

2018 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

Report for tax year 2018 ending
3/31/2019

SIH Memorial Hospital of Carbondale
SIH Herrin Hospital
SIH St. Joseph Memorial Hospital



Table of Contents

Executive Summary.....	4
Vision for a Healthy Southern Illinois.....	6
Introduction	7
SIH: A Tradition of Caring.....	7
Snapshot of the SIH Service Area.....	9
A Rich History of Partnering to Improve Health	9
Impacts of the Actions Taken Since the Last Community Health Needs Assessment.....	10
Purpose of the 2018 Community Health Needs Assessment (CHNA)	12
Collaborative Approach in the CHNA Development.....	12
How to Use this Report.....	12
Underlying Themes of the SIH Needs Assessment	13
Process and Methods Used to Conduct the CHNA.....	14
Defining the Community Served and How the Community Was Determined.....	15
Collecting and Analyzing Existing Data	15
Assessing Community Needs.....	16
Analysis of Existing Community Plans/Goals	19
Selection of Priority Health Issues through Synthesis and	
Analysis of Assessment Data by SIH CHNA Advisory Team	21
Health Issues Identified and Prioritized	24
Issue 1: Reduce Barriers to Health and Healthcare	25
Issue 2: Behavioral Health (Mental Health and Substance Abuse)	26
Issue 3: Cancer	28
Issue 4: Chronic Disease Prevention, Management and Treatment.....	30
Issue 5: Improving Health Behaviors (Reduce Overweight/Obesity and Tobacco Use)	32
Implementation Plan Development	34
Issues Identified But Not Prioritized	34
Adoption of the CHNA and Implementation Plan	35
Document and Communicate Results of the CHNA	35

Implementing the SIH CHNA Plan.....	35
Appendix 1 - CHNA Advisory Team and Implementation Teams	38
Appendix 2 Current Resources/Collaborative Efforts Available to Address These Issues	45
Appendix 3 - SIH Data Profile.....	59
SIH Primary Service Area.....	59
Demographics of Community Served	60
County Health Rankings	88
Healthy People 2020 Leading Health Indicators.....	90
Access to Health Services.....	91
Clinical Preventive Services.....	112
Environmental Quality	128
Injury and Violence	131
Maternal, Infant and Child Health	138
Mental Health	142
Nutrition, Physical Activity, and Obesity	151
Oral Health	180
Reproductive and Sexual Health.....	183
Social Determinants.....	194
Substance Abuse.....	216
Tobacco.....	223
Appendix 4 - County Health Rankings.....	226
Appendix 5 – 2018 County Health Rankings Comparison	227
Appendix 6 - List of Indicators	233
Appendix 7 – Analysis of Existing Community Health Plans.....	237
Appendix 8– Results of Community Input Survey	241
Appendix 9 – Community Input Survey Instrument	248
Appendix 10 – Results of Survey of Healthcare Providers and Key Leaders	252
Appendix 11 – Healthcare Provider/Key Leader Survey Instrument.....	261
Appendix 12 – SIH CHNA Implementation Plan.....	262

Executive Summary

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

The three SIH hospital's first Community Health Needs Assessment (CHNA), 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.

The CHNA was conducted as part of SIH'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, and adopt an implementation strategy to address the community health needs identified through the assessment, 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 provided input into this process through the following methods:

1. **Community Member/Community Partner Survey** – 699 survey respondents
2. **Physician/Healthcare Provider/Leader Survey** – 40 people participated, including various physicians and key leaders within the SIH healthcare system
3. **SIH CHNA Advisory Team** – The 37-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, cardiovascular disease and cancer. 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 many types of cancer are also present as compared to the state and nation. Unemployment, poverty, food insecurity, access to care and lack of transportation serve as barriers to health and healthcare. Lastly, behavioral health (mental health and substance misuse) continues to be a major concern as well. Lack of access to care for behavioral health service 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, an overall goal was developed with five areas of emphasis.

The priority health issues that SIH will address are: reduce barriers to improved health/healthcare, behavioral health (mental health and substance misuse), cancer, chronic disease prevention, management, and treatment and improving health behaviors by reducing overweight/obesity and tobacco use.

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

SIH

VISION FOR A HEALTHY SOUTHERN ILLINOIS

OUR MISSION:

We are dedicated to improving the health and well-being of all of the people in the communities we serve.

OUR VISION:

Creating a healthy Southern Illinois made stronger by acts of caring that transform lives

OUR VALUES:

Respect, Integrity, Compassion, Collaboration, Stewardship, Accountability and Quality

OUR PILLARS:

- Experts Who Care
- Safe, Advanced Comprehensive Services
- Community Impact

2018 Community Health Needs Assessment

OUR GOALS:

- Reduce Barriers to Improved Health/Healthcare, including:
 - Food, Housing, Transportation, Education, Violence, Social Support, Health Behaviors, Employment (Source: AHA, HRET, ACHI)

OUR AREAS OF EMPHASIS:

- Behavioral Health (Mental Health and Substance Misuse)
- Cancer
- Chronic Disease Prevention, Management and Treatment (focusing on cardiovascular disease, stroke, diabetes, obesity and chronic obstructive pulmonary disease)
- Improving Health Behaviors by reducing overweight/obesity and tobacco use

Introduction

In 2018, SIH 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.

SIH: 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. SIH is comprised of three inpatient hospitals located in Illinois: SIH Memorial Hospital of Carbondale (MHC), SIH Herrin Hospital (HH) in Herrin, and SIH St. Joseph Memorial Hospital (SJMHC) in Murphysboro 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.

- 154-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 a 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 significant 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
- Primary Stroke Center
- Nationally acclaimed acute rehabilitation offered through an alliance with the Shirley Ryan Ability Lab
- Area's only bariatric surgical program for weight loss

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. 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
- Home to a 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 a growing cadre of providers and over 500 employees.

The nearly 3,800 team members of SIH 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 SIH.
- Quality – Striving for excellence in all we do

Snapshot of the SIH Service Area

While each of the seven counties in the SIH hospital service area are unique, they share similar challenges. SIH hospitals provide comprehensive health care to residents within its seven county primary service area. Some of the issues being faced by residents are 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 Graduate or higher, persons 25+	Students Eligible for Free or Reduced Lunch Program	Live Below Poverty	Median Income
Franklin	39,156	87.7%	60.9%	21.5%	\$39,507
Jackson	58,870	92.3%	66.3%	23.4%	\$33,845
Johnson	12,902	83.4%	51.7%	14.4%	\$44,179
Perry	21,357	84.9%	52.2%	15.6%	\$43,308
Saline	24,307	86.1%	62.4%	20.4%	\$40,290
Union	17,212	85.6%	62.3%	17.4%	\$45,464
Williamson	67,560	90.2%	54.9%	15.9%	\$45,902

Sources: Data (Public Law 94-171) Summary File Table P1 & H1, 2016 Census Redistricting, US Census Bureau State and County QuickFacts 2016, National Center for Education Statistics, NCES-Common Core of Data, 2014-15, US Census Population Estimate.

A Rich History of Partnering to Improve Health

This is the third SIH Community Health Needs Assessment for each of the SIH hospitals. Since 1995, the SIH Community Benefits Department, SIH has partnered with many in the seven county service area to make improvements in health. 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. Staff have also worked together on the implementation of school health initiatives which currently impact over 20,000 students in the lower 16 counties of Illinois through the Illinois CATCH on to Health Consortium (IHC), developed and sustained a health ministry program and 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 2015 SIH Community Health Needs Assessment Implementation Plan, the top needs in each of the SIH hospitals in the service area were:

- Cancer
- Cardiovascular Disease including its risk factors of diabetes and obesity
- Mental Health and Substance Misuse

Considerable progress has been made toward addressing these priorities in 2016-2019, as of January 31, 2019. See highlights below.

Cancer:

- Physician Health Organization (PHO) 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. A training curriculum was developed and distributed to over fifteen primary care provider offices along with screening reminder postcards in an effort to increase screening rates.
- Approximately 60 Cancer Institute staff have been trained through the Medical Legal Partnership of Southern Illinois (MLPSI) and over 1,500 patients have been screened for health harming legal needs at the SIH Cancer Institute. These patients are then referred to the Medical Legal Partnership of Southern Illinois, an effort of Land of Lincoln Legal Aid and SIH. Since the program's inception in 2002 clients/patients have received legal assistance for nearly 3,000 cases.
- In order to increase smoking cessation attempts in southern Illinois, over 500 staff members have been educated on the Illinois Tobacco Quitline. Media outreach has also taken place to promote the quitline. Implementation of the "Courage to Quit" six-week smoking cessation program has begun in southern Illinois with 60 individuals enrolled in the program.

Cardiovascular Disease (CVD), including diabetes and obesity:

- SIH, along with our partners, are implementing the Stanford Chronic Disease and Diabetes Self-Management program. The program has expanded into the lower fifteen counties of Illinois. Over ninety classes have been offered with 490+ people completing the program. Screenings for high blood pressure and diabetes were conducted through churches and community events on 1,389 people who were at high risk.
- SIH staff are collaborating with various organizations through the Illinois CATCH on to Health Consortium to implement the "Whole School, Whole Community, Whole Child Model" throughout southern Illinois. The ICHC is assisting over 80 schools in southern Illinois. SIH works directly with 35 schools, with 9,930 enrolled children, to increase physical activity and nutrition to reduce obesity among children, and to improve mental health and reduce suicide among youth. Over 16,000 students and adults have been

impacted directly through family fun nights and various educational events. 360 school staff have attended training on topics such as healthy school nutrition and physical education.

- SIH also implements a Health Ministry Program in order to reduce CVD, diabetes and obesity and to increase positive health behaviors in faith communities. Through the program over the last three years 62 new Congregational Health Connectors (CHC) and 13 Faith Community Nurses (FCN) have been trained, bringing the total of active faith community nurses to 55 and the number of churches that have a CHC or FCN to 86. These trained individuals have made 107,000+ one-on-one contacts/educational contacts with faith community members. They have screened over 2,600+ faith community members for high blood pressure and over 14,474 people have attended education events conducted in their faith communities. 20 faith communities have also received training in emergency preparedness, developed safety plans, and received AEDs.
- SIH also collaborates with a local farmer's market to increase fruit and vegetable intake among low income households. Over 750 double value transactions have been made for families at a local market to double their Supplemental Nutrition Assistance Program (SNAP) benefits so they can purchase fruit and vegetables at the market. This effort has provided over \$13,000 in fruit and vegetables to low income families.
- A program for low income families whose children were on Medicaid and also in the 95th percentile for weight was piloted with one of our pediatricians. Through this program six families with 15 children attended six weeks of nutrition and health education. At the end of each session the families also received a supply of fruit and vegetables to try in their home. There was an increase in fruit and vegetable consumption among the families as well as an increase in knowledge regarding physical activity and nutrition and reductions in screen time.

Mental Health (and substance misuse)

- Adult Mental Health First Aid training has been provided to 172 individuals and Youth Mental Health First Aid has been provided to 150 individuals in an effort to assist in knowing what to watch for and to learn techniques to intervene if someone is contemplating suicide.
- Over 1,800 people have been trained on the available mental health and substance abuse resource guides (www.hsidn.org/resources) in order that they may refer family, friends and patients to needed resources.
- Approximately 150 law enforcement and medical first responders have received Naloxone training in order to stop an overdose.
- SIH developed a warm-handoff process in our Emergency Departments in order to screen and refer patients to local substance abuse treatment facilities. Over 145 patients have received treatment due to this collaboration.

No written comments specifically related to our 2015 SIH Community Health Needs Assessment and Implementation Strategy were received from the public.

Purpose of the 2018 Community Health Needs Assessment (CHNA)

This is the third CHNA conducted by each of the SIH hospitals as part of SIH's Community Benefits planning process. The goals were to:

- Identify and prioritize health issues in the SIH service area, particularly for vulnerable and under-represented populations,
- Ensure that programs and services closely match the priorities and needs of the community,
- 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) and develop an Implementation Strategy 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 the three SIH hospitals, Memorial Hospital of Carbondale, Herrin Hospital and St. Joseph Memorial Hospital were incorporated through input from residents, health care practitioners, local health departments, social service providers and other community organizations and partners. Because of their close proximity and due to the variety of services offered at each of the different hospitals, all three hospitals define their communities as an SIH seven county service area. 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 and 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 which included the hospital administrators and five 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 the community served by the three SIH hospitals- St. Joseph Hospital in Murphysboro, Memorial Hospital of Carbondale and Herrin Hospital. Because of the close proximity of the 3 hospitals, they each describe their community to be the same surrounding 7-county area. 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 together and leveraging resources our community capacity is increased, helping us to make successful and sustainable improvements in health and quality of life.



- 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 health 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

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 health 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, 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 and supportive policies and practices, in addition to direct provision of services we work collaboratively to improve health outcomes. This assessment serves as an implementation and community benefits planning document for SIH.

Process and Methods Used to Conduct the CHNA

The SIH Community Health Needs Assessment process began in 2018 and continued through Spring 2019 through the following steps:

- 1) Define the community (January 2018)
- 2) Collect and analyze existing data (January 2018 – July 2018)
- 3) Form a CHNA Advisory Team (May 2018)
- 4) Collect additional data through:
 - a. Community Survey (June 2018)
 - b. Survey of SIH Physicians and Leaders (May – June 2018)
 - 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 - July 2018)
- 5) Synthesize and analyze assessment data (May - July 2018)
- 6) Create Community Health Needs Assessment (CHNA) profile/data report (January – August 2018)
- 7) Advisory Team identify key issues, provide input and prioritize needs (June - August 2018)
- 8) Gain feedback on the selected issues from SIH Leadership (August 2018)
- 9) Create Implementation Plan Committees (September 2018)
- 10) Implementation Plan Committees develop plans with measurable goals and objectives, along with research based strategies (September – November 2018)
- 11) Garner feedback and support and finalize CHNA within SIH (December 2018– March 2019)
- 12) Unveil the CHNA to the Community and Post on SIH Web-site (April 2019)
- 13) SIH staff and community partners implement our plan (April 1, 2019 – March 31, 2022)

Defining the Community Served and How the Community Was Determined: SIH Hospital's Primary Service Area

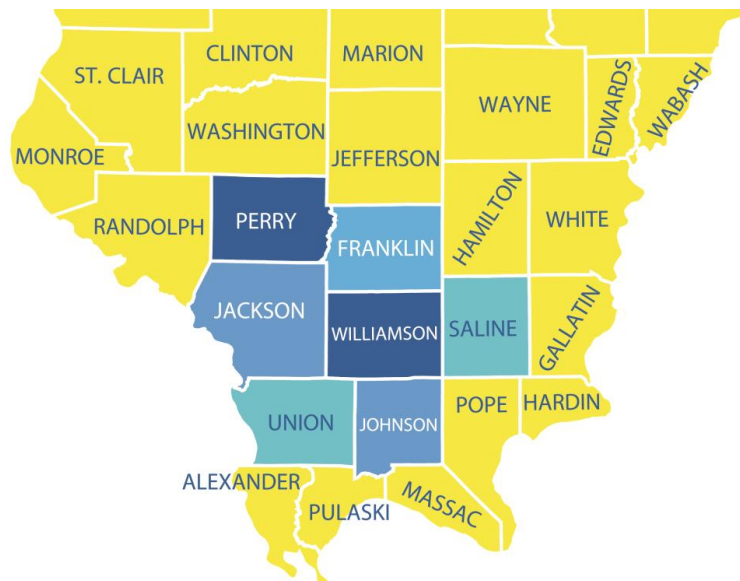
The SIH hospital's community/primary service area can best be defined as the seven counties surrounding the three hospitals: St. Joseph Hospital in Murphysboro, Memorial Hospital of Carbondale and Herrin Hospital. These hospitals are located in Jackson and Williamson Counties of Illinois and due to their close proximity their surrounding community is defined as the 7 counties where most of the hospital inpatient and outpatient visits come from in our rural area.

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: 2017 Hospital Industry Data Institute and Strata DSS.

Most of our patients live in these Counties:

Jackson
Williamson
Franklin
Perry
Saline
Union
Johnson

**descending order by volume*



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, SIH internal systems data and goals/plans from various entities. (See Appendix 6 for a full list of indicators.)

The 12 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 6 – 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.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) survey of healthcare providers and SIH key leaders, 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 summer of 2018, 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, Healthy Community Coalitions, Faith Community Nurses, Health Ministry Volunteers and Congregational Health Connectors, 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; i.e. low income families and those living in poverty, the uninsured and underinsured, the elderly, teens, those with behavioral health issues, etc. An invitation email with a SurveyMonkey link was sent to over 4,000 individuals. The survey was also promoted via Facebook. Responses were collected anonymously.

A total of 699 individuals completed the survey between April 27, 2018 and May 11, 2018. 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 that SIH should work to address?

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/Whole School, Whole Child, Whole Community, 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, Congregational Health Connectors and Health Ministry Volunteers

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.

Second Act

Second Act is a free program sponsored by SIH 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.

2. What top three factors do you think affect our community in a negative way?
3. What are the top three health issues in your community that should be addressed??
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:

- mental health problems
- drug abuse/substance misuse
- access to care
- overweight/obesity
- cancer
- diabetes
- cardiovascular disease and stroke
- prescription drug abuse

Factors identified as most adversely affecting our community in a negative way were poverty, addiction, underemployment & unemployment, lack of transportation, lack of social support and education.

The top health issues impacting members of their households were identified as mental health, obesity, diabetes, cancer, high blood pressure, heart disease, overweight, arthritis, exercise, nutrition and access to care.

See Appendix 8 – Results of Community Input Survey and Appendix 9 – Community Input Survey Instrument.

Survey of Healthcare Providers and SIH Leaders

An e-mail with an on-line survey for SIH healthcare providers and SIH leadership was sent to over 300 people within SIH. A total of 40 physicians/healthcare providers and key leaders within the SIH system participated in the survey. The questions asked are were as follows.

1. What are the most common health issues you see among your patients?
2. What are the biggest barriers to health and wellness for your patients?
3. Which of the barriers listed above do you feel are most important for SIH and our community partners to address over the next 3 years?
4. What are the greatest strengths/assets to support health and wellness that you see for your patients within SIH and the community?
5. List any suggested strategies that you believe SIH should engage in over the next 3 years to address the barriers you listed above?
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 2018 SIH Community Health Needs Assessment?

The most common issues seen among patients closely matched the results of the community survey: obesity/overweight, heart disease, chronic diseases such as diabetes, hypertension, COPD, mental health issues such as anxiety and depression, cancer, and pain management. Additional issues mentioned included hearing loss and lack of positive health behaviors by patients. Many barriers to health and wellness were mentioned including lack of access to specialists, lack of health insurance and understanding of the health insurance the patients do have, social determinants of health including poverty, lack of transportation, unemployment, lack of education, poor nutrition, lack of physical activity, poor lifestyle choices in general and lack of compliance with treatment plan provided by the healthcare provider.

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, our commitment to quality care, our strong workforce with modern facilities, and the implementation of SIH's new integrated electronic health record (EPIC). It was also noted that SIH works to collaborate and coordinate efforts with community health leaders and various agencies and that many programs are offered throughout the community to improve health.

Barriers that were noted as most important to address over the next three years included the need for additional services to assist patients with transportation, medication adherence, understanding their insurance coverage, and basic education related to health. 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 10 – Results of Survey of Healthcare Providers and Key Leaders, and Appendix 11 – Healthcare Provider and Key Leaders Survey Instrument.

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 – 2015 developed by SIH
- Quality Health Partners/Physician Hospital Organization (QHP/PHO) Goals 2017/2018
- Patient Centered Medical Home (PCMH) Goals from SIH Medical Group 2018
- CMS Core Measures (2018) – Joint Commission Core Measures for Hospitals
- 2017/2018 SIH Medical Group Quality Measures

- Federally Qualified Health Centers (FQHC) Cross-Reference of Clinical Programs includes clinical quality measures, MU (meaningful use) stages 1 & 2, PCMH (Patient Centered Medical Home), UDS (Uniform Data System) HRSA – Bureau of Primary Care, QHP, and IHC (Illinois Health Connect)
- Healthy Southern Illinois Delta Network (HSIDN) Goals (2015-2020) developed by the local health departments, SIU School of Medicine Center for Rural Health and Social Service Development, and SIH 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 (2017-2022)
 - Egyptian (2017-2022)
 - Franklin-Williamson (2017-2022)
- Illinois State Health Improvement Plan (SHIP) 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 and cervical)
5. Chronic disease prevention, management and care coordination
6. Mental health
7. Substance abuse and prescription drug misuse

The crosswalk listing the measures/goals is available in appendix 7 – Analysis of Existing Community Health Plans.

SIH Medical Group

A meeting was held with the SIH Medical Group Practice Managers on July 26, 2018 to gain their input on the data collected thus far. Those in attendance were in agreement with issues of concern in the community member and provider surveys. The following issues were expressed as continued concerns from the practice managers: lack of transportation, obesity as a contributing factor to many health issues, pain management, low health literacy of patients, lack of patient ownership for their health issues/often wanting a



quick fix, lack of understanding of the health issues they have and the inability to self-manage, and patients are not staying up to date on preventative measures and wellness visits.

CHNA Advisory Team

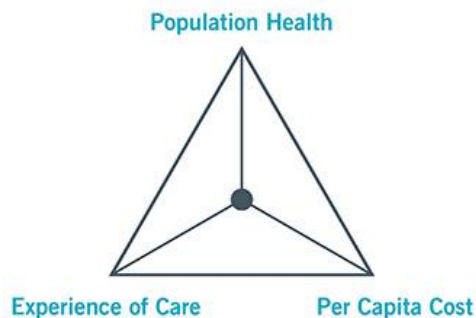
In June and August of 2018, the SIH CHNA Advisory Team was convened. The team was made up of a broad representation of the community and included thirty-seven members from within the SIH health system, local health departments, Federally Qualified Health Centers, healthcare providers, community leaders, social service providers, 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 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 County Health Rankings and County Health Rankings Comparison (Appendix 4 & 5) and 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 five 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 the following issues: access to care, behavioral health, overweight/obesity, transportation, chronic obstructive pulmonary disease/cardiovascular disease, chronic disease/chronic disease management, diabetes, education/health literacy, cancer, substance misuse, unwanted pregnancy, end of life planning, tobacco (including e-cigs and vaping) and sepsis.

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

Rank	Topic
1	Access to Care
2	Mental Health
3	Overweight/Obesity
4	Transportation
5	Chronic Obstructive Pulmonary Disease/Cardiovascular Disease
6	Chronic Disease/Chronic Disease Management
7	Diabetes
8	Education/Health Literacy
9	Cancer
10	Substance Misuse

After further analysis by the SIH Community Benefits Manager these were combined into five categories; Access to Care, Mental Health (Suicide Prevention), Overweight/Obesity, Social Determinants of Health, and Chronic Disease Management, Prevention and Treatment, followed by Education/Health Literacy, Cancer and Substance Misuse.

Feedback on the selected issues was then gained from SIH Senior Leadership in August 2018. Based on the discussion of Senior Leadership and prioritizations of the SIH CHNA Advisory

Team the priorities identified were:

Topic 1 – Reduce Barriers to Improved Health/ Healthcare (Social Determinates of Health, Food, Housing, Transportation, Education, Violence, Social Support, Health Behaviors, and Employment)

Topic 2 –Behavioral Health (Mental Health and Substance Misuse)

Topic 3 – Chronic Disease Prevention, Management, and Treatment (CVD, Diabetes, Obesity, Stroke, and COPD)

Topic 4 – Cancer

Topic 5 – Improving Health Behaviors by Reducing Overweight /Obesity and Tobacco Use

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
diabetes
drugs/addiction
pain
cancer
mental health/mental illness

Top Issues Identified through Healthcare Provider Survey:
obesity/ overweight
heart disease
mental health issues
chronic diseases (i.e. diabetes, high BP, COPD, etc.)
cancer
pain management issues

Results of Community Health Plan Analysis:
cardiovascular disease/stroke
obesity/overweight
diabetes
cancer
chronic disease prevention, mgmt and care coordination
mental health
substance abuse & prescription drug misuse

Supporting Data and the CHNA Advisory Team Identified the Following Areas of Concern:
Access to Care
Mental Health
Overweight/Obesity
Transportation
COPD/CVD
Chronic Disease/Chronic Disease Management
Diabetes
Education/Health Literacy
Cancer
Substance abuse

Overall SIH Priorities:
reduce barriers to health/healthcare
behavioral health (mental health and substance misuse)
cancer
chronic disease prevention, management and treatment
improving health behaviors by reducing overweight and obesity and tobacco use

Five priority health issues were identified as the focus of the SIH 2018-2022 Community Health Needs Assessment; Reduce Barriers to Improved Health/Healthcare, Behavioral Health (Including Mental Health and Substance Misuse), Cancer, Chronic Disease Prevention, Management and Treatment, and Improving Health Behaviors by reducing overweight and obesity and tobacco use.

ISSUE 1: Reduce Barriers to Health/Healthcare

The Story Behind the Problem:

Barriers to health and healthcare include many things such as a person's ability to get to a needed medical appointment, the ability to obtain health insurance, pay insurance co-pays, and to fill a prescription, the ability to eat healthy, nutritious foods, whether someone has others to help with manage their health conditions are just a few of the barriers one may face in sustaining and improving their health. Barriers to health and healthcare include Food, Housing, Transportation, Education, Violence, Social Support, Health Behaviors, Employment (Source: AHA, HRET, ACHI). All of these play a significant role in one's ability to be healthy. In order to reduce barriers to health and healthcare, it is important that individuals develop skills and have resources available to them.

Key Findings:

Between 14.4-23.4% of people living in our seven county area are living in poverty, as compared to the state at 13% and the US at 12.7%. Between 14.1% and 17.8% of the adult population reports that they have been unable to fill a prescription due to cost and 9.4-14.3% report not being able to go to doctor due to cost. Only 76.8-100% of adults reported they have a usual person as a healthcare provider. Between 18.7%-33% of adults report having a disability in our seven counties and 11% -15.6% report having difficulty making decisions.

Key Indicators to Track Progress:

- Proportion of persons with a primary care provider
- Proportion of persons who are able to obtain necessary medical care and prescriptions
- Number of patients referred to the Medical Legal Partnership and number of cases accepted
- Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

Data Sources:

US Census Bureau, 2016 Census, People Quick Facts

Illinois Behavioral Risk Factor Survey Round Six - 2015, Illinois Department of Public Health

Illinois County Health Rankings 2018

ISSUE 2: Behavioral Health (Mental Health and Substance Misuse)

The Story Behind the Problem:

Mental health issues/disorders and substance misuse are concerns in the SIH service area and the need for screening and treatment for those experiencing behavioral health issues is a priority. In order to reduce these issues, it is also important that youth develop social and emotional skills, and that youth and adults receive screenings, brief interventions and referrals to treatment. Patients often use emergency departments (EDs) frequently for mental health issues when the condition can be treated more appropriately and affordably in an outpatient setting. Many individuals and their families often present to the EDs with substance misuse issues. Solutions are needed to ensure patients are getting quality care in the appropriate setting.

Key Findings:

In the seven county service area the age-adjusted suicide deaths per 100,000 was 16.4 which is higher than the Healthy People 2020 goal of 10.2 per 100,000, the state rate of 9.7, and the US rate of 12.5. Between 32.7-45.8% of adults in our seven county area reported that their mental health was not good on at least one day in the last month. Between 18% - 25.8% of adults reported that they had ever been told they have a depressive disorder as compared to the state at 15.3%. 19.5% of Medicare beneficiaries experience depression in our seven county area, as compared to the state at 15.1% and the US at 16.7% 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 some usually activities in the past 12 months ranged between 28% and 36% in our seven county area. During FY18, there were between 125-203 mental health visits each month to the SIH Emergency Departments.

The age adjusted overdose death rate in our area is 18.1 compared to Illinois at 11.7 and US at 13.4. In FY18, there were 22,306 patient visits to an SIH hospital with substance abuse diagnosis listed. The number of patients who are considered at high risk for opioid overdose based on them receiving greater than 90 MME ranges from 79 – 541 patients per county.

The total prescriptions for opioids and benzodiazepines in the SIH seven county area in 2017 was 227,894 with the average days' supply ranging from 89-114 days. The percentage of 8th grade students who used any substance in the last year such as alcohol, cigarettes, inhalants or marijuana ranged from 24-36% as compared to the state at 27%.

The percentage of 8th graders who used any prescription drugs in the past year to get high ranged from 2 – 6% as compared to the state at 3%.

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

Key Indicators to Track Progress:

Incidence Rates

- Age Adjusted Suicide Death Rate
- Age Adjusted Overdose Death Rate

Screening and Referral by Healthcare Providers

- Individuals receiving mental health and substance misuse screening and referrals for treatment

Community Education

- Increase the number of individuals trained through “Mental Health First Aid”
- Increase the number of schools implementing “Signs of Suicide” curriculum

Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

Data Sources

Center for Medicare and Medicaid Services, 2015

Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014

Illinois Behavioral Risk Factor Survey, Round Six - 2015, Illinois Department of Public Health

Illinois County Health Rankings, 2018

Illinois Prescription Monitoring Program 2017

SIH Hospital data, Midas+, FY18

Illinois Youth Survey, 2016

Feeding America, 2014

Issue 3: Cancer

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 23% of deaths due to cancer. The incidence rates in southern Illinois are consistently higher than Illinois. Most of our counties have higher rates than the state and US for lung, colorectal, oral cavity and pharynx, and skin cancer. But death rates are stable or falling for these except for lung & bronchus in Franklin and Williamson Counties.

Location	Lung & Bronchus	Breast Cancer	Colorectal Cancer	Oral Cavity & Pharynx	Melanoma of the Skin	All Cancer Sites
Franklin	113.8	131.6	51.3	16.6	26.8	553.9
Jackson	70.2	117.7	39.7	14.1	19.8	425.3
Perry	72.6	132.7	57.4	15.2	27.0	511.0
Williamson	97.1	114.7	54.5	13.2	25.9	509.7
Johnson	87.8	134.0	61.9	*	20.1	479.8
Union	103.5	141.9	53.4	*	34.1	525.7
Saline	84.1	99.9	56.6	15.7	20.6	488.1
Illinois	66.0	131.7	43.9	12.1	19.0	463.7
US	60.2	124.7	39.2	11.6	21.3	441.2

*3 or fewer cases

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. Depending on the county approximately 14-28.1% of adults living in our seven county area reported that they were smokers, 4.4% - 10.5% reported using smokeless tobacco at this time, and 9.8% - 34% of adults reported using e-cigarettes somedays. Between two percent and eight percent of 8th graders reported smoking in the last 30 days.

Lack of recommended screening plays a role in the early detection of cancer. 26.4 -33.8% of adults age 50+ have not had a colonoscopy or sigmoidoscopy and 4.3-12.2% of women 18 and older report never having had a pap smear and only 66.5% - 74% of women who had not had a hysterectomy reported having a pap smear in the last three years.

Key Indicators to Track Progress:

Incidence Rates and Stage at Diagnosis

- Lung & Bronchus Cancer
- Colorectal Cancer
- Oral Cavity and Pharynx Cancer
- Cervical Cancer

Counseling by Healthcare Provider

- Increase counseling regarding recommended cancer screenings
- Increase counseling regarding the need for HPV Vaccination

Behaviors

- Increase Cervical Cancer Screening
- Increase Colorectal Cancer Screening
- Increase Lung Cancer Screening
- Increase HPV Vaccination

Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

Data Sources:

IDPH, Causes of Death by Resident County, 2016

NIH, National Cancer Institute, State Cancer Profile, Age-Adjusted Incidents by Cancer Site 2011-2015

Illinois County Behavioral Risk Factor Surveys, Sixth Round – 2015, Illinois Department of Public Health

Illinois Youth Survey, 2016

ISSUE 4: Chronic Disease Prevention, Management and Treatment (focusing on cardiovascular disease, stroke, and diabetes)

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. 24% of deaths in our area are due to diseases of the heart. The age-adjusted death rate for our seven county area is 181.1, as compared to the Illinois rate of 174.5 and the US rate of 171.8. The top chronic conditions associated with inpatient 30 day readmissions in SIH hospitals are COPD, heart failure, and kidney disease.

Of adults 18 and older, 7.1 – 15.2% are living with diabetes, 31.6-46.1% have high blood pressure, 67% are overweight or obese, 54.94 % have high cholesterol, and 5.4-14.0% have COPD. Of Medicare patients ages 65+, 28.6% have heart disease, 28 % are being treated for diabetes, and 59.7% are being treated for high blood pressure.

Key Indicators to Track Progress:

Incidence Rates

- Adults diagnosed with diabetes

Behaviors

- Increase in adults who have had blood pressure measured
- Increase in adults who have had blood cholesterol checked

Self-Management Education

- Received by those Living with Diabetes/Chronic Diseases

School Health

- Number of schools and students engaged
- Percent of PE time spent in moderate to vigorous physical activity

Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

Data Sources:

Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC Wonder. 2010-2014.

IDPH, Causes of Death by Resident County, 2016

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse. 2006-12

Centers for Medicare and Medicaid Services, 2015

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2013.

SIH, Inpatient 30 day readmit with exclusions, Diagnoses for 2017

Illinois Department of Public Health and CDC CARES 2011-12

Illinois Behavioral Risk Factor Survey Round Six - 2015, Illinois Department of Public Health

ISSUE 5: Improving Health Behaviors by reducing overweight and obesity and tobacco use

The Story Behind the Problem:

Overweight/obesity and tobacco use are contributing factors to many health issues, thus they are a concern in the SIH service area and the need to address these issues is a priority. These health issues/behaviors contribute to heart disease and many other chronic diseases as well as cancer. By reducing overweight and obesity and tobacco use in our seven county area we would improve the health of our population.

Key Findings:

Of adults living in our seven county area: 67.6% are overweight or obese, 25.11% of residents are living in areas designated as food deserts, over 80% of adults are not meeting recommended guidelines for daily fruit and vegetable intake and 19.6% reported not participating in any physical activity in the last 30 days.

14.0% - 28.1% of adults are smokers, 4.4% - 10.5% have used smokeless tobacco and 6.2-10% use e-cigarettes every day and 9.8% -34% use e-cigarettes on some days. Between 2-8% of 8th graders reported smoking in the last 30 days.

Key Indicators to Track Progress:

Incidence Rates

- Overweight and obesity rates
- Tobacco use among adults and youth

Community Education

- Number reached through community education and media outreach
- Number utilizing the SNAP Double Value program at farmer's markets

Behaviors

- Enrollment in Courage to Quit Smoking Cessation classes
- Calls to the Illinois Tobacco Quitline
- Enrollment in physical activity challenges

Data Sources:

IDPH, Causes of Death by Resident County, 2016

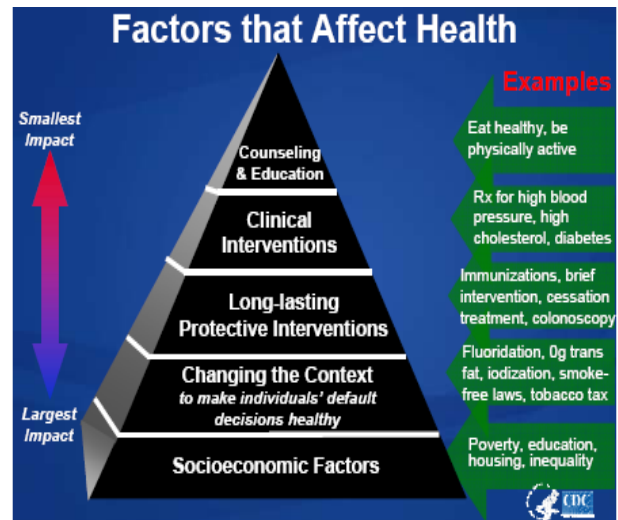
Illinois Behavioral Risk Factor Survey, Sixth Round - 2015; Illinois Department of Public Health Centers for Medicare and Medicaid Services, www.cms.gov

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. 2013. Retrieved from Community Commons

Implementation Plan Development

Five Implementation Plan Teams were developed in order to bring individuals 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: reduce barriers to health/healthcare, behavioral health (mental health and substance misuse), chronic disease prevention, management and treatment, cancer, improving health behaviors by reducing overweight and obesity and tobacco use. 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 for a List of Current Resources/Collaborative Efforts Available to Address these Issues and Appendix 12: 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 unwanted pregnancy, end of life planning, and sepsis are issues that were identified by the SIH CHNA Advisory Team, but had not been chosen as issues to address at this time through the CHNA because other groups and organizations, including SIH, are working to address them. For example, in order to address unwanted pregnancy many schools, faith communities and health departments engage in programming to educate students and prevent unwanted pregnancies as well as various sexually transmitted diseases including HIV. For end of life planning, various entities such as the SIH and SIH Medical Group staff ask about various advanced directives during medical appointments and hospital stays. Southern Illinois Medical Legal Partnership is also available to assist patients with powers of attorney for healthcare, wills and much more. Outreach and training has been provided for staff of the SIH Medical Group, SIH Cancer Institute and staff on how to screen and refer patients to the Medical Legal Partnership. Lastly, sepsis is another issue that is being worked on throughout the hospitals and

with nursing homes. A Kaizen was coordinated by SIH Process Improvement in late 2018 to work together to address Sepsis. Various action steps and plans are being developed to address this issue.

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 28, 2019. 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 posted on the SIH Web-site on March 29, 2019. 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. SIH also provides a paper copy of the CHNA report free of charge for public inspection upon request and without charge at the SIH hospitals and the SIH Corporate Office or by mail. Both the 2015 and this 2018 CHNA as well as the appendices can be accessed electronically on our website at <https://www.sih.net/giving-back/sih-in-the-community>. For more information, contact the SIH Community Benefits Department at 618-457-5200, ext. 67834.

Implementing the SIH CHNA 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, 2019 – March 31, 2022). 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 and the Healthy Communities Coalitions and Action Teams 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.

March 28, 2019 - Date adopted by authorized body of the hospital (SIH Board of Trustees)



2018/2019

Community Health Needs Assessment

APPENDICES

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

Appendix 1

CHNA Advisory and Implementation Teams

CHNA Advisory Team		
Agency/ Organization	Member	Agency/ Organization Description and Populations they Represent
Federally Qualified Health Centers (FQHCs)	Nancy Caskey, Clinical Coordinator, Shawnee Health Service	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 including migrant farmworkers, teens and the elderly, 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.
Legal Assistance Foundation	Andrew Weaver, Senior Supervisory Attorney, Land of Lincoln Legal Assistance Foundation, Inc.	Land of Lincoln (LOL) provides free civil legal services to vulnerable populations such as low-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. Perry County Health Department serves many vulnerable populations such as low income families, teens, individuals needing home health services, uninsured and underinsured individuals.
	Jamie Byrd, Public Health Administrator, Egyptian Public and	Egyptian Public and Mental Health Department (EHD) is dedicated to providing health and human services that enrich communities in Saline, Gallatin and White counties. The counties served by the department are

	Mental Health Department	Saline, Gallatin, and White. The three combined counties have a population of approximately 45,167. EHD serves many vulnerable populations such as those with mental health and substance misuse issues. They also provide services to teens and children, low income families, and those needing home health services.
	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 59,000. JCHD serves many vulnerable populations including low incomes families, those living poverty including the uninsured and underinsured. JCHD also serves a very diverse minority population.
	Sarah Patrick, 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. Southern Seven Health Department serves many vulnerable populations including low income families and minority populations including migrant farm workers.
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.
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
	Kim Sanders, Director, SIU School of Medicine (SOM) Center for Rural Health and Social Service Development (CHRSSD) Kitty Juul,	

	Project Coordinator, SIU School of Medicine (SOM) Center for Rural Health and Social Service Development (CHRSSD)	conduct program demonstrations, conduct program evaluations, recommend policy alternatives, and provide information transfer services for the public and private sectors. CRHSSD staff has worked closely with SIH and community partners on school health efforts, non-emergency medical transportation and much more.
Southern Illinois University – Student Health Services	Dr. Ted Grace, Director, Student Health Center, Southern Illinois University Carbondale	SHS is an integral part of SIU caring for the health of SIU’s culturally diverse students. The Student Health Center is a state-of-the-art ambulatory health care facility that is both accredited and certified as a Patient Centered Medical Home. Integrated holistic healthcare is provided in a cost-effective setting.
SIH/SIH Medical Group	Al Taylor, Vice President and Administrator, Memorial Hospital of Carbondale	<p>The staff of SIH, 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>Over 3,800 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>
	Amy Niemann, Employee Health, Wellness & Benefits System Manager, Human Resources	
	Angie Bailey, Community Benefits Manager, Community Benefits	
	Bart Millstead, Senior Vice President and Chief Operations Officer, SIH	
	Candice Watson, Community Health Specialist, Community Benefits	
	Cherie Wright, School Health Coordinator, Community Benefits	
	Fanta Saidou, Graduate Assistant, Community Benefits	
	Ginger Funk, Manager, Neuroscience Service Line Director	
	Greg Smith,	

	Community Health Coordinator, Community Benefits	
	Jennifer Badiu, System Director, Cancer Services	
	Jo Sanders, Health Ministry Coordinator, Community Benefits	
	Jordan Riney, Intern, Behavioral Health	
	Kristen Matthews, Graduate Assistant, Community Benefits	
	Leah Bechtel, Clinical Manager, Population Health	
	Melissa Sons, Case Management Manager, Memorial Hospital of Carbondale and St. Joseph Memorial Hospital	
	Rodney Smith, Vice President and Administrator, Herrin Hospital	
	Sarah O'Dell, Office Assistant, Community Benefits	
	Sherrie Harlow, Director, Behavioral/Mental Health Services	
	Stephanie Cowley, RN, Health Management Coordinator, Population Health	
	Sue Nordstrom, Corporate Director, Case Management	
	Tanya Rhodes, Case Management Manager, Herrin Hospital	

	Tina Bernstein, Quality Manager, Quality Improvement	
	Tonica Anderson, Oncology Quality, Accreditation and Cancer Registry Supervisor , Cancer Institute	
	Woody Thorne, Vice President of Community Affairs and Chief Development Officer, Community Affairs	
	Dr. William Hamilton, Retired Physician	

Note: These 37 members were those who were able to attend. Approximately 55 individuals were invited to be members of the advisory CHNA team from healthcare, education, law enforcement, federally qualified health centers, public health, neighboring non-profit hospitals and many others.

CHNA Implementation Plan Teams

Reduce Barriers to Improved Health/Healthcare (food, housing, transportation, education, support, health behaviors, social support, employment, education, health literacy)

- Ana DeUnamuno**, *Public Relations Administrator, Rides Mass Transit*
- Angie Bailey**, *Community Benefits Manager, SIH*
- Andrew Weaver**, *Attorney, Land of Lincoln Legal Assistance*
- Catherine Shaw**, *Regional Director, SIH Medical Group*
- Jo Sanders**, *Health Ministry Coordinator, Community Benefits, SIH*
- John McGuinnis**, *HealthLeads Graduate Assistant, SIH*
- Dr. Kevin Oestmann, MD**, *Family Practice Physician and Chief Medical Officer, Physician Hospital Organization, SIH*
- Kristen Matthews**, *School Health Graduate Assistant, Community Benefits, SIH*
- Kim Sanders**, *Executive Director, Southern Illinois University School of Medicine, Center for Rural Health and Social Service Development*
- Leah Bechtel-Oganda**, *Clinical Manager, Population Health, SIH*
- Lucinda Phoenix**, *Adult Program Administrator, Mantracon*
- Melissa Sons**, *Manager, Case Management, SIH*
- Sarah O’Dell**, *Office Assistance, Community Benefits, SIH*
- Sarah Patrick**, *Administrator, Jackson County Health Department*
- Sarah Miller**, *Clinical Case Management Coordinator, Shawnee Health Service*
- Woody Thorne**, *Vice President of Community Affairs and Chief Development Officer, SIH*

Behavioral Health (Mental Health/Suicide, and Substance Misuse)

- Angie Bailey**, *Manager, Community Benefits, SIH*
- Dr. Alex Chevalier**, *Psychiatrist, SIH Medical Group*

Bradley Bullock, *Administrator*, TASC Inc.
Brad Graul, *RN/EMS Coordinator*, SIH
Brent VanHam, *Research Development Coordinator*, Southern Illinois University, School of Medicine
Candice Watson, *Community Health Specialist, Community Benefits*, SIH
Casey Huff, *Behavioral Health Clinical Director*, Family Counseling Center Inc.
Cherie Wright, *School Health Coordinator, Community Benefits*, SIH
Heather Fear, *Telemedicine Coordinator*, SIH
Jean Alstat, *Clinical Director*, Centerstone
Jeff Franklin, *Illinois Delta Project Director*, Southern Illinois University, School of Medicine, Center for Rural Health and Social Service Development
Kitty Juul, *Project Coordinator*, Southern Illinois University, School of Medicine
Michelle McLernon, *Director of Health Education*, Jackson County Health Department
Rodney Smith, *Vice President/Administrator of Herrin Hospital*, SIH
Sarah O'Dell, *Office Assistant*, Community Benefits, SIH
Sarah Patrick, *Administrator*, Jackson County Health Department
Sherrie Harlow, *Director of Behavioral and Mental Health*, SIH
Tanya Rhodes, *Manager, Case Management, Herrin Hospital*, SIH
Wanda Scales, *Director, Adult Services*, Egyptian Health Department
Woody Thorne, *Vice President of Community Affairs and Chief Development Officer*, SIH

Cancer

Angie Bailey, *Community Benefits Manager*, SIH
Barbara Patten, *Chaplain*, SIH
Caleb Nehring, *Primary Care Systems Manager*, American Cancer Society
Charlene Hudson, *Business Manager, Cancer Institute*, SIH
Chris Morgan, RN, *Director of Nursing*, Community Health and Emergency Services Inc.
Dana West, *Breast Care Manager, The Breast Center*, SIH
Fanta Saidou, *Health Ministry Graduate Assistant, Community Benefits*, SIH
Jennifer Badiu, *System Director, Cancer Institute*, SIH
Linda Schulz, *Health Systems Manager*, American Cancer Society
Lizz Cooley, *Health Education Program Manager*, Egyptian Health Department
Marla Groaning, *Communicable Disease Coordinator*, Southern Seven Health Department
Ruth Heitkamp, RN, *Project Coordinator*, Southern Illinois University School of Medicine
Dr. Muhammad Popalzai, MD, *Oncology*, SIH
Nancy Caskey, *Clinical Coordinator*, Shawnee Health Service
Sarah O'Dell, *Office Assistance*, Community Benefits, SIH
Tonica Anderson, *Quality and Cancer Registry, Cancer Institute*, SIH
Woody Thorne, *Vice President of Community Affairs and Chief Development Officer*, SIH

Chronic Disease and Prevention, Management, and Treatment (CVD, Diabetes, Obesity, COPD)

Emma Basler, *Marketing and Outreach Coordinator*, Shawnee Health Service
Angie Bailey, *Manager, Community Benefits*, SIH
Catherine Shaw, *Regional Director*, SIH Medical Group
Deb Newbolds, *Diabetes Coordinator*, SIH
Elizabeth Doughty, *Vascular Coordinator*, SIH
Elva Liddell, *Patient Centered Medical Home Supervisor*, SIH Medical Group
Esther Kabwe, *Patient Relations Specialist*, SIH Medical Group

Ginger Funk, *Director, Brain and Spine Institute, SIH*
Greg Smith, *Community Health Coordinator, Community Benefits, SIH*
Kimberly Scott-Pilkington, *Health Educator, Egyptian Health Department*
Leah Bechtel-Oganda, *Clinical Manager, Population Health, SIH*
Lisa Nation, *Diabetes Nurse Educator, Herrin Hospital, SIH*
Michelle McLernon, *Director of Health Education, Jackson County Health Department*
Nancy Caskey, *Clinical Coordinator, Shawnee Health Service*
Patricia Jones, *Cardiology Supervisor, Memorial Hospital of Carbondale, SIH*
Sandy Schwartz, *Health Educator, Jackson County Health Department*
Sarah O’Dell, *Office Assistant, Community Benefits, SIH*
Steve Hillmer, *Community Health Graduate Assistant, Community Benefits, SIH*
Tresa DeMello, *Director of Clinical Informatics, Shawnee Health Service*
Tina Bernstein, *Quality Manager, Quality Improvement, SIH*
Vicki Miller, *Cardiovascular Programs and Quality Manager, SIH*
Woody Thorne, *Vice President of Community Affairs and Chief Development Officer, SIH*

Improving Health Behaviors by Reducing Overweight/Obesity and Tobacco Use

Angie Bailey, *Community Benefits Manager, SIH*
Angie Kuehl, *Health Educator, Jackson County Health Department*
Cherie Wright, *School Health Coordinator, Community Benefits, SIH*
Crystal Middleton, *Clinical Nutrition Supervisor, SIH*
Elva Liddell, *Patient Centered Medical Home Supervisor, SIH Medical Group*
Jennifer VanBrooker, *Marketing Director, SIH*
Jeff Franklin, *Illinois Delta Project Director, Southern Illinois University, School of Medicine, Center for Rural Health and Social Service Development*
Joseph Raby, *Wellness Coordinator, Employee Wellness, SIH*
Kristen Matthews, *School Health Graduate Assistant, Community Benefits, SIH*
Kristi Sierzega, *Social Worker, New Life Weight Loss, SIH*
Kimberly Scott-Pilkington, *Health Educator, Egyptian Health Department*
Phyllis Wood, *Health Educator, Egyptian Health Department*
Sara Kaiser, *Wellness Coordinator, Employee Wellness, SIH*
Sarah O’Dell, *Office Assistant, Community Benefits, SIH*
Woody Thorne, *Vice President of Community Affairs and Chief Development Officer, SIH*

Additional Implementation Plan Reviewers
SIH Community Benefits Advisory Committee
SIH Community Health Needs Assessment Advisory Team
SIH Medical Group Physician Leadership Council
SIH Senior Leadership

Current Resources/Collaborative Efforts Available to Address the Health Issues

Reduce Barriers to Improved Health/Healthcare, including: Food, Housing, Transportation, Education, Violence, Social Support, Health Behaviors, Employment

Overall efforts

- Medical Legal Partnership of Southern Illinois (MLP SI) provides free legal assistance for patients of SIH and Shawnee Health Service (SHS)
- SIH has Licensed Clinics Social Workers (LCSWs) in primary care offices to assist patients
- SIH Financial Navigators are available to assist patients as needed
- SIH offers a financial assistance program
- SIH Foundation provides limited amount of resources for patients in need
- Carbondale Public Library has two social workers on staff
- IL Department of Human Services provides various resources
- SIH is building a “Health Leads” program in order to assist patients in addressing social determinants of health
- SIU School of Medicine “hotspotting” program has begun to assist patients
- SHS is rolling out an Integrated Health Home model to assist patients
- SHS offers care coordination for patients. The focus is on Medicare patients with two or more chronic conditions, as well as mental health conditions. Patients are provided assistance for at least 20 minutes per month through assistance from staff who provide resources and basic education
- Sparrow Coalition is available to assist homeless individuals

Housing

- Public housing is available
- Various homeless shelters are available
- Carbondale Interfaith Council works to address homeless issues
- Southern Illinois Coalition for the Homeless assists with housing placement
- River to River in Marion accepts self-pay for patients who can pay \$50 per day and covers housing, food, and limited amount of support

Food Insecurity

- MLP SI can assist with reinstatement of Supplemental Assistance Nutrition Program (SNAP) benefits
- SNAP/Double Value coupons are offered at a limited number of farmer’s markets
- SIH piloted a Fruit and Vegetable Rx program for pediatric patients with BMI above 95%
- Senior Centers, Meals on Wheels, Herrin House of Hope and many other agencies/groups offer free meals to seniors and the homebound
- Sites such as Attucks, Supporting People In Need (SPIN) and others offer free meals on designated days

- WIC (Women’s, Infants and Children) offered through local health departments
- Food pantries are available
- Many schools offer free or reduced price lunches
- Gum Drops program provides backpacks of food to children to have over the weekend
- Southern Illinois Food Pantry Network
- Southern Illinois Coalition for Children and Families has listings of resources

Education/Health Literacy

- MantraCon assists individuals with job training and job placement
 - Many programs assist individuals in obtaining their GEDs
 - Faith communities assist individuals to learn health information
 - Egyptian Area Agency on Aging and Shawnee Alliance as well as others provide assistance for older adults.
 - SIH Second Act provides various workshops for adults age 50 and beyond and assistance in signing up for Medicare, etc.
 - SIH provides Navigators for various health conditions, as well as Financial Navigators to assist patients
 - Egyptian Health Department and Centerstone provide an Integrated Health Home program for patients with mental health and substance misuse issues to ensure they are receiving needed medical treatment
 - Shawnee Health Services provides care coordination to assist patients
 - SIH Medical Group provides support through Patient Centered Medical Home efforts for patients who were recently discharged from the hospitals
 - SIH Case Management assists patients during their hospital stay and as they are discharged from the hospital
 - Diabetes and Chronic Disease Self-Management classes are offered throughout the lower 15 counties of Illinois
 - Courage to Quit smoking cessation classes are offered for individuals and small groups
 - Various organizations provide education and support for pre-natal and post-natal women such as Shawnee Health Services and the local health departments.
- **See “Efforts to Address Chronic Disease and Healthy Living” list for additional efforts.

