

Community Health Needs Assessment

Report for tax year 2015 ending 3/31/16

Memorial Hospital of Carbondale

Herrin Hospital

St. Joseph Memorial Hospital



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Executive Summary

Southern Illinois Healthcare: Dedicated to Improving the Health and Well-Being of All of the People in the Communities We Serve

Southern Illinois Healthcare's first community health needs assessment, required after the passage of the Affordable Care Act, was conducted in 2012. However since the 1990's the Community Benefits Department has been collaborating with community partners and the local health departments to complete county-wide community health needs assessments and to assist in the work to address varying health issues. As a result of these long standing partnerships and community assessments, progress has been made in improving access to care for vulnerable populations through initiatives focused on mental and dental health, transportation and more. Partners have also created policy, system and environmental changes in the community, workplaces, and schools to prevent cardiovascular disease. Cancer prevention initiatives and efforts to address the social determinants of health have also been successfully implemented.

2015 Community Health Needs Assessment

The CHNA was conducted as part of Southern Illinois Healthcare's Community Benefits planning process. The goal was to identify the most important health issues in the SIH service area, particularly for vulnerable and under-represented populations, to ensure that programs and services closely match the priorities and needs of the community, and to strategically address those needs to improve the health of the communities served by SIH facilities. In addition, the Patient Protection and Affordable Care Act of 2010 added section 501(r) (3) to the Internal Revenue Code, which requires section 501(c)(3) hospitals to perform a Community Health Needs Assessment (CHNA) every three years in order to maintain tax exempt status.

The CHNA and development of its implementation plan is a way for SIH and our community partners to work collaboratively to improve the health and well-being of all of the people in the communities we serve. SIH collaborated with individuals from the seven counties (Franklin, Jackson, Johnson, Perry, Saline, Union, and Williamson) to conduct the assessment. Nearly 900 people across the seven counties had input into this process through the following methods:

1. **Community Member/Community Partner Survey** – 830 survey respondents
2. **Meetings with Healthcare Providers** – 34 people participated, including 23 physicians and 11 key leaders within the SIH healthcare system
3. **SIH CHNA Advisory Team** – The 34 member team reviewed the data, provided input and shared their perceptions of overall impact, magnitude of the problem, severity, and ability and interest of the community to address the issues

Public health data from sources such as U.S. Census, Illinois Department of Public Health, Centers for Disease Control and Prevention, and many others was reviewed. An **analysis of Existing Community Plans**, i.e., Quality Health Partners Measures/Goals, Community Health Improvement Plans developed by local health departments, and the Healthy Southern Illinois Delta Network (HSIDN) was created and reviewed by the Advisory Team to assist in selection of priority issues.

The leading causes of death in the SIH service area are diseases of the heart and malignant neoplasms. The entire SIH service area has high incidence rates of overweight/obesity, diabetes, and cardiovascular disease. Improvements are needed in areas such as preventive screenings, healthy eating and physical activity. Tobacco use is higher than state and national comparisons. Higher rates of colorectal and lung cancer are present in six out of the seven counties as compared to the state. Unemployment, poverty, food insecurity, access to care issues, and financial barriers adversely affects health in the region. Lastly, mental health issues/ disorders are also of concern as the age-adjusted suicide death rates are higher than the state and the nation. Access to care for mental health services remains an important issue. Based on the data collected and reviewed as well as input from the community, healthcare providers, and the Advisory Team through a facilitated discussion and prioritization process, the following priority issues were selected; cancer, cardiovascular disease and its contributing risk factors of diabetes and obesity, and mental health. The importance of addressing the social determinants of health, access to care and behavioral risk factors was also noted.

The SIH priority health issues will be **cancer, cardiovascular disease and its contributing risk factors of diabetes and obesity, and mental health.**

Three implementation teams were formed by experts in these priority areas. The three implementation teams reviewed Healthy People 2020 objectives, researched proven intervention strategies and then developed goals, objectives, and implementation strategies. The staff of the Southern Illinois Healthcare Community Benefits Department will spearhead the plan and collaborate with community partners, the Healthy Southern Illinois Delta Network and Healthy Communities Coalition members, and SIH staff to implement the strategies and monitor progress.

Introduction

During 2015, Southern Illinois Healthcare along with a diverse group of community partners conducted a Community Health Needs Assessment (CHNA) designed to spotlight health and quality of life issues in our community. This systematic process helped identify priority health issues where improvements were needed in relation to patient care, prevention, and treatment. Policy, systems and environmental changes that are needed to improve health were also identified.

Southern Illinois Healthcare: A Tradition of Caring

Southern Illinois Health (SIH) has a long legacy of caring for our community. SIH is an integrated health system with a commitment to the community that is demonstrated through caring for all regardless of ability to pay and through outreach and collaboration conducted through the Community Benefits Department. Southern Illinois Healthcare (SIH) is comprised of three inpatient hospitals; Memorial Hospital of Carbondale (MHC), Herrin Hospital (HH) in Herrin, and St. Joseph Memorial Hospital (SJM) in Murphysboro, Illinois, and the SIH Medical Group. SIH's three hospitals are located within 19 miles of one another on or near the Route 13 corridor in southern Illinois.

Memorial Hospital of Carbondale

Memorial Hospital of Carbondale is the flagship hospital for SIH and regional referral center for the 16 county southern Illinois region. Memorial paves the way to bring big city medicine home. Physicians in nearly 40 different specialties practice here, bringing expertise and new procedures, but successfully tailoring them to the particular needs of a rural setting.

- 140-bed tertiary care hospital
- Southern Illinois' largest and most spacious birthing center with Level II Plus Special Care Nursery
- Only dedicated pediatric unit in the region
- The core hospital for SIH's comprehensive, regional heart program, Prairie Heart Institute.
- High level surgical capabilities including daVinci technology
- Affiliated with SIU School of Medicine through its Family Practice Residency Program
- Neuroscience program including neurosurgery and the region's only Primary Stroke Center
- Accredited by the Commission on Cancer for comprehensive cancer treatment

Herrin Hospital

Herrin Hospital's reputation for high quality care and attention to detail is proof that a rural facility can have huge achievements in quality. The longest-serving SIH hospital, Herrin is well known for both rehabilitation and emergency services, including recognition for outstanding work responding to heart attack patients.

- 114-bed acute inpatient and outpatient hospital
- Newly expanded Emergency Department includes the region's first accredited Chest Pain Center

- Nationally acclaimed acute rehabilitation offered through an alliance with the Rehabilitation Institute of Chicago
- Area's only bariatric surgical program for weight loss
- Home to the half million dollar Healing Garden, open to the public for relaxation and used by patients for physical therapy exercise

St. Joseph Memorial Hospital

St. Joseph Memorial Hospital has been a fixture in the Murphysboro community for over half a century. It is a full-service, critical access hospital. Purchased from the Sisters of the ASC Health System, St. Joseph is the only SIH facility with a Catholic affiliation. The staff takes pride in the hospital's spiritual roots, which is evident in their daily approach to patient care. Employee and physician satisfaction consistently ranks in the 99th percentile. St. Joseph is an integral part of the SIH system, having evolved over time to become regional provider of specialized outpatient services.

- 25-bed critical access hospital serving the community as an inpatient facility for primary care
- Regional Sleep Disorders Center accredited by the American Academy of Sleep Medicine
- Area's only coordinated infusion therapy program
- Comprehensive wound care center with hyperbaric therapy
- Home to an outpatient geriatric counseling program
- Area leader for outpatient endoscopic procedures
- Busy Emergency Department that is part of the Prairie STAT Heart Network

SIH Medical Group

The system also includes the SIH Medical Group which is comprised of numerous physician offices, outpatient clinics and four walk-in clinics in communities throughout southern Illinois. The SIH Medical Group includes over 200 providers and 500 employees.

The nearly 3,400 team members of Southern Illinois Healthcare are dedicated to improving the health and well-being of all of the people in the communities we serve. The mission is guided by our core values.

- Respect - Recognizing and valuing the dignity and uniqueness of each person
- Integrity – Adhering to strong moral and ethical principles in all we do
- Compassion - Responding to the feelings and needs of each person with kindness, concern and empathy
- Collaboration – Communicating and working with others for the benefit of all
- Stewardship – Responsibly using, preserving and enhancing our human and materials resources as a not-for-profit community controlled organization
- Accountability – Holding ourselves and those around us responsible for living the values and achieving the vision of Southern Illinois Healthcare
- Quality – Striving for excellence in all we do

SNAPSHOT OF THE SIH SERVICE AREA

While each of the seven counties in the SIH service area is unique, they share similar challenges. SIH hospitals provide comprehensive health care to residents within its seven county primary service area. Issues some residents in the area face are associated with high rates of poverty, low education attainment, and other social and economic determinants of health. Greater than 92% of SIH inpatient visits and 95% of outpatient visits come from residents of these seven counties.

	Population	HS Graduation Rate	Students Eligible for Free Lunch Program	Live Below Poverty	Median Income
Franklin	39,411	87.1%%	58.3%	19.1%	\$36,273
Jackson	59,677	89.7%	56.5%	30.4%	\$33,479
Johnson	12,601	83.4%	48.9%	14.1%	\$40,760
Perry	21,672	84.5%	44.7%	18.4%	\$42,078
Saline	24,612	84.9%	58.8%	18.4%	\$37,800
Union	17,447	83.9%	55.7%	19.5%	\$41,848
Williamson	66,008	88.9%	52.1%	15.6%	\$43,125

Sources: 2014 Insurance Coverage Estimates 7-County Area, Insurance Coverage Estimated 1.1, 2014 The Nielsen Company, 2015 Truven Health Analytics Inc. and 2015 Hospital Industry Data Institute and Strata DSS (10/1/2013 – 9/30/14)., U.S. Census Bureau, 2014. Census Redistricting data (Public Law 94-171), Summary File, Tables P1 and H1, US Census Bureau State and County QuickFacts 2014, American Community Survey, US Census.

A Rich History of Partnering to Improve Health

This is the second SIH Community Health Needs Assessment, however, through the Community Benefits Department, SIH has partnered with many in the seven county service area to make improvements in health since 1995, while upholding our mission, “We are dedicated to improving the health and well-being of all of the people in the communities we serve.” SIH staff have partnered with local health departments in conducting IPLAN (Illinois Project for the Local Assessment of Needs) and developing their five year community health improvement plans since the 1990’s. Staff have also worked together on the implementation of school health initiatives which currently impact over 20,000 students in the lower 15 counties of Illinois through the Illinois CATCH on to Health! Consortium, developed and sustained a health ministry

program, assisted in the formation and on-going work of Healthy Communities Coalitions (since 2003) and the Healthy Southern Illinois Delta Network (Since 2008). Community Benefits has also worked with Land of Lincoln Legal Assistance Foundation since 2002 to establish the Medical Legal Partnership of Southern Illinois to provide free legal services to patients.

Impacts of the Actions Taken Since the Last Community Health Needs Assessment

Through the 2012 Community Healthy Needs Assessment (CHNA) Implementation Plan, SIH collaborated throughout the system and with our community partners to assess health status and identify and address priorities which have included:

- Providing high impact clinical and preventative services through patient centered medical homes, case management, clinical care and community based interventions and services
- Improving access to care focused on substance abuse and mental health services, oral/dental health, reducing health disparities, and improving access to care for vulnerable populations
- Providing quality, effective, coordinated care for patients suffering from acute heart attacks, heart failure, pneumonia, chronic obstructive pulmonary disease (COPD), and diabetes
- Addressing behavioral risk factors such as physical activity, nutrition and smoking to address cardiovascular health, respiratory diseases, and diabetes
- Reducing cancer disparities

Considerable progress has been made toward addressing these priorities in 2012 - 2015.

Recent outcomes include:

- High Impact Clinical and Preventive Services: SIH along with our partners have begun implementing the Stanford Chronic Disease and Diabetes Self-Management program. The program has expanded to include Jackson, Franklin, Williamson and the lower fifteen counties of Illinois and reached over 140 people. Screenings for high blood pressure and diabetes were conducted through churches, community events and through Prairie Heart events.
- Access to Care: Charity care and primary care access through SIH Medical Group has increased access to care. Staff has worked to decrease ED visits and average length of stay for patients with primary mental health diagnoses through partnerships with Centerstone's Crisis Stabilization Center. Collaborations with medical transportation providers have been developed and expanded. SIH staff have also worked to decrease ER visits related to oral health through partnerships with Shawnee Health Service and Christopher Rural Health by developing referral process that allows expedited outpatient dental services.
- Quality and Effectiveness of Care: Within the system staff has significantly reduced readmission rates for patients with heart failure and COPD, along with improved management of uncontrolled diabetes.
- Behavioral Risk Factors such as physical activity, nutrition, smoking, and obesity: SIH staff worked in partnership with local health departments in the lower 16 counties

through the Healthy Southern Illinois Delta Network (HSIDN) to create policy, systems and environmental changes to improve health in 29 schools, 32 worksites through worksite wellness efforts, 386 housing units through the adoption of smoke-free housing policies, and 30 outdoor areas through smoke-free public place policies. SIH staff are also assisting 27 schools in our 7 county service area in the implementation of a coordinated school health program (CATCH) designed to increase physical activity and nutrition and reduce obesity among children.

- **Cancer Disparities:** PHO (Physician Health Organization) data analysis identified thousands of patients who should receive recommended cancer screenings, but remain unscreened. Efforts in primary care provider offices and through new technology are increasing screening rates with additional efforts planned. In February 2015, the SIH Cancer Institute opened, allowing us to provide patients with comprehensive cancer treatment close to home.

No written comments specifically related to our 2012 SIH Community Health Needs Assessment were received from public.

Purpose of the 2015 Community Health Needs Assessment (CHNA)

This second Southern Illinois Healthcare CHNA was conducted as part of Southern Illinois Healthcare's Community Benefits planning process. The goals were to:

- to identify and prioritize health issues in the SIH service area, particularly for vulnerable and under-represented populations,
- to ensure that programs and services closely match the priorities and needs of the community,
- to strategically address those needs to improve the health of the communities served by SIH facilities.

In addition, the Patient Protection and Affordable Care Act of 2010 added section 501(r) (3) to the Internal Revenue Code, which requires section 501(c)(3) hospitals to perform a Community Health Needs Assessment (CHNA) every three years in order to maintain tax exempt status.

Collaborative Approach in the CHNA Development

Throughout the CHNA process, the broad interests of the communities served by SIH were incorporated through input from residents, health care practitioners, local health departments, social service providers, and other community organizations and partners. This collaborative approach aligns work efforts, avoids duplication, and increases efficiencies. (NACCHO, 2011)

Participants contributed to this assessment by:

- Reviewing data, identifying and prioritizing needs
- Highlighting current successful and ongoing activities
- Identifying gaps where attention is needed

- Fostering collaboration, pursuing opportunities for innovation, sustainability, and policy, system, and environmental changes
- Developing plans to address significant community health issues

The selection of priority health issues and the development of the implementation plans were facilitated through a CHNA Advisory Team and three implementation teams composed of SIH representatives and community stakeholders knowledgeable about health, needs assessments, and the local community. The work of these groups was facilitated by the SIH Community Benefits Department.

How to Use this Report

This CHNA Report and supporting appendices are related to SIH’s primary service area which can best be defined as the seven counties surrounding the three hospitals; St. Joseph Hospital in Murphysboro, Memorial Hospital of Carbondale, and Herrin Hospital. Health issues and needs are highlighted to provide information and garner support from those in the community who may want to become involved. By joining strengths and leveraging resources our community capacity is increased, helping us to make successful and sustainable improvements in health and quality of life.

Underlying Themes of the SIH Needs Assessment

Focus on Prevention

Preventing disease before it starts is an important part of helping people live longer, healthier and better quality lives. Improved preventative care also helps avoid unnecessary health care and helps reduce costs. Prevention, however, goes beyond providing people with information about healthy behaviors such as how diet, exercise, tobacco, and alcohol affect health. It is also important for communities to create policies, systems, and environmental supports that make healthy actions and choices easy, accessible and affordable.

Reducing health disparities

The range of personal, social, economic, and environmental factors that influence health often fall outside the hospital or clinic walls, yet their inter-relationship affects individual and community health. These factors disproportionately affect vulnerable and underrepresented populations and adversely affect quality of life and health for all of us. Because of this, interventions that are community-based and target multiple determinants of health are most likely to be effective. Engaging allies from outside the traditional boundaries of health care facilities and the public health sector such as education, social work,



- 1) Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- 2) Achieve health equity, eliminate disparities, and improve the health of all groups.
- 3) Create social and physical environments that promote health.
- 4) Promote quality of life, healthy development, and healthy behaviors across all life stages.

Source: U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at

legal aid, housing, transportation, and agriculture is essential to improving population health.

Communicate needs and advocate for health enhancing policies, systems, and environments

By identifying and highlighting health issues and gaps in care along with our plans to address them, our goals are to enhance the public's understanding about the links between behaviors, risk factors, social determinants of health, policies and systems, and the long-term health status and quality of life for the community.

"It is unreasonable to expect that people will change their behavior so easily when so many forces in the social, cultural, and physical environment conspire against change. If successful programs are to be developed to prevent disease and improve health, attention must be given not only to the behavior of individuals, but also to the environmental context within which people live." (IOM, 2000)

Leveraging opportunities

Many of the issues identified require concerted and coordinated effort from community partners. Hospitals, health systems, health departments, federally qualified health centers, social service agencies, and school systems are uniquely positioned to coordinate prevention efforts at the individual, organizational, community and policy levels by bringing attention to health issues through advocacy, health supportive policies and practices, in addition to direct provision of services. This assessment serves as an implementation and community benefits planning document for Southern Illinois Healthcare.

How the 2015 CHNA Was Conducted

The Southern Illinois Healthcare Community Health Needs Assessment process began in late 2014 and continued into Spring 2016 through the following steps:

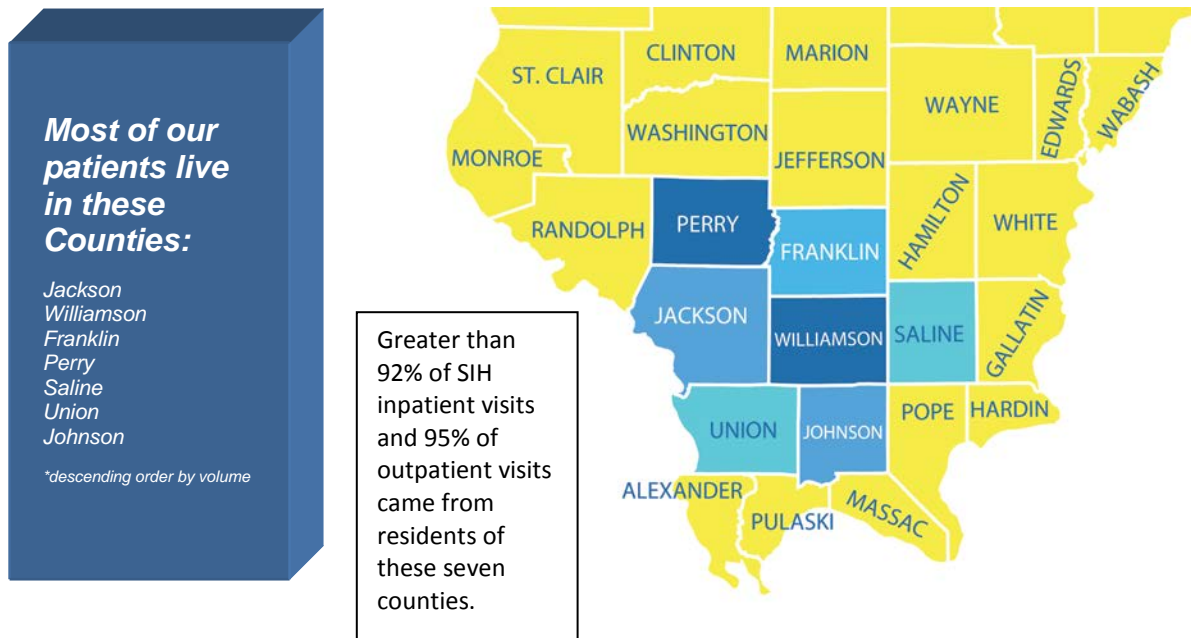
- 1) Define the community (December 2014)
- 2) Collect and analyze existing data (January 2015 – June 2015)
- 3) Form a CHNA Advisory Team (May 2015)
- 4) Collect additional data through:
 - a. Community Survey (May 2015)
 - b. Key Informant Interviews with healthcare providers (May/June 2015)
 - c. Analysis of existing community plans/goals, i.e., Quality Health Partners Measures/Goals, Community Health Improvement Plans developed by local health departments, and the Healthy Southern Illinois Delta Network (HSIDN) (May/ June 2015)
- 5) Synthesize and analyze assessment data (May/June 2015)
- 6) Create Community Health Needs Assessment (CHNA) profile/data report (January – August 2015)
- 7) Advisory Team identify key issues, provide input, and prioritize needs (June - July 2015)
- 8) Gain feedback on the selected issues from SIH Leadership (September 2015)
- 9) Create Implementation Committees (October 2015)

- 10) Implementation Committees develop plans with measurable goals and objectives, along with research based strategies (October – December 2015)
- 11) Garner feedback and support and finalize CHNA within SIH (December - February 2015)
- 12) Unveil the CHNA to the Community and Post on SIH Web-site (April 2016)
- 13) SIH staff and community partners implement our plan (April 1, 2016 – March 31, 2019)

Defining the Community: SIH Primary Service Area

The Southern Illinois Healthcare (SIH) community/primary service area can best be defined as the seven counties surrounding the three hospitals; St. Joseph Hospital in Murphysboro, Memorial Hospital of Carbondale, and Herrin Hospital. These hospitals are located in Jackson and Williamson Counties of Illinois.

Greater than 92% of SIH inpatient hospital visits and 95% of outpatient visits to the three hospitals are made by residents of these seven counties. Source: 2015 Hospital Industry Data Institute and Strata DSS (October 1, 2013 – September 30, 2014).



Collecting and Analyzing Existing Data

Information from multiple local, state and nationally recognized secondary sources was compiled using Healthy People 2020, County Health Rankings, Healthy Communities Institutes tool, and Community Commons. Secondary data sources included but are not limited to health and social indicators from County Health Rankings, Illinois Department of Public Health, American Communities Survey, the U.S. Census, the Behavioral Risk Factor Surveillance System

(BRFSS), Illinois State Board of Education, U.S. Department of Agriculture Food Environment Atlas, National Cancer Institute, Community Need Index, US Census Bureau State & County QuickFacts, Bureau of Labor Statistics, Centers for Disease Control and Prevention, U.S. Environmental Protection Agency, Substance Abuse and Mental Health Services Administration (SAMHSA), National Center for Health Statistics, Illinois Youth Survey, Illinois Project for the Local Assessment of Needs, and SIH internal systems data, as well as goals/plans from various entities. (See Appendix 5 for a full list of indicators.)

The twelve categories of the Healthy People 2020 Leading Health Indicators (LHIs) served as a framework to communicate high-priority health issue while comparing our community to state and national benchmarks. The 12 categories are; Access to Health Services, Clinical Preventive Services, Environmental Quality, Injury and Violence, Maternal, Infant and Child Health, Mental Health, Nutrition, Physical Activity, and Obesity, Oral Health, Reproductive and Sexual Health, Social Determinants, Substance Abuse, and Tobacco. Using these categories provided valuable community-level information regarding underlying behavioral and social determinants of health, as well as access and barriers to health improvement. All data can be found in Appendix 3 – SIH Data Profile and Appendix 4 – County Health Rankings. A complete listing of measures, sources, and timeframes used is included in Appendix 5 – List of Indicators.



<http://www.healthypeople.gov/>

Healthy People 2020 is the 10-year national agenda for improving the health of all Americans.

HP 2020 provides objectives and benchmarks for nationwide health improvement priorities.



www.countyhealthrankings.org

The 2015 County Health Rankings for Illinois were used as a way to measure health status and better understand how healthy our community residents are.



<http://www.healthycommunitiesinstitute.com/>

A web-based tool designed to help hospitals, public health departments, and other community partners access timely and relevant health indicator data and promising practices.



<http://www.communitycommons.org/>

Community Commons provides web-based public access to thousands of meaningful data layers that allow mapping and reporting capabilities to allow communities to examine the health of their residents and compare themselves to the state and nation to determine priority areas.

Assessing Community Needs through Community and Healthcare Provider Input

In addition to reviewing existing data sources, SIH used multiple primary data sources to collect community perceptions of health and health service needs. Community input activities included: 1) a community input survey, 2) key informant interviews with healthcare providers, and 3) facilitated group discussions between SIH staff, local public health department staff, health and social service providers, and others through the CHNA Advisory Team meetings.

Community Input Survey

In the spring of 2015, community members were provided the opportunity to voice their opinions about the public health needs and priorities in their own community through a brief survey that was administered through the use of SurveyMonkey. A convenience sample of participants was identified and included; **Healthy Southern Illinois Delta Network Steering Committee members, five Healthy Community Coalitions, Faith Community Nurses, Spiritual Homebound Visitors, Health Ministry Coordinators and Project POWER Ambassadors, SIH employees, and a sample of SIH's Second Act members.** Many of the individuals invited to participate in the survey are or provide services to those who are medically underserved, low-income or minority populations. For example, the Federally Qualified Health Centers staff, Healthy Community Coalition members, as well as those working in the faith communities serve all community members in an effort to improve health care access and provide education and outreach to our most vulnerable populations. An invitation email with a SurveyMonkey link was sent to over 4,000 individuals. Responses were collected anonymously.

Healthy SI Delta Network (HSIDN)

The Healthy Southern Illinois Delta Network is a forum of diverse community partners representing the southernmost 15 counties of Illinois. Their mission is to improve the health status of community members throughout the region. Rather than focus on individual health behaviors, the network steering committee has chosen to focus on policies, systems, and environmental changes to support improvement in health and increase sustainability. Their identified areas for focus include smoke-free housing and smoke-free places, improving nutrition and physical activity, coordinated school health, and high impact clinical preventative services.

Healthy Community Coalitions

SIH staff actively participates in local Healthy Community Coalitions whose diverse members foster collaboration and leverage their collective resources to improve the overall health and well-being of all southern Illinois residents.

Faith Community Nurses, Spiritual Homebound Visitors, Health Ministry Coordinators and Project POWER Ambassadors

These are all individuals within the faith community that work within their congregations to promote health and work to empower members to become healthier. These individuals often work with those who are medically underserved or low-income. The Project POWER Ambassadors are leaders of African American churches that are working to improve health with a focus on diabetes prevention and control.

Second Act

The Second Act is a free program sponsored by Southern Illinois Healthcare for all adults age 50 or beyond who live in southern Illinois. The program aims to expand the lifestyle of its members by providing healthy living tips, lively social activities, local discounts and much more.

A total of 830 individuals completed the survey between April 27, 2015 and May 11, 2015. Participants were asked to rank the top health issues and key social, economic and environmental factors impacting health in our community.

They were asked:

1. What do you think are the top three health issues in our community?
2. What top three factors do you think affect our community in a negative way?
3. What top three items most greatly impact the health of those living in our community?
4. What are the top three health issues impacting members of your household?

The comments received were consistent with findings in the Community Health Profile and other primary data collected. The top health issues in the community were identified as:

1. heart disease/cardiac/stroke/heart problems/high blood pressure
2. obesity/weight
3. health care access/lack of specialists/doctor availability
4. diabetes
5. cancer
6. mental health/mental illness.

Factors identified as most adversely affecting our community were poverty, drug addiction, underemployment & unemployment, education, family/social support and lack of transportation. Factors identified as most greatly impacting the health of those living in our community were access to mental health services, chronic diseases, access to primary care physicians, access to dental/oral health services, access to substance abuse services, and emergency room use.

The top health issues impacting members of their households were identified as:

1. obesity/weight/overweight
2. diabetes
3. insurance/cost
4. access to care
5. cancer
6. stress/mental health.

See Appendix 7 – Results of Community Input Survey and Appendix 8 – Community Input Survey Instrument.

Key Informant Interviews with Healthcare Providers

A total of twenty-three physicians and 11 key leaders within the SIH system participated in meetings with SIH Community Benefit Department staff following a semi-structured format. Seven questions were discussed at each meeting. Participants provided input in person and through e-mail or fax.

1. What are the most common overall health issues you see among your patients?
2. What are the biggest barriers to health and wellness for the communities we serve?

3. What are the greatest strengths/assets to support health and wellness in the communities we serve?
4. Which of the barriers are most important to address over the next 3 years?
5. How might SIH help address the barriers?
6. Which community services/social services do you have experience with linking and referring patients to?
7. Is there anything else you think is important to share for this SIH assessment?

The most common issues seen among patients closely matched the results of the community survey; **obesity/overweight, heart disease, diabetes, mental health issues, dental health issues, and pain management.** Additional issues mentioned included palliative care and lack of positive health behaviors, i.e. poor nutrition and lack of physical activity. Many barriers to health and wellness were mentioned including lack of access to specialists, social determinants of health including poverty, unemployment, lack of education, poor nutrition and lack of physical activity.

Many strengths and assets were noted by the healthcare providers including SIH's financial assistance program that allows us to serve everyone regardless of ability to pay and our commitment to quality care and a strong workforce with modern facilities. It was also noted that Southern Illinois Healthcare works to collaborate and coordinate efforts with community health leaders. Barriers that were noted as most important to address over the next three years included the need for additional services at clinics such as social workers, dietitians, patient educators, and psychologists. Another defined need was the creation of a community in which healthy nutrition and physical activity are the norm. By creating a new norm many of the issues related to obesity, uncontrolled diabetes and hypertension will be impacted.

See Appendix 9 – Results of Key Informant Interviews with Healthcare Providers and Appendix 10 – Healthcare Provider Interview Questions.

Analysis of Existing Community Plans/Goals

An analysis of existing community health plans/goals was also conducted and a crosswalk was developed in order to determine similarities between the goals and objectives of various health related entities. The crosswalk was developed by reviewing 13 different sets of goals, measures, and plans. These plans/goals have been developed by various entities and organizations throughout the community and healthcare system. The plans are designed to improve the health of all southern Illinois residents. Those reviewed are as follows:

- SIH Community Health Needs Assessment – 2012/2013 developed in 2012 by Southern Illinois Healthcare
- QHP/PHO (Quality Health Partners/Physician Hospital Organization) Goals
- PCMH (Patient Centered Medical Home) Goals from SIH Medical Group
- Core Measures (2014 & 2015) – Joint Commission Core Measures for Hospitals

- 2015 SIH Medical Group PQRS (Physician Quality Reporting System) Measures and Domains
- Federally Qualified Health Centers (FQHC) Cross-Reference of Clinical Programs - includes clinical quality measures, MU (meaningful use) stages 1 & 2, PCMH 2011 & 2014, UDS (Uniform Data System) HRSA – Bureau of Primary Care, QHP 2013, and IHC (Illinois Health Connect)
- Healthy Southern Illinois Delta Network (HSDIN) Goals (2015-2020) developed by the local health departments, SIU School of Medicine Center for Rural Health and Social Service Development, and Southern Illinois Healthcare for the lower 15 counties of Illinois
- Illinois Project for the Local Assessment of Needs (IPLANs) developed by the local health departments
 - Southern Seven (2015-2019)
 - Jackson County (2015-2019)
 - Perry County (2012-2017)
 - Egyptian (2011-2016)
 - Franklin-Williamson (2012-2017)
- SHIP (Illinois State Health Improvement Plan) Priorities 2010 developed by a team of public, private and voluntary sector stakeholders appointed by the director of the Illinois Department of Public Health. The SHIP addresses reducing racial, ethnic, geographic, age, and socioeconomic health disparities.

Based on the crosswalk, the top issues in our area are:

1. Cardiovascular disease, stroke, and related issues
2. Obesity/overweight
3. Diabetes
4. Cancer (lung, bronchus, breast & colorectal)
5. Chronic disease prevention and management and care coordination
6. Quality and effectiveness of care

The crosswalk listing the measures/goals is available in appendix 6 – Analysis of Existing Health Plans.

CHNA Advisory Team

In June and July of 2015, the SIH CHNA Advisory Team was convened. The team was made up of a broad representation of the community and included 34 leaders from within the SIH health system, local health departments, Regional Office of Education, Federally Qualified Health Centers, healthcare providers, community leaders, social service providers, law enforcement, and others with expertise in public



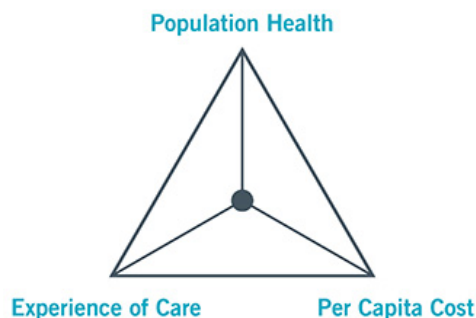
health and knowledge of the needs of the local community. (See Appendix 1 for a list of the CHNA Advisory team members and a description of the populations they represent.)

The role of the Advisory Team was to review the health and community data, and provide input and recommendations on the most pressing priorities for the service area based on their knowledge of the broad interests of the community and the populations they serve. The team reviewed existing data and need assessments available at the local/state and national level for the SIH service area (Jackson, Franklin, Williamson, Union, Saline, Johnson, and Perry Counties). Areas of focus included demographics, how to best serve vulnerable populations including the medically underserved, low-income, and minority populations, County Health Rankings, leading causes of death, the Illinois Department of Public Health 2010 State Health Improvement Plan, and critical priorities of Healthy People 2020.

Selection of Priority Health Issues through Synthesis and Analysis of Assessment Data by SIH CHNA Advisory Team

The goal of the Community Health Needs Assessment, in part, was to identify issues where changes in the health care delivery systems can improve both patient care and preventative services for those at risk for health problems while achieving the “triple aim” of improved population health, improved patient and provider experience and lower per capita cost of care.

The IHI Triple Aim



Source: Institute for Healthcare Improvement.

Through facilitated discussions and prioritization processes, SIH staff and the CHNA Advisory Team analyzed information from the SIH Data Profile (Appendix 3).

SIH Community Benefits Department staff generated an initial topic list and facilitated nominal group process in which CHNA Advisory Team members were able to vote for the top three health issues that they thought should be included in the SIH CHNA. Prior to the final voting participants were also allowed to add issues if they believed something was missing that should be represented. Participants were instructed to select which they perceived to be the top three priorities using the following criteria:

- Overall impact – how much the issue affects health and quality life, or contributes to multiple health-related issues.

- Magnitude of the problem – how many lives are affected in our community, and how does our community compare to national benchmarks and goals.
- Severity – the degree to which the issue leads to pre-mature morbidity and mortality.
- Ability and interest of the community to effectively address the issue.

After much discussion and suggestions for combining and modifying topics, it was determined that members would vote on issues that had been placed in two categories; health issues and contributing factors. The contributing factors are issues that were included in the discussion, as applicable, as the plans were developed by the implementation teams. The final health issues that were prioritized were; Mental Health, Cancer, Diabetes, CVD, Stroke & Related Issues, Overweight/Obesity, Substance Abuse, COPD, and Oral/Dental Health. The contributing factors that were discussed included; Behavioral Risk Factors (Nutrition/Physical Activity/Tobacco, Social Determinants of Health, Access to Care for Vulnerable Populations (mental health/dental/substance abuse/health insurance), Emergency Department Utilization/Misuse, Chronic Disease Prevention/Management/Care Coordination, Pain Management Issues, Quality & Effectiveness of Care/Patient Safety/Quality, and Palliative Care Needs.

The final rankings of health issues made by the SIH CHNA Advisory Team are listed below.

Rank	Topic
1	Mental Health
2	Cancer
3	Diabetes
4	CVD, Sroke & related Issues
5	Overweight/Obesity

Feedback on the selected issues was then gained from SIH’s Senior Leadership in September 2015. Based on the discussion of Senior Leadership and prioritizations of the SIH CHNA Advisory Team the priorities identified were; cancer, cardiovascular disease and its risk factors of diabetes and obesity, and mental health.

Topic 1 - Cancer
Topic 2 – Cardiovascular disease and its risk factors of diabetes and obesity
Topic 3 – Mental health

The priorities identified have been integrated into the Community Benefits strategic planning process to ensure that our programs and services closely match the priorities and needs of the community, and to strategically address those needs to improve the health of the communities we serve.

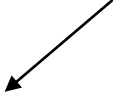
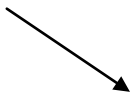
Community Health Needs Assessment: Health Issues Identified and Prioritized

Top Health Issues In the Community Identified by Community Survey:
heart disease/ high blood pressure
obesity/ overweight
healthcare access/ lack of specialists
diabetes
cancer
mental health/ mental illness

Top Issues Identified through Healthcare Provider Key Informant Interviews:
obesity/ overweight
heart disease
diabetes
mental health issues
dental health issues
pain management issues

Results of Community Health Plan Analysis:
cardiovascular disease/ stroke
obesity/ overweight
diabetes
cancer
chronic disease prevention, mgmt and care coordination
quality and effectiveness of care

Supporting Data and the CHNA Advisory Team Identified the Following Areas of Concern:
mental Health
cancer
diabetes
CVD, stroke & related Issues, obesity/overweight
substance abuse
COPD
oral/ dental health



Overall SIH Priorities:
cancer
cardiovascular disease and its risk factors of diabetes and obesity
mental health

Three priority health issues were identified as the focus of the SIH 2016-2019 Community Health Needs Assessment; Cancer, Cardiovascular Disease and its risk factors, and Mental Health.

