



HSHS
St. Joseph's
Hospital Highland



Community Health Needs Assessment 2018

HSHS St. Joseph's Hospital Highland Community Health Needs Assessment 2018

An assessment of Madison County, Illinois conducted jointly by HSHS St. Joseph's Hospital, Madison County Health Department, and Survey Research Office of University of Illinois Springfield.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt implementation strategies to meet the needs identified. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This process results in a CHNA Report which is used to develop implementation strategies based on the evidence and assets and resources identified in the CHNA process.

Triennially, St. Joseph's Hospital conducts a CHNA and adopts an Implementation Plan by an authorized body of the hospital in the same tax year, and makes the report widely available to the public. The hospital's previous CHNA Report and Implementation Plan was conducted and adopted in FY2015.

In FY2018 (July 1, 2017 through June 30, 2018), St. Joseph's Hospital conducted its CHNA in partnership with representatives from the community. Upon completion of the CHNA, the hospital developed a set of implementation strategies and adopted an Implementation Plan to address priority community health needs. The population assessed was Madison County, Illinois. Data collected throughout the assessment process was supplemented with *2017 County Health Rankings & Roadmaps*, University of Wisconsin's Population Health Institute, the Centers for Disease Control and Prevention (CDC), *Behavioral Risk Factor Surveillance System Survey (BRFSS)*, and focus groups with key stakeholders in the community.

Identification and Prioritization of Needs: The following health needs were identified based on scope, severity and urgency of the health need, the health disparities associated with the health need, the importance the community places on addressing the health need, and local community input.

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

Implementation Plan Development: As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the Implementation Plan. The Implementation Plan is considered a “living document” – a set of strategies that can be adapted to the lessons learned while implementing Community Benefit activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

Hospital Background

St. Joseph’s Hospital Highland is a critical access, tertiary hospital located in Madison County, Illinois. For more than 140 years, the hospital has been the leader in health and wellness in Madison County. St. Joseph’s Hospital provides a wide range of specialties, including inpatient, surgical services, rehab services, emergency care, and outpatient services such as medical imaging and laboratory.

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

Hospital Sisters Health System has a rich and long tradition of addressing the health of the community. This flows directly from our Catholic identity. In addition to community health improvement services guided by our triennial CHNA process, the hospital contributes to other needs through our broader community benefit program including health professions education, subsidized health services, research and community building activities. In FY2017, the hospital’s community benefit contributions totaled more than \$3,986,000.

Current Hospital Services and Assets

Major Centers & Services	Statistics	New Services & Facilities
<ul style="list-style-type: none"> • Cancer Care • Walk-in Primary Care • Emergency Dept. • Cardiac Care • Rehabilitation Center • Women & Children’s Center • Specialty Clinic • Wound Care Center • Laboratory Services • Medical Imaging • Inpatient Rehab • Sleep Medicine Center • Surgery services • Community Education 	<ul style="list-style-type: none"> • Total Beds: 25 • Total Colleagues: 300 • Medical Staff: 120 • Inpatient admissions: 1,121 • ED visits: 8,450 • Outpatient Visit: 53,631 • Volunteer Hours: 13,670 • Community Benefit: \$3.9 million 	<ul style="list-style-type: none"> • Started Pain Management Services and Procedures. • Started new orthopedic surgery services related to the MAKO Robot. • Added a second Friends Van for free transportation for community and expanding services to HSHS St. Joseph’s Hospital Breese.

Hospital Accreditations and Certifications

- The Joint Commission - 2015 Accreditation for Hospital
- College of American Pathology 2016 Accreditation for Lab
- Standby Emergency Department Pediatrics 2016 Accreditation for ER

Hospital Awards

- NHRA 2016 Top 20 Critical Access Hospital for Quality
- Illinois Hospital Association (IHA) 2015 Quality Excellence Achievement Award
- IHA 2016 Quality Excellence Achievement Award for Quality
- Press Ganey 2015 Guardian of Excellence Award for Physician Engagement
- Press Ganey 2016 Guardian of Excellence Award for Outstanding Performance in Clinical Quality
- Press Ganey 2017 Guardian of Excellence Award for Outstanding Performance in Patient Satisfaction
- U.S. Centers for Medicare & Medicaid Services (CMS), 1 of only 251 hospitals nationwide to receive 2015 5-Star Rating
- Healthgrades 2017 Patient Safety Excellence Award

- Healthgrades 2017 Outpatient Experience Award
- Becker’s Review 2015 award for Top 10 Cleanest Patient Rooms/Bathroom in Illinois
- Becker’s Review – 2016 award 88th percentile for Outstanding Nursing Communication
- Practice Greenhealth 2016, and 2017 “Greenhealth Partner for Change” Award
- Leadership Council of Southwestern Illinois' 2016 Salute to Southwestern Illinois Award
- Nominated for 2017 Top 10 Hospitals in Region by Belleville News Democrat
- HSHS 2017 High Reliability Award for ZERO MRSA for 36 Months

Community Served by the Hospital

Although St. Joseph’s Hospital Highland serves portions of southeast Madison County, southwest Bond County, and northwest Clinton County and beyond, for the purposes of the CHNA, the hospital defined its primary service area as Madison County, Illinois. The hospital’s patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Demographic Profile of Madison County