Transportation

- Rides Plus offers rides throughout southern Illinois
- Herrin Hospital offers a Care A Van
- SIH has formed a transportation committee to examine the issue and to develop options for patients
- Rides Mass Transit and others provide transportation services throughout southern Illinois

Violence

- The Women’s Center assists women and families.
- Medical Legal Partnership of Southern Illinois/ Land of Lincoln Legal Assistance Foundation is available to assist patients/community members with orders of protection.
- Boys and Girls Club and other youth clubs and after school programs offer safe violence free environments for youth
- Court Approved Special Advocates for Children (CASA) provides advocacy services for abused and neglected children.
- Shawnee Alliance Adult Protective Services assists older adults and adults of any age with disabilities who are victims of abuse, neglect or exploitation.

Social Support

- SIH Second Act allows individuals to meet friends and participate in various activities through Star Groups
- Egyptian Area Agency on Aging Senior Volunteer Corps
- Shawnee Alliance provides support for older adults and their caregivers
- SIH Health Ministry collaborates with churches throughout southern Illinois
- Rainbow Café is available for GLBTQ youth and young adults
- Shawnee Health has programs for Farm Workers
- Many support groups, etc. are available for parents and community members, Autism Society and Autism Academy (parent support group), National Association of Mental Health, etc. Visit www.hsidn.org/resources for more information
- Shawnee Health Service – Healthy Families Illinois program

Employment (Under and Unemployment)

- Various local business work to place individuals in jobs
- Illinois Department of Employment Security is available to assist individuals
- MantraCon assists individuals with job training and job placement
- Medical Legal Partnership of Southern Illinois/Land Of Lincoln Legal Assistance Foundation is available to assist patients/community members with sealing and expungement of records, if eligible, to assist individuals to gain employment
- Centerstone offers assistance to 18-24 year old with a criminal history
- Lutheran Social Services offers a six week job skills training program
- Workforce Development Boards are in place
- Local community colleges offer adult education classes
- Carbondale Park District offers classes on resume building, dress for success, etc.

Health Behaviors

- See lists for various other issues.

Behavioral Health (Mental Health and Substance Misuse)

Mental Health

Prevention, Screening and Early Intervention

- Healthy Communities Coalitions and various action teams work to address mental health issues and to reduce stigma
- Healthy Southern Illinois Delta Network works collaboratively to address health issues in the lower 15 counties of Illinois
- Many agencies provide mental health counseling. See newly developed Substance Abuse/Misuse Resource Guide. www.hisdn.org/resources
- The mental health screening tool, PHQ9, is utilized in Acute Rehab at Herrin Hospital. They have also hired a LCSW to assist patients.
- Psychiatrist began at SIH Medical Group's Center for Medical Arts in August of 2018. He sees adolescent and pediatric patients.
- Family Counseling Center, Inc. provides counseling for patients in Union and Johnson Counties.
- Egyptian Health Department offers counseling services.
- Egyptian Health Department offers PACE (Parents and Children Empowerment) support group.
- Whole School, Whole Child, Whole Community/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 Whole School, Whole Child, Whole Community/coordinated school health efforts
- Signs of Suicide curriculum offered at a limited number of schools.
- Regional efforts on-going focused on trauma informed care and the use of ACE's (Adverse Childhood Experiences
- Rides Plus transports patients to non-emergency medical appointments. Medicaid patients can also obtain rides by calling their insurance carrier.
- 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 topics focused on mental health in 2015 and 2018
- 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)
- SIU Counseling Center has a Counselor on Duty for walk-ins and hosts a variety of support groups
- Saluki Cares (SIU campus)
- SIU LGBT Safe Place/Trevor Project efforts are on-going
- SIU has a support group for transgender individuals
- Salukis On Your Side (SIU)
- SIU Suicide Prevention Task Force
- SIU Wellness Center offers a variety of services for students such as educational workshops, suicide prevention walks, social media messages, and much more
- SIU Counseling Center also conducts depression screenings on students
- “Zero Suicide Initiative” at Centerstone (Columbia Suicide Assessment and Crisis Assessment), assessment also used in SIH Emergency Departments (ED)
- “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
- Egyptian Health Department offers a Health Integration Program (HIP) to assist patients with mental health issues get to all medical appointments to assist in treatment of chronic health conditions
- Centerstone is seeing individuals in the community that are in crisis

Treatment

- Collaboration with local mental health agencies and Federally Qualified Health Centers continues.
- Egyptian Health Department provides youth counselors in the schools.
- Centerstone offers crisis counseling.
- Centerstone provides crisis assessments for adults in the emergency department at three SIH hospitals.
- 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
- Many schools have LCSW's or counselors on staff to assist students
- SIH is hiring and has hired LCSW's for most primary care clinics to see patients for mental health and substance abuse issues.
- SIH is renovating 5 rooms at Herrin Hospital for ED crisis/suicide watches to provide immediate mental and behavioral health treatment. The rooms will be a part of ED observation.
- SIH is working to examining expanded use of telemedicine to assist adults in crisis. SIH currently utilizes Dr. Qureshi with patients in the hospitals through the use of telemedicine.
- SIH Primary Care offices utilize mental health screenings such as the PHQ2 and PHQ9.
- Mental Health 708 board funds various services
- SIH Psychiatrist Dr. Chevalier is serving children and adults

Substance Misuse/Abuse

Prevention, Screening and Early Intervention

- Healthy Communities Coalitions and various action teams work to address substance misuse issues through education, town hall meetings, medication disposal events and drop-off locations
- Healthy Southern Illinois Delta Network works collaboratively to address health issues in the lower 15 counties of Illinois
- The Southern Illinois Opioid Misuse Steering Committee has been formed and offers training/conferences twice per year to assist communities in addressing the opioid epidemic.
- Whole School, Whole Child, Whole Community/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
- Family Counseling Center, Inc. provides substance abuse prevention education for students in grade 6, 7, 8, 9 in Union and Johnson counties.
- Family Counseling Center, Inc. provides lessons through the Life Skills curriculum. Lessons focus on decision making, peer pressure, coping. Working with 13 schools currently.
- SIU Counseling Center offers Alcohol and Other Drug Counseling
- Med Trans to help patients to non-emergency medical appointments
- Medical Legal Partnership offers free legal assistance to low income individuals, also assisting with “Sealing and Expungement of Records” to help individuals obtain jobs
- Annual “Living with Grief” program focusing on pain management in 2018
- SIH Health Ministry Program shares information and resources with faith communities
- Shawnee Health Service has Integrated Care project grant to screen patients annually
- 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)

- Saluki Cares (SIU campus)
- SIU Wellness Center offers a variety of services for students such as educational workshops, suicide prevention walks, social media messages, and much more
- Centerstone works with a number of schools to provide education and support
- Centerstone working on “Communities of Care” efforts targeting youth services
- Many experts are available in the community and through SIU to assist with efforts
- SIH has medication disposal units at four locations.
- Shawnee Health Services offers medication disposal at their clinic sites
- “Substance Misuse Resource Guide” as well as lists of available medication disposal sites can be viewed at www.hsidn.org/resources
- Physicians and pharmacists have access to the Illinois Prescription Monitoring Program www.ilpmp.org
- Union County Counseling offers life skills curriculum for 6-10th grade
- Centerstone utilizes a substance abuse prevention curriculum in the high schools
- Medication Take Backs events offered in community

Treatment

- Many agencies provide substance abuse treatment. See newly developed Substance Abuse/Misuse Resource Guide. www.hisdn.org/resources
- SIH is hiring and has hired LCSW’s for most primary care clinics to see patients for mental health and substance abuse issues.
- SIH and Gateway have collaborated to develop an ED Warm Handoff to treatment for patients in the Emergency Department at all 3 hospitals.
- SIH is working to examine expanded use of telemedicine to assist adults in crisis.
- Family Counseling Center, Inc. provides counseling for patients in Union and Johnson Counties.
- Union County Hospital just opened a service providing detox beds.
- Harrisburg Medical Center (New Visions) has a limited number of detox beds available.
- Egyptian Health Department offers counseling services and Recovery Specialists that assist individuals.
- Naloxone training is available throughout the community.
- Medication Assisted Treatment (MAT) is offered at Shawnee Health Service and a limited number of providers in the region.
- Centerstone has received a DHS grant to implement the Hub and Spoke model for Medication Assisted Treatment. They will be opening a site in Marion.
- Illinois Opioid Hotline is available
- IL Cares line for crisis services is available for youth and adults (90 minute response time required)

See Mental Health and Substance Abuse Resource Guides for additional information and community resources. www.hsidn.org/resources

Cancer

General/ All Types of Cancer:

- American Cancer Society services available for patients with a cancer diagnosis:
 - Wig Program (available at SIH Cancer Center)
 - Road to Recover and Hotel Partners Program
- American Cancer Society website and 24/7 available cancer specialists at 1.800.227.2345
- 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
- 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
- Illinois Cancer Partnership a statewide initiative to reduce cancer deaths in Illinois – released statewide plan
- Illinois CATCH on to Health Consortium a 16 county initiative focused on improving the health of school aged children using the Whole School, Whole Child, Whole Community/Coordinated school health model
- Look Good Feel Better (held at SIH Cancer Center)
- Many of the local health departments are addressing cancer in their five-year plan
- Medical Legal Partnership provides legal assistance for end of life issues, custody, etc.
- Participating in the BJC Collaborative Care Task Force (Research and Community Health committees) 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
- Point of decision cards and accompanying toolkits are available to promote breast, colorectal, and cervical cancer screenings, as well as HPV vaccine
- Practice Improvement Toolkits are available through the National Colorectal Cancer Roundtable and HPV Roundtables
- QHP/PHO coordinates providers from within SIH Medical Group, Federally Qualified Health Centers (FQHC) and the community and offers incentives to providers for providing certain screenings, as well as examines various cancer screening quality measures
- Rides Plus transports patients to non-emergency medical appointments
- SIH Cancer Committee meets to coordinate all services related to cancer along the continuum from prevention and screening to treatment
- SIH Cancer Institute Dietitian assists cancer patients, survivors and their caregivers by providing education and developing care plans
- SIH Cancer Institute offers rehabilitation services for patients and survivors

- SIH 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 Institute registration staff assist patients with transportation needs
- SIH Cancer Navigators provide assistance and support to those with cancer
- SIH Clinical Trials are ongoing
- SIH Employee Wellness - Health Coaches promote screening to SIH employees
- SIH Financial Navigators assist patients in obtaining needed resources
- SIH Health Ministry Program provides support to faith communities
- SIH sends screening reminders to patients through MyChart
- SIH Social Worker provides behavioral health assistance for cancer patients
- SIH Supportive Care/ Palliative Care program is available
- Southern Illinois Cancer Action Network (SI CAN) – meets bi-monthly to coordinate efforts
- Southern Seven Health Department, as well as many other local health departments have Title 10 grants aimed at increasing cancer prevention and screenings.
- Strong Survivors program provides education and personal training through collaborative efforts of SIU and SIH

Breast cancer

- Breast cancer toolkits available for healthcare providers
- Community Health and Emergency Services Inc. (CHESI) provides services through the IL Breast and Cervical Cancer Program (IBCCP) for low income women
- Community education is wide-spread among the general public
- SIH Breast Center provides education and screening related to breast cancer

Cervical cancer

- CHESI provides services through the IL Breast and Cervical Cancer Program (IBCCP) for low income women

Colorectal cancer

- Toolkit available for healthcare providers
- Use of EMMI (patient reminder system) to promote colonoscopies
- Colorectal cancer (CRC) roundtable was held in 2015 to promote an increase in screenings
- Flu Fit has been conducted at local health departments and Shawnee Health Service to promote use of Fecal Occult Blood Screening (FOBT) kits
- In collaboration with Washington University, a needs assessment was conducted to learn about the methods used to ensure CRC screening and follow-up at provider offices throughout southern Illinois
- Shawnee Health Service has received an Illinois Primary Care Healthcare Assistance grant to promote efforts to increase CRC screening
- CDC Roundtables held/promoted to address head, neck and lung cancer

Head and neck cancer

- HPV educational events have been held in southern Illinois
- Promoting HPV vaccine throughout the community through the use of point of decision prompts

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
- SIH is offering lung cancer screenings. A low-dose CT scan screening protocol has been developed and is being promoted to targeted provider offices.
- SIH and many workplaces have adopted smokefree property/campus policies
- All worksites are smokefree indoors due to the Smoke-Free Illinois Act
- Courage to Quit classes are offered by SIH and community partners

Skin Cancer

- Oncology Advisory Board to address

Chronic Disease Prevention, Management and Treatment (focusing on cardiovascular disease, stroke, diabetes and COPD) and Improving Health Behaviors by reducing overweight and obesity and tobacco use

Chronic Disease Prevention, Management and Treatment and Healthy Living

- Individual and group classes are held throughout the community on a variety of topics in order to reduce risk
- Worksite wellness efforts are in place throughout the community
- SIH Wellness Employee Wellness program provides one on one support and group classes
- SIH 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 improve health behaviors
- Screening events are held at various events and in faith communities
- Faith Community Nurses and faith communities promote screening and education
- Kidney Mobile has provided screenings in the community
- Cardiovascular Pulmonary Rehabilitation is available
- Medical Legal Partnership offers free legal assistance to low income individuals

- 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 apt. scheduled by hospitalist nurse
- Healthy Southern Illinois Delta Network (HSIDN) has developed a five-year plan focused on reducing cardiovascular disease in the lower 15 counties of Illinois
- HSIDN promotes health through policy, systems and environmental changes related to nutrition and physical activity
- SIH Supportive Care/Palliative Care Program is available
- Illinois CATCH on to Health Consortium works with 80+ schools in the lower 16 counties of Illinois to promote the Whole School, Whole Child, Whole Community/coordinated school health model
- Rides Plus offers non-emergency medical transportation
- QHP/ PHO coordinates providers and offers incentives for providers for providing certain quality screenings and for meeting certain metrics
- Screenings at health related events
- Jackson County Health Department offers Heart Smart for Teens program
- Shawnee Health Service offers MEND (Mind, Exercise, Nutrition, Do It) program for children and adults
- Egyptian Health Department offers a Health Integration Program (HIP) to assist patients with mental health receive treatment for chronic health conditions
- EMMI on-line education is available on HSIDN website
-

Cardiovascular Disease/Heart Failure

- Heart Failure University is offered annually. Monthly support group and 1-hour education sessions are available for those with heart failure
- Cardiac Rehab is available
- Heart Smart for Women maintenance classes in Southern Seven area
- Heart-to-Heart peer education sessions in the Southern Seven area
- SIH is utilizing monitoring scales with targeted patients to monitor daily weights and provide nurse support and consults for those participating in Heart Failure Clinic
- CardioMEMS is offered for high risk patients to monitor pulmonary arteries
- Stat heart STEMI program
- Go Red for Women event
- AHA Heart Walk held each year

Diabetes

- SIH Wound Care 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)
- Camp Beta is offered for children with type 1 diabetes

- SIH Diabetes Education Program (Accredited Program) – individual sessions and group classes at the three hospitals and throughout the community
- 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
- Egyptian Health Department offers an on-line and in-person support group for person living with diabetes
- Illinois Statewide Diabetes Plan has been developed
- Various diabetes support groups are offered
- Training is provided to school nurses

Stroke

- Stroke Survivors Series
- SIH Stroke Education is available
- Monitoring of blood pressure is a quality/performance measure for most providers
- SIH Stroke Network allows patients to be treated and diagnosed more quickly
- EMMI
- 30-day call backs are provided by SIH for stroke survivors
- Memorial Hospital of Carbondale and Herrin Hospital are the only primary stroke centers in Southern Illinois.

COPD

- So. IL Resp. Disease Program assists patients
- Shawnee Health Service has a Black Lung Program
- QHP/PHO has various quality measures related to COPD

Nutrition

- Farmer's markets
- SNAP accepted at two 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 offered annually
- 5210 childhood obesity toolkit is available for physicians
- Shop Healthy Southern Illinois effort to reach small stores, gas stations, etc.
- Southern Illinois Food Pantry Network was formed in Fall of 2018
- Nourish program offers nutrition workshops and one on one appointments for cancer patients, survivors and caregivers
- Healthier options are being placed and labeled in SIH vending machines
- University of Illinois Extension offers education in schools and the community
- SIH Clinical Dietitians provide inpatient and outpatient nutrition counseling
- TerrierCare in Carbondale has a dietitian on specific days

- Jackson County Health Department will begin working with pre-K's on improving nutrition soon

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 guides available focusing on Jackson County and the surrounding areas
- Fitness stations at the Carbondale Superblock funded by Kohl's Care for Kids
- PE Day offered annually
- Park Districts and youth sport groups offer various opportunities

Obesity

- SIH Bariatric/Weight Loss program offers counseling and support groups
- Whole School, Whole Child, Whole Community/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
- Breastfeeding is promoted throughout the community
- Shawnee Health Service offers 12 month Lose to Gain program in which participants are taught lifestyle modification skills and also see a counselor
- Dr. Mehmood at Logan Primary Care offers weight loss guidance
-

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 is offering low dose CT lung cancer screenings
- Courage to Quit smoking cessation classes are offered for individuals and small groups

Asthma

- Training for school staff available through Jackson County Health Department
- SHS is doing an air quality program for students at CCHS
- Training provided to school nurses through Illinois Department of Public Health

Appendix 3– **SIH Data Profile**

Defining the Community Served and How the Community Was Determined:

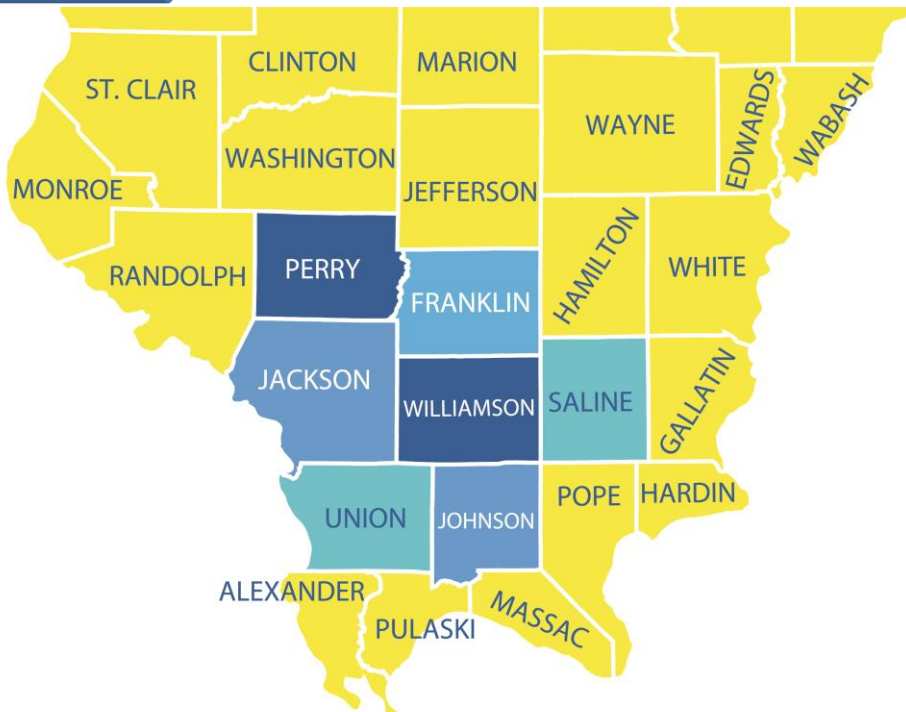
SIH (SIH) Primary Service Area for the SIH Hospitals

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 and due to their close proximity their surrounding community is defined as the 7 counties where most of the hospital inpatient and outpatient visits come from in our rural area.

Greater than 92% of SIH inpatient visits and 95% of outpatient visits came from residents of these seven counties. Source: 2017 Hospital Industry Data Institute and Strata DSS.

Jackson
Williamson
Franklin
Perry
Saline
Union
Johnson

**descending order by volume*



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	Johnso n	Unio n	Salin e
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

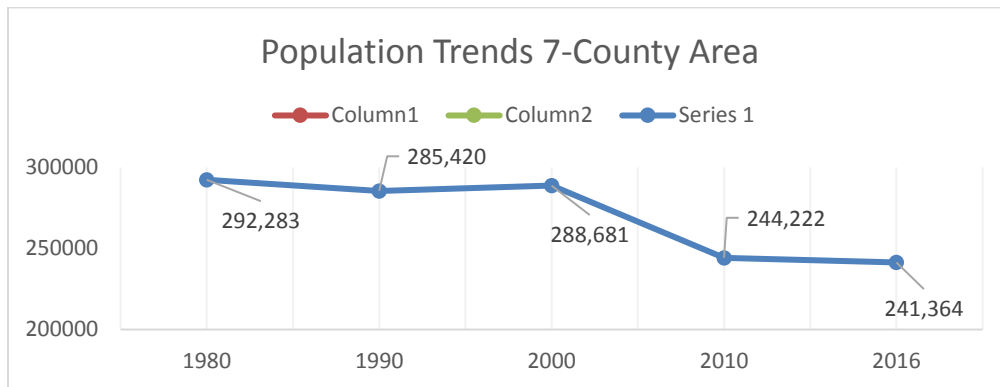
Source: US Census Bureau State & County QuickFacts 2010, Last revised 3/31/15 by US Census, retrieved January 2018.

Economy

The local economy is heavily dependent on educational services, health care and social assistance. Major employers (500+ employees) in the area include but are not limited to: SIH, Centerstone, Southern Illinois University Carbondale, John A. Logan College, AISIN Manufacturing, Inc., Blue Cross Blue Shield, Heartland Regional Medical Center, Veteran’s Administration, COM-PAC International, NeuroRestorative, 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-Carterville-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 241,364 people. Collectively the region experienced a moderate decrease in total population between 2000 and 2016, losing nearly 40,000 people.



Source: U.S. Census Bureau, 2010 Census. Last revised 7/1/16 by US Census, retrieved 1.2018

The majority of counties in the SIH service area have continued to experience a slight population decline in the last six years.

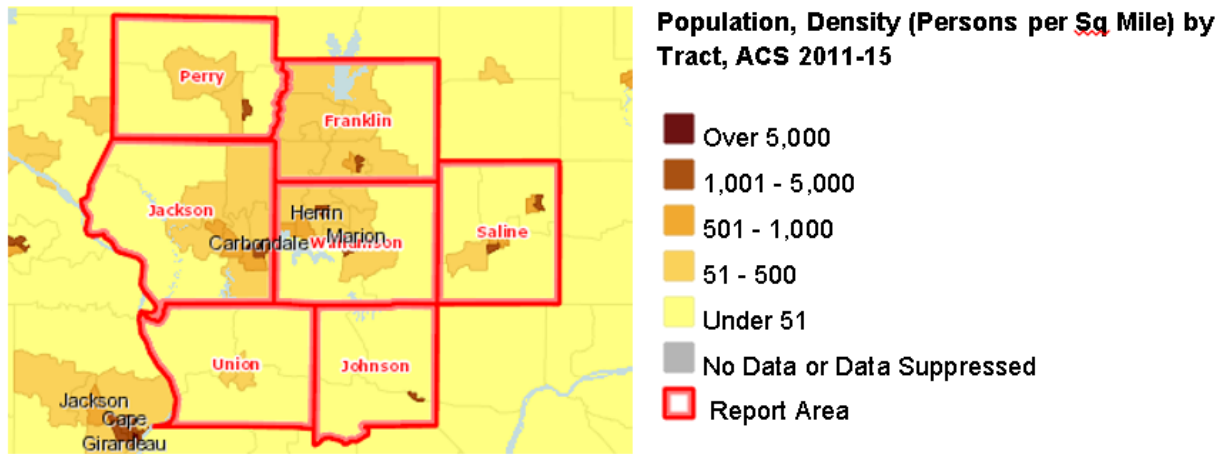
2016 Census Population Compared to 2010: Illinois Counties				
Location	2010 Census ¹ Total Population	2016 Census Total Population	2010-2016 Change	2010-2016 % Change
Illinois	12,831,587	12,802,023	-30,035	-0.2
Franklin	39,989	39,156	-833	-2.1
Jackson	60,218	58,870	-1,348	-2.2
Johnson	12,582	12,902	320	2.5
Perry	22,350	21,357	-993	-4.4
Saline	24,913	24,307	-606	-2.4
Union	17,808	17,212	-596	-3.3
Williamson	66,362	67,560	-1,198	1.8
Total	244,222	241,364	-2,858	-10.1

Source: U.S. Census Bureau, 2016 Census. 2016 Census Redistricting Data (Public Law 94-171) Summary File, Tables P1 and H1, Last revised 7/1/16 by US Census, retrieved, Jan..2018

The population in the seven county area is expected to decline slightly over the next five years.

SIH Market Area Demographics <i>Stabilized Growth</i>			
County	2018 Population	2023 Projected Population	Percent Change
Franklin	39,829	39,321	-1.3%
Jackson	61,782	61,169	-1.0%
Johnson	13,726	19,905	1.3%
Perry	19,658	19,236	-2.1%
Saline	24,648	24,228	-1.7%
Union	16,604	16,215	-2.3%
Williamson	63,035	63,686	1.0%
TOTAL	239,282	237,760	-0.6%

Source: Truven Health Analytics, 2018.



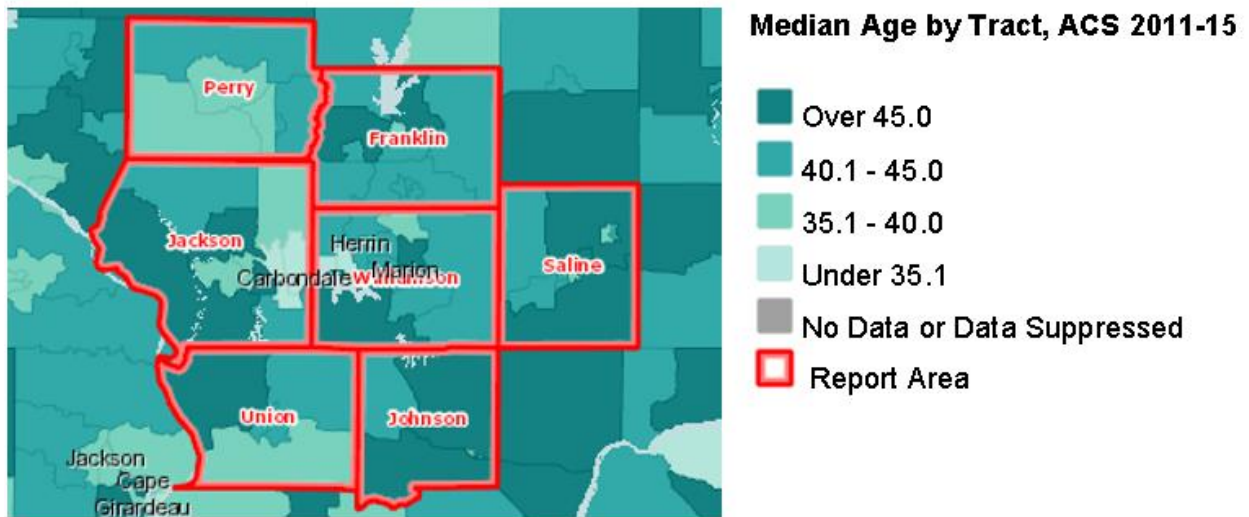
Data Source: US Census Bureau, American Community Survey, 2011-15. Source geography: Tract

Age Profile

The median age in Illinois (2016) was 37.4 years of age and the U.S. as a whole was 37.9. The average percentage of population age 65+ in Illinois overall is 14.6%. 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)	37.4	42.7	30.8	42.9	41.6	40.2	43.7	40.9
% Under age 5	6.0%	5.9%	5.5%	4.3%	4.8%	6.1%	5.2%	5.9%
% Under age 18	22.9%	22.2%	18.2%	18.3%	19.4%	21.6%	20.7%	21.9%
% Age 65+	14.6%	20.0%	14.1%	19.4%	18.0%	19.8%	20.8%	18.1%

Source: U.S. Census Bureau, 2016 Census; People QuickFacts, Last revised 7/1/16 by US Census, retrieved 1.2018.



Map retrieved from Community Commons on 2.9.18.

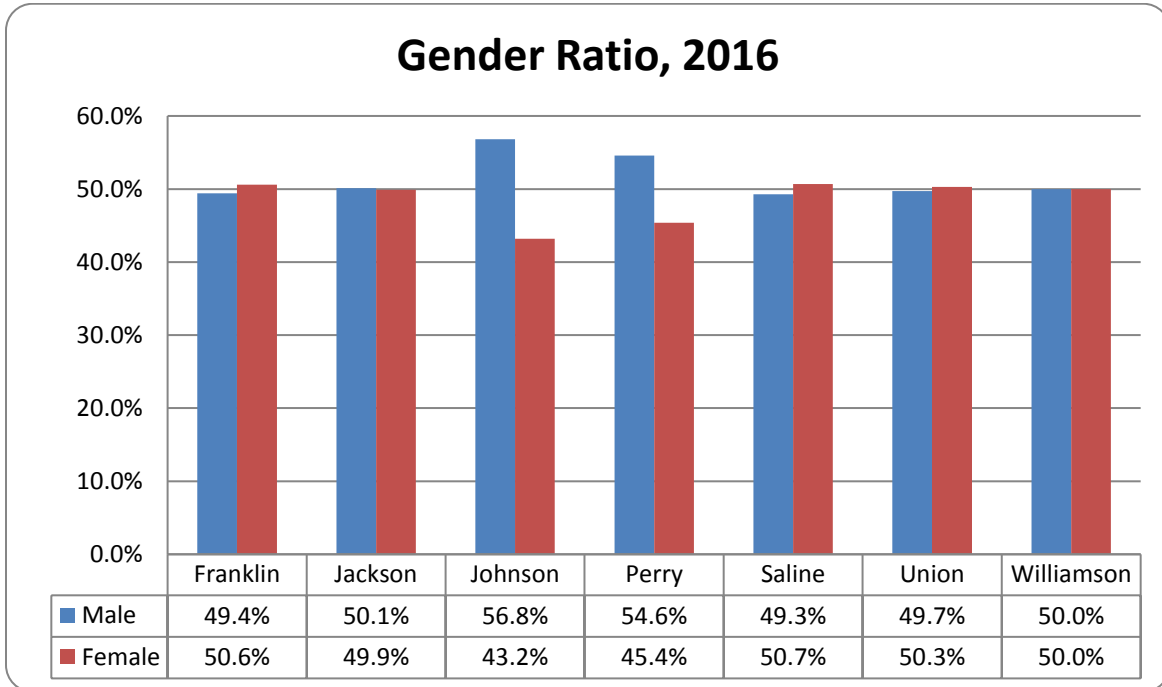
Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract

SIH Market Area Demographics <i>Significant Growth Age 65+</i>			
Age Group	2018 Population	2023 Projected Population	Percent Change
0 – 17	48,333	47,286	-2.2%
18 – 24	27,374	26,111	-4.6%
25 – 34	31,150	30,535	-2.0%
35 – 54	57,044	55,530	-2.7%
55 – 64	31,004	29,272	-5.6%
65 +	44,377	49,026	10.5%

Source: Truven Health Analytics, 2018.

Gender Ratio

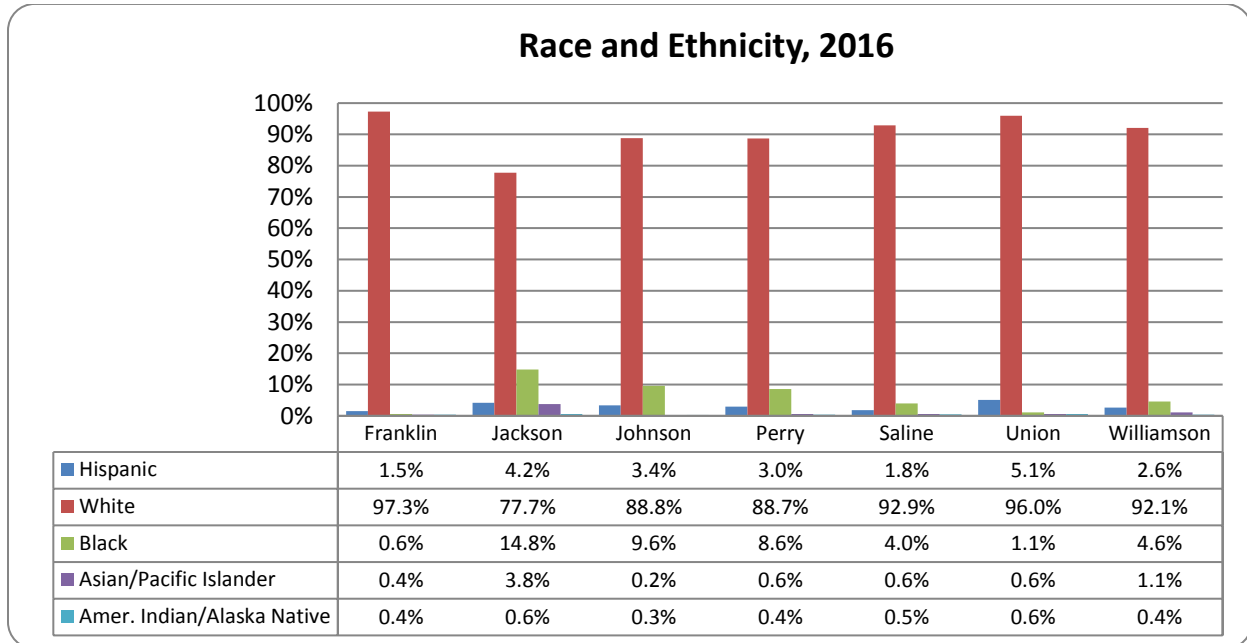
The following chart includes the gender ratio for each of the seven counties in the SIH primary service area. Johnson and Perry counties have a higher proportion of male residents. The remaining counties are fairly equally distributed.



Source: U.S. Census Bureau, 2016 Census; People QuickFacts, Last revised 7/1/16 by US census, retrieved 1.2018.

Racial and Ethnic Composition

The following table provides race/ethnicity demographics from the US Census Quick Facts from 2016 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 Islander residents than the other counties.



Source: U.S. Census Bureau, 2016 Census; People QuickFacts, Last revised 7/1/16 by US Census, retrieved 1.2018.

***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.

HEALTH STATUS RATE YOUR GENERAL HEALTH	EXCELLENT/VERY GOOD	GOOD/FAIR	POOR
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)			
Egyptian HD – Saline, White and Gallatin	43.8%	49.6%	6.6%
Franklin/Williamson	45.7%	45.6%	8.7%
Jackson	51.9%	44.9%	3.2%
Perry	43.0%	50.0%	7.0%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	37.0%	57.1%	5.9%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

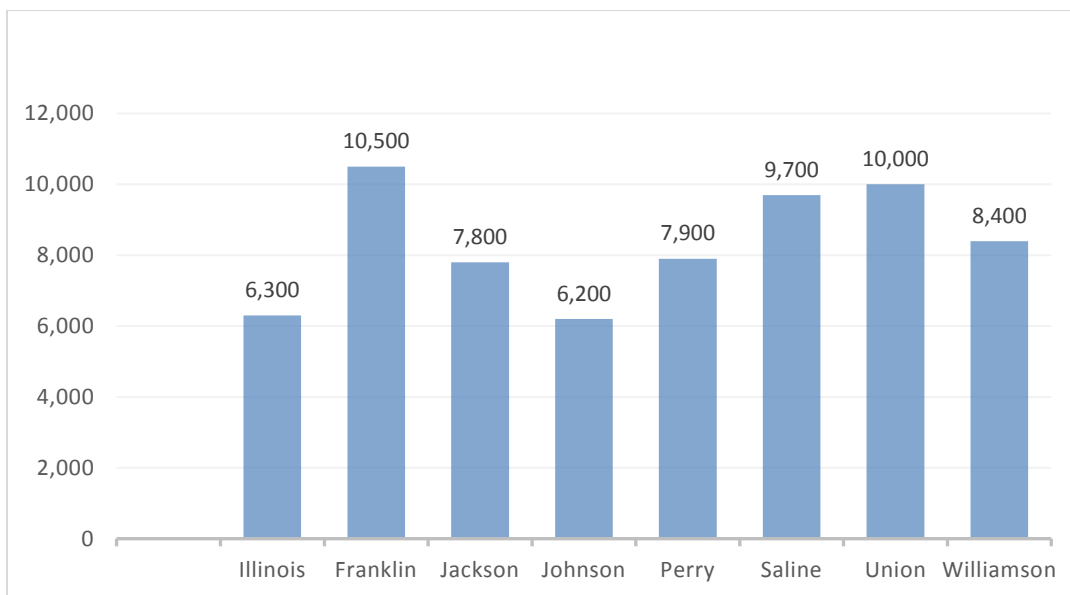
HEALTH STATUS DAYS PHYSICAL HEALTH NOT GOOD IN LAST 30 DAYS	NONE	1 – 7 days	8 – 30 days
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)			
Egyptian HD – Saline, White and Gallatin	53.5%	25.2%	21.3%
Franklin/Williamson	51.7%	23.5%	24.8%
Jackson	53.5%	31.8%	14.7%
Perry	66.7%	12.9%	20.4%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	54.0%	21.5%	24.5%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

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.

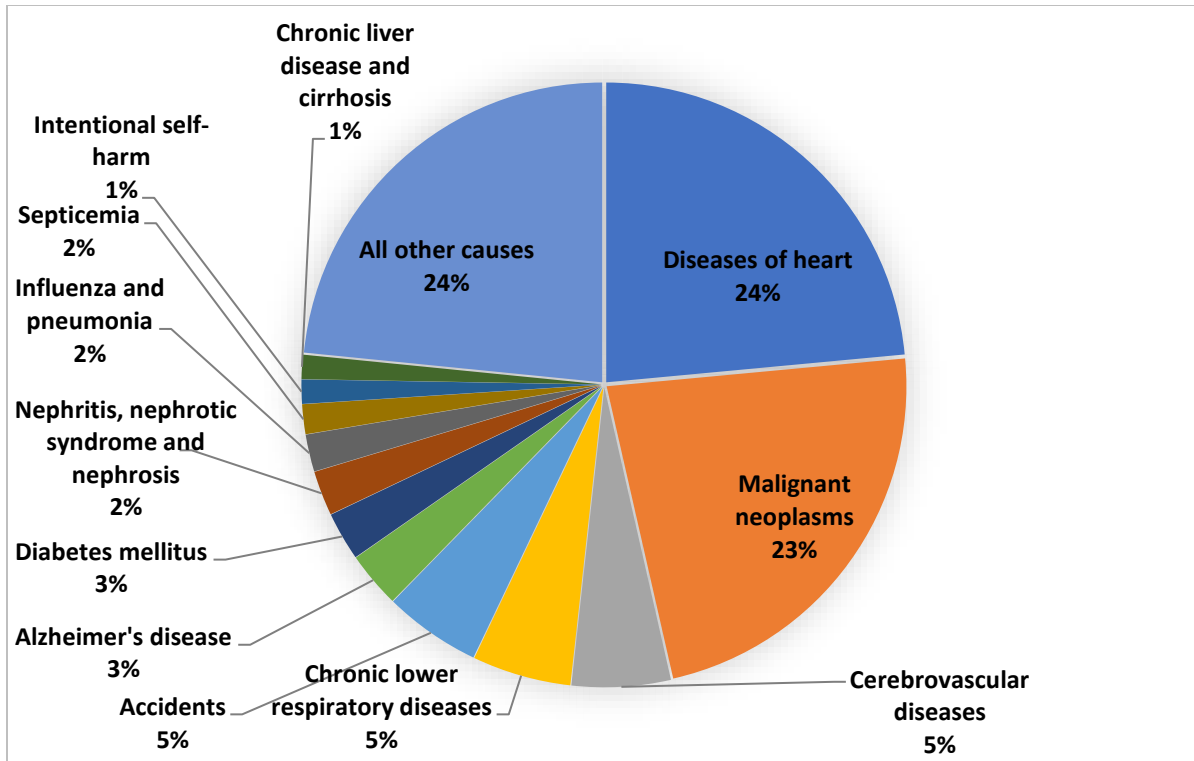


Source: Illinois County Health Rankings, 2018. <http://www.countyhealthrankings.org/>, retrieved March 6, 2018.

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, 2016. <http://www.dph.illinois.gov/sites/default/files/publications/causes-death-resident-county-2016-012218.pdf> Retrieved March 7, 2018.

Health Outcomes (Mortality Rates)

Mortality - Heart Disease

Within the report area the rate of death due to heart disease (ICD10 Codes I00-I09, I11, I13, I20-I151) per 100,000 population is 181.1. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States and in the SIH service area..

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	243,404	563	231.2	181.1
Franklin County, IL	39,443	92	233.76	164.1
Jackson County, IL	60,028	113	187.91	184.1
Johnson County, IL	12,655	21	165.94	131.5
Perry County, IL	22,047	52	235.86	179.1
Saline County, IL	24,879	77	308.7	213.8
Union County, IL	17,639	48	272.13	188
Williamson County, IL	66,714	160	239.83	184.6
Illinois	12,867,528	24,895	193.47	174.5
United States	313,836,267	603,698	192.36	171.8

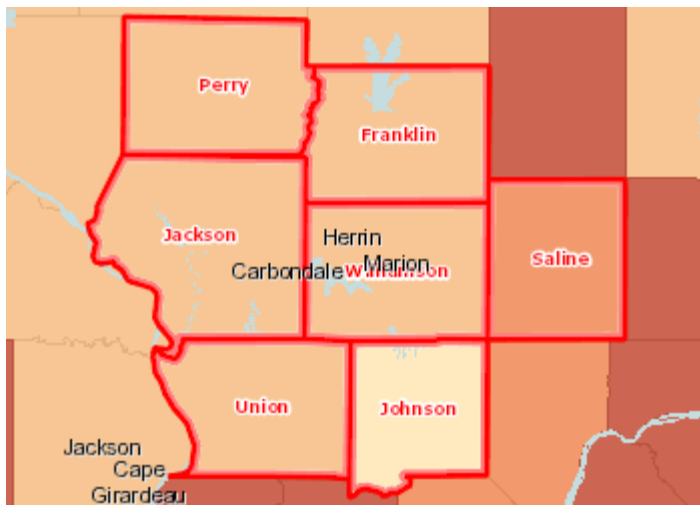
Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



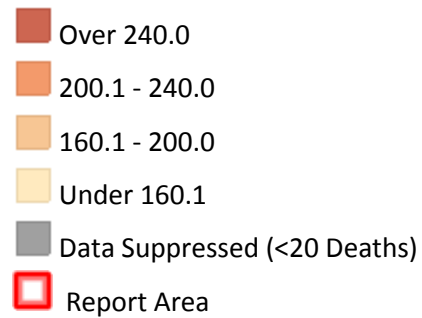
- Report Area (181.1)
- Illinois (174.5)
- United States (171.8)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



Heart Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2010-14



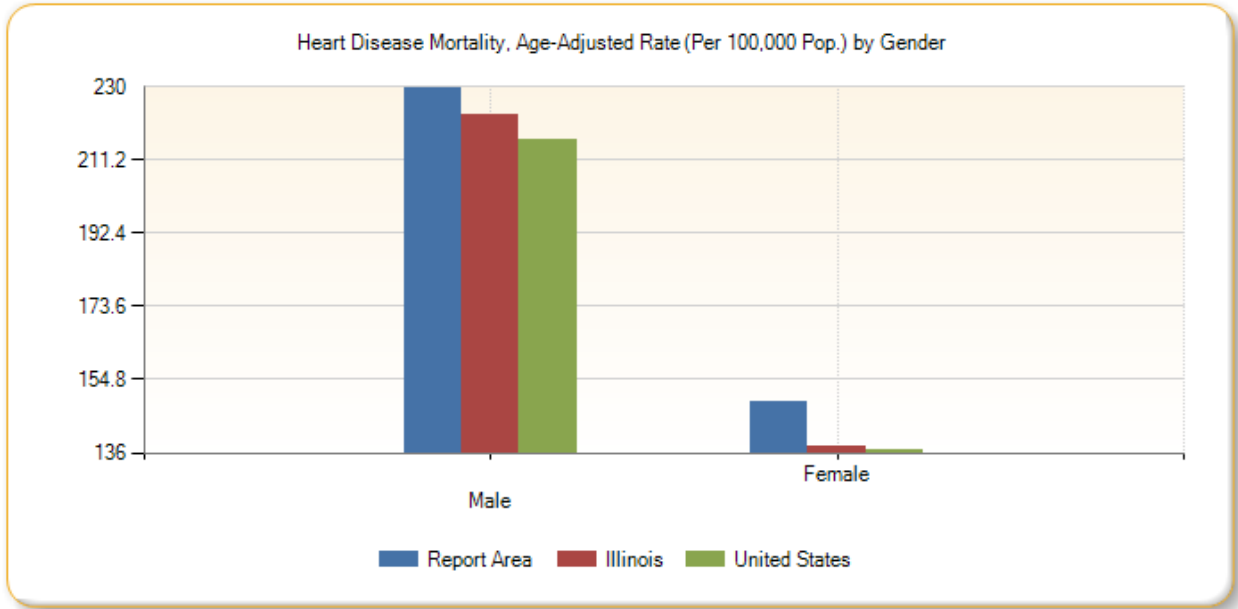
CARDIOVASCULAR DISEASE	EVER TOLD HAD HEART ATTACK	EVER TOLD HAVE CORONARY HEART DISEASE
Illinois (2015)	3.9%	4.0%
Egyptian HD – Saline, White and Gallatin	7.1%	7.4%
Franklin/Williamson	7.8%	9.2%
Jackson	3.3%	2.4%
Perry	7.4%	8.1%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	5.7%	5.0%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July, 2018.

Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Report Area	229.5	149.1
Franklin County, IL	210.4	127.2
Jackson County, IL	233.8	145.2
Johnson County, IL	151.7	108
Perry County, IL	222.1	142.3
Saline County, IL	230.4	191.6
Union County, IL	241	142.4
Williamson County, IL	225.5	148.8
Illinois	222.7	137.4
United States	216.4	136.6

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Heart Disease (Adult)

7,341, or 4.9% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

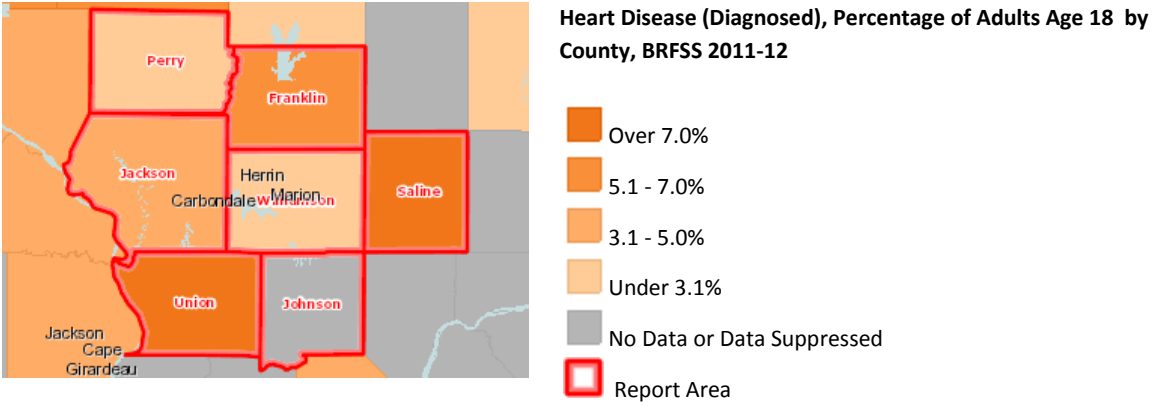
Report Area	Survey Population (Adults Age 18)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Report Area	150,859	7,341	4.9%
Franklin County, IL	27,636	1,627	5.9%
Jackson County, IL	42,338	1,439	3.4%
Johnson County, IL	no data	no data	no data
Perry County, IL	12,647	0	0%
Saline County, IL	17,863	1,753	9.8%
Union County, IL	12,321	1,523	12.4%
Williamson County, IL	38,054	999	2.6%
Illinois	9,681,141	369,926	3.8%
United States	236,406,904	10,407,185	4.4%

Percent Adults with Heart Disease



■ Report Area (4.9%)
■ Illinois (3.8%)
■ United States (4.4%)

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 Feb. 9, 2018.

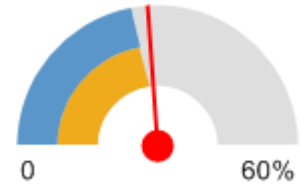


Heart Disease (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with ischemic heart disease.

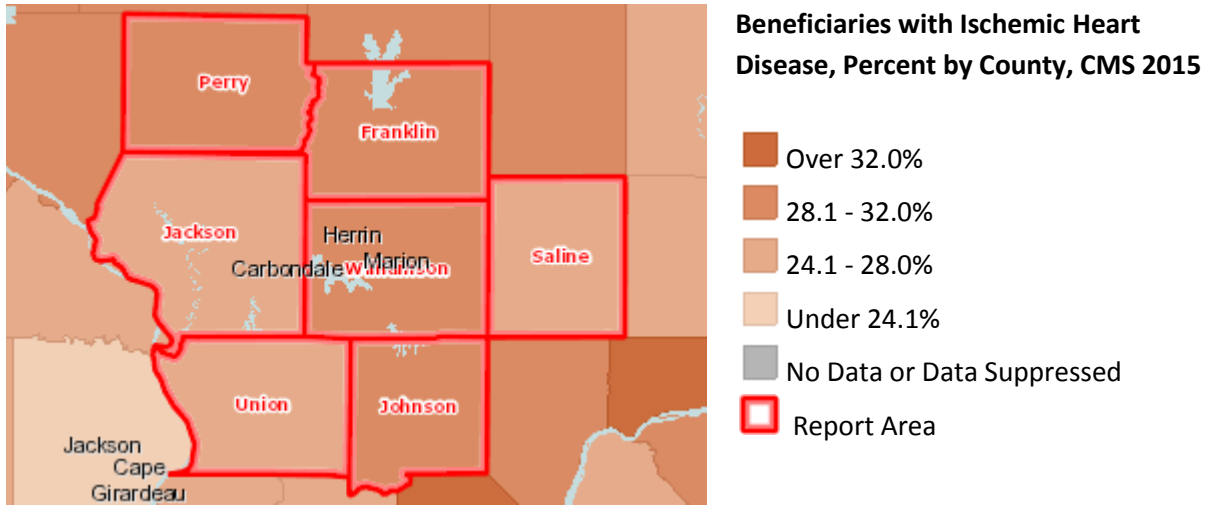
Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Percent with Heart Disease
Report Area	40,413	11,546	28.6%
Franklin County, IL	7,843	2,294	29.25%
Jackson County, IL	7,636	2,099	27.49%
Johnson County, IL	2,315	650	28.08%
Perry County, IL	3,452	1,104	31.98%
Saline County, IL	5,420	1,451	26.77%
Union County, IL	3,087	811	26.27%
Williamson County, IL	10,660	3,137	29.43%
Illinois	1,451,929	389,168	26.8%
United States	34,118,227	9,028,604	26.46%

Percentage of Medicare Beneficiaries with Heart Disease



- Report Area (28.6%)
- Illinois (26.8%)
- United States (26.46%)

Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



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.

