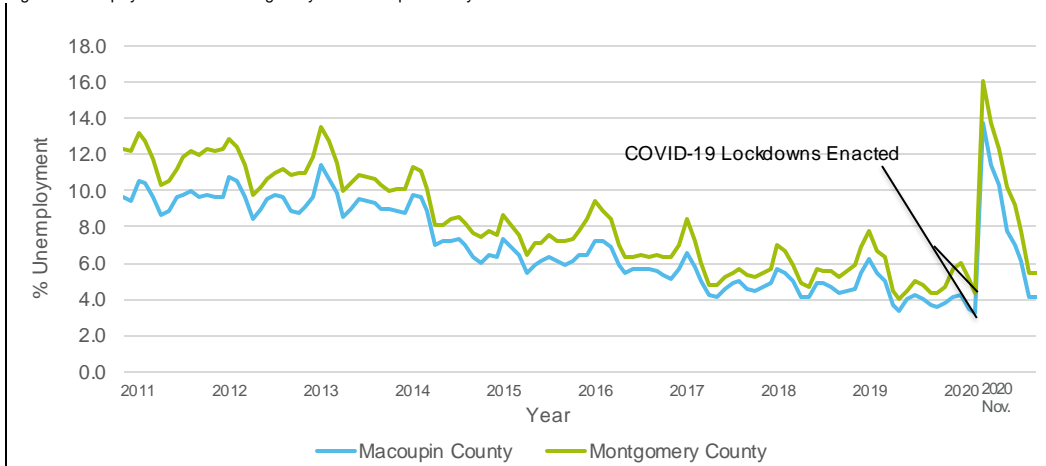


Table 39. Percentage of population with computer and internet access

	Montgomery County	Macoupin County	Illinois	U.S.
Households with a computer	84.9%	87.7%	89.9%	90.3%
Households with broadband internet subscription	74.9%	79.1%	82.7%	82.7%

Table 40. Food Insecurity information

	Montgomery County	Macoupin County
Residents above other nutrition program threshold of 185% poverty	41.0%	36.0%
Residents between 165-185% poverty	8.0%	10.0%
Residents below SNAP threshold of 165% poverty	51.0%	54.0%
Insecurity rate (children)	20.2%	17.1%
Insecurity rate (Overall)	12.1%	10.9%
Food insecure people	3,500	4,990
Average meal cost	\$2.64	\$3.16
Annual food budget shortfall	\$1,566,000	\$2,666,000

Note: Food insecurity in both Montgomery and Macoupin County is particularly high amongst children. Around 1 in 5 children is unsure of where their next meal will come from. The average meal cost is slightly lower in Macoupin than Montgomery County which might explain why the food insecurity rates are slightly lower. Regardless, food insecurity is experienced much more by children than by the population overall.



Table 41. Confirmed cases of COVID19

	Montgomery County	Macoupin County	Illinois	U.S.
Positive COVID-19 cases	2,435	4,252	1,116,372	25,456,670
Deaths caused by COVID-19	55 (2.23% of cases)	101 (2.38% of cases)	19,067 (1.71% of cases)	427,626 (1.68% of cases)
COVID-19 vaccines administered	-	3,519	1,789,175	26,193,682

Table 42. Percentages of insurance types of residents

Insurance Source	Montgomery County	Macoupin County	Illinois
Medicare	23.5%	23.4%	19.4%
Medicaid	11.6%	10.2%	9.2%
Employer-based	38.4%	41.0%	41.7%
Self-insured	15.4%	15.9%	18.5%
Uninsured	6%	6%	8%

Table 43. Percentages of various health factors

	Health Factors	Montgomery County	Macoupin County	Illinois
Hospital visits	Visited a doctor in the past year	78.6%	79.4%	77.3%
	I go to the doctor regularly for check-ups	47.9%	48.4%	48.8%
	I only go to the doctor when I'm very ill	31.8%	30.9%	29.6%
Medication	I take my prescription medicines exactly as prescribed	68.6%	68.6%	65.7%
	I take medicine as soon as I don't feel well	12.2%	11.5%	13.4%
	Medication has improved the quality of my life	28.5%	28.6%	27.4%
Physical activity and nutrition	I follow a regular exercise routine	18.6%	19.4%	25.0%
	My medical conditions limit my lifestyle somewhat	17.5%	16.8%	14.2%
	In general, I feel I eat right	29.4%	29.6%	33.4%

Note: Montgomery and Macoupin County residents seem to follow the state average in their hospital visits and medication usage, but a smaller proportion of residents in both counties reported following a regular exercise routine or eating right.