Issue 1: Cancer

Defined: Cancer incidence rates include the number of new cases of cancer observed in a given period of time based on the population within a community (usually a defined geographic region).

The Story Behind the Problem:

The burden of cancer in the SIH service area and the need for screening and follow-up that are necessary to improve health status and cancer outcomes in our area are a priority. Cancer care includes the prevention of behavioral risk factors, screening and early detection, timely access to quality care, patient and family support in health care decision making and end of life planning. (Sources: National Cancer Institute, Division of Cancer Control & Population Sciences, American Cancer Society)

Key Findings:

Cancer is the second leading cause of death in the seven county service area served by SIH with 17% of deaths due to cancer. The incidence rates in southern Illinois are consistently higher than Illinois.

Numbers indicated in “red” represent poor rates as compared to the state of Illinois. Modifiable behaviors (risk factors) such as smoking, obesity, and sedentary lifestyles contribute to higher cancer rates. Many residents of the SIH service area have elevated rates for these indicators. Approximately 1 in 4 adults smoke and two-thirds of adults are overweight or obese. Lack of recommended screening plays a role in the early detection of cancer. 35.5% of adults age 50+ have not had a colonoscopy or sigmoidoscopy and 36.6% of women 40+ have not had a mammography screening in the past year.

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010-2011; Illinois Department of Public Health, 7 counties and Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006-12.

Location	Lung & Bronchus	Breast Cancer	Colorectal Cancer	All Cancer
Age-Adjusted Incidence Rates by Cancer Site 2007-2011 (cases/100,000 population)				
Franklin	114.4	121.7	49.3	522.5
Jackson	68.3	114.8	53.7	474.8
Perry	78.0	131.3	51.1	500.4
Williamson	91.7	122.0	53.9	498.6
Johnson	87.4	108.8	50.9	497.1

Union	89.3	120.9	42.6	486.9
Saline	95.5	122.2	66.5	511.5
Illinois	70.6	127.4	48.6	484.1

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. Retrieved from community commons March 30, 2015

Key Indicators to Track Progress:

Incidence Rates

Lung & Bronchus Cancer

Breast Cancer

Colorectal Cancer

Counseling by Healthcare Provider

Smoking Cessation Counseling

Behaviors

Colorectal Cancer Screening

Breast Cancer Screening/Mammography

Smoking

ISSUE 2: Cardiovascular Disease including its Risk Factors of Diabetes and Obesity

Defined: Cardiovascular disease, also called heart disease, includes numerous problems which are related to a process called atherosclerosis. Atherosclerosis is a condition that develops when a substance, plaque, builds up on the walls of a person’s coronary arteries. It narrows the arteries that lead to the heart and can lead to heart attack or stroke.

The Story Behind the Problem:

Diabetes and obesity are contributing factors related to heart disease. Heart disease can be prevented and controlled through lifestyle changes, such as losing weight, eating a healthy diet low in sodium and fat, increasing physical activity, and quitting smoking. (Sources: Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion and American Heart Association).

Key Findings:

Diseases of the heart are the leading causes of death for the SIH service area. 67.6% of the population is overweight or obese, over 80% of adults are not meeting recommended guidelines for daily fruit and vegetable intake, 19.6% report not participating in any physical activity in the last 30 days, and 26.8% are smokers. 7.8% of the adult population is living with diabetes and over a quarter of Medicare patients ages 65+ are being treated for diabetes.

Adults with Diabetes

Diagnosed with Diabetes	
7 Counties	7.8%
Illinois	7.1%

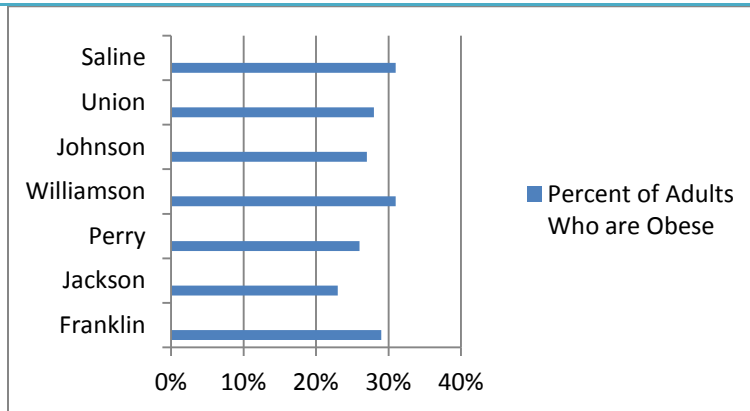
Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010-2011; Illinois Department of Public Health and Center for Disease Control and Prevention National Diabetes Surveillance System, 2012 retrieved on April 23, 2015

Location	Percent of Medicare Patients Treated For Diabetes
Franklin	28.22
Jackson	26.43
Perry	27.83
Williamson	27.61
Johnson	27.22
Union	26.54
Saline	28.91
Illinois	27.17

Source: Centers for Medicare and Medicaid Services, www.cms.gov, retrieved from Community Commons March 30, 2015

Adults who are Obese (US 2009-2012: 35.3%, HP2020 target: 30.5%)

Location	Percent
Franklin	31%
Jackson	32%
Perry	29%
Williamson	35%
Johnson	29%
Union	33%
Saline	32%
Illinois	27%



Source: Illinois County Health Rankings, 2015, Retrieved March 30, 2015 and Health People 2020 Leading Health Indicators: Progress Update. http://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_

Key Indicators to Track Progress:

Incidence Rates

- Diseases of the heart mortality rates
- Cerebrovascular disease mortality rates
- Diabetes
- Overweight/Obesity

Behaviors

- Physical Activity
- Fruit and Vegetable Intake
- Smoking

Self-Management Education

- Received by those Living with Diabetes/Chronic Diseases

ISSUE 3: Mental Health

Defined: Age adjusted suicide rates make a comparison of the rate of suicide in one defined geographic region (i.e. county) with the rate in another. By examining the age adjusted rates fairer comparisons can be made between counties with different age distributions.

The Story Behind the Problem:

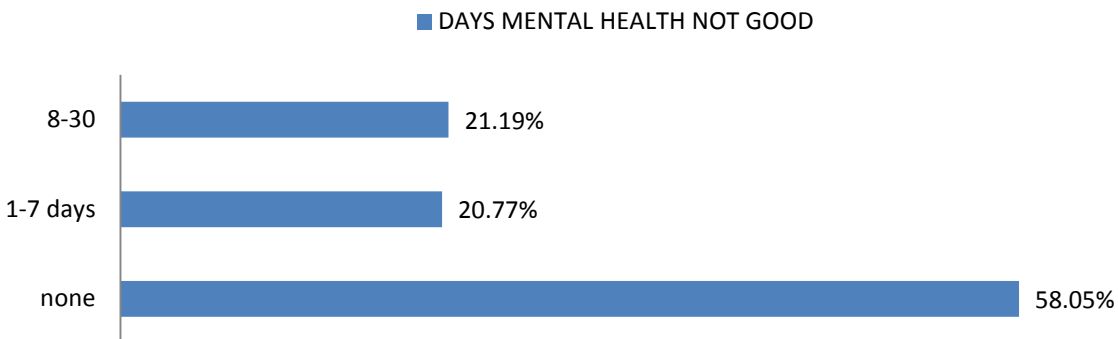
Mental health issues/disorders are a concern in the SIH service area and the need for screening and treatment for those experiencing depression and mental health issues/disorders is a priority. In order to reduce suicide rates, it is important that youth develop social and emotional skills, and that youth and adults receive depression screenings, referrals and treatment. Patients use emergency departments frequently for mental health issues when the condition can be treated more appropriately and affordably in an outpatient setting. Solutions are needed to ensure patients are getting quality care in the appropriate setting.

Key Findings:

About one in five people in the service area say that they have had between 8-30 days in the last year when their mental health was not good. Another one in five people say they have had at least one – seven days in the last year when their mental health was not good.

High volumes of Emergency Department utilization for both routine and crisis mental health disorders suggest access or barriers to care for mental health services.

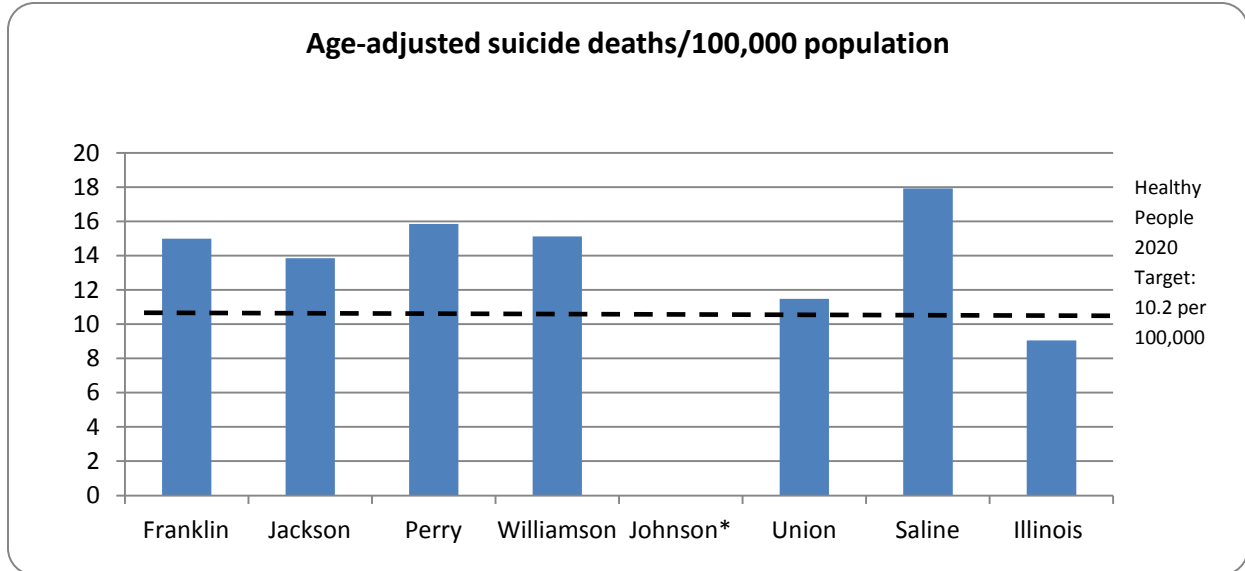
MENTAL HEALTH NOT GOOD IN PAST 30 DAYS



Source: Illinois County Behavioral Risk Factor Surveys, Fifth Round; 2010-2011; Illinois Department of Public Health Illinois BRFSS, 2010-2011.

Suicide Mortality Rates

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because suicide is an indicator of poor mental health.

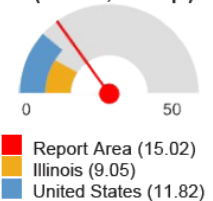


US 2010: 12.1

Source: Centers for Disease Control and Prevention, National Vital Statistics System, Access to CDC WONDER, Retrieved from Community Commons on April 20, 2015

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	243,451	33	14.39	15.02
Franklin County, IL	39,538	6	15.68	15.91
Jackson County, IL	59,874	7	12.03	13.85
Johnson County, IL	12,661	no data	no data	no data
Perry County, IL	22,404	3	14.28	15.85
Saline County, IL	25,067	4	16.76	17.92
Union County, IL	17,891	2	11.18	11.48
Williamson County, IL	66,017	10	15.75	15.13
Illinois	12,787,914	1,177	9.21	9.05
United States	306,486,831	37,085	12.1	11.82
HP 2020 Target				<= 10.2

Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). Centers for Disease Control and Prevention, [Wide-Ranging Online Data for Epidemiologic Research](#). 2007-11. Source geography: County

Source: Community Commons, retrieved March 2015.

Key Indicators to Track Progress:

Incidence Rates

Age Adjusted Suicide Death Rates

ED Utilization

Mental Health

Screening and Referral by Healthcare Provider

Depression Screening and Referrals

Behaviors

Treatment received at mental health agencies

Self-Report Days Mental Health Not Good

Current Resources/Collaborative Efforts Available to Address These Issues

Cancer

General/ All Types of Cancer:

- Med Trans to help patients to non-emergency medical appointments
- Medical Legal Partnership provides legal assistance for end of life issues, custody, etc.
- The Cancer Institute provides treatment and many resources to residents close to home including but not limited to; high quality care through physicians and surgeons, Site Specific Care Team, Cancer Navigators, etc.
- SIH Cancer Committee meets to coordinate all services related to cancer along the continuum from prevention and screening to treatment
- Illinois Cancer Partnership a statewide initiative to reduce cancer deaths in Illinois
- Illinois CATCH on to Health Consortium a 16 county initiative focused on improving the health of school aged children using the coordinated school health model
- SIH Cancer Navigators and Case Manager provide assistance and support to those with cancer
- SIH Clinical Trials are ongoing
- Women with Hope – support group for cancer survivors and family members
- QHP/ PHO coordinates providers and offers incentives for providers for providing certain screenings
- Supportive Care/ Palliative Care program is available
- SIH Health Ministry Program provides support to faith communities
- Faith Community Nurses and faith communities promote screening and education
- Healthy Southern Illinois Delta Network and many of the Healthy Communities Coalitions are working to address cancer and increase screenings
- SIH Worksite Wellness Program/SIH Employee Health Coaches promote screening
- Rural Illinois Cancer Mini-Reports developed on our lower 16 counties by SIU SOM
- ACS services available for patients with a cancer diagnosis:
 - Look Good Feel Better (held at SIH Cancer Center)
 - Wig Program (available at SIH Cancer Center)
 - Personal Health Managers (given at SIH Cancer Center)
- American Cancer Society website and 24/7 available cancer specialists at 1.800.227.2345
- Participating in the BJC Collaborative Care Task Force to work with other health systems to reduce cancer death rates through efforts focused on community health, shared best practices and educational programs, expanded referral channels, and telehealth
- Jackson County Healthy Communities Coalition Cancer Action Team is working to implement their five year plan
- Southern Seven Health Department and Egyptian Health Department are also working to address cancer in their five year plan

- Collaborate with SIU School of Medicine Center for Rural Health and Social Service Development and Office of Clinical Research and Washington University to apply for funds related to various cancer initiatives

Breast cancer

- Breast cancer toolkits available for healthcare providers
- Little Egypt Breast and Cervical Cancer Program for low income women
- Community education is wide-spread among the general public
- SIH Breast Center provides education and screening related to breast cancer
- Pin-A-Sister program

Colorectal cancer

- Toolkit available for healthcare providers
- Use of EMMI (patient reminder system) to promote colonoscopies
- Colorectal cancer roundtable was held on September 22, 2015
- Flu Fit is being piloted at SIU Family Medicine to promote use of FOBT kits

Lung cancer

- Illinois Tobacco Quitline is a free resource available for patients interested in quitting smoking
- Local health departments work to create Illinois Tobacco Free Communities through grant funding through Illinois Department of Public Health
- Lung Cancer Reports developed on our lower 16 counties by SIU SOM
- SIH to begin offering lung cancer screenings soon
- SIH and many workplaces have adopted smokefree property/campus policies
- All worksites are smokefree indoors due to the Smoke-Free Illinois Act

Cardiovascular Disease, Diabetes, and Obesity

General

- Screening events are held at various events and in faith communities
- Kidney Mobile has provided screenings in the community
- Individual and group classes are held throughout the community on a variety of topics in order to reduce the risk of cardiovascular disease
- Worksite wellness efforts are in place throughout the community
- CardioVascular Pulmonary Rehabilitation
- Step Up to A Healthy You classes offered for those who have pre-diabetes
- Medical Legal Partnership offers free legal assistance to low income individuals
- Faith Community Nurses and faith communities promote screening and education
- Spiritual Homebound Program offers support to faith community members
- Hospitals are identifying more people who are newly diagnosed with diabetes and information is shared with primary care provider through discharge summary and/or through appt scheduled by hospitalist nurse
- Second Act program has many programs for older adults focused on improving health behaviors
- Healthy Communities Coalitions and various action teams are actively working to reduce cardiovascular disease

- Healthy Southern Illinois Delta Network has developed a five year plan focused on reducing cardiovascular disease in the lower 15 counties of Illinois
- SIH Stroke Education
- SIH Supportive Care/ Palliative Care Program is available
- SIH Worksite Wellness Program/ SIH Employee Health Coaches promote positive health behaviors
- Stroke Survivors Series
- Illinois CATCH on to Health Consortium works with 80+ schools in the lower 16 counties of Illinois to promote the coordinated school health model
- Kohl's Cares for Kids program offers education and events focused on nutrition and physical activity for families
- Med Trans offers non emergency medical transportation
- Plan4Health Jackson County promotes health through policy, systems and environmental changes related to nutrition and physical activity
- QHP/ PHO coordinates providers and offers incentives for providers for providing certain screenings
- Screenings at health related events

Cardiovascular Disease

- Heart Failure University
- Cardiac Rehab
- Heart Smart for Women maintenance classes in Southern Seven area
- Heart-to-Heart peer education sessions in the Southern Seven area

Diabetes

- Wound Center assists patients
- Diabetes Today Resource Teams (DTRT) are active in the lower 15 counties of Illinois
- Diabetes related special events (World Diabetes Day, Diabetes Alert Day screening event)
- SIH Diabetes Education Program (Accredited Program) – individual sessions and group classes at the three hospitals
- Diabetes and Chronic Disease Self-Management classes offered throughout the lower 15 counties of Illinois
- Patient Centered Medical Home (PCMH) efforts focus on people living with diabetes
- Certified Diabetes Educators/ Registered Dietitians provide education to SIH patients

Nutrition

- Farmer's markets
- SNAP accepted at a limited # of Farmer's Markets
- Double Up of SNAP benefits at a limited number of Farmer's Markets
- Community and school gardens
- School Lunch Rocks cafeteria staff training
- 5210 childhood obesity toolkit is available for physicians

- Shop Healthy Southern Illinois effort to reach small stores, gas stations, etc.

Physical Activity

- Exercise physiologists
- START walking paths
- Malls available for walking
- Advocacy for built environments with sidewalks and bike paths
- Bike Advisory Committee in Carbondale
- Increase in bicycle parking
- Creation of bike paths and sidewalks are in Illinois Department of Transportation plans
- Outdoor physical activity guide available focusing on Jackson County and the surrounding areas
- Fitness stations at the Carbondale Superblock funded by Kohl's Care for Kids

Obesity

- SIH Bariatric/ Weight Loss program
- Coordinated School Health/ CATCH efforts with 80+ schools and pre-k's in the lower 16 counties
- School wellness policies (completion of the CDC's School Health Index)
- Baby Friendly Hospital – Memorial Hospital of Carbondale

Tobacco

- Illinois Tobacco Quitline is a free resource available for patients interested in quitting smoking
- Local health departments work to create Illinois Tobacco Free Communities through grant funding through Illinois Department of Public Health
- SIH and many workplaces have adopted smokefree property/campus policies
- All worksites are smokefree indoors due to the Smoke-Free Illinois Act
- Lung Cancer Reports developed on our lower 16 counties by SIU School of Medicine
- SIH to begin offering lung cancer screenings soon

Asthma

- Training for school staff available through Jackson County Health Department

Mental Health

Prevention, Screening and Early Intervention

- Healthy Communities Coalitions and various action teams work to address mental health issues
- Healthy Southern Illinois Delta Network works collaboratively to address health issues in the lower 15 counties of Illinois
- Coordinated School Health Model used with CATCH schools (90 schools in lower 16 counties) – complete School Health Index, addresses mental and psychological services, complete action plans

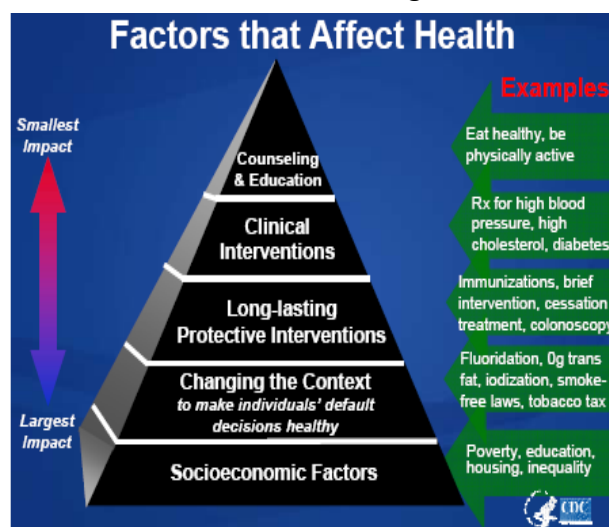
- Illinois CATCH on to Health Consortium is working on plan to include social and emotional learning and suicide prevention in coordinated school health efforts
- Med Trans to help patients to non emergency medical appointments
- Medical Legal Partnership offers free legal assistance to low income individuals
- Mental Health First Aid trainings - Adult and Youth are available
- Annual “Living with Grief” program
- SIH Health Ministry Program shares information and resources with faith communities
- Spiritual Care Day focused on mental health in 2015
- Shawnee Health Services has Integrated Care project grant to screen patients annually
- New Illinois Department of Public Health school physical form asks mental health questions
- Gateway has continuing education opportunities available for nurses on topics such as prescription drug misuse, suicide and substance abuse etc (offered 4 – 6 times per year)
- SIU Counselor in Residence program (Residence Life staff are available 12 – 9 pm for mental health issues)
- Saluki Cares (SIU campus)
- “Zero Suicide Initiative” at Centerstone (Columbia Suicide Assessment and Crisis Assessment), assessment also used in SIH ED’s
- “Never Stop Talking” campaign implemented by Centerstone - Yellow ribbon cards
- Some schools have “Lifesavers” suicide prevention program (Carterville & Johnson City) or other youth peer programs such as ALPHA (Murphysboro). Carbondale has a similar program but it is not affiliated any longer with “Lifesavers”
- Centerstone works with a number of schools to provide education and support
- John A. Logan College and Southern Illinois University have college-level, student-led LifeSavers suicide prevention programs
- SIU has another student-led Registered Student Organization, Active Minds, that focuses on mental health issues
- Many experts are available in the community and through SIU to assist with efforts

Treatment

- Collaboration with local mental health agencies and Federally Qualified Health Centers continues
- Centerstone and the SIH Emergency Departments work together to admit patients to the Crisis Stabilization Center. Centerstone Crisis Stabilization Center is available for those 18+, but they have had to reduce/ cut services due to state funding issues
- Centerstone provides crisis assessments for adults.
- Youth assessments are available through the Centerstone Crisis Center 24 hours a day, seven days a week. Youth can be screened anywhere.
- Southern Illinois University Student Health Service has mental health counselors available in the medical clinic
- Emergency Departments are utilizing telehealth for patients with mental health issues

Implementation Plan Development

Three Implementation Plan Teams were developed in order to bring experts together with expertise and interest in each of the chosen priority areas. The goals of the implementation teams were to identify key issues, prioritize needs, and develop measurable goals and objectives and research based implementation strategies focused on each of the priority areas; cancer, cardiovascular disease and its risk factors of diabetes and obesity, and mental health. Over the course of two meetings, each group discussed the related data, existing services, and gaps in care or services. This approach was consistent with the National Association of City and County Health Officials' (2011) recommendation to align efforts, leverage resources, avoid duplication and increase efficiencies in addressing population health issues. Potential goals and objectives and research based intervention strategies for communities and hospitals as related to "The Health Impact Pyramid" were discussed to assist in designing population health strategies. Intervention strategies were developed using "The Guide to Community Preventive Services" and the U.S. Preventive Services Task Force recommendations, as well as various additional best practices research. (See Appendix 2: Implementation Plan.)



(Source: Am J Public Health. 2010 April; 100(4): 590–595. **A Framework for Public Health Action: The Health Impact Pyramid**, [Thomas R. Frieden](#), MD, MPH.

Issues Identified But Not Prioritized

Issues such as chronic obstructive pulmonary disease (COPD) and oral/dental health are issues that were identified, but they have not been chosen as issues to directly address at this time because other groups and organizations, including SIH, are working to address them. For example, in order to address COPD, staff encourages patients to obtain smoking cessation assistance through the Illinois Tobacco Quitline. The SIH Cardio Pulmonary Rehabilitation program provides patients with rehab services and pulmonary function testing. A transitions program is also offered for those patients who are discharged from the hospital. The patients receive phone calls for two weeks post discharge to see if they are experiencing any symptoms that need intervention. Lastly, SIH staff use the EMMI system to e-mail patients educational information. Oral/ dental health efforts are also in place through the Federally Qualified Health Center's (FQHC's) to accept low-income patients who present to the hospitals with dental issues. Appointments are held at the FQHC's for patients who need emergency dental care. SIH has also assisted by providing funds to an FQHC to hire a pediatric dentist to serve children in southern Illinois. Through these continued collaborations, SIH and our partners are working

to address these health issues. Staff of SIH also continues to address the social determinants of health and access to care for vulnerable populations through programs such as our Medical Legal Partnership which works to provide legal assistance for patients who are facing barriers due to health-harming social conditions such as low income, poor housing, unemployment, exposure to violence and much more. Lastly, collaboration is also in place with Shawnee Alliance for Seniors (SAS) in order to provide one-on-one consultations and assistance to seniors and people with disabilities. SAS staff is available at two SIH hospitals as well as an outreach site (Aging and Disability Resource Center) to provide assistance to older adults and those with disabilities in obtaining health insurance and other needed services such as in-home care, transportation, and much more.

Adoption of the CHNA and Implementation Plan

The Community Health Needs Assessment and Implementation Plan was reviewed and adopted by the SIH Board of Trustees on March 24, 2016. Prior to the adoption by the Board of Trustees, the plan was also provided to the SIH CHNA Advisory Team, SIH Community Benefits Advisory Committee, CHNA Implementation Teams and additional leaders within SIH for input and feedback.

Document and Communicate Results of the Community Health Needs Assessment

The CHNA was revealed to the community and posted on the SIH Web-site in April of 2016. This document shares information about the CHNA process and our findings. It is made available to the public to provide information and engage the community in taking an active part in improving the health and well-being of our community. Both the first SIH CHNA and this CHNA as well as the appendices can be accessed electronically on our website at <http://www.sih.net/about/community-benefits/>. For more information contact the SIH Community Benefits Department at 618-457-5200, ext. 67834.

Implementing Our Plan

The priority areas identified through this needs assessment will be used to focus Community Benefits Department planning for the next three years (April 1, 2016 – March 31, 2019). Community Commons, County Health Rankings, the Illinois Behavioral Risk Factor Surveillance Survey as well as other sources will provide data to gauge our progress. Aligning indicators with national health improvement efforts allows SIH staff to establish a comparative picture of the health in the community and provides for consistent measurement of progress over time.



Staff from throughout SIH will continue to collaborate within the system and with community partners to implement proven intervention strategies. Members of the Healthy Southern Illinois Delta Network will continue to be integral in the implementation of the SIH plan.

To join efforts to improve the health of southern Illinois visit www.hsidn.org to become a member of your local Healthy Communities Coalition. On the web-site listings of community health resources and upcoming community health events can also be found.

Comments regarding this CHNA and Implementation Plan can be sent to communityhealth@sih.net or by contacting 618-457-5200, ext. 67834. Your input and feedback is appreciated and will be reviewed in the development of future CHNA and Implementation Plans.

*“Knowing is not enough; we must apply.
Willing is not enough; we must do.”*
—Goethe



**SOUTHERN ILLINOIS
HEALTHCARE**

2015/2016

Community Health Needs Assessment

APPENDICES

Appendix 1

CHNA Advisory and Implementation Teams

CHNA Advisory Team		
Agency/ Organization	Member	Agency/ Organization Description and Populations they Represent
Education	Matt Donkin - Regional Superintendent, Franklin/Williamson Regional Office of Education #21	Regional Office of Education #21 provides support services to 22 public school districts in Franklin, Johnson, Massac, and Williamson Counties in Southern Illinois. The percentage of students eligible for the free lunch program per county ranges between 48.9-58.3% in the SIH service area.
Federally Qualified Health Centers (FQHCs)	Kimberly Mitroka - President and CEO, Christopher Rural Health	Christopher Rural Health provides services to all regardless of ability to pay. They accept private pay, Medicaid and Medicare patients. Their goal is to provide medical and dental care to residents residing in areas that have been designated as medically underserved. The Corporation is governed by an eleven member volunteer Board of Directors who have the responsibility to provide leadership and guidance. The Board serves to link the Community Health Centers by serving as a voice of the communities; 51% of the Board's members are individuals who are served by the centers and who as a group represent the individuals who are being served in terms of demographic factors; i.e., race, ethnicity, sex, income.
	Patsy Jensen – Chief Executive Officer, Shawnee Health Services	Shawnee Health Service's mission is to improve the health and welfare of southern Illinois and southwest Indiana residents through the promotion, development and administration of quality, comprehensive health and social services, while efficiently utilizing limited resources. This will include assessing and serving the needs of the underserved/vulnerable populations and designing programs and services which are culturally and linguistically appropriate. Shawnee Health Service and Development Corporation is a private not-for-profit corporation governed by a Board of Directors representing the many communities and populations served by Shawnee Health Service's network of programs. The Corporation's bylaws and federal program regulations require that at least 51% of the Board be consumers of the Center's services.
Law Enforcement	Michael O'Leary – Captain, Jackson County Sheriff's Department	The Sheriff's Department is responsible for keeping the peace, suppressing riots, breaches of peace, and the apprehending of criminals. The Sheriff's Department offers a variety of services for all citizens of the county with crime prevention and community services being the primary responsibilities of the department.
Legal Assistance	Diane Goffinet –	Land of Lincoln (LOL) provides free civil legal services to low-

Foundation	Senior Supervisory Attorney, Land of Lincoln Legal Assistance Foundation, Inc.	income residents and seniors in 65 counties in Southern Illinois. Help provided ranges from telephone advice or brief service, to representation in court or at administrative hearings. There are over 750,000 Illinois residents living in or near poverty in our 65-county service territory that are potentially eligible for our services. LOL is our partner in the “Medical Legal Partnership of Southern Illinois.” Staff provides free legal assistance to low-income SIH patients.
Local Health Departments	Barb Taylor – Director, Perry County Health Department	Perry County Health Department’s mission is to provide service and educate to promote health, prevent disease, and improve the quality of life for all citizens of Perry County. Perry County has a population of approximately 21,000.
	Jamie Byrd - Public Health Administrator, Egyptian Health Department	Egyptian Public and Mental Health Department is dedicated to providing health and human services that enrich communities in Saline, Gallatin and White counties. The counties served by the department are Saline, Gallatin, and White. The three combined counties have a population of approximately 45,167.
	Michelle McLernon - Director of Health Education, Jackson County Health Department	Jackson County Health Department provides a wide array of public health services for residents of Jackson County. JCHD's services are focused on promoting health, preventing illness, protecting our environment, and preparing for emergencies. Jackson County has a population of approximately 60,000.
	Miriam Link-Mullison – Administrator, Jackson County Health Department	
	Nancy Holt – Administrator, Southern Seven Health Department	Southern Seven Health Department’s mission is to promote a safe and healthy environment by providing preventative health care, family support services, and child development programs for residents of Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union Counties. Approximately 69,000 people live in the seven counties.
	Robin Koehl – Director, Franklin-Williamson Bi-County Health Dept.	Franklin-Williamson Bi-County Health Department’s mission is “empowering individuals and communities to actively pursue healthier lives through health promotion, disease prevention, environmental protection, and emergency preparedness.” Approximately 105,000 live in Franklin and Williamson counties.

Mental Health Service Provider	Karen Freitag – Chief Administrative Officer, Centerstone	Centerstone is one of the largest behavioral health care providers in Illinois, serving children, youth, adults and families. Centerstone offers skilled counseling, psychiatric and medical services, substance abuse treatment, and services for adults with developmental disabilities to more than 16,000 children, adolescents, adults, seniors and their families annually. Service centers are located in Franklin, Jackson, Jersey, Madison and Williamson counties in Illinois.
	Verletta Saxon – Clinical Manager, Centerstone	
Neighboring Hospital	Pam Logan – Director of Marketing, Marshall Browning Hospital	Marshall Browning Hospital is licensed as a twenty-five bed Critical Access hospital established to provide quality medical, surgical and emergency health services to the residents of Du Quoin and the surrounding areas. Services are provided with the understanding that patients shall, if able, pay reasonably for what they receive; those who are not able to pay fully shall pay what they reasonably can; those who can pay nothing shall be treated without payment.
Physician Hospital Organization (PHO)	Dr. Kevin Oestman – Chief Medical Officer, Quality Health Partners (QHP)	SIH's clinically integrated PHO, Quality Health Partners of Southern Illinois (QHP), is a joint venture between physicians and hospitals that is authorized to contract with payers. QHP uses systems and processes to improve quality and reduce cost through evidence-based medicine, performance measurement, information sharing, and alignment of incentives.
Recreation	Kathy Renfro – Executive Director, Carbondale Park District	Carbondale Park District (CPD) provides recreational activities for residents of Carbondale and the surrounding communities. CPD is a collaborative partner in many efforts that focus on creating policy, systems and environmental changes to improve health. The total population of Carbondale is 25,902. The median household income in Carbondale is \$17,657.
School of Medicine	Dr. Quincy Scott – Director, Southern Illinois University Family Medicine, SIU School of Medicine	The mission of SIU School of Medicine is to assist the people of central and southern Illinois in meeting their health care needs through education, patient care, research and service to the community. Southern Illinois University School of Medicine is a publicly-assisted medical school focused on the health care needs of downstate Illinois. The school is part of Southern Illinois University in Carbondale. A key focus of the SIU SOM CRHSSD is to address health care and social service issues that impact the lives and productivity of the citizens in the state and nation. The mission and priorities of SIUC's CRHSSD are to stimulate and conduct cooperative research efforts, develop alternative service delivery systems, coordinate and conduct program demonstrations, conduct program evaluations, recommend policy alternatives, and provide information transfer services for the public and private sectors. CRHSSD staff has worked
	Kim Sanders – Director, SIU School of Medicine (SOM) Center for Rural Health and Social Service Development (CHRSSD)	

		<p>closely with SIH and community partners on school health efforts, non-emergency medical transportation and much more.</p>
<p>Southern Illinois Healthcare/ SIH Medical Group</p>	<p>Amy Niemann – Employee Health, Wellness & Benefits System Manger, Human Resources</p>	<p>The staff of Southern Illinois Healthcare, a tax exempt health care system, is dedicated to promoting the health and well being of all of the people in the communities we serve. The SIH mission is guided by our values: compassion, collaboration, quality, stewardship, integrity, accountability and respect.</p>
	<p>Angie Bailey– Community Benefits Manager, Community Benefits</p>	<p>Over 3,000 employees, along with physicians and volunteers, work together to achieve the SIH mission and ensure that the health care needs of those served are met. This is made a reality by treating patients in SIH facilities, offering services in rural clinics, collaborating with some of America’s best hospitals and improving our communities through our charitable community benefits programs.</p>
	<p>Cathy Blythe – System Planning Manager, Corporate</p>	
	<p>Cherie Wright – School Health Coordinator, Community Benefits</p>	
	<p>Clarissa Felima - Graduate Assistant, Community Benefits</p>	
	<p>Dan Hyson - Graduate Assistant, Community Benefits</p>	
	<p>Dr. McClallen - Medical Director, SIH Southern Illinois Medical Services – Emergency</p>	
	<p>Jo Sanders – Health Ministry Coordinator, Community Benefits</p>	
	<p>Lisa Nation – Community Health Coordinator,</p>	

	Community Benefits	
	Shelly Pierce – Vice President, Patient Relations	
	Sue Nordstrom – Corporate Director, Case Management	
	Susan Morgan – Administrative Assistant, Community Affairs	
	Tina Bernstein – Quality Manager, Quality Improvement	
	Terence Farrell – Administrator, Herrin Hospital	
	Woody Thorne – Vice President, Community Affairs	

CHNA Implementation Plan Teams	
Cancer	
Angie Bailey – Community Benefits Manager	SIH Community Benefits
Caleb Nehring – Health Systems Manager, Primary Care	American Cancer Society
Diane Goffinet –Senior Supervisory Attorney	Land of Lincoln Legal Assistance Foundation, Inc.
Jackie Austin - Patient Financial Navigator	SIH Cancer Institute
Jo Sanders - Health Ministry Coordinator	SIH Community Benefits
Whitney Zahnd – Resource Development Coordinator	SIU School of Medicine, Center for Clinical Research
Woody Thorne – Vice President, Community Affairs	SIH Community Affairs
Cardiovascular Disease (diabetes and obesity)	
Amy Stout - Patient Education Coordinator, Certified Diabetes Educator	SIH Herrin Hospital
Angie Bailey - Community Benefits Manager	SIH Community Benefits
Cherie Wright - School Health Coordinator	SIH Community Benefits
Elva Liddell – PCMH Supervisor	SIH Medical Group
Greg Smith - SIH Stroke Coordinator	Southern Illinois Healthcare
Heather Fear – Program Coordinator	SIH MG New Life Weight Loss - Bariatrics

Lisa Nation – Community Health Coordinator	SIH Community Benefits
Michelle McLernon - Director of Health Education	Jackson County Health Department
Robin Koehl - Administrator	Franklin Williamson Bi-County Health Department
Tina Bernstein – Quality Manager	SIH Quality Improvement
Woody Thorne - Vice President of Community Affairs	SIH Community Affairs
<u>Mental Health</u>	
Angie Bailey - Community Benefits Manager	SIH Community Benefits
Christy Siemer - ED & Hospitalists Practice Manger	SIH MG
Jeff Franklin – Project Coordinator	SIU School of Medicine Center for Rural Health and SS Development
Lisa Nation - Community Health Coordinator	SIH Community Benefits
Matt German – Outreach Coordinator	Gateway Foundation
Michelle McLernon – Director of Health Education	Jackson County Health Department
Miriam Link-Mullison - Administrator	Jackson County Health Department
Richard (Rich) Scott – Assistant Director	SIUC Counseling Center
Shea Haury - Treatment Manager	Centerstone
Sister Rachel Castillo - Manager	SIH Spiritual Care
Verletta Saxon - Crisis Manager	Centerstone
Woody Thorne - Vice President, Community Affairs	SIH Community Affairs
<u>Additional Implementation Plan Reviewers</u>	
SIH Community Benefits Advisory Committee SIH Community Health Needs Assessment Advisory Team SIH Medical Group Physician Leadership Council SIH Senior Leadership	

Appendix 2

Implementation Plan

Building a Healthier Community Together

Herrin Hospital, Memorial Hospital of Carbondale, Herrin Hospital, St. Joseph Memorial Hospital - Southern Illinois Healthcare and our Community Partners

For Tax Years: 4/1/16 - 3/31/19

Organization Mission

Southern Illinois Healthcare (SIH) is dedicated to improving the health and well-being of all of the people in the communities we serve. SIH has a long legacy of caring for our community. SIH is a not-for-profit integrated health system whose commitment is demonstrated through caring for all regardless of ability to pay and through outreach and collaboration conducted through the Community Benefits Department.