<i>Report Area</i>	<i>Total Population 2010 Census</i>	<i>Total Population Estimate 2016 Census</i>	<i>Total Population Change, 2010-2016</i>	<i>Percentage Population Change, 2010-2016</i>
Madison County	269,282	265,759	-3523	-1.31%
Illinois	12,419,293	12,801,539	+382,246	+3.08%

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

<i>Report Area</i>	<i>Total Population</i>	<i>Age 0 to 17</i>	<i>Age 18 to 24</i>	<i>Age 25 to 34</i>	<i>Age 35 to 44</i>	<i>Age 45 to 54</i>	<i>Age 55 to 64</i>	<i>Age 65+</i>
Madison County	267,356	59,689 (22.33%)	24,701 (9.24%)	35,287 (13.20%)	32,848 (12.29%)	38,400 (14.36%)	35,515 (13.28%)	40,916 (15.30%)
Illinois	12,873,761	3,023,734 (23.49%)	1,249,849 (9.71%)	1,781,564 (13.84%)	1,688,662 (13.12%)	1,799,314 (13.98%)	1,592,650 (12.37%)	1,737,988 (13.50%)

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

<i>Report area</i>	<i>Population Age 25+</i>	<i>Population Age 25+ with no HS Diploma</i>	<i>% Population Age 25+ with no HS Diploma</i>
Madison County	182,966	14,708	8.04%
Illinois	8,600,178	1,038,317	12.07%

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

<i>Report Area</i>	<i>Total Population</i>	<i>Population Below 100% FPL</i>	<i>Population Below 200% FPL</i>
Madison County	261,690	34,818 (13.31%)	77,104 (29.46%)
Illinois	12,571,110	1,801,118 (14.33%)	3,970,713 (31.59%)

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

<i>Report Area</i>	<i>% of Population who are Veterans</i>
Madison County	10.65%
Illinois	6.8%

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

<i>Report Area</i>	<i>% of Population who are disabled</i>
Madison County	11.88%
Illinois	10.73%

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

<i>Report Area</i>	<i>% Uninsured (all)†</i>	<i>% Uninsured (under 18) †</i>	<i>% Uninsured (18-64) †</i>	<i>% privately insured (of those insured)*‡</i>	<i>% publicly insured (of those insured)* ‡</i>
Madison County	8.0%	2.6%	11.8%	71.8%	33.4%
Illinois	11%	2.89%	14%	68%	31%

†Data Source: US Census, American Fact Finder, American Community Survey. Selected Characteristics of Health Insurance Coverage, 2011-15 S2701.

‡Data Source: US Census, American Fact Finder, American Community Survey. 2010-14 Public/Private insurance: Public [Health Insurance Coverage by Type S2704](#), Private [Health Insurance Coverage by Type S2703](#)

Process and Methods Used to Conduct the Assessment

St. Joseph’s Hospital led the planning, implementation and completion of the Community Health Needs Assessment in partnership with Madison County Health Department, and Survey Research Office of University of Illinois Springfield.

Internal

St. Joseph’s Hospital undertook a nine (9) month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

- The St. Joseph's Hospital senior leadership team (SLT) served as the executive steering committee for this CHNA
- A review of the St. Joseph's Hospital 2015 CHNA report and implementation strategy documents (and related data)
- The St. Joseph's Hospital Board of Directors, Foundation Leadership Council, and Advisory Council, while comprised of external community members, was engaged to assist with input on data collection and identification and prioritization of needs
- A review of the hospital's existing community benefit activities
- A review of the hospital's current and future strategic operations plans and goals
- Development and implementation of stakeholder focus groups consisting of both internal and external constituencies that represented the broad interests of the hospital's service area to solicit input on data and identification and prioritization of needs

External

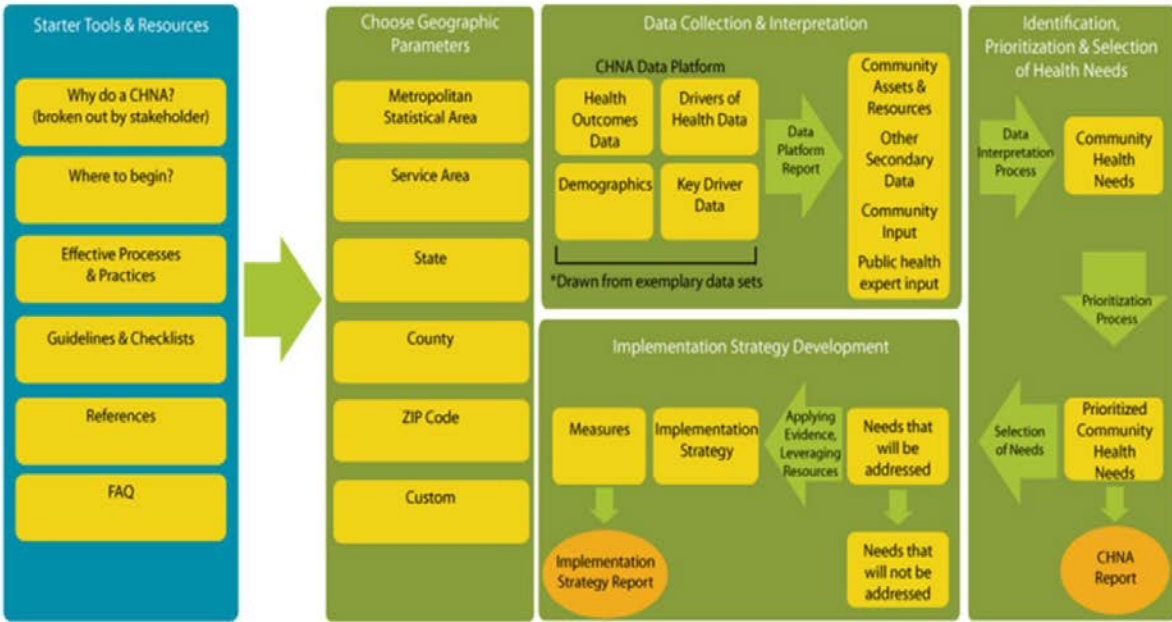
St. Joseph's Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. A primary component in this assessment was engaging the Madison County Health Department in soliciting their assistance in development of the public engagement survey and assistance in acquiring additional public health data through distribution of the hospital's public engagement survey to additional agencies/organizations that represented the broad public health interests located within the hospital's service area. In addition, St. Joseph's Hospital worked with the Survey Research Office of University of Illinois Springfield to compile secondary data of the primary service area.