Age Adjusted Cancer Incidence Rate (Per 100,000)

Location	Lung & Bronchus	Breast Cancer	Colorectal Cancer	Oral Cavity & Pharynx	Melanoma of the Skin	All Cancer Sites
Franklin	113.8	131.6	51.3	16.6	26.8	553.9
Jackson	70.2	117.7	39.7	14.1	19.8	425.3
Perry	72.6	132.7	57.4	15.2	27.0	511.0
Williamson	97.1	114.7	54.5	13.2	25.9	509.7
Johnson	87.8	134.0	61.9	*	20.1	479.8
Union	103.5	141.9	53.4	*	34.1	525.7
Saline	84.1	99.9	56.6	15.7	20.6	488.1
Illinois	66.0	131.7	43.9	12.1	19.0	463.7
US	60.2	124.7	39.2	11.6	21.3	441.2



*3 or fewer cases Source: State Cancer Profiles, 2011-015, retrieved 6.8.18.

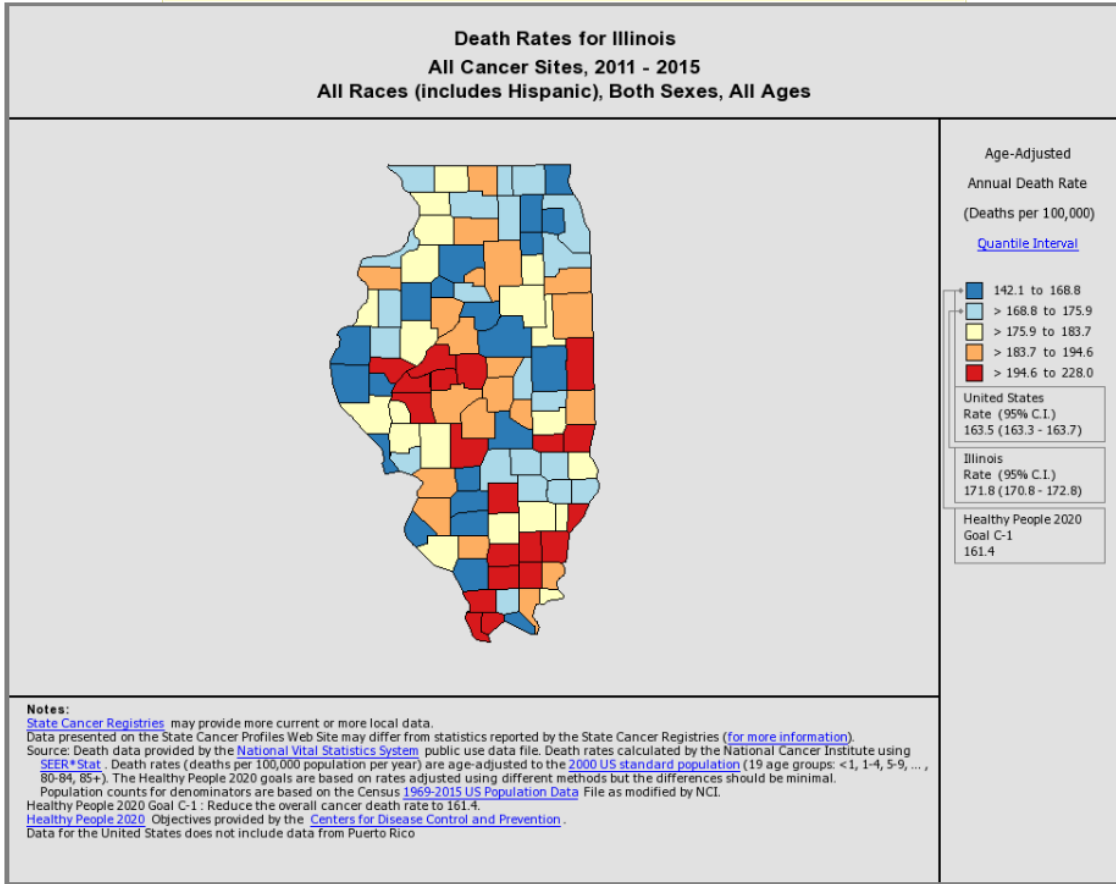
<https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=17&cancer=047&race=00&sex=0&age=001&type=incd&sortVariableName=rate&sortOrder=default>

Age-Adjusted Death Rates for Illinois – All Cancer Sites, 2011-2015

Comparison: U.S. Counties (Healthy People 2020 goal 161.4)

Location	Status	deaths/100,000 population
US	falling ↓	163.5
Illinois	falling ↓	171.8
Franklin	falling ↓	218.9
Jackson	falling ↓	165.8
Johnson	stable →	169.9
Perry	stable →	186.3
Saline	stable →	204.41

Union	stable 	219.4
Williamson	falling 	197.8

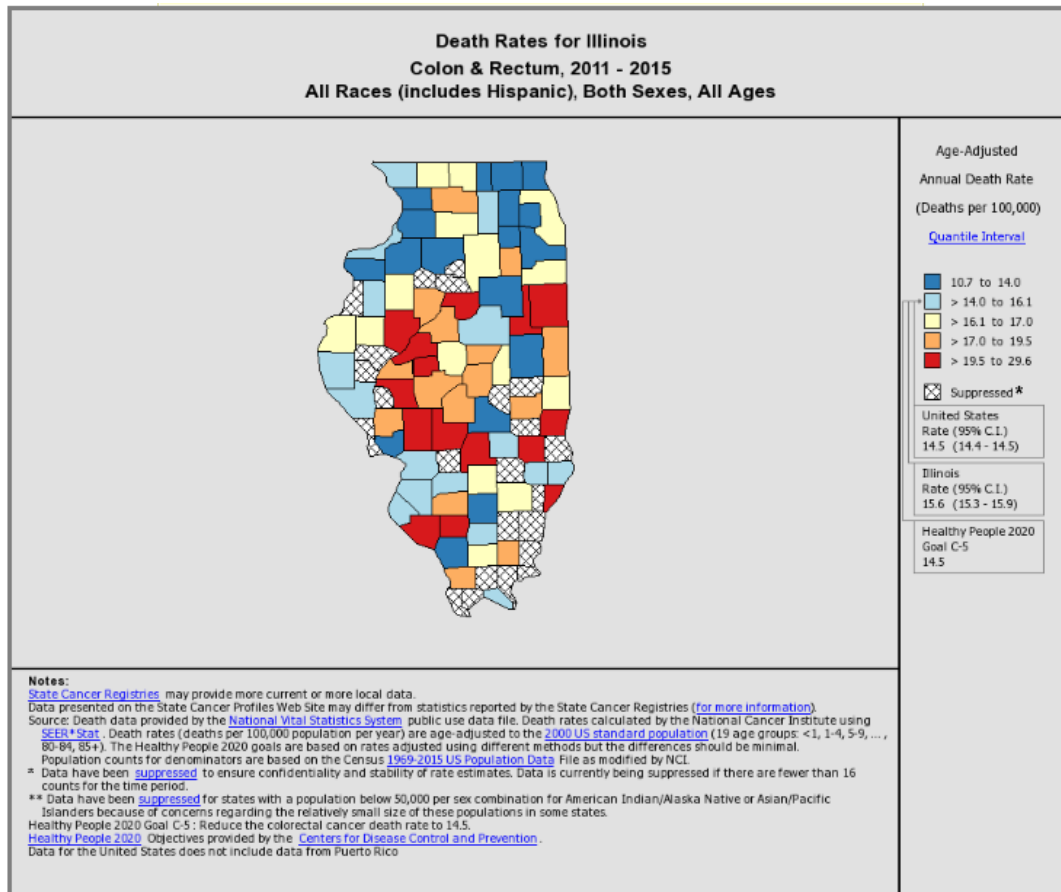


Source: State Cancer Profiles, 2011-2015, retrieved 6.8.18
<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&001&001&00&0&02&0&1&5&0#results>.

Age-Adjusted Annual Death Rate due to Cancer of Colon & Rectum (CRC), 2011-2015

Comparison: U.S. Counties (Healthy People goal 14.5)

Location	Status	deaths/100,000 population
US	falling ↓	14.5
Illinois	falling ↓	15.6
Franklin	falling ↓	14.2
Jackson	falling ↓	13.0
Johnson	**	3 or fewer
Perry	falling ↓	20.1
Saline	stable →	19.4
Union	stable →	17.1
Williamson	falling ↓	16.3



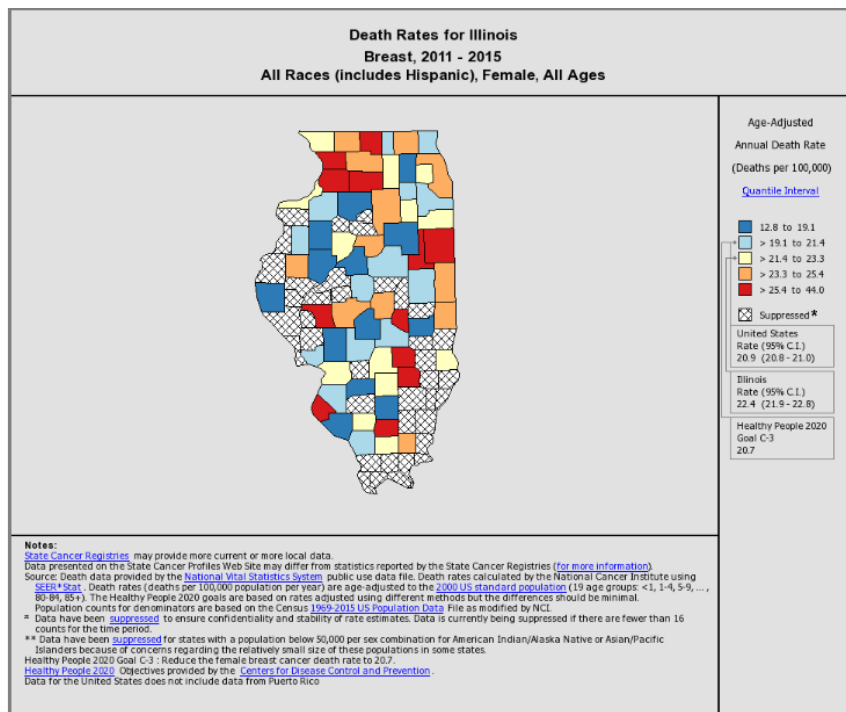
Source: National Cancer Institute, State Cancer Profiles, 2011-2015, retrieved 6.8.18

<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&001&020&00&0&02&0&1&5&0#results>

Age-Adjusted Annual Death Rate due to Breast Cancer, Females All Ages, 2011-2015

Comparison: U.S. Counties (Healthy People goal 20.7)

Location	Status	deaths/100,000 females
US	falling ↓	20.9
Illinois	stable →	22.4
Franklin	stable →	29.7
Jackson	falling ↓	20.0
Johnson	**	* 3 or fewer
Perry	**	22.2
Saline	stable →	24.3
Union	**	* 3 or fewer
Williamson	stable →	22.4



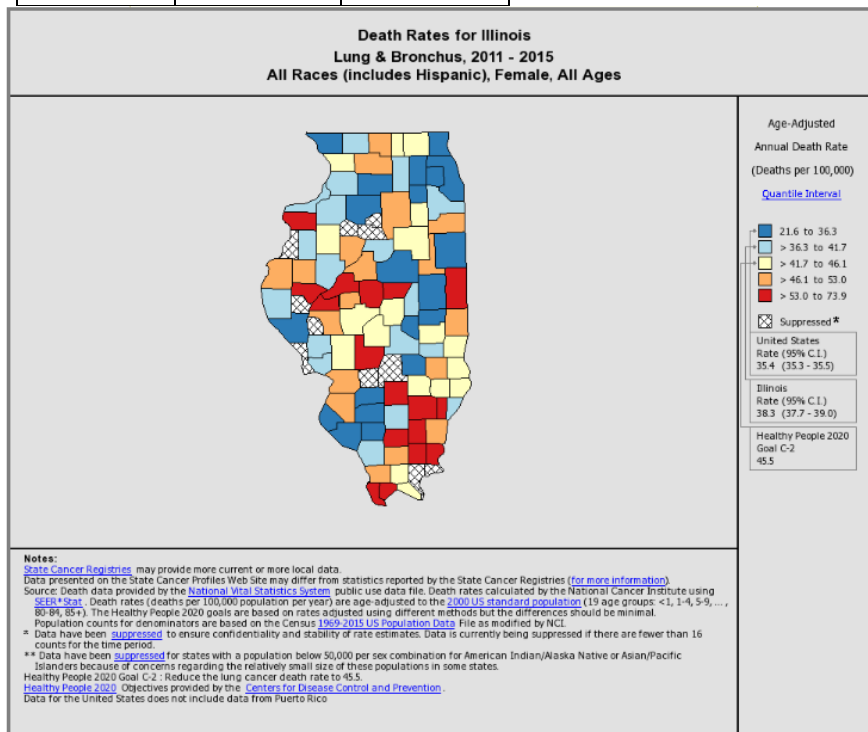
Source: National Cancer Institute, State Cancer Profiles, 2011-2015, Retrieved 6.8.18

<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&001&055&00&2&02&0&1&5&0#results>

Age-Adjusted Annual Death Rate due to Cancer of the Lung and Bronchus, 2011-2015 (Healthy People Goal – 45.5)

Comparison: U.S. Counties

Location	Status	deaths/100,000 females
US	--	35.4
Illinois	--	38.3
Franklin	rising ↑	62.3
Jackson	stable →	40.5
Johnson	**	43.5
Perry	stable →	34.9
Saline	stable →	60.7
Union	stable →	5.14
Williamson	rising ↑	47.1



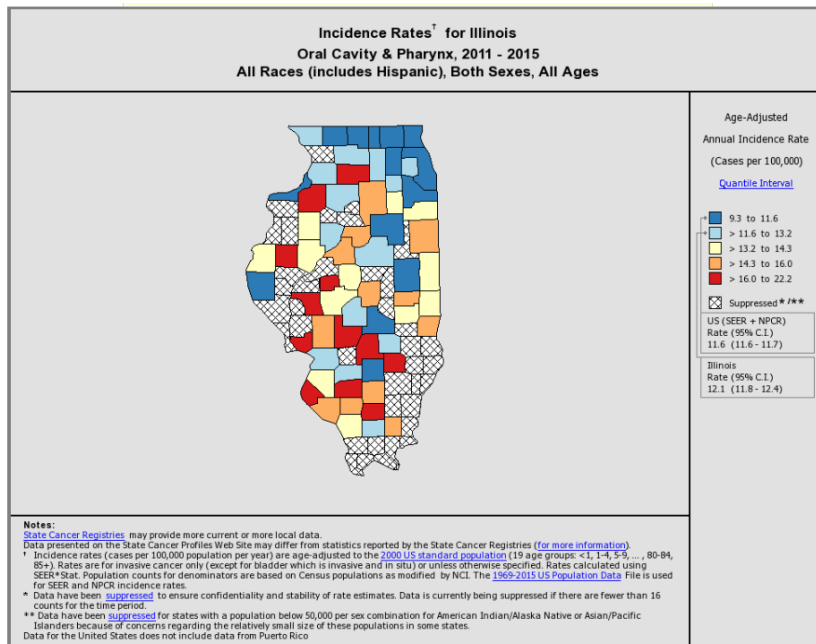
Source: National Cancer Institute, State Cancer Profiles, 2011-2015, retrieved 6.8.18

<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&001&001&00&0&02&0&1&5&0#results>.

Age-Adjusted Annual Death Rate due to Oral Cavity and Pharynx, Both Sexes, All Ages, 2011-2015

Comparison: U.S. Counties (Healthy People goal: No HP2020 objectives for this cancer.)

Location	Status	deaths/100,000 females
US	stable →	11.6
Illinois	stable →	12.1
Franklin	stable →	16.6
Jackson	stable →	14.1
Johnson	**	* 3 or fewer
Perry	stable →	15.2
Saline	stable →	15.7
Union	**	* 3 or fewer
Williamson	stable →	13.2

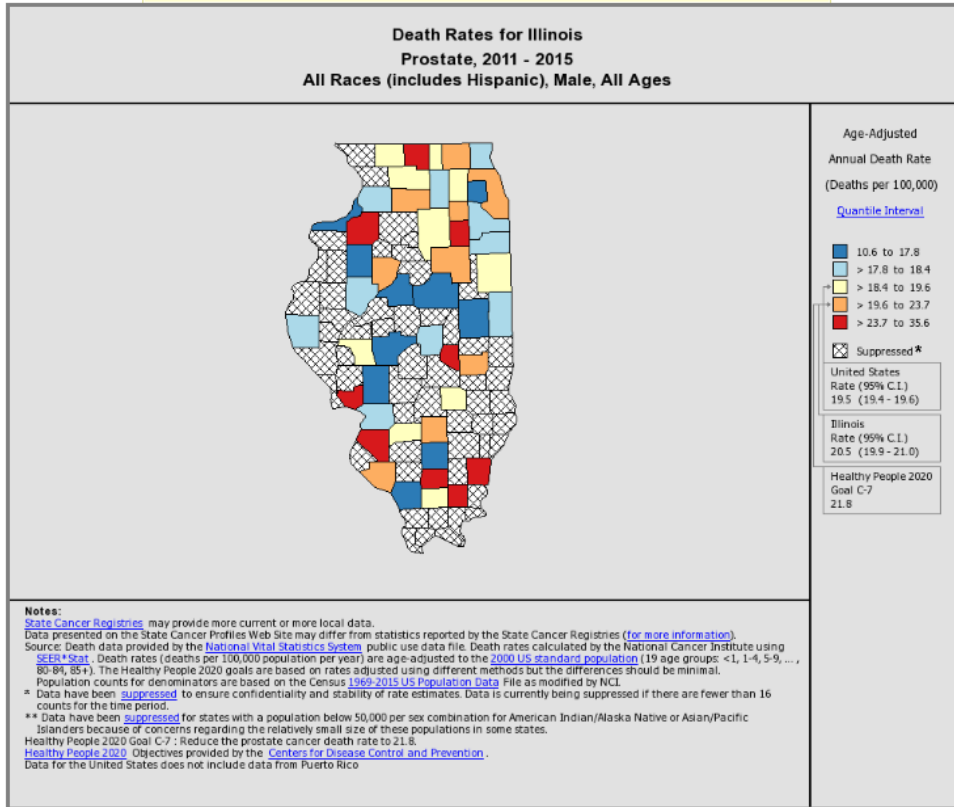


Source: National Cancer Institute, State Cancer Profiles, 2011-2015, retrieved 6.8.18
<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&001&001&00&0&02&0&1&5&0#results>.

Age-Adjusted Annual Death Rate due to Cancer of Prostate, 2011-2015 (Healthy People goal 21.8)

Comparison: U.S. Counties

Location	Status	deaths/100,000 population
US	falling ↓	19.5
Illinois	falling ↓	20.5
Franklin	falling ↓	24.9
Jackson	stable →	15.3
Johnson	**	3 or fewer
Perry	**	3 or fewer
Saline	stable →	24.0
Union	**	3 or fewer
Williamson	falling ↓	19.2



Source: National Cancer Institute, State Cancer Profiles, 2011-2015, retrieved 6.8.18
<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&001&001&00&0&02&0&1&5&0#results>.

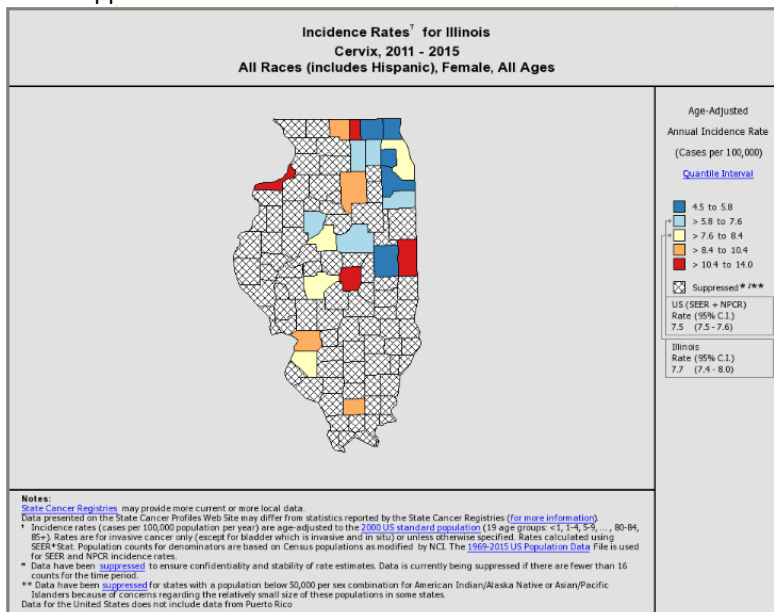
Age-Adjusted Incidence Rate due to Cancer of the Cervix, 2011-2015

(Healthy People goal: No HP2020 objectives for this cancer.)

Comparison: U.S. Counties

Location	Status	Incid./100,000 population
US	stable →	7.5
Illinois	stable →	7.7
Franklin	*	*
Jackson	*	*
Johnson	*	*
Perry	*	*
Saline	*	*
Union	*	*
Williamson	stable →	9.0

*data suppressed. 3 or fewer records.



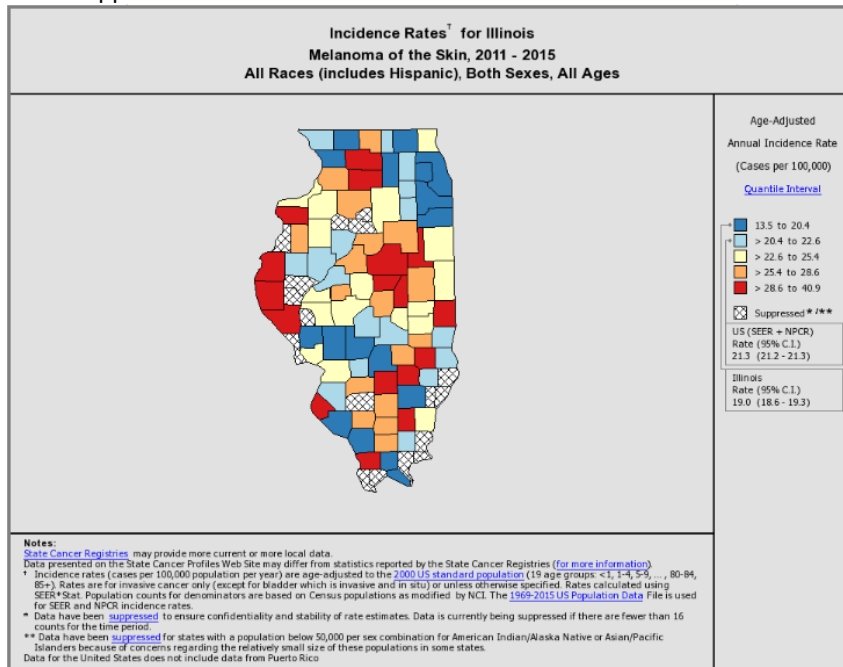
Source: National Cancer Institute, State Cancer Profiles, 2011-2015, retrieved 6.8.18
<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&001&001&00&0&02&0&1&5&0#results>.

Age-Adjusted Incidence Rate due to Melenoma of the Skin, 2011-2015 (Healthy People goal: No HP2020 objectives for this cancer.)

Comparison: U.S. Counties

Location	Status	deaths/100,000 population
US	Rising ↑	21.3
Illinois	stable →	19.0
Franklin	stable →	26.8
Jackson	stable →	19.8
Johnson	*	20.1
Perry	stable →	27.0
Saline	stable →	20.6
Union	stable →	34.1
Williamson	stable →	25.9

*data suppressed. 3 or fewer records.



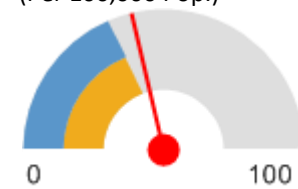
Source: National Cancer Institute, State Cancer Profiles, 2011-2015, retrieved 6.8.18
<https://statecancerprofiles.cancer.gov/map/map.withimage.php?17&001&001&00&0&02&0&1&5&0#results>.

Mortality – Stroke

Within the report area there are an estimated 42.5 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	243,404	133	54.7	42.5
Franklin County, IL	39,443	24	61.86	41.8
Jackson County, IL	60,028	25	42.31	40.8
Johnson County, IL	12,655	5	36.35	31
Perry County, IL	22,047	12	54.43	41.7
Saline County, IL	24,879	18	71.55	48.8
Union County, IL	17,639	12	70.3	48.8
Williamson County, IL	66,714	37	54.86	42.8
Illinois	12,867,528	5,368	41.72	37.9
United States	313,836,267	129,754	41.34	37.3
HP 2020 Target				<= 33.8

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



- Report Area (42.5)
- Illinois (37.9)
- United States (37.3)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County
 Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

CARDIOVASCULAR DISEASE	EVER TOLD HAD A STROKE
Illinois (2015)	3.1%
Egyptian HD – Saline, White and Gallatin	3.0%
Franklin/Williamson	4.5%
Jackson	1.9%
Perry	4.6%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	5.0%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), Provided by Illinois Department of Public Health, July 2018.

Hospital Visits (Inpatient and to Emergency Department)

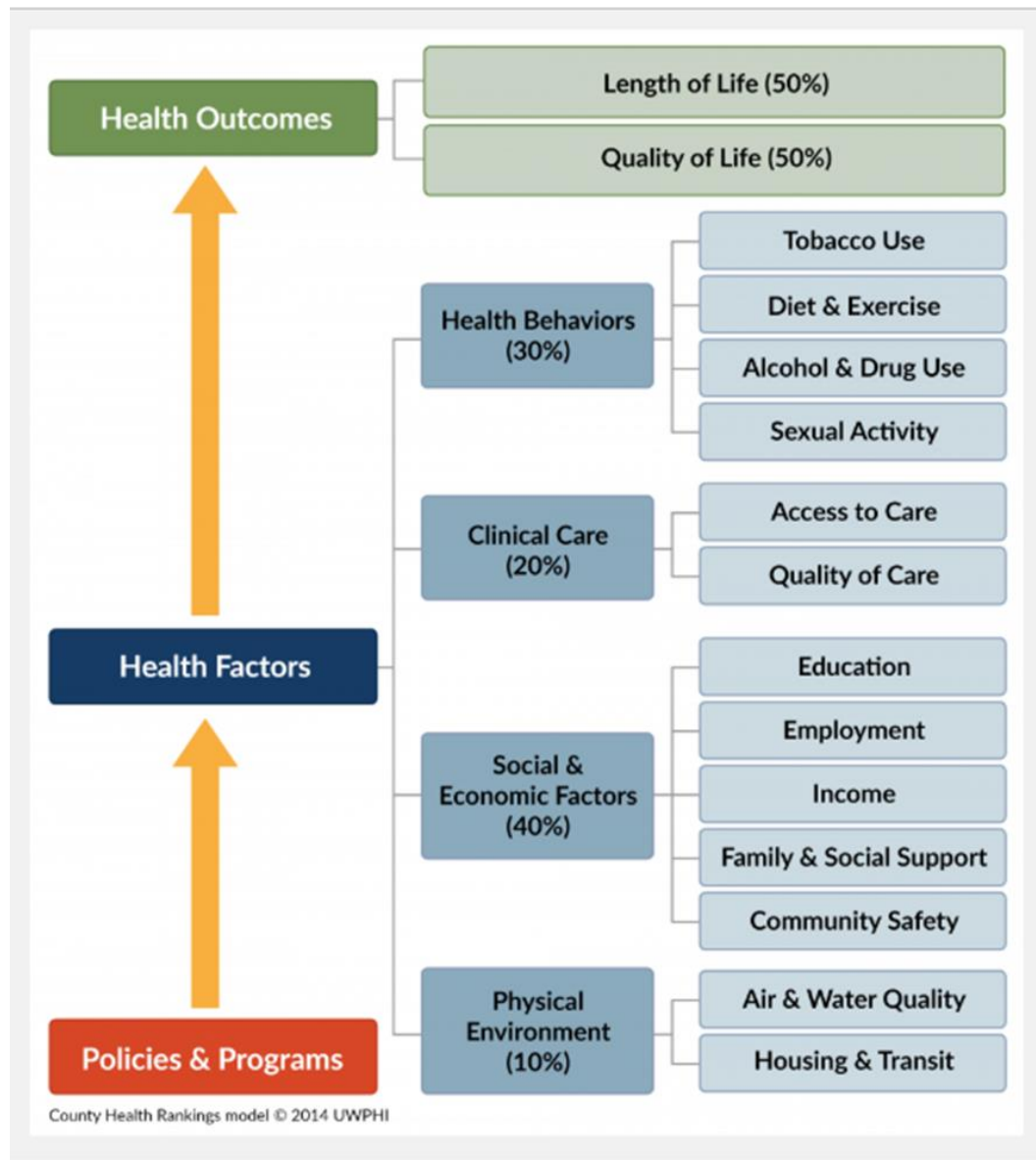
The following table provides data regarding inpatient volumes and emergency department visits to the three SIH hospitals. The top three reasons for inpatient visits excluding OB/Delivery/Newborn/Neonatology, are sepsis, chronic obstructive pulmonary disease, and myocardial infarction. Data was also examined regarding the reasons people visited the hospitals five or more times in FY18. The top five diagnoses for five or more visits in one year were chest pain, chronic obstructive pulmonary disease with exacerbation, unspecified abdominal pain, and sepsis. The top six through ten reasons people visited the hospitals were urinary tract infection, low back pain, acute respiratory infection, headache, and non-infective gastroenteritis and colitis, which could be treated in primary care offices and outpatient clinics rather than the Emergency Department.

Discharges (FY18 by Principal Dx, in order of occurrence)	Emergency Department (5+ visits to ED in FY18 by Principal Dx)
1. Sepsis	1. Chest pain, unspecified
2. Chronic obstructive pulmonary disease w (acute) exacerbation	2. Chronic obstructive pulmonary disease w (acute) exacerbation
3. Non- ST elevation (NSTEMI) myocardial infarction	3. Unspecified abdominal pain
4. Pneumonia, unspecified organism	4. Other chest pain Count
5. Hypertensive heart disease with heart failure	5. Sepsis, Unspecified organism
6. Hyp heart and chronic kidney disease with heart failure and stage 1-4/unspecified chronic kidney	6. Urinary tract infection
7. Acute kidney failure, unspecified	7. Low back pain
8. Morbid (severe) obesity due to excess calories	8. Acute upper respiratory infection
9. Chronic obstructive pulmonary disease with acute lower respiratory infections	9. Headache
10. Unilateral primary osteoarthritis, left knee	10. Non-infective gastroenteritis and colitis

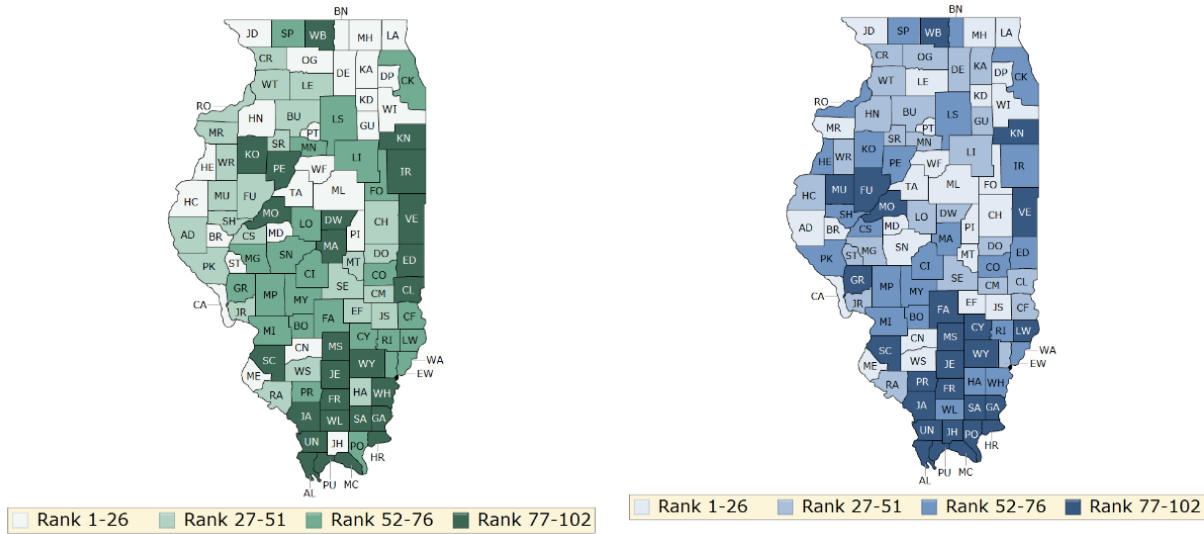
Source: SIH Midas+, LR Retrieved Aug. 2, 2018.

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.



A 2018 Illinois State Health Gaps Report by the University of Wisconsin Population Health Institute found that many 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, 2018 County Health Rankings. www.countyhealthrankings.org/explore-health-rankings/reports/state-reports/2018/illinois

(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.

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.

HEALTH CARE COVERAGE	HAVE A HEALTH PLAN	HAVE MEDICARE	HAVE USUAL PERSON AS A HEALTHCARE PROVIDER	COULD NOT FILL A PRESCRIPTION DUE TO COST
State/County/Counties/LHD Jurisdiction:				
Illinois (2015)	90.6%		82.6%	
Egyptian HD – Saline, White and Gallatin	93.6%	33.5%	89.9%	14.1%
Franklin/Williamson	91.3%	31.5%	85.1%	16.2%
Jackson	89.0%	20.9%	76.8%	14.2%
Perry	93.1%	34.8%	90.8%	17.8%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	92.9%	35.7%	*	14.3%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

* Data not available

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

HEALTHCARE UTILIZATION	UNABLE TO GO TO DOCTOR DUE TO COST	LAST ROUTINE CHECKUP MORE THAN 1 YEAR AGO/NEVER
State/County/Counties/LHD Jurisdiction:		
Illinois (2015)		
Egyptian HD – Saline, White and Gallatin	10.6%	29.0%
Franklin/Williamson	14.1%	34.7%
Jackson	14.3%	33.8%
Perry	9.4%	33.9%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	14.2%	29.2%

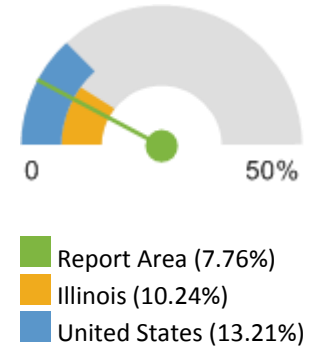
Insurance - Uninsured Adults

The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care and other health services that contributes to poor health status.

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Report Area	141,821	130,814	92.24%	11,007	7.76%
Franklin County, IL	22,840	20,766	90.92%	2,074	9.08%
Jackson County, IL	37,800	34,615	91.57%	3,185	8.43%
Johnson County, IL	6,259	5,858	93.59%	401	6.41%
Perry County, IL	11,306	10,530	93.14%	776	6.86%
Saline County, IL	14,243	13,185	92.57%	1,058	7.43%
Union County, IL	10,197	9,332	91.52%	865	8.48%
Williamson County, IL	39,176	36,528	93.24%	2,648	6.76%
Illinois	7,879,914	7,072,752	89.76%	807,162	10.24%
United States	194,584,952	168,884,012	86.79%	25,700,940	13.21%

Percent Population Age 18-64 Without Medical Insurance



Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2015.

Source geography: County

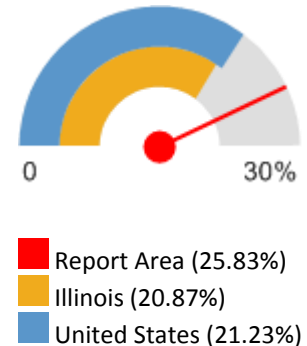
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Insurance - Population Receiving Medicaid

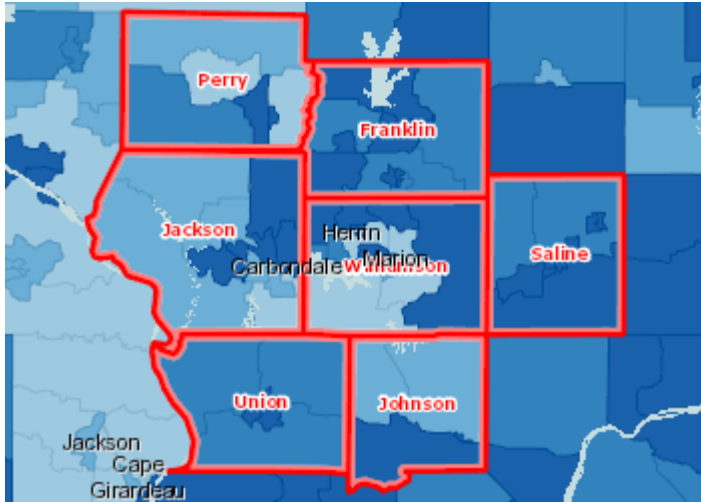
This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs.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

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Report Area	235,616	212,973	55,011	25.83%
Franklin County, IL	39,216	34,992	11,268	32.2%
Jackson County, IL	58,832	53,394	11,579	21.69%
Johnson County, IL	10,939	9,929	1,998	20.12%
Perry County, IL	19,713	17,882	4,104	22.95%
Saline County, IL	24,235	21,694	8,114	37.4%
Union County, IL	17,398	15,663	4,268	27.25%
Williamson County, IL	65,283	59,419	13,680	23.02%
Illinois	12,694,224	11,295,589	2,357,392	20.87%
United States	311,516,332	271,070,101	57,557,806	21.23%

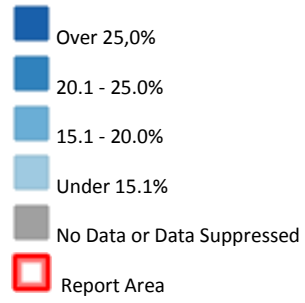
Percent of Insured Population Receiving Medicaid



Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract
 Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



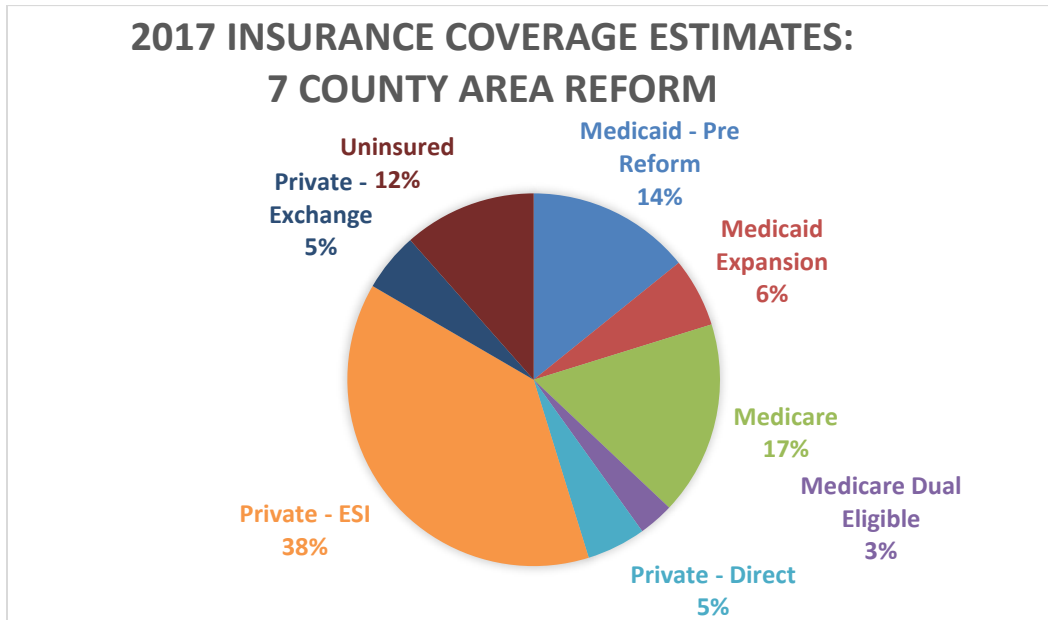
Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2011-15



SIH Coverage Estimates

In 2017, 20% of patients in the SIH service area were insured by Medicaid, 17% by Medicare, 3% were dual-eligible, 5% had private-direct insurance, 38% were private-employer self-insured and 12% were uninsured.

2017 Insurance Coverage Estimates : 7 County Area Reform								
Total	Medicaid - Pre Reform	Medicaid Expansion	Medicare	Medicare Dual Eligible	Private - Direct	Private - ESI	Private - Exchange	Uninsured
240,565	34,159	14,441	40,506	7,364	12,319	91,810	12,258	27,708



Source: © 2017 The Claritas Company, © 2018 Truven Health Analytics LLC

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	CNI Score Median
Franklin	2.9
Jackson	3.3
Johnson	3.0
Perry	3.3
Saline	3.2
Union	3.0
Williamson	2.8

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

Towns with Highest CNI Score in the 7 County Coverage Area

Town	CNI Score
Carbondale-62901	4.2
Carbondale-62902	3.8
Carbondale-62903	4.0
Desoto	3.6
DuQuoin	3.6
Grantsburg	3.8
Harrisburg	4.0
Murphysboro	4.0
Pinckneyville	3.8
West Frankfort	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 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.

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

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.

County	Healthcare Professional Shortage Area (HPSA)		
	Primary Medical Care	Dental	Mental Health
	Yes	Yes	Yes
Franklin	X – Low income (17)	X – Medicaid eligible (17)	X (17)
Jackson	X – low income (19)	X – low income (17)	X (18)
Johnson	X (12)	X – low income (16)	X (18)
Perry	X – low income (17)	X – low income (15)	X (18)
Saline	X – low income (19)	X – Medicaid eligible (19)	X (17)
Union	X – low income (14)	X – low income (17)	X (18)
Williamson	X – low income (17)	X – Medicaid eligible (15)	X (17)

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.

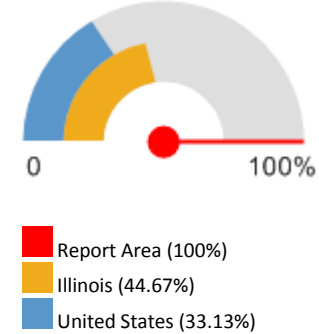
Source: <http://muafind.hrsa.gov/>; U.S. Department of Health and Human Services, Health Resources and Services Administration, Shortage Designation November 19, 2018.

Population Living in a Health Professional Shortage Area

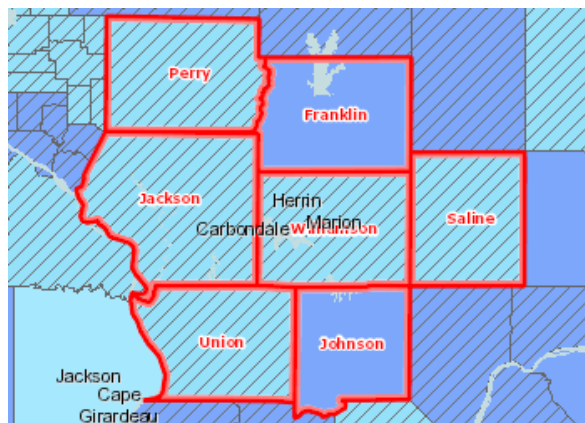
This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Report Area	243,789	243,789	100%
Franklin County, IL	39,561	39,561	100%
Jackson County, IL	60,218	60,218	100%
Johnson County, IL	12,582	12,582	100%
Perry County, IL	22,350	22,350	100%
Saline County, IL	24,913	24,913	100%
Union County, IL	17,808	17,808	100%
Williamson County, IL	66,357	66,357	100%
Illinois	12,830,632	5,731,457	44.67%
United States	308,745,538	102,289,607	33.13%

Percentage of Population Living in a HPSA



Data Source: US Department of Health Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016. Source geography: HPSA



Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database April 2016

- Population Group; Over 20.0 FTE Needed
- Population Group; 1.1 - 20.0 FTE Needed
- Population Group; Under 1.1 FTE Needed
- Geographic Area; Over 20.0 FTE Needed
- Geographic Area; 1.1 - 20.0 FTE Needed
- Geographic Area; Under 1.1 FTE Needed
- Report Area

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018

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 1,240. 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 1:1,040 ratio. In Illinois the ratio of mental health providers to population is 1:580 and the counties in the 90th percentile have a ratio of 1:150. In Illinois the ratio of dentists to the population is 1:1,380 and the counties in the 90th percentile have a ratio of 1:640. 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. Below is additional data showing how our SIH service area compares against the U.S.

Primary Care Physicians Ratio, 2017

Location	The number of people in each county for every primary care provider is:
Illinois	1,240:1
Jackson	820:1
Franklin	2,630:1
Williamson	1,180:1
Perry	1,960:1
Johnson	12,760:1
Union	1,340:1
Saline	1,300:1

Mental Health Provider Ratio, 2017

Illinois	530:1
Jackson	480:1
Franklin	150:1
Williamson	540:1
Perry	1,530:1
Johnson	270:1
Union	860:1
Saline	680:1

Dentists Ratio, 2017

Location	The number of people in each county for every dentist is:
Illinois	1,330:1
Jackson	1,370:1
Franklin	2,450:1
Williamson	1,830:1
Perry	3,050:1
Johnson	4,300:1
Union	1,9100:1

Source: County Health Rankings (2017), comparison U.S. counties, Retrieved March 06, 2018

Saline	2,700:1
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Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

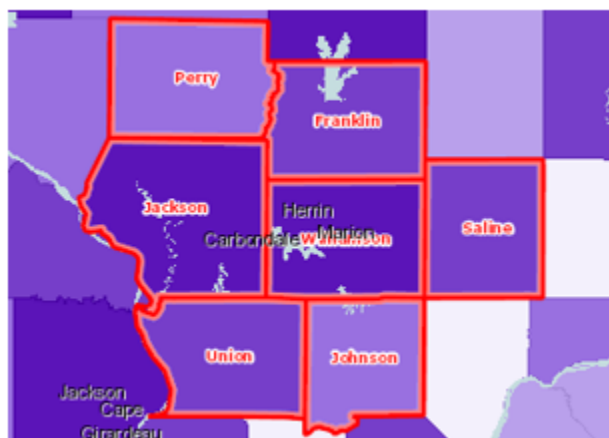
Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
Report Area	242,574	119	49.1
Franklin County, IL	39,485	15	37.99
Jackson County, IL	59,362	41	69.07
Johnson County, IL	12,762	3	23.51
Perry County, IL	21,543	7	32.49
Saline County, IL	24,548	10	40.74
Union County, IL	17,408	8	45.96
Williamson County, IL	67,466	35	51.88
Illinois	12,859,995	9,336	72.6
United States	321,418,820	210,832	65.6

Dentists, Rate per 100,000 Pop.



- Report Area (49.1)
- Illinois (72.6)
- United States (65.6)



Access to Dentists, Rate per 100,000 Pop. by County, AHRF 2015

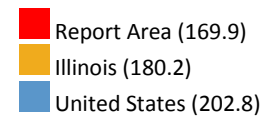
- Over 50.0
- 35.1 - 50.0
- 20.1 - 35.0
- Under 20.1
- No Dentists
- Report Area

Access to Mental Health Providers

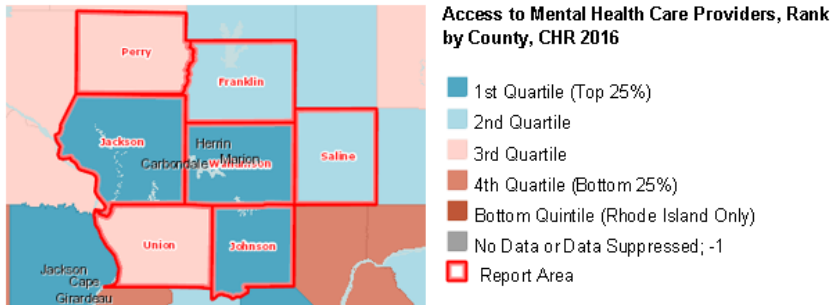
This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers and counsellors that specialize in mental health care.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Report Area	242,428	412	588.4	169.9
Franklin County, IL	39,412	55	716.6	139.5
Jackson County, IL	59,678	120	497.3	201
Johnson County, IL	12,601	36	350	285.6
Perry County, IL	21,672	14	1,548	64.6
Saline County, IL	24,611	35	703.2	142.2
Union County, IL	17,447	18	969.3	103.1
Williamson County, IL	67,007	134	500.1	199.9
Illinois	12,806,917	23,090	554.7	180.2
United States	317,105,555	643,219	493	202.8

Mental Health Care Provider Rate (Per 100,000 Population)



Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016. Source geography: County

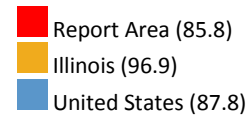
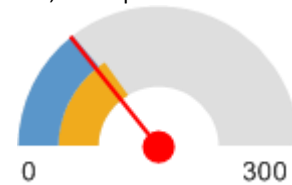


Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

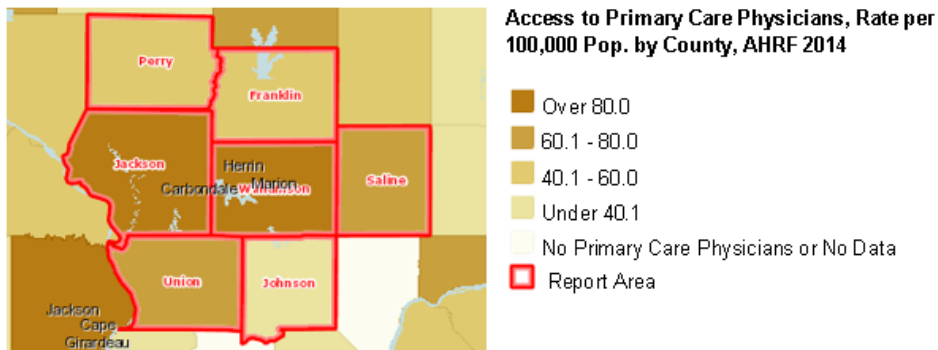
Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Report Area	242,428	208	85.8
Franklin County, IL	39,411	16	40.6
Jackson County, IL	59,677	86	144.11
Johnson County, IL	12,601	1	7.94
Perry County, IL	21,672	11	50.76
Saline County, IL	24,612	19	77.2
Union County, IL	17,447	13	74.51
Williamson County, IL	67,008	62	92.53
Illinois	12,880,580	12,477	96.9
United States	318,857,056	279,871	87.8

Primary Care Physicians, Rate per 100,000 Pop.