Table 44. Ratio of residents to healthcare professionals

Clinical Care	Montgomery County	Macoupin County	Illinois
Primary Care	1,600:1	4,130:1	1,250:1
Dentists	1,590:1	2,830:1	1,280:1
Mental Health Providers	1,360:1	1,890:1	440:1

Note: The ratio of mental health providers is roughly 4 times higher at the county level than state level.

Table 45. Ratio of providers per 10,000 children

Clinical Care	Montgomery County	Macoupin County
Family Medicine Physicians	21.6	5.0
Licensed Social Workers	8.3	3.0
Pediatricians	0.0	4.0
Psychiatrists	0.0	0.0
Psychologists	0.0	0.0

Table 46. Percentage of health behaviors

Health Behaviors	Data Year	Measurement	Montgomery County	Macoupin County	Illinois
Adult Smoking	2017	% adult population who are current smokers	16.0%	16.0%	15.0%
Excessive Drinking	2017	% adults reported heavy drinking or binge drinking	20.0%	20.0%	21.0%
Disconnected Youth	2014-2018	% teens (16-19 years) who are neither working nor in school	8.0%	-	6.0%
Sexually Transmitted Diseases	2017	Number of newly diagnosed chlamydia cases per 100,000 population	70	102	589.9
Violent Crimes	2014 & 2016	Number of reported violent crime offenses per 100,000 population	37	75	403

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 Table 47. Percentage of physical and mental health behaviors

	Health Behaviors /Socioeconomic Factors	Data Year	Measurement	Montgomery County	Macoupin County	Illinois
Nutrition	Adult Obesity	2016	% of adult population (age 20 and older) that reports a body mass index (BMI) $\geq 30$ .	31.0%	28.0%	30.0%
	Children Eligible For Free/Reduced Lunch	2017-2018	% children enrolled in public schools that are eligible for free or reduced price lunch.	51.0%	50.0%	49.0%
	Limited Access to Healthy Foods	2015	% of population who are low-income and do not live close to a grocery store.	8.0%	6.0%	4.0%
Physical Activity	Access to Exercise	2010 & 2019	% adult with adequate access	45.0%	61.0%	91.0%
	Physical Inactivity	2016	% of adults age 20 and over reporting no leisure-time physical activity.	27.0%	23.0%	22.0%
	Poor Physical Health Days	2017	Average number of physically unhealthy days reported in past 30 days of adults.	3.9	3.6	3.8
Mental Health	Poor Mental Health Days	2017	Average number of mentally unhealthy days reported in past 30 days of adults.	4	4.1	3.8
	Frequent Mental Distress	2017	% of adults reporting 14 or more days of poor mental health per month.	12.0%	11.0%	11.0%

Table 48. Percentage of health behavior mortality

Health Behaviors/Socioeconomic Factors	Data Year	Measurement	Montgomery County	Macoupin County	Illinois
Alcohol-impaired Deaths	2014-2018	% of driving deaths with alcohol involvement	27.0%	28.0%	32.0%
Drug Overdose	2016-2018	Number of drug poisoning deaths per 100,000 population.	21	26	21
Homicides	2012-2018	Number of deaths due to homicide per 100,000 population.	-	-	7
Suicides	2014-2018	Number of deaths due to suicide per 100,000 population.	21	39	11
Premature Deaths	2016-2018	Number of deaths among residents under age 75 per 100,000 population (age-adjusted).	426	700	330
Child Mortality	2015-2018	Number of deaths among children under age 18 per 100,000 population.	17	23	50
Motor Vehicle Crash Deaths	2012-2018	Number of motor vehicle crash deaths per 100,000 population.	30	57	34
Injury Deaths	2014-2018	Number of deaths due to injury per 100,000 population.	127	203	62

A combined assessment of HSHS St. Francis, Hillsboro Area, and Carlinville Area Hospital Community Health Needs Assessment  
 Table 49. Number of deaths due to overdose based on age group

Occurrence	Montgomery County	Macoupin County	Illinois
Total	56	94	63,991
Under 25	4	8	3,226
Ages 25-44	30	47	22,170
Ages 45+	22	39	38,595

Note: Deaths due to overdose are most prevalent among individuals between the ages of 25-44

Table 50. Number of deaths due to overdose based on type

Indicator	Montgomery County	Macoupin County
Any Drug Overdose Death	8	9
Opioid Overdose Deaths	6	7
Cocaine Overdose Deaths	1	3
Alcohol Overdose Deaths	1	1

Table 51. Leading causes of death

	Montgomery County	Macoupin County	Illinois
Total	357	556	110,012
Heart Disease	62	129	24,747
Cancer	79	132	23,877
Accidents	31	31	6,013
Stroke	18	21	5,853
Chronic Lower Respiratory	27	40	5,639
Alzheimer's Disease	18	16	4,029
Diabetes	6	7	2,879
Kidney Disease	6	3	2,644
Influenza & Pneumonia	9	23	2,562
Septicemia	10	11	1,790

Note: Heart disease and cancer are the leading causes of death at the county and state level.