Defining the Purpose and Scope

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, 2) identify resources and assets available to support initiatives to address the health priorities identified, 3) develop an Implementation Plan to organize and help coordinate collaborative efforts impacting the identified health priorities, and 4) establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis.

Data Collection and Analysis

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



Data Sources

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

<i>Source</i>	<i>Description</i>
<u>Area Health Resource File</u>	The Area Health Resource File draws from 50+ sources of county-level data related to demographics, healthcare professions and hospitals.
<u>Behavioral Risk Factor Surveillance System (BRFSS)</u>	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
<u>CDC Wonder</u>	CDC Wonder is a query system that includes a variety of public health measures, including environmental,

	chronic disease, prevention, mortality, and population indicators.
<u>Center for Medicare and Medicaid Services</u>	CMS (Medicare) administrative claims data includes measures on chronic condition prevalence, spending, and health care utilization through 2015 at the county level.
<u>Dartmouth Atlas of Health Care</u>	The Dartmouth Atlas Project examines patterns of health care delivery and practice, utilizing Medicare data. Data is generally presented at the hospital referral region level, but the <u>County Health Rankings</u> were able to obtain a small subset at the county level.
<u>Diabetes Interactive Atlas</u>	This CDC data source graphically displays, at a county level, prevalence and trends of obesity, diabetes, and other related factors.
<u>Feeding America</u>	The Feeding America “Mapping the Meal Gap” provides a food insecurity measure that incorporates lack of access to enough food for an active, healthy life for all family members and limited/unavailability of foods with adequate nutrition.
<u>Illinois DCFS</u>	The Illinois Department of Child and Family Services has county level data on the prevalence of child abuse and neglect.
<u>Illinois Department of Public Health IQUERY</u>	This community health database facilitates queries of a variety of health behavior, substance use, and clinical care indicators.
<u>Illinois Gaming Board</u>	Per HSHS St. Joseph’s request, data on video gaming presence were extracted and will be included in all HSHS secondary data reports. The number of establishments identified as licensed or license pending were

	used to create a density of video gaming establishments per 100,000 population, These were compared to the state density.
<u>Illinois Youth Survey</u>	The University of Illinois Center for Prevention Research and Development conducts continuous surveying of Illinois youth on social and health indicators.
<u>Institute for Health Metrics and Evaluation (IHME)</u>	The IHME created a county-based map displaying county-level prevalence of health behaviors (e.g. smoking) and outcomes.
<u>National Center for Health Statistics (NCHS)</u>	The NCHS provides vital statistic data related to births (e.g. teen births, low birthweights).
<u>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</u>	This CDC organization provides data on incidence/prevalence of infectious disease.
OneSource Global Business Browser <u>(County Health Rankings)</u>	The <u>County Health Rankings</u> used the One Source Global Business Browser and map files from ESRI, the US Census Bureau and ARCGIS software to determine the percent of a county’s population that has access to locations for physical activity.
<u>Pediatric Nutrition Surveillance</u> (county level data provided by the Illinois Department of Public Health)	Data from the CDC on pediatric nutrition, health, and family behaviors among children under the age of 5 years old.
<u>Safe Drinking Water Information System (EPA)</u>	The EPA is the primary source of data on the safety of drinking water. For the purposes of this report, this data is extracted from the County Health Rankings where it is noted as an environmental factor.
<u>The National Center for Educational Statistics (NCES)</u>	The NCES collects and analyzes data related to education, including the proportion of students who are eligible for the free lunch program.

<p><u>Uniform Crime Reporting-FBI</u></p>	<p>The Uniform Crime Reporting data from the FBI is a primary source of violent crime data (homicide, rape, robbery, and aggravated assault). For the purposes of this report, this data is extracted from County Health Rankings, where it is a socioeconomic indicator incorporated into the rankings.</p>
<p><u>US Census</u></p>	<p>National census data is collected by the US Census Bureau every 10 years. Additional subsets of census bureau data include the American Community Survey and the Small Area Health Insurance Estimates. These subsets are collected continuously and may be aggregated over multiple years to provide data at the county level.</p>
<p><u>USDA Food Environment Atlas</u></p>	<p>The Food Environment Atlas incorporates food environment factors, such as proximity to stores, food prices and assistance programs, and community characteristics that influence food choices and quality.</p>

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

Input from Persons Who Represent the Broad Interests of the Community

St. Joseph’s Hospital is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2015 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top identified community health needs:

- Access to Health Care Services (primary care)
- Heart Health
- Diabetes (diagnosis management)
- Nutrition & Obesity
- Preventative Screenings & Education

This year's assessment built on that collaboration, actively seeking input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus human, material and financial resources on.