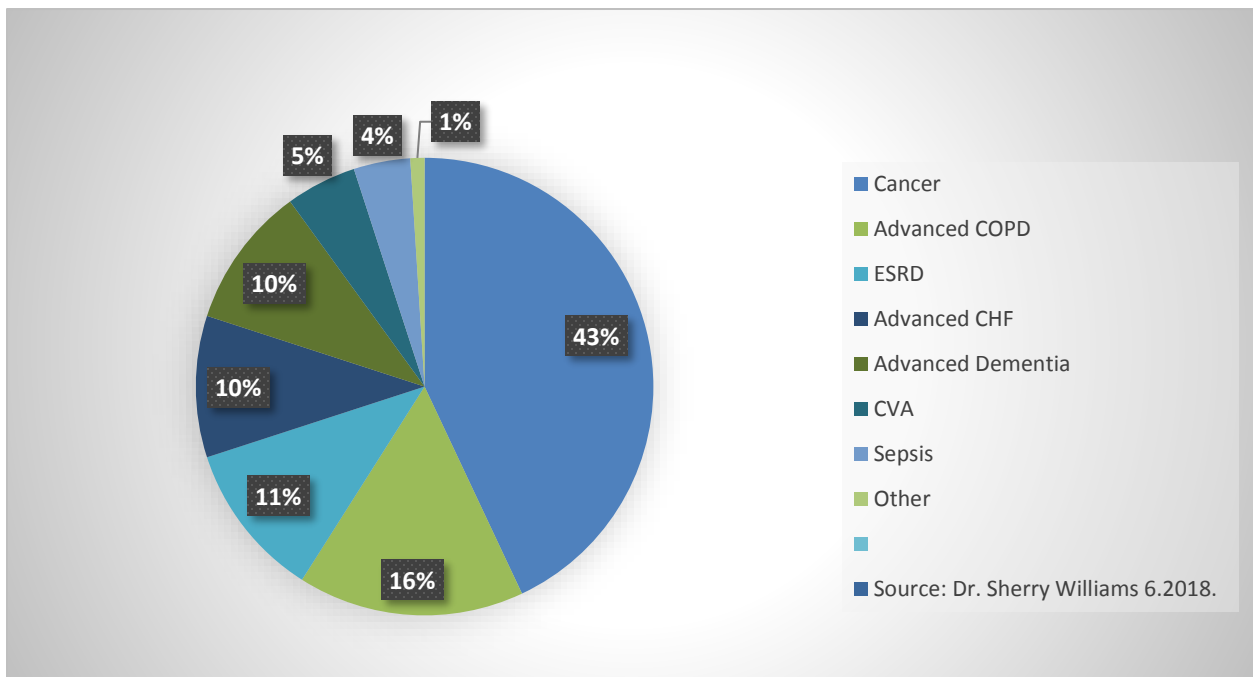
Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



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. In 2016, of the 679 patients served, the top five reasons for palliative care consults were cancer, advanced COPD (Chronic Obstructive Pulmonary Disease), ESRD (End Stage Renal Disease), advanced CHF (Congestive Heart Failure) and advanced dementia.

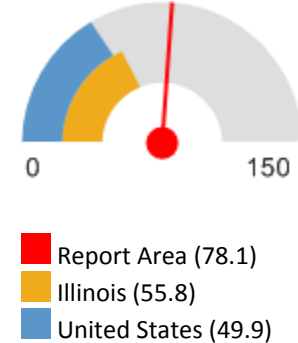


Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Report Area	32,313	2,522	78.1
Franklin County, IL	6,551	589	90
Jackson County, IL	5,077	320	63.1
Johnson County, IL	1,696	114	67.4
Perry County, IL	3,068	242	78.9
Saline County, IL	3,792	400	105.6
Union County, IL	2,456	164	67.1
Williamson County, IL	9,673	691	71.5

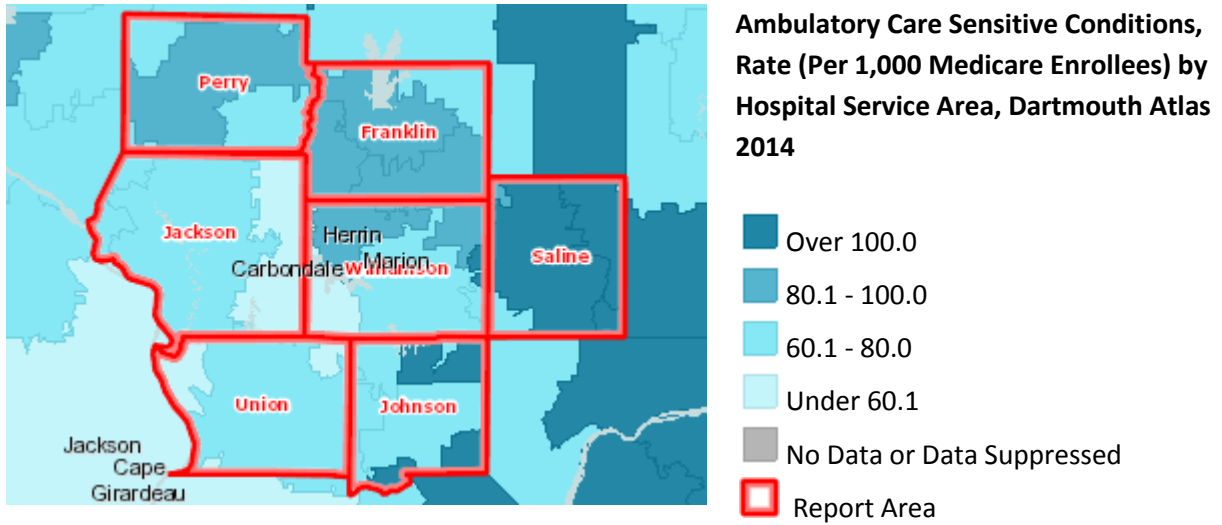
Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



Illinois	1,330,462	74,243	55.8
United States	29,649,023	1,479,545	49.9

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018



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. The chart below shows the number of readmissions per diagnosis for all three hospitals.

Inpatient 30 Day Readmission (ICD10 dx) w Exclusions	# of sepsis, unspecified organism	# hyp hear & chr kdny dis w hrt fail and stg 1-4/unsp kidney	# of COPD w (acute) exacerbati on or acute lower resp infection	# of Non-ST elevation myocardial infarction	# of hyper heart disease with heart failure	# of pneumonia, unspecified organism	# of Other pulmonary embolism without acute corpulmonale	# of hypotension due to drugs	# Encounter for other specified aftercare
MEMORIAL HOSPITAL OF CARBONDALE	73	37	35	33	27				
HERRIN HOSPITAL	81		96		25	23			
ST JOSEPH MEMORIAL HOSPITAL	2				1		1	1	14
TOTAL	156	37	131	33	53	23	1	1	14

Source: Inpatient 30-day readmit with exclusions-ICD Diagnoses for 2017, Retrieved 2.23.18 by L

Lack of Transportation

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

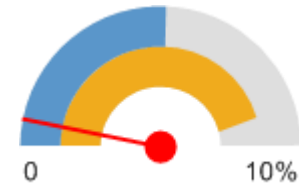
- More than 7% of patient consumers in the service area have missed a medical appointment in the last six (6) months due to a transportation issue.
- 91% of health care provider respondents in the service area report that a better system of non-emergency medical transportation is at least somewhat needed; 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".

Use of Public Transportation

This indicator reports the percentage of population using public transportation as their primary means of commute to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails and ferryboats.

Report Area	Total Population Employed Age 16	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
Report Area	97,953	628	0.64%
Franklin County, IL	15,152	87	0.57%
Jackson County, IL	24,962	253	1.01%
Johnson County, IL	4,154	8	0.19%
Perry County, IL	8,145	55	0.68%
Saline County, IL	9,398	73	0.78%
Union County, IL	7,241	49	0.68%
Williamson County, IL	28,901	103	0.36%
Illinois	5,983,836	544,295	9.1%
United States	143,621,171	7,362,038	5.13%

Percent Population Using Public Transit for Commute to Work



- Report Area (0.64%)
- Illinois (9.1%)
- United States (5.13%)

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

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Lack of Housing

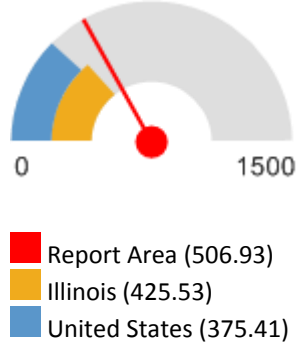
The availability of housing plays a significant role in health.

Housing - Assisted Housing

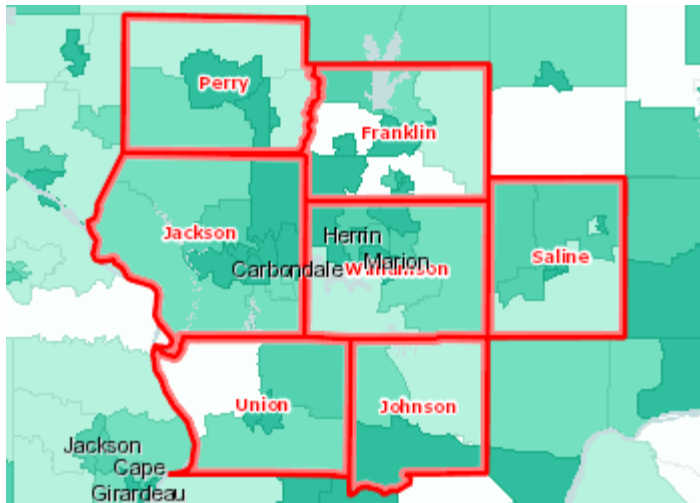
This indicator reports the total number of HUD-funded assisted housing units available to eligible renters as well as the unit rate (per 10,000 total households).

Report Area	Total Housing Units (2010)	Total HUD-Assisted Housing Units	HUD-Assisted Units, Rate per 10,000 Housing Units
Report Area	112,107	5,683	506.93
Franklin County, IL	18,525	785	423.75
Jackson County, IL	28,578	1,822	637.55
Johnson County, IL	5,598	158	282.24
Perry County, IL	9,426	414	439.21
Saline County, IL	11,697	600	512.95
Union County, IL	7,924	384	484.6
Williamson County, IL	30,359	1,520	500.68
Illinois	5,296,715	225,390	425.53
United States	133,341,676	5,005,789	375.41

HUD-Assisted Units, Rate per 10,000 Housing Units



Data Source: US Department of Housing and Urban Development. 2016.
 Source geography: County



Assisted Housing Units, All by Tract, HUD 2016

- Over 60
- 31 - 60
- 11 - 30
- 1 - 10
- No Units
- Report Area

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Assisted Housing Units - HUD Programs - by Assistance Program

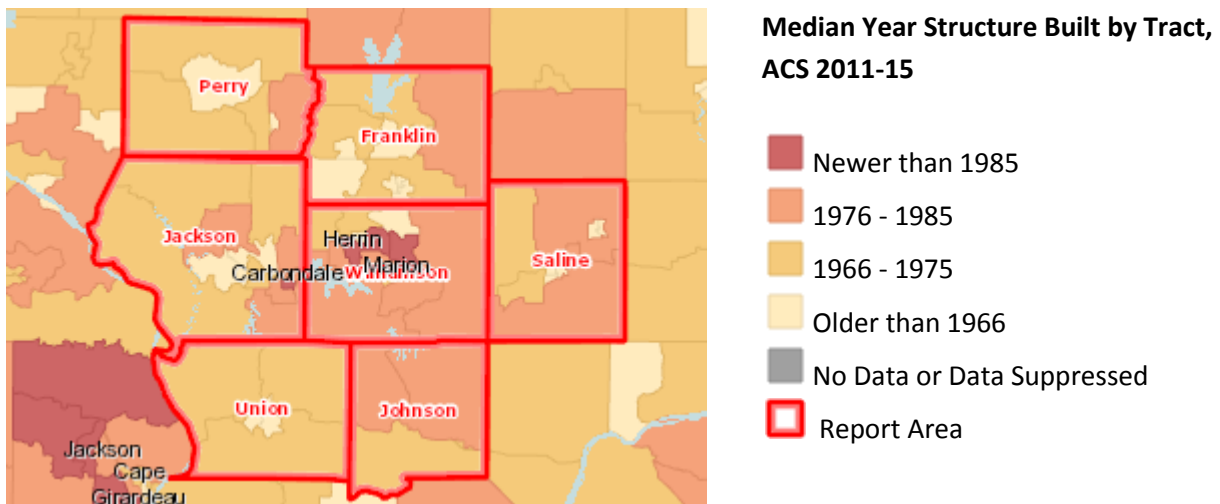
Report Area	Housing Choice Voucher Units	Project-Based Section 8 Units	Section 236 Units (Federal Housing Authority Projects)	Public Housing Authority Units	Section 202 Units (Supportive Housing for the Elderly)	Section 811 Units (Supportive Housing for Persons with Disabilities)	Other Multi-Family Program Units (RAP, SUP, Moderate Rehab, Etc.)
Report Area	1,097	791	0	3,778	0	18	0
Franklin County, IL	70	32	0	683	0	0	0
Jackson County, IL	575	428	0	801	0	18	0
Johnson County, IL	2	79	0	77	0	0	0
Perry County, IL	9	65	0	340	0	0	0
Saline County, IL	88	33	0	479	0	0	0
Union County, IL	3	35	0	346	0	0	0
Williamson County, IL	350	119	0	1,052	0	0	0
Illinois	103,232	62,033	674	50,464	5,421	1,669	1,897
United States	2,474,400	1,243,178	33,100	1,074,437	124,704	34,463	31,612

Housing - Housing Unit Age

This indicator reports, for a given geographic area, the median year in which all housing units (vacant and occupied) were first constructed. The year the structure was built provides information on the age of housing units. These data help identify new housing construction and measures the disappearance of old housing from the inventory, when used in combination with data from previous years. This data also serves to aid in the development of formulas to determine substandard housing and provide assistance in forecasting future services, such as energy consumption and fire protection.

Report Area	Total Housing Units	Median Year Structures Built
Report Area	112,500	
Franklin County, IL	18,586	1963
Jackson County, IL	28,641	1974
Johnson County, IL	5,573	1979
Perry County, IL	9,454	1969
Saline County, IL	11,644	1969
Union County, IL	7,914	1964
Williamson County, IL	30,688	1974
Illinois	5,303,675	1967
United States	133,351,840	1976

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



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



Clinical Preventive Services

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

VACCINATIONS	HAD FLU VAC. IN PAST 12 MONTHS	EVER HAD PNEUMONIA VACCINE
State/County/Counties/LHD Jurisdiction:		
Illinois (2015)	36.9%	32.9%
Egyptian HD – Saline, White and Gallatin	39.2%	35.9%
Franklin/Williamson	43.7%	39.3%
Jackson	30.5%	40.9%
Perry	36.0%	45.1%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	42.7%	34.9%

Source: Illinois Behavioral Risk Factor survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

Mammography Screening

WOMEN'S HEALTH MAMMOGRAMS	HAD MAMMOGRAM (Women over 40)	LAST MAMMOGRAM (women over 40) Less than or equal to a year ago	LAST MAMMOGRAM (women over 40) Greater than 1 year ago
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)			
Egyptian HD – Saline, White and Gallatin	90.5%	47.1%	52.9%
Franklin/Williamson	84.8%	51.5%	45.8%
Jackson	90.9%	59.0%	41.0%
Perry	94.6%	60.7%	39.3%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	90.3%	48.5%	51.5%

WOMEN'S HEALTH	EVER HAD CLINICAL BREAST EXAM	LAST CLINICAL BREAST EXAM Less than or equal to a year ago	LAST CLINICAL BREAST EXAM Greater than 1 year ago
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)			
Egyptian HD – Saline, White and Gallatin	85.7%	74.4%	25.6%
Franklin/Williamson	94.1%	67.9%	32.1%
Jackson	81.8%	71.5%	28.5%
Perry	90.0%	74.4%	25.6%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	84.6%	73.1%	26.9%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

**Had a Mammogram in Past 2 Years
All Races (includes Hispanic), Female, Ages 40+**

Hardin County	36.6
Pulaski County	49.6
Alexander County	54.0
Gallatin County	54.3
White County	56.7
Franklin County	59.0
Pope County	59.3
Saline County	60.1
Williamson County	60.2
Massac County	61.6
Perry County	62.1
Madison County	63.3
Jackson County	64.0
Union County	65.4
St. Clair County	68.0
Cook County	70.2
Johnson County	71.1
Lake County	71.7
Sangamon County	78.3

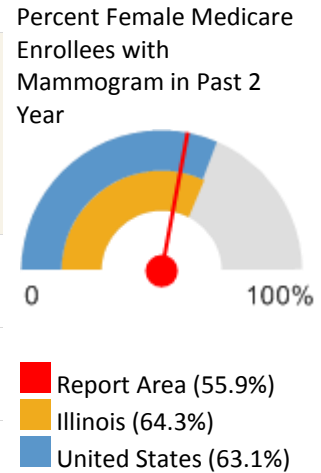
Lower 15 counties of IL
SIH service area
Comparison only

Created by statecancerprofiles.cancer.gov on 03/02/2018.

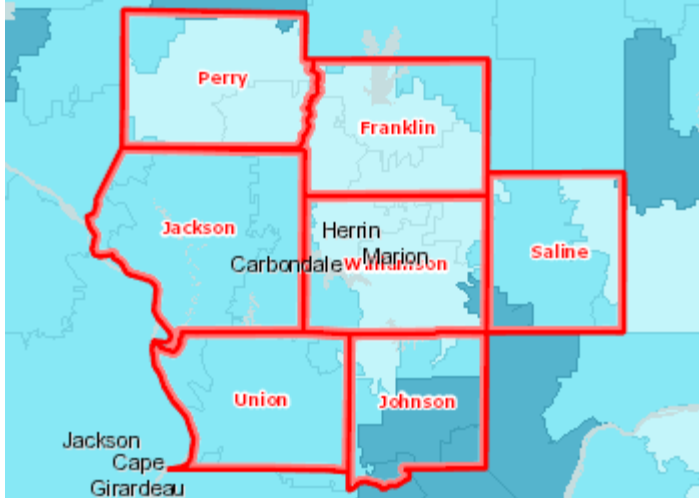
Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services.

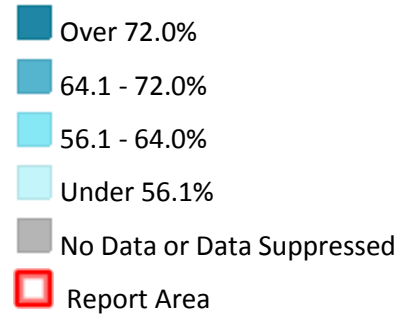
Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Report Area	29,807	2,755	1,540	55.9%
Franklin County, IL	5,713	529	294	55.6%
Jackson County, IL	4,766	420	256	61%
Johnson County, IL	1,638	157	91	58.6%
Perry County, IL	2,834	255	130	51.4%
Saline County, IL	3,592	326	186	57.4%
Union County, IL	2,411	207	115	55.6%
Williamson County, IL	8,853	861	465	54%
Illinois	1,229,443	105,872	68,057	64.3%
United States	26,753,396	2,395,946	1,510,847	63.1%



Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County



Mammogram (Past 2 Years), Percent of Female Medicare Enrollees, Age 67-69 by Hospital Service Area, Dartmouth Atlas 2014



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

WOMEN'S HEALTH	EVER HAD PAP SMEAR	LAST PAP SPEAR Less than or equal to a year ago	LAST PAP SMEAR Greater than 1 year ago
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)			
Egyptian HD – Saline, White and Gallatin	90.2%	57.2%	42.8%
Franklin/Williamson	95.7%	50.6%	49.4%
Jackson	87.8%	59.8%	40.2%
Perry	93.9%	66.1%	33.9%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	90.3%	51.4%	48.6%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

**Had a Pap in Past 3 Yrs, No Hysterectomy
All Races (includes Hispanic), Female, Ages 18+**

Pulaski County	59.3
Pope County	60.1
Gallatin County	61.3
Alexander County	63.6
Hardin County	63.9
White County	65.7
Franklin County	66.5
Perry County	66.9
Johnson County	67.2
Massac County	68.4
Williamson County	68.8
Madison County	69.8
Saline County	71.2
Union County	71.4
Jackson County	74
St. Clair County	76.1
Cook County	78.3
Sangamon County	82.4
Lake County	84.6

Lower 15 counties
SIH Service Area
Comparison Counties

Created by statecancerprofiles.cancer.gov on 03/01/2018

Last Colonoscopy or Sigmoidoscopy 50+

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

WHEN WAS LAST SIGMOIDOSCOPY OR COLONOSCOPY?	Within the past year (anytime less than 12 months ago)	Within the past 2 years (1 year but less than 2 years ago)	Within the past 3 years (2 years but less than 3 years ago)	Within the past 5 years (3 years but less than 5 years ago)	Within the past 10 years (5 years but less than 10 years ago)	10 or more years ago
State/County/Countries/LHD Jurisdiction:						
Illinois (2015)	*	*	*	*	*	*
Egyptian HD – Saline, White and Gallatin	26.6%	19.1%	13.4%	17.6%	17.9%	5.5%
Franklin/Williamson	25.5%	16.1%	8.1%	22.9%	13.3%	14.2%
Jackson	35.0%	13.7%	14.1%	17.4%	12.1%	7.8%
Perry	33.6%	11.3%	22.4%	11.0%	13.4%	8.3%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	24.5%	19.8%	18.5%	20.7%	11.0%	5.6%

COLORECTAL CANCER SCREENING	EVER HAD SIGMOIDOSCOPY OR COLONOSCOPY	LAST TEST WAS A SIGMOIDOSCOPY	LAST TEST WAS A COLONOSCOPY
State/County/Countries/LHD Jurisdiction:			
Illinois (2015)	*	*	*
Egyptian HD – Saline, White and Gallatin	66.2%	1.8%	98.2%
Franklin/Williamson	69.9%	3.4%	96.6%
Jackson	71.2%	*	98.7%
Perry	73.6%	9.4%	90.6%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski.	71.3%	4.9%	95.1%

*Unweighted counts of 5 or less or confidence intervals of +/- 12.5% do not meet standards of reliability.

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

Home-based FOBT in the past two years or ever had a colorectal endoscopy

All Races (includes Hispanic), Both Sexes, Ages 50+	
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Hardin County	31.3
Gallatin County	46.1
Pulaski County	50.2
Alexander County	51.6
Franklin County	58.5
Jackson County	59.5
Cook County	60.7
Pope County	61.7
White County	61.7
Union County	61.8
St. Clair County	62.1
Johnson County	63.1
Saline County	63.1
Massac County	65.2
Madison County	66.3
Lake County	69.6
Sangamon County	74.1

Lower 15 counties
SIH Service Area
Comparison Counties

Created by statecancerprofiles.cancer.gov on 03/02/2018.

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.

HYPERTENSION	EVER TOLD HAVE HIGH BLOOD PRESSURE	TAKE BLOOD PRESSURE MEDICATION
State/County/Counties/LHD Jurisdiction:		
Illinois (2015)	30.8%	79.3%
Egyptian HD – Saline, White and Gallatin	46.1%	77.5%
Franklin/Williamson	40.1%	80.0%
Jackson	31.6%	58.1%
Perry	41.1%	80.6%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	38.3%	86.8%

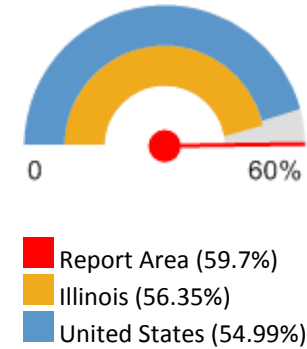
Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

High Blood Pressure (Medicare Population)

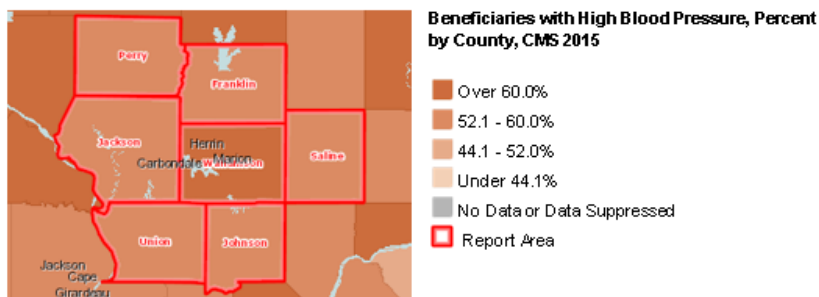
This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Report Area	40,413	24,109	59.7%
Franklin County, IL	7,843	4,694	59.85%
Jackson County, IL	7,636	4,389	57.48%
Johnson County, IL	2,315	1,427	61.64%
Perry County, IL	3,452	2,042	59.15%
Saline County, IL	5,420	3,124	57.64%
Union County, IL	3,087	1,839	59.57%
Williamson County, IL	10,660	6,594	61.86%
Illinois	1,451,929	818,162	56.35%
United States	34,118,227	18,761,681	54.99%

Percentage of Medicare Beneficiaries with High Blood Pressure



Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

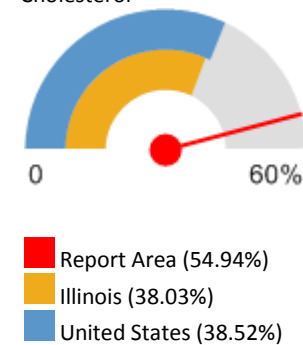
High Cholesterol (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse or other health professional that they had high blood cholesterol.

CHOLESTEROL	EVER HAD CHOLESTEROL CHECKED	HOW LONG SINCE LAST CHOLESTEROL TEST (YES)	EVER TOLD CHOLESTEROL HIGH
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)	81.7%	-	36.0%
Egyptian HD – Saline, White and Gallatin	85.7%	74.4%	43.1%
Franklin/Williamson	81.0%	71.2%	39.8%
Jackson	72.1%	65.1%	31.7%
Perry	84.5%	73.7%	33.5%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	79.7%	76.1%	42.3%

Report Area	Survey Population (Adults Age 18+)	Total Adults with High Cholesterol	Percent Adults with High Cholesterol
Report Area	72,304	39,726	54.94%
Franklin County, IL	18,048	14,086	78.05%
Jackson County, IL	23,218	13,306	57.30%
Johnson County, IL	no data	no data	no data
Perry County, IL	no data	no data	no data
Saline County, IL	no data	no data	no data
Union County, IL	no data	no data	no data
Williamson County, IL	31,038	12,334	39.74%
Illinois	7,348,647	2,794,348	38.03%
United States	180,861,326	69,662,357	38.52%

Percent Adults with High Cholesterol



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 Feb. 9, 2018.

High Cholesterol (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Report Area	40,413	18,406	45.5%
Franklin County, IL	7,843	3,647	46.5%
Jackson County, IL	7,636	3,296	43.16%
Johnson County, IL	2,315	1,176	50.8%
Perry County, IL	3,452	1,273	36.88%
Saline County, IL	5,420	2,545	46.96%
Union County, IL	3,087	1,372	44.44%
Williamson County, IL	10,660	5,097	47.81%
Illinois	1,451,929	670,610	46.19%
United States	34,118,227	15,219,766	44.61%

Percentage of Medicare Beneficiaries with High Cholesterol



■ Report Area (45.5%)
■ Illinois (46.19%)
■ United States (44.61%)

Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

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).

DIABETES	TESTED FOR DIABETES	TOLD YOU HAVE DIABETES	AGE TOLD YOU HAVE DIABETES (OLDER THAN 18)	EVER DIAGNOSED WITH PRE-DIABETES/BORDERLINE
State/County/Counties/LHD Jurisdiction:				
Illinois (2015)	-	9.9%	-	-
Egyptian HD – Saline, White and Gallatin	62.9%	15.2%	98.0%	7.0%
Franklin/Williamson	58.5%	12.7%	94.0%	10.5%
Jackson	45.8%	7.1%	88.3%	12.9%
Perry	55.1%	12.0%	86.0%	10.5%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	67.0%	13.8%	97.5%	9.4%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

OF THOSE THAT REPORTED HAVING DIABETES	SEEN HEALTH PROFESSIONAL FOR DIABETES IN PAST 12 MONTHS	NOW TAKING INSULIN	HEALTH PROFESSIONAL CHECKED A1C IN PAST 12 MONTHS
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)	90.2%	28.2%	93.4%
Egyptian HD – Saline, White and Gallatin	85.5%	34.5%	92.9%
Franklin/Williamson	80.8%	29.7%	90.0%
Jackson	87.9%	20.3%	96.0%
Perry	90.8%	33.5%	90.7%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	94.2%	36.5%	99.3%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

OF THOSE THAT REPORTED HAVING DIABETES FREQUENCY CHECK FEET FOR SORES	1 or more times per day	1 or more times per week	1 or more times per month	No feet	Never
State/County/Counties/LHD Jurisdiction:					
Illinois (2015)	56.8%	17.1%	7.2%	1.6%	15.4%
Egyptian HD – Saline, White and Gallatin	66.1%	11.4%	*	*	16.5%
Franklin/Williamson	50.9%	22.9%	*	*	16.3%
Jackson	57.2%	22.9%	*	*	16.0%
Perry	71.4%	21.4%	*	-	5.4%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	59.6%	27.1%	*	*	7.7%

OF THOSE THAT REPORTED HAVING DIABETES	TAKEN CLASS TO MANAGE DIABETES
State/County/Counties/LHD Jurisdiction:	
Illinois (2015)	51.5%
Egyptian HD – Saline, White and Gallatin	26.3%
Franklin/Williamson	45.7%
Jackson	52.3%
Perry	67.9%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	62.2%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by

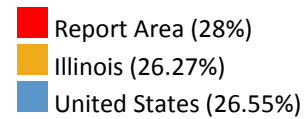
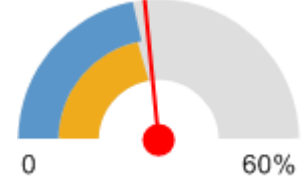
Illinois Department of Public Health, July 2018.

Diabetes (Medicare Population)

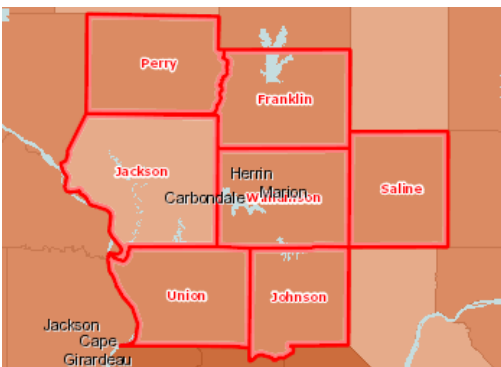
This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Report Area	40,413	11,318	28%
Franklin County, IL	7,843	2,271	28.96%
Jackson County, IL	7,636	1,999	26.18%
Johnson County, IL	2,315	662	28.6%
Perry County, IL	3,452	972	28.16%
Saline County, IL	5,420	1,517	27.99%
Union County, IL	3,087	868	28.12%
Williamson County, IL	10,660	3,029	28.41%
Illinois	1,451,929	381,457	26.27%
United States	34,118,227	9,057,809	26.55%

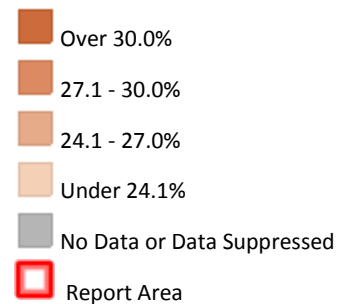
Percentage of Medicare Beneficiaries with Diabetes



Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County



Beneficiaries with Diabetes, Percent by County, CMS 2015



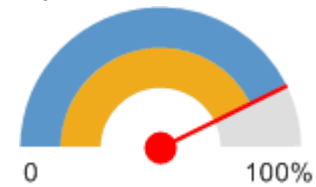
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Diabetes Management - Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a Hemoglobin A1c (HA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In the report area, 3,654 Medicare enrollees with diabetes have had an annual exam out of 4,274 Medicare enrollees in the report area with diabetes, or 85.5%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services.

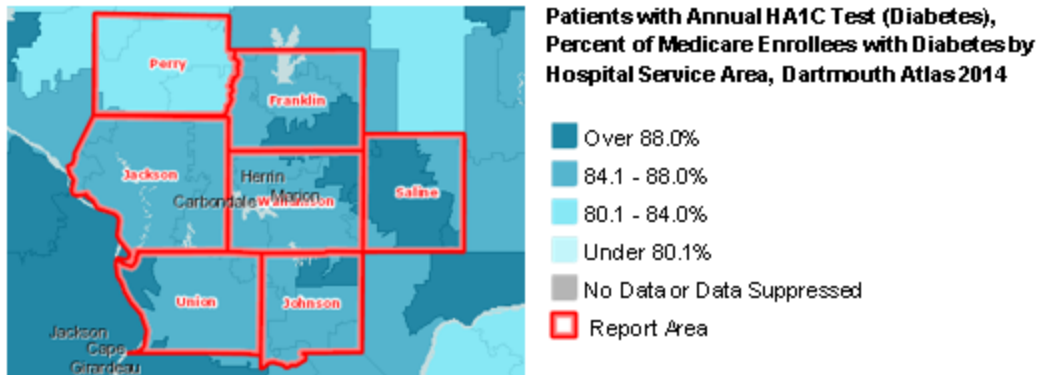
Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Report Area	29,807	4,274	3,654	85.5%
Franklin County, IL	5,713	871	750	86.1%
Jackson County, IL	4,766	628	535	85.4%
Johnson County, IL	1,638	256	225	87.9%
Perry County, IL	2,834	397	323	81.4%
Saline County, IL	3,592	486	423	87.2%
Union County, IL	2,411	336	290	86.3%
Williamson County, IL	8,853	1,300	1,106	85.2%
Illinois	1,229,443	149,658	128,554	85.9%
United States	26,753,396	3,314,834	2,822,996	85.2%

Percent Medicare Enrollees with Diabetes with Annual Exam



■ Report Area (85.5%)
■ Illinois (85.9%)
■ United States (85.2%)

Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014. Source geography: County



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



Environmental Quality

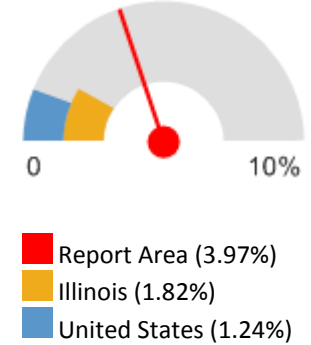
These are areas in which the service area is doing well nationally and locally. We have excellent environmental air quality in the SIH coverage area and we have made great progress in the number of adults and children alike who are exposed to secondhand smoke. The Smoke Free Illinois law helped to remove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

Air Quality - Ozone

Within the report area, 14.28, or 3.97% 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	44.15	14.28	3.91%	3.97%
Franklin County, IL	39,561	43.97	14.83	4.06%	4.07%
Jackson County, IL	60,218	44.08	15.5	4.25%	4.26%
Johnson County, IL	12,582	44.68	14.5	3.97%	3.96%
Perry County, IL	22,350	43.78	13.67	3.74%	3.72%
Saline County, IL	24,913	44.22	9.33	2.56%	2.56%
Union County, IL	17,808	44.42	16.6	4.55%	4.54%
Williamson County, IL	66,357	44.22	15.07	4.13%	4.12%
Illinois	12,830,632	37.89	6.81	1.87%	1.82%
United States	312,471,327	38.95	4.46	1.22%	1.24%

Percentage of Days Exceeding Standards, Pop. Adjusted Average



Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. 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	10.00	0	0	0%
Franklin County, IL	39,561	10.07	0	0	0%
Jackson County, IL	60,218	10.06	0	0	0%
Johnson County, IL	12,582	9.81	0	0	0%
Perry County, IL	22,350	10.07	0	0	0%
Saline County, IL	24,913	9.87	0	0	0%
Union County, IL	17,808	9.98	0	0	0%
Williamson County, IL	66,357	10.01	0	0	0%
Illinois	12,830,632	11.19	1.50	0.41	0.40%
United States	312,471,327	9.10	0.35	0.10	0.10%

Percentage of Days Exceeding Standards, Pop. Adjusted Average



- Report Area (0%)
- Illinois (0.40%)
- United States (0.10%)

Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Source geography: Tract

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



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.

Unintentional Injury Mortality

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

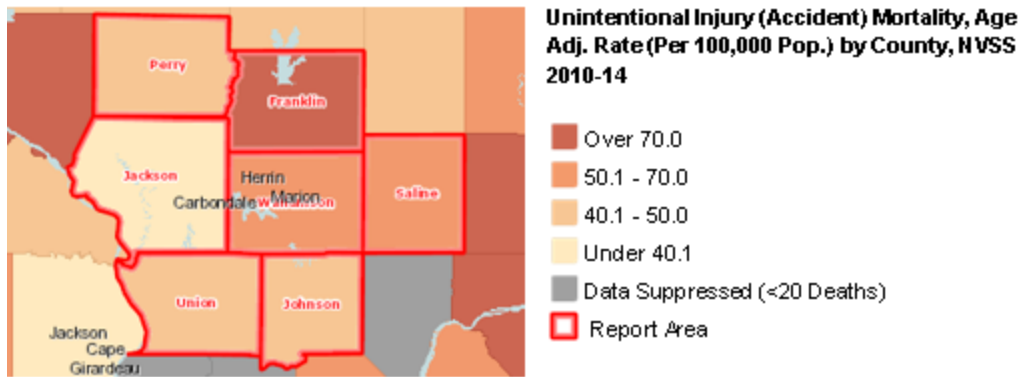
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	243,404	133	54.6	51.5
Franklin County, IL	39,443	30	76.06	70.4
Jackson County, IL	60,028	22	36.65	38.5
Johnson County, IL	12,655	6	48.99	45.4
Perry County, IL	22,047	11	48.99	44.3
Saline County, IL	24,879	17	66.72	59.5
Union County, IL	17,639	10	54.43	47.9
Williamson County, IL	66,714	38	56.66	53.5
Illinois	12,867,528	4,361	33.89	32.7
United States	313,836,267	128,295	40.88	39.2
HP 2020 Target				<= 36.0

Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



- Report Area (51.5)
- Illinois (32.7)
- United States (39.2)

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County



Source: Community Commons, www.communitycommons.org, retrieved February, 9 2018.

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) 2017

County	Count	Fatalities per 100,000 population
Illinois	1097	8.57
Franklin	4	10.25
Jackson	12	20.59
Johnson	2	15.50
Perry	5	23.49
Saline	4	16.60
Union	10	58.82
Williamson	12	17.82

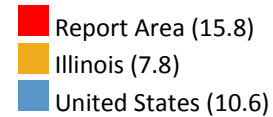
Source: Traffic Safety Facts for Illinois: 2013-2017, Fatalities (All Crashes), U.S. Department of Transportation and National Highway Traffic Safety Administration. <https://cdan.nhtsa.gov/SASStoredProcess/guest>

Mortality - Motor Vehicle Crash

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

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	243,404	35	15.2	15.8
Franklin County, IL	39,443	8	21.3	22.5
Jackson County, IL	60,028	8	13.33	13.4
Johnson County, IL	12,655	0	no data	no data
Perry County, IL	22,047	3	15.42	no data
Saline County, IL	24,879	3	12.06	no data
Union County, IL	17,639	3	15.87	no data
Williamson County, IL	66,714	9	14.09	13.9
Illinois	12,867,528	1,028	7.99	7.8
United States	313,836,267	33,977	10.83	10.6

Motor Vehicle Crash Death, Age-Adjusted Death Rate (Per 100,000 Pop.)



Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Mortality - Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.

Report Area	Total Population (2010)	Total Pedestrian Deaths, 2011-2015	Average Annual Deaths, Rate per 100,000 Pop.
Report Area	243,789	23	3.1
Franklin County, IL	39,561	4	3.4
Jackson County, IL	60,218	10	5.5
Johnson County, IL	12,582	0	0
Perry County, IL	22,350	1	1.5
Saline County, IL	24,913	1	1.3
Union County, IL	17,808	1	1.9
Williamson County, IL	66,357	6	3
Illinois	12,830,632	827	2.1
United States	312,732,537	28,832	3.1
HP 2020 Target			<= 1.3

Pedestrian Motor Vehicle Mortality, Crude Death Rate (Per 100,000 Pop.)



■ Report Area (3.1)
■ Illinois (2.1)
■ United States (3.1)

Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

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.

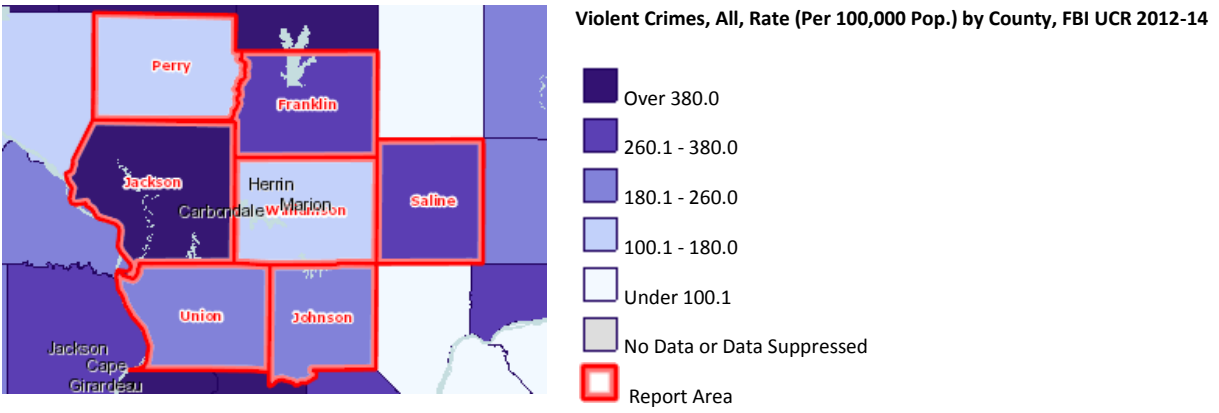
Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Report Area	228,046	689	302.3
Franklin County, IL	35,102	110	313.4
Jackson County, IL	59,390	311	523.7
Johnson County, IL	11,641	29	252
Perry County, IL	21,792	30	136.1
Saline County, IL	23,295	73	314.8
Union County, IL	17,010	37	215.6
Williamson County, IL	59,816	99	166.1
Illinois	12,519,201	49,706	397
United States	311,082,592	1,181,036	379.7

Violent Crime Rate (Per 100,000 Pop.)



- Report Area (302.3)
- Illinois (397)
- United States (379.7)

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. 2012-14. Source geography: County



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



Maternal, Infant and Child Health

Infant mortality is an important health indicator as it reports the rate of deaths to infants less than one year of age per 1,000. This rate often indicates broader issues pertaining to access to care and maternal and child health.

2016 Report Area	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Franklin County, IL	3	*
Jackson County, IL	3	*
Johnson County, IL	2	*
Perry County, IL	1	*
Saline County, IL	1	*
Union county, IL	2	*
Williamson County, IL	1	*
Illinois	985	6.4
HP 2020 Target		<= 6.0

*- Figure does not meet standards of reliability or precision.

Source: Illinois Department of Public Health, Infant Deaths and Mortality Rates, by Resident County, 2015-2016. Retrieved 11.6.18

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	Low Weight Births Percent of Total
Franklin County, IL	8%
Jackson County, IL	8%
Johnson County, IL	6%
Perry County, IL	8%
Saline County, IL	9%
Union county, IL	5%
Williamson County, IL	8%
Illinois	5%
HP 2020 Target	7.8%

Source: 2018 County Health Rankings data, years of data outcomes 2010-2016. Retrieved March 6, 2018.

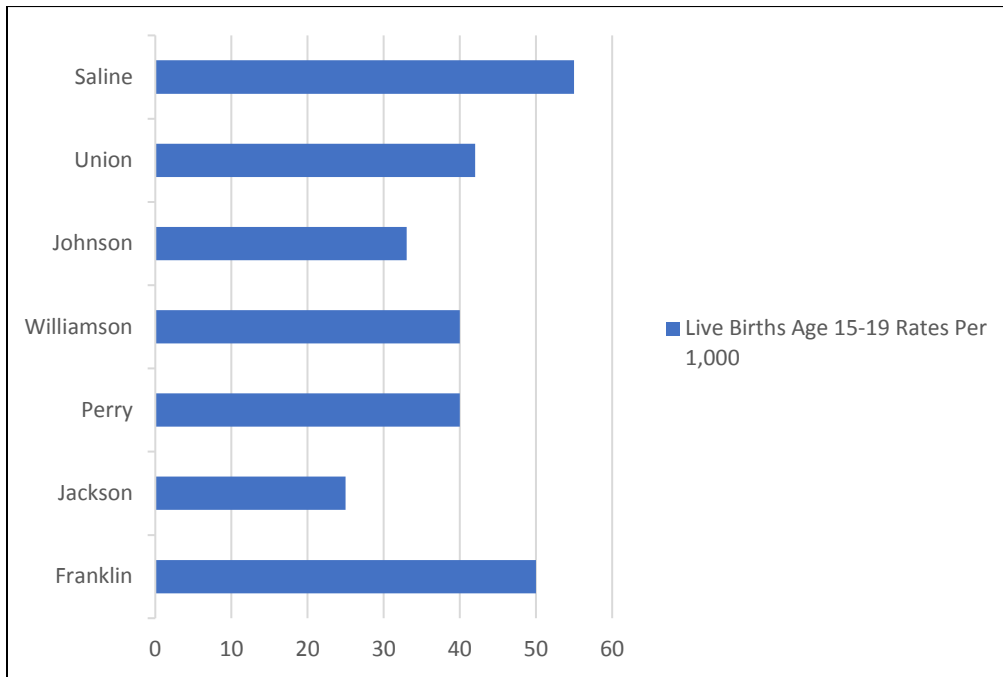
Teen Births

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 (10th percentile) is a teen birth rate of 17 per 1,000.

Percentage of all live births to Ages 15-19 (2008-2014)

Location	Teen Births	Teen Population	Teen Birth Rate Per 1,000
Franklin	417	8,416	50
Jackson	442	17,886	25
Perry	174	4,306	40
Williamson	538	13,516	40
Johnson	75	2,256	33
Union	153	3,611	42
Saline	279	5,037	55
Illinois	-	-	30

Source: Illinois County Health Rankings, 2017, Retrieved March 06, 2018



Child Abuse and Neglect and Child Sexual Abuse

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

Distribution of Indicated Victims of Abuse and Neglect

Location	Number Children	Unique Number Children*	Rate per 1,000
Franklin	209	192	21.4
Jackson	220	196	18.3
Perry	58	54	11.7
Williamson	361	318	21.6
Johnson	29	25	10.2
Union	126	101	26.4
Saline	136	127	22.3
Illinois	32,965	30,366	9.7

Distribution of Children Indicated for Sexual Abuse

Location	Number Children	Unique Number Children*	Rate per 1,000
Franklin	12	12	1.34
Jackson	9	9	0.84
Perry	0	0	0
Williamson	15	15	1.02
Johnson	3	3	1.23
Union	8	7	1.83
Saline	8	8	1.40
Illinois	2,089	2,045	0.63

Source: Illinois Department of Children and Family Services. Child Abuse and Neglect Statistics Annual Report – Fiscal Year 2015.
https://www2.illinois.gov/dcf/aboutus/newsandreports/Documents/DCFS_Annual_Statistical_Report_FY2015.pdf

*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.

HEALTH STATUS DAYS MENTAL HEALTH NOT GOOD	NONE	1 – 7 days	8 – 30 days
State/County/Countries/LHD Jurisdiction:			
Illinois (2015)			
Egyptian HD – Saline, White and Gallatin	63.8%	15.9%	20.4%
Franklin/Williamson	64.8%	17.5%	17.7%
Jackson	54.2%	24.4%	21.6%
Perry	63.7%	21.9%	14.4%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	67.3%	19.5%	13.2%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

CHRONIC DISEASES DEPRESSION	EVER TOLD HAVE DEPRESSIVE DISORDER
State/County/Countries/LHD Jurisdiction:	
Illinois (2015)	15.3%
Egyptian HD – Saline, White and Gallatin	22.3%
Franklin/Williamson	20.0%
Jackson	23.3%
Perry	25.8%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	18.0%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

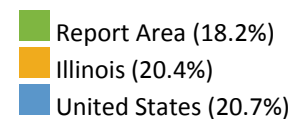
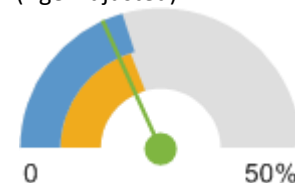
Lack of Social or Emotional Support

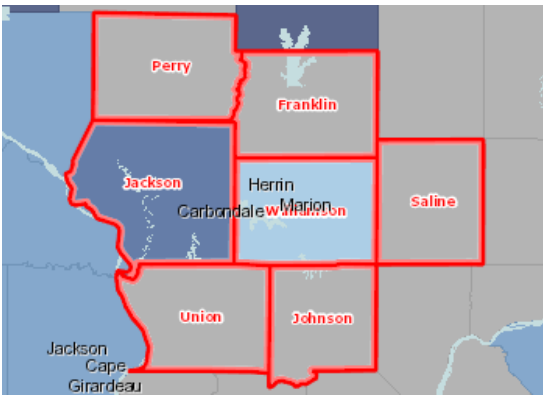
This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Report Area	Total Population Age 18	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Report Area	192,445	31,409	18.7%	18.2%
Franklin County, IL	30,482	6,218	20.4%	suppressed
Jackson County, IL	49,437	11,371	23%	23%
Johnson County, IL	10,235	no data	suppressed	suppressed
Perry County, IL	17,788	3,647	20.5%	suppressed
Saline County, IL	19,255	3,447	17.9%	suppressed
Union County, IL	13,907	no data	suppressed	suppressed
Williamson County, IL	51,341	6,726	13.1%	13.6%
Illinois	9,654,603	1,969,539	20.4%	20.4%
United States	232,556,016	48,104,656	20.7%	20.7%

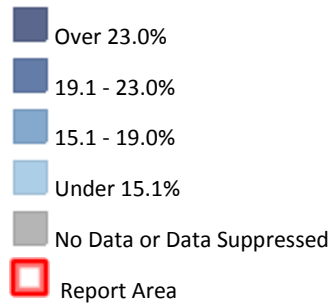
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Percent Adults Without Adequate Social / Emotional Support (Age-Adjusted)





Inadequate Social/Emotional Support, Percent of Adults Age 18 by County, BRFSS 2006-12

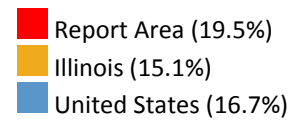


Depression (Medicare Population)

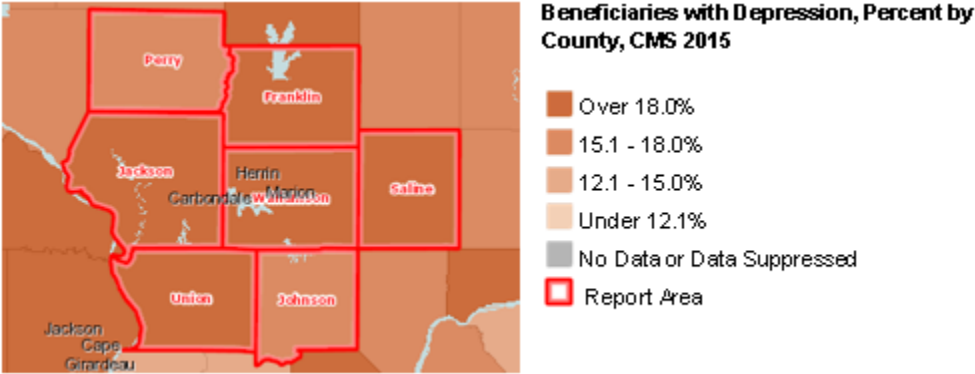
This indicator reports the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Percent with Depression
Report Area	40,413	7,883	19.5%
Franklin County, IL	7,843	1,550	19.8%
Jackson County, IL	7,636	1,576	20.6%
Johnson County, IL	2,315	371	16%
Perry County, IL	3,452	596	17.3%
Saline County, IL	5,420	1,105	20.4%
Union County, IL	3,087	593	19.2%
Williamson County, IL	10,660	2,092	19.6%
Illinois	1,451,929	219,143	15.1%
United States	34,118,227	5,695,629	16.7%

Percentage of Medicare Beneficiaries with Depression

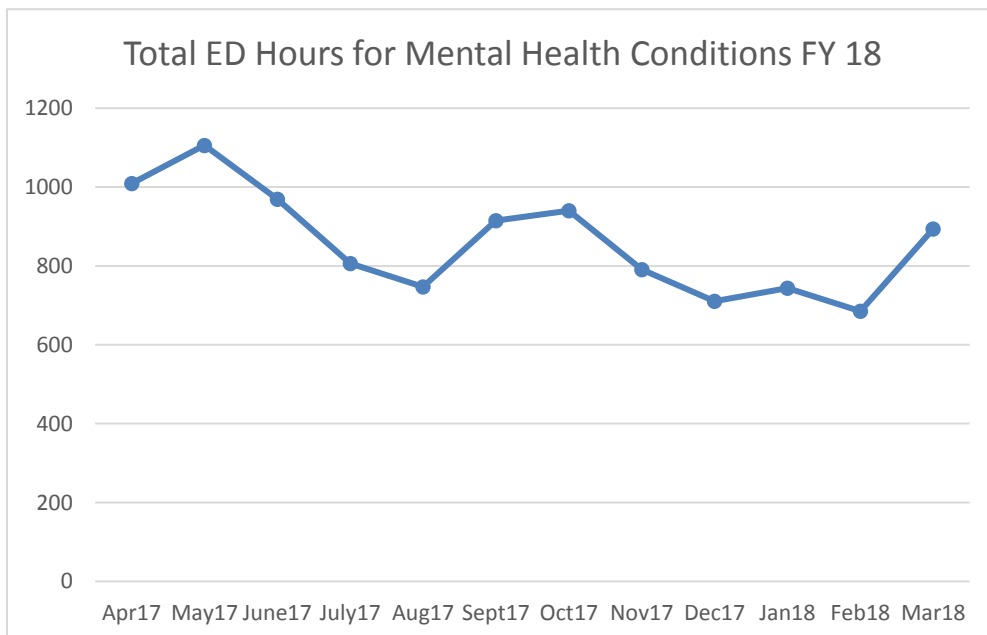
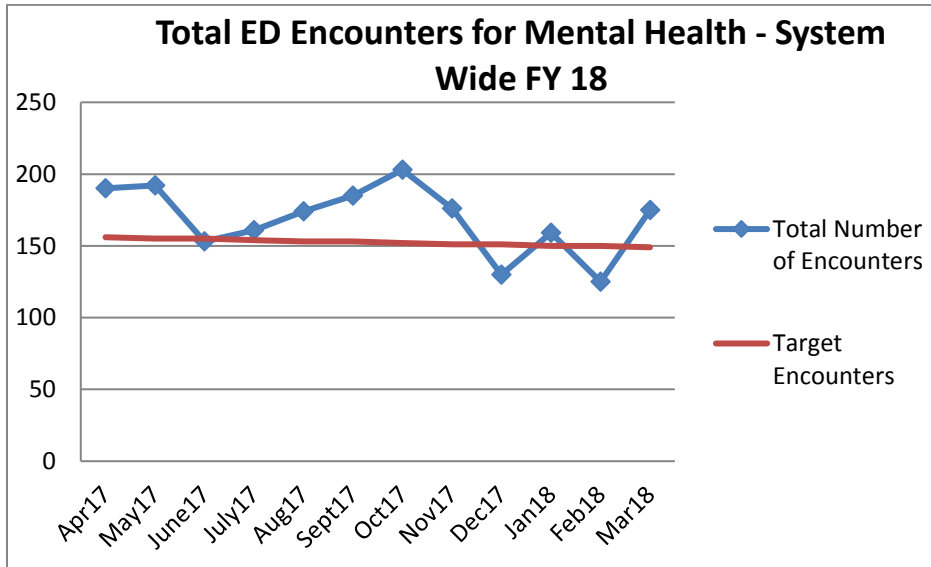


Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County



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 125 and 203 visits per month. With a monthly average of 169 and 2023 total encounters in FY18. This accounts for between 4.29 – 6.33 hours in the ED spent on mental health conditions by each patient with an average of 5.12 hours spent in the ED for each patient for a mental health condition.