Table 52. Number of cases of child abuse and neglect

	Montgomery County	Macoupin County	Illinois	U.S.
Substantiated Cases	-	233	31,384	678,765

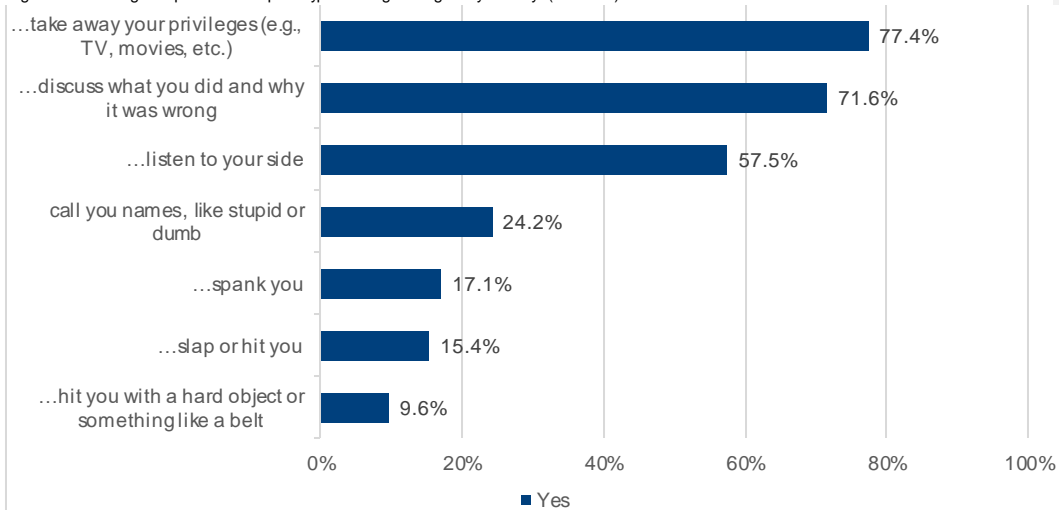
Note: Information at the county level involving child abuse and neglect is scarce. More resources are needed.

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 Table 53. Information on sex trafficking in Illinois

# of Children Trafficked Since 2011	Average Age of Trafficked Children	DCFS Investigations with Human Trafficking Allegations 2011-2017	% of Trafficked Persons Who are Female Children	% of Trafficked Persons Who are Black/African-American
970	13.89	1037	87.0%	53.0%

Note: Information at the county level involving sex trafficking is scarce and more resources are needed. From the information at the state level there were nearly 1,000 children across Illinois, with the majority being female and the average age being 14.

Figure 7. Percentage of parental discipline types among Montgomery County (Hillsboro)



Note: The majority of Hillsboro youth reported that their caregivers used less severe forms of punishment such as taking away privileges. A smaller portion of the youth reported more severe forms of punishment used by their caregivers like name calling and physical punishment.