This is the second SIH Community Health Needs Assessment, however, through the Community Benefits Department, SIH has partnered with many in the seven county service area to make improvements in health since 1995, while upholding our mission. SIH staff has partnered with local health departments in conducting IPLAN (Illinois Project for the Local Assessment of Needs) and developing their five year community health improvement plans since the 1990's. Staff have also worked together on the implementation of school health initiatives which currently impact over 20,000 students in the lower 15 counties of Illinois through the Illinois CATCH on to Health! Consortium, developed and sustained a health ministry program, assisted in the formation and on-going work of Healthy Communities Coalitions (since 2003) and the Healthy Southern Illinois Delta Network (Since 2008). Community Benefits has also worked with Land of Lincoln Legal Assistance Foundation since 2002 to establish the Medical Legal Partnership of Southern Illinois to provide free legal services to low-income patients.

Community Served

The SIH community can best be defined as the seven counties surrounding our three inpatient hospitals; Memorial Hospital of Carbondale (MHC), Herrin Hospital (HH) in Herrin, and St. Joseph Memorial Hospital (SJMHC) in Murphysboro, Illinois, and the SIH Medical Group. SIH's three hospitals are located within 19 miles of one another on or near the Route 13 corridor in Jackson and Williamson counties.

While each of the seven counties in the SIH service area is unique, they share similar challenges. SIH hospitals provide comprehensive health care to residents within its seven county primary service area. Greater than 92% of SIH inpatient visits and 95% of outpatient visits came from residents of these seven counties. Issues some residents in the area face are associated with high rates of poverty, low education attainment, and

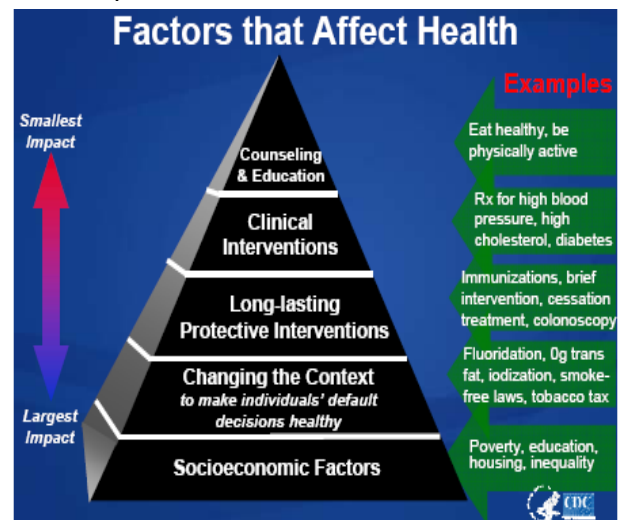
other social and economic determinants of health.

	Population	HS Graduation Rate	Students Eligible for Free Lunch Program	Live Below Poverty	Median Income
Franklin	39,411	87.1%%	58.3%	19.1%	\$36,273
Jackson	59,677	89.7%	56.5%	30.4%	\$33,479
Johnson	12,601	83.4%	48.9%	14.1%	\$40,760
Perry	21,672	84.5%	44.7%	18.4%	\$42,078
Saline	24,612	84.9%	58.8%	18.4%	\$37,800
Union	17,447	83.9%	55.7%	19.5%	\$41,848
Williamson	66,008	88.9%	52.1%	15.6%	\$43,125

Sources: 2014 Insurance Coverage Estimates 7-County Area, Insurance Coverage Estimated 1.1, 2014 The Nielsen Company, 2015 Truven Health Analytics Inc., 2015 Hospital Industry Data Institute and Strata DSS (10/1/2013 – 9/30/14), and U.S. Census Bureau, 2014. Census Redistricting data (Public Law 94-171), Summary File, Tables P1 and H1, US Census Bureau State and County QuickFacts 2014, American Community Survey, US Census.

Implementation Strategy Process

Three Implementation Plan Teams were developed in order to bring experts together with expertise and interest in each of the chosen priority areas. (See Appendix 1 for a list of the Implementation Plan Team members). The goals of the implementation teams were to identify key issues, prioritize needs, and develop measurable goals and objectives and research based implementation strategies focused on each of the priority areas; cancer, cardiovascular disease and its risk factors of diabetes and obesity, and mental health. Over the course of two meetings, each group discussed the related data, existing services, and gaps in care or services. This approach was consistent with the National Association of City and County Health Officials’ (2011) recommendation to align efforts, leverage resources, avoid duplication and increase efficiencies in addressing population



health issues. Potential goals and objectives and research based intervention strategies for communities and hospitals as related to “The Health Impact Pyramid” were discussed to assist in designing population health strategies. Intervention strategies were developed using “The Guide to Community Preventive Services” and the U.S. Preventive Services Task Force recommendations, as well as various additional best practices research. (See Appendix 2: Implementation Plan.)

(Source: Am J Public Health. 2010 April; 100(4): 590–595. A Framework for Public Health Action: The Health Impact Pyramid, [Thomas R. Frieden](#), MD, MPH.)

Prioritized List of Significant Health Issues Identified in the CHNA and How They Were Selected

Through facilitated discussions and prioritization processes over the course of two meetings, the thirty-four member CHNA Advisory Team reviewed and analyzed information from the SIH Community Health Profile, as well as various goals and plans, results of the community survey and input from meetings with physicians and other leaders within SIH. (See Appendices for additional information.) Community Benefits Department staff generated an initial topic list and facilitated nominal group process in which CHNA Advisory Team members were able to vote for the top three health issues that they thought should be included in the SIH CHNA. Prior to the final voting participants were also allowed to add issues if they believed something was missing that should be represented. Participants were instructed to select which they perceived to be the top three priorities using the following criteria:

- Overall impact – how much the issue affects health and quality life, or contributes to multiple health-related issues.
- Magnitude of the problem – how many lives are affected in our community, and how does our community compare to national benchmarks and goals.
- Severity – the degree to which the issue leads to pre-mature morbidity and mortality.
- Ability and interest of the community to effectively address the issue.

After much discussion and suggestions for combining and modifying topics, it was determined that members would vote on issues that had been placed in two categories; health issues and contributing factors. The contributing factors are issues that were included in the discussion, as applicable, as the plans were developed by the implementation teams. The final health issues that were prioritized were; Mental Health, Cancer, Diabetes, CVD, Stroke & Related Issues, Overweight/Obesity, Substance Abuse, COPD, and Oral/Dental Health. The contributing factors that were discussed included; Behavioral Risk Factors (Nutrition/Physical Activity/Tobacco, Social Determinants of Health, Access to Care for Vulnerable Populations (mental health/dental/substance abuse/health insurance), Emergency Department Utilization/Misuse, Chronic Disease Prevention/Management/Care Coordination, Pain Management Issues, Quality & Effectiveness of Care/Patient Safety/Quality, and Palliative Care Needs.

The final rankings of health issues made by the SIH CHNA Advisory Team are listed below.

Rank	Topic
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1	Mental Health
2	Cancer
3	Diabetes
4	CVD, Stroke & related Issues
5	Overweight/Obesity

Feedback on the selected issues was then gained from SIH’s Senior Leadership in September 2015. Based on the discussion of Senior Leadership and prioritizations of the SIH CHNA Advisory Team the priorities identified were; cancer, cardiovascular disease and its risk factors of diabetes and obesity, and mental health.

- Topic 1 - Cancer**
- Topic 2 – Cardiovascular disease and its risk factors of diabetes and obesity**
- Topic 3 – Mental health**

The priorities identified have been integrated into the Community Benefits strategic planning process to ensure that our programs and services closely match the priorities and needs of the community, and to strategically address those needs to improve the health of the communities we serve.

Significant Health Needs to be Addressed

Below are the significant health issues identified in the CHNA, as well as a description of the actions the hospitals intend to take and the anticipated impact of these actions, a list of resources the hospitals plan to commit to address the health needs and a list of planned collaboration between the hospitals and other facilities or organizations.

ISSUE: CANCER with a focus on breast, colorectal, and lung cancer

The Local Problem:

- Cancer was identified as one of the top three issues to address in our seven county service area.
- Cancer is the 2nd leading cause of death.
- 17% of deaths in our area were due to cancer.
- 26.8% of adults are smokers.
- 36.6% of women ages 40 and older had not received a mammogram within the last year.
- 35.5% of adults ages 50+ had not had a sigmoidoscopy or colonoscopy exam.

Data Sources:

IDPH, Causes of Death by Resident County, 2012

NIH, National Cancer Institute, State Cancer Profile, Age-Adjusted Incidents by Cancer Site 2007-2011.

Illinois County Behavioral Risk Factor Surveys, Fifth Round; 2010-2011; Illinois Department of Public Health.

Illinois Youth Survey, 2012-2014, University of Illinois Institute of Government and Public Affairs and Illinois Department of Human Services.

CHNA Objectives:

GOAL: Reduce the death rates for female breast cancer, colorectal cancer, and lung cancer, in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties. **(HP2020)**

By 2019, create a 5% change in the following:

- Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.** (Baseline: 53.9% of adults ages 50+ have had a sigmoidoscopy or colonoscopy exam within the past 3 years, Source: BRFSS, 2010-2011, IDPH)
- Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.** (Baseline: 63.4% of women ages 40 and older have received a mammogram within the last year, Source: BRFSS, 2010-2011, IDPH)
- Increase tobacco cessation counseling in health care and office-based ambulatory care settings.** (Baseline: 85% of patients 18 and older who were screened for tobacco use within 24 months and who received cessation counseling if identified as a tobacco user, Source: 2015 SIH Medical Group PQRS Measures 12/15 - Medicare Part B patients)
- Reduce the proportion of nonsmokers exposed to secondhand smoke.** (Baseline: # of sites that have gone smoke-free, to be determined)
- Reduce use of tobacco products by adolescents in the past month. ** (Baseline: Adolescent cigarette smoking in the past 30 days among 8th graders was 13% in 1 of the 7 SIH counties, Source: IYS, 2012-2014)

**Healthy People 2020 recommendation

Strategies to Address the Health Issue:

1. Provide cancer education and screening reminders through media, patient reminder systems, patient portal, churches, worksites, Faith Community Nurses, Congregational Health Connectors, and community events.
2. Utilize a patient reminder system and direct marketing to targeted individuals to encourage recommended cancer screenings.
3. Promote the Illinois Tobacco Quitline throughout the community, with worksites and healthcare providers and through promotion to targeted individuals.
4. Implement an evidence based tobacco prevention curriculum with 5th and 6th grade students.
5. Advocate for policies to reduce exposure to secondhand smoke in outdoor public spaces.

6. Increase colorectal cancer screening in southern Illinois through strengthened protocols for screening and follow-up.
7. Provide education and supportive resources to healthcare providers on lung, breast and colorectal cancer screening.
8. Increase the number of individuals receiving one-on-one counseling regarding the importance of cancer screenings and tobacco cessation.
9. Educate & inform healthcare providers and the community regarding lung cancer screening guidelines and encourage screening for those that qualify.
10. Continued promotion of Medical Legal Partnerships and Med Trans to reduce barriers to care.

Resources Potentially Available to Address the Health Issue:

Southern Illinois Healthcare will allocate Community Benefits staff time, as well as the time of additional staff within SIH to work on this health issue. Funding will be used for educational materials and resources, screening supplies, training and workshops, as well as advertising and various media efforts. SIH also anticipates funding outside agencies and organizations through grants in order to work on various cancer related efforts.

Potential and Planned Collaborations/Partners:

American Cancer Society
 Elementary and Middle Schools
 Faith Communities
 Faith Community Nurses
 Federally Qualified Health Centers
 Healthy Southern Illinois Delta Network and the Healthy Communities Coalitions
 Illinois CATCH on to Health Consortium
 Land of Lincoln Legal Assistance Foundation, Inc.
 Local Health Departments
 Med Trans
 Poshard Foundation
 Quality Health Partners/Physician Hospital Organization
 Regional Office of Education
 SIH Cancer Institute
 SIH Hospitals – Herrin Hospital, Memorial Hospital of Carbondale, and St. Joseph Memorial Hospital
 SIH Medical Group
 SIU School of Medicine
 SIU SOM Center for Rural Health and Social Service Development
 Southern Illinois University (SIU)
 Spiritual Homebound Visitors

ISSUE: CARDIOVASCULAR DISEASE AND ITS CONTRIBUTING RISK FACTORS OF DIABETES AND OBESITY

The Local Problem:

- Cardiovascular Disease including its risk factors of diabetes and obesity were identified as one of the top three issues to address in our seven county service area.
- Diseases of the heart are the leading cause of death. 41% of deaths in our area are due to diseases of the heart.

Of adults in our seven county service area:

- 67.6% are overweight or obese.
- 25.11% are living in areas designated as food deserts.
- Over 80% are not meeting recommended guidelines for daily fruit and vegetable intake.
- 19.6% reported not participating in any physical activity in the last 30 days.
- 26.8% are smokers.
- 7.8% are living with diabetes.
- Over 26% of Medicare patients ages 65+ are being treated for diabetes.

CHNA Objectives:

GOAL: Increase overall cardiovascular health among children and adults in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties. **(HP2020)**

By 2019, create a 5% change in the following:

- Increase the proportion of persons with diagnosed diabetes who receive diabetes education. ** (Baseline: Between December 2, 2014 and December 1, 2015, 482 referrals were made to the SIH Diabetes Program, Source: SIH Diabetes Program and in FY15, 114 individuals completed CDSMP/DSMP classes, Sources: SIH Diabetes Program (DN) and SIH Community Benefits (LN).
- Decrease the percent of youth and adults who are considered overweight and obese. ** (Baseline: 67.6% of adults 18 and older are overweight or obese, and low-income preschool obesity ranges from 7.9 – 20.7% in our 7 county SIH coverage area, Source: USDA, 2009-2011 and overweight and obesity rates range from 23% to 36% among 6th and 8th graders in our 7 county coverage area, Sources: BRFSS, 2010-2011, IDPH and IYS, 2012-2014)
- Increase the mean daily intake of total vegetables among youth and adults ** (Baseline: Over 80% of adults 18 and older are not meeting recommended guidelines for daily fruit and vegetable intake, Source: BRFSS, 2010-2011, IDPH)
- Increase the percentage of youth and adults who meet federal physical activity guidelines (Youth: 1 hour per day 5+ days a week/ Adults: 30 minutes a day 5+ days a week). ** (Baseline: 19.6% of adults 18 and older reported not participating in any physical activity in the last 30 days and between 4- 8% of 6th and 8th graders in our 7

county coverage area reported that they had zero days when they were physically active for a total of at least 60 minutes per day in the last seven days, Sources: BRFSS, 2010-2011, IDPH and IYS, 2012 – 2014).

- Reduce the proportion of nonsmokers exposed to secondhand smoke.** (Baseline: # of sites that have gone smoke-free, to be determined)
- Decrease the percentage of youth and adults using tobacco/ nicotine. (Baseline: 26.8% of adults 18 and older are smokers and adolescent cigarette smoking in the past 30 days among 8th graders was 13% in 1 of the 7 SIH counties, Source: IYS, 2012-2014)

**Healthy People 2020 recommendation

Data Sources:

IDPH, Causes of Death by Resident County, 2012

Illinois County Behavioral Risk Factor Surveys, Fifth Round; 2010-2011; Illinois Department of Public Health.

Centers for Medicare and Medicaid Services, www.cms.gov

Illinois County Behavioral Risk Factor Surveys, 2007-2009, Illinois Behavioral Risk Factor Surveillance Survey (mean daily intake related to fruits and vegetables).

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2012. Retrieved from Community Commons.

U.S. Department of Agriculture – Food Environment Atlas 2009-2011 (2008-2010 data).

Illinois Youth Survey, 2012-2014, University of Illinois Institute of Government and Public Affairs and Illinois Department of Human Services.

Strategies to Address the Health Issue:

1. Provide education focused on nutrition, physical activity, tobacco cessation, and secondhand smoke through media, patient portal, churches, worksites, Faith Community Nurses, Congregational Health Connectors, and community events.
2. Provide community based education throughout southern Illinois focused on diabetes, obesity prevention, and affordable, healthy meal preparation.
3. Conduct community screenings to identify those living with high blood pressure and diabetes.
4. Advocate for policy, system and environmental changes related to nutrition, physical activity, and tobacco in schools, worksites, churches, and the community.
5. Expand implementation of Coordinated School Health and CATCH (Coordinated Approach to Child Health) programs in pre-k, elementary schools, and middle schools and continue to provide training to ensure implementation and sustainability.
6. Increase awareness of the importance of physical activity, promotion of local physical activity opportunities and advocate to improve the built environment.
7. Promote the utilization of point of decision prompts in healthcare facilities, businesses, etc. at elevators encouraging the use of the stairs.
8. Increase access to healthy foods through farmers markets, corner stores, and improved vending.

9. Coordinate and assist in the implementation of chronic disease/diabetes self-management classes throughout southern Illinois for adults with diabetes and other chronic diseases.
10. Facilitate community education related to e-cigarettes, as new research becomes available.
11. Provide information to health care providers in order to increase knowledge and use of existing community resources including the Illinois Tobacco Quitline, 5210 childhood obesity toolkit, Diabetes Today Resource Guide, etc.
12. Explore options to increase universal evidence based screening, brief intervention and referrals for obesity, diabetes, nutrition, tobacco, and physical activity in primary care offices.
13. Encourage health care provider to provide prescriptions for healthy eating and physical activity to patients.
14. Increase access to nutrition education in healthcare provider offices.
15. Explore the development and implementation of an integrated, comprehensive care coordination program for diabetes prevention and control through the creation of a single point of entry and referral for those patients who are recently diagnosed with diabetes.
16. Begin to develop transition services for high risk diabetes patients being discharged from acute care into the community
17. Explore development of a Mobile Integrated Health program that allows EMS providers to provide assistance and outreach to those with chronic diseases.
18. Continued promotion of Medical Legal Partnership and Med Trans to reduce barriers to care.

Resources Potentially Available to Address the Health Issue:

Southern Illinois Healthcare will allocate Community Benefits staff time, as well as the time of additional staff within SIH to work on these health issues. Funding will be used for educational materials and resources, training and workshops, as well as media and outreach efforts. Signage, curriculum, physical activity equipment, and screening supplies may also be purchased. SIH also anticipates funding outside agencies and organizations through grants in order to work on various cardiovascular disease, diabetes and obesity related efforts.

Potential and Planned Collaborations/Partners:

- Diabetes Today Resource Teams
- Elementary and Middle Schools
- Faith Communities
- Faith Community Nurses
- Federally Qualified Health Centers
- Healthy Southern Illinois Delta Network and the Healthy Communities Coalitions
- Illinois CATCH on to Health Consortium
- John A. Logan College
- Local Health Departments

Park Districts
Quality Health Partners/Physician Hospital Organization
Regional Office of Education
SIH Congregational Health Connectors
SIH Hospitals – Herrin Hospital, Memorial Hospital of Carbondale, and St. Joseph
Memorial Hospital
SIH Medical Group
SIU School of Medicine
SIU SOM Center for Rural Health and Social Service Development
Southern Illinois University (SIU)
Spiritual Homebound Visitors
University of Illinois Extension
Various health and social service agencies including but not limited to; American
Heart Association, etc.

ISSUE: MENTAL HEALTH

The Local Problem:

- Mental Health was identified as one of the top three issues to address in our seven county service area.
- In all of our counties the age-adjusted suicide deaths per 100,000 were 15.02 which are higher than both the Healthy People 2020 goal of 10.2 per 100,000 and the state rate of 9.05.
- Nearly 42% of adults in our seven county service area reported that their mental health was not good on at least one day in the last month.
- The percentage of 8th grade students who felt sad or hopeless almost every day for two weeks or more in a row so that they stopped doing their usual activities in the past 12 months ranged between 26% and 34% in our seven county service area.

Data Sources:

Illinois County Behavioral Risk Factor Surveys, Fifth Round; 2010-2011; Illinois Department of Public Health.

CDC, National Vital Statistics System, CDC Wonder, Centers for Disease Control and Prevention, Wide-Ranging On-Line Data for Epidemiologic Research, 2007-2011.

Midas+ data, SIH hospitals, FY16.

Illinois Youth Survey, 2012-2014, University of Illinois Institute of Government and Public Affairs and Illinois Department of Human Services.

CHNA Objectives:

GOAL: Reduce the suicide rates in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties. **(HP2020)**

By 2019, create a 5% change in the following:

- Increase the proportion of primary care physician offices where youth 12 years and older as well as adults are screened for depression** (Baseline: # of offices providing depression screening, to be determined)
- Increase the proportion of primary care facilities that provide mental health treatment onsite or by referral** (Baseline: # of facilities currently providing MH treatment on-site or by referral, to be determined)
- Increase the proportion of children and adults with mental health problems/disorders who receive treatment** (Baseline: 1,205 unduplicated children and adults with a mental health diagnosis were being seen by Centerstone in February 2016.)

Strategies to Address the Health Issue:

1. Increase education among community members and partners regarding mental and behavioral health resources targeting school staff, churches, Faith Community Nurses, Spiritual Homebound Visitors, and Healthy Communities Coalitions.
2. Increase education among healthcare providers regarding mental and behavioral health resources available in the community by targeting healthcare providers, nursing students, Physician Assistant students, residents, SIH nurse residency program participants, SIH and SIH Medical Group staff.
3. Provide information to new physicians and raise awareness of current medical providers relative to mental health resources available in the community.
4. Promote mental health resources available in the community through the hospital vendor fairs, education and through printed materials.
5. Implement a media campaign to reduce stigma, increase awareness, and encourage treatment for mental and behavioral health issues.
6. Implement Adult and Youth Mental Health First Aid training in the community.
7. Implement Signs of Suicide (SOS) Curriculum in partnership with middle and high schools.
8. Advocate for adequate and appropriate mental health services and sustained funding to meet ongoing community needs.
9. Develop and implement a plan for meeting the mental health needs of SIH and SIH Medical Group's patients mental health needs through the optimization of existing community resources.
10. Collaborate to develop an effective referral system and processes between Emergency Departments/ Primary Care Providers and mental health providers for treating people with mental health issues in a timely manner.
11. Explore the development and implementation of a standard screening tool and a standard operating procedure by primary care providers to increase depression screenings and mental health referrals.
12. Coordinate training for healthcare providers on locally available mental health resources.
13. Utilize telemedicine to engage patients in mental health treatment services.

14. Continued promotion of Medical Legal Partnership and Med Trans to reduce barriers to care.
15. Align efforts with the “Community Behavioral Health Association” to address the prescription drug and heroin epidemic in Southern Illinois.

**Healthy People 2020 recommendation

Resources Potentially Available to Address the Health Issue:

Southern Illinois Healthcare will allocate Community Benefits staff time, as well as the time of additional staff within SIH to work on these health issues. Funding will be used for educational materials and resources, training and workshops, as well as media advertising and outreach efforts. Curriculum may also be purchased. SIH also anticipates funding outside agencies and organizations through grants in order to work on various mental health related efforts.

Potential and Planned Collaborations/Partners:

Community Behavioral Health Association
Elementary and Middle Schools
Faith Communities
Faith Community Nurses/ Parish Nurses
Federally Qualified Health Centers
Healthy Southern Illinois Delta Network and the Healthy Communities Coalitions
Illinois CATCH on to Health Consortium
John A. Logan College
Local Health Departments
Poshard Foundation
Quality Health Partners/ Physician Hospital Organization
Regional Office of Education
SIH Hospitals – Herrin Hospital, Memorial Hospital of Carbondale, and St. Joseph Memorial Hospital
SIH Medical Group
SIU School of Medicine
SIU SOM Center for Rural Health and Social Service Development
Southern Illinois University – Psychology, Social Work, Rehabilitation, Psychology, Clinic Center
Spiritual Homebound Visitors
Various health and social service agencies including but not limited to; Choate, Centerstone, Gateway, Veteran’s Administration

Significant Health Needs Not Addressed

Issues such as chronic obstructive pulmonary disease (COPD), oral/dental health are issues that were identified, but not chosen as issues to directly address at this time. Other groups and organizations, including SIH, are working to address them. For example, in order to address COPD, staff encourages patients to obtain smoking cessation assistance through the Illinois Tobacco Quitline. The SIH Cardio Pulmonary Rehabilitation program provides patients with rehab services and pulmonary function testing. A transitions program is also offered for those

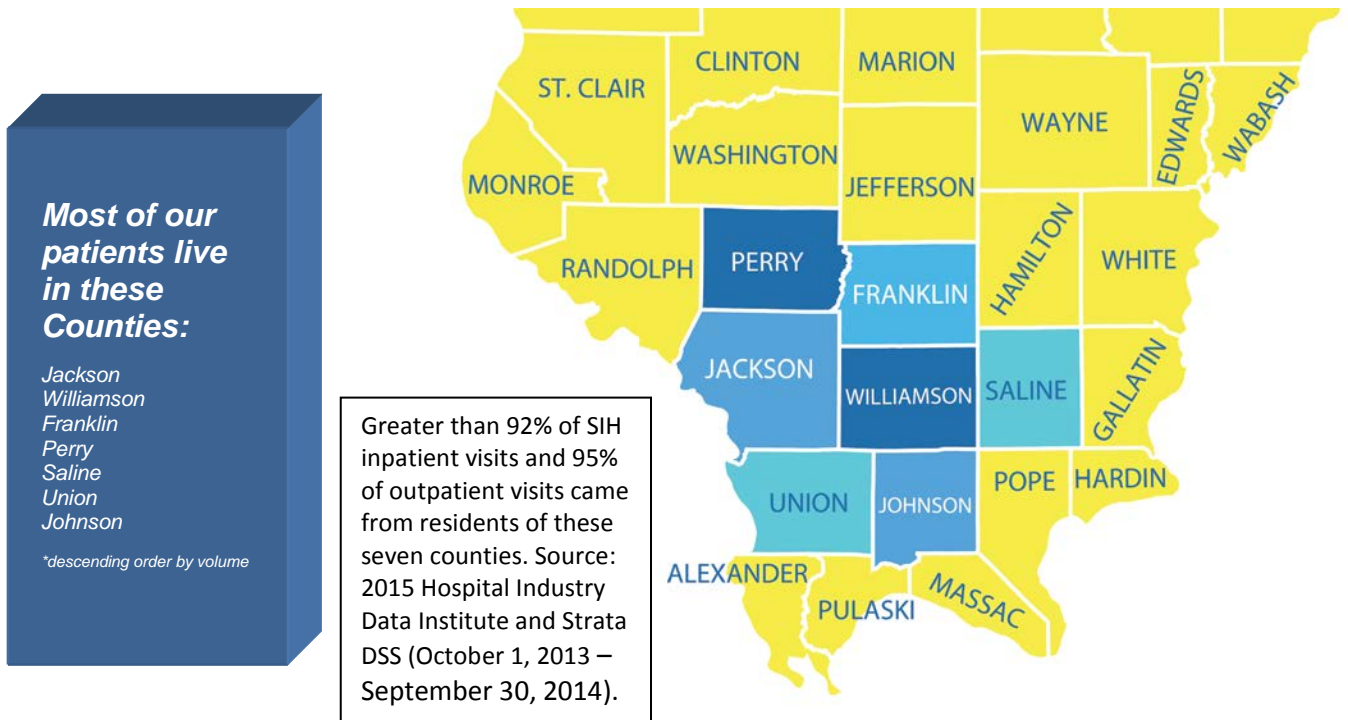
patients who are discharged from the hospital. The patients receive phone calls for two weeks post discharge to see if they are experiencing any symptoms that need intervention. Lastly, SIH staff use the EMMI system to e-mail patients educational information. Oral/ dental health efforts are also in place through the Federally Qualified Health Center's (FQHC's) to accept low-income patients who present to the hospitals with dental issues. Appointments are held at the FQHC's to take these patients who need emergency dental care. SIH has also assisted by providing funds to an FQHC to hire a pediatric dentist to serve children in southern Illinois. Through these continued collaborations, SIH and our partners are working to address these health issues. Staff of SIH also continues to work to address the social determinants of health and access to care for vulnerable populations through programs such as our Medical Legal Partnership which works to provide legal assistance for patients who are facing barriers due to health-harming social conditions such as low income, poor housing, unemployment, exposure to violence and much more. Lastly, a collaboration is in place with Shawnee Alliance for Seniors (SAS) in order to provide one-on-one consultations and assistance to seniors and people with disabilities. The SAS staff are available at two of our hospitals as well as an outreach site (Aging and Disability Resource Center) to provide assistance to older adults and those with disabilities in obtaining health insurance and other needed services such as in-home care, transportation, and much more.

March 24, 2016 - Date adopted by authorized body of the hospital (Southern Illinois Healthcare Board of Trustees)

Defining the Community:

Southern Illinois Healthcare (SIH) Primary Service Area

The SIH community can best be defined as the seven counties surrounding our three hospitals; St. Joseph Hospital in Murphysboro, Memorial Hospital of Carbondale, and Herrin Hospital. These hospitals are located in Jackson and Williamson Counties of Illinois.



Demographics of the Community Served

Rural profile

The community served by SIH includes many rural areas largely separated by the Shawnee National Forrest and farmland. While formerly dispersed, the region is becoming more centralized around the “Route 13 Corridor.”

Geography Quick Facts	Illinois	Jackson	Franklin	Williamson	Perry	Johnson	Union	Saline
Land area in square miles, 2010	55,518.93	584.08	408.89	420.15	441.76	343.92	413.46	379.82
Persons per square mile, 2010	231.1	103.1	96.8	157.9	50.6	36.6	43.1	65.6

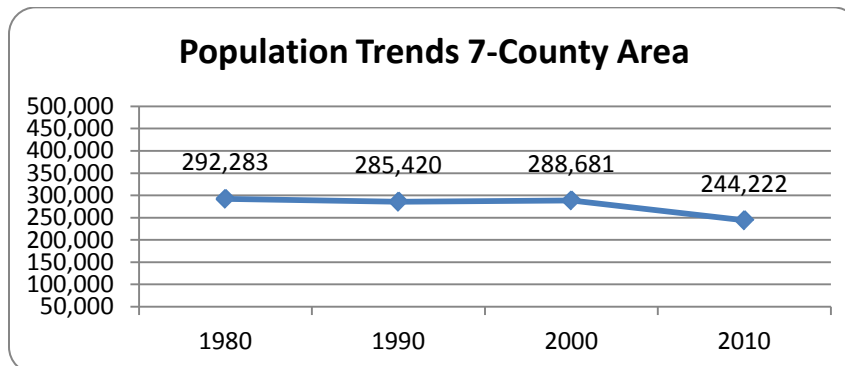
Source: US Census Bureau State & County QuickFacts 2010, Last revised 3/31/15 by US census

Economy

The local economy is heavily dependent on educational services, health care and social assistance. Major employers (500+ employees) in the area include: Southern Illinois Healthcare, Centerstone, Southern Illinois University Carbondale, John A. Logan College, Center for Medical Arts, AISIN Manufacturing, Inc., Blue Cross Blue Shield, Primex Corporation, Heartland Regional Medical Center, Veteran’s Administration, COM-PAC International, Center for Comprehensive Services, Bombadier of America , Pepsi Mid-America, and state and county governments.

Population

Memorial Hospital of Carbondale and Herrin Hospital are situated in the most densely populated area in Southern Illinois. The Carbondale-Marion-Herrin Illinois combined Statistical Area, a two county stretch, is home to approximately 125,000 residents. With the addition of the communities served primarily by St. Joseph Memorial Hospital in Murphysboro, the seven counties included in the overall SIH primary service area are Jackson, Franklin, Williamson, Perry, Johnson, Union, and Saline. These seven counties are home to an estimated 244,222 people. Collectively the region experienced a moderate decrease in total population between 2000 and 2010.



Source: U.S. Census Bureau, 2010 Census. Last revised 3/31/15 by US census

The majority of southern Illinois counties have continued to experience a slight population decline in the last four years, as well.

2014 Census Population Compared to 2010: Illinois Counties				
<u>Location</u>	2010 Census¹ Total Population	2014 Census Total Population	2010-2014 Change	2010-2014 % Change
Illinois	12,831,587	12,880,580	48,993	0.4
Franklin	39,989	39,411	-578	-1.4
Jackson	60,218	59,677	-541	-0.9
Johnson	12,582	12,601	19	0.2
Perry	22,350	21,672	-678	-3.0
Saline	24,913	24,612	-301	-1.2
Union	17,808	17,447	-361	-2.0
Williamson	66,362	66,008	-354	1.0
Total	244,222	241,428	-2,794	-1.1

Source: U.S. Census Bureau, 2014 Census. 2014 Census Redistricting Data (Public Law 94-171) Summary File, Tables P1 and H1, Last revised 3/31/15 by US Census

Age profile

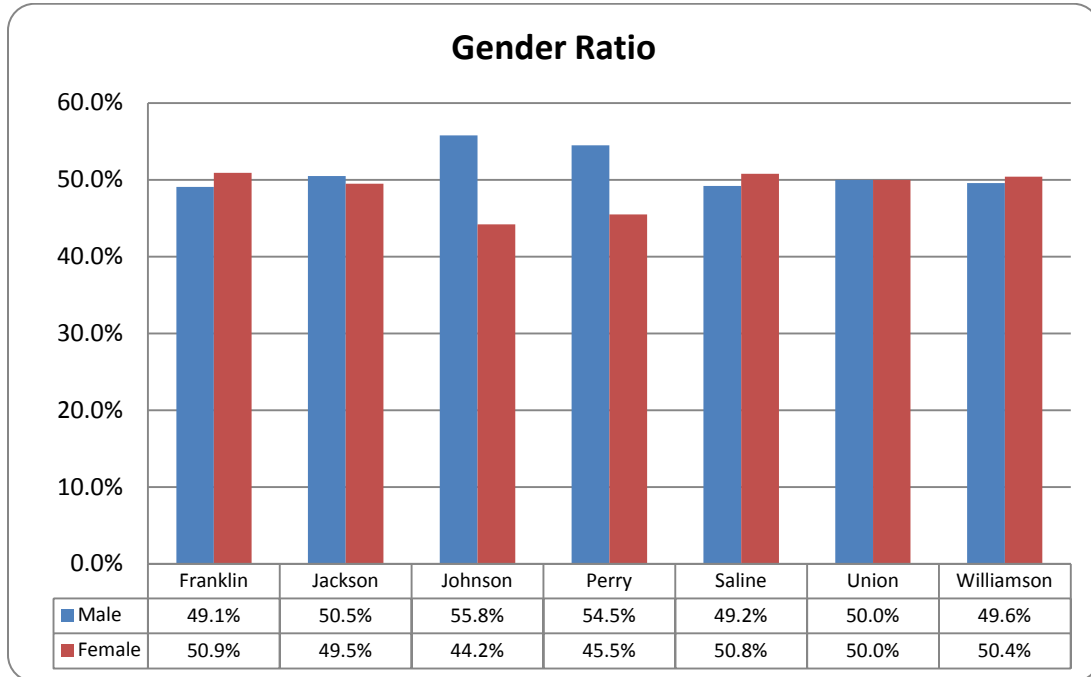
The median age in Illinois (2013) was 36.6 years of age and the U.S. as a whole was 37.2. The average percentage of population age 65+ in Illinois overall is 13.2%. With the exception of Jackson county, these Southern Illinois counties have a higher percentage of adults age 65 years and older than the state average. Having a larger percentage of older adults has implications for service delivery and demand for health care services.