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.

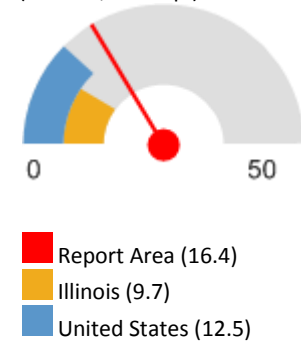
The age-adjusted suicide rate for the seven county service area is higher than the state rate and the Healthy People 2020 target of 10.2 per 100,000.

Mortality - Suicide

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

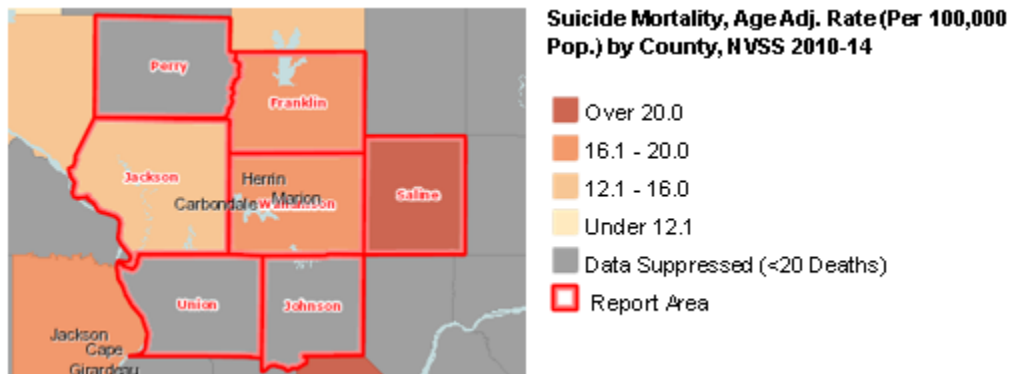
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	243,404	36	15.6	16.4
Franklin County, IL	39,443	7	17.24	18
Jackson County, IL	60,028	7	11.99	12.4
Johnson County, IL	12,655	0	no data	no data
Perry County, IL	22,047	3	13.61	no data
Saline County, IL	24,879	5	20.1	21.3
Union County, IL	17,639	2	11.34	no data
Williamson County, IL	66,714	12	17.99	17.2
Illinois	12,867,528	1,283	9.97	9.7
United States	313,836,267	40,466	12.89	12.5
HP 2020 Target				<= 10.2

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



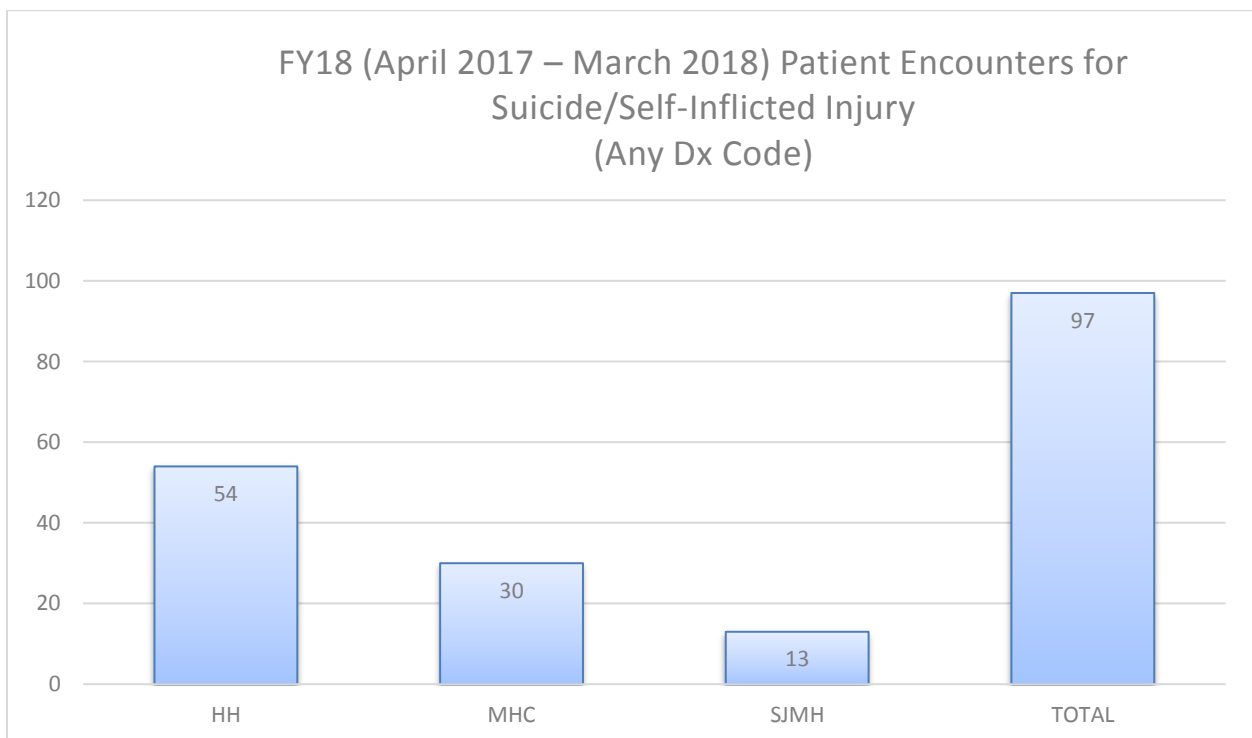
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



Suicide and Self-Inflicted Injury

During FY18, there were 97 patient encounters related to suicide or self-inflicted injury as any diagnosis. This does not include those who were in the hospitals for depression, anxiety, etc. 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	28%
Jackson	35%
Perry*	*
Williamson	*
Johnson*	*
Union	31%
Saline	36%
Illinois	28%

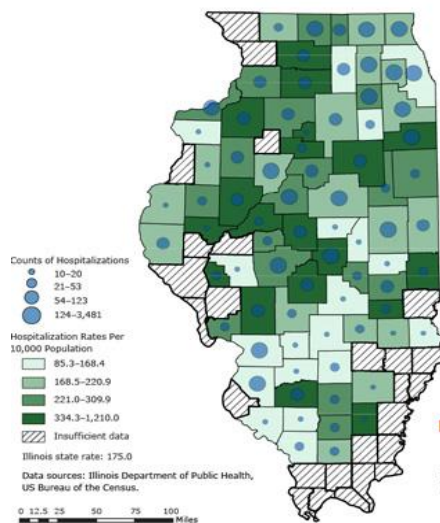
Source: Illinois Youth Survey, 2016 County Level Report.

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

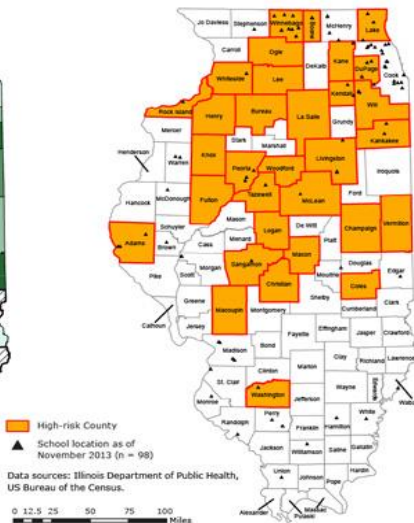
HP2020 objective is “Adolescents with major depressive episodes (percent, 12-17 years)”, US 2012: 9.1%, HP2020 target: 7.5%

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. No newer data available as of November 20,2018.

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. No newer data report available as of Nov. 18, 2018.



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	UNDERWEIGHT/NORMAL	OVERWEIGHT	OBESE
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)	34.2%	35.4%	30.4%
Egyptian HD – Saline, White and Gallatin	34.2%	31.0%	34.8%
Franklin/Williamson	33.5%	30.9%	35.5%
Jackson	38.7%	33.8%	27.4%
Perry	27.6%	43.5%	28.8%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	25.9%	34.7%	39.4%

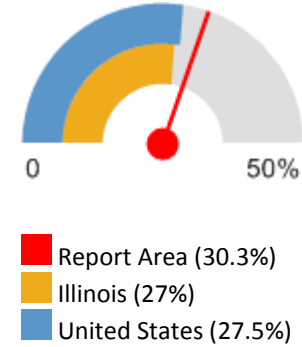
Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

Obesity

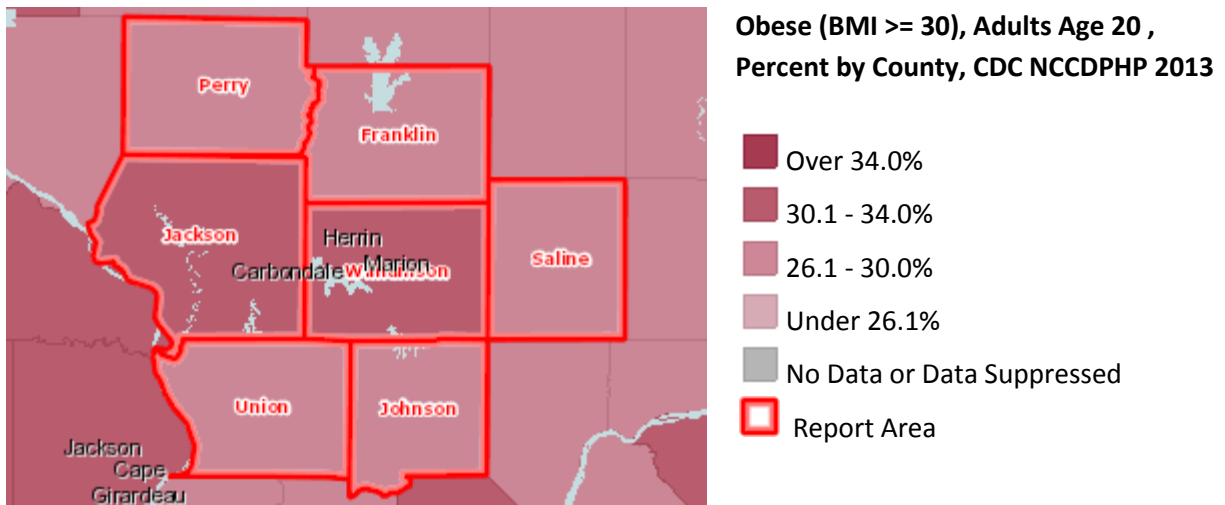
30.3% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Report Area	186,307	57,020	30.3%
Franklin County, IL	29,917	9,035	29.6%
Jackson County, IL	45,908	14,461	31.8%
Johnson County, IL	10,017	2,945	28.8%
Perry County, IL	16,997	4,946	28.7%
Saline County, IL	18,827	5,667	29.5%
Union County, IL	13,543	3,819	27.4%
Williamson County, IL	51,098	16,147	31.2%
Illinois	9,511,847	2,600,939	27%
United States	234,188,203	64,884,915	27.5%

Percentage of Adults Obese



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County



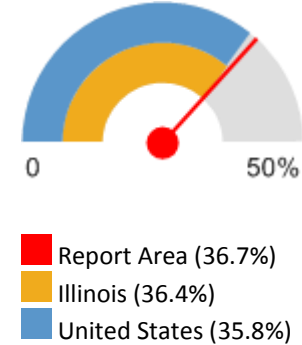
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Overweight

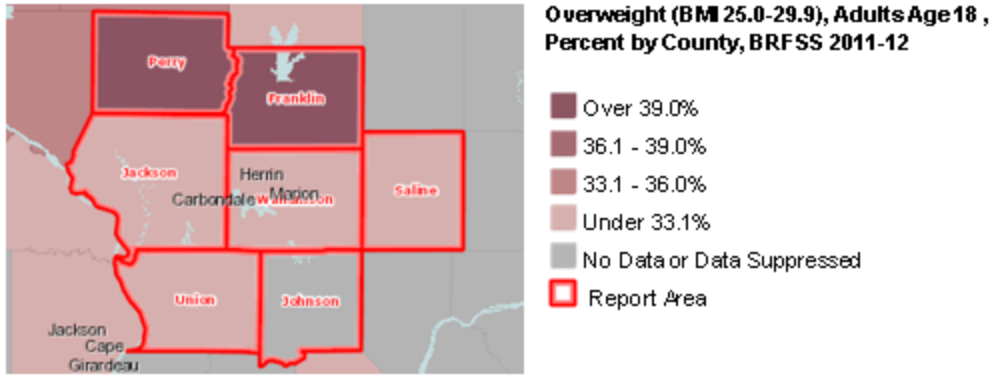
36.7% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Survey Population (Adults Age 18)	Total Adults Overweight	Percent Adults Overweight
Report Area	151,038	55,375	36.7%
Franklin County, IL	28,061	17,287	61.6%
Jackson County, IL	42,338	8,667	20.5%
Johnson County, IL	no data	no data	no data
Perry County, IL	11,881	8,640	72.7%
Saline County, IL	18,383	5,951	32.4%
Union County, IL	12,321	2,809	22.8%
Williamson County, IL	38,054	12,021	31.6%
Illinois	9,476,490	3,448,247	36.4%
United States	224,991,207	80,499,532	35.8%

Percent Adults Overweight



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 Feb. 9, 2018.

Childhood 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.

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

Location	8 th grade	10 th grade
Franklin	34%	36%
Jackson	25%	*
Perry	*	*
Williamson,2012	23%	26%
Johnson	*	*
Union	32%	29%
Saline	29%	*
Illinois, 2016	26%	27%

*data is not available for the Counties.

Source: Illinois Youth Survey 2012, 2016.

Physical Activity

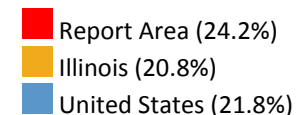
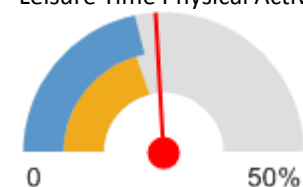
Strong evidence supports the health benefits of regular physical activity. Physical activity guidelines encourage participation in moderate to vigorous physical activity and muscle-strengthening activity.

Physical Inactivity

Within the report area, 47,156 or 24.2% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population Age 20	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Report Area	186,226	47,156	24.2%
Franklin County, IL	29,947	8,505	26.5%
Jackson County, IL	45,935	12,081	26.7%
Johnson County, IL	10,005	2,161	20.2%
Perry County, IL	16,940	3,642	20.5%
Saline County, IL	18,863	4,395	21.6%
Union County, IL	13,567	3,324	22.7%
Williamson County, IL	50,969	13,048	24.2%
Illinois	9,516,375	2,020,399	20.8%

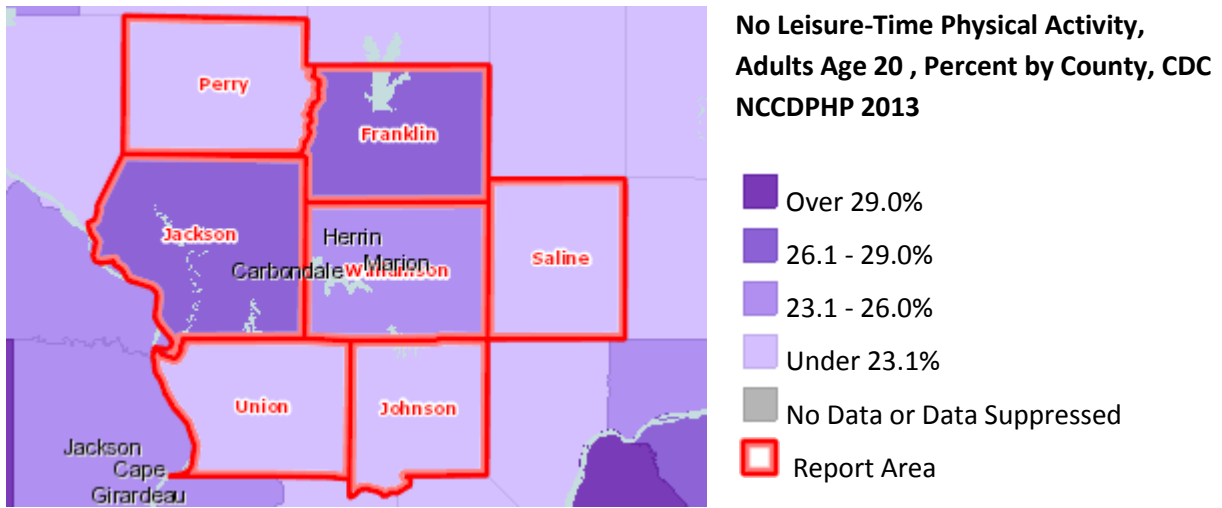
Percent Population with no Leisure Time Physical Activity



United States	234,207,619	52,147,893	21.8%
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Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



Adults Reporting Getting Any Physical Activity

EXERCISE	DO YOU GET ANY EXERCISE? (YES)
State/County/COUNTIES/LHD Jurisdiction:	
Illinois (2015)	75.2%
Egyptian HD – Saline, White and Gallatin	64.3%
Franklin/Williamson	61.1%
Jackson	74.2%
Perry	73.0%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	54.2%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

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

*data is not available for the Counties. Source: Illinois Youth Survey 2012, 2016

Location	8 th grade	10 th grade
Franklin	6%	2%
Jackson	8%	*
Perry	*	*
Williamson, 2012	5%	5%
Johnson	*	*
Union	6%	10%
Saline	11%	*
Illinois, 2014	7%	9%

Source: Illinois County Health Rankings, 2017, Retrieved March 6, 2018.

Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other health behaviors.

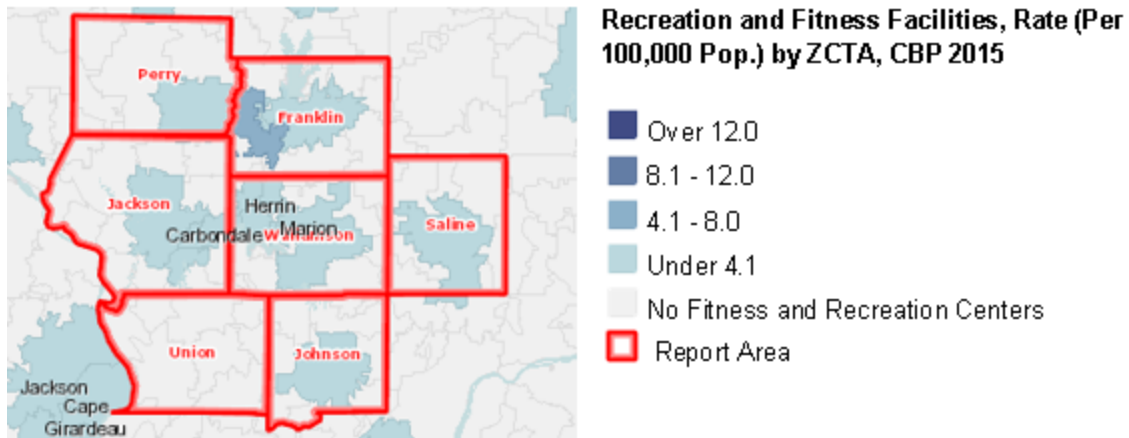
Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Report Area	243,789	21	8.61
Franklin County, IL	39,561	5	12.64
Jackson County, IL	60,218	6	9.96
Johnson County, IL	12,582	1	7.95
Perry County, IL	22,350	1	4.47
Saline County, IL	24,913	1	4.01
Union County, IL	17,808	0	0
Williamson County, IL	66,357	7	10.55
Illinois	12,830,632	1,376	10.72
United States	312,846,570	32,712	10.46

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



■ Report Area (8.61)
■ Illinois (10.72)
■ United States (10.46)

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2015. Source geography: County.



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Access to Exercise Opportunities, 2018

Location	Percent with Access
Franklin	70%
Jackson	80%
Perry	56%
Williamson	72%
Johnson	77%
Union	57%
Saline	78%
Illinois	91%

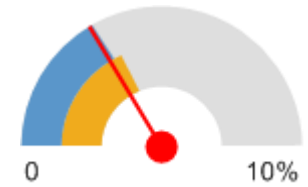
Source: Illinois County Health Rankings, 2017, Retrieved March 6, 2018.

Walking or Biking to Work

This indicator reports the percentage of the population that commutes to work by either walking or riding a bicycle.

Report Area	Population Age 16	Population Walking or Biking to Work	Percentage Walking or Biking to Work
Report Area	97,953	3,190	3.26%
Franklin County, IL	15,152	230	1.52%
Jackson County, IL	24,962	1,983	7.94%
Johnson County, IL	4,154	78	1.88%
Perry County, IL	8,145	123	1.51%
Saline County, IL	9,398	171	1.82%
Union County, IL	7,241	139	1.92%
Williamson County, IL	28,901	466	1.61%
Illinois	5,983,836	222,384	3.72%
United States	143,621,171	4,858,991	3.38%

Percentage Walking or Biking to Work



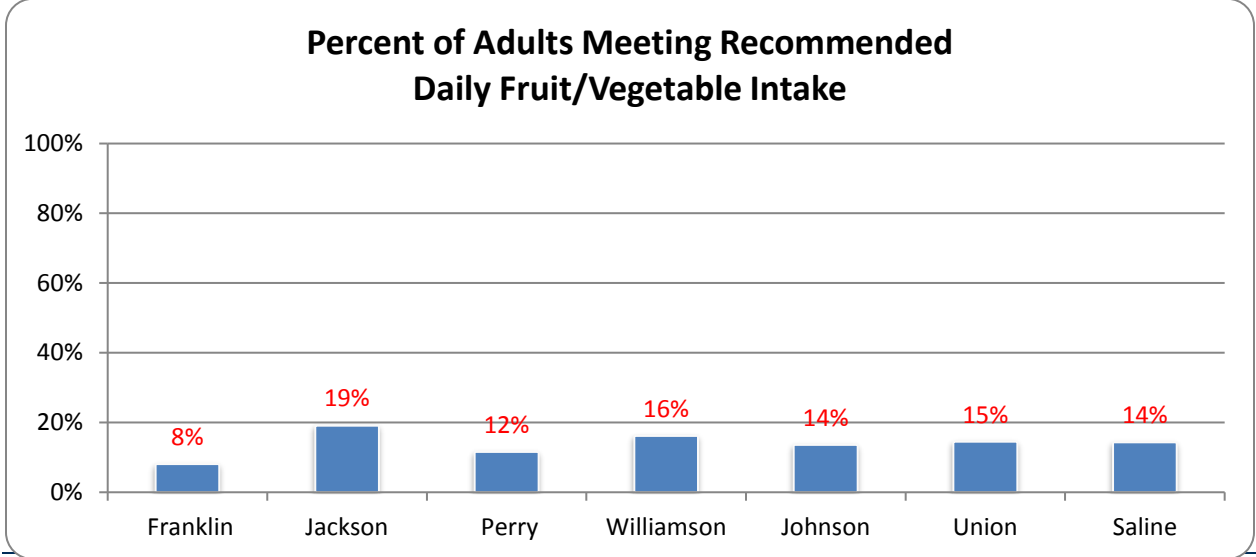
- Report Area (3.26%)
- Illinois (3.72%)
- United States (3.38%)

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

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

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 or in 2015. The HP2020 leading indicator is related to mean daily intake of total vegetables in cup equivalents. This is not data collected in Illinois.

Fruit/Vegetable Expenditures

This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Area	suppressed	-1.24	-1.69	\$654.14	11.86%
Franklin County, IL	52	-1.16	-1.56	suppressed	suppressed
Jackson County, IL	73	-1.49	-2.12	suppressed	suppressed
Johnson County, IL	32	-1.07	-1.41	suppressed	suppressed
Perry County, IL	57	-1.18	-1.59	suppressed	suppressed
Saline County, IL	45	-1.13	-1.51	suppressed	suppressed
Union County, IL	38	-1.09	-1.43	suppressed	suppressed
Williamson County, IL	62	-1.19	-1.61	suppressed	suppressed
Illinois	no data	-0.01	0	\$738.75	12.52%
United States	no data	no data	no data	\$744.71	12.68%

Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures



■ Report Area (11.86%)
■ Illinois (12.52%)
■ United States (12.68%)

Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract
 Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Food Insecurity Rate

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.

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

				Likely Income Eligibility for Federal Nutrition Assistance		
	Total Population	Food Insecure Population, Total individuals (rounded)	Food Insecurity Rate	% below 165% poverty SNAP, WIC, free school meals, CSFP, TEFAP	% between 165% and 185% poverty WIC, reduced price school lunch	% above 185% poverty Charitable response
Franklin County	39,503	5,630	14.3%	70%	3%	27%
Jackson County	59,188	11,000	18.6%	74%	26%	0%
Johnson County	12,866	1,610	12.5%	53%	2%	45%
Perry County	21,595	2,910	13.5%	56%	4%	40%
Saline County	24,659	3,910	15.9%	72%	1%	27%
Union County	17,458	2,050	11.7%	69%	2%	29%
Williamson County	67,336	8,410	12.5%	62%	3%	35%
Illinois	12,801,539	1,413,420	11%	64.5%	5.7%	29.8%

Data Source: Map the Meal Gap 2018: Overall Food Insecurity in Illinois by County 2016. Feeding America. Source: www.map.feedingamerica.org retrieved November 8, 2018.

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

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

Illinois: 8.7

Location	Value
Franklin	7.8
Jackson	6.2
Perry	7.3
Williamson	8.0
Johnson	7.0
Union	8.0
Saline	6.1
Illinois	8.7

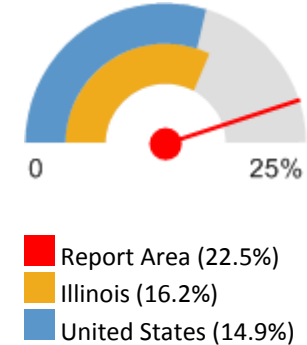
Source: Illinois County Health Rankings, 2018, Retrieved March 06, 2018.

Population Receiving SNAP Benefits

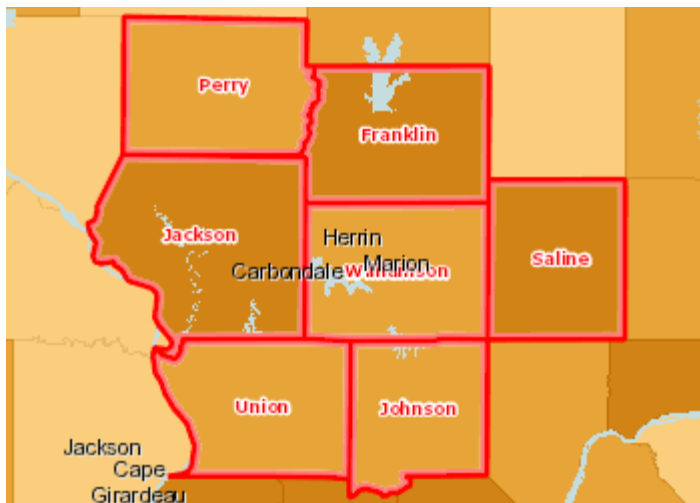
This indicator reports the average percentage of the population receiving the Supplemental Nutrition Assistance Program (SNAP) benefits between the months of July 2012 and July 2013. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Report Area	230,464	51,796	22.5%
Franklin County, IL	38,613	9,686	25.1%
Jackson County, IL	55,740	12,705	22.8%
Johnson County, IL	11,013	1,626	14.8%
Perry County, IL	19,162	3,561	18.6%
Saline County, IL	23,729	6,753	28.5%
Union County, IL	17,201	3,759	21.9%
Williamson County, IL	65,006	13,706	21.1%
Illinois	12,603,755	2,046,077	16.2%
United States	310,899,910	46,412,427	14.9%

Percent Population Receiving SNAP Benefits



Data Source: US Census Bureau, Small Area Income Poverty Estimates. 2014.
Source geography: County.



**Population Receiving SNAP Benefits,
Percent by County, SAIPE 2014**

- Over 22.0%
- 14.1 - 22.0%
- 6.1 - 14.0%
- Under 6.1%
- No Data or Data Suppressed
- Report Area

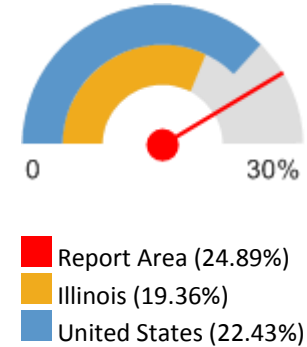
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Food Access - Low Food Access

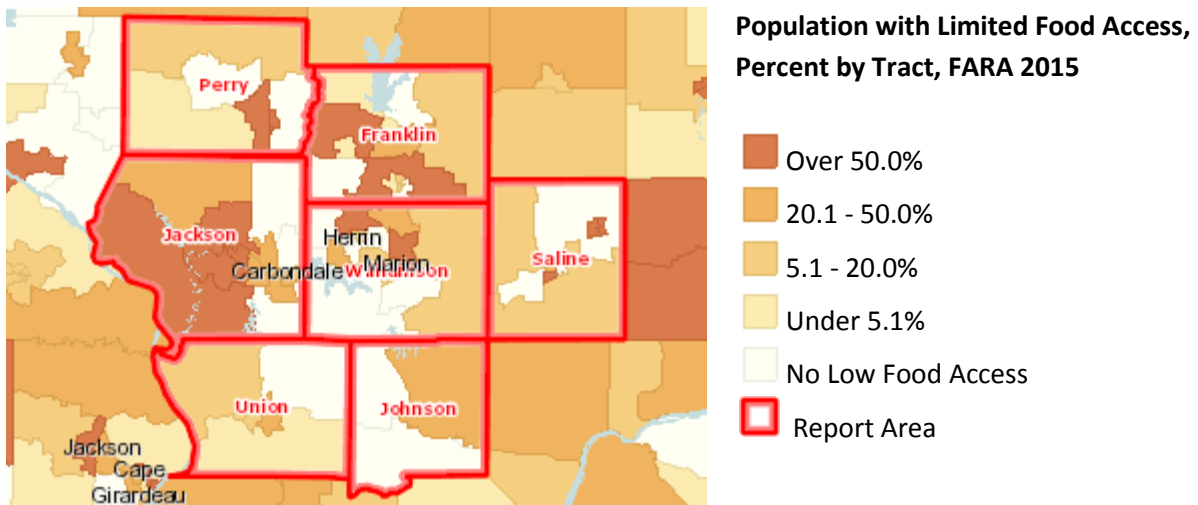
This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store). This indicator is relevant because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

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Report Area	243,789	60,685	24.89%
Franklin County, IL	39,561	8,626	21.8%
Jackson County, IL	60,218	21,008	34.89%
Johnson County, IL	12,582	1,352	10.75%
Perry County, IL	22,350	5,153	23.06%
Saline County, IL	24,913	8,872	35.61%
Union County, IL	17,808	3,124	17.54%
Williamson County, IL	66,357	12,550	18.91%
Illinois	12,830,632	2,483,877	19.36%
United States	308,745,538	69,266,771	22.43%

Percent Population with Low Food Access



Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract.



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Food Access – Food Desert Census Tracts

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.

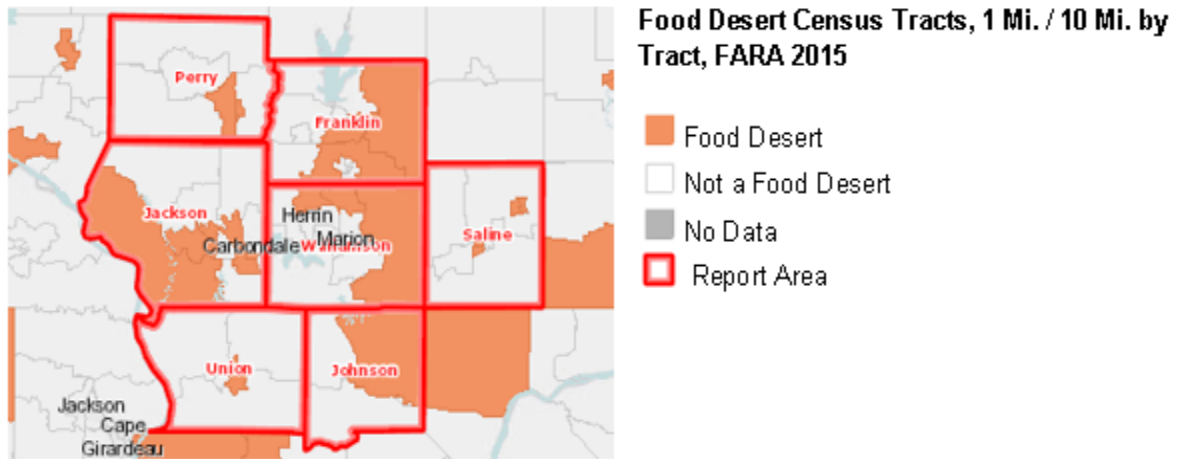
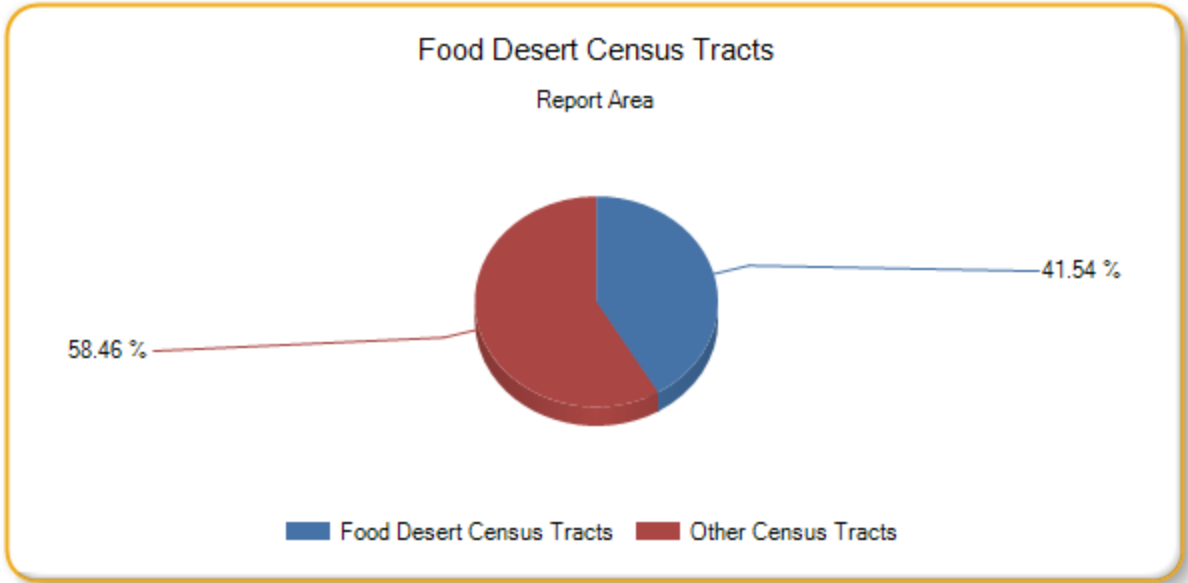
- A "low-income community," is a census tract with either a poverty rate of 20 percent or higher, or a median family income at or below 80 percent of the rest of the area.
- A "low-access community," is where at least 500 people and/or at least 33 percent of the *rural* census tract's population live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

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

This indicator reports the number of neighborhoods in the report area that are within food deserts

Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Report Area	243,789	27	38	113,774	130,015
Franklin County, IL	39,561	4	8	14,841	24,720
Jackson County, IL	60,218	9	5	41,347	18,871
Johnson County, IL	12,582	1	3	4,447	8,135
Perry County, IL	22,350	2	4	6,794	15,556
Saline County, IL	24,913	4	5	11,126	13,787
Union County, IL	17,808	1	4	5,110	12,698
Williamson County, IL	66,357	6	9	30,109	36,248
Illinois	12,830,632	994	2,127	4,679,620	8,151,012
United States	308,745,538	27,527	45,337	129,885,212	178,860,326

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.



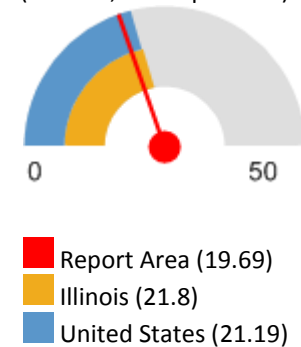
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Food Access - Grocery Stores

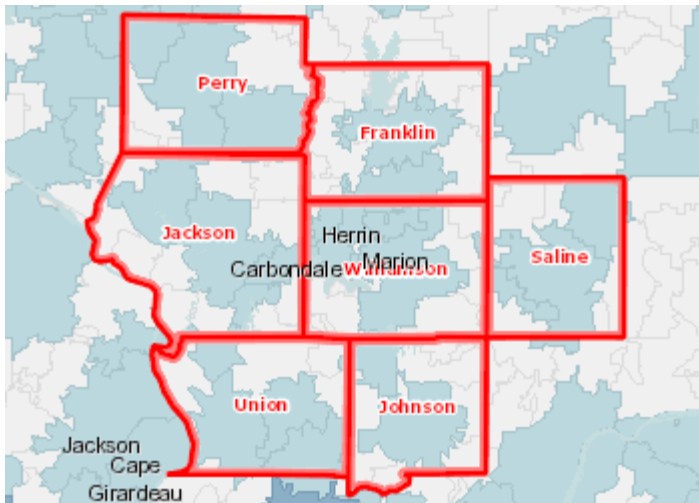
This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Report Area	243,789	48	19.69
Franklin County, IL	39,561	5	12.64
Jackson County, IL	60,218	13	21.59
Johnson County, IL	12,582	2	15.90
Perry County, IL	22,350	5	22.37
Saline County, IL	24,913	7	28.10
Union County, IL	17,808	4	22.46
Williamson County, IL	66,357	12	18.08
Illinois	12,830,632	2,797	21.8
United States	312,846,570	66,284	21.19

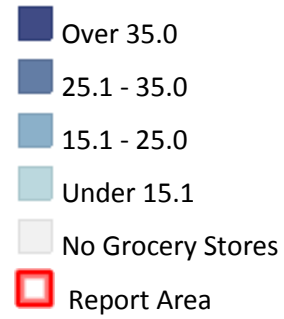
Grocery Stores, Rate (Per 100,000 Population)



Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2015. Source geography: County.



**Grocery Stores and Supermarkets,
Rate (Per 100,000 Pop.) by ZCTA, CBP
2015**



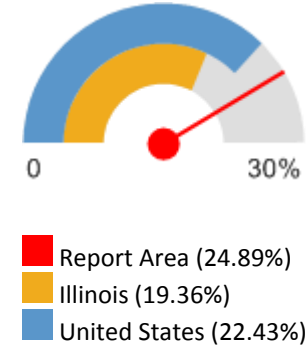
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Food Access - Low Food Access

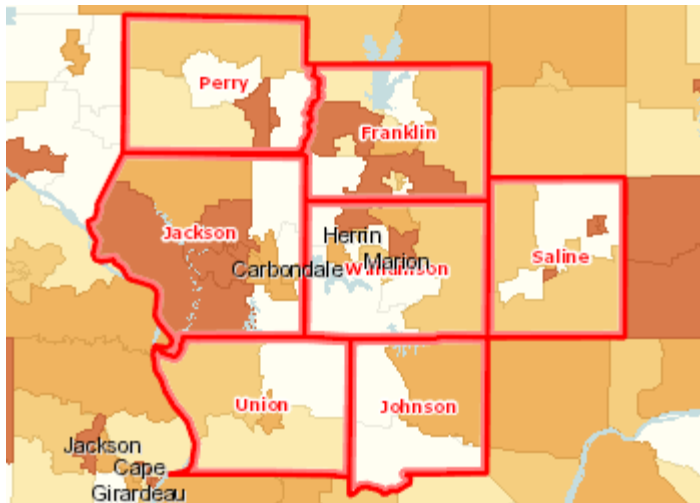
This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store). This indicator is relevant because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

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Report Area	243,789	60,685	24.89%
Franklin County, IL	39,561	8,626	21.8%
Jackson County, IL	60,218	21,008	34.89%
Johnson County, IL	12,582	1,352	10.75%
Perry County, IL	22,350	5,153	23.06%
Saline County, IL	24,913	8,872	35.61%
Union County, IL	17,808	3,124	17.54%
Williamson County, IL	66,357	12,550	18.91%
Illinois	12,830,632	2,483,877	19.36%
United States	308,745,538	69,266,771	22.43%

Percent Population with Low Food Access



Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract



**Population with Limited Food Access,
Percent by Tract, FARA 2015**

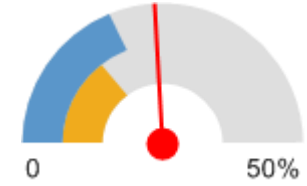
- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access
- Report Area

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Food Access - Low Income Low Food Access

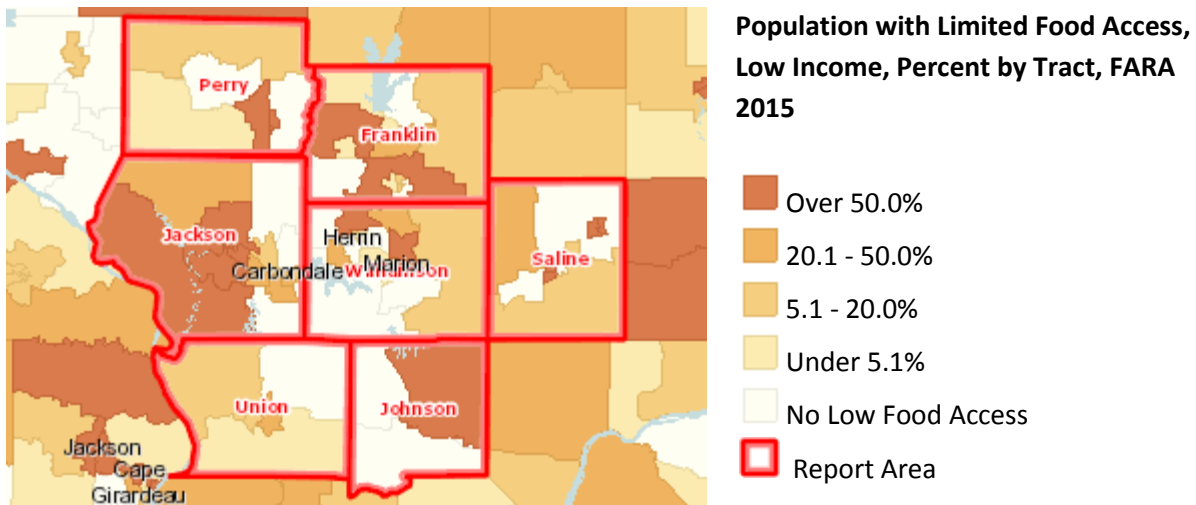
Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Report Area	243,789	105,651	25,334	23.98%
Franklin County, IL	39,561	16,998	3,142	18.48%
Jackson County, IL	60,218	29,818	9,623	32.27%
Johnson County, IL	12,582	5,327	511	9.59%
Perry County, IL	22,350	7,505	2,504	33.36%
Saline County, IL	24,913	10,978	4,448	40.52%
Union County, IL	17,808	6,909	1,289	18.66%
Williamson County, IL	66,357	28,116	3,817	13.58%
Illinois	12,830,632	4,120,709	605,035	14.68%
United States	308,745,538	106,758,543	20,221,368	18.94%

Percent Low Income Population with Low Food Access



- Report Area (23.98%)
- Illinois (14.68%)
- United States (18.94%)

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract



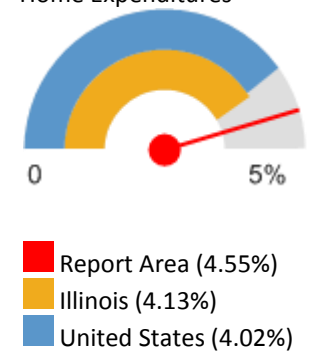
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Soda Expenditures

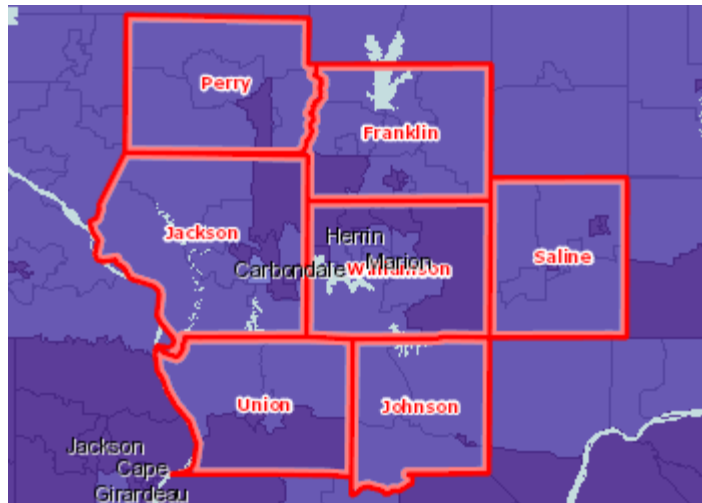
This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total food-at-home expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as diabetes and obesity. Expenditures data are suppressed for single counties and single-geography custom areas. Rank data are not available custom report areas or multi-county areas.

Report Area	State Rank	Z-Score (US)	Z-Score (State)	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Area	suppressed	1.51	1.99	\$251.09	4.55%
Franklin County, IL	66	1.41	1.84	suppressed	suppressed
Jackson County, IL	93	1.98	2.78	suppressed	suppressed
Johnson County, IL	54	1.30	1.65	suppressed	suppressed
Perry County, IL	49	1.27	1.60	suppressed	suppressed
Saline County, IL	57	1.33	1.70	suppressed	suppressed
Union County, IL	62	1.39	1.79	suppressed	suppressed
Williamson County, IL	61	1.36	1.75	suppressed	suppressed
Illinois	no data	0.13	0	\$243.81	4.13%
United States	no data	no data	no data	\$236.04	4.02%

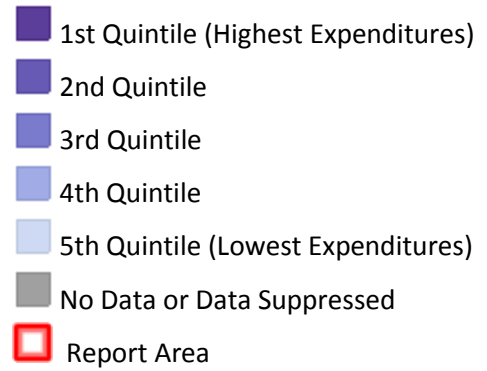
Soda Expenditures, Percentage of Total Food-At-Home Expenditures



Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract



Soda Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



Oral Health

Dental Care Utilization

This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services.