Input from Community Stakeholders

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

- HSHS St. Joseph's Foundation Leadership Council
- HSHS St. Joseph's Hospital Board of Directors
- Community Physicians
- Highland Area Christian Service Ministry Food Pantry*
- Highland Area Ministerial Alliance*
- Highland Chamber of Commerce
- Highland Community Unit School District #5*
- Highland High School*
- Highland Home
- Highland Middle School*
- Highland News Leader
- Madison County Health Department*
- Special Olympics Illinois

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

Individuals were recruited to participate in an engagement session by researchers at the University of Illinois Springfield. Each individual received a letter or email introducing the project on October 18th, 2017. Individuals were informed that the engagement sessions were organized and would be moderated by researchers from the University of Illinois Springfield's Survey Research Office (SRO). The SRO is an independent research organization with a reputation for quality health care research. And while the stakeholders were informed that their participation in this process is significant to the success of the 2018 Community Health Needs Assessment, their participation was voluntary. They were also informed that anything they say during the discussion is confidential and the SRO will not release any information that can be

linked to them. Finally, they were informed that a member of the SRO research team will be contacting them by telephone to give them more details.

Follow-up phone calls encouraging their attendance to the event were conducted by SRO researchers beginning on October 30th, 2017. Individuals were informed that this process is a crucial component for identifying the ongoing community health priorities in the region and that, as an important stakeholder, they have been identified by hospital leadership to participate in an engagement session to identify important health priority areas in the community.

Engagement sessions were held on the following dates, locations, and times:

- November 14 @ 3p.m., Sullivan conference room. St. Joseph Hospital, Highland, IL
- November 14 @ 5p.m., Sullivan conference room. St. Joseph Hospital, Highland, IL
- November 16 @ 5p.m., Sullivan conference room. St. Joseph Hospital, Highland, IL

In total, 17 stakeholders participated in the engagement sessions (7 attended the 3 p.m. group on November 14th, 7 attended the 5 p.m. group on November 14, and 3 attended on November 16th). A complete list of those invited to the sessions and transcripts can be found in the appendix.

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

Hospital Sisters Health System and St. Joseph's Hospital are committed to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, promoting the common good and stewarding resources. We believe that the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve. To ensure that the needs of these groups were adequately represented, we included representatives from Highland Area Ministerial Alliance, Highland Area Christian Service Ministry Food Pantry, and Madison County Health Department. These organizations serve the under-resourced in our community, including low-income seniors, children living in poverty, and families who struggle with shelter and food insecurity. Representatives of these organizations, who work directly with their constituents, have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure that the needs of the most vulnerable persons in our communities were being shared and addressed in the CHNA process and development of related implementation strategies.

Input on FY2015 CHNA

No written comments were received regarding the FY2015 CHNA.

Prioritizing Significant Health Needs

Members of the St. Joseph's Hospital senior leadership team (SLT), along with the hospital's community benefit leader utilized input from internal and external stakeholders collaborated in the review and analysis of CHNA data.

As part of the identification and prioritization of health needs, these individuals considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

Based on the CHNA development, the following community health needs were identified:

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

As an outcome of the prioritization process, the following community health needs were also identified and will not be addressed directly by the hospital for the reasons indicated:

- Unemployment – Being a provider of health care services through inpatient and outpatient services, the hospital does not have the expertise or resources to address unemployment in the region. The hospital is, however, one of the largest employers in the community and is committed to continued growth to support the community.