Age Profile	Illinois	Franklin	Jackson	Johnson	Perry	Saline	Union	Williamson
Median age (years)	36.6	41.8	29.1	42.2	39.4	41.7	42.9	40.1
% Under age 5	6.4%	6.0%	5.1%	4.8%	4.9%	6.1%	5.2%	5.7%
% Under age 18	23.8%	22.8%	17.8%	18.7%	20.2%	22.8%	21.2%	21.8%
% Age 65+	13.2%	18.7%	12.1%	18.4%	16.3%	18.8%	19.0%	17.1%

Source: U.S. Census Bureau, 2010 Census; People QuickFacts, Last revised 3/31/15 by US Census

Gender Ratio

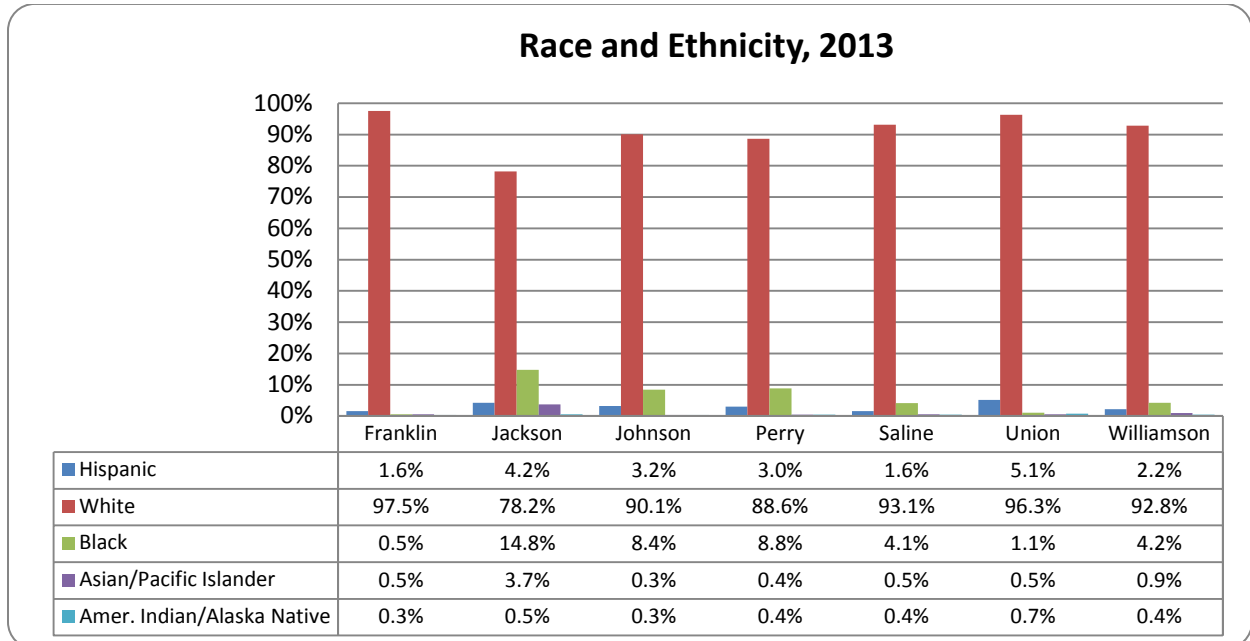
The following chart includes the gender ratio for each of the seven counties in the SIH primary service area. Johnson and Perry counties have a higher proportion of male residents. The remaining counties are fairly equally distributed.



Source: U.S. Census Bureau, 2013 Census; People QuickFacts, Last revised 3/31/15 by US census

Racial and Ethnic Composition

The following table provides race/ethnicity demographics from the US Census Quick Facts from 2013 for the counties of Franklin, Jackson, Johnson, Perry, Saline, Union, and Williamson in Illinois. The area is predominantly White. Jackson County has a higher percentage of Black and Asian/Pacific Islanders residents than the other counties.



Source: U.S. Census Bureau, 2013 Census; People QuickFacts, Last revised 3/31/15 by US Census

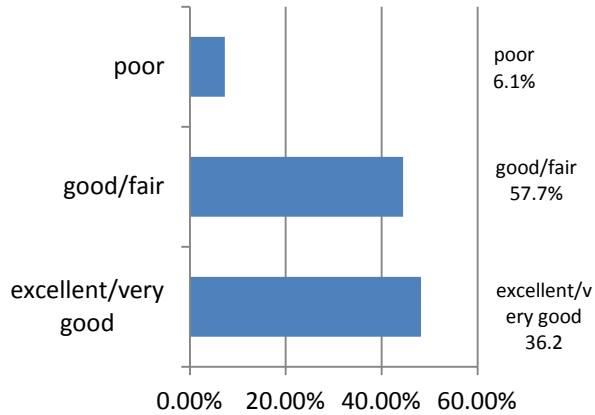
***Does not include persons reporting more than one race.**

***Hispanics may be of any race, so also are included in applicable race categories.**

Health Status

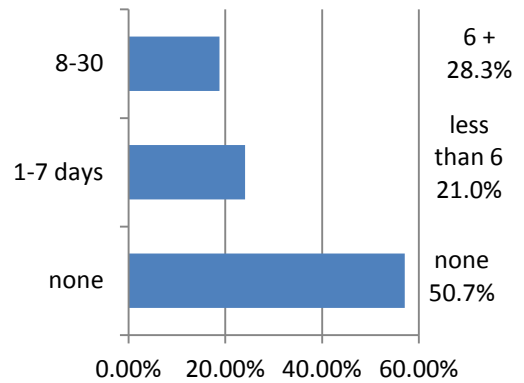
Health status is an important indicator of quality of life and a factor that drives the demand for health care services. Most of the residents in the seven-county service area consider their general health to be excellent/very good or good/fair. Over half say they have had no days in the last year when their physical health was not good.

GENERAL HEALTH STATUS



Source: Illinois BRFSS, 2010-2011

PHYSICAL HEALTH NOT GOOD IN LAST 30 DAYS



Source: Illinois BRFSS, 2010-2011

How is your general health?

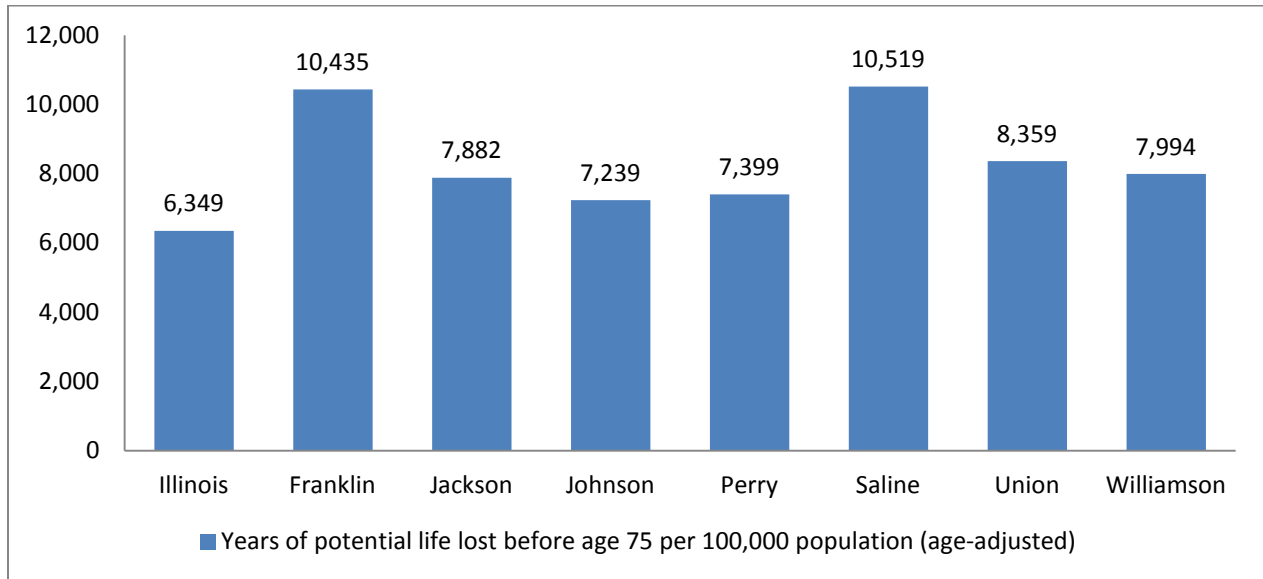
Location	Excellent/Very good	Good/Fair	Poor
Nationwide (States & DC)	52.2%	43.2%	4.4
Illinois	49.9%	46.2%	4.0
7-County Service Area	57.7%	36.2%	6.1%

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Round; 2010-2011; Illinois Department of Public Health and CDC BRFSS 2013, <http://apps.nccd.cdc.gov/brfss/display.asp?cat=HS&yr=2013&qkey=8001&state=UB>

Life Expectancy

Years of Potential Life Lost (YPLL) is one measure to estimate premature death. YPLL calculates the difference between the current life expectancy age (75 years old) and the age at time of death for those who died prior to reaching that age.

Years of potential life lost before age 75 per 100,000 population (age-adjusted) focused on premature mortality rather than overall mortality drawing attention to deaths that could have been prevented. Examining YPLL and underlying causes for the community, helps target resources toward strategies that will extend years of life.

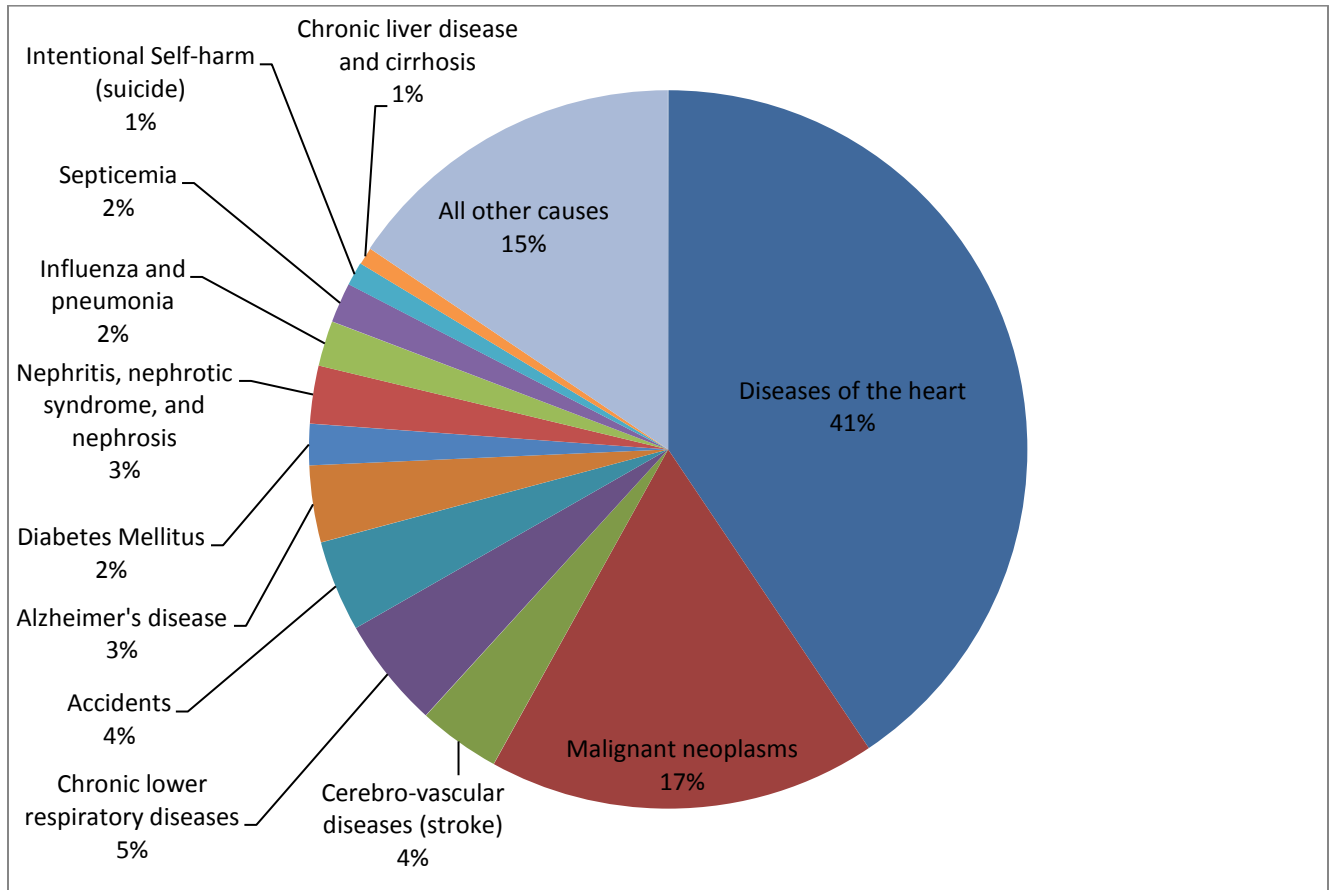


Source: Illinois county health rankings, 2015 <http://www.countyhealthrankings.org/>, retrieved March 30, 2015

Leading causes of death

Examining disease indicators for the community shows that in general, the leading causes of death are consistent with both Illinois and national trends.

It is clear that many of the leading causes of death can be attributed to a core group of preventable causes including: Alcohol, tobacco, and other drug use, physical inactivity, poor nutrition, environmental influences, preventable injuries, and mental health.



Source: Causes of Death by Resident County, 2012. <http://www.dph.illinois.gov/sites/default/files/publications/causes-death-resident-county.pdf> Retrieved June 17, 2015.

Health Outcomes (Mortality Rates)

The mortality, or death rate, due to disease of the heart are the number one cause of death in the SIH service area. The rates are often higher than the state of Illinois.

Diseases of the heart

Mortality rates 2011

Comparison, US 184.5/100,000

Location	Count	Age-adjusted Rate*
Illinois	25,354	186.84
Franklin	102	180.64
Jackson	112	189.91
Johnson	26	170.36
Perry	56	190.03
Saline	86	240.97
Union	50	201.5
Williamson	178	210.35

Cerebrovascular diseases

Mortality rates 2011

Comparison, US 43.2/100,000

Location	Count	Age-adjusted Rate*
Illinois	5,851	39.7
Franklin	24	43.06
Jackson	25	41.79
Johnson	5	36.22
Perry	13	45.48
Saline	23	63.71
Union	12	48.68
Williamson	41	47.82

Source: Community Commons; <http://www.communitycommons.org/maps-data/>

* Age-adjusted rates per 100,000 U.S. standard population (based on the 2000 census estimated as of July 1, 2008)

Cancer is the second leading cause of death in the seven county area served by SIH. The incidence rates in Southern Illinois are often higher than the rest of Illinois.

Location	Lung & Bronchus	Breast Cancer	Colorectal Cancer	All Cancer
Age-Adjusted Incidence Rates by Cancer Site 2007-2011 (cases/100,000 population)				
Franklin	114.4	121.7	49.3	522.5
Jackson	68.3	114.8	53.7	474.8
Perry	78.0	131.3	51.1	500.4
Williamson	91.7	122.0	53.9	498.6
Johnson	87.4	108.8	50.9	497.1
Union	89.3	120.9	42.6	486.9
Saline	95.5	122.2	66.5	511.5
Illinois	70.6	127.4	48.6	484.1

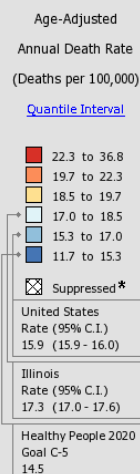
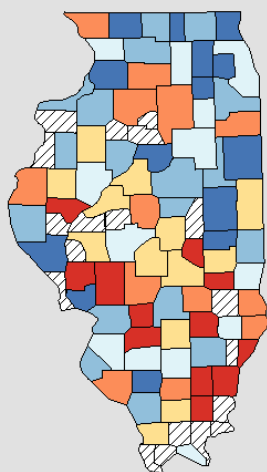
Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. Retrieved from community commons March 30, 2015

Age-Adjusted Annual Death Rate due to Colorectal Cancer (CRC), 2007-2011

Comparison: U.S. Counties

Location	Status	deaths/100,000 population
US	--	15.9
Illinois	--	17.3
Franklin	falling ↓	20.3
Jackson	falling ↓	16.4
Johnson	**	3 or fewer
Perry	falling ↓	15.2
Saline	stable →	25.9
Union	stable →	18.8
Williamson	falling ↓	19.3

Age-Adjusted Death Rates for Illinois, 2007 - 2011
Colon & Rectum
All Races (includes Hispanic), Both Sexes



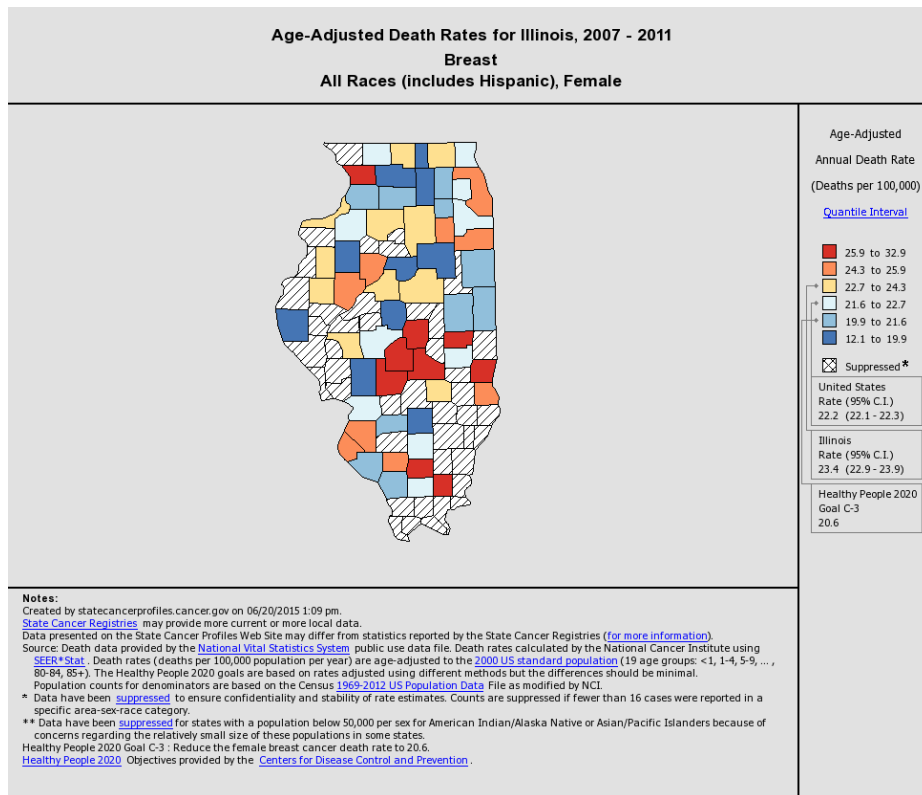
Notes:
 Created by statecancerprofiles.cancer.gov on 06/20/2015 1:04 pm.
[State Cancer Registries](#) may provide more current or more local data.
 Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).
 Source: Death data provided by the [National Vital Statistics System](#) public use data file. Death rates calculated by the National Cancer Institute using [SEER*Stat](#). Death rates (deaths per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). The Healthy People 2020 goals are based on rates adjusted using different methods but the differences should be minimal.
 Population counts for denominators are based on the [Census 1969-2012 US Population Data](#) File as modified by NCI.
 * Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 cases were reported in a specific area-sex-race category.
 ** Data have been [suppressed](#) for states with a population below 50,000 per sex for American Indian/Alaska Native or Asian/Pacific Islanders because of concerns regarding the relatively small size of these populations in some states.
 Healthy People 2020 Goal C-5: Reduce the colorectal cancer death rate to 14.5.
[Healthy People 2020](#) Objectives provided by the [Centers for Disease Control and Prevention](#).

Source: National Cancer Institute, 2007-2011, <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>, Retrieved on April 20, 2015

Age-Adjusted Annual Death Rate due to Breast Cancer, 2007-2011

Comparison: U.S. Counties

Location	Status	deaths/100,000 females
US	--	22.2
Illinois	--	23.4
Franklin	stable →	32.9
Jackson	stable →	21.3
Johnson	**	* 3 or fewer
Perry	**	25.0
Saline	stable →	27.4
Union	**	*3 or fewer
Williamson	falling ↓	22.6



Source: National Cancer Institute, 2007-2011, <http://statecancerprofiles.cancer.gov/deathrates/deathrates.html>, Retrieved on April 20, 2015

Diabetes is a contributing factor for cardiovascular disease; therefore it is not often reported as a cause of death. The age-adjusted diabetes related mortality is higher in the area than the rest of the state for those counties where data is available.

Diabetes-

Related Mortality 2011

Comparison, US 21.8/100,000

Location	Count	Age-adjusted Rate*
Illinois	2,850	19
Franklin	30	55.5
Jackson	16	30.1
Johnson	***	***
Perry	***	***
Saline	***	***
Union	***	***
Williamson	16	20.1

Source: Community Commons; <http://www.communitycommons.org/maps-data/>

* Age-adjusted rates per 100,000 U.S. standard population (based on the 2000 census estimated as of July 1, 2008)

*** Rate is suppressed due to a small numerator and to ensure confidentiality and meaningful data.

The age-adjusted rate of influenza and pneumonia is also higher for those counties for which data is available as compared to the state rate.

Influenza and pneumonia 2007

Comparison, US 16.9/100,000

Location	Count	Age-adjusted Rate*
Illinois	2,549	17.3
Franklin	12	21.9
Jackson	***	***
Johnson	***	***
Perry	***	***
Saline	13	34.1
Union	***	***
Williamson	20	24.6

Source: Community Commons; <http://www.communitycommons.org/maps-data/>

* Age-adjusted rates per 100,000 U.S. standard population (based on the 2000 census estimated as of July 1, 2008)

*** Rate is suppressed due to a small numerator and to ensure confidentiality and meaningful data.

Hospital Visits (Inpatient and to Emergency Department)

The following table provides data regarding inpatient volumes and emergency department visits to the three SIH hospitals. The top three reasons for inpatient visits are OB/Delivery/Newborn/Neonatology, Pulmonary, and Cardiology related. Data was also examined regarding the reasons people visited the hospitals five or more times in a one month period between January and June of 2015. The top three diagnoses for multiple visits in one month were abdominal pain, chronic pain, and headache, which could be treated in primary care offices and outpatient clinics rather than the Emergency Department.

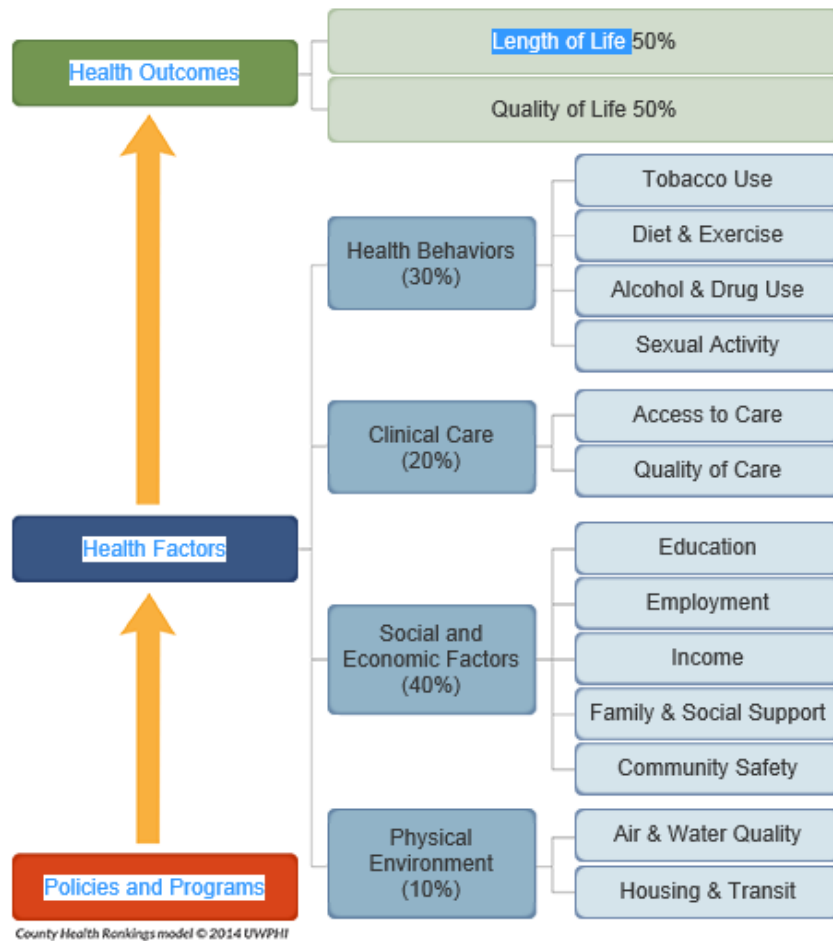
Inpatient Volumes (3 hospitals in FY15)	Emergency Department (5+ visits to ED in one month – Jan – June 2015)
1. OB/Delivery/Newborn/Neonatology	1. Abdominal pain
2. Pulmonary	2. Chronic pain
3. Cardiology/Electrophysiology, Open Heart	3. Headache
4. Gastroenterology	4. HB-SS disease with Crisis*
5. General Surgery	5. Migraine
6. Neurology	6. Alcohol abuse/dependency
7. Nephrology	7. Contusion
8. Rehab	8. Dental Caries/Disorder NOS
9. Endocrine	9. Sickle cell disease *
10. General Medicine	10. Crohn’s disease (regional enteritis)
	*2 patients account for all visits.
	34 patients total

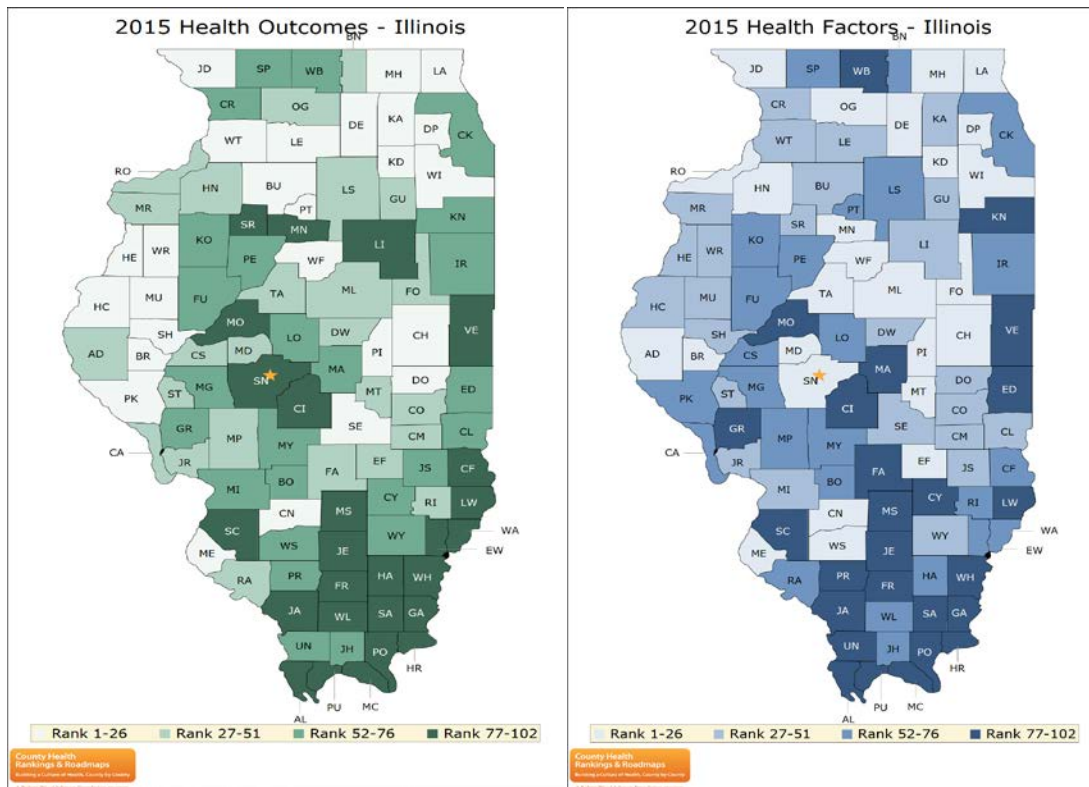
Source: Stratajazz, retrieved June 2015 by Wyatt, J. and Meditech, retrieved July 2015 by Ryan, L.

County Health Rankings

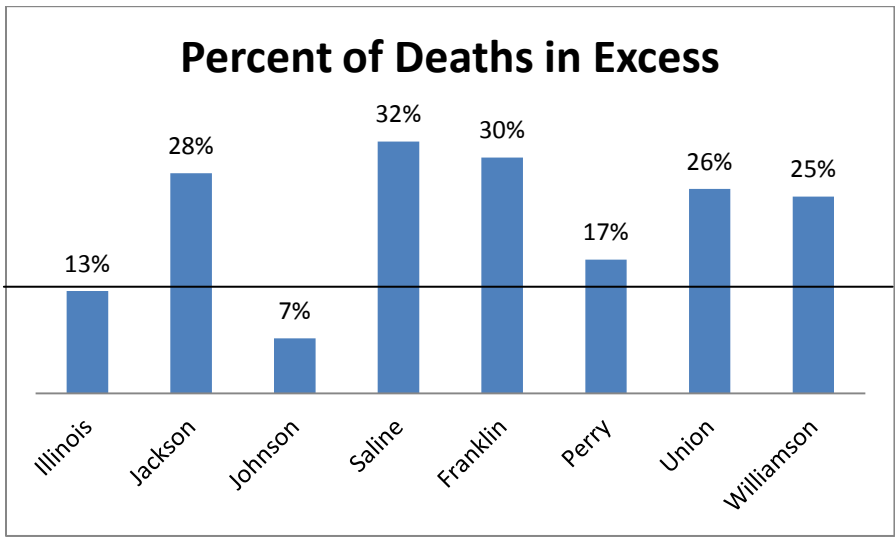
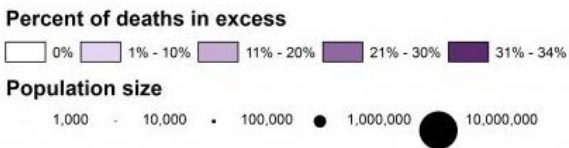
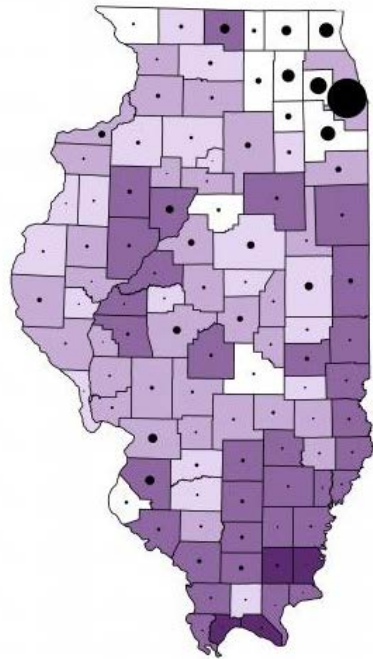
The *University of Wisconsin Population Health Institute's County Health Rankings* are based on a model of population health management that looks at health outcomes, health factors, and policies and programs, that if improved, can help make communities healthier places to live, work, play and learn.

The 2015 County Health Rankings show the counties served by Southern Illinois Healthcare continue to be those most at risk for poor health. Those living in the seven counties experience increased incidence of premature death, obesity, lack of physical inactivity, increased hospital stays, high numbers of children in poverty, lack of education and many other negative health outcomes and factors, as compared to the state. Most of the counties served rank in the bottom quarter of the state in regards to health as compared to the 102 counties in Illinois.





A 2015 Illinois State Health Gaps Report by the University of Wisconsin Population Health Institute found that the southern Illinois counties also have high percentages of premature deaths in excess. Without equal opportunities to be their healthiest, residents in one county are more likely to die prematurely or not be as healthy as residents in another Illinois county. Excess deaths were estimated using two measures: population size and the difference in premature mortality risk between the county’s age-adjusted mortality rate and the rate for the top performing 10% of counties within each state or region (for states with fewer, less populated counties). Premature deaths were considered those that occurred before the age of 75.



Source: University of Wisconsin Population Health Institute, School of Medicine and Public Health, 2015 County Health

Rankings. <http://www.countyhealthrankings.org/app/illinois/2015/overview>

(See Appendix 4 for additional County Health Rankings data).

Healthy People 2020 Leading Health Indicators

HealthyPeople.gov



The Healthy People 2020 Leading Health Indicators (LHIs) are a select subset of 26 Healthy People 2020 objectives, broken into 12 categories, chosen to communicate high-priority health issues. For the 2015 CHNA the LHI framework was chosen to organize the local data. The 12 categories are; Access to Health Services, Clinical Preventative Services, Environmental Quality, Injury and Violence, Maternal, Infant and Child Health, Mental Health, Nutrition, Physical Activity, and Obesity, Oral Health, Reproductive and Sexual Health, Social Determinants, Substance Abuse, and Tobacco.

The Healthy People 2020 LHIs were selected and organized using a Health Determinants and Health Outcomes by Life Stages conceptual framework.

- **Determinants of Health and Health Disparities**

Biological, social, economic, and environmental factors—and their interrelationships—influence the ability of individuals and communities to make progress on these indicators. Addressing these determinants is key to improving population health, eliminating health disparities, and meeting the overarching goals of Healthy People 2020.

- **Health Across the Life Stages**

Using a life stages perspective recognizes that specific risk factors and determinants of health vary across the life span. Health and disease result from the accumulation (over time) of the effects of risk factors and determinants. Intervening at specific points in the life course can help reduce risk factors and promote health. The life stages perspective addresses one of the four overarching goals of Healthy People 2020: “Promote quality life, healthy development, and health behaviors across all life stages.”

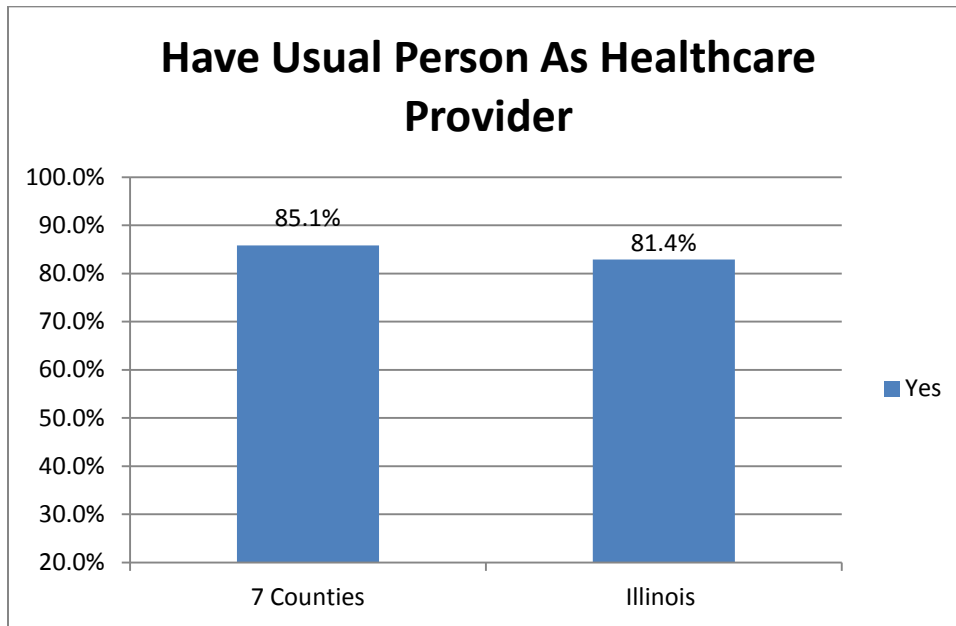
Data collected through the development of the SIH Community Health Needs Assessment has been organized in this manner in order to help us better analyze the data and highlight strategic opportunities and to draw attention to both individual and societal determinants that affect the health of residents in the SIH seven county service area.



Access to Health Services

Adults with a Usual Source of Health Care

Individuals who have a usual source of care are more likely to visit a doctor's office or clinic instead of an ED or hospital outpatient clinic. Improvements are noted in the percentage of county residents who have a usual person as a healthcare provider.