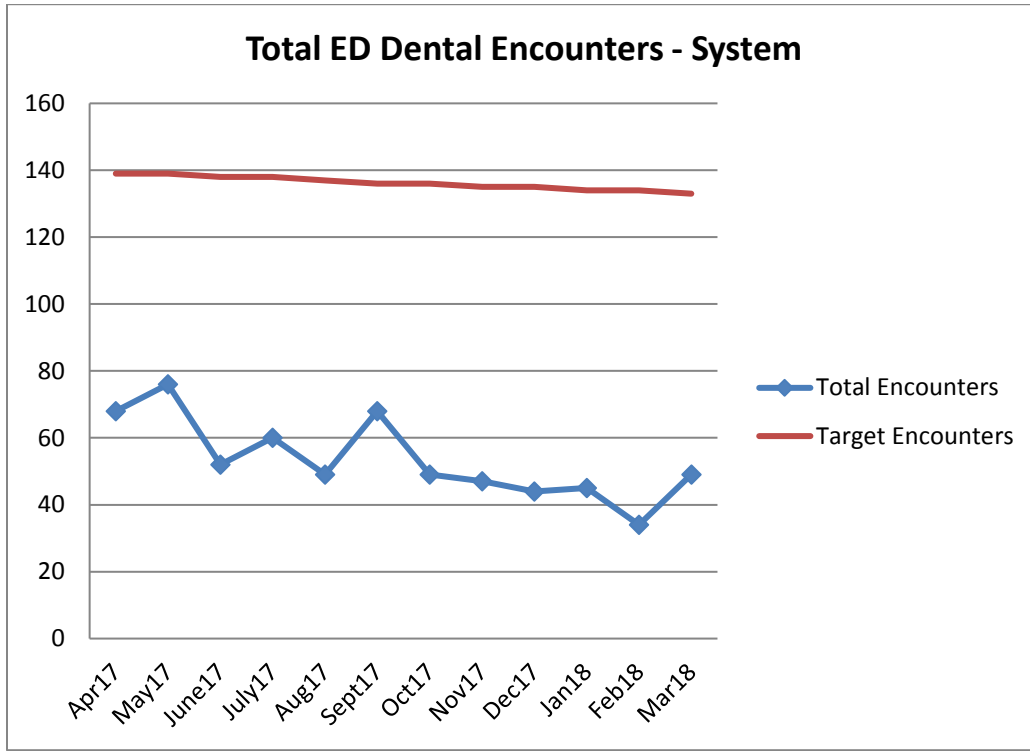
Good oral/dental health is associated with improved health status. Those living in rural communities may experience frequent and unresolved health problems because they are not receiving timely and appropriate services, including dental care

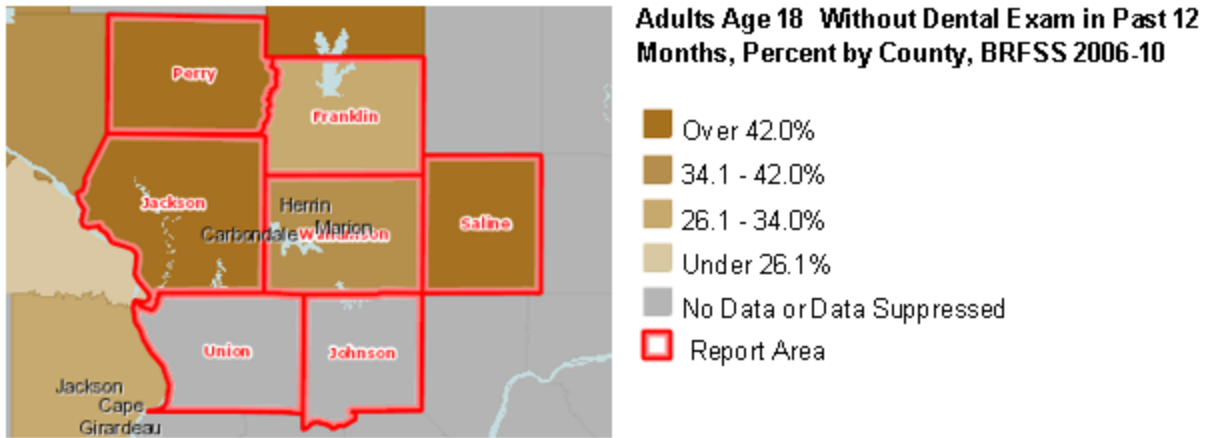
ORAL HEALTH	LAST DENTAL VISIT MORE THAN 12 MONTHS AGO OR NEVER (At Risk)	COULD NOT VISIT DENTIST DUE TO COST	DO NOT HAVE DENTAL INSURANCE COVERAGE
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)			
Egyptian HD – Saline, White and Gallatin	34.0%	19.5%	48.5%
Franklin/Williamson	40.7%	20.4%	43.8%
Jackson	39.0%	19.1%	36.5%
Perry	29.8%	23.8%	50.3%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	32.9%	21.3%	44.1%

Source: Illinois Behavioral Health Risk Factor Survey (Round 6 – 2015), provided by Illinois Department of Public Health, July 2018.

The most recent BRFSS data states that between 29.8% -40.7% of adults in the SIH coverage area visited the dentist greater than 12 months ago or never. This lack of preventive care contributes to the high number of visits to the ED for dental health conditions.

A total of 641 ED visits were made to SIH Emergency Department in FY18. These visits account for 34-68 encounters each month.





Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



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.

HIV/AIDS and STDs	EVER HAD HIV TEST	TREATED FOR STD IN THE PAST YEAR
State/County/Counties/LHD Jurisdiction:		
Illinois (2015)	31.9%	
Egyptian HD – Saline, White and Gallatin	27.8%	2.4%
Franklin/Williamson	26.5%	*
Jackson	32.3%	3.5%
Perry	34.0%	*
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	29.1%	*

Source: Illinois Behavioral Health Risk Factor Survey (Round 6 – 2015), provided by Illinois Department of Public Health, July 2018.

HIV/AIDS and STDs NUMBER OF SEXUAL PARTNERS	NONE	ONE	MORE THAN ONE
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)			
Egyptian HD – Saline, White and Gallatin	31.4%	61.4%	7.2%
Franklin/Williamson	29.1%	65.0%	6.0%
Jackson	25.4%	59.1%	15.4%
Perry	36.7%	56.8%	6.5%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	27.2%	67.8%	5.1%

Source: Illinois Behavioral Health Risk Factor Survey (Round 6 – 2015), provided by Illinois Department of Public Health, July 2018.

Statewide and County Specific HIV and AIDS Incidence and Prevalence Update, December 2017

	<i>HIV Incidence Cases ¹</i>			<i>AIDS Cases</i>				
County	<i>Diagnosed as of</i> <i>12/31/17</i>	<i>Cumulative Cases Diagnosed Since 2010</i>	<i>2010-2017 HIV Diagnosis Rate ⁴</i>	<i>Diagnosed as of</i> <i>12/31/17</i>	<i>Cumulative Cases Diagnosed Since 2010 ³</i>	<i>2010-2017 AIDS Diagnosis Rate⁴</i>	<i>HIV (non-AIDS) Living as of</i> <i>12/31/17 ⁵</i>	<i>AIDS Living as of</i> <i>12/31/17 ⁵</i>
Franklin	2	10	3.2	0	8	2.5	10	19
Jackson	5	37	7.7	3	15	3.1	52	37
Perry	3	14	7.9	2	8	4.5	26	18
Williamson	1	25	4.7	0	15	2.8	28	24
Johnson	0	9	8.8	0	4	3.9	44	33
Union	1	4	2.8	0	0	0	7	2
Saline	0	4	2.0	0	3	1.5	8	8
Illinois	1,066	12,582	12.2	553	6,513	6.3	19,157	19,656

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 January 1, 2017 December 31, 2017

3 Includes all cases diagnosed and reported between January 1, 2010- December 31, 2017

4 Rate = Diagnosed cases (January 1, 2010- December 31, 2017)/Population*100,000 (Census July 1, 2010 population estimates were used); rates were annualized

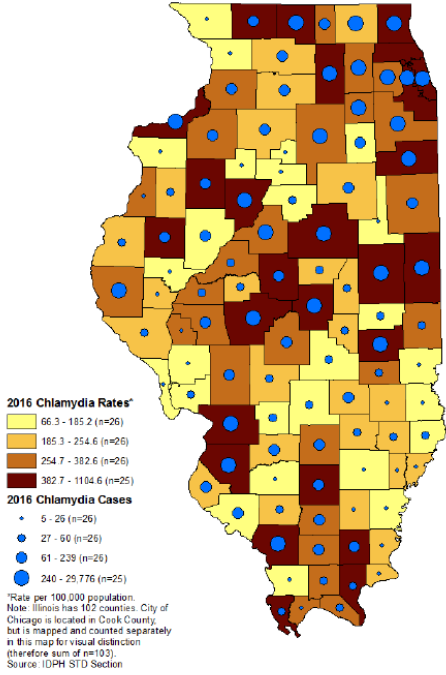
5 Includes all living cases as of December 31, 2017

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 Monthly Surveillance Update, December 2017.

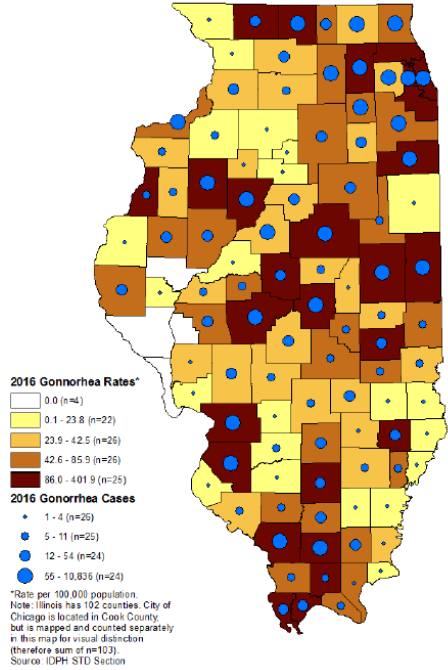
County Map by Chlamydia Cases and Rates

The below map shows the 2016 chlamydia cases and rates of each county in Illinois and the city of Chicago grouped by quartile. Please see the tables at the end of this report for each jurisdiction's data.



County Map by Gonorrhea Cases and Rates

The map below shows the 2016 gonorrhea cases and rates of each county in Illinois and the city of Chicago grouped by quartile. Please see the tables at the end of this report for each jurisdiction's data.



Source: Illinois Department of Public Health, Sexually Transmitted diseases in Illinois 2016 Epidemiologic Summary and Yearly Trends, Data for 2007-2016. <http://www.dph.illinois.gov/sites/default/files/publications/publicationsohp2016-std-surveillance-report.pdf>

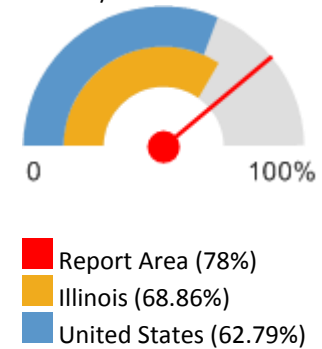
<http://dph.illinois.gov/sites/default/files/publications/update-report-dec-2017.pdf>

HIV Screenings

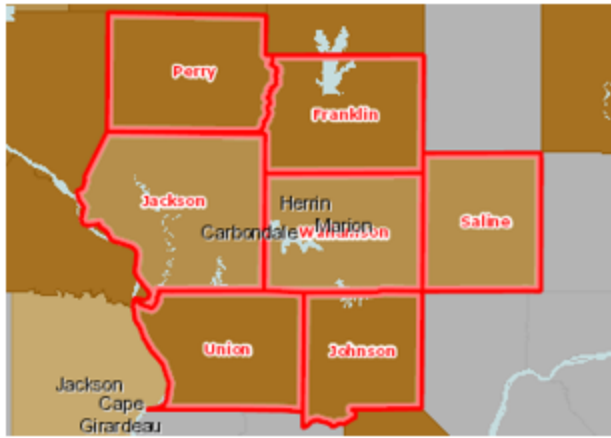
This indicator reports the percentage of adults age 18-70 who self-report that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services.

Report Area	Survey Population (Adults Age 18)	Total Adults Never Screened for HIV / AIDS	Percent Adults Never Screened for HIV / AIDS
Report Area	138,074	107,727	78%
Franklin County, IL	18,401	16,277	88.46%
Jackson County, IL	41,694	29,946	71.82%
Johnson County, IL	4,727	4,727	100%
Perry County, IL	10,431	8,576	82.22%
Saline County, IL	18,383	12,920	70.28%
Union County, IL	11,387	10,226	89.81%
Williamson County, IL	33,051	25,055	75.81%
Illinois	9,215,764	6,345,570	68.86%
United States	214,984,421	134,999,025	62.79%

Percent Adults Never Screened for HIV / AIDS



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



Adults Age 18 Never Screened for HIV / AIDS, Percent by County, BRFSS 2011-12

- Over 76.1%
- 68.1 - 76.0%
- 60.1 - 68.0%
- Under 60.1%
- No Data or Data Suppressed
- Report Area

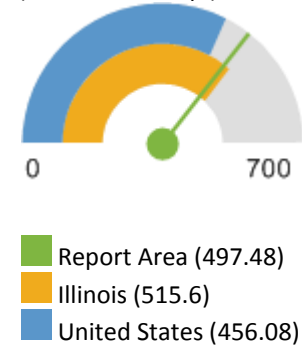
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

STI - Chlamydia Incidence

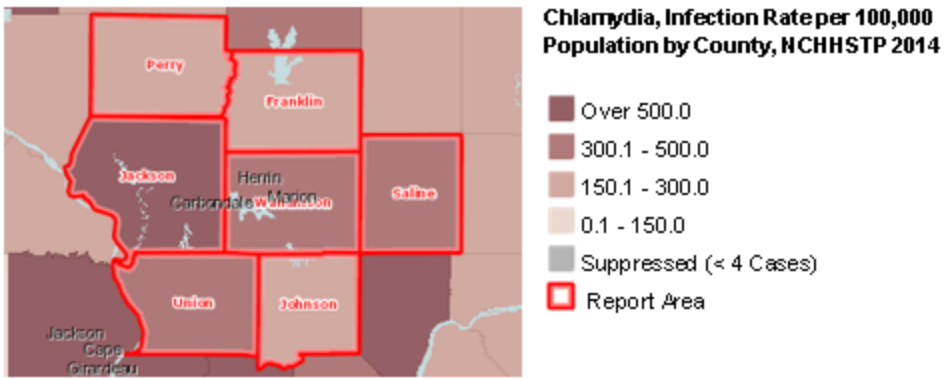
This indicator reports incidence rate of chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Report Area	243,026	1,209	497.48
Franklin County, IL	39,202	104	265.29
Jackson County, IL	59,814	625	1,044.91
Johnson County, IL	12,677	36	283.98
Perry County, IL	21,887	64	292.41
Saline County, IL	24,939	108	433.06
Union County, IL	17,583	56	318.49
Williamson County, IL	66,924	216	322.75
Illinois	12,882,855	66,424	515.6
United States	316,128,839	1,441,789	456.08

Chlamydia Infection Rate (Per 100,000 Pop.)



Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

STI - Gonorrhea Incidence

This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

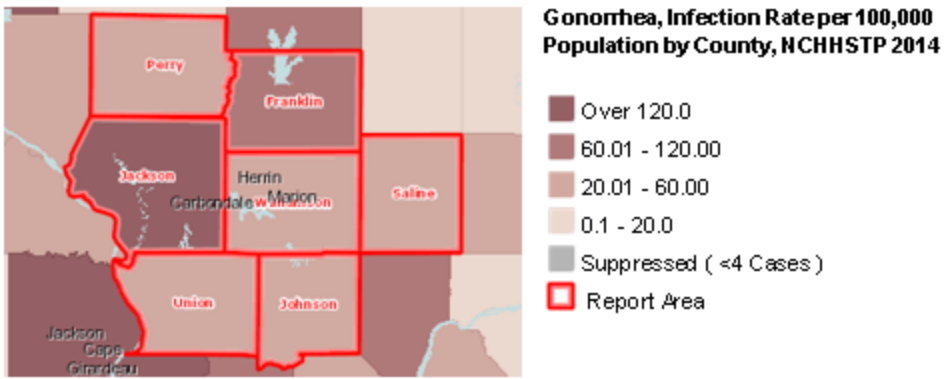
Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)
Report Area	243,026	169	69.54
Franklin County, IL	39,202	26	66.32
Jackson County, IL	59,814	96	160.5
Johnson County, IL	12,677	6	47.33
Perry County, IL	21,887	6	27.41
Saline County, IL	24,939	8	32.08
Union County, IL	17,583	5	28.44
Williamson County, IL	66,924	22	32.87
Illinois	12,879,032	15,970	124
United States	316,128,839	350,062	110.73

Gonorrhea Infection Rate (Per 100,000 Pop.)



■ Report Area (69.54)
■ Illinois (124)
■ United States (110.73)

Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014. Source geography: County



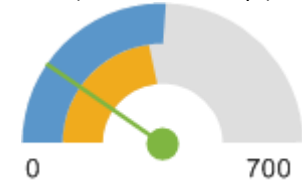
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

STI - HIV Prevalence

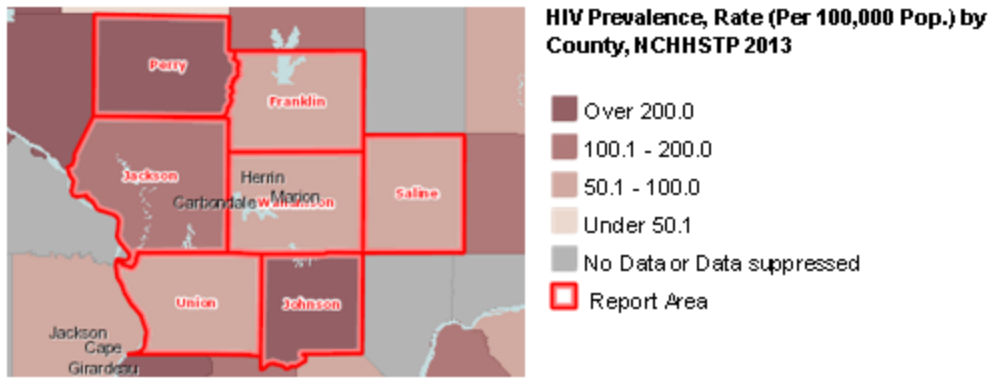
This indicator reports prevalence rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Report Area	Population Age 13	Population with HIV / AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Report Area	207,926	281	135.14
Franklin County, IL	33,350	22	65.97
Jackson County, IL	52,324	65	124.23
Johnson County, IL	10,998	85	772.87
Perry County, IL	18,779	41	218.33
Saline County, IL	21,087	13	61.65
Union County, IL	14,922	8	53.61
Williamson County, IL	56,466	47	83.24
Illinois	10,739,418	34,681	322.93
United States	263,765,822	931,526	353.16

Population with HIV / AIDS, Rate (Per 100,000 Pop.)



Data Source: US Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2013. Source geography: County



Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

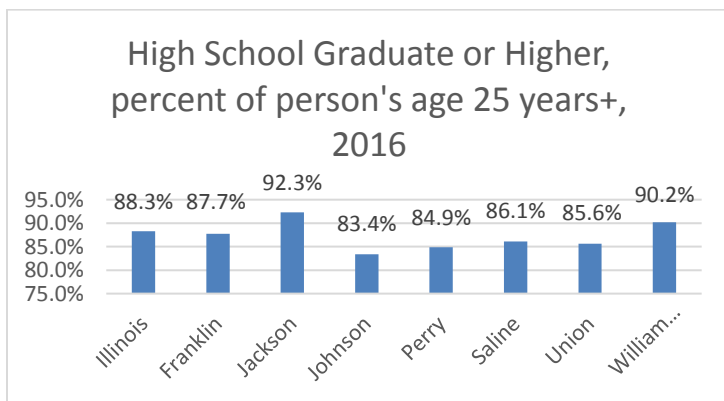


Social Determinants

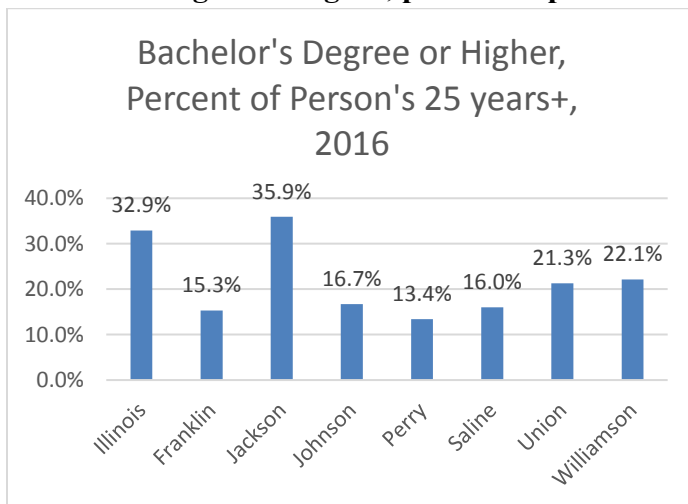
Educational Attainment

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+, 2016



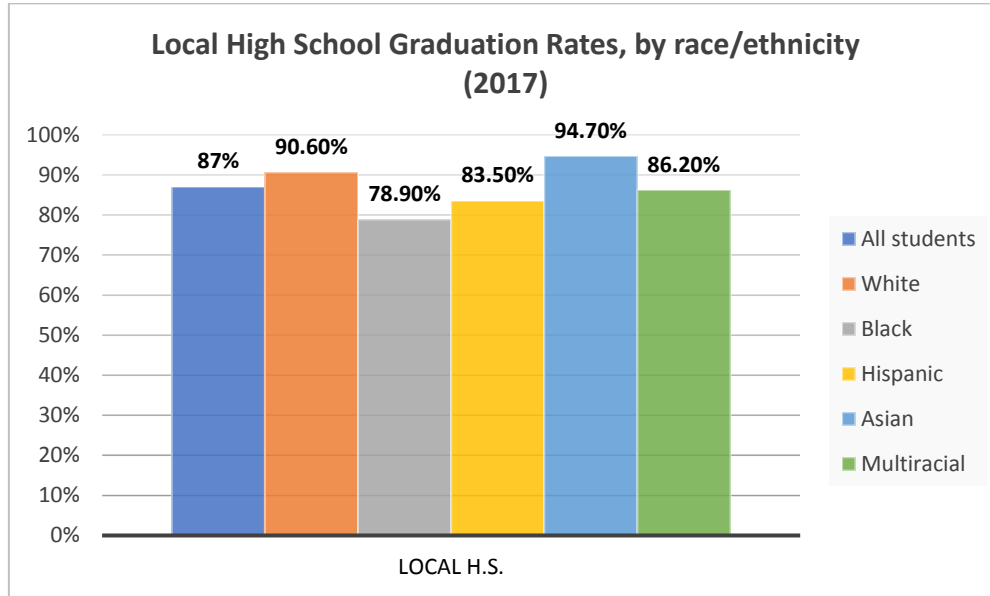
Bachelor's degree or higher, percent of person's 25 years+, 2016



Source: US Census Bureau State & County QuickFacts 2016. Retrieved Nov. 4, 2018.

Local High School Graduation Rates

According to the Illinois State Board of Education School Report Cards, 87% 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, 2017, <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	85.4
Murphysboro HS	84.5
Trico Senior HS	88.3
Benton Consol. HS	81.9
Marion HS	84.0
Johnston City HS	82.3
Herrin HS	88.0
Carterville HS	93.9
Pinckneyville HS	92.5
DuQuoin HS	83.9
Anna-Jonesboro HS	90.8
Harrisburg Comm. HS	80.8
Eldorado HS	76.9
Goreville HS	96.5
Vienna HS	90.7
Overall	86.7%

Source: Illinois State Board of Education School Report Cards, 2016-2017. <http://illinoisreportcard.com/>

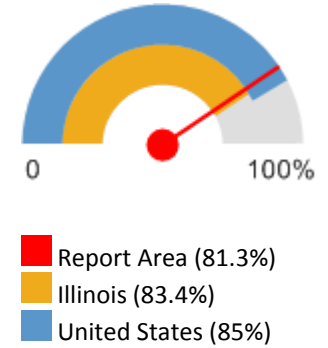
High School Graduation Rate (EdFacts)

Within the report area 81.3% of students are receiving their high school diploma within four years. Data represents the 2014-15 school year for all states except California and Texas. In these states, data from the 2013-14 school year is reported.

This indicator is relevant because research suggests education is one the strongest predictors of health ([Freudenberg Ruglis, 2007](#)).

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Report Area	1,823	1,483	81.3
Franklin County, IL	343	270	78.7
Jackson County, IL	230	186	80.9
Johnson County, IL	44	42	95.5
Perry County, IL	111	98	88.3
Saline County, IL	305	250	82
Union County, IL	71	55	77.5
Williamson County, IL	719	582	80.9
Illinois	90,798	75,712	83.4
United States	3,116,301	2,648,271	85

Cohort Graduation Rate



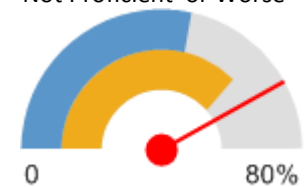
Data Source: US Department of Education, ED Facts. Accessed via DATA.GOV.
 Additional data analysis by CARES. 2014-15. Source geography: School District
 Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in grade 4 whose reading skills tested below the "proficient" level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications and health literacy/education.

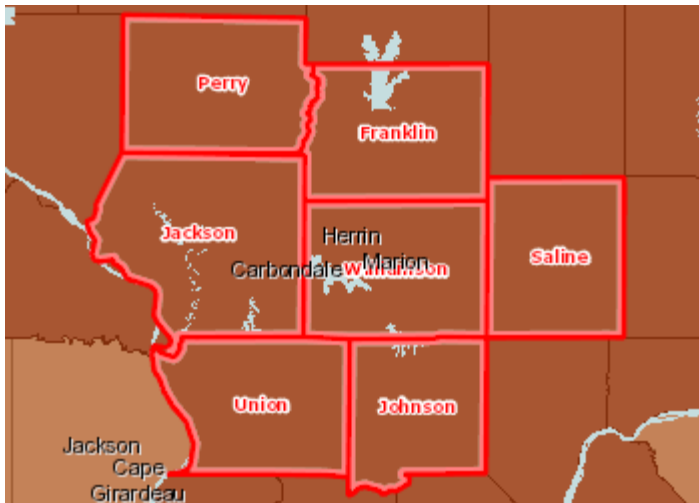
Report Area	Total Students with Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
Report Area	2,560	32.73%	67.27%
Franklin County, IL	457	28.63%	71.37%
Jackson County, IL	456	29.53%	70.47%
Johnson County, IL	107	32.28%	67.72%
Perry County, IL	220	22.01%	77.99%
Saline County, IL	306	25.6%	74.4%
Union County, IL	215	37.56%	62.44%
Williamson County, IL	799	41.3%	58.7%
Illinois	144,944	39.33%	60.67%
United States	3,393,582	49.67%	45.61%

Percentage of Students Scoring 'Not Proficient' or Worse



- Report Area (67.27%)
- Illinois (60.67%)
- United States (45.61%)

Data Source: US Department of Education, ED Facts. Accessed via DATA.GOV. 2014-15. Source geography: School District



**Language Arts Test Scores, Grade 4,
Percent Not Proficient by County,
EDFacts 2014-15**

- Over 50.0%
- 30.1 - 50.0%
- 20.1 - 30.0%
- Under 20.1%
- No Data or Data Suppressed
- Report Area

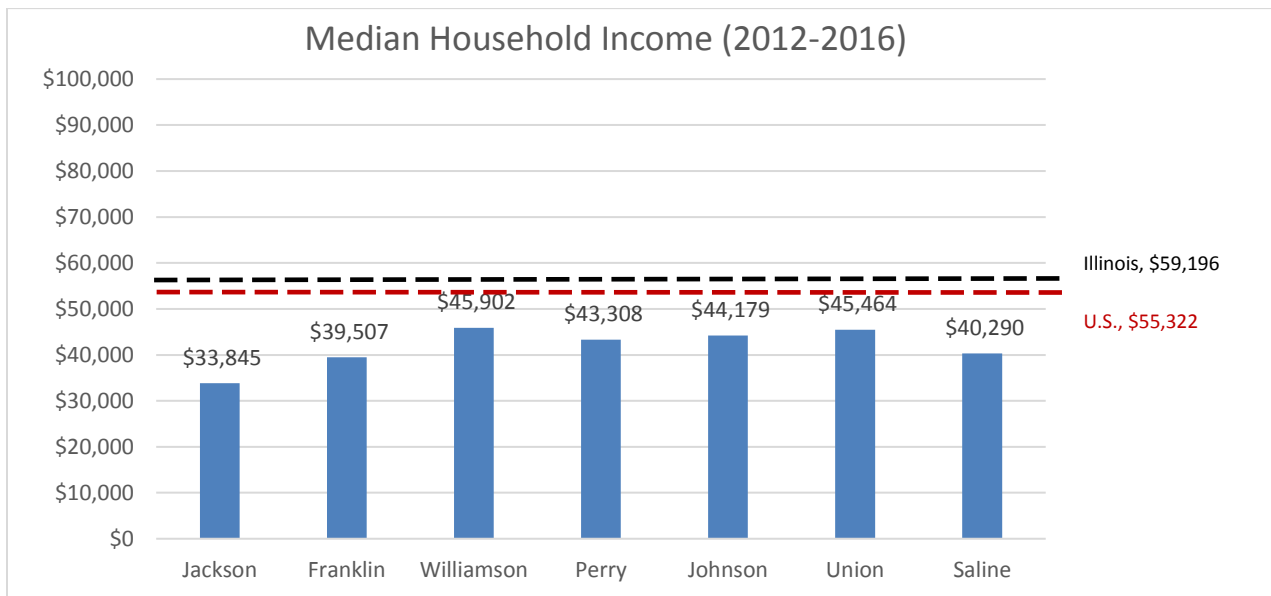
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Financial Barriers

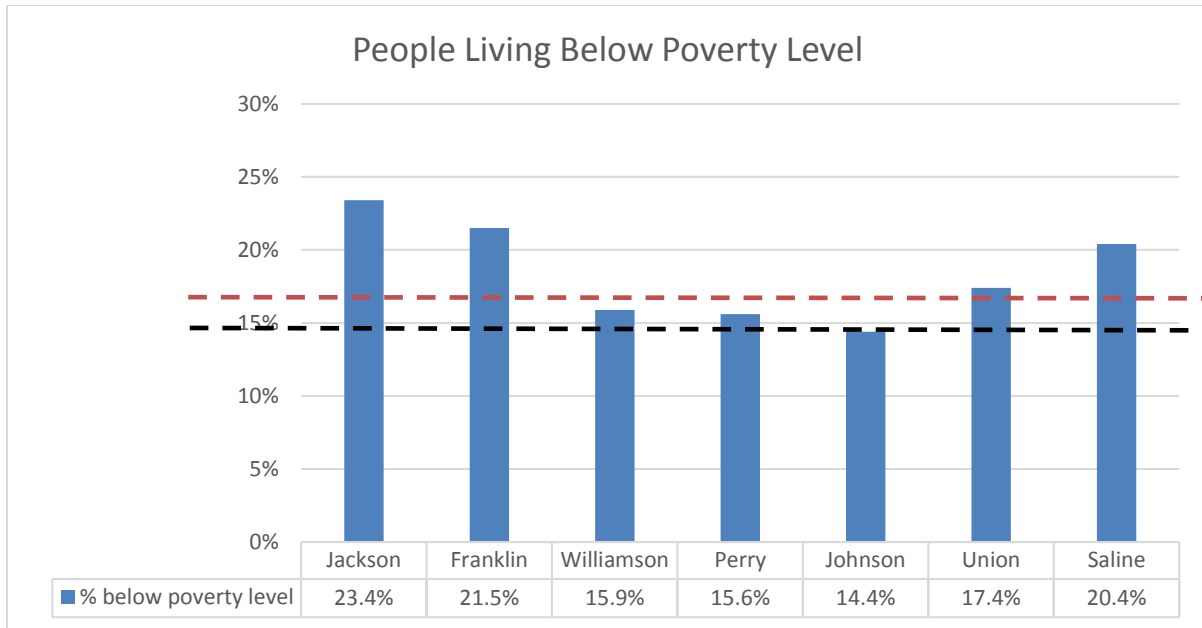
Even when health care providers are available, financial barriers to care are present. Many people in the community put off medical care or prescription drugs due to cost, have skipped doses or taken smaller amounts of medication than prescribed in order to make the supply last longer. This can indicate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

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 \$33,845 in Jackson county to a high of \$45,902 in Williamson County (Illinois' is \$59,196, U.S. is \$55,323).

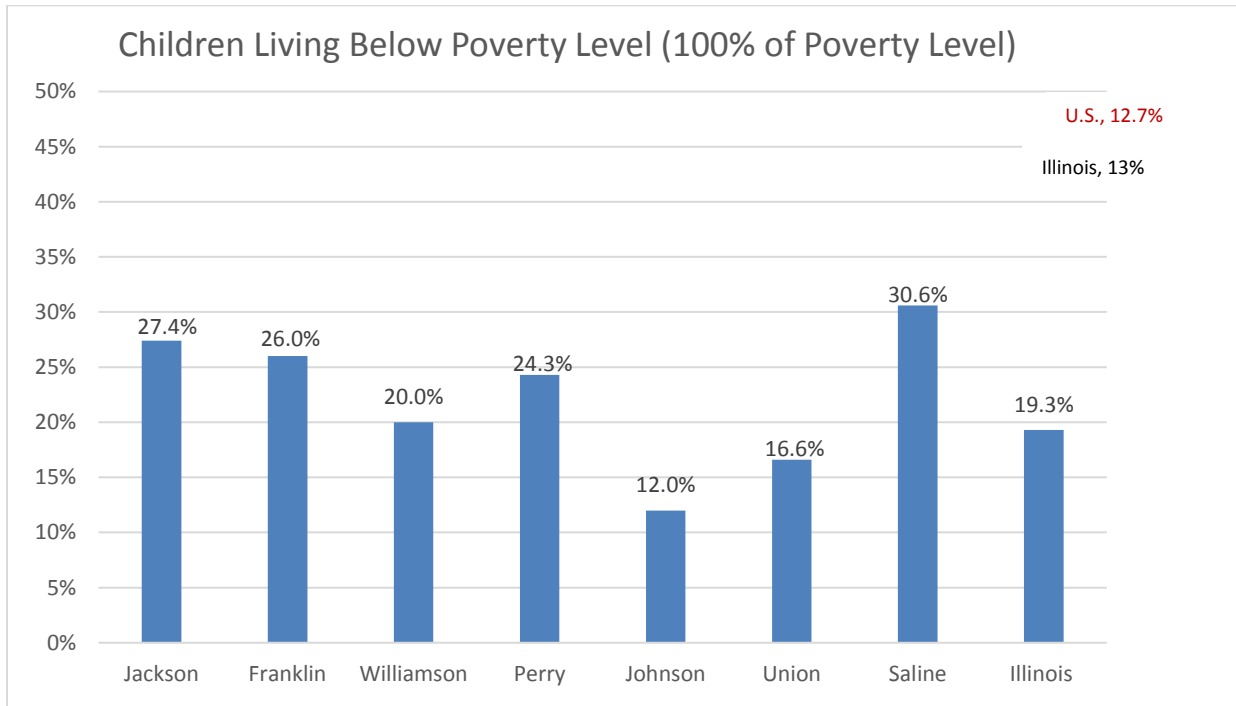


Source: U.S. Census Bureau, 2016 Census; People QuickFacts. Last revised 7/1/16 by US Census, retrieved January 2018.



-Source: U.S. Census Bureau, 2016 Census; People QuickFacts. Last revised 7/1/16 by US census, retrieved January 2018

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).



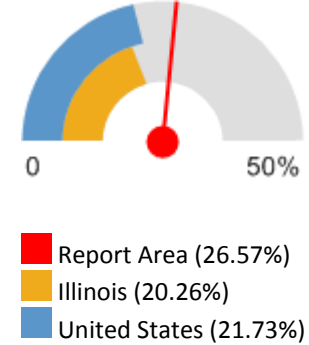
Source: US Census, People QuickFacts, 2016, retrieved through Community Commons, retrieved January, 2018.

Poverty - Children Below 100% FPL

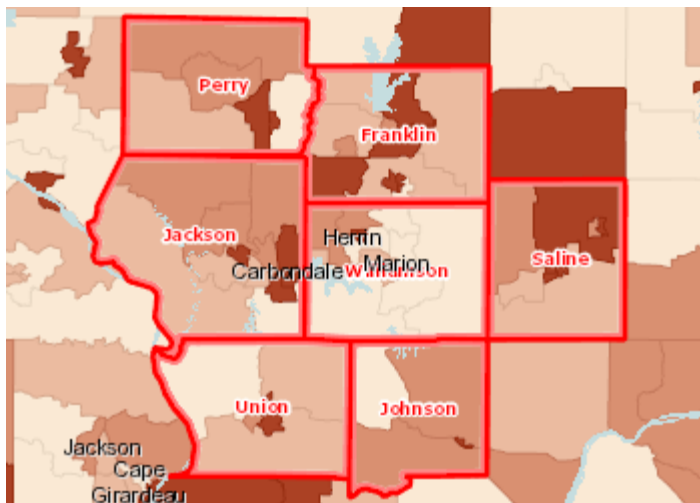
In the report area 26.57% or 12,960 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Report Area	231,375	48,781	12,960	26.57%
Franklin County, IL	38,970	8,638	2,269	26.27%
Jackson County, IL	55,336	10,367	3,344	32.26%
Johnson County, IL	10,876	2,282	406	17.79%
Perry County, IL	19,654	4,278	1,170	27.35%
Saline County, IL	24,057	5,174	1,834	35.45%
Union County, IL	17,315	3,600	780	21.67%
Williamson County, IL	65,167	14,442	3,157	21.86%
Illinois	12,571,110	2,980,437	603,899	20.26%
United States	308,619,550	72,540,829	15,760,766	21.73%

Percent Population Under Age 18 in Poverty



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



Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2011-15

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Report Area

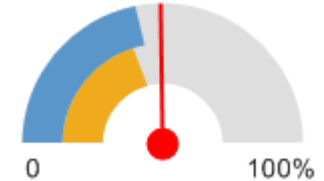
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Poverty - Children Below 200% FPL

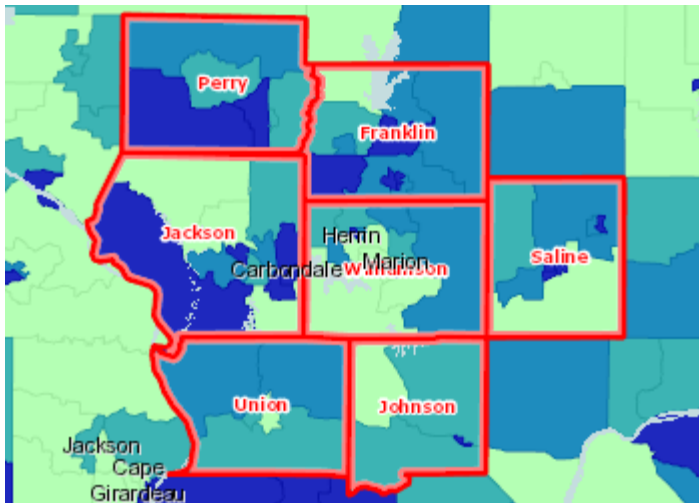
In the report area 49.61% or 24,200 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food and other necessities that contribute to poor health status.

Report Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
Report Area	48,781	24,200	49.61%
Franklin County, IL	8,638	4,723	54.68%
Jackson County, IL	10,367	5,782	55.77%
Johnson County, IL	2,282	875	38.34%
Perry County, IL	4,278	2,027	47.38%
Saline County, IL	5,174	2,919	56.42%
Union County, IL	3,600	1,530	42.5%
Williamson County, IL	14,442	6,344	43.93%
Illinois	2,980,437	1,220,538	40.95%
United States	72,540,829	31,888,028	43.96%

Percent Population Under Age 18 at or Below 200% FPL



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



Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2011-15

- Over 56.0%
- 47.1 - 56.0%
- 38.1 - 47.0%
- Under 38.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Report Area

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

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	4.1%
Franklin	5.4%
Williamson	4.4%
Perry	5.2%
Johnson	6.6%
Union	4.9%
Saline	6.0%
Illinois	3.8%

Local area unemployment ranges from 4.1% in Jackson County to 6.6% in Johnson County. The SIH service area has a higher unemployment rate than the state and national averages.

The Illinois Department of Employment Security reported that the national unemployment rate resides at 3.6 percent. The unemployment rate for Illinois was at 3.8 percent.

**Data retrieved for September 2018, not seasonally adjusted.*

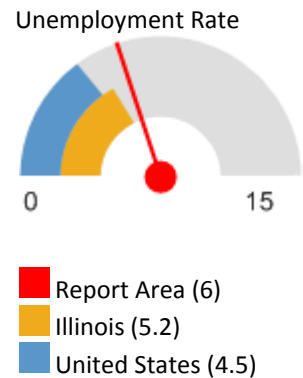
Source: Illinois Department of Employment Security, September 2018, retrieved November 20, 2018.

http://www.ides.illinois.gov/LMI/Pages/Current_Monthly_Unemployment_Rates.aspx

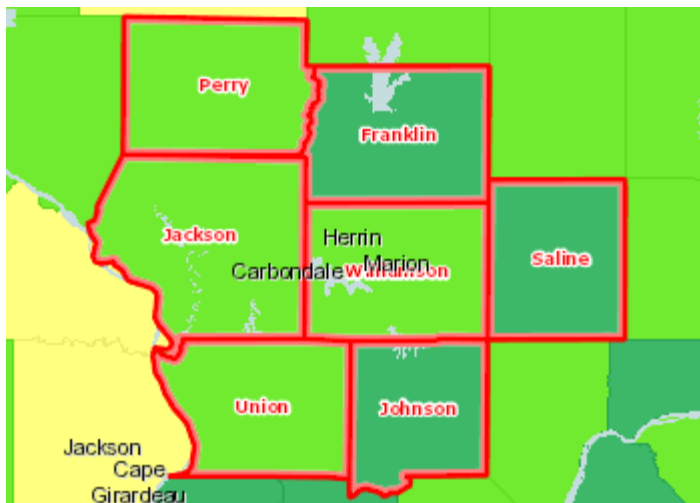
Unemployment Rate

Total unemployment in the report area for the current month was 6,448, or 6% of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food and other necessities that contribute to poor health status.

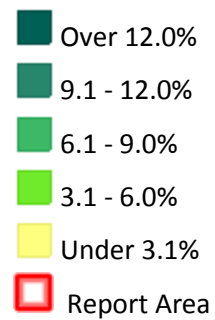
Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Report Area	107,646	101,198	6,448	6
Franklin County, IL	16,504	15,302	1,202	7.3
Jackson County, IL	28,936	27,510	1,426	4.9
Johnson County, IL	4,116	3,785	331	8
Perry County, IL	8,508	7,943	565	6.6
Saline County, IL	9,857	9,153	704	7.1
Union County, IL	7,509	7,026	483	6.4
Williamson County, IL	32,216	30,479	1,737	5.4
Illinois	6,493,487	6,152,796	340,691	5.2
United States	160,059,369	152,893,934	7,165,435	4.5



Data Source: US Department of Labor, Bureau of Labor Statistics. 2017 - November.
Source geography: County



**Unemployment, Rate by County, BLS
2017 - November**



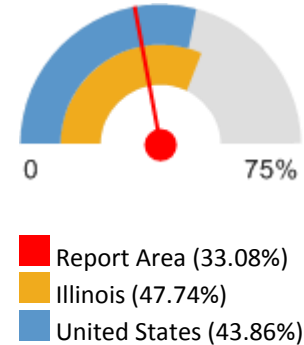
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Income - Families Earning Over \$75,000

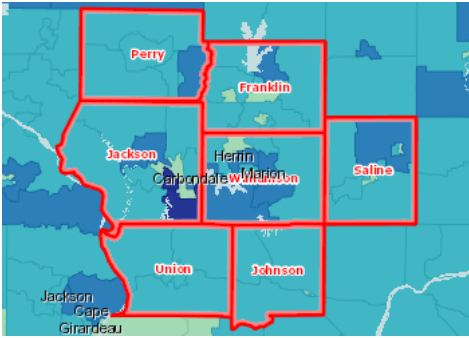
In the report area, 33.08%, or 19,681 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals.

Report Area	Total Families	Families with Income Over \$75,000	Percent Families with Income Over \$75,000
Report Area	59,504	19,681	33.08%
Franklin County, IL	10,215	2,855	27.95%
Jackson County, IL	11,998	4,146	34.56%
Johnson County, IL	2,947	992	33.66%
Perry County, IL	4,978	1,689	33.93%
Saline County, IL	6,637	1,975	29.76%
Union County, IL	4,586	1,524	33.23%
Williamson County, IL	18,143	6,500	35.83%
Illinois	3,124,683	1,491,777	47.74%
United States	77,260,546	33,885,974	43.86%

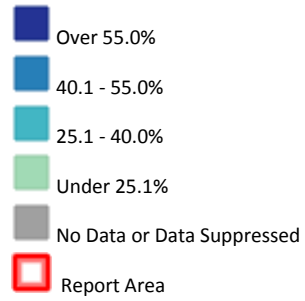
Percent Families with Income Over \$75,000



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



Family Income Over \$75,000, Percent by Tract, ACS 2011-15



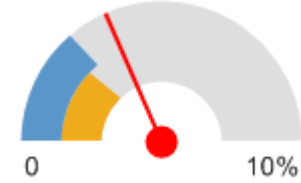
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Income - Public Assistance Income

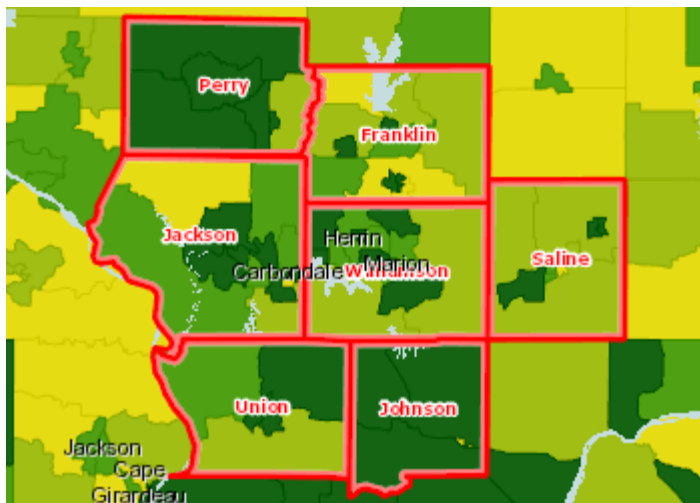
This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Report Area	95,542	3,530	3.69%
Franklin County, IL	16,257	418	2.57%
Jackson County, IL	23,390	741	3.17%
Johnson County, IL	4,407	194	4.4%
Perry County, IL	8,025	290	3.61%
Saline County, IL	9,955	235	2.36%
Union County, IL	6,712	323	4.81%
Williamson County, IL	26,796	1,329	4.96%
Illinois	4,786,388	119,651	2.5%
United States	116,926,305	3,223,786	2.76%

Percent Households with Public Assistance Income



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



Households with Public Assistance Income, Percent by Tract, ACS 2011-15

- Over 3.0%
- 2.1 - 3.0%
- 1.1 - 2.0%
- Under 1.1%
- No Data or Data Suppressed
- Report Area

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Average Public Assistance Dollars Received

Report Area	Total Households Receiving Public Assistance Income	Aggregate Public Assistance Dollars Received	Average Public Assistance Received (in USD)
Report Area	3,530	11,101,600	\$3,144
Franklin County, IL	418	1,481,000	\$3,543
Jackson County, IL	741	2,451,100	\$3,307
Johnson County, IL	194	794,200	\$4,093
Perry County, IL	290	758,900	\$2,616
Saline County, IL	235	507,900	\$2,161
Union County, IL	323	1,253,000	\$3,879
Williamson County, IL	1,329	3,855,500	\$2,901
Illinois	119,651	404,338,700	\$3,379
United States	3,223,786	11,251,713,900	\$3,490

Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Food Assistance

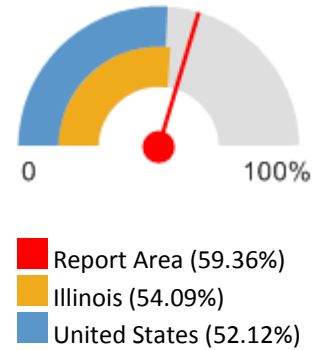
Indicators that may reflect food insecurity include Supplemental Nutrition Assistance Program (SNAP) participation, Women’s Infants and Children, and children eligible for free and reduced-price lunch programs are relevant because they assess vulnerable populations which are more likely to have needs 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.

Children Eligible for Free/Reduced Price Lunch

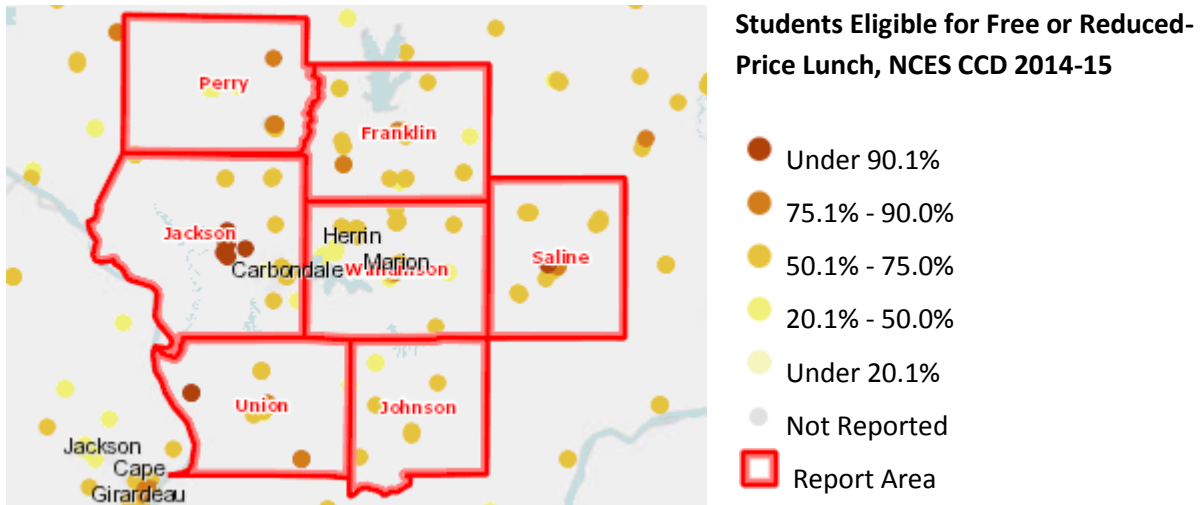
Within the report area 21,529 public school students or 59.36% are eligible for Free/Reduced Price lunch out of 36,269 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	36,269	21,529	59.36%
Franklin County, IL	6,506	3,959	60.85%
Jackson County, IL	7,328	4,859	66.31%
Johnson County, IL	1,978	1,023	51.72%
Perry County, IL	2,809	1,465	52.15%
Saline County, IL	4,359	2,720	62.4%
Union County, IL	2,849	1,775	62.3%
Williamson County, IL	10,440	5,728	54.87%
Illinois	2,041,266	1,104,129	54.09%
United States	50,436,641	26,213,915	52.12%

Percent Students Eligible for Free or Reduced Price Lunch



Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2014-15. Source geography: Address



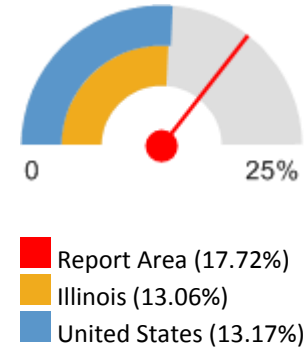
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.