Figure8. Montgomery County (Hillsboro) youth risk and protective factors

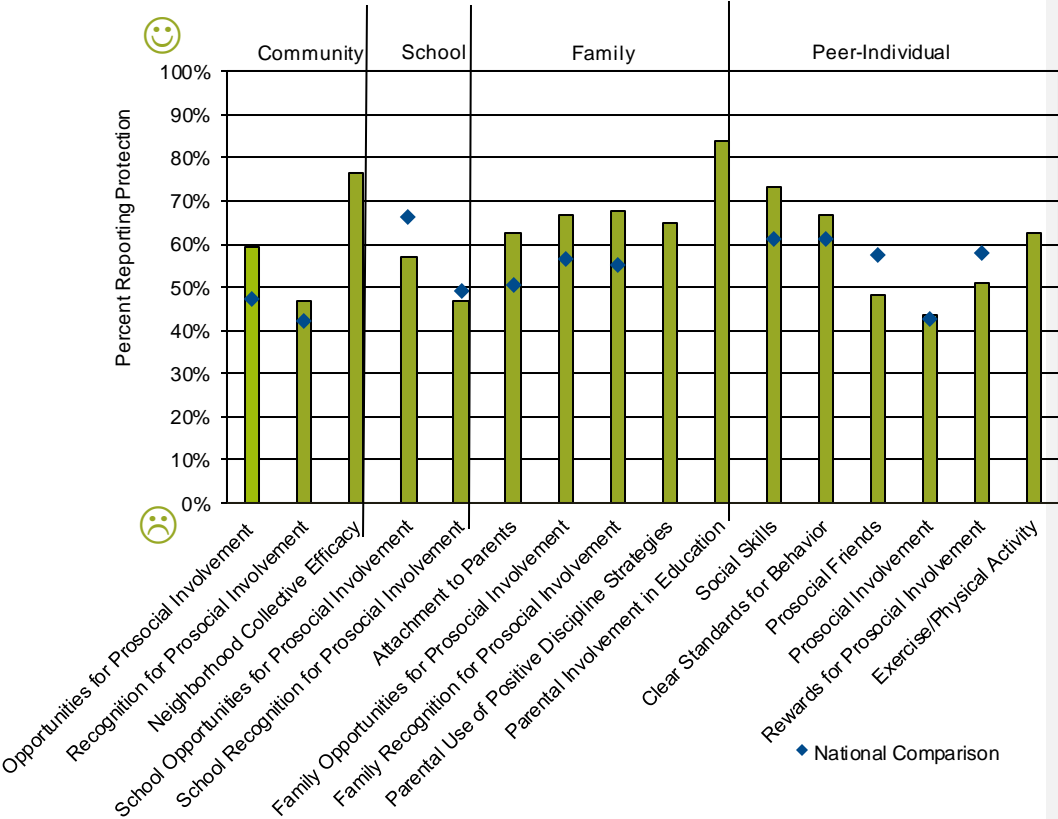
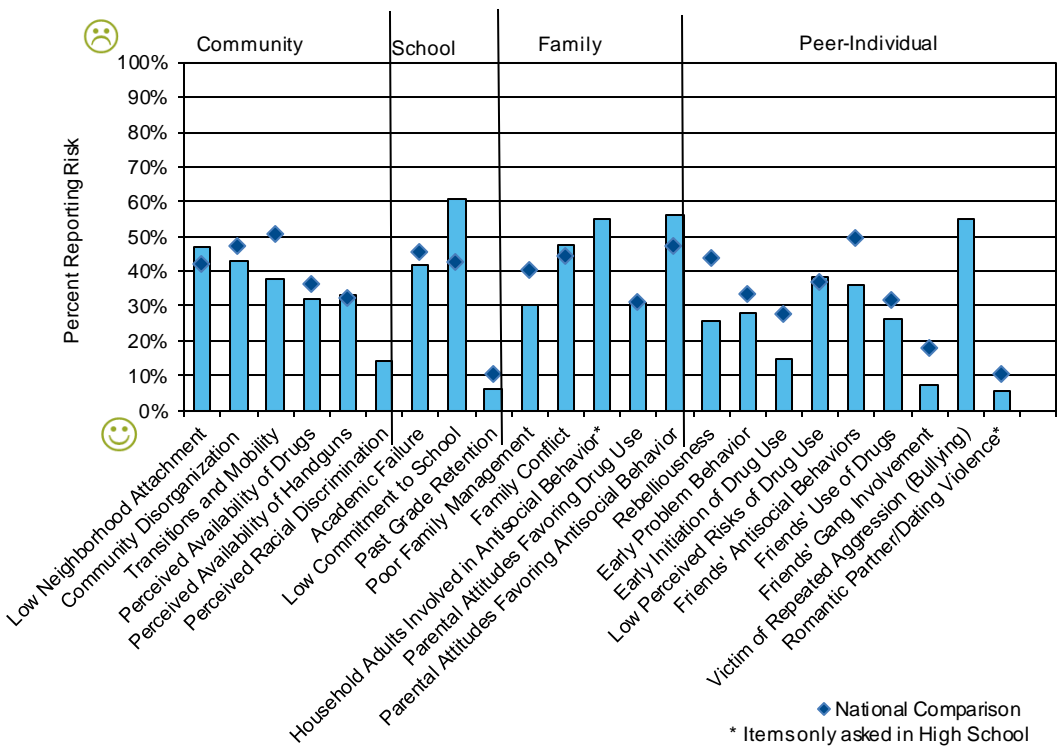
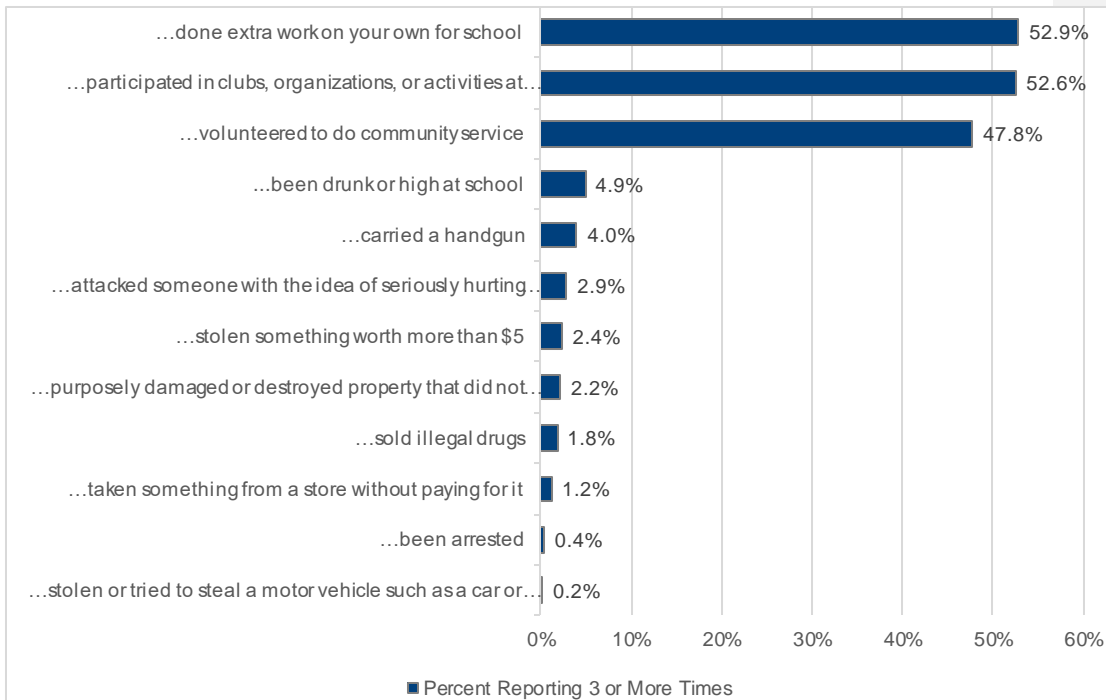