Overview of Priorities

Obesity

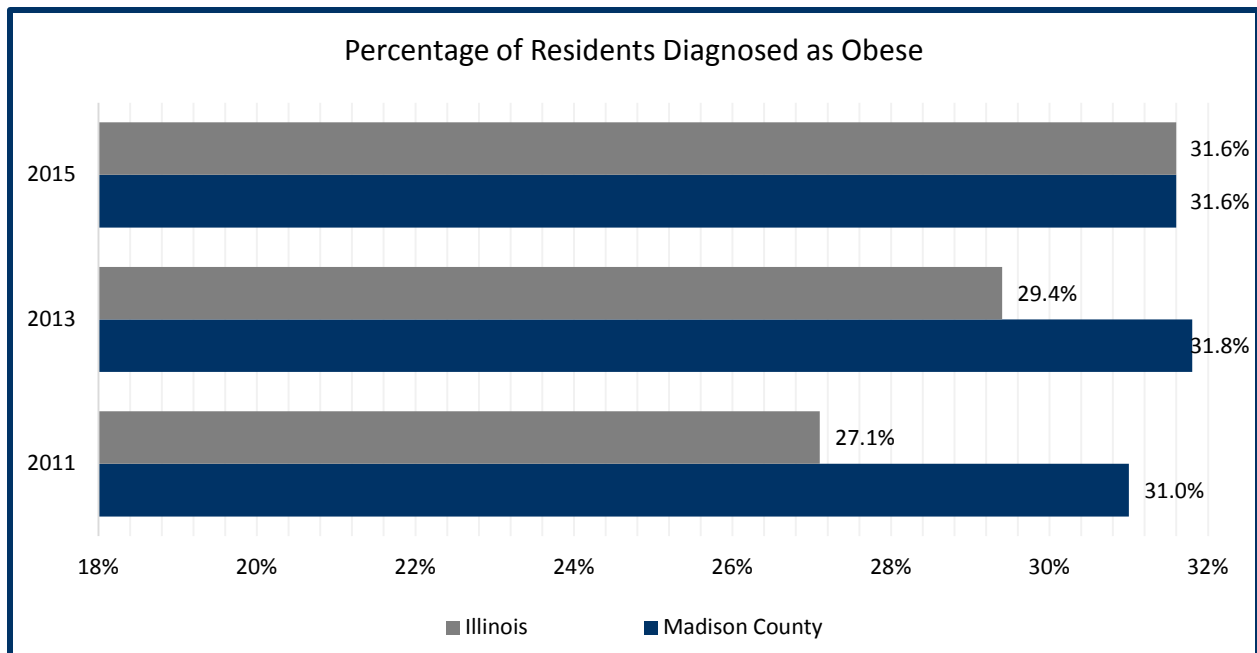
One of the major concerns facing residents is the percentage of the population who are overweight or obese. According to the CDC, BMI is used based on a percentile ranking and not according to basic scores. The 2015 Community Health Needs Assessment conducted by HSHS St. Joseph's Hospital identified nutrition and obesity as one of the major health priority areas in HSHS St. Joseph's Hospital's service area, and again this is one of the priority issues identified by the 2017 focus groups.

In 2015, in an effort to combat local obesity and improve knowledge around nutrition in its service area, HSHS St. Joseph's Hospital continued its partnership with the Madison County

Health Department through participation in the Madison County Partnership for Community Health’s work groups that develop and implement actions plans, help provide and promote access to resources, and work with various constituencies to address obesity at all levels. The work groups focus on providing physicians with the information they need to have meaningful discussions with their patients about obesity, healthy eating and living habits. In addition, a goal was set to lower childhood obesity rates below the 85th percentile among children in the county. Furthermore, a baseline was established for physical activity/inactivity for all residents of Madison County as well as promoting the consumption of more fruits and vegetables as part of a healthy diet. St. Joseph’s Hospital registered dietitian developed educational resources that were distributed through both education sessions and online channels including: monthly Facebook postings providing links to document downloads and other web-based resources; development of a print guide available for web site download and public distribution; and community seminar/counseling sessions where in-person education and counseling can be acquired

Those resources and activities were implemented FY2016 (July 1, 2015 – June 30, 2016).

Though for several years Madison County has had a higher rate of obese residents than Illinois as a whole, the good news for the county seems to be that the rate of obesity for its residents is fairly stagnant, while the rate for the state has been steadily increasing. In fact, the most recent data released in August 2017 by the Robert Wood Johnson Foundation reported the adult obesity rate for both Illinois and Madison County as 31.6%.



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, CDC Diabetes Interactive Atlas, 2009-2013. Source geography: County. 2015 data source: Better Policies for a Healthier America -<https://stateofobesity.org/states/il/>.

The most recent data from the *Illinois Youth Survey* indicates that the rate of overweight/obesity among HSHS St. Joseph’s service area’s school age populations has either remained stable or only slightly increased while the rate of overweight and obesity among the area’s adult population has also slightly increased. The *Illinois Youth Survey* includes both rates of overweight and obesity for 8th graders, 10th graders, and 12th graders. In 2012, 10 percent of Madison County 8th graders were considered obese; in 2016 the rate had increased to 12 percent. The rate of obesity for 10th graders increased by two percent, going from 17% to 19%, while the rate for 12th graders remained at 12 percent.

<i>Report Area</i>	<i>8th Grade Overweight</i>	<i>8th Grade Obese</i>	<i>10th Grade Overweight</i>	<i>10th Grade Obese</i>	<i>12th Grade Overweight</i>	<i>12th Grade Obese</i>
Madison 2016	17%	12%	19%	13%	17%	12%
Madison 2012	17%	10%	17%	11%	14%	12%
Illinois 2012	15%	11%	16%	11%	15%	11%
Illinois 2016	15%	10%	17%	10%	14%	9%

Data Source: Illinois Youth Survey 2012 & 2016 data. Source geography: County.

When looking at how adult obesity differs between men and women, Madison County men are slightly more obese at 32.1%, compared to 31.5% for the females. In addition, Madison County men are less likely to exercise. According to the most recently available *Behavioral Risk Factor Surveillance System (BFRSS)* survey, when looking at the results for the question “During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”, 70.4% of males report having exercised in the past 30 days compared to 75.4% for females.

While the rate for the women of Madison County was just slightly higher than the state average, the rate for the men of the county was lower, as was the overall rate.