Population Receiving SNAP Benefits (ACS)

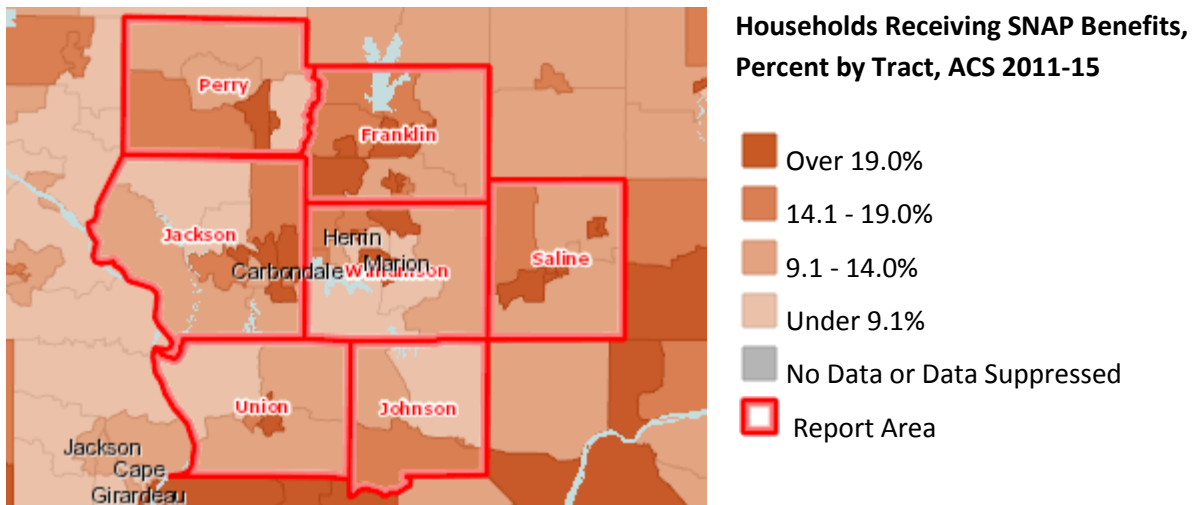
This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status and social support needs. When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

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Report Area	95,542	16,928	17.72%
Franklin County, IL	16,257	3,079	18.94%
Jackson County, IL	23,390	4,326	18.5%
Johnson County, IL	4,407	485	11.01%
Perry County, IL	8,025	1,382	17.22%
Saline County, IL	9,955	2,411	24.22%
Union County, IL	6,712	1,117	16.64%
Williamson County, IL	26,796	4,128	15.41%
Illinois	4,786,388	625,061	13.06%
United States	116,926,305	15,399,651	13.17%

Percent Households Receiving SNAP Benefits



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



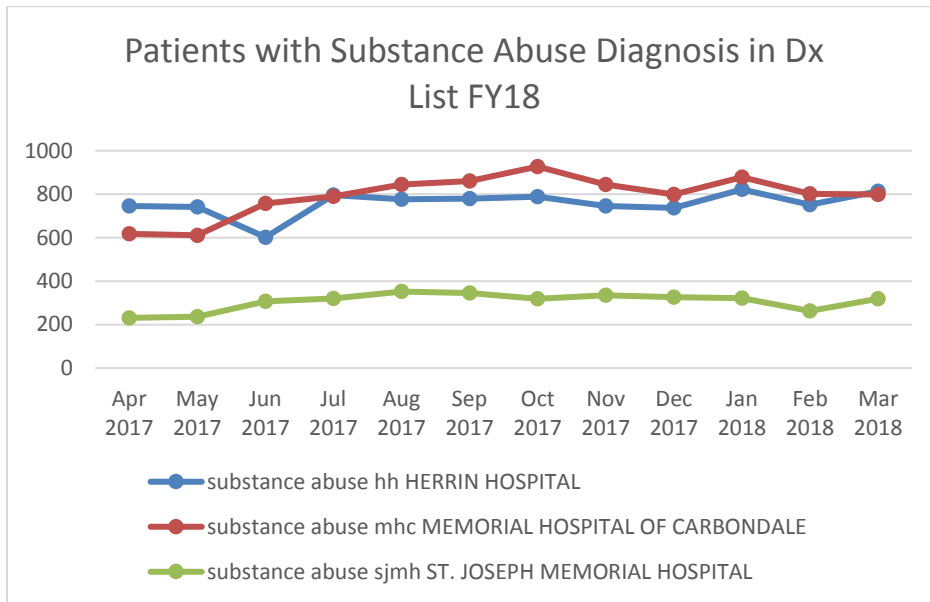
Source: Community Commons, www.communitycommons.org, retrieved Feb. 9, 2018.



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) was assessed by examining binge drinking and substance abuse related visits in the three SIH hospitals.

As referenced in the table below, are patients with substance abuse diagnosis in their diagnosis list accounting for 22,306 of the patient visits to the hospitals in FY18.



Adolescent Substance Abuse

Adolescent substance 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), 2016

Location	8 th grade	10 th grade
Franklin	25%	74%
Jackson	24%	N/A
Perry	**	**
Williamson, 2012	30%	54%
Johnson	**	**
Union	25%	53%
Saline	36%	N/A
Illinois	27%	46%

Adolescents using Any Illicit Drugs (crack/cocaine, hallucinogens, LSD, Meth, heroin, excluding marijuana) in Past Year, 2016

Location	8 th grade	10 th grade
Franklin	1%	2%
Jackson	0%	N/A
Perry	**	**
Williamson, 2012	3%	3%
Johnson	**	**
Union	1%	7%
Saline	3%	N/A
Illinois	1%	1%

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), 2016

Location	8 th grade	10 th grade
Franklin	3%	1%
Jackson	5%	N/A
Perry	**	**
Williamson, 2012	6%	7%
Johnson	**	**
Union	2%	6%
Saline	2%	N/A
Illinois	3%	6%

*data is not available for Johnson or Perry Counties.

Source: Illinois Youth Survey 2016, and Healthy People 2020 Leading Health Indicators: Progress Update
<http://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum0.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).

Adult Alcohol Consumption

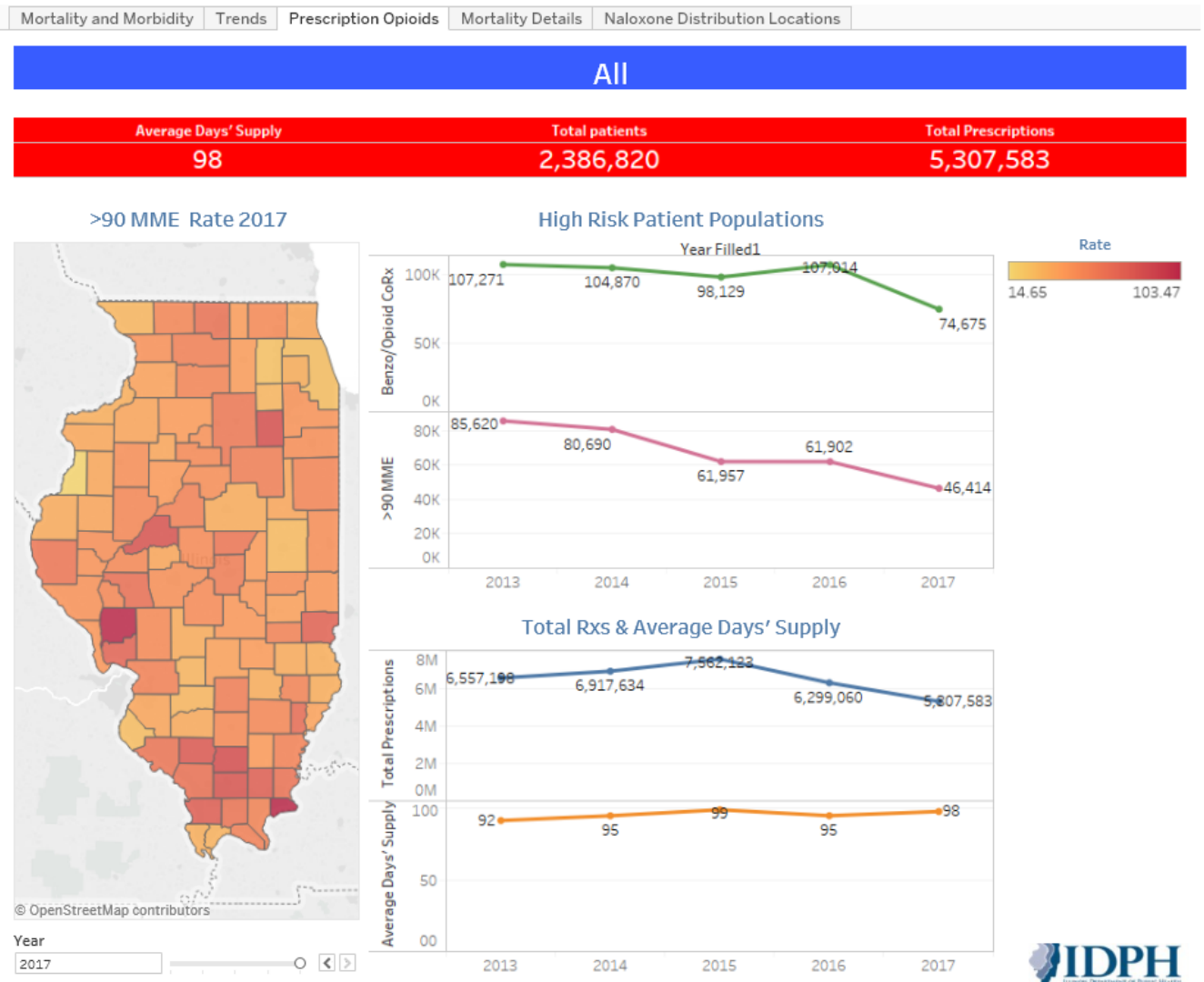
ALCOHOL	At Risk for Acute/Binge Drinking	At Risk for Chronic Drinking
State/County/Counties/LHD Jurisdiction:		
Illinois (2015)	20.2%	6.2%
Egyptian HD – Saline, White and Gallatin	42.7%	18.4%
Franklin/Williamson	29.3%	4.7%
Jackson	41.3%	21.0%
Perry	36.9%	14.9%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	34.3%	10.7%

Source: Illinois Behavioral Risk Factor survey (Round 6 – 2015), provided by Illinois Department of Public Health, July 2018.

Opioids

Prescription drug overdose is an issue of concern. Rates of emergency department visits due to opioid analgesic overdose and heroin overdose as well as hospitalizations are of concern for SIH and southern Illinois. Issues of concern include the rate of prescriptions filled with greater than 90 morphine equivalents and the high rate of patients receiving prescriptions for opioids and benzodiazepines.

Opioid Data Dashboard



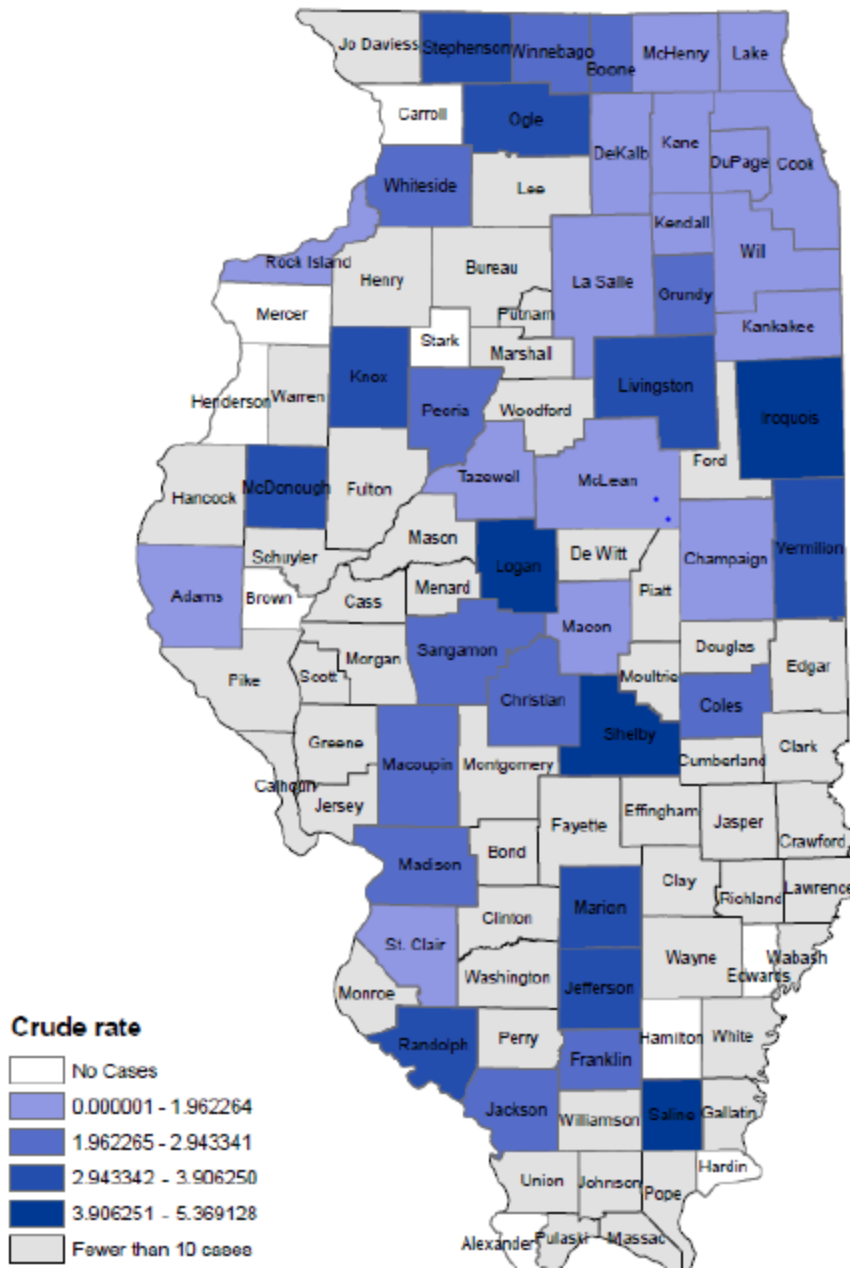
2017 Mortality data are provisional and are subject to change.

Location	>90 MME Rate 2017 per 10,000 population
Franklin	84.05
Jackson	65.06
Johnson	62.94
Perry	78.05
Saline	74.68
Union	75.69
Williamson	80.61

Source: Illinois Prescription Monitoring Program, Retrieved Nov. 8, 2018.

<https://idph.illinois.gov/OpioidDataDashboard/>

Figure 6. Rate of emergency department visits due to opioid analgesic overdose (per 10,000 population), 2016



Source: 2017 State of Illinois Comprehensive Opioid Data Report

<http://dph.illinois.gov/sites/default/files/publications/publicationsdoil-opioid-data-report.pdf>

Figure 7. Rate of hospitalization due to opioid analgesic overdose per 10,000 population, Illinois, 2016

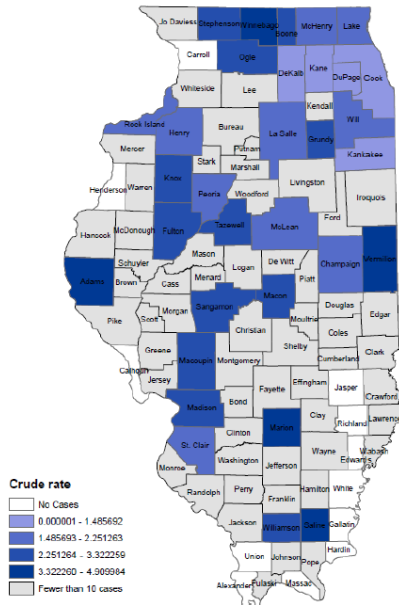


Figure 11. Rate of hospitalization for opioid analgesic and heroin overdose combined per 10,000 population, Illinois, 2016

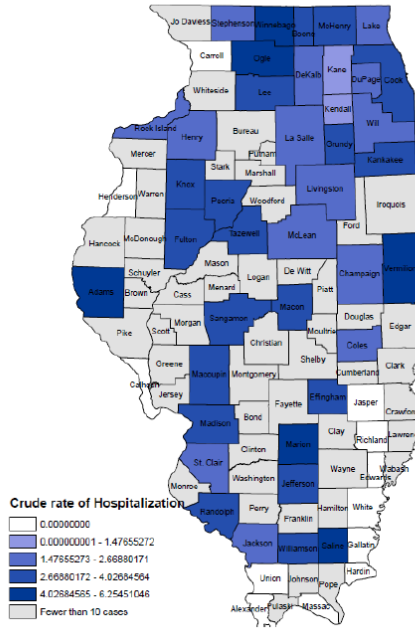
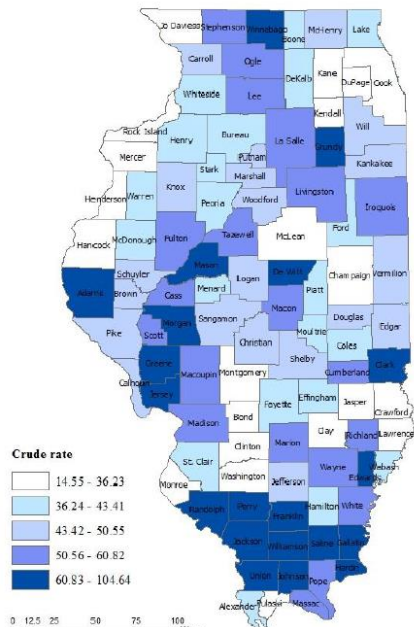
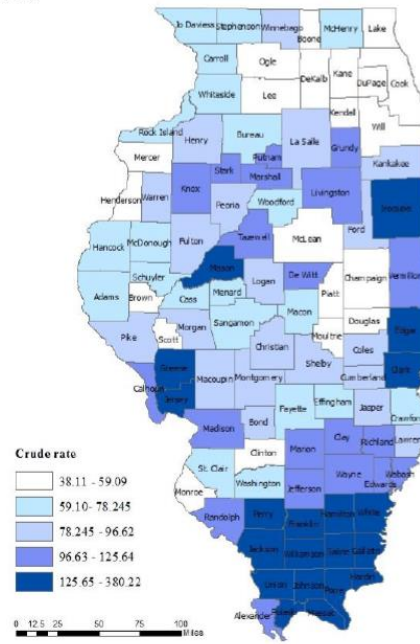


Figure 17. Rate of prescriptions filled with greater than 90 morphine milligram equivalents, January 2017 (per 10,000 population)



Source: Illinois Prescription Monitoring Program and US Census Bureau 2016 population estimates

Figure 21. Rate of patients receiving prescriptions for opioids and benzodiazepines, January 2017



Source: Illinois Prescription Monitoring Program and US Census Bureau 2016 population estimates



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. Nearly one in five adults in the primary service area smoke. E-cigarette usage has also become an area of concern.

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

SMOKING STATUS	SMOKER	FORMER SMOKER	NON-SMOKER
State/County/Counties/LHD Jurisdiction:			
Illinois (2015)	15.1%	24.4%	60.5%
Egyptian HD – Saline, White and Gallatin	24.2%	27.0%	48.8%
Franklin/Williamson	25.8%	23.6%	50.7%
Jackson	14.0%	20.4%	65.6%
Perry	22.6%	21.3%	56.0%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	28.1%	24.8%	47.0%

SMOKING STATUS	USE SMOKELESS TOBACCO NOW
State/County/Counties/LHD Jurisdiction:	
Illinois (2015)	3.1%
Egyptian HD – Saline, White and Gallatin	10.5%
Franklin/Williamson	5.6%
Jackson	4.4%
Perry	8.0%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	8.2%

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

Source: Illinois Behavioral Risk Factor Survey (Round 6-2015), provided by Illinois Department of Public Health, July 2018.

E-CIGARETTES	EVER TRIED E-CIGARETTES	USE E-CIGARETTES EVERYDAY	USE E-CIGARETTES SOMEDAYS	USE E-CIGARETTES NOT AT ALL
State/County/Counties/LHD Jurisdiction:				
Illinois (2015)				
Egyptian HD – Saline, White and Gallatin	23.8%	10.0%	24.9%	65.2%
Franklin/Williamson	22.7%	*	34.0%	60.4%
Jackson	27.0%	8.3%	9.8%	81.9%
Perry	26.1%	*	13.3%	82.7%
Southern Seven – Union, Johnson, Pope, Hardin, Alexander, Pulaski, Massac	26.1%	6.2%	23.3%	70.5%

Adolescent Cigarette Smoking in the Past 30 days, 8th grade

Location	8th grade
Franklin	5%
Jackson	2%
Perry	**
Williamson, 2012	8%
Johnson	**
Union	3%
Saline	8%
Illinois, 2016	1%

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

Source: Illinois Youth Risk Survey 2012-2016, 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 2018: Illinois (102 counties)		
County	Health Outcome Rank	Health Factor Rank
Franklin	98	97
Jackson	92	88
Johnson	24	81
Perry	66	83
Saline	100	99
Union	84	87
Williamson	78	58

Source: University of Wisconsin Population Health Institute. County Health Rankings, 2018. <http://www.countyhealthrankings.org/>, Retrieved March 19, 2018.

2018 County Health Rankings Comparison

	Illinois	Franklin	Jackson	Johnson	Perry	Saline	Union	Williamson
Health Outcomes		98	92	24	66	100	84	78
Length of Life		101	72	22	75	96	97	86
Premature death (YPLL before 75)	6,300	10,500	7,800	6,200	7,900	9,700	10,000	8,400
Quality of Life		87	98	31	61	99	28	64
Poor or fair health	17%	17%	20%	16%	16%	18%	17%	15%
Poor physical health days	3.8	4.2	4.6	4.0	3.9	4.4	4.0	3.9
Poor mental health days	3.5	3.9	4.2	3.6	3.6	4.1	3.8	3.7
Low birth weight	8.0%	8.0%	8.0%	6.0%	8.0%	9%	5.0%	8.0%
Health Factors		97	88	81	83	99	87	58
Health Behaviors		93	101	73	78	94	74	55
Adult smoking	16%	18%	20%	18%	17%	19%	17%	17%
Adult obesity	28%	30%	28%	28%	30%	29%	31%	27%
Food environment index	8.7/10	7.8/10	6.2/10	7.0/10	7.3/10	6.1/10	8.0/10	8.0/10
Physical inactivity	22%	30%	27%	25%	25%	24%	26%	24%

	Illinois	Franklin	Jackson	Johnson	Perry	Saline	Union	Williamson
Access to exercise opportunities	91%	70%	80%	77%	56%	78%	57%	72%
Excessive drinking	21%	19%	21%	21%	21%	19%	20%	22%
Alcohol-impaired driving deaths	33%	40%	37%	20%	29%	22%	36%	29%
Sexually transmitted infections	540.4	238.5	1,131.1	293.6	295.3	341.3	280.9	322.3
Teen births	26	48	22	30	37	54	33	38
Clinical Care		87	48	62	84	79	73	45
Uninsured (Under 65 yrs w/out health insurance)	8%	7%	7%	5%	6%	6%	7%	%
Primary care physicians	1,240:1	2,630:1	820:1	12,760:1	1,960:1	1,360:1	1,340:1	1,180:1
Dentists	1,330:1	2,450:1	1,370:1	4,300:1	3,050:1	2,700:1	1,910:1	1,830:1
Mental health providers	530:1	150:1	480:1	270:1	1,530:1	680:1	860:1	540:1
Preventable hospital stays	55	94	82	80	81	115	78	79
Diabetic monitoring (Medicare enrollees w/HbA1C monitoring)	86%	86%	85%	88%	81%	87%	86%	85%

	Illinois	Franklin	Jackson	Johnson	Perry	Saline	Union	Williamson
Mammography screening (Medicare enrollees 67-69 that received)	64%	56%	61%	59%	51%	57%	56%	54%
Social & Economic Factors		97	69	85	73	100	89	67
High school graduation	86%	80%	85%	93%	90%	82%	80%	81%
Some college	68%	63%	76%	51%	51%	61%	61%	69%
Unemployment	5.9%	8.1%	5.4%	8.6%	7.1%	8.6%	7.4%	6.2%
Children in poverty	18%	27%	28%	18%	22%	31%	25%	22%
Income inequality	5.0	4.6	7.1	4.9	4.8	5.9	4.6	4.6
Children in single-parent households	32%	36%	39%	28%	39%	43%	28%	36%
Social associations (# of membership assoc. per 10,000)	9.8	16.5	16.0	15.7	27.9	22.4	16.7	19.3
Violent crime	388	312	524	252	136	315	216	166
Injury deaths	56	113	62	64	68	105	71	87
Physical Environment		41	58	34	92	46	82	27
Air pollution - particulate matter	10.5	10.3	10.3	10.0	10.3	10.1	10.2	10.3

	Illinois	Franklin	Jackson	Johnson	Perry	Saline	Union	Williamson
Drinking water violations		No	No	No	Yes	No	Yes	No
Severe housing problems	18%	12%	22%	11%	13%	13%	13%	11%
Driving alone to work	73%	83%	78%	85%	86%	85%	82%	85%
Long commute - driving alone	40%	36%	20%	41%	33%	32%	44%	23%

Source: County Health Rankings, 2018, Comparison U.S. counties Retrieved March 19, 2018

2018 County Health Rankings, Descriptions, Measures and Sources

Measure	Description	US	IL	IL Minimum	IL Maximum
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population	6,70	6,300	4,100	13,100
Poor or fair health	% of adults reporting fair or poor health	16%	17%	11%	27%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.8	3.1	5.4
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.8	3.5	3.1	4.7
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	8%	5%	11%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	17%	16%	12%	24%
Adult obesity	% of adults that report a BMI ≥ 30	28%	28%	24%	36%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.7	8.7	5.4	9.5
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	23%	22%	17%	30%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	83%	91%	2%	100%
Excessive drinking	% of adults reporting binge or heavy drinking	18%	21%	14%	24%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	29%	33%	0%	75%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	478.	540.4	95.5	1,450.0
Teen births	# of births per 1,000 female population ages 15-19	27	26	10	64
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	11%	8%	4%	11%
Primary care physicians	Ratio of population to primary care physicians	1,320	1,240:1	12,760:1	750:1
Dentists	Ratio of population to dentists	1,480	1,330:1	16,380:1	620:1
Mental health providers	Ratio of population to mental health providers	470:	530:1	19,630:1	150:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	49	55	33	203
Diabetes monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	86%	63%	93%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	63%	64%	48%	76%
SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	83%	86%	69%	96%
Some college	% of adults ages 25-44 with some post-secondary education	65%	68%	40%	79%
Unemployment	% of population aged 16 and older unemployed but seeking work	4.9	5.9%	3.4%	9.8%
Children in poverty	% of children under age 18 in poverty	20%	18%	5%	49%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	5	5.0	3.2	7.1
Children in single-parent households	% of children that live in a household headed by a single parent	34%	32%	15%	58%
Social associations	# of membership associations per 10,000 population	9.3	9.8	5.2	40.2
Violent crime	# of reported violent crime offenses per 100,000 population	380	388	18	1,613
Injury deaths	# of deaths due to injury per 100,000 population	65	56	36	113
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.7	10.5	9.8	14.0
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.	NA	NA	No	Yes

Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	19%	18%	7%	24%
Driving alone to work	% of workforce that drives alone to work	76%	73%	62%	88%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 min.	35%	40%	12%	59%
Measure		Source		Years of Data	
HEALTH OUTCOMES					
Length of Life	Premature death	NationalCenterfor Health Statistics– Mortality files		2014-2016	
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System		2016	
	Poor physical health days	Behavioral Risk Factor Surveillance System		2016	
	Poor mental health days	Behavioral Risk Factor Surveillance System		2016	
	Low birthweight	NationalCenterforHealthStatistics–Nativityfiles		2010-2016	
HEALTH FACTORS					
HEALTHBEHAVIORS					
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System		2016	
Diet and Exercise	Adult obesity	CDCDiabetesInteractiveAtlas		2014	
	Food environment index	USDAFoodEnvironmentAtlas,Map theMealGap		2015	
	Physical inactivity	CDCDiabetesInteractiveAtlas		2014	
	Access to exercise opportunities	BusinessAnalyst, Delorme map data, ESRI, & U.S.CensusFiles		2010&2016	
AlcoholandDrugUse	Excessive drinking	Behavioral Risk Factor Surveillance System		2016	
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System		2012-2016	
SexualActivity	Sexually transmitted infections	NationalCenterforHIV/AIDS,ViralHepatitis,STD, andTBPrevention		2015	
	Teen births	NationalCenterforHealthStatistics–Nativityfiles		2010-2016	
CLINICALCARE					
AccessstoCare	Uninsured	SmallArea Health Insurance Estimates		2015	
	Primary care physicians	AreaHealthResourceFile/AmericanMedicalAssociation		2015	
	Dentists	AreaHealthResourceFile/NationalProviderIdentificationfile		2016	
	Mental health providers	CMS,NationalProviderIdentificationfile		2017	
QualityofCare	Preventable hospital stays	DartmouthAtlasofHealthCare		2015	
	Diabetes monitoring	DartmouthAtlasofHealthCare		2014	
	Mammography screening	DartmouthAtlasofHealthCare		2014	
SOCIAL AND ECONOMIC FACTORS					
Education	High school graduation	EDFacts		2014-2015	
	Some college	American Community Survey		2012-2016	
Employment	Unemployment	Bureau of Labor Statistics		2016	
Income	Children in poverty	SmallArea Income and Poverty Estimates		2016	
	Income inequality	American Community Survey		2012-2016	
Family and Social Support	Children in single-parent households	American Community Survey		2012-2016	
	Social associations	CountyBusinessPatterns		2015	
Community Safety	Violent crime	UniformCrimeReporting–FBI		2012-2014	
	Injury deaths	CDCWONDERmortalitydata		2012-2016	
PHYSICAL ENVIRONMENT					
AirandWaterQuality	Air pollution – particulate matter*	EnvironmentalPublicHealthTrackingNetwork		2012	
	Drinking water violations	Safe DrinkingWater Information System		2016	
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data		2010-2014	

Driving alone to work	American Community Survey	2012-2016
Long commute – driving alone	American Community Survey	2012-2016

Appendix 6

List of Indicators for SIH Community Health Needs Assessment (CHNA)

	<i>Measure</i>	<i>Data Source</i>	<i>Years of Data</i>
DEMOGRAPHICS			
	Population, race/ethnicity, age, gender, geography, economy	SIH Market Area Demographics – Stabilized Growth & Significant Growth, Hospital Industry Data Truven Health Analytics 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, Census U.S. Census Bureau, American Community Survey	2017 2018 2016 2016 2016 2011-2015
HEALTH OUTCOMES			
Mortality	Premature death (YPLL)	Illinois County Health Rankings	2018
	Leading Causes of death	IDPH Causes of Death by Resident County accessed in CDC Wonder	2016
	Mortality Rates – Cancer, Suicide, Diseases of the Heart, Cerebrovascular Diseases, Diabetes, Stroke	CDC National Vital Statistics System 2010-2014; National Institute of Health, National Cancer Institute, Community Commons State Cancer Profiles Illinois County Behavioral Risk Factor Surveillance System	2014 2011-2015 2011-2015 2015
	Unintentional injury, Suicide	CDC Wonder Community Commons	2010-2014 2018
	Infant mortality	IDPH Infant Deaths and Mortality Rate	2015-2016
	Age-adjusted suicide deaths	Centers for Disease Control and Prevention, National Vital Statistics System Community Commons	2010-2014 2018
Morbidity/ Health Status	General health status	County Health Rankings Illinois County Behavioral Risk Factor Surveillance System	2017-2018 2015
	Diabetes (Medicare Population)	Illinois County Behavioral Risk Factor Surveillance System Centers for Medicare and Medicaid Services Community Commons	2015 2015 2018
	Cancer Incidence Rates – All, colorectal, breast, lung & bronchus	National Institutes of Health, National Cancer Institute	2011-2015
	Poor or fair mental health Students felt sad or hopeless	Illinois County Behavioral Risk Factor Surveillance System Illinois Youth Survey	2015 2016
	Depression (Medicare Population)	Centers for Medicare and Medicaid Services	2015
	Depression (Adults)	Illinois County Behavioral Risk Factor Surveillance Survey	2015
	Heart Disease (Adult)	Centers for Disease Control and Prevention Illinois County Behavioral Risk Factor Surveillance System CARES Community Commons	2010-2014 2015 2011-2012 2018
	Heart Disease (Medicare Population)	Center for Medicare and Medicaid Services Community Commons	2015 2018
	High Blood Pressure (Adult)	CDC, Health via Indications Warehouse, U.S. Dept. of Health and Human Services Illinois County Behavioral Risk Factor Surveillance System	2006-2012 2015
	High Blood Pressure (Medicare Population)	Centers for Medicare and Medicaid Services Community Commons	2015 2018
	Told by doctor high blood pressure	Illinois County Behavioral Risk Factor Surveillance System Community Commons	2015 2018
	High Cholesterol (Adult)	CDC, Illinois County Behavioral Risk Factor Surveillance System Community Commons	2011-2012 2018
	High Cholesterol (Medicare Population)	Centers for Medicare and Medicaid Services Community Commons	2015 2018
	Poor physical health days	Illinois County Behavioral Risk Factor Surveillance System	2015
	Poor mental health days	Illinois County Behavioral Risk Factor Surveillance System	2015
	Low birth weight	County Health Rankings	2010-2016
	Influenza and Pneumonia	Illinois County Behavioral Risk Factor Surveillance System Community Commons	2015 2018

HEALTH FACTORS			
SYSTEMS (CLINICAL CARE)			
Access to Care	SIH Insurance Coverage Estimates	SIH internal system data, Claritas Company, Truven Health Analytics, Inc. L.L.C.	2017/2018
	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	2017/2018
	Primary Care Providers, Mental Health Providers, Dentists	US Department of Health and Human Services County Health Rankings Community Commons	2014 2018 2018
	Emergency Department Utilization for Mental and Dental Health	SIH Admission data, Midas+	2017-2018
	SIH Suicide Watches	SIH System data	2017-2018
	Depression (Medicare Population)	Centers for Medicare and Medicaid Services	2015
	Depression (Adults)	Illinois Behavioral Risk Factor Surveillance Survey	2015
	Did not see due to cost in last 12 months	Illinois County Behavioral Risk Factor Surveillance System	2015
	Have any kind of health care coverage	Illinois County Behavioral Risk Factor Surveillance System	2015
	Last routine checkup	Illinois County Behavioral Risk Factor Surveillance System	2015
	Usual healthcare provider Insurance-Uninsured	Illinois County Behavioral Risk Factor Surveillance System U.S. Census Bureau, Small Area Health Insurance Estimates Community Commons	2015 2015 2018
	Last dental visit/cleaning	Illinois County Behavioral Risk Factor Surveillance System Community Commons	2015 2018
	Medicaid	U.S. Census Bureau, American Community Survey Community Commons	2011-2015 2018
	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, Area Health Resource File Community Commons	2016 2018
Transportation	Non-emergency medical transportation	SIU School of Medicine Center for Rural Health and Social Service Development (Rural Medical Transportation Network)	2015
	Transportation Needs	SIH Internal System Data	2018
	Use of Public Transportation	U.S. Census Bureau, American Community Survey	2011-2015
Disparities	Community Need Index (CNI)	Dignity Health	2016
Quality of Care	Preventable hospital stays for ambulatory sensitive conditions	County Health Rankings, Dartmouth College Institute for Health Policy Clinical Practice Community Commons	2014 2018
	Diabetic screening	Dartmouth College Institute for Health Policy Clinical Practice Community Commons	2014 2018
	Mammography screening	Illinois County Health Rankings Illinois County Behavioral Risk Factor Surveillance System	2018 2015
	Colorectal cancer screening	Illinois County Behavioral Risk Factor Surveillance System	2015
	Mammogram in past two years	State Cancer Profiles, NIH Community Commons	2011-2015 2018
	Mammograms (Medicare enrolled)	Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Healthcare	2014
	Last Colonoscopy or Sigmoidoscopy	Illinois County Behavioral Risk Factor Surveillance System	2015
	Home-based FOBT in Past two years or ever had colorectal endoscopy	State Cancer Profiles, NIH	2011-2015
	Had a pap in past 3 years, no Hysterectomy	State Cancer Profiles, NIH	2011-2015
	Immunizations Influenza/Pneumonia vaccine	Illinois County Behavioral Risk Factor Surveillance System	2015
	Inpatient 30-day readmit with exclusions-ICD Diagnosis	SIH	2018
	Palliative/Supportive Care Consults	SIH	2018
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, US Department of Education Community Commons	2016-2017 2014-2015 2018
	Measure	Data Source	Years of Data
	Bachelors degree or higher	U.S. Census Bureau, State & County QuickFacts	2014
	Student Reading Proficiency	U.S. Department of Education Community Commons	2014-2015 2018
Employment	Unemployment	US Department of Labor, Bureau of Labor Statistics Illinois Department of Employment Security Community Commons	2017 2018 2018
Income	Median household income People living below poverty Children below poverty Families earning above \$75,000 Public assistance income Average public assistance funds received	U.S. Census Bureau, People QuickFacts Community Commons U.S. Census Bureau, American Community Survey	2016 2018 2011-2015
Housing	Assisted Housing/HUD Programs	U.S. Department of Housing and Urban Development	2016
	Housing Unit Age	U.S. Census Bureau American Community Survey	2011-2015
Food Assistance	Student eligible for free/reduced lunches	Community Commons, National Center for Education Statistics	2015-2015
	Households receiving SNAP Supplemental Nutrition Assistance Program (SNAP) benefits	US Census, American Community Survey Community Commons	2011-2015 2018
Family/Social Support	Inadequate social support	CDC, Illinois County Behavioral Risk Factor Surveillance System	2006-2016
Community Safety	Violent Crime	Community Commons, Federal Bureau of Investigation, Uniform Crime Reports	2012-2014
	Child Abuse & Neglect Child Sexual Abuse & Neglect	Illinois Department of Children and Family Services	2015
PHYSICAL ENVIRONMENT			
Built Environment	Low food access	USDA Food Access Research Atlas Community Commons	2015 2018
	Low income, low food access	USDA Economic Research Service Community Commons	2015 2018
	Food Environment Index	Illinois County Health Rankings	2018
	Food Desserts	US Department of Agriculture Community Commons	2015 2018
	Grocery Stores	US Census Bureau, County Business Patterns Community Commons	2015 2018
	Access to exercise opportunities	Illinois County Health Rankings	2018
	Recreation and fitness facility access	US Census Bureau, County Business Patterns Community Commons	2015 2018
	Walking or biking to work	American Community Survey Community Commons	2011-2015 2018
Air Quality	Air quality particulate matter days	Community Commons, CDC National Environmental Public Health Tracking Networks	2012
	Air quality ozone days	Community Commons, CDC National Environmental Public Health Tracking Networks	2012
HEALTH BEHAVIORS			
Alcohol, Tobacco & Other Drugs	Binge drinking	Illinois County Behavioral Risk Factor Surveillance System	2015
	Substance Abuse Related Hospital Visits	SIH Internal data system	2017-2018
	Adult smoking	Illinois County Behavioral Risk Factor Surveillance System	2015
	Adolescent Substance Abuse	Illinois Youth Survey	2016
	Adolescent Smoking	Illinois Youth Survey	2012-2016
	Opioids	Illinois Department of Public Health	2017
Unintentional Injuries and Self-Inflicted Injuries	Motor vehicle crashes (fatal)	Illinois Department of Transportation, US Department of Transportation, National Highway Traffic Safety Administration	2013-2017

	Unintentional Injury Deaths, motor vehicle crash, pedestrian motor vehicle crash	Centers for Disease Control and Prevention, National Vital Statistics System, CDC Wonder, Community Commons	2010-2014
	Youth self-inflicted injury hospitalizations	IDPH Preventing Chronic Disease: Public Health Research, Practice, and Policy, v 11, E197	November 2014
	Measure	Data Source	Years of Data
	Encounters in SIH Hospitals Due to Suicide and Self-Inflicted Injury	SIH Internal data system	2017-2018
	Youth & Young Adult Inpatient and Outpatient Self-Inflicted Injury	IDPH, Illinois Hospital Discharge	2009-2012
Overweight/Obesity	Adult obesity/Overweight	CDC National Center for Chronic Disease Prevention and Health Promotion, CDC Behavioral Risk Factor Surveillance System Illinois County Behavioral Risk Factor Surveillance System Community Commons	2013 2015 2018
	Childhood obesity	Illinois Youth Survey	2012-2016
Physical Activity	Adults Physical Inactivity	CDC, National Center for Chronic Disease Prevention Community Commons	2013 2018
	Adults with any exercise	Illinois County Behavioral Risk Factor Surveillance System	2015
	Youth physical activity	County Health Rankings	2017
Diet	Adults, Fruit/Vegetable Consumption	Illinois Behavioral Risk Factor Surveillance System	2007-2009
	Fruit and Vegetable Expenditures	Nielsen, Nielson Site Reports	2014
	Soda Expenditures	Nielsen, Nielson Site Reports	2014
High risk sexual behavior	Sexually transmitted infections (Chlamydia and Gonorrhea)	U.S. Department of Health and Human Services, Healthy Indicators Warehouse Community Commons IDPH, STDs in IL, Epidemiologic Summary and Yearly Trends	2014 2018 2007-2016
	Teen birth rate	Illinois County Health Rankings	2017
	Number of sexual partners	Illinois County Behavioral Risk Factor Surveillance System	2015
HIV	HIV	IDPH, Illinois HIV/AIDS/STD Monthly Surveillance Update	December 2017
	HIV Prevalence	U.S. Department of Health and Human Services, Healthy Indicators Warehouse Community Commons	2013 2018
	HIV screening	Illinois County Behavioral Risk Factor Surveillance System Community Commons	2011-2012 2018
Healthcare Utilization	Hospital Discharges by top diagnosis	SIH internal system data	2018
Local Plans, Goals and Perceptions			
SIH Community Health Needs Assessment	SIH Community Health Needs Assessment – 2015	SIH	2015
QHP/PHO	Goals of the QHP/PHO	Quality Health Partners/Physician Hospital Organization	2017/2018
PCMH goals	Patient Centered Medical Home goals	SIH Medical Group	2018
PQRS goals	Quality Reporting System goals	SIH Medical Group, Quality Measures	2017/2018
CMS Core Measures	Core Measures	Joint Commission Core measures for hospitals	2018
County Health Plans	IPLAN (Illinois Project for the Local Assessment of Needs)	Local Health Departments; Jackson, Franklin-Williamson, Egyptian, Southern Seven, Perry	2015-2022
FQHC Cross reference of clinical program goals	Clinical and quality, meaningful use, PCMH, and uniform data system measures	Shawnee Health Service	2018
HSIDN goals	Healthy Southern Illinois Network Goals 2015-2020	Health Southern Illinois Delta Network	2018
SHIP Plan	Illinois State Health Improvement Plan	Illinois Department of Public Health	July 2016
SIH Community Survey	Community perceptions	On-line survey	2018
Health Provider Survey	Healthcare Provider Perceptions	Survey responses	2018
CHNA Advisory Team	Rank order top priorities	Nominal group process	2018
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	2017,2018

Appendix 7 - **Analysis of Existing Community Health Plans**

Crosswalk – SIH CHNA, QHP/ PHO, HSIDN, IPLANs, PCMH, SHIP (Last updated 6.26.18)

<p>SIH Community Health Needs Assessment 2015 *SIH conducted its 2nd assessment in 2015 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. Source: SIH 2015 CHNA</p>	<p>QHP/ PHO (Quality Health Partners/ Physician Hospital Organization) Goals/Measures 2017/2018 Source: J. Hertter, 6.2018</p>	<p>PCMH (Patient Centered Medical Home) Goals for all Recognized Sites, such as Center for Medical Arts, Logan Program Care, etc. Source: C. Shaw and E. Liddell, 5.2018.</p>	<p>CMS Core Measures (2018) – Measures for hospitals – Source: L. Torres and L. Johnson, 5.1.18</p>	<p>2017/2018 SIH Medical Group Quality Measures Source: T. Bernstein 3.14.18</p>	<p>Federally Qualified Health Centers (FQHC) Cross-Reference of Clinical Programs - includes information including clinical quality measures, MU (meaningful use), PCMH measures. UDS (Uniform Data System) HRSA – Bureau of Primary Care, QHP, and IHC (Illinois Health Connect) *= in 5 or more guidelines Source: N.Caskey, 2.2018.</p>	<p>Healthy Southern Illinois Delta Network (HSDIN) Goals (2015-2020) * The HSDIN 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. Source: A. Bailey, 2.2018.</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 Source: LHD Administrators.</p>	<p>Healthy Illinois 2021 - SHIP (Illinois State Health Improvement Plan) *plan developed by the Illinois Department of Public Health in conjunction with Community partners http://www.healthycommunities.illinois.gov/documents</p>
<p>- Cancer – lung, breast and colorectal - Cardiovascular disease including risk factors or diabetes and obesity - Mental Health</p>	<p>Registry measures: - BP measurement, flu vaccine, asthma control, CVD screening, flu vaccine, smoking cessation and assessments, pts with COPD, pneum & flu vaccine, diabetes control, electronic prescribing, identify adult kidney disease, cancer screening – CRC, breast, antibiotic use, TdaP immunization</p>	<p>Knowing and Managing Your Patients -Assessments; depression, BH, Oral health, SDOH -Reminders -Medication mgmt. -Educational Handouts given at patient visit -List of community resources available for patients</p>	<p><u>Inpatient Measures:</u> -Sepsis -VTE (venous thromboembolism) Immunizations (flu vaccine) -OB (MHC) -ED time from the Decision to Admit to Depart to the Floor <u>Outpatient Measures:</u> -Chest Pain</p>	<p>Effective Clinical Care and Community/ Population Health related to the following: (Final quarter of 2017): -breast cancer screening, -diabetes: medical attention for nephropathy, -Ischemic Vascular Disease (IVD): Use of Aspirin</p>	<p>-Track & Coordinate Patient Care -Plan & Manage Patient Care -Perinatal Health Outcomes - access to prenatal care - low birth weight -Preventative Health Screenings and Services - BP - weight - tobacco screening, assessment and cessation</p>	<p>I. Prevent and control overweight/ obesity related chronic disease in southern Illinois. II. Reduce tobacco use and eliminate exposure to second hand smoke in southern Illinois. III. Increase awareness of prevention and management of chronic disease related conditions in southern Illinois.</p>	<p>Southern Seven (2015-2019) 1. Obesity 2. Cancer 3. Type 2 diabetes 4. Heart disease Jackson County (2015-2019) 1. CVD – including diabetes & obesity 2. Behavioral Health – undiagnosed & untreated depression and anxiety and misuse of prescription drugs</p>	<p>Behavioral Health Chronic Disease Maternal and Child Health</p>

	<p>Recently added new measures related to:</p> <ul style="list-style-type: none"> -Stroke Care/Prevention -Cervical Cancer Screening -Efficient & Effective Use of EMR -Increased promotion of Influenza Vaccine (now a bonus measure) -ED and Readmission Prevention -Unnecessary imaging utilization <p>Additional efforts:</p> <ul style="list-style-type: none"> -development of Care Coordination through our BCBS ACO, a PHO Care Coordination Task Force, and SIH internal work on EHP population and disease management. <p>Additional measures forthcoming in the near future.</p> <ul style="list-style-type: none"> -Neonatology measures -Anesthesia measures -working with behavioral health and substance abuse measures through the Managed Medicaid plans 	<p>Patient-Centered Access & Continuity</p> <ul style="list-style-type: none"> -Same Day Appointments -Clinical Advice through Portal -Clinical Advice during after hours <p>Care Management and Support</p> <ul style="list-style-type: none"> -Chronic care and preventative care management (diabetes, hypertension, hyperlipidemia, mammograms, colonoscopies) -Utilization of QHP Registry to identify patients lacking chronic & preventative care services. <p>Care Coordination and Care Transitions</p> <ul style="list-style-type: none"> -Monitoring of Referrals being completed timely -Flagging of Labs and Imaging -Timely notification to patients of results. 	<p>-Acute Myocardial Infarction (AMI)</p> <ul style="list-style-type: none"> - ED times– arrival to depart Stroke - Minutes to EKG 	<p>or Another Antiplatelet,</p> <ul style="list-style-type: none"> -Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, -Childhood Immunization Status, -Hypertension: Improvement in Blood Pressure <p>Focus for 2018:</p> <ul style="list-style-type: none"> -Diabetes – HbA1c poor control -Colorectal cancer screening -Tobacco use screening and cessation counseling and patient experience for CAHPS for MIPS. 	<ul style="list-style-type: none"> - Pneumo vaccine - colorectal cancer screening - depression screening - cervical cancer screening - childhood immunizations - Hep B - Influenza vaccine -dental sealants and treatment - mammogram <p>-Chronic Disease Management</p> <ul style="list-style-type: none"> - asthma - Cholesterol treatment - BP control - heart attack/stroke treatment - HIV linkage to care - diabetes - COPD - adult kidney disease <p>-Acute Disease Management</p> <ul style="list-style-type: none"> - Avoidance of inappropriate use of systemic antimicrobials for otitis media externa (ear infections) - systemic corticosteroids inappropriate use (asthma) <p>-Electronic Records</p> <ul style="list-style-type: none"> - CPOE medication - Electronic Prescribing 	<p>Also focused on the proper use of opioids.</p>	<p>3. Cancer</p> <p>Perry County (2017-2022)</p> <ol style="list-style-type: none"> 1.Diabetes 2.Mental Health 3.Heart Disease <p>Egyptian (2017-2022)</p> <ol style="list-style-type: none"> 1. Cancer (lung, colorectal & breast) 2. Heart Disease 3. Substance Abuse 4. Diabetes <p>Franklin-Williamson (2017-2022) Chronic Disease:</p> <ol style="list-style-type: none"> 1.Chronic Disease: Heart Disease, Respiratory Disease, Diabetes, and Cancer Focus 2.Behavioral Health: Substance Abuse Focus 3.Obesity <p>Note: Not in one of our 7 targeted counties, but in lower 15.</p> <p>Randolph Co HD (2012-2017)</p> <ol style="list-style-type: none"> 1. Mental and behavioral health 2. Access to care <p>Health related quality of life/ well-being</p>	
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	Screen employees with PHQ2 during employee wellness visits in 2019	Performance Measurement and Quality Improvement (QI) -Utilization of Press Ganey Surveys -Utilization of QHP Reports to measure progress of Chronic & Preventative Measures						
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Sources:

SIH 2015 SIH Community Health Needs Assessment – Executive Summary.
 PHO/QHP Initiatives and 2017&2018 measures and targets, J. Hertter, 6.2018.
 PCMH Standards and Guidelines (2017 Edition, Version 1) – C. Shaw. & E. Lidell, 5.2018
 CMS Core Measures (2018) – Measures for hospitals – L.Torres and L. Johnson, 5.1.18
 2017/2018 SIH Medical Group Quality Measures – T. Bernstein, 3.14.18
 FQHC’s clinical measures, N. Caskey Shawnee Health Services, 2.2018
 HSIDN fact sheet, A. Bailey, 2.2018.
 IPLANS – Obtained from LHD Administrators, Health Educator Directors and Web-Sites.
 SHIP web-site. Healthy Illinois 2021. State Health Improvement Plan. <http://www.healthycommunities.illinois.gov/documents/SHIP-FINAL.pdf>

Secondary Analysis of Existing Community Health Plans: Determination of Health Issues Addressed in Plans																			
Issues	Chronic Disease prevention and Mgmt. Care Coordination (Diabetes, CHF, COD, high BP, asthma, HIV, Kidney Disease)	Diabetes	Cardiovascular disease, stroke, and related issues (heart failure, ischemic vascular disease)	Obesity/Overweight	Cancer (lung & bronchus, breast, colorectal, cervical)	Tabacco use/Cessation	Quality & Effectiveness of Care (AMI, CHF, Pneumonia, steroid avoidance, HIV and hepatitis, 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/Prescription Misuse	Unintentional injury	Vaccines (flu, pneumonia)	Kidney Disease	Social Determinates Related	Perinatal/Neonatology	Maternal/Child Health
SIH CHNA 2015		X	X	X	X				X										
Quality Health Partners/PHO	X	X	X	X	X	X	X	X	X		X		X		X	X		*	
PCMH goals	X	*	X	X	X	X	X	X	X	X	X	X	X		X		*		
CVE Care Measures for hospitals			X				X	X							X				
SIH MG PQRS Measures and Domains	X	X	X	X	X	X	X				*								
FQHC - clinical programs	X	X	X	X	X	X	X	X	X	X	X		X		X			*	
HSIDN 2015-2020	X		X	X		X							*						
Egyptian HD-IPLAN		X	X		*								*						
F/W Bi-Co HD-IPLAN	X	X	X	X	*								*						
Jackson County HD-IPLAN		X	X	*					*				*						
Perry County HD-IPLAN		*	*						*										
Southern Seven-IPLAN		*	*	*	*														
Illinois State Health Improvement Plan 2021	x								*				*					*	
Totals	7	9	12	9	8	5	5	4	7	2	4	1	7		4	1	1	3	
*Not in 7 SIH targeted counties: Randolph Co. HD-IPLAN										*		*	*						

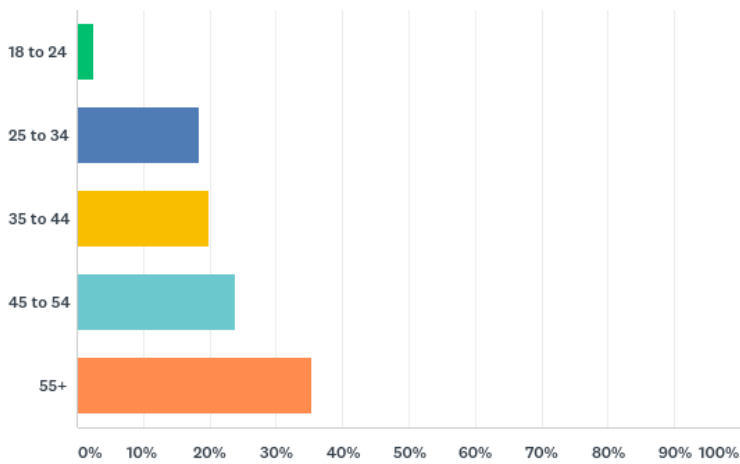
G:\Community Services\CHNA_Community Hlth Needs Assess\2018 - CHNA\Crosswalk - IPLAN, SIH CHNA, HSIDN, PHO, PCMH - 6.18 UPDATE.docx

Appendix 8 – **Results of Community Input Survey**

SIH Community Input Survey 2018 (N= 699)

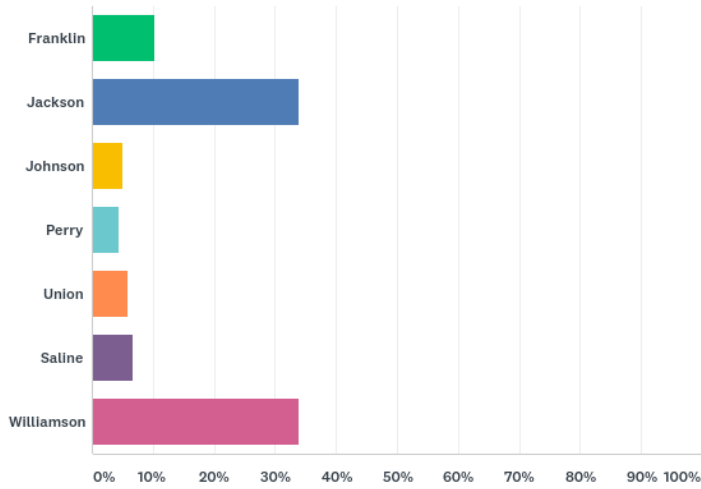
(Survey was open from April 27, 2018 - May 20, 2018. Survey was sent out to Healthy Communities Coalitions, Healthy Southern Illinois Delta Network, Second Act members, SIH and SIH Medical Group employees, Spiritual Homebound members, Parish Nurses, Project POWER Ambassadors, and Health Ministry Volunteers.)