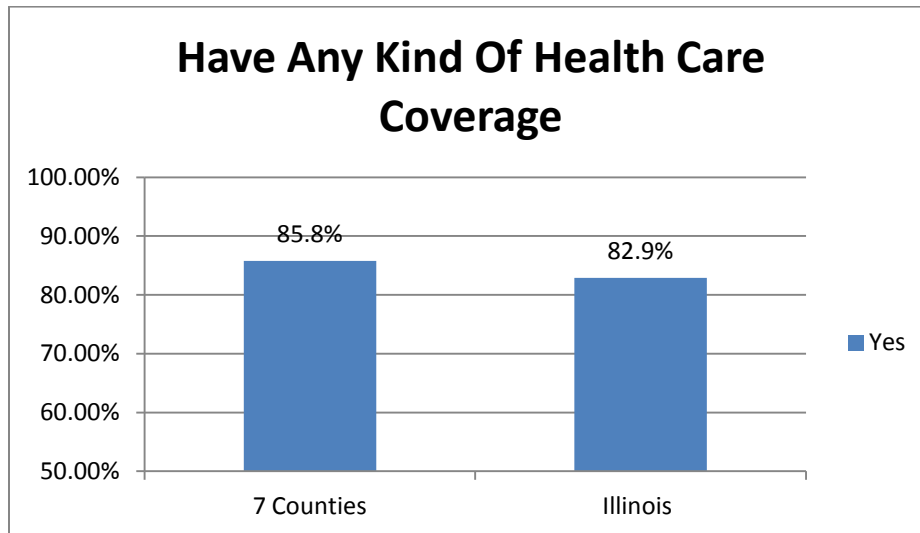


US 2011 – 77.3%, HP2020 Target: 83.9%. Illinois data is from 2011.

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010--2011; Illinois Department of Public Health, and HP2020 Leading Health Indicators: Progress Update, http://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_0.pdf

Insurance

Having health care coverage is related to improved health outcomes. The self-reported rates of those with any kind of health care coverage is also better than the state and US rate.

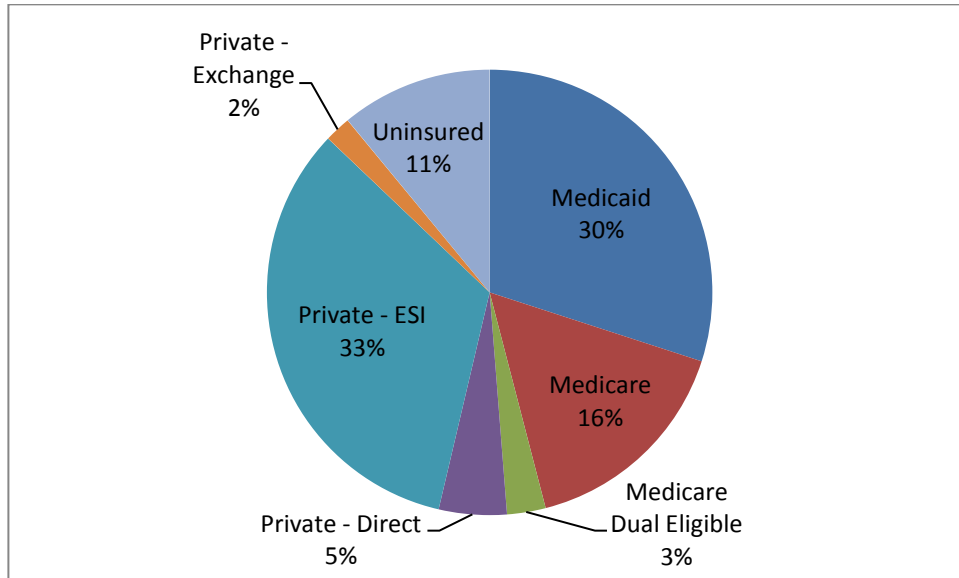


US 2012 83.1% (persons greater than age 65), HP2020 Target: 100%. Illinois data is from 2011.

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010-2011; Illinois Department of Public Health and HP2020 Leading Health Indicators: Progress Update, http://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_0.pdf

SIH Coverage Estimates

In 2014, 30% of patients in the SIH service area were insured by Medicaid, 16% by Medicare, 3% were dual-eligible, 5% had private-direct insurance, 33% were private-employer self-insured, and 11% were uninsured.



Source: © 2014 The Nielsen Company, © 2015 Truven Health Analytics Inc.

Financial

Even when health care providers are available, financial barriers to care are present. Many people in the community put off medical care or prescription drugs due to cost, have skipped doses or taken smaller amounts of medication than prescribed in order to make the supply last longer. This can indicate a lack of insurance, under-insurance and poverty.

Percent of Total	12 Month: Did Not See Physician Due to Cost
7 Counties	14.7%
Illinois	15.2%

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010-2011; Illinois Department of Public Health

High Need Areas/Disparities

The Community Need Index (CNI), developed by Dignity Health, incorporates five socio-economic barriers that provide a way to quantify health care access and highlight the severity of health disparity at the neighborhood level. These five barriers are income, culture/language, education, housing status, and insurance coverage. There is a high correlation between high CNI scores and high hospital utilization. Scores range between 1 (low need) and 5 (high need). This information allows SIH to better focus resources and advocacy where they are most needed and can be most effective.

County	CHI Score Median
Franklin	3.2
Jackson	3.0
Johnson	2.2
Perry	3.4
Saline	2.7
Union	3.1
Williamson	3.2

Source: Community Need Index, Dignity Health, <http://cni.chw-interactive.org/>

Towns with Highest CNI Score in the 7 County Coverage Area

Town	CHI Score
Carbondale-62901	4.4
Carbondale-62902	4.0
Carbondale-62903	4.0
Desoto	3.6
DuQuoin	3.6
Grantsburg	3.6
Harrisburg	3.8
Murphysboro	3.6
Pinckneyville	3.6
Royalton	3.6

Source: Community Need Index, Dignity Health, <http://cni.chw-interactive.org/>

Medically Underserved

Medically underserved areas (MUAs) are designed by US Department of Health and Human Services - Health Resources and Services Administration (HRSA). MUAs

Location	MUA Population Designated	Score	ID #
Franklin	County	55.6	00805
Jackson	County	45.7	00808
Johnson	County	57.0	00810
Perry	Beaucoup Precinct	61.1	05001
	Cutler Precinct	51.7	05002
Saline	Low Income	56.6	07098
Union	County	58.2	00819
Williamson	Blairsville/Carterville Service Area	60.9	00865
	Corinth/Creal Springs/East Marion/Lake Creek Precinct	59.0	00866

indicate areas having too few primary care providers, high infant mortality, high poverty and/or high elderly population. All seven counties in the SIH primary service area are in medically underserved areas.

Note: The IMU scale is from 0 to 100, where 0 represents completely underserved and 100 represents best served or least underserved. Under the established criteria, each service area found to have an IMU of 62.0 or less qualifies for designation as an MUA. Source: <http://muafind.hrsa.gov/>

Health Professional Shortage Area

Health Professional Shortage Areas (HPSAs) are designated at the federal level by the Health Resources and Service Administration (HRSA). This means there is a known shortage of primary medical care, dental or mental health providers. There may also be geographic (a county or specific service area), demographic (such as low-income population), or a shortage of public health facilities (institutional shortage) such as a comprehensive health center, federally qualified health center or other public facility. HRSA has designated the entire counties of Franklin, Johnson and Perry as shortage areas. Most counties have also received the designation of being a Health Professional Shortage Area.

HPSA	Shortage Areas			Federal Designation			
	Entire County		Service Area	Entire County			Score
	Yes	No		Yes	No	Service Area	
Franklin	X			X		Low income	18
Jackson		X	Medically Indigent		X	Low income	11
Johnson	X			X			15
Perry	X			X		Low income	15
Saline		X		X		Low income	15
Union		X		X		Low income	10
Williamson		X		X		Low income	12

Source: <http://muafind.hrsa.gov/>; U.S. Department of Health and Human Services, Health Resources and Services Administration, Shortage Designation Retrieved March 30, 2015 Branch

County	Healthcare Provider Shortage Area (HPSA)		
	Primary Medical Care	Dental	Mental Health
	Yes	Yes	Yes
Franklin	X – Low income (18)	X – Medicaid eligible (15)	X (15)
Jackson	X – low income (14)	X – low income (8)	X (17)
Johnson	X (14)	X – low income (17)	X (17)
Perry	X – low income (13)	X – low income (17)	X (17)
Saline	X – low income (16)	X – Medicaid eligible (13)	X (15)
Union	X – low income (15)	X – low income (17)	X (17)
Williamson	X – low income (17)	X – Medicaid eligible (15)	X (15)

Note: HPSA Scores are developed for use by the National Health Service Corps in determining priorities for assignment of clinicians. Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental. The higher the score, the greater the priority.

Source: <http://muafind.hrsa.gov/>; U.S. Department of Health and Human Services, Health Resources and Services Administration, Shortage Designation Retrieved March 30, 2015 Branch

Primary Care

Access to quality primary health care is integral for prevention, screening, early diagnosis and treatment of medical conditions. Health insurance, household income level, having a usual source of primary care (a medical home), and use of emergency rooms for ambulatory care sensitive conditions are predictors of access to quality health care.

As a designated medically underserved/health service provider shortage area, there is a known shortage of primary medical care, mental and dental health providers. In Illinois there is one primary care physician per 1,266. In five of the counties, primary care physicians serve a larger number of people. In order to be in the 90th percentile in the U.S., the target area would have a 1:1,045 ratio. In Illinois the ratio of mental health providers to population is 1: 604 and the counties in the 90th percentile have a ratio of 1: 386. In Illinois the ratio of dentists to the population is 1: 1,453 and the counties in the 90th percentile have a ratio of 1: 1,377. This further illustrates the need for additional primary care providers, dentists, and mental health providers in the seven county service area. The red indicates those counties in which there are a higher number of patients per provider as compared to the rest of the state.

Primary Care Physicians Ratio, 2012

Location	The number of people in each county for every primary care provider is:
Illinois	1,266:1
Jackson	924:1
Franklin	2,463:1
Williamson	1,212:1
Perry	2,206:1
Johnson	12,760:1
Union	1,357:1
Saline	1,313:1

Mental Health Provider Ratio, 2014

Location	The number of people in each county for every mental health provider is:
Illinois	604:1
Jackson	511:1
Franklin	754:1
Williamson	523:1
Perry	1563:1
Johnson	373:1
Union	977:1
Saline	779:1

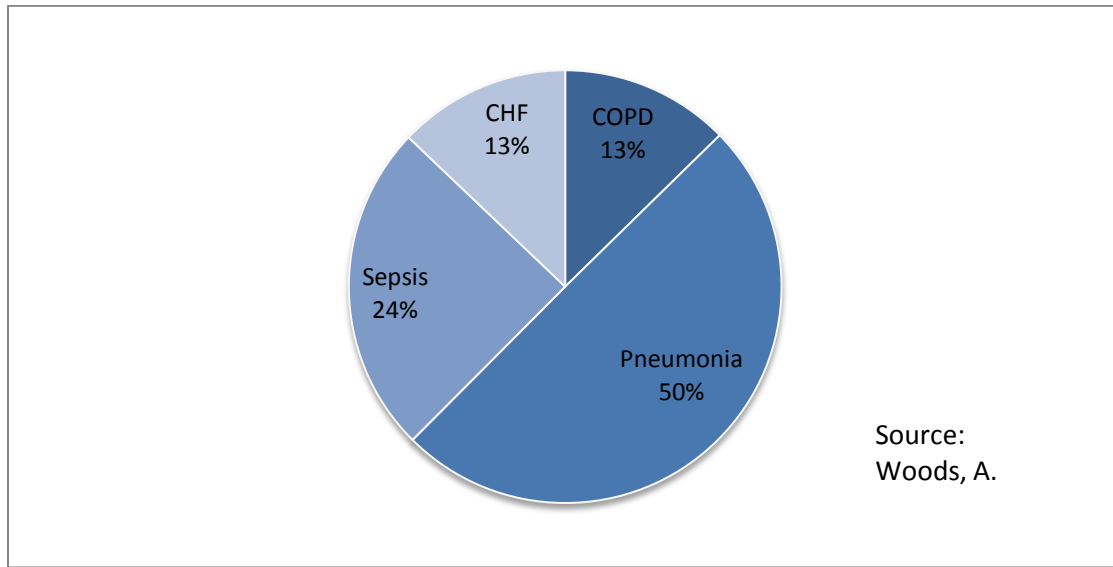
Dentists Ratio, 2013

Location	The number of people in each county for every dentist is:
Illinois	1,453:1
Jackson	1,574:1
Franklin	2,800:1
Williamson	2,091:1
Perry	3127:1
Johnson	4,226:1
Union	2,512:1
Saline	2,494:1

Source: County Health Rankings (2015), comparison U.S. counties, Retrieved April 20, 2015

Palliative Care

Many of the patients seen in SIH hospitals are in need of palliative care services. Palliative care is a multidisciplinary approach to care for patients with serious illnesses. It focuses on providing patients with relief from the symptoms of pain and stress. The top diagnosis for palliative care needs in the hospitals are pneumonia, sepsis, CHF, and COPD. Between January 2014 and May 2015, it is estimated that approximately 40% or 2,346 of these patients could benefit from palliative care. Cancer patients are also in need of palliative care. In 2014, there were 939 cancer diagnoses at the SIH hospitals. If 40% of these patients were in need of palliative care, that would be an additional 376 patients per year.



Barriers to Medical Care

Quality and Effectiveness of Care

Ambulatory Care Sensitive Conditions








An assessment of hospital utilization for Ambulatory Care Sensitive (ACS) conditions reflects community issues of access to, and quality of, ambulatory care in a given geographic area. ACS or primary care treatable conditions are those for which good patient education and adherence, outpatient care and monitoring can potentially prevent the need for hospitalization. Early intervention (treatment) helps avoid complications and slows disease progression – allowing people to stay healthier longer.

While other factors outside the direct control of the health care system, such as poor environmental conditions or lack of patient adherence to treatment recommendations, can contribute to hospitalizations, the information provides a good starting point for assessing the overall health system performance in a community. It may help public health agencies, health

care systems, and others interested in improving health care quality in their communities focus their attention on the most needed areas.

A review of utilization data (both inpatient and emergency department), shows that use for ACS conditions is elevated in the area. It is likely that these utilization rates are due to differences in access and/or quality as well as poorer underlying health status (disease prevalence) in the community.

Preventable Hospital Stays for Ambulatory Care for Sensitive Conditions: Medicare Population, 2012

Location (2012 data)	Medicare Enrollees	# of Preventable Hospital Stays per 1,000	Healthy Communities INSTITUTE Status Per 1,000
Jackson	5,981	72	
Franklin	7,211	84	
Williamson	11,133	81	
Perry	3,676	100	
Johnson	2,159	77	
Union	2,944	89	
Saline	4,446	112	
Illinois		65	-

Source: County Health Rankings, 2015, Comparison U.S. counties, Retrieved March 30, 2015

Hospital Readmissions

Some readmissions are planned as a part of a specific treatment plan, or are medically appropriate due to a change in condition or health status. More often however, hospital readmissions within 30-days are being thought of as avoidable and as “indicators of poor care or missed opportunities to better coordinate care.” (MedPAC, 2007) Many factors can contribute to readmissions. For example, quality of care during the initial hospitalization, lack of social support, follow-up care, understanding of discharge instructions, or other breakdowns along the continuum of care. Southern Illinois Healthcare’s system-wide priorities include Chronic Obstructive Pulmonary Disease (COPD), Acute Myocardial Infarction (AMI), Heart Failure, Pneumonia, Septicemia, Diabetes, Sickle Cell Anemia, and major respiratory conditions. The chart below shows the number of readmissions per diagnosis for all three hospitals.

Inpatient 30 Day Readmission 2014	# of Pneumonia Cases	# of Septicemia Cases	# of Obstructive Chronic Bronchitis	# of Acute & Chronic Systolic Heart Failure	# of Urinary Tract Infections	# of Atrial Fibrillation	# of Rehabilitation Procedure
ST. JOESPH MEMORIAL HOSPITAL	7	0	4	6	3	0	8
MEMORIAL HOSPITAL OF CARBONDALE	34	54	27	32	0	25	0
HERRIN HOSPITAL	86	47	43	0	17	0	71
TOTAL	127	101	74	38	20	25	79

Source: Inpatient 30-day readmit with exclusions-ICD Diagnoses for 2014, Retrieved March 20, 2015 by LR

Lack of Transportation

Another barrier to health care access in the seven county service area is transportation. A Rural Medical Transportation Network (RMTN) is coordinated through the Southern Illinois University Carbondale School of Medicine Center for Rural Health and Social Service Development. The RMTN is the only medical transportation research organization in Illinois. 2015 RMTN research indicated the following:

- More than 7% of patient consumers in the service area have missed a medical appointment in the last six (6) months due to a transportation issue.
- 91% of health care provider respondents in the service area report that a better system of non-emergency medical transportation is at least somewhat needed; 51% report that it is extremely needed.
- 44% of hospital provider respondents in the service area reported having delayed a hospital medical discharge because of their patient's transportation barriers.
- When asked to rate the availability of public transportation, 50% of the patient consumers in the service area responded that they "don't know" or "don't use public transportation". 21% responded "excellent" or "good".



Clinical Preventive Services

Preventive Care

Preventive care includes behavioral lifestyle choices, education, and clinical preventive services such as screenings, Immunizations, and family and pediatric medicine that aim to improve the health of people by keeping them from getting sick in the first place (to prevent the onset of disease).

Immunizations

Percent of Total	Had Flu Vaccination Past Year	Ever Had Pneumonia Vaccination
Illinois (yes) 2011	33.9%	28.5%
7 counties (yes)	42.7%	33.2%

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010-2011; Illinois Department of Public Health
 *Data is cumulative for all 7 counties

Mammography Screening

Percentage of female Medicare enrollees ages 67-69 that receive mammography screening, 2012	
Illinois	64.4%
Franklin	54.4%
Jackson	62.5%
Perry	61.7%
Williamson	60.8%
Johnson	71.7%
Union	64.9%
Saline	57.8%

Goal: 90th percentile (70.7%)

Source: Illinois County Health Rankings, 2015, Retrieved March 30, 2015

Last Mammogram (Women 40+)

Time Period	Last Mammogram
Within Past Year	63.4%
1 Year or Longer	36.6%

Last Colonoscopy or Sigmoidoscopy 50+

Time Period	Last Colonoscopy or Sigmoidoscopy % (7 counties)
Within Past 3 Years	53.9%
3-5 Years Ago	25.7%
More than 5 Years Ago	20.4%

Time Period	Last Home Blood Stool Test (7 Counties)	Last Home Blood Stool Test (Illinois)
Within Past Year	46.5%	40.6%
1 Year or Longer	53.5%	59.4%

Adults receiving colorectal cancer screening based on most recent guidelines (age adjusted, percent, 50-75 years), US 2010 59.2%, HP2020 Target: 70.5%

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010-2011; Illinois Department of Public Health, and **HP2020 Leading Health Indicators: Progress Update**, http://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_0.pdf

*Illinois data is not available

Last Routine Checkup

Time Period	Last Routine Checkup (7 Counties)	Last Routine Checkup (Illinois)
1 Year or Less	52.7%	64.3%
More Than 1 Year/Never	47.3%	35.7%

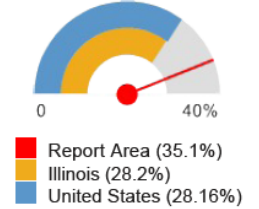
Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010-2011; Illinois Department of Public Health

High Blood Pressure (Adult)

35,375, or 35.1% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Report Area	Total Population (Age 18)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Report Area	192,445	35,375	35.1%
Franklin County, IL	30,482	no data	suppressed
Jackson County, IL	49,437	19,973	40.4%
Johnson County, IL	10,235	no data	suppressed
Perry County, IL	17,788	no data	suppressed
Saline County, IL	19,255	no data	suppressed
Union County, IL	13,907	no data	suppressed
Williamson County, IL	51,341	15,402	30%
Illinois	9,654,603	2,722,598	28.2%
United States	232,556,016	65,476,522	28.16%

Percent Adults with High Blood Pressure



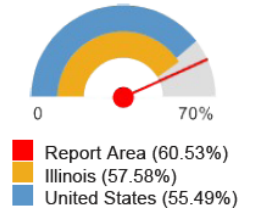
Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#), 2006-12. Source geography: County

High Blood Pressure (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

Report Area	Total Medicare Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Report Area	45,059	27,272	60.53%
Franklin County, IL	8,489	5,081	59.85%
Jackson County, IL	8,854	5,215	58.9%
Johnson County, IL	2,627	1,635	62.24%
Perry County, IL	3,963	2,349	59.27%
Saline County, IL	5,814	3,566	61.33%
Union County, IL	3,663	2,248	61.37%
Williamson County, IL	11,649	7,178	61.62%
Illinois	1,623,784	934,967	57.58%
United States	34,126,305	18,936,118	55.49%

Percentage of Medicare Beneficiaries with High Blood Pressure



Note: This indicator is compared with the state average.
 Data Source: [Centers for Medicare and Medicaid Services](#), 2012. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved March 2015.

Diabetes Health

The percentage of adults who have ever been diagnosed with diabetes is increasing. Diabetes has a harmful effect on major organ systems and contributes to cerebrovascular diseases (including ischemic heart disease and stroke).

Adults with Diabetes

Diagnosed with Diabetes	
7 Counties	7.8%
Illinois	7.1%

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010-2011; Illinois Department of Public Health and Center for Disease Control and Prevention National Diabetes Surveillance System, 2012 retrieved on April 23, 2015

Location	Percent of Medicare Patients Treated For Diabetes, 2012
Franklin	28.22
Jackson	26.43
Perry	27.83
Williamson	27.61
Johnson	27.22
Union	26.54
Saline	28.91
Illinois	27.17

Source: Centers for Medicare and Medicaid Services, www.cms.gov, retrieved from Community Commons March 30, 2015



Environmental Quality

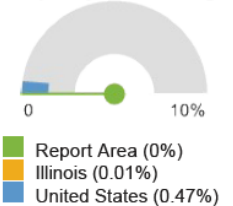
These are areas in which the service area is doing well nationally and locally. We have excellent environmental air quality in the SIH coverage area and we have made great progress in the number of adults and children alike who are exposed to secondhand smoke. The Smoke Free Illinois law helped to remove secondhand smoke from all workplaces in Illinois, including restaurants, bars, and additional venues.

Air Quality - Ozone

Within the report area, 0, or 0% of days exceeded the emission standard of 75 parts per billion (ppb). This indicator reports the percentage of days per year with Ozone (O3) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population	Average Daily Ambient Ozone Concentration	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Report Area	243,789	40.23	0	0%	0%
Franklin County, IL	39,561	39.97	0	0%	0%
Jackson County, IL	60,218	40.25	0	0%	0%
Johnson County, IL	12,582	40.63	0	0%	0%
Perry County, IL	22,350	39.79	0	0%	0%
Saline County, IL	24,913	40.38	0	0%	0%
Union County, IL	17,808	40.62	0	0%	0%
Williamson County, IL	66,357	40.25	0	0%	0%
Illinois	12,830,632	35.28	0.03	0.01%	0.01%
United States	312,471,327	38.98	1.59	0.44%	0.47%

Percentage of Days Exceeding Standards, Pop. Adjusted Average



Note: This indicator is compared with the state average.

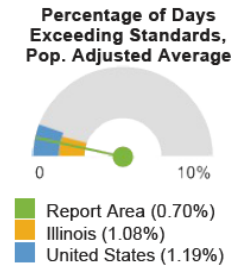
Data Source: Centers for Disease Control and Prevention, [National Environmental Public Health Tracking Network](#). 2008.

Source geography: Tract

Air Quality – Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population	Average Daily Ambient Particulate Matter 2.5	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Report Area	243,789	10.60	2.51	0.69	0.70%
Franklin County, IL	39,561	10.71	2.75	0.75	0.75%
Jackson County, IL	60,218	10.54	3.14	0.86	0.86%
Johnson County, IL	12,582	10.44	1	0.27	0.27%
Perry County, IL	22,350	10.58	4	1.10	1.10%
Saline County, IL	24,913	10.58	1	0.27	0.27%
Union County, IL	17,808	10.51	2.8	0.77	0.76%
Williamson County, IL	66,357	10.65	2.33	0.64	0.63%
Illinois	12,830,632	12.46	4.15	1.14	1.08%
United States	312,471,327	10.65	4.17	1.14	1.19%



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Environmental Public Health Tracking Network](#). 2008.

Source geography: Tract

Source: Community Commons, www.communitycommons.org, retrieved March 2015.



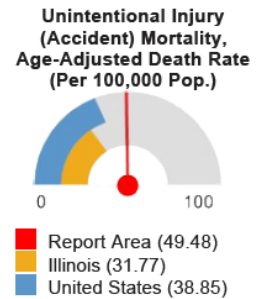
Injury and Violence

Injury and violence can greatly impact the health of a community. By increasing safety, reducing violence and reducing risk taking behaviors among the population the health of a community will be improved. In the service area there are higher age adjusted rates of unintentional injury and motor vehicle fatalities. The violent crime rate remains below the state and national rates for all counties except Jackson.

Mortality - Unintentional Injury

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	243,451	124	50.77	49.48
Franklin County, IL	39,538	26	66.27	62.94
Jackson County, IL	59,874	23	38.41	41.63
Johnson County, IL	12,661	4	33.17	31.23
Perry County, IL	22,404	11	50.88	45.91
Saline County, IL	25,067	14	54.25	51.7
Union County, IL	17,891	9	51.42	47.71
Williamson County, IL	66,017	36	54.53	52.9
Illinois	12,787,914	4,142	32.39	31.77
United States	306,486,831	122,185	39.87	38.85
HP 2020 Target				<= 36.0



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). Centers for Disease Control and Prevention, [Wide-Ranging Online Data for Epidemiologic Research](#). 2007-11. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved March 2015.

Traffic Crashes

Traffic fatalities may be the result of alcohol impaired driving, high rates of speed, or distracted driving. These risk taking behaviors increase the likelihood of negative health outcomes including injury and death.

Fatalities (All Crashes) 2014

County	Count	Fatalities per 100,000 population
Illinois	924	7.17
Franklin	8	20.30
Jackson	7	11.73
Johnson	0	0
Perry	4	18.46
Saline	6	24.38
Union	3	17.19
Williamson	10	14.92

Source: Traffic Safety Facts for Illinois: 2010-2014, Fatalities (All Crashes), U.S. Department of Transportation and National Highway Traffic Safety Administration. http://www-nrd.nhtsa.dot.gov/departments/nrd-30/ncsa/STSI/17_IL/2014/Illinois_Map_1_DATA_2014.PDF

Community Safety

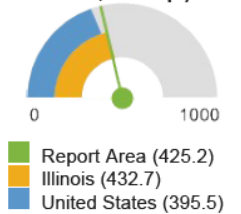
A safe environment, including safe-housing and public spaces free from danger and hazards is important for a healthy community.

Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Report Area	226,847	964	425.2
Franklin County, IL	34,706	123	355.37
Jackson County, IL	59,932	351	586.22
Johnson County, IL	11,440	32	282.64
Perry County, IL	22,347	33	146.18
Saline County, IL	23,859	83	346.48
Union County, IL	14,495	22	151.77
Williamson County, IL	60,068	320	533.28
Illinois	12,448,620	53,864	432.7
United States	306,859,354	1,213,859	395.5

Violent Crime Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average.

Data Source: Federal Bureau of Investigation, [FBI Uniform Crime Reports](#). Additional analysis by the [National Archive of Criminal Justice Data](#). Accessed via the [Inter-university Consortium for Political and Social Research](#). 2010-12. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved March 2015.

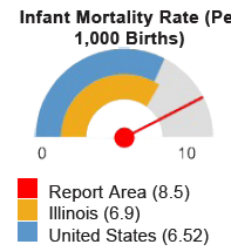


Maternal, Infant and Child Health

Infant Mortality Rate (per 1,000 live births)

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

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Report Area	14,230	121	8.5
Franklin County, IL	2,410	20	8.1
Jackson County, IL	3,515	26	7.5
Johnson County, IL	605	10	15.8
Perry County, IL	1,135	6	5.5
Saline County, IL	1,570	17	10.6
Union County, IL	1,060	6	5.9
Williamson County, IL	3,935	36	9.2
Illinois	879,035	6,065	6.9
United States	20,913,535	136,369	6.52
<u>HP 2020 Target</u>			<= 6.0



Note: This indicator is compared with the state average.

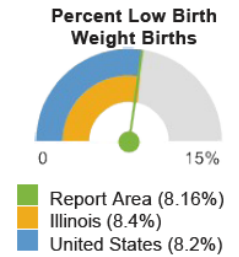
Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). Centers for Disease Control and Prevention, [Wide-Ranging Online Data for Epidemiologic Research](#). 2006-10. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved March 2015.

Low Birth Weight

Low birth weight is an important indicator of a community's health status. It is a major determinant of mortality, morbidity and disability in infancy and childhood. Low birth weight may also impact long-term health in adults. Perry and Saline County have infants with lower birthweight than that of infants throughout Illinois and the United States.

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Report Area	19,670	1,606	8.16%
Franklin County, IL	3,339	280	8.4%
Jackson County, IL	4,788	378	7.9%
Johnson County, IL	840	67	8%
Perry County, IL	1,645	151	9.2%
Saline County, IL	2,170	189	8.7%
Union County, IL	1,519	122	8%
Williamson County, IL	5,369	419	7.8%
Illinois	1,251,656	105,139	8.4%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%



Note: This indicator is compared with the state average.

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

Source: Community Commons, www.communitycommons.org, retrieved March 2015 and Illinois County Health Rankings, 2015, retrieved March 30, 2015.

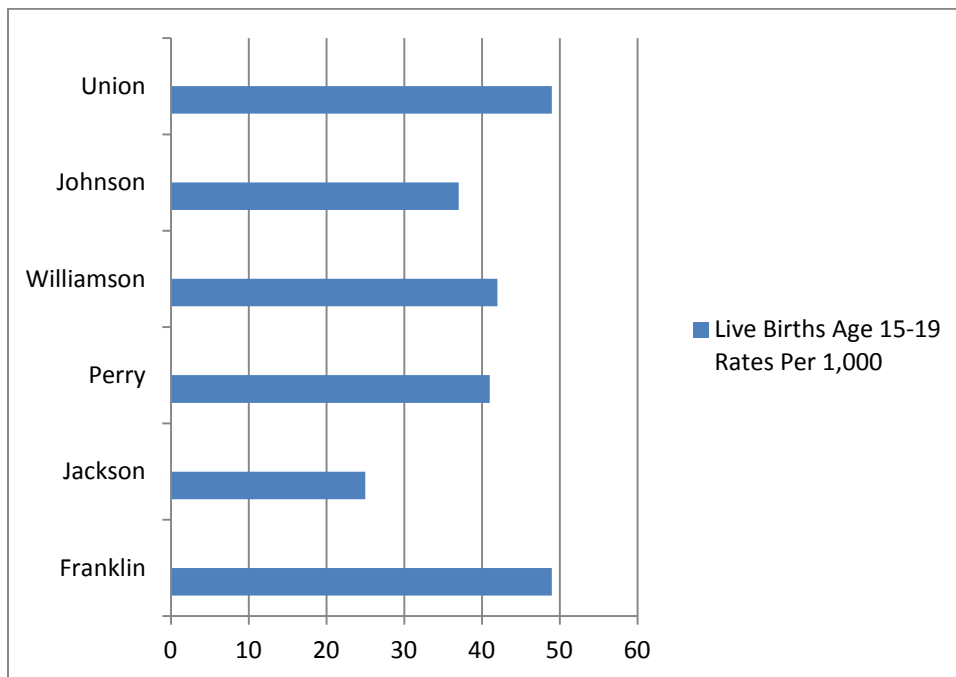
Teen Births

The number of births to teens is a health concern for both the mother and the child. Babies born to teen mothers are more likely to be premature and/or have a low birth weight which is a determinant of mortality, morbidity and disability in infancy and childhood. Teenagers' health, social and educational development can also be adversely affected. All of the counties except Jackson have a higher teen birth rate than the state. The national goal (90th percentile) is a teen birth rate of 20 per 1,000.

Percentage of all live births to Ages 15-19 (2006-2012)

Location	Teen Births	Teen Population	Teen Birth Rate Per 1,000
Franklin	427	8,680	49
Jackson	466	18,437	25
Perry	184	4,534	41
Williamson	590	14,058	42
Johnson	87	2,327	37
Union	192	3,905	49
Saline	293	5,378	54
Illinois	-	-	35

Source: Illinois County Health Rankings, 2015, Retrieved March 30, 2015



Child Abuse and Neglect

Children in homes where abuse and neglect occur are also more likely to have negative health outcomes. The rates of child abuse and neglect in most of these counties are much higher than the Illinois average.

Distribution of Indicated Abuse and Neglect

Location	Number Children	Unique Number Children*	Rate per 1,000
Franklin	172	167	18.6
Jackson	257	216	16.5
Perry	55	49	9.6
Williamson	269	247	17.6
Johnson	19	13	5.3
Union	120	111	26.1
Saline	113	105	16.5
Illinois	29,934	27,749	8.5

Source: Illinois Department of Children and Family Services. Child Abuse and Neglect Statistics Annual Report – Fiscal Year 2013.

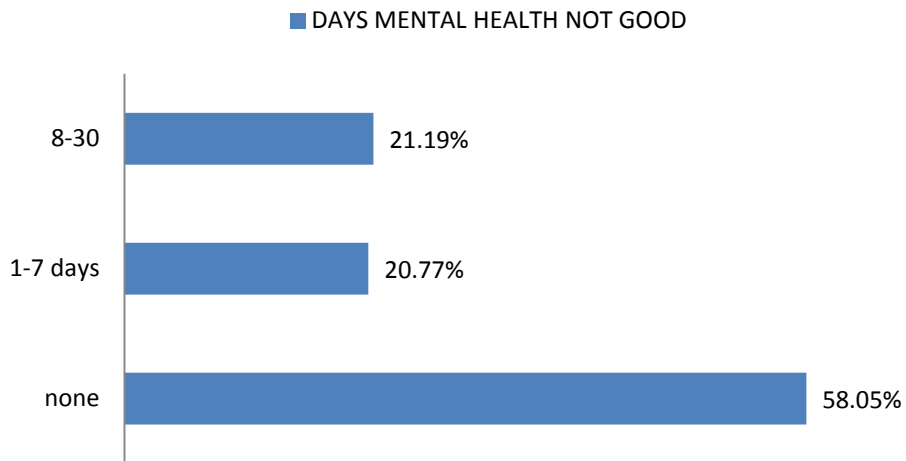
*Unique Number of Children presented is an unduplicated count within county.



Mental Health

About one in five people in the service area say that they have had between 8-30 days in the last year when their mental health was not good. Another one in five people say they have had at least one day, and up to one week in the last year when their mental health was not good.