Figure9. Montgomery County (Hillsboro) youth risk and protective factors

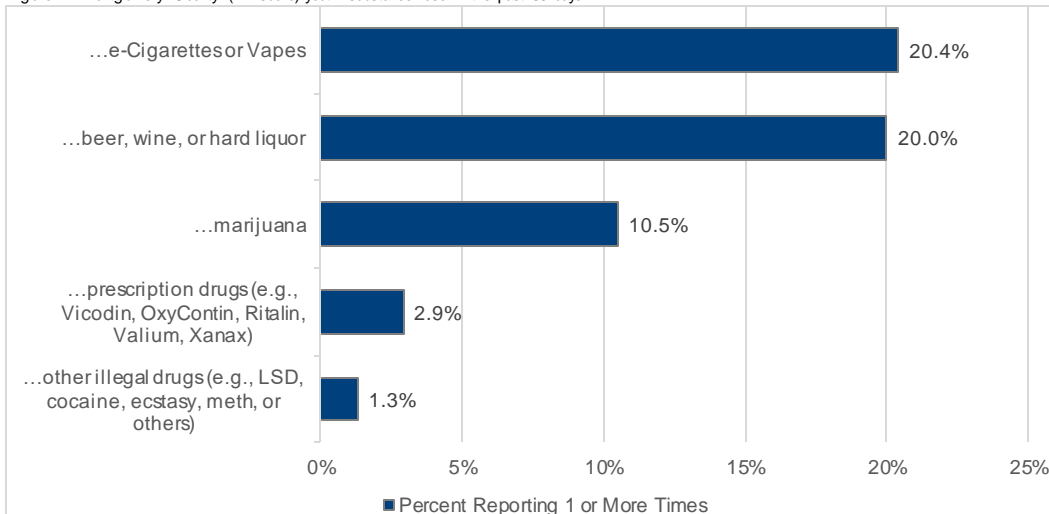


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 Figure 10. Montgomery County (Hillsboro) youth risk and protective factors



Note: Over 50% of Hillsboro youth participated in school or organizational activities at least 3 times or more per year. One item that is concerning is that 4% of youth reported to have carried a handgun to school at least 3 times or more.