Q1 What is your age?

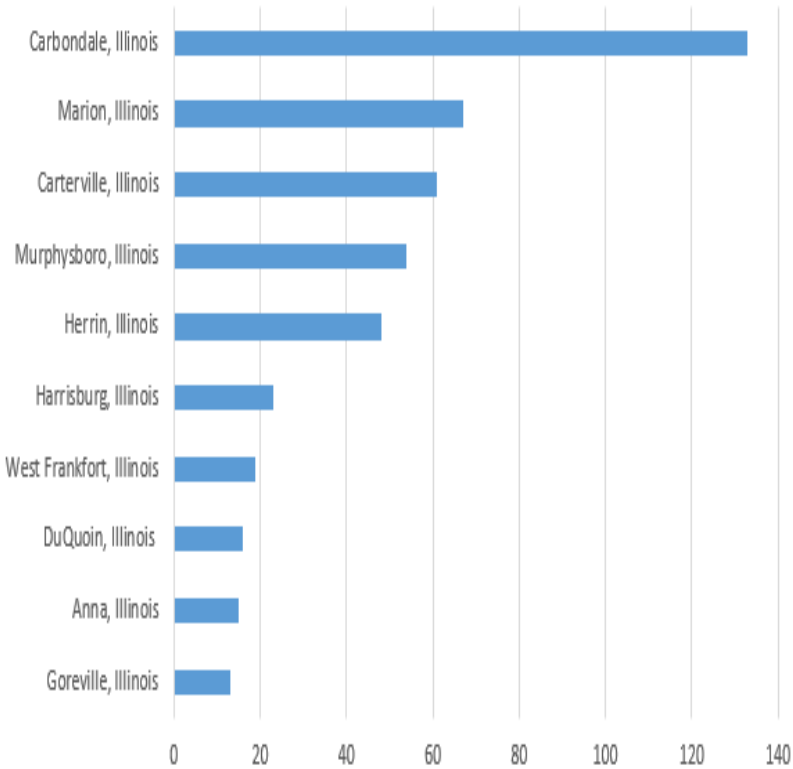


Age (Skipped 0)
18-24 = 2.58%
25-34 = 18.31%
35-44 = 19.89%
45-54 = 23.89%
55+ = 35.34%

Q2 What County do you live in?

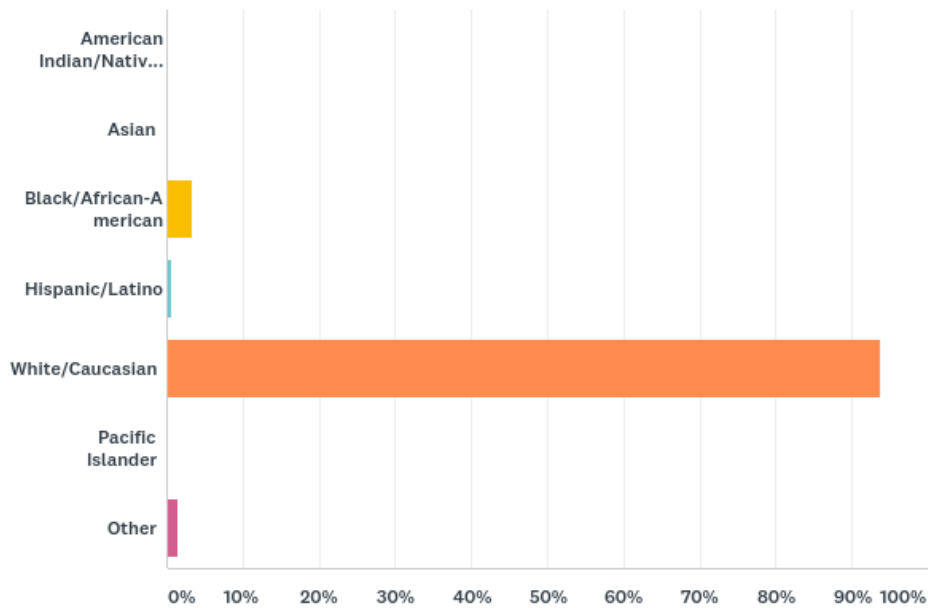


Q3: Responses By Town (Top 10)



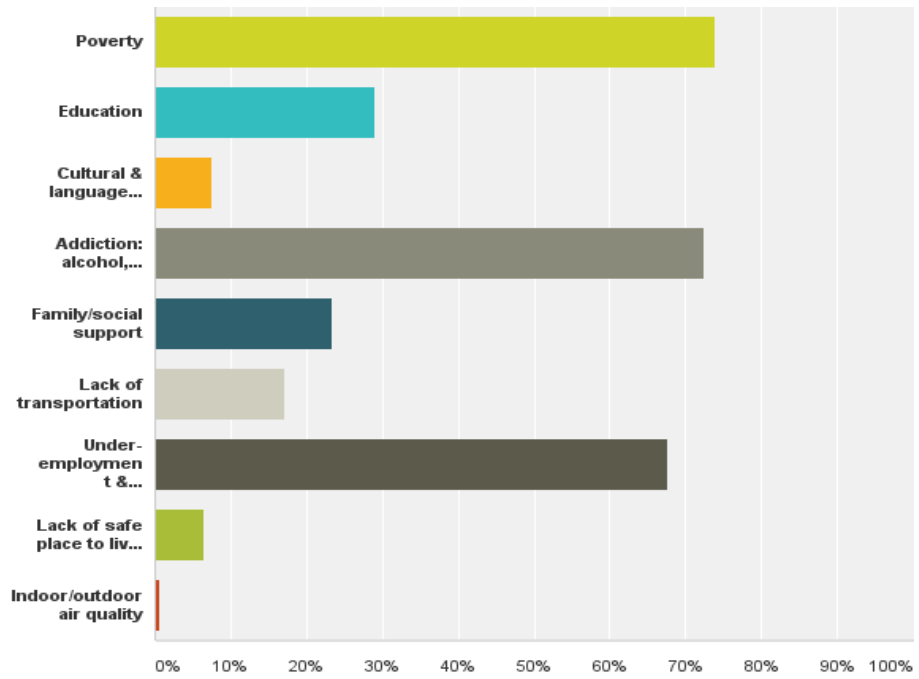
Town:
 Carbondale = **133**
 Marion = **67**
 Carterville = **61**
 Murphysboro = **54**
 Herrin = **48**
 Harrisburg = **23**
 West Frankfort = **19**
 DuQuoin = **16**
 Anna = **15**
 Goreville = **13**
Other towns: Pinckneyville, Benton, Buckner, Christopher, Mulkeytown, Sesser, Tamaroa, Thompsonville, Whittington, Alto Pass, Ava, Buncombe, Campbell Hill, Carrier Mills, Cobden, Creal Springs, Cypress, DeSoto, Dongola, Dowell, Eldorado, Elkhart, Energy, Galatia, Gorham, Grand Tower, Hurst, Johnston City, Jonesboro, Makanda, Ozark, Pittsburg, Raleigh, Royalton, Stonefort, Vergennes, Vienna, Zeigler = **172**

Q4 Would you describe yourself as:

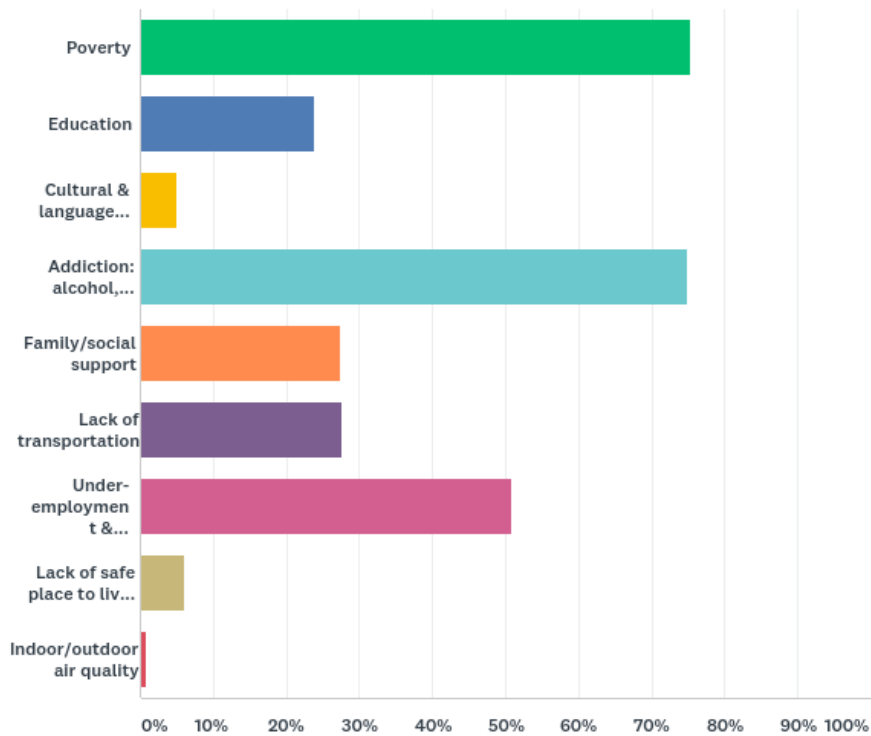


Q5 What do you think are the top 3 HEALTH issues in your community that SIH should work to address? Please list your choices from 1 to 3 with "1" being the MOST important issue.

Transportation Heart Health Smoking Medical Cannabis
 Education Mental Illness Heart Disease Tobacco
 Drug Arthritis Cancer Resources Diabetes
 Autism Care Doctors Obesity Insurance
 Mental
 Health Services Addiction Substance Abuse
 Access Heart Problems Issues Preventative Health Pain
 Cost Alcohol Abuse Medical Insurance Opioid High Blood Pressure
 Heart Disease Cardiovascular Diabetes
 Support Cancer Doctors Obesity Dental
 Mental



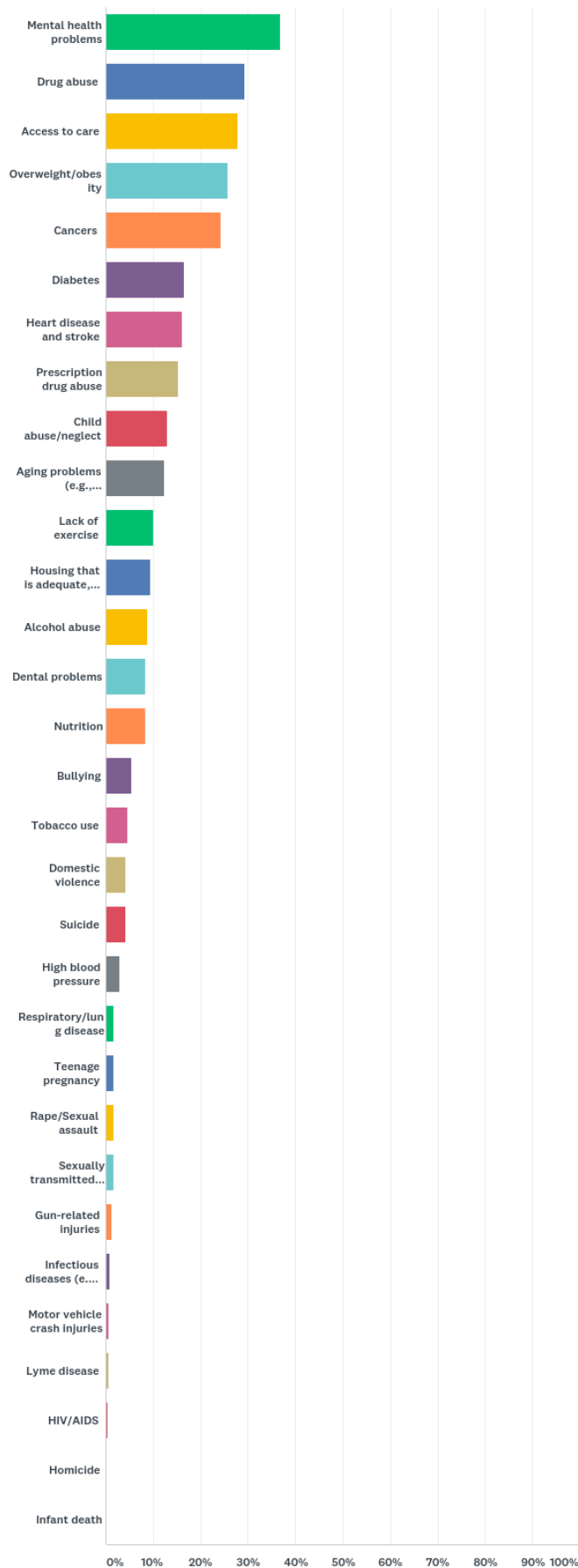
Q6 Please select the top 3 items that you think affect our community in a negative way.



Q6 Please select the top 3 items that you think affect our community in a negative way.

Crime Medical Insurance Issues Care Opioid
Mental Health

Q7 Please select the top 3 health issues in your community that should be addressed.



Q8 What are the top 3 HEALTH issues impacting members of your household? Please list from 1 to 3 with "1" being the most important.

Stress Anxiety Arthritis Insurance Aging Dental Issues
Exercise Mental Health Allergies Obesity
Nutrition Diabetes Depression Cancer Abuse
Care Tobacco High Blood Pressure Problems
Heart Disease Smoking Overweight Hypertension Autism
Mental Health Sleep Overweight HTN Cancer Abuse
Issues Anxiety Diabetes Weight
High Blood Pressure Stress Obesity
Aging Arthritis Problems Heart Dental
Exercise Cost Nutrition Pain Care Hypertension Allergies
High Blood Pressure Alcohol Abuse Cancer High Cholesterol
Care Pain Diabetes Dental Problems Overweight
Issues Depression Exercise Asthma
Disease Access Obesity Stress Allergies
Healthy Aging Insurance Mental Health Drug Abuse
Nutrition Heart Health Anxiety Arthritis

Appendix 9 – Community Input Survey Instrument



Southern Illinois Healthcare-Community Input Survey 2018

April 27, 2018

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 11, 2018. 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.



Southern Illinois Healthcare-Community Input Survey 2018

* 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)

3. What is your zip code?

4. Would you describe yourself as:

- American Indian/Native American
- Asian
- Black/African-American
- Hispanic/Latino
- White/Caucasian
- Pacific Islander
- Other



Southern Illinois Healthcare-Community Input Survey 2018

5. What do you think are the top 3 HEALTH issues in your community that SIH should work to address?
Please list your choices from 1 to 3 with "1" being the MOST important issue.

1.

2.

3.

* 6. 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)

* 7. Please select the top 3 health issues in your community that should be addressed.

- Access to care
- Aging problems (e.g., arthritis, hearing/vision loss)
- Alcohol abuse
- Bullying
- Cancers
- Child abuse/neglect
- Dental problems
- Diabetes
- Drug abuse
- Domestic violence
- Gun-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Housing that is adequate, safe and affordable
- Infant death
- Infectious diseases (e.g., hepatitis, TB)

- Lack of exercise
- Lyme disease
- Mental health problems
- Motor vehicle crash injuries
- Nutrition
- Overweight/obesity
- Prescription drug abuse
- Rape/Sexual assault
- Respiratory/lung disease
- Sexually transmitted diseases
- Suicide
- Teenage pregnancy
- Tobacco use

Other (please specify)

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

1.

2.

3.

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 new community health improvement plan.

Appendix 10 – Results of Survey of Healthcare Providers and Key Leaders

An e-mail with an on-line survey for SIH healthcare providers and SIH leadership was sent to over 300 people within SIH. A total of forty healthcare providers and key leaders within the SIH system and the community participated in the survey.

<i>Adam Vargo, MD</i>	<i>SIH</i>
<i>Alex Garrido, MD</i>	<i>SIH</i>
<i>Amanda Brazis, DPM</i>	<i>SIH Medical Group</i>
<i>Amy Dinga, NP</i>	<i>SIH</i>
<i>Anne Rose, NP</i>	<i>POB Urology</i>
<i>Austin Stallings, PA</i>	<i>SIH LPC-Prompt care</i>
<i>Brent Jones, MD</i>	<i>SIH</i>
<i>Carlos Rivera-Serrano, MD</i>	<i>SIH</i>
<i>Cristin Cleek, AUD</i>	<i>SIH</i>
<i>Dale Blaise, MD</i>	<i>SIH</i>
<i>Daniel M Skiles</i>	<i>SIH</i>
<i>Dennon Davis, MD</i>	<i>LPC WF</i>
<i>Dr. Gemo Wong, MD</i>	<i>CHESI</i>
<i>Jason Liang, DPM</i>	<i>SIH</i>
<i>Kati Rush, DPM</i>	<i>SIH</i>
<i>Kelly Phelps, DAC</i>	<i>PCG</i>
<i>Kevin Oestmann, MD</i>	<i>SIH</i>
<i>Kyle Buchman, MD</i>	<i>SIH</i>
<i>Labib El Kahwaji, MD</i>	<i>SIH</i>
<i>M. Chipman, DO</i>	<i>SIH</i>
<i>Matthew Eubanks, MD</i>	<i>SIH</i>
<i>Matthew Winkleman, MD</i>	<i>SIH Med Group Primary Care Harrisburg</i>
<i>Michele Behm, PAC</i>	<i>Midwest ENT</i>
<i>Mitchell Cook, DPM</i>	<i>SIH Medical Group Podiatry</i>
<i>Penny Tippy, MD</i>	<i>SIH</i>
<i>Rebekah Bogan, APN</i>	<i>CHESI</i>
<i>Robert Dinga, PAC</i>	<i>SIH</i>
<i>Robin Gallo, PAC</i>	<i>SIH</i>
<i>Sajid Mehmood, MD</i>	<i>SIH</i>
<i>Shannon Rider, MD</i>	<i>SIH</i>
<i>Sharon Kippenbrock, MS</i>	<i>SIH Audiology</i>
<i>Shelly Pierce</i>	<i>SIH</i>
<i>Sherry Jones, MD</i>	<i>CHESI</i>
<i>Sherry Williams, MD</i>	<i>SIH</i>
<i>Stacy Menees, NP</i>	<i>SIH</i>
<i>Susan Suttle, NP</i>	<i>SIH</i>
<i>Tina Bernstein, RN</i>	<i>SIH Medical Group</i>
<i>Tomas Munoz, MD</i>	<i>SIMS</i>
Unnamed = 2	

The questions asked and the gathered responses were as follows:

1. What are the most common health issues you see among your patients? (n=40)
 - Cancer, COPD, CHF
 - Chronic pain, anxiety/depression, diabetes, hypertension
 - Coordination of care

- COPD, Heart disease
- Diabetes HTN memory issues hld
- diabetes, COPD, hypertension, mental illness
- diabetes, copd, obesity, depression/anxiety, chronic pain
- diabetes, htn, IVD, copd, gout, obesity
- diabetes, htn, obesity, hyperlipidemia, anxiety, depression, constipation
- Diabetes, hypertension, acute infection
- Diabetes, hypertension, arthritis
- Diabetes, Hypertension, obesity,
- Diabetes, Kidney Disease, Neuropathy
- diabetes, obesity, peripheral arterial disease
- Diabetes, smoking, obesity, peripheral and cardiovascular diseases
- Diabetes, htn and COPD
- ear issues
- glucose elevation, smoking, obesity
- hearing loss
- hearing loss, lack of consistent ENT care
- hypertension
- hypertension, diabetes, and hyperlipidemia
- inability to pay for needed medication
- infections viral
- Internal medicine
- mental health, poverty, poor social circumstances
- Metabolic syndrome dementia mental health
- Misdiagnosed skin conditions and skin cancer
- Neonatal hypoglycemia, risks for HIE
- obesity, COPD
- Obesity, diabetes and respiratory problems
- Obesity, hypertension, diabetes, hyperlipidemia
- Pregnancy, menstrual problems, pelvic pain
- psych, depression, anxiety, undertreated or untreated
- sinus and allergies
- sinusitis, back pain, "chest pain", n/v
- Smoking. DM.
- transportation
- Vascular issues and Infection issues
- weight, DM

2. What are the biggest barriers to health and wellness for your patients?

- Access to care, cost, lifestyle choices
- compliance with recommendations
- Compliance/ availability of drug and helpers
- Consistently healthy lifestyle choices
- Coordination of Care
- cost of hearing aids
- cost of medication
- cost of medications, transportation, education of health conditions
- Cost, coverage, transportation, education
- cost, transportation, and availability of specialty consults to Medicaid patients
- Cost/coverage of medication, transportation, health literacy
- costs of meds, transportation issues, access to specialists
- Coverage and limited coverage, education
- Debility and lack of transportation in being able to access outpatient care which leads to decline and hospitalization
- Distance of travel, timely access
- education
- Education coverage mental health
- education. nutrition
- Finances. Family support. Self-motivation
- Financial
- financial concerns/ access to specialty in a timely manner/ billing department functioning correctly
- habits, poor understanding of impact of lifestyle factors; transportation, difficulty navigating various "agencies"
- inability to make appointments w/ PCP, financial/insurance coverage for appropriate recommended meds
- insurance, cost of hearing aids
- lack of care for self
- Lack of financial resources, transportation and patient accountability
- lack of insurance, denial of insurance, lack of resources
- mental illness care
- no access to car. limited specialist access mental health
- non compliance
- One of them is the inability or lack of willingness to do skin biopsies by primary care physicians (some of them do it, some of them do not)
- Patient Health education, trained ancillary staff including mid-level medical staff.

- Patients taking charge of their own health
- poor dental care
- Poverty
- poverty, education, resources, Medicaid limitations
- resources, DME supplier, and education
- Socioeconomic status/lack of coverage for services or medications needed; lack of pain management specialists and psychiatrists in the area
- Transportation
- Transportation to specialty appointments is a big one

3. Which of the barriers listed above do you feel are most important for SIH and our community partners to address over the next 3 years?

- Access to care, Medicaid MCO
- access to psychiatry especially for children
- access to specialty care. Hiring providers to full staff
- All of them
- Availability and transportation
- community education and resources to help lose weight non-surgically through exercise and diet education. and easier access to DME
- compliance of patient
- Coordination of Care
- educating pt. that some illnesses are viral.
- education of health conditions
- expansion of patient assistance for outpatient services
- finding a permanent and compatible ENT
- Finding ways to bring care and education to homebound and rural patients. such as telemedicine or use of other innovative technologies.
- Good docs to help people change
- habits
- Help improve coverage and copays
- Helping everyone no matter income with a way to make sure their health issues are addressed taking down all barriers to health care
- Hire pain management specialists willing to prescribe controlled meds to those who need them, also a psychiatrist
- inability to schedule w/ PCP
- increase overall resources, more psychiatrist, behavioral providers
- It would be ideal to have primary care physicians to do more simple skin biopsies for suspicious skin lesions. I recently saw a patient with a misdiagnosed melanoma, who thought it was a bad

scar. She presented with a very advanced stage and metastasis. An early biopsy in the community would have likely changed the outcome.

- med costs and transportation
- Mental health coverage and education
- mental illness care, specifically substance abuse treatment for opioids
- none, perhaps education
- Not able to get the right meds for patients because Medicaid does not cover
- nutrition. many diabetics do not understand what a low carbohydrate diet includes.
- offering so type of assistance for hearing aids
- patient participation in their own care
- Patient's taking charge
- Placement of elderly, or providing help at home
- poverty
- Same
- Self-motivation
- Training of the ancillary staff.
- transportation
- Transportation service
- Transportation to appointments
- Transportation, cost of medication
- Vascular clinic and infectious disease clinic in Harrisburg

4. What are the greatest strengths/assets to support health and wellness that you see for your patients within SIH and the community? (3 respondents skipped this question)

- appointment availability
- Community outreach
- compassionate care, SIH investments to keep SIH open
- Competent providers
- Depth of patient resources
- diabetes counselors and offerings, multiple locations to improve access to care
- Diverse medical community, cooperation between SIH and community groups
- Diversity of specialties and quality of service
- Docs
- Easy access
- easy access to primary care and emergency.
- education
- Enough staff to call and f/u on patient health care needs.

- Epic
- Excellent communication among providers
- good communication between providers
- good community focus
- good SIH support
- Having access to medical specialists
- Hospitals and specialist available
- increasing capability and capacity
- MyChart
- providers of choice for patients in the area; widely recognized name with influence; potential for wide reaching influence via social media;
- Resources being available to stay in the area
- resources locally
- Second Act informational sessions
- SIH is interested in restructuring itself to be able to provide the best patient care possible.
- SIH is such a big corporation with many resources
- smoking cessation programs and diabetes education programs
- The availability or specialist where we can refer patients
- The breadth of departments, services and programs currently offered.
- The initiation of EPIC, better communication and care is not as fragmented
- The knowledge and skills of the people
- The love in between the health personnel and the team work for the care of the patient
- There are many resources available to help educate patients
- This question doesn't make sense
- Using one EHR to help prevent duplication of orders, testing

5. List any suggested strategies that you believe SIH should engage in over the next 3 years to address the barriers you listed above?

- Accessing local ENT programs/schools to recruit permanent and compatible ENT
- as above
- Be able to provide the necessary medication and ability to refer patients to different specialist
- Better partnership or modeling of existing programs from state level or or those offered by other health systems.
- Continue efforts to be more efficient, to educate the community on the healthcare industry and to seek collaborations and grants to afford greater care for all
- continue to add services and providers, allow/recommend appropriate work up rather than dumping off

- Continue with education, preventions
- Develop a small fee transportation service for patients, or bring more specialty clinics to satellite locations
- Develop a systematic care coordination program for ALL patients
- Developed mental health department, value physicians and providers that are willing to stay and make SI home
- fund that patients could apply for assistance for their hearing aids
- Good docs
- greater community education, engagement, psych providers that take Medicaid
- handouts
- health fairs
- Help address transportation needs for medical appointments/procedures
- I'm not really sure
- Increased number of specialists that go to Harrisburg (ID, Vasc, Rheum); Look into purchasing Harrisburg Medical Center
- increased staffing to address all the health care needs of our patients
- Lobbying
- May need to invest in swing beds or rehab centers or even nursing home for the aging population left alone (children out of the area in cities)
- maybe obtain a grant from the federal government to start transportation for our patients especially post hospital to see their follow up appointment to help decrease readmission rates
- Medical shuttles to get patients back and forth to appointments would be great the current bus system usually leaves patients or can't take them
- mobile units to provide care to people where they are at as transportation is a major issue, standardized treatment/guidelines for controlled substances to include not discharging patients from practices
- monthly diabetic classes that cover a variety of topics each month, nutrition, diabetic foot exams, blood sugar control, etc.
- More aggressive in pay scale to attract hard to fill positions in specialty.
- more education and access to personal training, diabetes, smoking, etc
- Not sure
- Partner with local officials to make area exercise friendly more walkways, sidewalks, parks making them conducive to exercise, improve access to coverage, alternatives for winter time exercise
- patient education
- physician and patient education, higher more relevant providers
- possibly more educators for weight loss and DM etc.
- public education

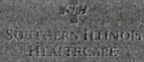
- recruit psychiatric care
- Something similar to the nurses who manage and advocate for groups of people with chronic disease, like cystic fibrosis. However, have these for other types of patient - cardiac, copd, etc.
- support low cost transportation UBER etc., lost cost meds /tests
- Systematic training of personnel, including sending the personnel to higher level of acuity units to obtain meaningful experience.
- try to improve access to areas listed above

6. Is there anything else you think is important to share for this 2018 SIH Community Health Needs Assessment?

- *As above.*
- *Awareness*
- *better access to dental health for patients on Medicaid*
- *Decisions should be taken based on needs, include physicians in decisions, we're the back bone of SIH*
- *I'm having more and more difficulty connecting patients with meds and services they need; all payors have made it more and more difficult and time-consuming to get needed treatments covered. I think this needs to be part of the discussion over the next few years/how to deal with this problem. I feel more like a bureaucrat than a doctor, anymore.*
- *mental health access/intervention*
- *n/a*
- *N/a*
- *Need support staff like diabetic health educator and a nutritionist as part of the team*
- *No*
- *No*
- *no*
- *no*
- *No*
- *no*
- *no*
- *no*
- *No*
- *Not at this time*
- *Not at this time*
- *Not at this time*
- *Nothing at this time.*
- *our community is poor and sees no way out.*

- *Start and sustain growth of mental health and social work (true social work)*
- *There is a big issue with specialist not taking Medicaid when most patients in southern Illinois are on Medicaid*
- *We greatly need increased psychiatric care in this area*
- *Would like further analysis of COPD patient population and the services and follow up provided*

Appendix 11 – Healthcare Provider/Key Leader Survey Instrument



Provider Survey - 2018 SIH Community Health Needs Assessment (CHNA)

<https://www.surveymonkey.com/r/SIH2018CHNAProviderSurvey>

SIH is currently conducting our 2018 Community Health Needs Assessment (CHNA). The CHNA is conducted by staff of SIH Community Benefits. We would greatly appreciate your input into the needs of our community and what we should work on over the next three years to improve the health and well-being of all people in the communities we serve. Please take a few minutes to share your thoughts. If you have any questions or if you would like additional information please contact Angie Bailey at 618-457-5200, ext. 67834 or angie.bailey@sih.net. Thank you for your time and input!

1. What are the most common health issues you see among your patients?

2. What are the biggest barriers to health and wellness for your patients?

3. Which of the barriers listed above do you feel are most important for SIH and our community partners to address over the next 3 years?

4. What are the greatest strengths/assets to support health and wellness that you see for your patients within SIH and the community?

5. List any suggested strategies that you believe SIH should engage in over the next 3 years to address the barriers you listed above?

6. Is there anything else you think is important to share for this 2018 SIH Community Health Needs Assessment?

Appendix 12

Implementation Plan

Building a Healthier Community Together

Herrin Hospital, Memorial Hospital of Carbondale, Herrin Hospital, St. Joseph Memorial Hospital - SIH and our Community Partners

For Tax Years: 4/1/19 - 3/31/22

Significant Health Needs to be Addressed

Below are the significant health issues identified in the CHNA, the goals related to these issues, a description of the strategies the hospitals/SIH intend to take, and a list of potential partners who will collaborate to address the health needs.

HEALTH ISSUE: Reduce Barriers to Improved Health/Healthcare, including Food, Housing, Transportation, Education, Violence, Social Support, Health Behaviors, Employment (Source: AHA, HRET, ACHI)

GOALS: Improve health and access to healthcare among low income individuals with chronic health conditions in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties.

Key Indicators to Track Progress:

- Proportion of persons with a primary care provider
- Proportion of persons who are able to obtain necessary medical care and prescriptions
- Number of patients referred to the Medical Legal Partnership and number of cases accepted
- Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

Strategies to Address the Health Issue:

Staff of SIH will coordinate the following efforts in conjunction with SIH staff, community coalitions and community outreach efforts:

- Provide support and assist patients in reducing health harming legal issues such as social security and SNAP eligibility, denials, etc. through the Medical Legal Partnership of Southern Illinois. (Main partners for this strategy will include Land of Lincoln Legal Assistance Foundation, Shawnee Health Services, SIH Community Benefits, Case Management and Behavioral Health as well as various departments and clinics throughout the SIH hospitals and clinics.)

Staff of SIH Population Health and SIH Community Benefits will work with SIH clinical staff to:

- Explore the possibility of the utilization, development and implementation of a tool in the electronic medical record to assess patients for needs related to the social determinants of health. (Main partners for this strategy will include SIH Population Health, Case Management and Behavioral Health.)
- Plan, implement and evaluate the “Health Leads” program pilot in an SIH clinic setting with patients who are high need in relation to the social determinants of health. (Main partners for this strategy will include SIH Population Health and Community Benefits, Healthy Southern Illinois Delta Network and various agencies within the community that provide social services to patients).

- Develop, implement and evaluate the utilization of community health workers to assist targeted low income populations. (Main partners for this strategy will include SIH Population Health, Case Management and Community Benefits and Southern Illinois University School of Medicine.)

SIH Leadership will continue to:

- Develop non-emergency medical transportation for low-income SIH patients. (Main partners for this strategy will include transportation providers, SIH Cancer Institute, SIH Medical Group and many others.)

SIH will work with the following potential partners to address these health issues:

Faith Communities
 Faith Community Nurses
 Federally Qualified Health Centers
 Healthy Community Coalitions
 Healthy Southern Illinois Delta Network
 Housing authorities
 Intake and registration staff
 Land of Lincoln Legal Assistance Foundation
 Local Health Departments
 Managed Medicaid Organizations
 Man-Tra-Con
 PCMH Coordinators
 Population Health and Health Leads staff
 Quality Health Partners/Physician Hospital Organization
 Shawnee Health Service
 SIH Behavioral Health
 SIH Cancer Institute
 SIH Case Management
 SIH Community Benefits
 SIH Hospitals
 SIH Medical Group
 SIH Population Health
 SIH Quality
 SIU School of Medicine Center for Rural Health and Social Service Development
 SIU School of Medicine
 Southern Illinois Coalition for the Homeless
 Southern Illinois University
 Sparrow Coalition
 Transportation providers

SIH will commit the following resources to address the health needs: SIH staff time to implement the strategy, funding, promotional materials for patients and SIH staff regarding MLP and access to Land of Lincoln Legal Aid staff time, space in a clinic setting for Health Leads, and clinical staff time to be trained.

Data Sources:

- *US Census Bureau, 2016 Census, People Quick Facts*
- *Illinois Behavioral Risk Factor Survey Round Six - 2015, Illinois Department of Public Health*
- *Feeding America 2014*
- *Illinois County Health Rankings 2018*

HEALTH ISSUE: Behavioral Health, including mental health and substance abuse

GOALS: Reduce the rate of suicide and drug-induced deaths in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson counties. (HP2020)

Key Indicators to Track Progress:

- Age Adjusted Suicide Death Rate
- Age Adjusted Overdose Death Rate
- Screening and Referral by Healthcare Providers
- Individuals receiving mental health and substance misuse screening and referrals for treatment
- Community Education
- Increase the number of individuals trained through “Mental Health First Aid”
- Increase the number of schools implementing “Signs of Suicide” curriculum
- Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

Strategies to Address the Health Issue:

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with community coalitions and community outreach efforts:

- Implement “Adult Mental Health First Aid” and “Youth Mental Health First Aid” courses in each of the seven counties in our target area. (Main partners for this strategy will include SIH Community Benefits, Illinois CATCH on to Health Consortium, faith communities and schools and many others.)
- Implement SOS (Sign of Suicide) in two additional middle/high schools each year. (Main partners for this strategy will include SIH Community Benefits, Illinois CATCH on to Health Consortium, and schools, Regional Offices of Education.)

Staff of SIH Behavioral Health service line in conjunction with the SIH clinical staff, and CB staff, as appropriate, will:

- Implement Screening Brief Intervention and Referral to Treatment (SBIRT) and monitoring of the Illinois Prescription Monitoring Program, in SIH MG provider offices, Emergency Departments and inpatient hospital settings including OB, Labor and Delivery, to screen patients for mental health and substance misuse issues. (Main partners for this strategy will include SIH Behavioral Health, Nursing, Case Management and various community behavioral health service providers).
- Implement regional mental health and substance misuse prevention efforts. (Main partners for this strategy will include SIH Community Benefits, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions and related action teams, local health departments, Southern Illinois University School of Medicine Center for Rural Health and Social Service development and many others.)

SIH will work with the following potential partners to address these health issues:

Elementary and Middle School staff and parents
Faith Communities
Federally Qualified Health Centers
Franklin County Substance Misuse Coalition
Healthy Community Coalitions
Healthy Southern Illinois Delta Network
IHC (Illinois CATCH on to Health Consortium)
Illinois CATCH Health Consortium
Jackson County Behavioral Health Action Team
John A. Logan College
Joint Access to Care Team
Law Enforcement Agencies
Local Health Departments
Local mental health and substance misuse treatment
Quality Health Partners/Physician Hospital Organization
Regional Office of Education
SIH Behavioral Health
SIH Community Benefits
SIH Hospitals
SIH Medical Group
SIH Pain Management Teams
SIU School of Medicine Center for Rural Health and Social Service Development
SIU School of Medicine
Southern Illinois University School of Medicine Center for Rural Health and Social Service Development
Southern Illinois University
Williamson Co. DREAM Coalition
And various mental health and substance abuse treatment agencies

SIH will commit the following resources to address the health needs: SIH staff time and funding to implement the strategies, educational materials, supplies and books for Mental Health First Aid and Signs of Suicide, assistance from SIH process improvement.

Data Sources

- *Center for Medicare and Medicaid Services, 2015*
- *Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014*
- *Illinois Behavioral Risk Factor Survey, Round Six - 2015, Illinois Department of Public Health*
- *Illinois County Health Rankings, 2018*
- *Illinois Prescription Monitoring Program 2017*
- *SIH Hospital data, Midas+, FY18*
- *Illinois Youth Survey, 2016*

HEALTH ISSUE: Cancer with a focus on lung and bronchus, colorectal, oral cavity and pharynx.

GOAL: Reduce the death rates for cancer of the lung and bronchus, colorectal cancer, as well as cancer of the oral cavity, pharynx and cervix in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties.

Key Indicators to Track Progress:

- Incidence Rates and Stage at Diagnosis
- Lung & Bronchus Cancer
- Colorectal Cancer
- Oral Cavity and Pharynx Cancer
- Cervical Cancer
- Counseling by Healthcare Provider
- Increase counseling regarding recommended cancer screenings
- Increase counseling regarding the need for HPV Vaccination
- Behaviors
- Increase Cervical Cancer Screening
- Increase Colorectal Cancer Screening
- Increase Lung Cancer Screening
- Increase HPV Vaccination
- Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

Strategies to Address the Health Issue:

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with community coalitions and community outreach efforts:

- Educate the community on the importance of screenings and on risk factors associated with higher incidence rates of cancer through community education and outreach efforts. (Main partners for this strategy will include SIH Community Benefits, Marketing and Cancer Institute, Healthy Southern Illinois Delta Network, Southern Illinois Cancer Action Network, American Cancer Society and the Federally Qualified Health Centers.)
- Provide education, training and supportive resources to healthcare providers on lung, HPV vaccine, cervical and colorectal cancer screening to assist in increasing screening rates. (Main partners for this strategy will include SIH Community Benefits, Marketing and Cancer Institute, Healthy Southern Illinois Delta Network, Southern Illinois Cancer Action Network, American Cancer Society, SIU School of Medicine and the Federally Qualified Health Centers.)
- Provide training for health care providers, parents, dental professionals and school nurses on the importance of the HPV vaccine in cancer prevention. (Main partners for this strategy will include SIH Community Benefits, Healthy Southern Illinois Delta Network, Southern Illinois Cancer Action Network, American Cancer Society, local health departments, schools, SIU Dental Hygiene Program and the Federally Qualified Health Centers.)

Note: Implementation efforts are aligned with the SIH Cancer Institute Commission on Cancer prevention and screening plan as well as efforts of the BJC Collaborative.

SIH will work with the following potential partners to address these health issues:

American Cancer Society

Dental offices
Elementary and Middle Schools
Faith Communities
Faith Community Nurses
Federally Qualified Health Centers
Healthy Community Coalitions
Healthy Southern Illinois Delta Network
Illinois CATCH on to Health Consortium
Land of Lincoln Legal
Local Health Departments
Quality Health Partners/Physician Hospital Organization
Regional Office of Education
Schools
SIH Cancer Institute
SIH Community Benefits
SIH Congregational Health Connectors
SIH Hospitals
SIH Medical Group
SIU Dental Hygiene
SIU School of Medicine
SIU School of Medicine Center for Rural Health and Social Service Development
Southern Illinois University

SIH will commit the following resources to address the health needs: SIH staff time and funding to implement the strategies, training and educational materials, meeting/training space and healthcare provider time.

Data Sources:

IDPH, Causes of Death by Resident County, 2016

NIH, National Cancer Institute, State Cancer Profile, Age-Adjusted Incidents by Cancer Site 2011-2015

Illinois County Behavioral Risk Factor Surveys, Sixth Round – 2015, Illinois Department of Public Health

Illinois Youth Survey, 2016

HEALTH ISSUE: Chronic Disease Prevention, Management and Treatment (focusing on cardiovascular disease, stroke and diabetes)

GOAL: Reduce rates of cardiovascular disease, stroke, diabetes and COPD and increase the ability of those with the conditions to better manage their diseases in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties.

Key indicators to Track Progress:

- Incidence Rates
- Adults diagnosed with diabetes
- Behaviors
- Increase in adults who have had blood pressure measured

- Increase in adults who have had blood cholesterol checked
- Self-Management Education
- Received by those Living with Diabetes/Chronic Diseases
- School Health
- Number of schools and students engaged
- Percent of PE time spent in moderate to vigorous physical activity
- Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

Strategies to Address the Health Issue:

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with SIH staff, community coalitions and community outreach efforts:

- Offer free blood pressure, diabetes and cholesterol screening and referral to treatment through events targeting high risk population including low income, uninsured and underinsured. (Main partners for this strategy will include SIH Community Benefits, Lab and Cardiovascular Services, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions, local health departments, Diabetes Today Resource Teams, Federally Qualified Health Centers, worksites, faith communities, food pantries and Managed Medicaid Organizations.)
- Coordinate and facilitate the implementation and promotion of Chronic Disease Self-Management Program/Diabetes Self-Management (CDSMP/DSMP) workshops throughout southern Illinois for adults with diabetes and other chronic diseases with efforts targeting those individuals who have experienced hospital visits related to their chronic disease(s). (Main partners for this strategy will include SIH Community Benefits, diabetes service line, SIH Medical Group, Healthy Southern Illinois Delta Network, Diabetes Today Resource Teams, Federally Qualified Health Centers and many others.)
- Advocate for policy, system and environmental changes (PSE) related to nutrition, physical activity, and tobacco in schools, worksites, churches, and the community. (Main partners for this strategy will include SIH Community Benefits and Wellness, Jackson County Health Department, Jackson County Built Environment Action Team, City of Carbondale Planning Department, Healthy Southern Illinois Delta Network and various towns and municipalities.)
- Implementation of Whole Child/Whole School/Whole Community model for school health and CATCH (CATCH on to Child Health) programs with 38+ schools impacting 9,800+ students in pre-k, elementary, middle, and high schools. Continue to provide training to ensure implementation and sustainability. (Main partners for this strategy will include SIH Community Benefits, Illinois CATCH on to Health Consortium, Southern Illinois University School of Medicine Center for Rural Health and Social Service Development, schools, and the Regional Offices of Education.)
- Identify and implement a social marketing campaign targeting adults 18 and older focused on ways to prevent chronic disease through lifestyle changes (nutrition, physical activity, not smoking) and the importance of being screened, “Knowing Your Numbers”, and having a primary care provider. (Main partners for this strategy will include SIH Community Benefits, Marketing, Lab, Cardiovascular Services, Diabetes service line, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions, Diabetes Today Resource Teams and many others.)
- Provide education for obstetrical providers on best practices related to treatment and appropriate referral for pregnant women with underlying chronic conditions in an effort to ensure coordinated

care. (Main partners for this strategy will include SIH OB Department, local health departments and Federally Qualified Health Centers.)

SIH will work with the following potential partners to address these health issues:

American Heart Association
Chambers of Commerce
City of Carbondale Planning Department
Congregational Health Connectors
Diabetes Today Resource Teams
Elementary and Middle Schools
Faith Communities
Faith Community Nurses
Federally Qualified Health Centers
Healthy Communities Coalitions
Healthy Southern Illinois Delta Network (HSIDN)
Homeless Shelters
Housing Authorities
Illinois CATCH on to Health Consortium
Independent/Assisted Living facilities
Jackson County Built Environment Action Team
John A. Logan College
Key Community Leaders/Influencers
Local Health Departments
Meals on Wheels
Obstetrician offices
Park Districts
Quality Health Partners/Physician Hospital Organization
Regional Office of Education
SIH Cardiovascular Services
SIH Community Benefits
SIH Diabetes Service line
SIH Emergency Departments
SIH Employee Wellness
SIH Hospitals
SIH Lab Services
SIH Marketing
SIH Medical Group
SIH OB Department
SIH Patient Educators
SIH Prompt and Urgent Care
SIH Second Act
SIH Wellness
SIU School of Medicine
SIU School of Medicine Center for Rural Health and Social Service Development
Soup kitchens

Southeastern Illinois Community College
Southern Illinois Food Pantry Network
Southern Illinois University
Towns and Municipalities
University of Illinois Extension
Worksites
and various other health and social service agencies

SIH will commit the following resources to address the health needs: SIH staff time and funding to implement the various strategies, marketing materials and support, screening supplies, screening supplies, books, training manuals and CDs and various supplies for CDSMP/DSMP workshop implementation, and funds to provide grants to the local health departments to continue implementation of the CDSMP/DSMP classes and Diabetes Today Resource Team efforts.

Data Sources:

Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC Wonder. 2010-2014.

IDPH, Causes of Death by Resident County, 2016

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse. 2006-12

Centers for Medicare and Medicaid Services, 2015

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2013.

SIH, Inpatient 30 day readmit with exclusions, Diagnoses for 2017

Illinois Department of Public Health and CDC CARES 2011-12

Illinois Behavioral Risk Factor Survey Round Six - 2015, Illinois Department of Public Health

HEALTH ISSUES: Overweight and obesity and tobacco use

GOALS: Improve healthy behaviors among adults and youth in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties by reducing overweight and obesity and smoking rates.

Key indicator to Track Progress:

- Incidence Rates
- Overweight and obesity rates
- Tobacco use among adults and youth
- Community Education
- Number reached through community education and media outreach
- Number utilizing the SNAP Double Value program at farmer's markets
- Behaviors
- Enrollment in Courage to Quit Smoking Cessation classes
- Calls to the Illinois Tobacco Quitline
- Enrollment in physical activity challenges

Strategies to Address the Health Issue:

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with SIH staff, community coalitions and community outreach efforts:

- Continue promotion of the Illinois Tobacco Quitline. (Main partners for this strategy will include SIH Community Benefits, Patient Educators, SIH Medical Group, Cancer Institute, local health departments, American Lung Association and the Healthy Southern Illinois Delta Network.)
- Continue to offer Courage to Quit classes in the community and at worksites. (Main partners for this strategy will include SIH Community Benefits, Second Act, Marketing, SIH Medical Group, Respiratory Health Association and local health departments.)
- Educate youth and adults on the harmful effects of tobacco and e-cigarettes, i.e. utilize the “Catch My Breath” curriculum for Jr. High and High students. (Main partners for this strategy will include SIH Community Benefits, Illinois CATCH on to Health Consortium and the local schools.)
- Pilot and promote physical activity challenges throughout the community with faith communities, worksites, food pantries, etc. (Main partners for this strategy will include SIH Community Benefits, Wellness, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions, local health departments, worksites, faith communities and food pantries.)
- Provide support for SNAP Double Value coupons at Farmers Markets in targeted communities. (Main partners for this strategy will include SIH Community Benefits, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions, local health departments, University of Illinois Extension, FoodWorks and Southern Illinois University.)
- Collaborate with the Southern Illinois Food Pantry Network to serve low income individuals and families. (Main partners for this strategy will include SIH Community Benefits, University of Illinois Extension, Southern Illinois University Department of Food and Animal Science, Jackson County Health Department and the food pantries.)

SIH Community Benefits staff will collaborate with SIH Marketing and the coalitions to:

- Promote a media campaign focused on healthy eating for a lifetime that will be promoted through coalitions, churches, food pantries, senior centers, schools, etc. to target low income individuals and those with chronic health conditions. (Main partners for this strategy will include SIH Community Benefits, Marketing, Healthy Southern Illinois Delta Network, Healthy Communities Coalitions and related action teams, Southern Illinois Food Pantry Network, and many other partners.)

SIH will work with the following potential partners to address these health issues:

Businesses

Chambers of Commerce

Elementary and Middle Schools

Faith Communities

Faith Community Nurses,

Federally Qualified Health Centers

Fitness Centers

FoodWorks

Growers/Orchards

Healthy Community Coalitions

Healthy Southern Illinois Delta Network

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 Community Benefits
SIH Congregational Health Connectors
SIH Hospitals
SIH Marketing
SIH Medical Group
SIH Second Act
SIH Wellness
SIU School of Medicine Center for Rural Health and Social Service Development
SIU School of Medicine
Social Service Development
Southern Illinois Food Pantry Network
Southern Illinois University
Southernmost Tourism Bureau
St. Louis Area Foodbank
University of Illinois Extension
Workplaces
and various other health and social service agencies.

SIH will commit the following resources to address the health needs: SIH staff time and funding to implement the various strategies, marketing materials and support, Illinois Tobacco Quitline materials, “CATCH My Breath” curriculum, pedometers, walking challenge program materials, funding to supply mini-grants to farmer’s markets for Double Value coupons, and educational materials for food pantries.

Data Sources:

IDPH, Causes of Death by Resident County, 2016

Illinois Behavioral Risk Factor Survey, Sixth Round - 2015; 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. 2013. Retrieved from Community Commons