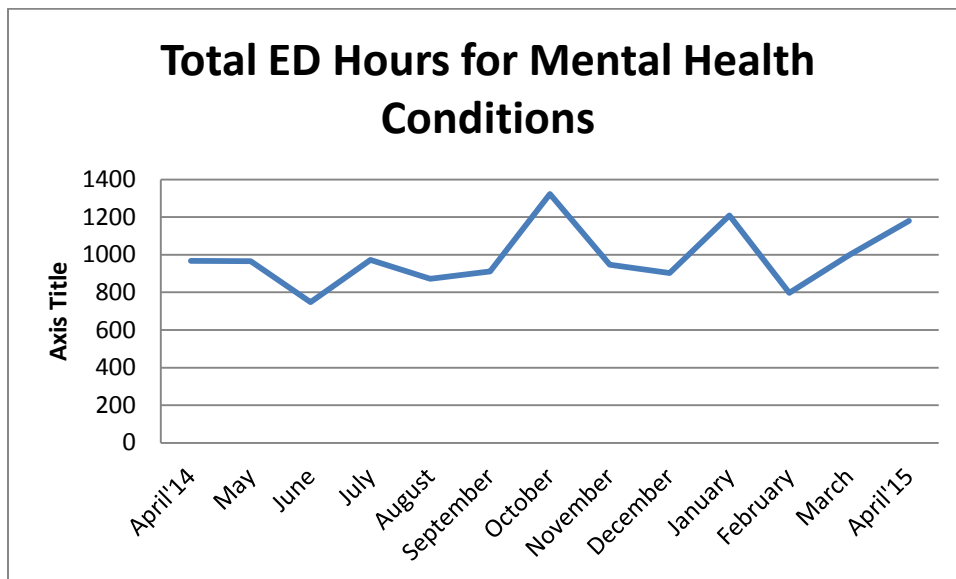
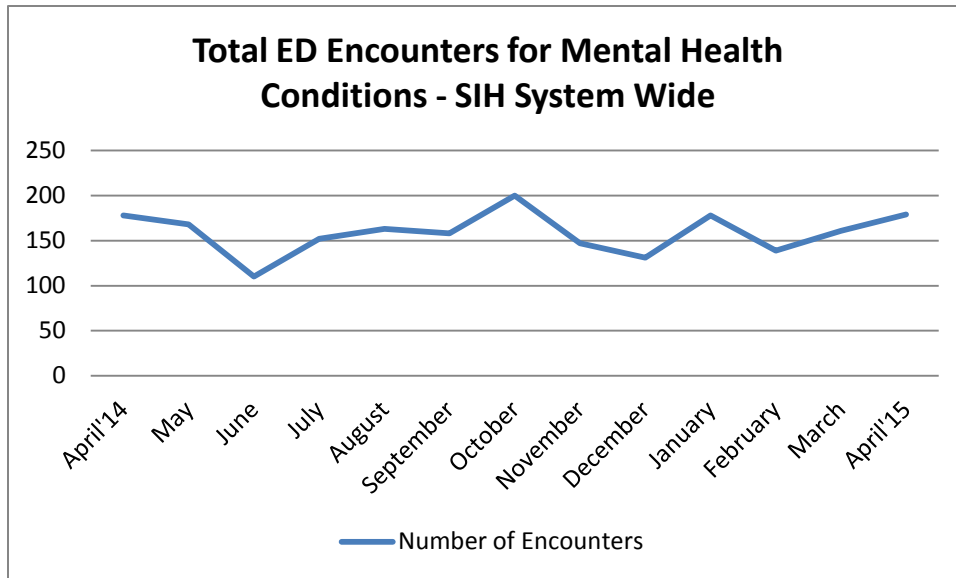
MENTAL HEALTH NOT GOOD IN PAST 30 DAYS



Source: Illinois County Behavioral Risk Factor Surveys, Fifth Round; 2010-2011; Illinois Department of Public Health Illinois BRFSS, 2010-2011

Mental Health

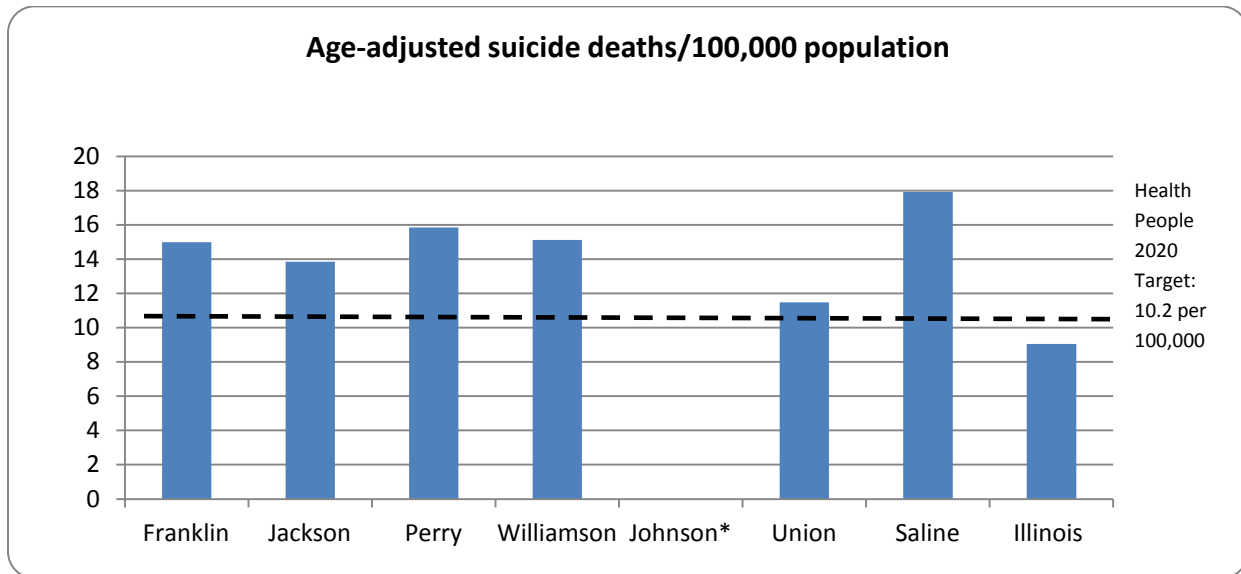
High volumes of emergency department utilization for both routine and crisis mental health disorders suggest access or barriers to care for mental health services. In examining, emergency department encounters system-wide for mental health conditions over the last year there were between 110 and 200 visits per month, which accounts for between 749 – 1323 hours in the ED spent on mental health conditions each month.



Suicide

Mental health issues and the tragedy of suicide are often hidden by stigma and shame. The stigma associated with seeking help for depression and mental health issues can be eliminated through improved communication, screening, education and awareness to ensure better patient outcomes.

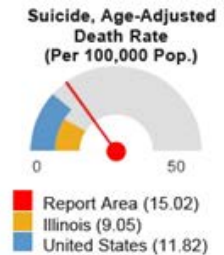
The age-adjusted suicide rate for the seven county service area is higher than the state rate and the Healthy People 2020 target of 10.2 per 100,000.



US 2010: 12.1

Source: Centers for Disease Control and Prevention, National Vital Statistics System, Access to CDC WONDER, Retrieved from Community Commons on April 20, 2015

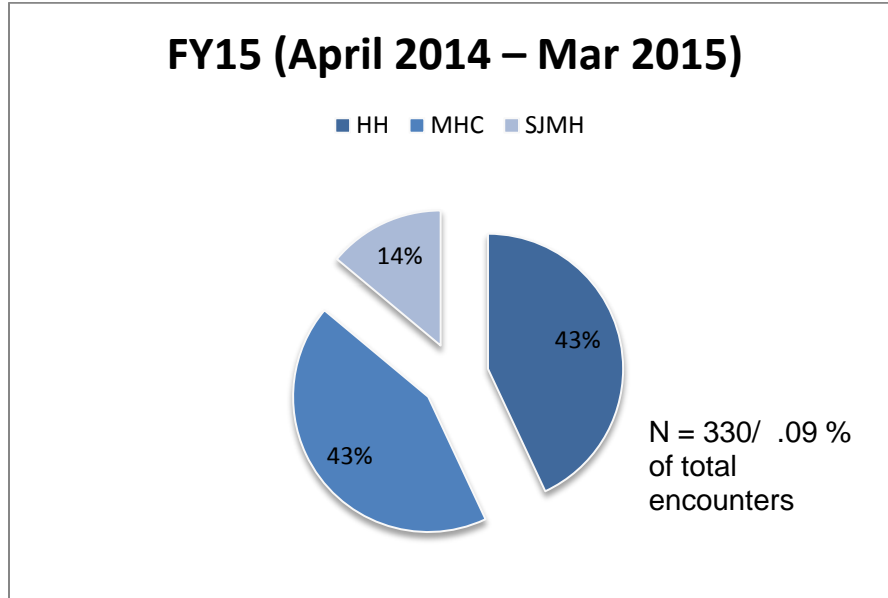
Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	243,451	33	14.39	15.02
Franklin County, IL	39,538	6	15.68	15.91
Jackson County, IL	59,874	7	12.03	13.85
Johnson County, IL	12,661	no data	no data	no data
Perry County, IL	22,404	3	14.28	15.85
Saline County, IL	25,067	4	16.76	17.92
Union County, IL	17,891	2	11.18	11.48
Williamson County, IL	66,017	10	15.75	15.13
Illinois	12,787,914	1,177	9.21	9.05
United States	306,486,831	37,085	12.1	11.82
HP 2020 Target				<= 10.2



Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research. 2007-11. Source geography: County

Suicide and Self-Inflicted Injury

During FY15 there were 362,750 encounters at the hospitals and 330, or less than 1%, were due to suicide or self-inflicted injury. Although this is a small percentage, the age adjusted suicide deaths in the area are higher than the HP2020 target, and continue to be a concern.



Youth Mental Health

The mental health of youth continues to be of concern. Youth throughout the area continue to take their lives through suicide.

Percent of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past 12 months

Location	8th grade
Franklin	26%
Jackson	27%
Perry*	*
Williamson	*
Johnson*	*
Union	31%
Saline	34%
Illinois	28%

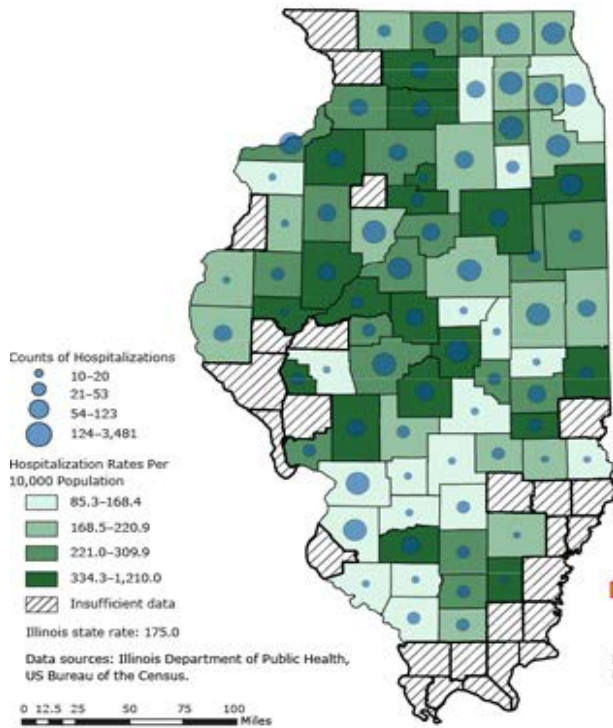
Source: Illinois Youth Survey, 2014 County Level Report.

N/A - Not all counties have data. Only counties in which at least two school districts participated at any grade level are included.

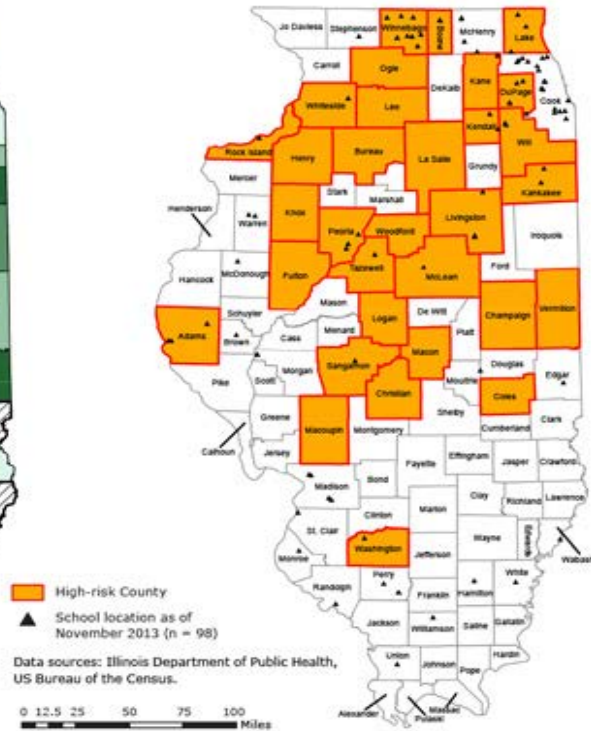
HP2020 objective is "Adolescents with major depressive episodes (percent, 12-17 years)", US 2012: 9.1%, HP2020 target: 7.5%

For every adolescent suicide completion in Illinois, there are an estimated 100 adolescent suicide attempts measured by self-inflicted injury. The map on the left shows the hospitalization rates per 10,000 citizens, while the map on the right shows the youth self-inflicted injury hospitalizations per county.

A. Youth Self-Inflicted Injury Hospitalization Counts and Rates per 10,000 Population, Ages 15 to 18, Illinois, 2009–2012



B. High-Risk Counties For Youth Self-Inflicted Injury Hospitalizations and Locations of Schools Receiving Online Gatekeeper Training to Assist in Suicide Prevention



Source: Arbise, B.S., & Amerson, N.L. (2014, November). Tracking Youth Self-Inflicted Injury Hospitalizations to Target High-Risk Communities, Leverage Resources, and Unify Stakeholder Efforts: Illinois Department of Public Health. Preventing Chronic Disease Public Health Research, Practice and Policy, v11, E197.

Youth and Young Adult Inpatient and Outpatient Self Inflicted Injury Counts and Age-Specific Crude Rates per 10,000 Population, Illinois, 2009-2012

County	Middle School (Age 12-14)		High School (Ages 15-18)		Higher Education (Ages 19-24)	
	Number of Inpatients and Outpatients	Age-Spec Crude Rate per 10,000 Pop	Number of Inpatients and Outpatients	Age-Spec Crude Rate Per 10,000 Pop	Number of Inpatients and Outpatients	Age-Spec Crude Rate Per 10,000 Pop
Franklin	10	63.82	47	230.84	38	147.80
Jackson	*	40.82	34	111.22	115	83.22
Johnson	*	43.76	*	34.54	*	69.79
Perry	*	90.09	16	151.95	26	131.65
Saline	*	20.90	*	49.02	11	59.62
Union	*	31.50	*	96.85	20	157.85
Williamson	15	62.11	53	169.93	77	162.93

Source: Illinois Hospital Discharge, Illinois Department of Public Health, 2009-2012

Note: *Date is suppressed for counties with less than 10 cases and in counties with rates below 10 cases per 10,000 population.

Note: Self inflicted injury includes: poisoning by solid or liquid substances; poisoning by gases in domestic use; poisoning by other gases and vapors; injury by hanging, strangulation, or suffocation; injury by submersion (drowning); injury by firearms and explosives, injury by cutting and piercing instrument, injuries by jumping from high place; and injury by other and unspecified means.

Originally Prepared by the Division of Chronic Disease Prevention and Control, 7 county data pulled by SIH, Oct. 16, 2015



Nutrition, Physical Activity, and Obesity

Obesity

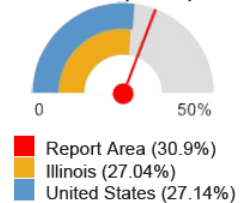
The number of adults who are obese is an important measure of a community's overall health. Approximately two-thirds of the adults in the community served by SIH are overweight or obese. Obesity increases the risk for many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. In addition to these health effects, obesity carries significant economic costs due to increases in health care spending and potential lost earnings. Maintaining a healthy weight through physical activity and health eating and not smoking can help prevent and control these diseases.

Obesity

30.9% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Report Area	186,320	58,113	30.9%
Franklin County, IL	29,748	9,073	30%
Jackson County, IL	46,221	14,421	31.5%
Johnson County, IL	10,059	3,078	30%
Perry County, IL	17,069	5,189	30%
Saline County, IL	18,841	6,048	31.6%
Union County, IL	13,553	4,242	30.6%
Williamson County, IL	50,829	16,062	31.2%
Illinois	9,449,802	2,592,853	27.04%
United States	231,417,834	63,336,403	27.14%

Percent Adults with BMI > 30.0 (Obese)



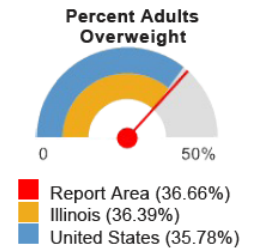
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2012. Source geography: County

Overweight

36.66% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Survey Population (Adults Age 18)	Total Adults Overweight	Percent Adults Overweight
Report Area	151,038	55,375	36.66%
Franklin County, IL	28,061	17,287	61.60%
Jackson County, IL	42,338	8,667	20.47%
Johnson County, IL	no data	no data	no data
Perry County, IL	11,881	8,640	72.72%
Saline County, IL	18,383	5,951	32.37%
Union County, IL	12,321	2,809	22.80%
Williamson County, IL	38,054	12,021	31.59%
Illinois	9,476,490	3,448,247	36.39%
United States	224,991,207	80,499,532	35.78%



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#), 2011-12. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved March 2015.

Children's obesity

Childhood obesity has more than tripled since 1980. The National Center for Health Statistics states that nearly 17 percent, or close to 12.5 million youth, age 2-19 in the U.S. are obese. The Healthy People 2020 goal is 14.5%. In addition, there are significant racial/ethnic and low-income disparities in obesity prevalence among U.S. children. Childhood obesity has both immediate and long-term health impacts. Low-Income Preschool Obesity measures the percentage of children age 2-4 living in households with an income less than 200% of the poverty level who are obese.

Low-Income Preschool Obesity

Comparison: 2,637 U.S. counties and county equivalents

Location	Percent	Healthy Communities INSTITUTE Status
Franklin	12.8*	
Jackson	10.60	
Perry	7.90	
Williamson	13.20	
Johnson	17.60	
Union	20.70	
Saline	9.50	

Source: U.S. Department of Agriculture - Food Environment Atlas 2009-2011. Illinois specific data not available.

*2008-2010 Data

BMI (Body Mass Index) Categories of Overweight or Obese based on CDC guidelines among Adolescents

Location	6th grade	8 th grade
Franklin	27%	30%
Jackson	28%	32%
Perry	*	*
Williamson, 2012	34%	23%
Johnson	*	*
Union	30%	26%
Saline	35%	36%
Illinois, 2014	25%	26%

*data is not available for Johnson or Perry Counties.

Source: Illinois Youth Survey 2014, 2012

Physical Activity

Strong evidence supports the health benefits of regular physical activity. Physical activity guidelines encourage participation in moderate to vigorous physical activity and muscle-strengthening activity. Nationally, more than 80 percent of adults do not meet the recommended physical activity guidelines for both aerobic and muscle-strengthening activities.

Adults Physical Inactivity (Adults age 20 and over reporting no leisure-time physical activity)

top 90th percentile 20%

Location	percent
Franklin	29%
Jackson	23%
Perry	26%
Williamson	31%
Johnson	27%
Union	28%
Saline	31%
Illinois	23%

Source: Illinois County Health Rankings, 2015, Retrieved March 30, 2015

Adults with Any Exercise in the Past 30 Days, 2010

Any Exercise in Past 30 Days (yes)	
7 Counties	80.4%
Illinois	74.6%

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010-2011;

Youth Reporting Zero Days of Being Physically Active for a Total of At Least 60 Minutes per Day in the Last Seven Days

Location	6th grade	8 th grade
Franklin	5%	8%
Jackson	4%	7%
Perry	*	*
Williamson, 2012	7%	5%
Johnson	*	*
Union	5%	3%
Saline	7%	7%
Illinois, 2014	4%	7%

*data is not available for Johnson or Perry Counties. Source: Illinois Youth Survey 2012, 2014

Access to Exercise Opportunities, 2010 & 2013

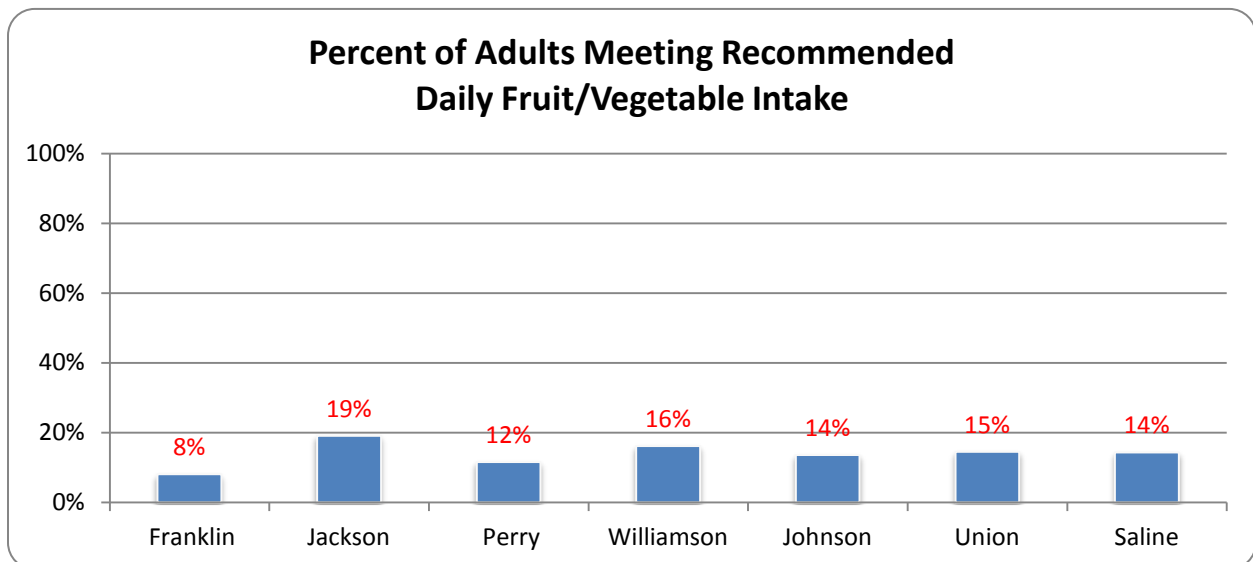
Comparison: top 90th percentile in the U.S. – 92%

Location	Percent with Access
Franklin	69%
Jackson	75%
Perry	37%
Williamson	75%
Johnson	70%
Union	58%
Saline	73%
Illinois	89%

Source: Illinois County Health Rankings, 2015, Retrieved March 30, 2015

Nutrition

Vegetables and fruits are major contributors of essential nutrients. Adequate consumption is associated with reduced risk of many chronic diseases. The percentage of adults in the community who eat five or more servings of fruits and vegetables per day is below recommended levels for health benefits, weight management, and chronic disease prevention.



Illinois: 25.1% were eating 5 or more fruits or vegetables a day, 2007.

Source: Illinois Behavioral Risk Factor Surveillance System, 2007-2009, Data was not collected from Illinois BRFSS in 2010-2011. The HP2020 leading indicator is related to mean daily intake of total vegetables in cup equivalents. This is not data collected in Illinois.

Access to Healthy Foods

The Food Environment Index, an index of equally weighted factors that contribute to a healthy food environment, including food insecurity and limited access to healthy foods is displayed below.

Food Environment Index, 2012

(Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best))

Illinois: 7.8, top 90th percentile in U.S. 8.4

Location	Value
Franklin	7.5
Jackson	6.0
Perry	7
Williamson	7.6
Johnson	7
Union	7.5
Saline	6.4
Illinois	7.8

Source: Illinois County Health Rankings, 2015, Retrieved March 30, 201

Food insecurity means that people do not have access to enough food, at all times to live an active and healthy life. Not having enough food or limited access to healthy food options, impacts the well-being of children, families, adults, elderly, and whole communities. Food insecurity likely reflects a household's need to make trade-offs between essentials such as housing, transportation, medical bills and purchasing nutritionally adequate foods. When examining data related to children eligible for free/reduced price lunch and population receiving SNAP (Supplemental Nutrition Assistance Program) benefits we can see that the ability to purchase healthy food is reduced.

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	35,779	19,495	54.49%
Franklin County, IL	6,477	3,779	58.34%
Jackson County, IL	7,524	4,251	56.5%
Johnson County, IL	1,965	962	48.96%
Perry County, IL	2,747	1,227	44.67%
Saline County, IL	4,438	2,610	58.81%
Union County, IL	2,310	1,287	55.71%
Williamson County, IL	10,318	5,379	52.13%
Illinois	2,055,502	1,027,336	50.56%
United States	49,936,793	25,615,437	51.7%



Note: This indicator is compared with the state average.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#), 2012-13. Source geography: Address

Source: Community Commons, www.communitycommons.org, retrieved March 2015.

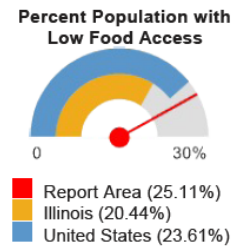
Percent Population with Low Food Access

Researchers say “lack of access to supermarkets and other venues where healthy foods are available for sale have been associated with a lower quality diet and increased risk of obesity.” (CDC, 2011) These areas, called “food deserts” are found in low-income communities where a large number of residents have limited access to healthy foods at a supermarket or large grocery store.

- A "low-income community," is a census tract with either a poverty rate of 20 percent or higher, or a median family income at or below 80 percent of the rest of the area.
- A "low-access community," is where at least 500 people and/or at least 33 percent of the *rural* census tract's population live more than 10 miles from a supermarket or large grocery store

Much of the Southern Illinois Healthcare service area is located in food desert areas, meeting the criteria for both low-income and low-access communities. See map below.

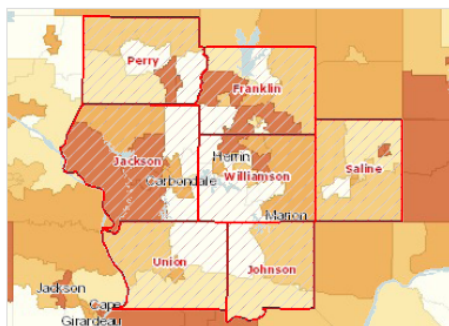
Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Report Area	243,789	61,222	25.11%
Franklin County, IL	39,561	8,912	22.53%
Jackson County, IL	60,218	21,980	36.5%
Johnson County, IL	12,582	916	7.28%
Perry County, IL	22,350	5,143	23.01%
Saline County, IL	24,913	7,778	31.22%
Union County, IL	17,808	2,164	12.15%
Williamson County, IL	66,357	14,329	21.59%
Illinois	12,830,632	2,623,048	20.44%
United States	308,745,538	72,905,540	23.61%



Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2010.

Source geography: Tract



Population with Limited Food Access, Percent by Tract, FARA 2010

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
- Report Area

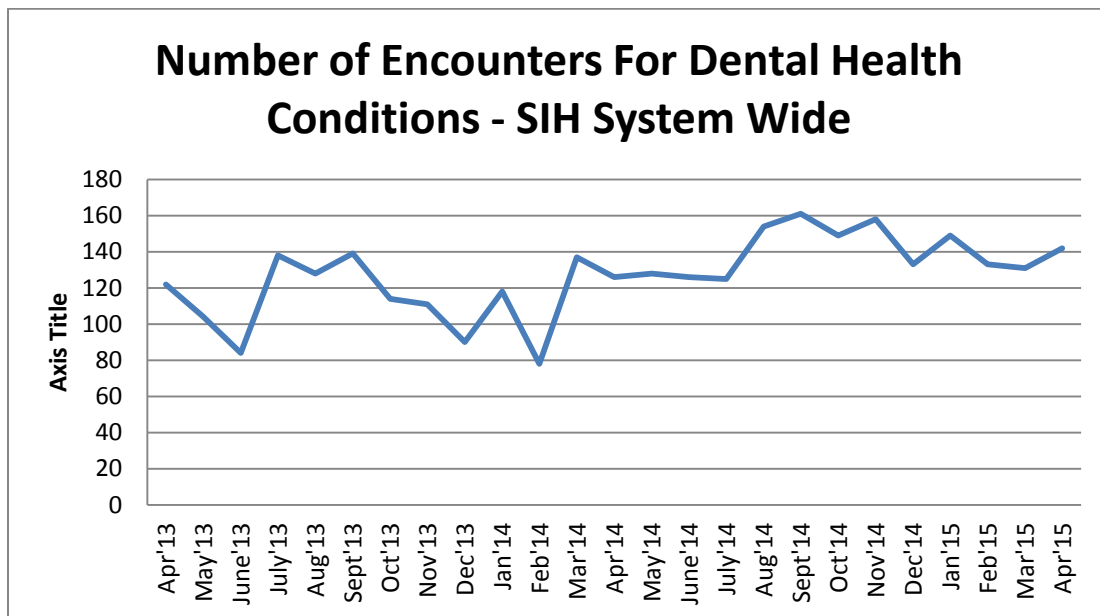
Source: Community Commons, www.communitycommons.org, retrieved March 2015.

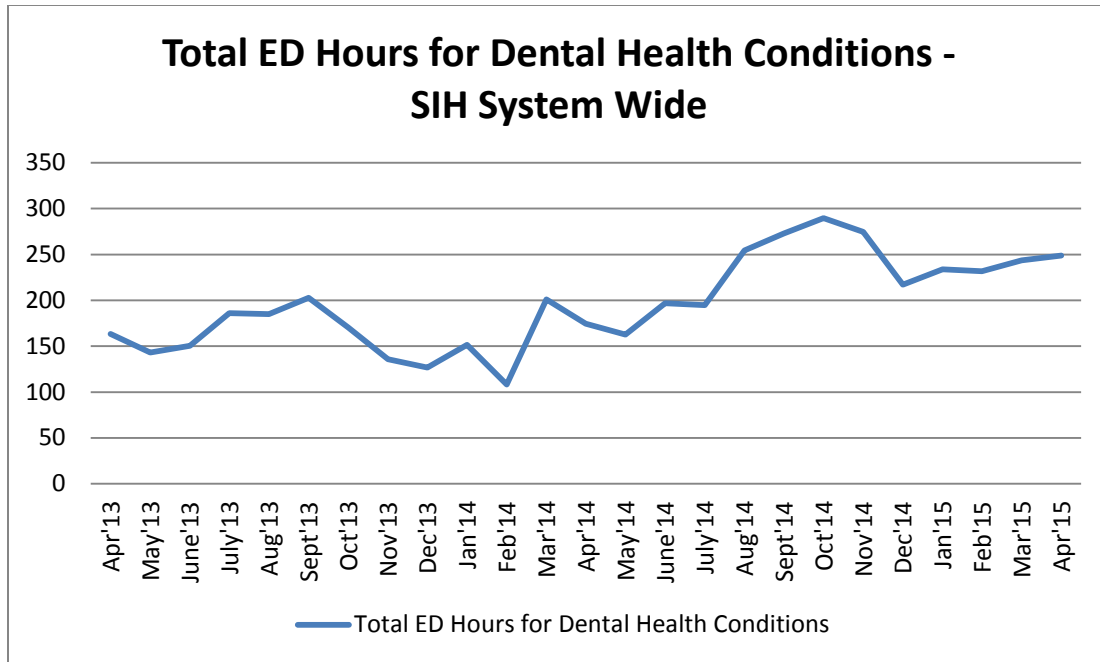


Oral Health

Good oral/dental health is associated with improved health status. Those living in rural communities may experience frequent and unresolved health problems because they are not receiving timely and appropriate services, including dental care. Emergency department utilization data suggests that this is the case for the SIH service area.

An analysis of SIH Emergency Department (ED) visits for fiscal year 2013 and 2014 shows that dental health conditions continue to be a major issue of concern, with between 78 and 161 dental encounters occurring each month. Between 108 and 289 hours each month are dedicated to serving patients with dental issues in the ED.





Nearly 33% of adults in the SIH coverage area visited the dentist greater than two years ago or never and 37.9% had their last dental cleaning greater than two years ago or never. This lack of preventive care contributes to the high number of visits to the ED for dental health conditions.

Last Dental Visit		7 Counties	Illinois
% of total	Within past year	53.9%	66.5%
	1-2 years	13.2%	13.7%
	More than 2 years ago/ Never	32.9%	19.8%

Last Dental Cleaning		7 Counties	Illinois
% of total	Within past year	51.4%	65.8%
	1-2 years	10.7%	34.2%
	More than 2 years ago/ Never	37.9%	

HP2020 goal is that 49.0% of people will have visited the dentist in the past year. US 2011: 41.8%

Source: Illinois Behavioral Risk Factor Surveillance System, 2010-2011 and Healthy People 2020 Leading Health Indicators: Progress Update http://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_0.pdf



Reproductive and Sexual Health

Promoting healthy sexual behaviors and increased access to health care can prevent STDs and their complications. Sexually transmitted diseases may cause reproductive health problems, fetal and perinatal health problems, cancer, and facilitation of sexual transmission of HIV infections. Untreated STDs can cause serious long-term health consequences. Source: Centers for Disease Control and Prevention.

Sexually Transmitted Infections, 2013

Location	Gonorrhea Incidence Rate (per 100,000)	Chlamydia Incidence Rate (per 100,000)
Franklin	22.8	22.7
Jackson	153.2	152.8
Perry	36.3	35.8
Williamson	43.5	43.7
Johnson	31.8	31.8
Union	28.1	28.1
Saline	52.2	52.2

Note: Compatible HP2020 objectives are not available. Illinois STD rates for these years was not available.

Source: Illinois Department of Public Health Monthly Surveillance Update, January 2014,

<http://www.dph.illinois.gov/sites/default/files/publications/survreport0114.pdf>, Retrieved April 23, 2015 and Illinois Department of Public Health Sexually Transmitted Diseases data 2000-2013, Retrieved April 14, 2015

Statewide and County Specific HIV and AIDS Incidence and Prevalence Update, December 2014

County	HIV Incidence Cases ¹			AIDS Cases				
	<i>Diagnosed as of 12/31/14</i>	<i>Cumulative Cases Diagnosed Since 2007 ³</i>	<i>2007-2014 HIV Diagnosis Rate ⁴</i>	<i>Diagnosed as of 12/31/14</i>	<i>Cumulative Cases Diagnosed Since 2007 ³</i>	<i>2007-2014 AIDS Diagnosis Rate⁴</i>	<i>HIV (non-AIDS) Living as of 12/31/14 ⁵</i>	<i>AIDS Living as of 12/31/14 ⁵</i>
Franklin	2	8	2.5	1	6	1.9	10	17
Jackson	5	40	8.3	0	17	3.5	50	35
Perry	2	15	8.5	1	7	4.0	26	15
Williamson	1	25	4.7	0	15	2.8	28	24
Johnson	3	18	17.6	1	2	2.0	47	34
Union	2	3	2.1	0	0	0	6	2
Saline	1	8	4.0	1	3	1.5	11	6
Illinois	1,401	14,148	13.7	684	7,869	7.6	17,607	19,437

1 This category represents all new diagnoses with HIV regardless of the stage of the disease [HIV (non-AIDS) or AIDS], and also is referred to as “HIV infection” or “HIV disease.”

2 Includes cases diagnosed and reported between December 1, 2014-December 31, 2014

3 Includes all cases diagnosed and reported between January 1, 2007- December 31, 2014

4 Rate = Diagnosed cases (January 1, 2007- December 31, 2014)/Population*100,000 (Census July 1, 2010 population estimates were used); rates were annualized

5 Includes all living cases as of December 31, 2014

Source: Illinois Department of Public Health, HIV/AIDS Surveillance Unit Notes: All data are provisional and subject to change. Illinois Department of Corrections cases are included in county totals.

Source: Illinois Department of Public Health, Illinois HIV/AIDS/STD Monthly Surveillance Update, December 2014.

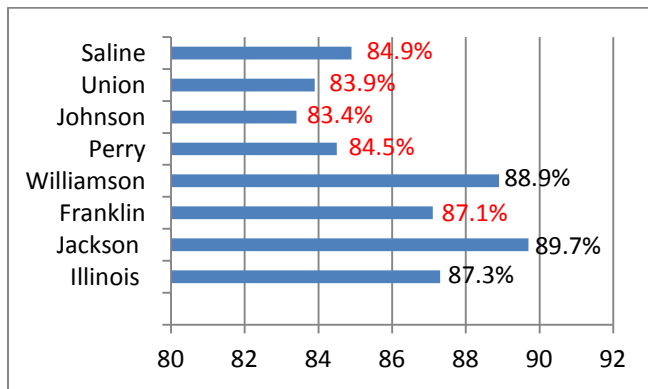


Social Determinants

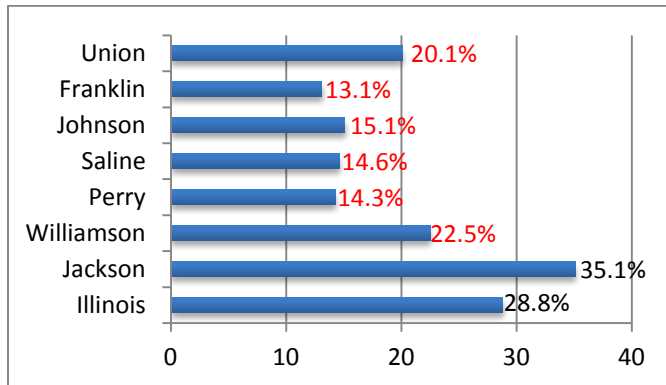
Educational Attainment

Poverty rates, unemployment rates, and lower health status have been linked to low levels of educational attainment among adults. In all except Jackson County, less than a quarter of the population over 25, have college degrees.