<i>Report Area</i>	<i>Do You Get Any Exercise? (Male)</i>	<i>Do You Get Any Exercise? (Female)</i>	<i>Gets Exercise (All Adults)</i>	<i>Does Strengthening Exercises (All Adults)</i>
Madison County	70.4%	75.4%	73.1%	42.6%
Illinois	75.9%	74.5%	75.2%	44.5%

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

One of the key aspects pointed out by focus group participants is that the rates of overweight/obesity are directly related to lack of nutrition education. As one participant mentioned,

I feel like a lot of people don't understand food. I would say that's a big problem of thinking that you get the same nutritional value out of fast food as you do from baked or even the processed food meal that you get from the grocery store that you just take home and heat up. Frozen food that you heat up. The difference in the type of nutrition that you're gaining out of that. And I don't think they have any idea of how food affects how we feel. Physically and emotionally. People talk about how when they have seasonal depression. One thing that has always suggested to me, was eating more fruits and vegetables that will help with those bad feelings associated with seasonal depression

Nutrition was mentioned several times during the focus groups in association with obesity and various illnesses. Another participant stated, "It makes you wonder how many illnesses we have are food related or nutrition related, just a lack of proper nutrition or a lot of empty calories... a lot of processed foods with all these ingredients and you don't know what you're eating." A concern for several participants was youth of the community not understanding nutrition. As one participant stated, "We're not teaching our kids to cook which means we're not teaching our kids nutrition. I don't know how to fix that problem."

As mentioned previously, St. Joseph's Hospital has partnered with the Madison County Health department on promoting the consumption of more fruits and vegetables as part of a healthy diet.

To combat poor nutrition in the older population of Madison County, HSHS St. Joseph's has long supported the Meals on Wheels program in Highland. HSHS St. Joseph's has partnered with the civic organization Highland Area Meals on Wheels Program to prepare and deliver nutritious meals to the elderly, those who are recuperating from illness or hospital stays, or anyone wishing to participate in the program. The Highland Area Meals on Wheels Program serves residents within a 15-mile radius of HSHS St. Joseph's hospital. Meals for program participants are prepared and delivered Monday-Friday every week – including holidays falling on weekdays. Each day, on average, 60 meals are delivered by volunteer drivers covering twelve routes – which amount to an estimated 15,840 meals being delivered annually.

Mental Health

Individuals living in HSHS St. Joseph's Hospital's service area have less access to mental health care providers. While it's difficult to measure the rate of individuals in the St. Joseph service area suffering from mental illness, there are some data available that can aid in assessing the need. When looking at the BRFSS question which asks respondents to self-report on the number of mentally unhealthy days they have felt in the past month, the rate for Madison County is minimally higher than the state rate –an average of 3.5 mentally unhealthy days compared to 3.4

for the state. However, when looking at the suicide rate for Madison County, the rate is higher than that of the state. The mortality rate from suicide and self-inflicted injury in the area was 12.5 per 100,000 compared to 9.0 per 100,000 statewide.

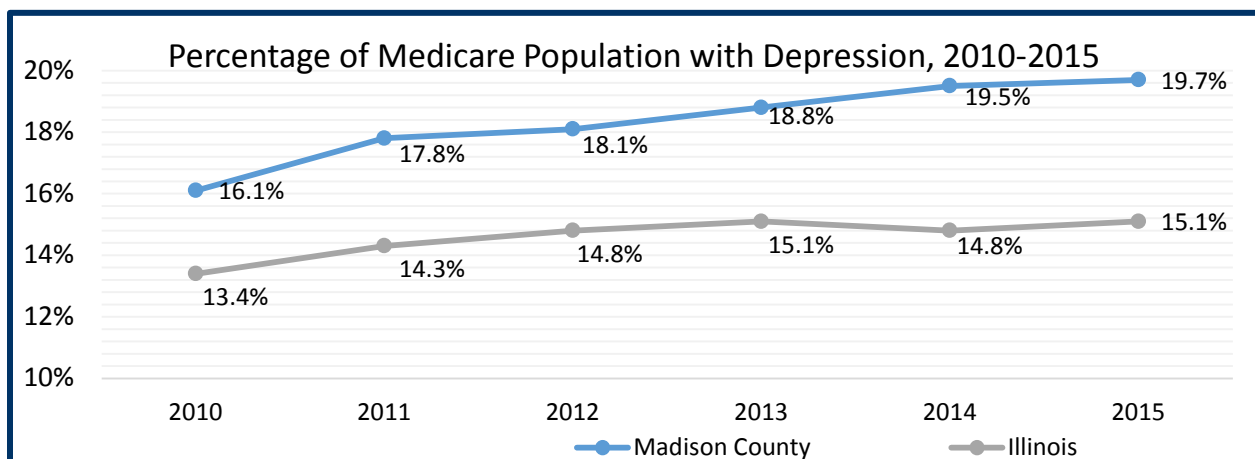
The National Plan and Provider Enumeration System currently manages the NPI registry which allows individuals to see the rate of health care providers per population. According to the NPI registry, Madison County has one mental health care provider for every 740 individuals; the rate for the state is one provider for every 580 individuals. However, when breaking down Madison County to the St. Joseph’s service area, NPI listed only four counselors for Highland and no psychiatrists. The table below presents the data provided by the NPI registry.

<i>Report Area</i>	<i>NPI Ratio of Population to Mental Health Providers</i>
Madison County	740:1
Illinois	580:1

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

The lack of mental health services was brought up by participants during engagement sessions. When asked to identify a particular health problem that stood out, one participant stated, “Psychiatry - I think mental illness and finding a psychiatrist or even counseling.”