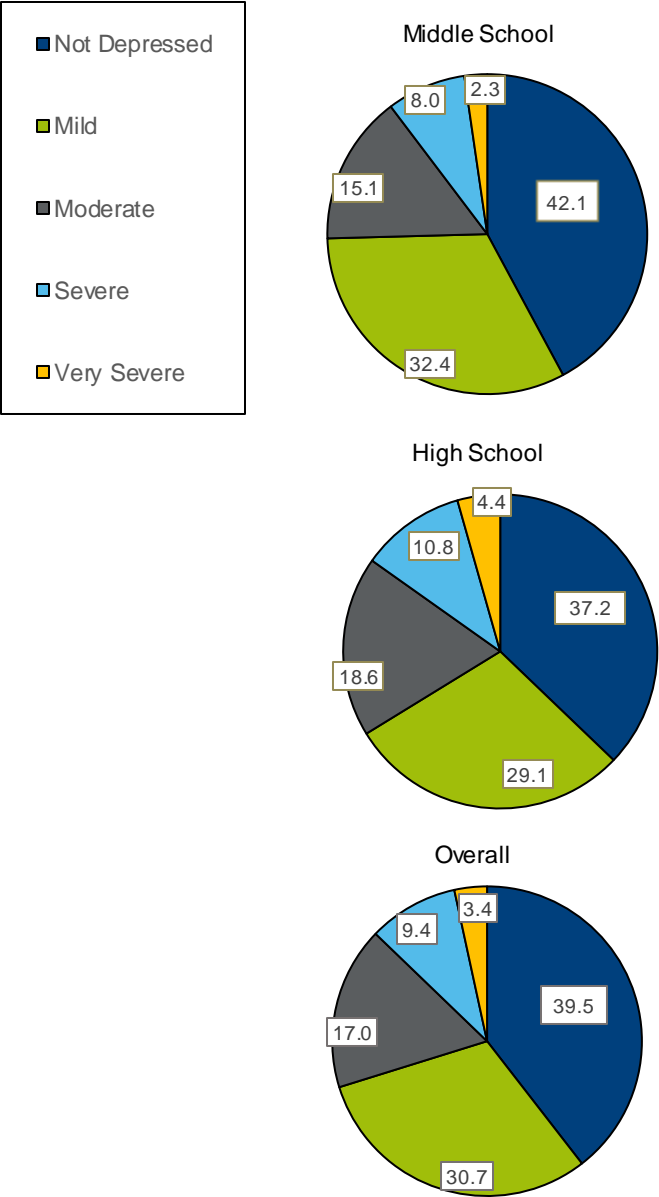
Figure 11. Montgomery County (Hillsboro) youth substance use in the past 30 days



Note: While data suggests that substance use in Montgomery and Macoupin County is not as large of an issue as it is on state or national levels, responses to the local survey from Hillsboro youth suggest a slightly different picture. Specifically, data indicates that in the past 30 days 1 in 5 kids vaped or drank.



A combined assessment of HSHS St. Francis, Hillsboro Area, and Carlinville Area Hospital Community Health Needs Assessment  
Figure 12. Percentage of Montgomery County (Hillsboro) youth with clinical depression



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 Table 54. Top 10 emergency room discharges

Diagnosis	Discharges
Chest pain, unspecified	644
Acute upper respiratory infection, unspecified	608
Other chest pain	550
Urinary tract infection, site not specified	502
Unspecified abdominal pain	467
Chronic obstructive pulmonary disease w/ (acute) exacerbation	371
Pneumonia, unspecified organism	362
Low back pain	360
Syncope and collapse	322
Non-infective gastroenteritis and colitis, unspecified	293

Note: Approximately 56% of patients who presented in the Emergency Department have one or more chronic condition (obesity, depression, hypertension, diabetes, etc.)

Table 55. Preventable and non-emergent emergency room visits

	Total	Preventable	Non-Emergent	PCR Treatable
Commercial	9,184	436	1,259	1,728
Medicaid	11,230	695	1,062	2,378
Medicare	10,714	874	1,611	1,750
Other	638	19	42	57

Note: 6.3% of total emergency room visits were preventable, while 12.5% were non-emergent.