High school graduate or higher, percent of person's age 25 years+, 2009-2013



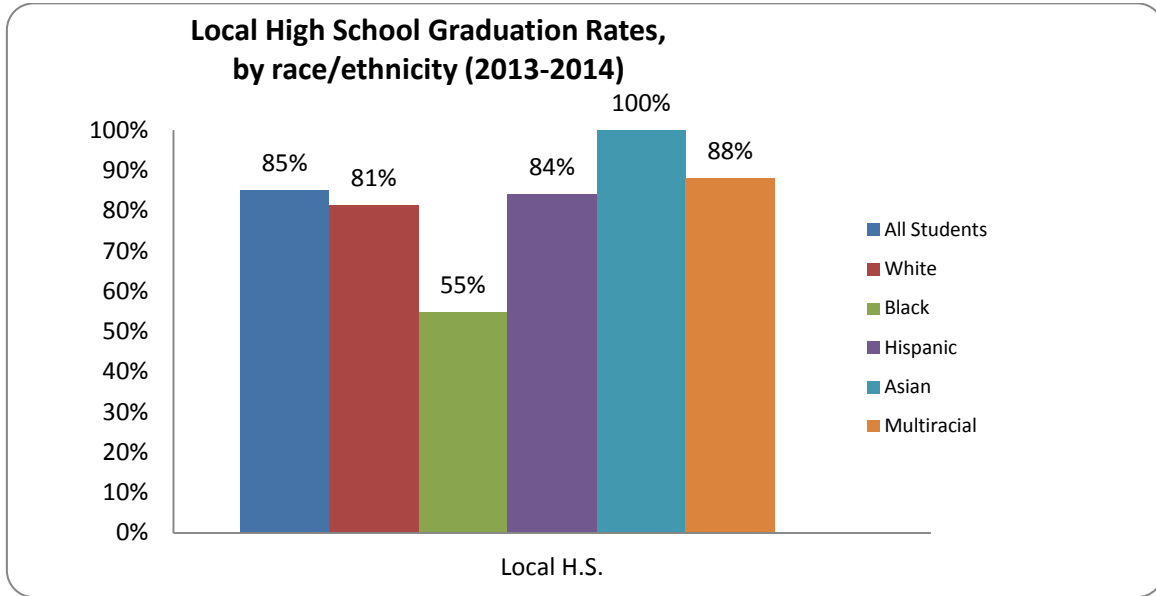
Bachelor's degree or higher, percent of person's 25 years+, 2009-2013



Source: US Census Bureau State & County QuickFacts 2014, Last revised 3/31/15 by US census

Local High School Graduation Gaps

According to the Illinois State Board of Education School Report Cards, 85% of Illinois students graduate from high school with a regular diploma in four years. The Healthy People 2020 target is 82.4%.



Source: Illinois State Board of Education School Report Cards, 2013-2014. <http://illinoisreportcard.com/>

Local High School Graduation Rates

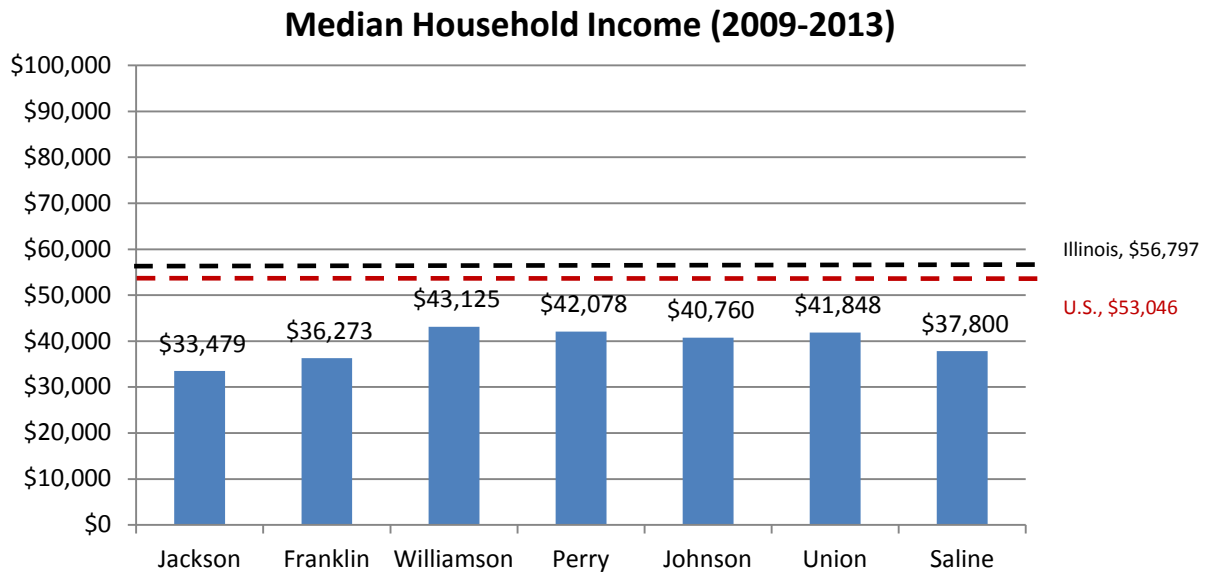
those in red indicate they are below the Healthy People 2020 target

School	All Students
Carbondale Comm. HS	92.4
Murphysboro HS	75.6
Trico Senior HS	84.5
Benton Consol. HS	90.3
Marion HS	80.8
Johnston City HS	76.8
Herrin HS	78.4
Carterville HS	88.6
Pinckneyville HS	84.9
DuQuoin HS	87.7
Anna-Jonesboro HS	70.5
Harrisburg Comm. HS	84.4
Eldorado HS	86.5
Goreville HS	97.8
Vienna HS	94.6
Overall	84.92%

Source: Illinois State Board of Education School Report Cards, 2013-2014. <http://illinoisreportcard.com/>

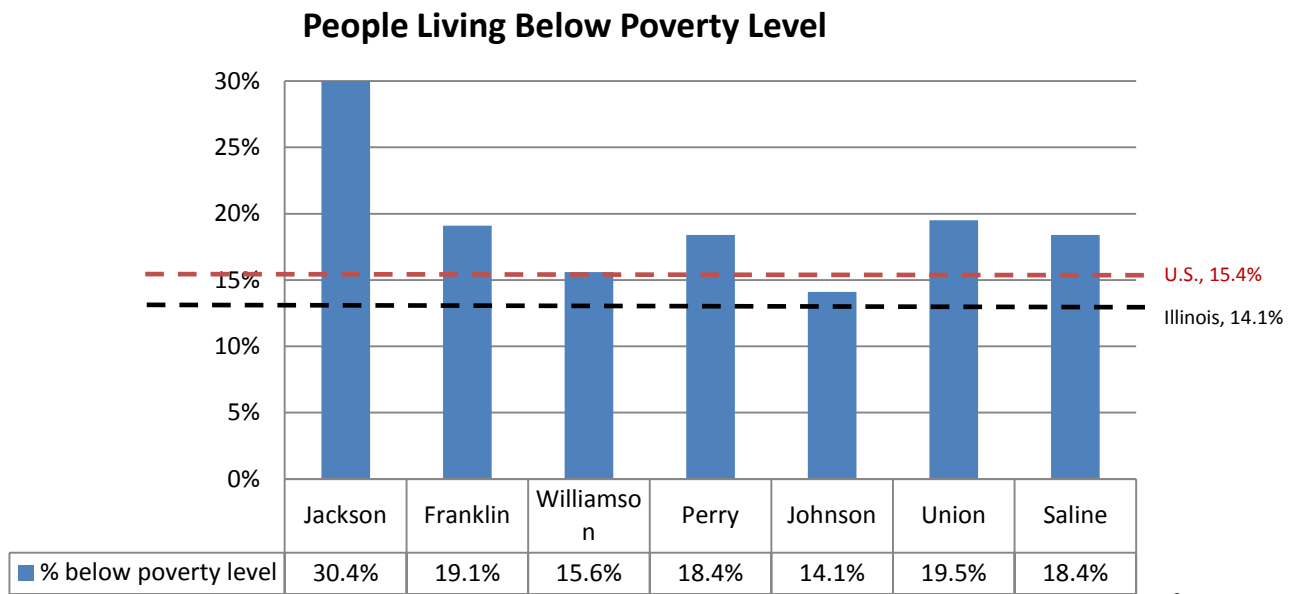
Income

The annual median family income for the seven-county service area is lower than state and national levels. The median household income ranges from a low of \$33,479 in Jackson county to a high of \$43,125 in Williamson County (Illinois' is \$56,797, U.S. is \$53,046).



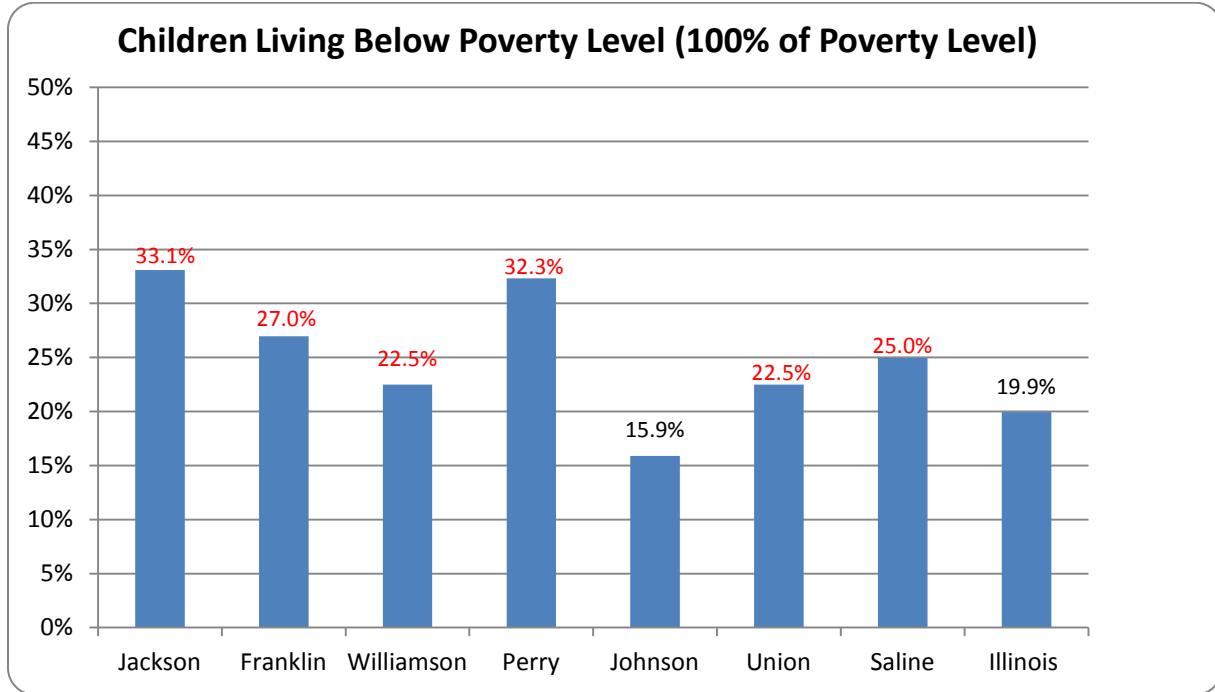
Source: U.S. Census Bureau, 2014 Census; People QuickFacts. Last revised 3/31/15 by US census

Poverty is considered a key driver of health status. Poverty creates barrier to access including health services, health food and other necessities that contribute to poor health status. Jackson County has the highest poverty rate, nearly double the state.



Source: U.S. Census Bureau, 2014 Census; People QuickFacts. Last revised 3/31/15 by US census

Children living in poverty are more likely to have physical, behavioral, and emotional health problems. It has been shown that children living in poverty have lower achievement test scores, and are less likely to graduate from high school (affecting their future employment opportunities and earning potential).



Source: US Census, People QuickFacts, 2014, retrieved through Community Commons March 30, 2015

Unemployment

High rates of unemployment have personal and societal impacts, affect access to health care, strain financial and emotional support systems, and contribute to decreased quality of life.

Location	Unemployment Rate
Jackson	6.5%
Franklin	8.7%
Williamson	7.2%
Perry	8.1%
Johnson	9.7%
Union	9.2%
Saline	7.3%
Illinois	6.9%

Local area unemployment ranges from 6.5% in Jackson County to 9.7% in Johnson County. The SIH service area has a higher unemployment rate than the state and national averages.

The U.S. Bureau of Labor Statistics reported that the national unemployment rate resides at 5.7 percent. The unemployment rate for Illinois was at 6.9 percent.

**Data retrieved for January 2015, not seasonally adjusted.*

Source: US Department of Labor Bureau of Labor Statistics, January 2015, retrieved April 2015

Food Assistance

Indicators that may reflect food insecurity include Supplemental Nutrition Assistance Program (SNAP) participation, Women’s Infants and Children, and children eligible for free and reduced-price lunch programs are relevant because they assess vulnerable populations which are more likely to have needs related to health care access, health status, and social support; when combined with poverty data, providers can use these measures to identify gaps in eligibility and enrollment.

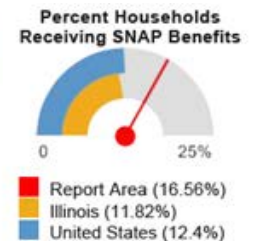
Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	35,779	19,495	54.49%
Franklin County, IL	6,477	3,779	58.34%
Jackson County, IL	7,524	4,251	56.5%
Johnson County, IL	1,965	962	48.96%
Perry County, IL	2,747	1,227	44.67%
Saline County, IL	4,438	2,610	58.81%
Union County, IL	2,310	1,287	55.71%
Williamson County, IL	10,318	5,379	52.13%
Illinois	2,055,502	1,027,336	50.56%
United States	49,936,793	25,615,437	51.7%



Note: This indicator is compared with the state average.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#), 2012-13. Source geography: Address

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Report Area	95,866	15,878	16.56%
Franklin County, IL	16,110	2,773	17.21%
Jackson County, IL	23,567	4,430	18.8%
Johnson County, IL	4,362	541	12.4%
Perry County, IL	7,982	1,224	15.33%
Saline County, IL	10,174	2,000	19.66%
Union County, IL	6,852	1,156	16.87%
Williamson County, IL	26,819	3,754	14%
Illinois	4,772,723	564,185	11.82%
United States	115,610,216	14,339,330	12.4%



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2009-13. Source geography: Tract

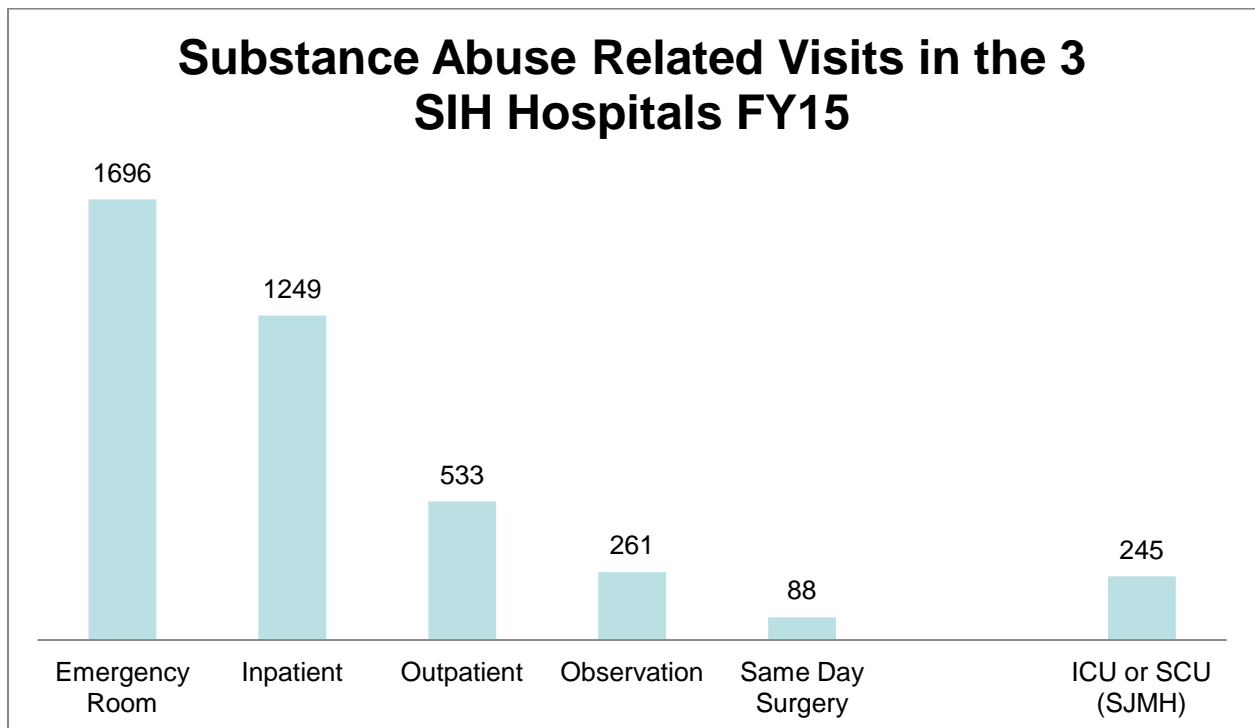
Source: Community Commons, www.communitycommons.org, retrieved March 2015



Substance Abuse

Substance abuse is a significant public health issue, nationally and in southern Illinois. Substance abuse related visits to the three SIH hospitals and the prevalence of substance abuse among adults (18 and over) residents was assessed by examining binge drinking and substance abuse related visits in the three SIH hospitals.

As referenced in the table below, substance abuse related visits account for 4,072 of the total visits (362,750) to the hospital or 1.1% of the total encounters to SIH facilities in FY15. Over 1,600 patients presented to the ED for substance abuse related issues and 245 or 14% required treatment in the ICU or Special Care Unit. Note: Does not include the 11 people who came for reference lab (non patient) or the 22 people who came for outpatient therapy (series).



It proved very difficult to find additional county-wide data regarding prescription drug and opiate use. County specific data was not located, but two reports were identified that provide some insight. The first was the paper by the “Community Behavioral Healthcare Association of Illinois.” They held a forum in cooperation with the SIU SOM CRHSSD. It was noted that opioid use had increased 43% from 1999 to 2010 and that substance abuse

treatment centers had seen an increase. A TEDS (Treatment Episode Data Set) from SAMSHA – Center for Behavioral Health Statistics and Quality 2012 report noted a few findings when comparing those admitted to treatment in rural versus urban settings. Rural admissions were younger and were more likely to report primary abuse of alcohol or non-heroin opiates than urban admissions who reported using heroin or cocaine. Also rural admissions were more likely to be referred by the criminal justice system – it can be assumed the youth were getting into trouble and then seeking assistance.

Adolescent Substance Abuse

Adolescent substance abuse can lead to a variety of health consequences and risk taking behaviors.

Adolescents using Any Substance in Past Year (including alcohol, cigarettes, alcohol, inhalants or Marijuana), 2014

Location	6th grade	8 th grade
Franklin	13%	23%
Jackson	20%	24%
Perry	**	**
Williamson, 2012	15%	30%
Johnson	**	**
Union	11%	34%
Saline	15%	32%
Illinois	15%	37.9%

Adolescents using Any Illicit Drugs (crack/cocaine, hallucinogens, LSD, Meth, heroin, excluding marijuana) in Past Year, 2014

Location	6th grade	8 th grade
Franklin	N/A	2%
Jackson	N/A	0%
Perry	**	**
Williamson, 2012	N/A	3%
Johnson	**	**
Union	N/A	2%
Saline	N/A	3%
Illinois	N/A	2.3%

Adolescents using Any Prescription Drugs in Past Year to get High in the Past Year (including steroids, prescription pain killers, other prescription drugs, prescription drugs not prescribed to you, over-the-counter drugs), 2014

Location	6th grade	8 th grade
Franklin	N/A	2%
Jackson	N/A	4%
Perry	**	**
Williamson, 2012	N/A	6%
Johnson	**	**
Union	N/A	4%
Saline	N/A	4%
Illinois	N/A	3%

*data is not available for Johnson or Perry Counties.

Source: Illinois Youth Survey 2014, and Healthy People 2020 Leading Health Indicators: Progress Update http://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_0.pdf

Alcohol Consumption

Alcohol abuse is associated with a variety of negative health and safety outcomes. The percent of adults in our community who reported binge drinking is much higher as compared to the state. Binge drinking is defined as five or more drinks on one occasion for males (four drinks for females).

Adults who Binge Drink

Percent of Total	Comparison	Adults who Binge Drink
Yes (7 Counties)	At Risk	27.2%
Yes (Illinois)	At Risk	18.3%

Adults reporting binge drinking in past 30 days – US 2012: 27.1%, HP2020 target: 24.4%

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Round; 2010-2011; Illinois Department of Public Health



Tobacco

Tobacco is a large contributor to avoidable illness, disability, and death. In addition to direct smoking exposure, communities with a high smoking prevalence have greater exposure to secondhand smoke for non-smokers with the potential to cause or contribute to a wide range of negative health effects, including cancer, respiratory infections, and asthma. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. At least one in five adults in the primary service area smoke.

Adults who Smoke

Percent of Total	Comparison	Adults who Smoke
7 Counties	Smoker	26.8%
Illinois	Smoker	20.9%

US 2012: 18.2%, HP2020 target: 12.0%

Source: Illinois County Behavioral Risk Factor Surveys, Fifth Edition; 2010-2011; Illinois Department of Public Health and Healthy People 2020 Leading Health Indicators: Progress Update http://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_0.pdf

Adolescent Cigarette Smoking in past 30 days, 8th grade

Location	8th grade
Franklin	5%
Jackson	1%
Perry	**
Williamson, 2012	8%
Johnson	**
Union	7%
Saline	13%
Illinois, 2012	4.6%

US 2011: 18.1%, HP2020 target: 16.0% (9th – 12th graders) – Data is not collected for all counties.

Source: Illinois Youth Risk Survey 2012-2014, and Healthy People 2020 Leading Health Indicators: Progress Update http://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_0.pdf

County Health Rankings

County Health Rankings are a way to measure and understand the relative health status of the communities served by SIH. Each county's rank is determined by assessing health behaviors, access to and quality of clinical care, social and economic influences such as crime and education levels, and the physical environment. Actual health outcomes such as causes of death, and quality and length of life are measured along with the other counties in the state to draw comparisons. High ranks (e.g., 1 or 2) are estimated to be the 'healthiest' areas. In general, a poor ranking on health factors translates to poor health outcomes. Unfortunately, the rankings of the counties served by SIH are among some of the *lowest* out of the 102 Illinois counties.

County Health Rankings 2015: Illinois (102 counties)		
County	Health Outcome Rank	Health Factor Rank
Franklin	98	92
Jackson	83	77
Johnson	55	76
Perry	66	82
Saline	97	97
Union	74	84
Williamson	77	71

Source: University of Wisconsin Population Health Institute. County Health Rankings, 2015. <http://www.countyhealthrankings.org/>, Retrieved March 30, 2015

2015 County Health Rankings Comparison

The table below compares indicators of health status for each of the seven counties served by SIH to the state of Illinois. The rows in blue are the seven county rankings compared to the 102 counties in Illinois. This comparison helps provide an overview of the disparities and issues in these seven counties. Numbers represented in **RED** indicate a disparity in that county compared to Illinois.

	Illinois	Franklin	Jackson	Johnson	Perry	Saline	Union	Williamson
Health Outcomes		98	83	55	66	97	74	77
Length of Life		97	70	56	58	99	81	73
Premature death (YPLL before 75)	6,349	10,435	7,882	7,239	7,399	10,519	8,359	7,994
Quality of Life		91	93	56	75	88	57	74
Poor or fair health	15%	22%	21%			16%		23%
Poor physical health days	3.4	5.0	3.9		2.9	5.2		3.3
Poor mental health days	3.3		4.5					3.3
Low birth weight	8.4%	8.4%	7.9%	8.0%	9.2%	8.7%	8.0%	7.8%
Health Factors		92	77	76	82	97	84	71
Health Behaviors		50	65	35	40	98	73	81
Adult smoking	18%		18%			27%		21%
Adult obesity	27%	31%	32%	29%	29%	32%	33%	35%
Food environment index	7.8 /10	7.5/10	6.0 /10	7.0 /10	7.0 /10	6.4 /10	7.5 /10	7.6 /10

	Illinois	Franklin	Jackson	Johnson	Perry	Saline	Union	Williamson
Physical inactivity	23%	29%	23%	27%	26%	31%	28%	31%
Access to exercise opportunities	89%	69%	75%	70%	37%	73%	58%	75%
Excessive drinking	20%	12%	15%	-	-	-	-	14%
Alcohol-impaired driving deaths	37%	32%	32%	20%	27%	42%	24%	31%
Sexually transmitted infections	526	305	1,229	274	299	369	153	335
Teen births	35	49	25	37	41	54	49	42
Clinical Care		91	54	46	86	88	67	47
Uninsured (Under 65 yrs w/out health insurance)	15%	13%	15%	12%	12%	13%	14%	13%
Primary care physicians	1,266:1	2,463:1	924:1	12,760:1	2,206:1	1,313:1	1,357:1	1,212:1
Dentists	1,453:1	2,800:1	1,574:1	4,226:1	3,127:1	2,494:1	2,512:1	2,091:1
Mental health providers	604:1	754:1	511:1	373:1	1,563:1	779:1	977:1	523:1
Preventable hospital stays	65	84	72	77	100	112	89	81
Diabetic monitoring (Medicare enrollees w/HbA1C monitoring)	85%	84%	83%	88%	83%	87%	88%	84%

	Illinois	Franklin	Jackson	Johnson	Perry	Saline	Union	Williamson
Mammography screening (Medicare enrollees 67-69 that received)	64.4%	54.4%	62.5%	71.7%	61.7%	57.8%	64.9%	60.8%
Social & Economic Factors		97	74	87	81	92	84	63
High school graduation	82%	82%	82%	79%	85%	78%	81%	80%
Some college	66.7%	63.0%	75.6%	48.5%	57.3%	59.7%	59.6%	69.2%
Unemployment	9.2%	12.7%	7.9%	11.1%	11.8%	10.4%	11.4%	8.9%
Children in poverty	21%	30%	34%	21%	25%	29%	25%	25%
Income inequality	4.8	4.4	7.4	4.9	4.5	4.7	4.5	4.4
Children in single-parent households	32%	38%	38%	22%	42%	33%	29%	34%
Social associations (# of membership assoc. per 10,000)	9.9	17.0	16.0	15.7	25.8	21.6	15.9	19.8
Violent crime	430	354	586	283	146	346	152	533
Injury deaths	50	92	53	51	57	84	63	74
Physical Environment		76	58	67	63	84	50	89
Air pollution - particulate matter	12.5	13.2	12.7	13.3	12.7	13.6	12.9	13.2

	Illinois	Franklin	Jackson	Johnson	Perry	Saline	Union	Williamson
Drinking water violations	2%	0%	0%	0%	0%	0%	0%	3%
Severe housing problems	19%	12%	21%	9%	12%	13%	11%	12%
Driving alone to work	74%	85%	76%	85%	84%	84%	82%	87%
Long commute - driving alone	40%	33%	19%	41%	41%	28%	40%	21%

Source: County Health Rankings, 2015, Comparison U.S. counties Retrieved March 30, 2015

Appendix 5
List of Indicators

	<i>Measure</i>	<i>Data Source</i>	<i>Years of Data</i>
DEMOGRAPHICS			
	Population, race/ethnicity, age, gender, geography, economy	US Census Bureau State & County QuickFacts, U.S. Census Bureau, Redistricting Data (public Law94-171) Summary File, Tables P1 and H1 U.S. Census Bureau, People QuickFacts, 2010 Census	2010-2014
HEALTH OUTCOMES			
Mortality	Premature death (YPLL)	Illinois County Health Rankings	2015
	Leading Causes of death	IDPH Causes of Death by Resident County	2012
	Mortality Rates – Cancer, Suicide, Diseases of the Heart, Cerebrovascular Diseases, Diabetes	CDC National Vital Statistics System; National Institute of Health, National Cancer Institute, Community Commons	2014 2012 2007-2011
	Infant mortality	Centers for Disease Control and Prevention, National Vital Statistics System	23006-2010
	Age-adjusted suicide deaths	Centers for Disease Control and Prevention, National Vital Statistics System, Community Commons	2007-2011
Morbidity/ Health Status	General health status	County Health Rankings, Illinois Behavioral Risk Factor Surveillance System	2015 2010-2011
	Diabetes	Illinois Behavioral Risk Factor Surveillance System	2010-2011
	Cancer Incidence Rates – All, colorectal, breast, lung & bronchus	National Institutes of Health, National Cancer Institute	2007-2011
	Poor or fair health	Illinois Behavioral Risk Factor Surveillance System, Illinois Youth Survey	2010-2011 2012,2014
	Students felt sad or hopeless		
	Poor physical health days	Illinois Behavioral Risk Factor Surveillance System	2010-2011
	Poor mental health days	Illinois Behavioral Risk Factor Surveillance System	2010-2011
	Told by doctor high blood pressure	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, CARES, Community Commons	2006-2012
	High blood pressure (Medicare population)	Centers for Medicare and Medicaid Services	2012
	Low birth weight	US Department of Health & Human Services, Centers for Disease Control and Prevention, National Indicators Warehouse	2015 2006-2012
	Influenza and Pneumonia	Community Commons	2007
HEALTH FACTORS			
SYSTEMS (CLINICAL CARE)			
Access to Care	SIH Insurance Coverage Estimates	SIH internal system data, The Nielsen Company, Truven Health Analytics, Inc	2014/2015
	Inpatient and Outpatient hospital stays, Inpatient Volumes, ED Visits	Hospital Industry Data Institute and Strata DSS (The Nielsen Company, Truven Health Analytics, Inc), SIH Internal system data	2014/2015
	ED Encounters/ ED Hours for mental and dental health conditions	SIH internal system data	2013-2014 2014-2015
	ED Encounters for		
	Primary Care Providers, Mental Health Providers, Dentists	County Health Rankings	2015
	Emergency Department Utilization for Mental and Dental Health	SIH Admission data, Midas ReportTrack	2013-2015
	12 mo. Did not see due to cost	Illinois Behavioral Risk Factor Surveillance System	2010-2011
	Have Any kind of health care coverage	Illinois Behavioral Risk Factor Surveillance System	2010-2011
	Last routine checkup	Illinois Behavioral Risk Factor Surveillance System	2010-2011
	Usual healthcare provider	Illinois Behavioral Risk Factor Surveillance System	2010-2011
	Last dental visit/cleaning	Illinois Behavioral Risk Factor Surveillance System	2010-2011
	Medicaid	U.S. Census Bureau, American Community Survey	2011
	Medicare patients treated for diabetes	Centers for Medicare and Medicaid Services (CMS)	2015
	Community Need Index (Dignity Health)/Medically Underserved Areas/Health Provider Shortage Areas	U.S. Department of Health and Human Services, Health Resources and Services Administration	2015
	Transportation	Non-emergency medical transportation	SIU School of Medicine Center for Rural Health and Social Service Development (Rural Medical Transportation Network)

	<i>Measure</i>	<i>Data Source</i>	<i>Years of Data</i>
	Avoidable ED Utilization	Southern Illinois Healthcare	2014
Disparities	Community Need Index (CNI)	Dignity Health, Truven Health Analytics	2015
Quality of Care	Preventable hospital stays for ambulatory sensitive conditions	County Health Rankings	2012
	Diabetic screening	Illinois Behavioral Risk Factor Surveillance System	2007-2009
	Mammography screening	Illinois County Health Rankings	2015
	Colorectal cancer screening	Illinois County Behavioral Risk Factor Surveillance System	2010-2011
	Immunizations Influenza/Pneumonia vaccine	Illinois County Behavioral Risk Factor Surveillance System	2010-2011
	Inpatient 30-day readmit with exclusions-ICD Diagnosis	Southern Illinois Healthcare	2014
	Pts that could benefit from palliative/supportive care	Southern Illinois Healthcare	2015
SOCIOECONOMIC FACTORS			
Education	High school graduation percent	U.S. Census Bureau, State and County Quick Facts	2014
	Local high school graduation rates	Illinois State Board of Education, School Report Cards	2013-2014
	Bachelors degree or higher	U.S. Census Bureau, State & County QuickFacts	2009-2013
Employment	Unemployment	US Department of Labor, Bureau of Labor Statistics	January 2015
Income	Median household income People living below poverty Children below poverty	U.S. Census Bureau, People QuickFacts	2014
Food Assistance	Student eligible for free/reduced lunches	Community Commons, National Center for Education Statistics	2009-2013
	Households receiving SNAP Supplemental Nutrition Assistance Program (SNAP) benefits	US Census, American Community Survey	2009-2013
Family/Social Support	Single-parent households	American Community Survey	2006-2010
	Inadequate social support	Illinois Department of Children and Family Services	2013
Community Safety	Violent Crime	Community Commons, Federal Bureau of Investigation, Uniform Crime Reports	2010-2012
PHYSICAL ENVIRONMENT			
Built Environment	Low food access	USDA Food Access Research Atlas	2010
	Food Environment Index	Illinois County Health Rankings	2015
	Access to exercise opportunities	Illinois County Health Rankings	2015
Air Quality	Air quality particulate matter days	Community Commons, CDC National Environmental Public Health Tracking Networks	2008
	Air quality ozone days	Community Commons, CDC National Environmental Public Health Tracking Networks	2008
HEALTH BEHAVIORS			
Alcohol, Tobacco & Other Drugs	Binge drinking	Illinois Behavioral Risk Factor Surveillance System	2010-2011
	Substance Abuse Related Hospital Visits	SIH Internal data system	2014-2015
	Adult smoking	Illinois Behavioral Risk Factor Surveillance System	2010-2011
	Adolescent Substance Abuse	Illinois Youth Survey	2014
	Adolescent Smoking	Illinois Youth Survey	2012,2014
	Child Abuse & Neglect	Illinois Department of Children and Family Services	2013
Unintentional Injuries and Self-Inflicted Injuries	Motor vehicle crashes (fatal)	Illinois Department of Transportation, US Department of Transportation, National Highway Traffic Safety Administration	2010-2014
	Unintentional Injury Deaths	Centers for Disease Control and Prevention, National Vital Statistics System, CDC Wonder, Community Commons	2007-2011
	Youth self-inflicted injury hospitalizations	IDPH Preventing Chronic Disease: Public Health Research, Practice, and Policy, v 11, E197	November 2014
	Encounters in SIH Hospitals Due to Suicide and Self-Inflicted Injury	SIH Internal data system	2014-2015
	Youth & Young Adult Inpatient and Outpatient Self-Inflicted Injury	IDPH, Illinois Hospital Discharge	2009-2012

	<i>Measure</i>	<i>Data Source</i>	<i>Years of Data</i>
Overweight/Obesity	Adult obesity/ Overweight	Illinois County Health Rankings, CDC National Center for Chronic Disease Prevention and Health Promotion, CDC Behavioral Risk Factor Surveillance System, Community Commons	2012 2011-2012
	Childhood obesity (low-income preschool)	U.S. Department of Agriculture – Food Environment Atlas	2009-2011
Physical Activity	Adults Physical Inactivity	Illinois County Health Rankings	2015
	Adults with any exercise in past 30 days	Illinois Behavioral Risk Factor Surveillance System	2010-2011
Diet	Adults, Fruit/Vegetable Consumption	Illinois Behavioral Risk Factor Surveillance System	2007-2009
High risk sexual behavior	Sexually transmitted infections	IDPH Monthly Surveillance Update	January 2014
	Teen birth rate	Illinois County Health Rankings	2015
HIV	HIV	IDPH, Illinois HIV/AIDS/STD Monthly Surveillance Update	2014
Healthcare Utilization	Hospital Discharges by top DRG volume	SIH internal system data	2014
Local Plans, Goals and Perceptions			
SIH Community Health Needs Assessment	SIH Community Health Needs Assessment – 2012/2013	Southern Illinois Healthcare	2012/2013
QHP/PHO	Goals of the QHP/PHO	Quality Health Partners/Physician Hospital Organization	2015
PCMH goals	Patient Centered Medical Home goals	SIH Medical Group	2015
PQRS goals	Physical Quality Reporting System goals	SIH Medical Group PQRS Measures and Domains	April 2015
Core Measures	Core Measures	Joint Commission Core measures for hospitals	2014
County Health Plans	IPLAN (Illinois Project for the Local Assessment of Needs)	Local Health Departments; Jackson, Franklin-Williamson, Egyptian, Southern Seven, Perry	2011-2019
HSIDN goals	Healthy Southern Illinois Network Goals 2015-2020	Health Southern Illinois Delta Network	2014
SHIP Plan	Illinois State Health Improvement Plan	Illinois Department of Public Health	2010
SIH Community Survey	Community perceptions	On-line survey	2015
Physician meetings	Healthcare Provider Perceptions	Interview and survey responses	2015
CHNA Advisory Team	Rank order top priorities	Nominal group process	2015
Other			
Baseline data	US status and targets	Healthy People 2020	2015
County Health Rankings	Health Outcomes, Length of Life, Quality of Life, Health Factors, Health Behaviors, Clinical Care, Social & Economic Factors, Physical Environment	University of Wisconsin Population Health Institute	2015

Appendix 6 - Analysis of Existing Community Health Plans

Crosswalk – SIH CHNA, QHP/PHO, HSIDN, IPLANS, PCMH, SHIP (Last updated July 7, 2015)