Mental health issues are not isolated to a certain segment of the population and are affecting all age levels but are especially affecting the region’s youngest and oldest populations. In Madison County, the percentage of the Medicare population diagnosed with depression was higher than the state rate, with 19.7% of the Medicare population diagnosed with depression between 2010-2015. The statewide average was 15.1 percent. The graph below shows the changes since 2010.



Note: This indicator is compared with the state average. Data Source: Medicare Geographic Variation Public Use Files. Accessed via Community Commons. Source geography: County.

Mental Health- Under the age of 18

School-aged populations are especially vulnerable to mental health issues. In discussing mental health issues in youth, one participant stated, the following:

I have been in education twenty-one years and we've seen a lot of increases in depression, PTSD, stress, and anxiety disorder in teens. That's an issue and we do the best we can with the resources we have... but that's an area that were going to continue to see increases, it's a societal thing...and elementary schools all the way down are trying to cope with that.

In fact, many of the respondents commented on what they see as a lack of coping skills in the youth in their community. In the 2016 Illinois Youth Survey, when asked the question, "Have you felt so sad or hopeless almost daily for 2+weeks to the extent that you stopped doing some of your usual activities?" thirty-seven percent of Madison County's 10th graders report that this is something which they have been experiencing. This is compared to the statewide average of 33%. Stakeholders from local schools who participated in the engagement sessions supported this concern. The table below shows the results for the other grades.

<i>Report Area</i>	<i>8th Grade</i>	<i>10th Grade</i>	<i>12th Grade</i>
Madison County	31%	37%	30%
Illinois	28%	33%	31%

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

Alcohol, Tobacco, and Other Drug Use

Another major finding of the engagement session was concerns surrounding substance use. According to the Institute for Health Metrics and Evaluation, the percentage of individuals who smoke cigarettes daily is nearly five percent higher in Madison County than compared to the state rate (18.52% for the county versus 13.68% for the state), the percentage of heavy drinkers in the county is nearly even with the state (10.0% for Madison County versus 9.9% for the state). However, the main area of concern for the participants was abuse of prescription and illegal drugs, particularly prescription opioids and heroin.

As in many counties across America, the opioid crisis is having a detrimental effect on the health of citizens. According to the Illinois Department of Public Health's *report The Opioid Crisis in Illinois: Data and the State's Response*, as of 2015, the rate of heroin-related overdose deaths in Madison County was 12.75 per 100,000; the rate for Illinois was 10.7 per 100,000. In Madison County in 2015, 62 Madison County residents died from opioid-related overdoses (29 from heroin overdoses and 36 from prescription opioids such as Vicodin, OxyContin, and Fentanyl).

In Illinois in 2015, 1382 residents died of opioid-related overdoses; by 2016 the number had risen to 1826.

Fortunately, some lives have been saved by the increased availability of Naloxone, a medication created to rapidly reverse opioid overdose. Law enforcement and emergency medical services (EMS) in Madison County do have access to Naloxone. In 2015, there were 100 or more reported EMS events with one or more Naloxone administrations In Madison County. However, with the increasing abuse of Fentanyl, a prescription drug up to fifty times more powerful than heroin, Naloxone is not always effective.

Still, the availability of Naloxone does nothing to decrease the number of those using heroin and prescription opioids. The increase has occurred so rapidly, communities struggle with solutions. But as the number of overdoses and deaths increase, so has the awareness that this is not just an urban issue but is affecting individuals across all demographics. Not surprisingly, engagement session participants expressed their concerns on this issue. One participant stated:

We hosted a screening of the heroine projects on the drug prevalence in the tri-county area a couple months ago at The Lory, and had police officers and health officials and councils come in and kind of talk to them about it and all of them unanimously said, you know, that they are overwhelmed – their word is epidemic – of how its sweeping. It's under, I don't know, diagnosed, but just around the board, it's a rapid thing, and that's a big concern for them is the use. The lack of education...they pointed a lot to how the gateway drugs are not marijuana or alcohol but its prescription drugs and medicine cabinets, etc., which is an education to the public asset, in my mind.

Another participant, an educator in the community, shared this with the group:

From a high school admin perspective, dealing with those students 9-12 and even the lower levels, drugs and alcohol are concerning I think alcohol is one that is very accepted in our community and the kids tend to follow that, but not many as far as the other drugs – marijuana, cocaine, heroin. We see some pockets of marijuana. I don't know if its s huge crisis. We see some of the opioids, there's some drugs in our town. We try to do some prevention and we see it in the adult population. I don't know if it's a rampant problem but we do see it. I think that's an area that we're always trying to be preventative.

Another participant added:

I would say the same thing on a lot of that. I would say two of the bigger...I wouldn't say biggest, but two of the bigger things, in my mind, would come back to the opioid epidemic is a little worse than what I wanted to believe of the community. That one needs to be addressed with education a lot of the front end.

In another group, a participant shared that she felt that drugs were a huge problem and that, because no one takes marijuana seriously, it had led to the escalation of the opioid crisis. She added, “Everyone is on marijuana. That’s just a lead in to opioids and everything else”. Currently there are substance abuse treatments facilities in Madison County and nearby Saint Clair County, but none in the HSHS St. Joseph service area.