<p>SIH Community Health Needs Assessment – 2012/2013 *SIH conducted its first assessment in 2012/2013 as part of the Patient Protection and Affordable Care Act of 2010, which required nonprofit 501©3 hospitals to perform a CHNA every three years.</p>	<p>QHP/PHO (Quality Health Partners/Physician Hospital Organization) Goals</p>	<p>PCMH (Patient Centered Medical Home) Goals for all Recognized Sites, such as Center for Medical Arts, Logan Program Care, etc.</p>	<p>Core Measures (2014) – Joint Commission Core Measures for hospitals, added 2015</p>	<p>2015 SIH Medical Group PQRS (Physician Quality Reporting System) Measures and Domains 4-28-15</p>	<p>Federally Qualified Health Centers (FQHC) Cross-Reference of Clinical Programs - includes information including clinical quality measures, MU (meaningful use) stages 1 & 2, PCMH 2011 & 2014, UDS (Uniform Data System) HRSA – Bureau of Primary Care, QHP 2013, and IHC (Illinois Health Connect) * = in 5 or more guidelines</p>	<p>Healthy Southern Illinois Delta Network (HSDIN) Goals (2015-2020) * The HSIDN is a network of partners including LHD, SIH, SIU SOM CRHSSD and others in the lower 15 counties of IL that work together with their healthy communities coalitions to improve health.</p>	<p>Illinois Project for the Local Assessment of Needs (IPLANS) – Local Health Departments * IPLAN is a series of planning activities conducted within the local health department jurisdiction. Certified local health departments in Illinois have engaged in this planning process every five years since 1994</p>	<p>SHIP (Illinois State Health Improvement Plan) Priorities 2010 *plan developed by the Illinois Department of Public Health in conjunction with Community partners</p>
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<p>High Impact Clinical and Preventative Services</p> <ul style="list-style-type: none"> Prevention and chronic disease management Case management Clinical care Community based interventions and services <p>Access to Care</p> <ul style="list-style-type: none"> Substance abuse and mental health services Oral/dental health Disparities/vulnerable populations <p>Quality and Effectiveness of Care</p> <ul style="list-style-type: none"> Acute myocardial infarction (AMI) Congestive heart failure (CHF) Pneumonia Coordinated care for chronic diseases (CHF, COPD, diabetes) <p>Behavioral Risk Factors</p> <ul style="list-style-type: none"> Physical activity Nutrition Smoking Obesity <p>Cancer disparities</p> <ul style="list-style-type: none"> Lung & bronchus 	<p><u>Year one</u> measures focus on diabetes, COPD, asthma, Ischemic vascular disease, breast and colon cancer screening, adult immunizations and blood pressure and smoking cessation</p> <p><u>Year two</u> measures continue with year one measures (diabetes, COPD, asthma, Ischemic vascular disease, breast and colon cancer screening, adult immunizations and blood pressure and smoking cessation) and add more specialty measures including spirometry, congestive heart failure, proper antibiotic use, steroid avoidance, HIV and hepatitis c tx, perioperative care etc.</p> <p>We will also be</p>	<p>Enhance Access & Continuity of Care</p> <ul style="list-style-type: none"> Same Day Appointments Clinical Advice through Portal Clinical Advice during after hours <p>Identify & Manage Patient Populations</p> <ul style="list-style-type: none"> Chronic care and preventative care management (diabetes, hypertension, hyperlipidemia, mammograms, colonoscopies) <p>Plan & Manage Patient Care</p> <ul style="list-style-type: none"> Utilization of QHP Registry to identify patients lacking chronic & preventative care services. <p>Provide Self-Care Support & Community Resources</p> <ul style="list-style-type: none"> Educational Handouts given at patient visit List of community resources 	<ul style="list-style-type: none"> <u>Stroke</u> <u>VTE (venous thromboembolism) prophylaxis</u> <u>Flu immunizations (inpatients)</u> ED throughput Outpatient surgery (antibiotic selections & timing) Outpatient AMI/CP (aspirin on arrival & EKG timing) Outpatient Long Bone Fracture Pain Management 	<p>Effective Clinical Care and Community/Population Health related to the following:</p> <ul style="list-style-type: none"> Diabetes – HbA1c poor control CAD antiplatelet therapy Influenza immunization Pneumonia vaccination Breast cancer screening Colorectal cancer screening Diabetes – medical attention for nephropathy BMI Screening and follow-up Tobacco use screening and cessation and patient satisfaction surveys for CG CAHPS 	<ul style="list-style-type: none"> Track & Coordinate Patient Care Plan & Manage Patient Care Immunizations (children & adults) High blood pressure* Diabetes* Cervical cancer screening* Mammogram Cholesterol management Ischemic vascular disease (IVD) Asthma* Colorectal screening Tobacco Use & Assessment* Weight/BMI Pharyngitis (children) Bronchitis (adults) Prenatal Care HIV Follow-Up Depression Screening COPD URI appropriate treatment (children) Dental decay (children) Otitis Media (middle ear) 	<p>I. Prevent and control overweight/obesity related chronic disease in southern Illinois.</p> <p>II. Reduce tobacco use and eliminate exposure to second hand smoke in southern Illinois.</p> <p>III. Increase awareness of prevention and management of chronic disease related conditions in southern Illinois.</p>	<p>Southern Seven (2015-2019)</p> <ol style="list-style-type: none"> Obesity Cancer Type 2 diabetes Heart disease <p>Jackson County (2015-2019)</p> <ol style="list-style-type: none"> CVD – including diabetes & obesity Behavioral Health – undiagnosed & untreated depression and anxiety and misuse of prescription drugs Cancer <p>Perry County (2012-2017)</p> <ol style="list-style-type: none"> CVD Cancer – prostate, colorectal & lung Obesity <p>Egyptian (2011-2016)</p> <ol style="list-style-type: none"> Substance abuse Heart disease & stroke Obesity Cancer <p>Franklin-Williamson (2012-2017)</p>	<ol style="list-style-type: none"> access to care data & health IT social determinants measure manage public health system workforce Alcohol/Tobacco drugs Mental Health Natural/Built Environment Obesity/Nutrition/Physical Activity Oral Health Patient Safety/Quality Unintentional Injury Violence
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<ul style="list-style-type: none"> Breast cancer Colorectal cancer 	focusing of preventing unnecessary ED visits and hospitalizations, readmissions for pneumonia and congestive heart failure	available for patients Track & Coordinate Patient Care <ul style="list-style-type: none"> Monitoring of referrals being completed timely Flagging of labs and imaging Timely notification to patients of results Measure & Improve Performance <ul style="list-style-type: none"> Utilization of Press Ganey Surveys Utilization of QHP reports to measure progress of chronic & preventative measures 			infection) <ul style="list-style-type: none"> Primary caries prevention / fluoride varnish (age 0-20) Developmental screening (children) Lead screening (children) 		<ol style="list-style-type: none"> Access to care: Physical and mental health Chronic Disease: heart disease, diabetes, and cancer Mental Health <p>Note: Not in one of our 7 targeted counties, but in lower 15. Randolph Co HD (2012-2017)</p> <ol style="list-style-type: none"> Mental and behavioral health Access to care Health related quality of life/ well-being 	
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SIH/SIMS goals

Sources:

Jackson County, IL Community Health Improvement Plan, January 1, 2015 – December 31, 2019. (August 2014) Jackson County Health Department.
 Perry County 2012-2017 IPLAN. (September 2013). Perry County Health Department.
 Franklin-Williamson Bi-County Community Health Plan 2012-2017. (August 12, 2012). Franklin-Williamson Bi-County Health Department.
 Randolph County Health Department IPLAN 2012-2017. Randolph County Health Department.
 2011 IPLAN Report for Egyptian Health Department 2011-2016. Egyptian Health Department.
 2015-2020 IPLAN Southern Seven Health Department (document development in process as of January 2015.)
 Kimberly Baer - Core Measures.
 Catherine A. Shaw, Director of Operations, SIH Medical Group – April 24, 2015 – PCMH goals.
 Tina Bernstein, 2015 SIH Medical Group PQRS Measures and Domains 4-28-15.
 HSIDN fact sheet.
 SHIP web-site.
 FQHC’s clinical measures, Kim Mitroka 7-02-15

Secondary Analysis of Existing Community Health Plans : Determination of Health Issues Addressed in Plans

Chronic Disease prevention and Mgmt, Care Coordination (Diabetes, CHF, COD, high BP, asthma)	Diabetes	Cardiovascular disease, stroke, and related issues (heart failure, ischemic Vascular disease)	Obesity/ Overweight	Cancer (lung & bronchus, breast, colorectal)	Issues	Tobacco use	Quality & Effectiveness of Care (AMI, CHF, Pneumonia, steroid avoidance, HIV and hep c tx, perioperative care)	Patient Safety/ Quality (various and reduce unnecessary ED visits and hospitalizations and readmissions)	Mental Health	Oral/ Dental Health	Immunizations	Disparities/ Vulnerable populations	Substance Abuse	Unintentional injury	Violence
x	x	x	x	x	SIH CHNA 2012/2013	x	x	x	x	x		x	x		
x	x	x		x	Quality Health Partners/ PHO (Yr 1 goals)	x		x			x				
		x			Quality Health Partners/ PHO (Yr 2 goals)		x	x							
x	x			x	PCMH goals										
		x			Core Measures (Joint Commission)		x	x			x				
x	x	x	X	x	2015 SIH MG PQRS Measures and Domains	x	x				x				
x	x	x	x	x	FQHC cross-reference of clinical programs	x	x		x	x	x	x			
x	x		x		HSIDN 2015-2020	x									
		x	x	x	Egyptian HD-IPLAN								x		
x	x	x		x	F/W Bi-Co HD-IPLAN				x	x					

x	x	x	x		Jackson County HD-IPLAN					x				x		
		x	x	x	Perry County HD-IPLAN											
	x	x	x	x	Southern Seven-IPLAN											
		x	x		Illinois State Health Improvement Plan 2010		x	x	x	x		x	x	x	x	x
8	9	12	10	9	Totals	5	6	5	5	4	3	3	4	1	1	
X	x	x	x		*Not in 7 SIH targeted counties: Randolph Co. HD-IPLAN	x				x	x		x	x		

SIH/SIMS goals

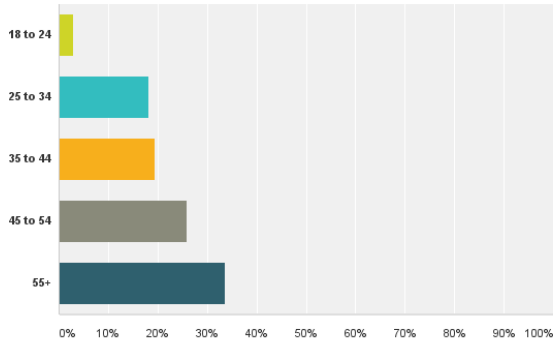
Appendix 7 – **Results of Community Input Survey**

Southern Illinois Healthcare Community Input Survey 2015 (N= 830)

(Survey was open from April 27, 2015 - May 11, 2015. Survey was sent out to Healthy Communities Coalitions, Healthy Southern Illinois Delta Network, 422 Second Act members, SIH and SIMS employees, Spiritual Homebound members, Parish Nurses, Project POWER Ambassadors, and Health Ministry Coordinators.)

Q1 What is your age?

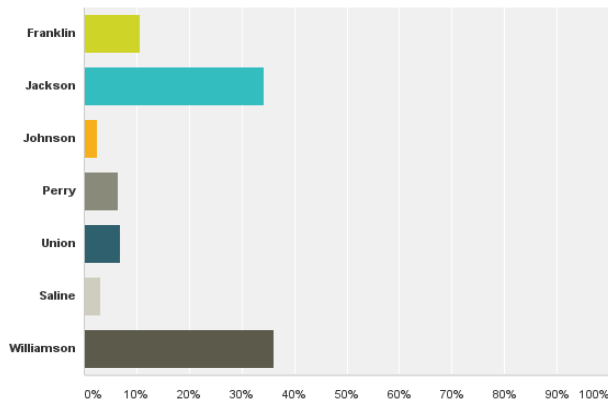
Answered: 829 Skipped: 1



Age (Skipped 1)
 18-24 = 3.02%
 25-34 = 18.09%
 35-44 = 19.42%
 45-54 = 25.81%
 55+ = 33.66%

Q2 What County do you live in?

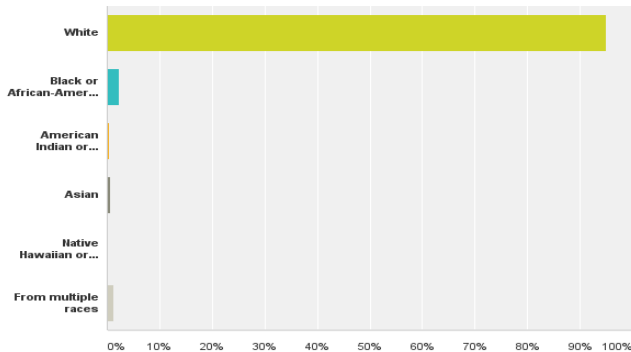
Answered: 801 Skipped: 29



County of Residence (skipped 29)
 Franklin = 10.4 %
 Jackson = 33.4%
 Johnson = 2.4%
 Perry = 6.3%
 Union = 6.7%
 Saline = 3.0%
 Williamson = 35.1%
 Other Counties (Randolph, Gallatin, Hamilton, Jefferson, White) = 2.7%

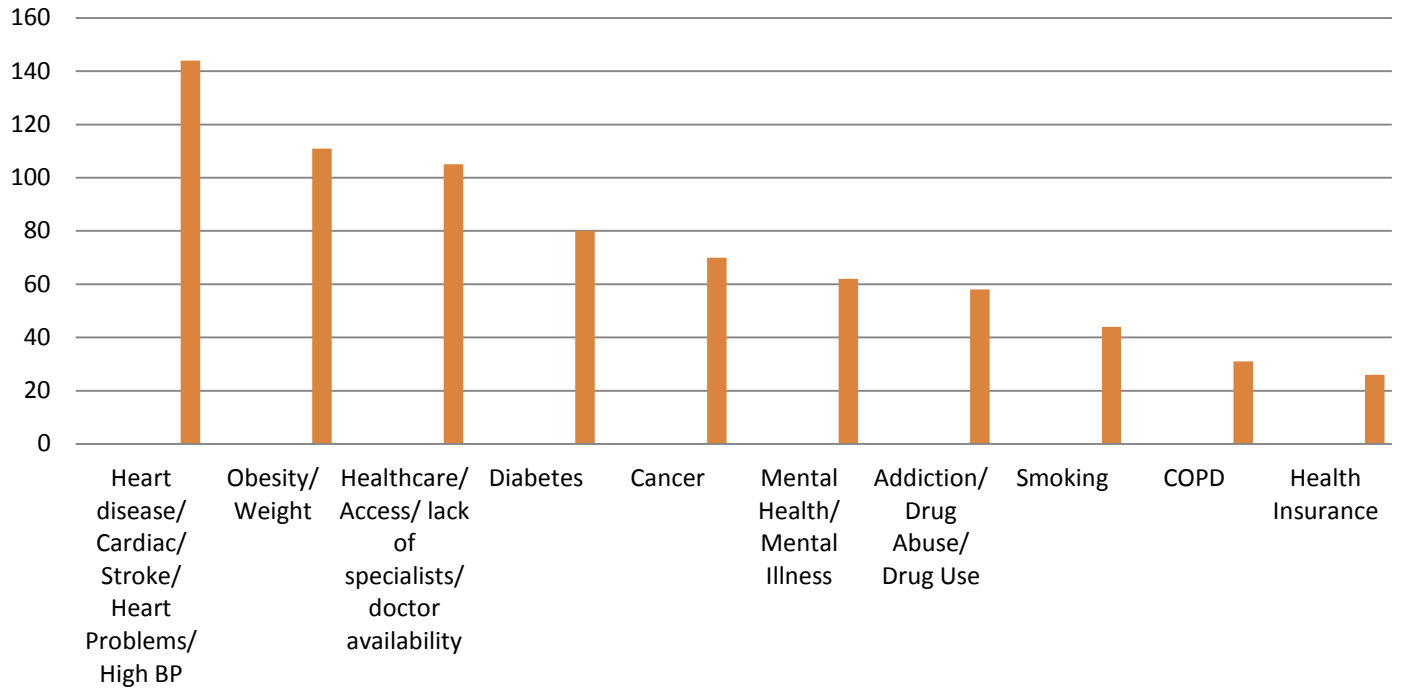
Q3 What is your Race/Ethnicity?

Answered: 828 Skipped: 2

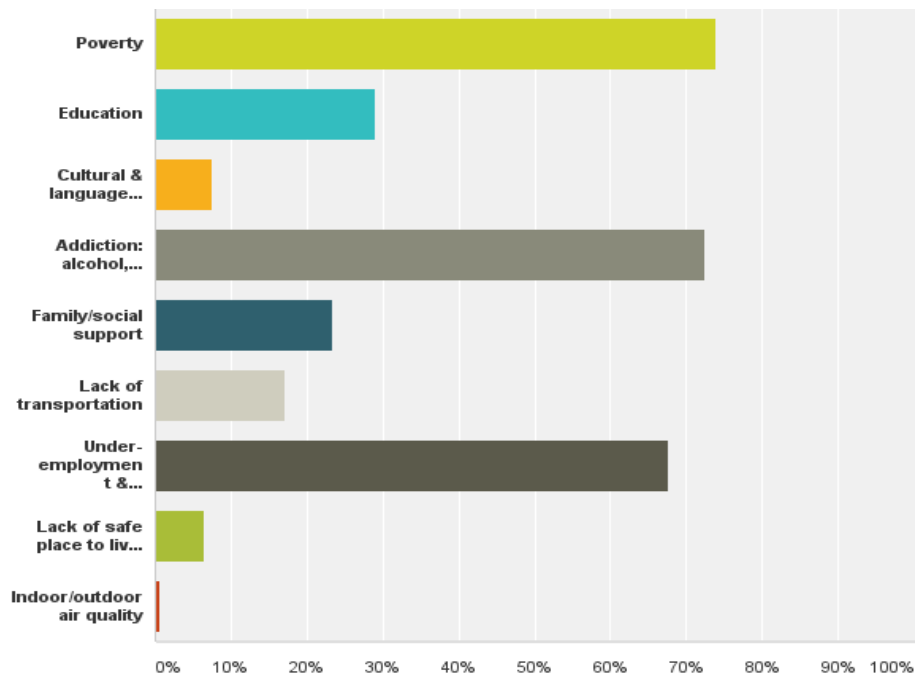


Race/Ethnicity (Skipped 2)
 White = 95.1%
 Black or African-American = 2.3%
 American Indian or Alaskan Native = 0.5%
 Asian = 0.7%

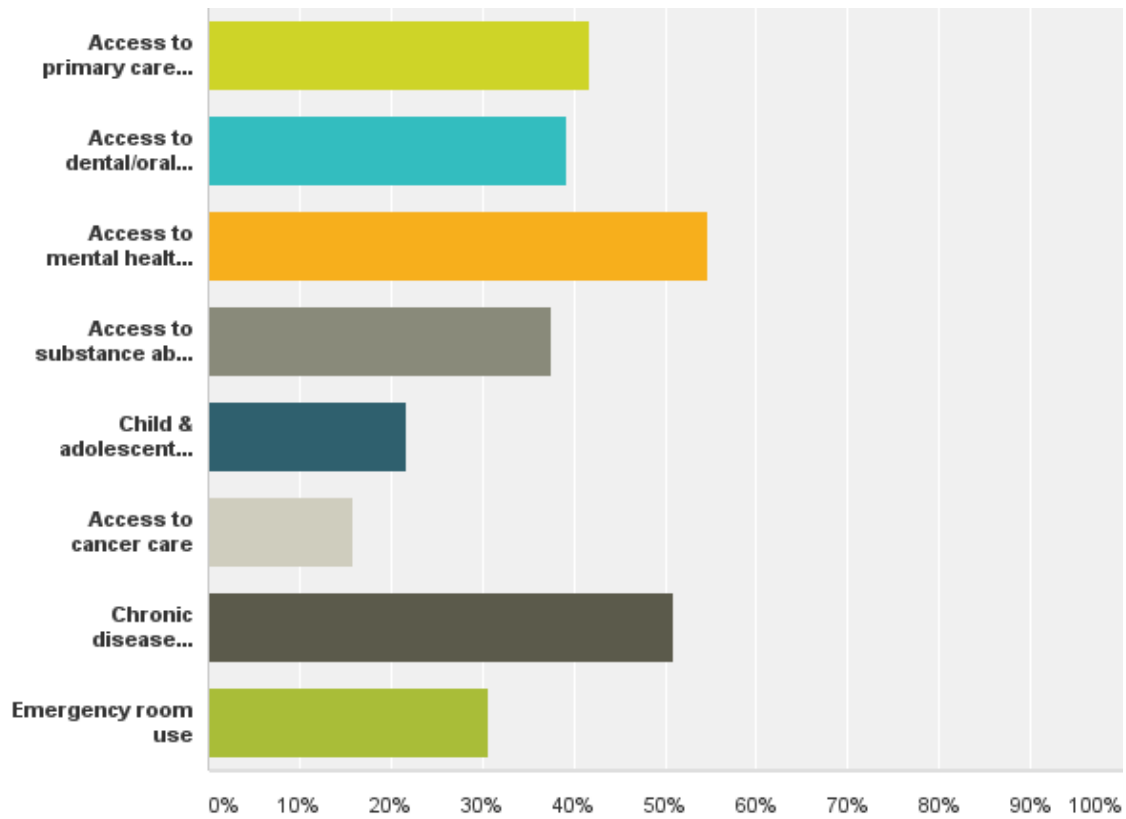
Q4: Top 3 Health Issues in Our Community (Top 10 issues) skipped 235



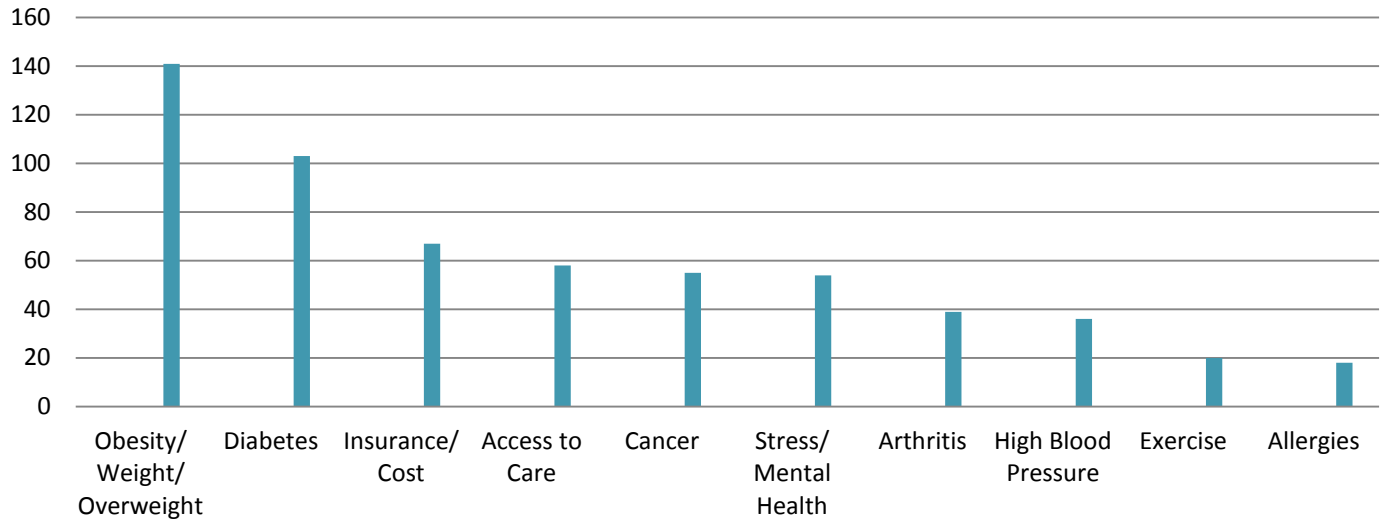
Q5: Please select the top 3 items that you think affect our community in a negative way. Answered: 764 Skipped: 66



Q6: Please select the top 3 items that you think most greatly impact the HEALTH of those living in our community? Answered: 761 Skipped: 69



Q7: Top 3 Health Issues Impacting Members of Your Household (skipped 263, none 57)



Southern Illinois Healthcare-Community Input Survey 2015

April 27, 2015

Every three years Southern Illinois Healthcare conducts a community health needs assessment to identify our priority health issues/needs for the upcoming years. Your opinion is very important to us!

Your responses will help us to determine where to target efforts to improve and address the health needs of those living in the communities we serve. We estimate it will take approximately 5 minutes for you to complete the survey. All responses are both confidential and anonymous. Please complete the survey by May 8, 2015. Again, we appreciate your assistance in improving the health of southern Illinois residents.

If you have any questions about this survey or if you would like to provide additional input, please contact SIH Community Benefits Department at 618.457.5200, ext.67834.

1. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55+

2. What County do you live in?

- Franklin
- Jackson
- Johnson
- Perry
- Union
- Saline
- Williamson

Other (please specify)

Southern Illinois Healthcare-Community Input Survey 2015

3. What is your Race/Ethnicity?

- White
- Black or African-American
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or other Pacific Islander
- From multiple races

4. What do you think are the top 3 HEALTH issues in our community? Please list your choices from 1 to 3 with "1" being the MOST important issue.

5. Please select the top 3 items that you think affect our community in a negative way.

- Poverty
- Education
- Cultural & language barriers
- Addiction: alcohol, tobacco, illicit drug use, gambling, etc.
- Family/social support
- Lack of transportation
- Under-employment & unemployment
- Lack of safe place to live, work, and play
- Indoor/outdoor air quality

Other (please specify)

Southern Illinois Healthcare-Community Input Survey 2015

6. Please select the top 3 items that you think most greatly impact the HEALTH of those living in our community?

- Access to primary care physicians
- Access to dental/oral health services
- Access to mental health services
- Access to substance abuse services
- Child & adolescent health issues
- Access to cancer care
- Chronic disease management services (for those with diabetes, congestive heart failure, etc.)
- Emergency room use

Other (please specify)

7. What are the top 3 HEALTH issues impacting members of your household? Please list from 1 to 3 with "1" being the most important.

Thank you for sharing your opinions with us! We appreciate your input. Your responses along with our community health data will assist us in developing our plan.

Appendix 9 – **Results of Key Informant Interviews with Healthcare Providers**

Healthcare Provider Focus Group/Brainstorming Questions – May/June/July 2015

Respondents:

Center for Medical Arts (Primary Care, Pediatrics) - 6

Dr. Alex Garrido, SMA

Dr. Ana Migone, CMA

Dr. Swarna Matsa

Dr. Carlos Mella-Picel

Dr. Gretel Ruiz-Jorge

Dr. Tandy Korte

Others

3 practice managers also attended

Anne, Shanna, Ellen

Logan Primary Care – 2

Dr. Dennon Davis

submitted input via e-mail/fax

Dr. Parks

submitted input via e-mail/fax

Additional meeting - 3

Dr. Oestmann

Dr. Moore-Connelley

Dr. McClallen

Feedback Via E-mail - 2

Shelly Pierce

submitted via e-mail

Patsy Jensen, SHS

submitted via e-mail

QHP/PHO Meeting

Dr. Anad Salem, MD

Dr. Penny Tippy, MD

Dr. Marci Moore-Connelley, MD

Dr. Clare Fadden, MD

6 physicians

Dr. Gerald McClallen, DO

Dr. Kevin Oestmann, MD

Others

Phil Schaefer

Dan Skiles

Woody Thorne

SIH MG Physician Leadership Meeting

Dr. Naresh Ahuja

Dr. Tamara Buckles

Dr. Nader Dababneh

Dr. Mark Donvito

11 physicians

Dr. Adrian Martin

Dr. Mack McCain

Dr. Kevin Oestmann

Dr. James Pavlovich

Dr. Raymond Pineda

Dr. Matthew Winkleman

Dr. Gerald McClallen

Others

Darrell Bryant

Tina Bernstein

Toni Jones

Phil Schaefer

Christy Williams

Community Health Profile

TOTAL NUMBER FROM WHICH FEEDBACK WAS RECEIVED = 34 people participated, including 23 being physicians and 11 key leaders within the SIH healthcare system

1. What are the most common overall health issues you see among your patients?
 - Obesity/Overweight
 - Hypertension/Heart disease
 - Kidney disease
 - Chronic disease
 - Smoking
 - Diabetes
 - Cardiovascular disease
 - Mental Health
 - Dental/dental issues
 - Osteoarthritis
 - Pain management issues
 - Palliative Care – Lack of
 - Poor diet habits, no exercise and years and years of being told that because their parent or grandparent had this illness that they will have it
 - Poor education on nutrition
 - Poor emphasis on PE for all children and focusing on extra exercise for overweight children.
 - Tobacco related diseases, secondhand smoke exposure/COPD
 - Lack of places to safely exercise for free or low-cost
 - Access to healthy food at a low cost - Farmer's market is expensive
 - Poverty
 - Access to pain management
 - Alcohol
 - COPD

2. What are the biggest barriers to health and wellness for the communities we serve?
 - Access to specialist (psychiatrists, rheumatologists, neurologists, ortho) for patients who have limited transportation within Franklin County.
 - City not friendly for physical activity, i.e., lack of functional sidewalks, no parks targeting older adults like in large cities
 - Cultural acceptance of poor health behaviors/poor lifestyle and diet
 - Education about wellness and preventive treatments especially vaccines.
 - Families the children come from, i.e., father in prison, mother has no HS diploma (social determinants), etc.
 - Insurances are not covering telemedicine, must use “fee splitting”, and many specialists services are not covered
 - Lack of access to care
 - Lack of adult daycares and home care for the elderly
 - Lack of coverage by insurance to assist with weight loss
 - Lack of education
 - Lack of healthy foods
 - Lack of interest by patient buy-in to health and wellness/prevention efforts. Patients want a quick fix.
 - Limited specialty access. Need to bring specialists to the patients, i.e., dietitians, etc.

- Money/Income
- Need a social worker at CMA to help patients; would help with patient quality, care, satisfaction, and also with doctor satisfaction
- Need an endocrinologist. May have “Telemedicine with an Endocrinologist”
- Need family counseling
- Palliative Care
- Patients going outside of area to get care/going to unknown place to seek care
- Poor diet/poor lifestyle choices
- Smoking/abuse of nicotine
- Overuse of alcohol
- Transportation
- Walgreens/Wal-Mart are not sharing records, i.e. when vaccines are given there so that we can keep patient records up to date.
- “3 day rule” for nursing support – send to skilled early
- Appointments for Medicaid patients
- Poverty
- Unemployment
- Insurance coverage
- Transportation
- Lack of coping skills/behaviors
- Low education level of patients

3. What are the greatest strengths/assets to support health and wellness in the communities we serve?

- Comprehensive team
- Coordination efforts of the community health leaders
- Don’t turn people away. SIH serves everyone regardless of ability to pay. System is concerned.
- Evidence-based medicine
- Have almost all of the specialties locally available for patients; i.e., heart, bariatric, etc.
- Having providers within the community due to transportation issues.
- Hospice program
- More advanced in health promotion over the last 10 years.
- Organization committed to good care
- Refer to Archway (Early Interventions), Centerstone, SIU Clinical Center, Jackson County Health Department and Perry County Health Department – Offer lead testing, fluoride varnish
- Shawnee Alliance for Seniors
- SIH is a health conscious employer. Employee Wellness Program helps to raise awareness among employees.
- Technology
- We do a great job sharing stories of success of weight loss, services offered, etc. – “Only SIH Campaign.”
- We have a very solid nursing core and our nurses have a good understanding of overall public health. We have modern facilities with good diagnostic capacity and we have a good team of specialists for advanced care.

- Access to primary care
- SIU SOM residency program
- Strong primary care base (PCP, PA)
- Financial assistance program we have available

4. Which of the barriers are most important to address over the next 3 years?

- Need social workers at CMA (would be a better way for us to refer patients)
- Need a social worker and dietitian at CMA that providers can refer patients to
- SIH needs a psychologist – healthcare providers are spending lots of time doing counseling with patients, could refer to psychologist
- Patient education needs to be close to offices/education staff needs to be placed in primary care offices.
- Getting people into primary care/access to primary care
- Centralized call system for scheduling/nurse access line
- Reduce inappropriate use of ER
- Paying patients are going other places because appointments are full
- Palliative Care
- Economic status of our patients
- Healthy Diets, Regular exercise for both overweight and healthy weight persons, extra work on diet and exercise on the overweight persons. We cannot change genes but we can change life styles!!!!!!
- Community education and outreach
- Obesity
- Over use (misuse) of opioids, benzo's
- Uncontrolled diabetes and hypertension
- Low income/economy
- Lack of employers
- Orthopedics
- Access to specialty care
- Financial – issues other agencies are facing will impact our patients

5. How might SIH help address the barriers?

- Hiring of social workers at CMA
- Hiring of social worker, dietitian, psychologist
- Support groups for patients and caregivers of those with dementia (SIH dementia support group)
- Build upon Senior Renewal Program at St. Joseph Hospital
- Incentives for adults for participating in physical activity, promote Medicare “silver Sneakers” programs
- Continue to recruit additional primary care providers and specialists
- Develop out-patient palliative care program
- A transit service to take patients to and from appointments especially out of county. Transportation to St. Louis.
- Psychiatrists in Franklin County.
- Pushing politicians to require Link Cards to purchase 80% healthy foods, 20% foods of their choice and drinks of only milk or water.
- Push politicians to require every person using the government system to have a urine drug screen

- Support nutrition education
 - Community gardens
 - Pain management options for low income.
 - Provider and patient education
 - Reach out to media
 - Discuss problems we are facing
6. Which community services/social services do you have experience with linking and referring patients to?
- Addus Health Services
 - Archway (Early Interventions)
 - Autism Center
 - Bi-County Home Health
 - Centerstone (mental health)
 - Celtic
 - Cornerstone
 - DOORs
 - Fellowship House (drug abuse)
 - Food pantry
 - Franklin Williamson Bi-County Health Department
 - Gateway
 - Good Samaritan House
 - Home Healthcare
 - Hospice of Southern Illinois
 - Jackson County Health Department
 - Jackson County Senior Citizens Center
 - Local health departments
 - Medical Legal Partnership/Land of Lincoln Legal Assistance
 - Med Trans
 - Perry County Health Department
 - Senior Services/Daycares
 - Shawnee Alliance for Seniors
 - Shawnee Health Services (dental)
 - SIU Clinical Center
 - The Women’s Center
 - WIC
 - All
7. Is there anything else you think is important to share for this SIH assessment?
- Address the barriers to cancer screening – educate patients that they need a colonoscopy even if they do not have a family history of colon cancer
 - Addressing and following up with patients in relation to advance directives, advanced directives following patients through the continuum of care

- Dr. Korte has run out of fluoride varnish kits – would be interested in receiving more free fluoride varnish kits
- Education is needed regarding vaccines – suggested having pictures of well known people getting their flu vaccines (the physicians would like to be photographed getting their vaccines so the photos can be used to promote that their patients receive flu shot, etc.)
- Endocrinologist is needed.
- I think if we cannot educate this patient population for generations and hold them responsible for their health that we are fighting a losing battle.
- More collaboration with the senior centers to offer support groups and senior services/education, etc.
- Need psychiatrists. Would like a holistic psychiatrist who doesn't overprescribe medication.
- Nothing you don't already know 😊
- Physicians would like a coffee shop in CMA where staff and patients can get soup, salad, and "real food", healthy options
- SIH should do whatever we can through our lobbyist/advocacy to prevent SIU funding cuts. If there are funding cuts to SIH we will lose patients.
- Vending machine choices need to be improved at SIH facilities.
- Wish Franklin Williamson Bi-County Health Department offered fluoride varnish and lead testing
- Would like telemedicine for psychiatry
- Would like to "close the loop" when I refer a child to a nutritionist – have times when patient has not heard back from dietitian. Was helpful to have dietitian at CMA and notes were in computer with Lori and we could see if she met with the patients. Would be helpful to have a clearer idea of what happens with patients, i.e., were they not eligible to be seen, etc.
- We have a terrible problem with prescription drug abuse and misuse. SIH should lead a community wide effort to educate the public and seek the support of local physicians in addressing this problem.
- Child psychiatry
- Adult psychiatry
- Child development
- Autism needs
- Mental health resources
- Additional screenings

Appendix 10 – Healthcare Provider Interview Questions

Healthcare Provider Focus Group/Brainstorming Questions

(10-15 minutes)

Opening

Materials Needed: Overview of CHNA (handout) and Sign-In Sheet (handout), Overview of Plans
Angie Bailey, Community Benefits Manager – Introduction of Purpose for Gathering Input
Lisa Nation, Community Health Coordinator and Angie Bailey – Introduce self and facilitate participant discussion.

1. What are the most common overall health issues you see among your patients?
2. What are the biggest barriers to health and wellness for the communities we serve?
3. What are the greatest strengths/assets to support health and wellness in the communities we serve?
4. Which of the barriers are most important to address over the next 3 years?
5. How might SIH help address the barriers?
6. Which community services/social services do you have experience with linking and referring patients to?
7. Is there anything else you think is important to share for this SIH assessment?