Access to Care

This is a topic that encompasses a wide array of issues within health care and is often common with rural hospitals. Of particular concern brought up by the engagement session participants was access to care for the low-income and elderly of their community. Two issues connected to access to care are available transportation for the elderly and availability of physicians who accept insurance of those who are low-income. Some access to care issues have arisen in the past few months due to individuals with state insurance having trouble finding providers willing to accept it. This is not only medical care but dental care as well. Though the NPI registry reports that Madison County has a better than average access to dentists – one dentist for every 1270 residents compared to one dentist for every 1380 residents for Illinois – engagement group participants report they do not see that in their community. As one participant stated:

Access to dental care for adults is a huge problem in the state and county. With dental insurance a lot of plans will only cover cleanings and 30-50 percent of other treatments so they can’t afford what they need still. This is a constant problem...but nobody in the county wants to talk about it because it’s a liability thing, but one day I’ll find the right person.

Other participants brought up the fact that though many residents have health insurance, they often have to travel out of the St. Joseph service area or even out of state to find providers who will accept the insurance. Several mentioned that for those who could afford it and were able to travel, access to care was not an issue. As one resident stated:

I think as far as general care, and this is speaking as an individual with a family, you can get your pediatrician in town and adult care in town... Specialty care is more in St Louis. I think part of access, as far as you want more elite care, you go closer to the river. Some insurance packages for the Highland school anyway have good insurance. There’s just sometimes when you have to utilize that insurance it’s not always taken in town for a specialty piece so you go somewhere else.

Another aspect of access to care that participants brought up was the fact that those with public insurance (Medicaid/Medicare) are having trouble finding doctors to treat them due to the State of Illinois being behind on paying their bills. One participant stated:

There is a local OB office here that is doing a Facebook campaign, begging to be paid by the state because the state is so far behind in their bills that they can’t keep running.

Basically they are running a charity right now because they choose to accept state insurance but if they choose to not accept that then we have a huge demographic of people that wouldn't be able to be served and in that office they do a lot of rural health...That is a big barrier to our doctors - choosing to accept state insurance or not and waiting. Last I heard they were 18 months behind. Nobody can run a business not getting paid for 18 months

Another participant added that she works for a private physical therapist and “we had to choose to not accept Medicaid because we could afford to stay open. It was sad because we wanted to help those people.”

Another participant added that often Medicare patients do not have access to transportation, so if they “have to travel to find a doctor that will take them, even if they are able to get to the appointment they have a longer wait because these doctors are flooded with patients.”

Potential Resources to Address the Significant Health Needs

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

Hospitals and Related Medical Groups

There are four community hospitals within the St. Joseph's Hospital service area:

- HSHS St. Joseph's Hospital, Highland, Illinois
- HSHS St. Joseph's Hospital, Breese, Illinois
- HSHS Holy Family Hospital, Greenville, Illinois
- Anderson Hospital, Maryville, Illinois
- Highland Physicians
- HSHS Medical Group
- Prairie Cardiovascular Services
- SOGA

Walk-in health clinics:

- St. Joseph's PrimeCare, Highland, Illinois
- Anderson Express Care, Highland, Illinois

Community Organizations and Government Agencies

Obesity:

- American Diabetes Association
- Highland Area Christian Services Ministry
- Highland Community School District
- Korte Recreation Center
- Madison County Health Department
- Relevant Pregnancy Care Center
- St. Paul Catholic School
- HSHS Holy Family Hospital Greenville
- HSHS St. Joseph's Hospital Breese

Mental Health

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

Alcohol, Tobacco, and Other Drug Use

- Bond County Health Department
- Clinton County Health Department
- Highland Area Christian Services Ministry
- Highland Police Department
- Madison County Health Department
- Partnership for a Drug Free Community
- HSHS Holy Family Hospital Greenville
- HSHS St. Joseph's Hospital Breese

Access to Care

- Highland Area Christian Services Ministry
- Madison County Health Department
- Madison County Transit
- Patient Innovation Center
- HSHS St. Joseph's Hospital Breese

Next Steps

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

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

Approval

The FY2018 CHNA Report was adopted by the hospital's governing board on <DATE>.

Appendix A.

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

Name	Group	Organization
Eric Schmidt	November 14 @3	Chair, St. Joseph's Foundation Leadership Council
Larry Essenpreis	November 14 @3	St. Joseph's Foundation Leadership Council
Bill Sullivan	November 14 @3	Chair, St. Joseph's Hospital Board of Directors
Mark Korte	November 14 @3	Secretary, St. Joseph's Hospital Board of Directors
Dr. Debra Feldott-Johnson	November 14 @3	MD
Associate Pastor Will VerDuin	November 14 @3	Highland Area Ministerial Alliance
Steve Whitlach	November 14 @3	Special Olympics Illinois
Amy Yeager	November 14 @5	Madison County Health Department
Jean DeSelm	November 14 @5	Highland Area Christian Service Ministry Food Pantry
Diane Williams	November 14 @5	Highland Area Christian Service Ministry Food Pantry
Dr. Chris Becker	November 14 @5	Highland High School
Erick Baer	November 14 @5	Highland Middle School
Michael S. Sutton	November 14 @5	Highland Community Unit School District #5
Steve Williams	November 14 @5	Highland Area Ministerial Alliance
Rick Embry	November 16 @5	Manager, The Highland Homes
Nancie Zobrist	November 16 @5	Executive Director, Highland Chamber of Commerce
Gay Bentlage	November 16 @5	The Highland News Leader