



2021 Community Health Needs Assessment

An assessment of Bond County, Illinois conducted jointly by HSHS Holy Family Hospital and Bond County Health Department.

Table of Contents

Executive Summary	4
Background	4
Identification and Prioritization of Needs.....	4
Implementation Plan Development	5
Hospital Background	5
Current Hospital Services and Assets	6
Hospital Accreditations, Awards and Certifications	6
Community Served by the Hospital.....	6
Process and Methods Used to Conduct the Assessment	8
Internal.....	8
External	8
Defining the Purpose and Scope	10
Data Collection and Analysis.....	10
Data Sources	10
Input from Persons Who Represent the Broad Interests of the Community	11
Input from Community Stakeholders	11
Input from Members of Medically Underserved, Low Income and Minority Populations	11
Input on FY2018 CHNA	11
Prioritizing Significant Health Needs.....	12
Overview of Priorities.....	12
Mental and Behavioral Health Services.....	12
Behavioral Health: Drugs	13
Chronic Conditions	14
Workforce Barriers	16
Potential Resources to Address the Significant Health Needs.....	16
Next Steps.....	17
Approval	17
APPENDICES	
Appendix I.....	18
Major Contributing Factors	
Appendix II	20
2021 Bond County Community Health Needs Assessment Priorities Analyzed, Reviewed and Prioritized	
Appendix III.....	23
2021 Bond County Community Health Needs Assessment Community Advisory Committee Letter and Meeting Dates	
Appendix IV	26
2021 Bond County Community Health Needs Assessment Community Survey	
Appendix V.....	38
2021 Bond County Community Health Needs Assessment Community Survey Results	
Appendix VI	41
Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2018 - FY 2021 CHNA	

Executive Summary

Background

Provisions in the 2010 Patient Protection and Affordable Care Act (ACA) require charitable hospitals to conduct a triennial community health needs assessment (CHNA) and accompanying implementation plan to address the identified needs. The CHNA asks the community to identify and analyze community health needs, as well as community assets and resources to plan and act upon priority community health needs. This process results in a CHNA report which is used to develop implementation strategies based on the evidence and assets and resources identified in the CHNA process.

Triennially, HSHS Holy Family Hospital conducts a CHNA, adopts an implementation plan by an authorized body of the hospital and makes the report widely available to the public. The hospital's previous CHNA report and implementation plan was conducted and adopted in FY2018.

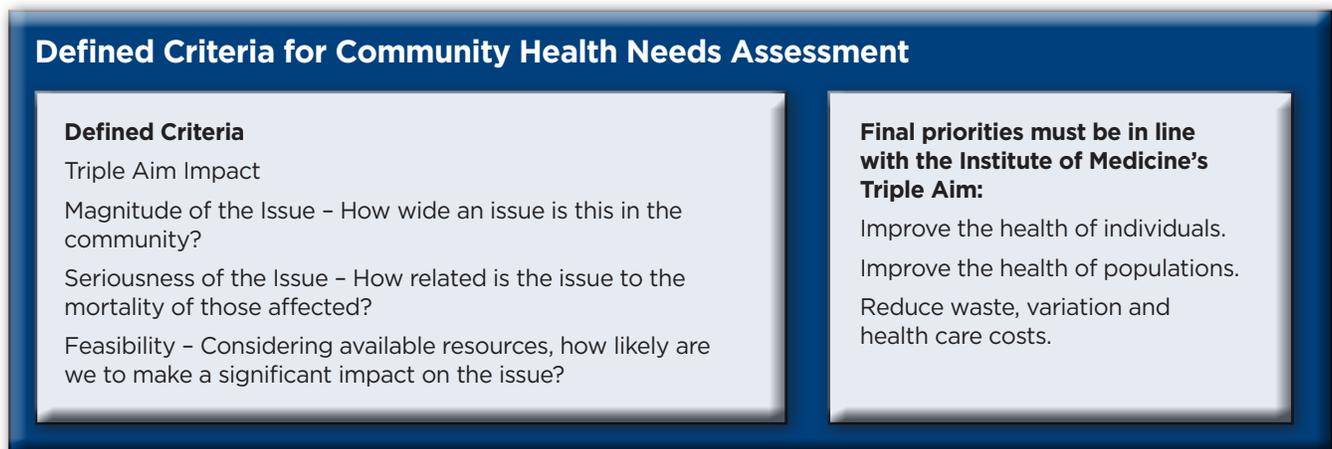
In FY2021 (July 1, 2020, through June 30, 2021), Holy Family Hospital conducted a collaborative CHNA in partnership with Bond County Health Department. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. The population of Bond County was assessed. Data collected was supplemented with:

- Community gaps analysis review
- Community assets review
- Qualitative data gathered through a CHNA core group
- Qualitative data reviewed by an external advisory council with broad community representation
- Surveys, including input from area health and social service providers, as well as community members who identify with the needs addressed
- Local leader input
- Internal advisory council

Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA core group identified 11 health focus areas from extant data sources. A predetermined set of criteria (Diagram One: Defined Criteria for Community Health Needs Assessment) was used to narrow the health focus areas.

Diagram One: Defined Criteria for Community Health Needs Assessment



The core group also identified three major contributing factors as underlying to all health issue areas presented. Those areas include: social determinants of health; access to health and health care barriers; and equality, equity and justice in health care (see Appendix I: Major Contributing Factors).

The CHNA core group provided a thorough review of existing and supplemental data sets around the 11 identified health focus areas to the external advisory council. The community advisory council (CAC) used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas to nine. A survey was conducted to solicit community feedback on the issue areas. Upon survey closure, 127 responses were received and analyzed to further prioritize the needs based on community perceptions and experiences.

Results from the survey were then presented to the CHNA core group's respective internal advisory councils for further review and approval. Holy Family's internal advisory council approved of the three priority areas recommended through the CAC and survey process. See Appendix II for a complete list of needs considered.

These were the top three health needs identified based on the defined criteria, survey results, stakeholder input from the CAC and internal input from Holy Family leaders.

- Access to mental and behavioral health services
- Chronic conditions - including food access and disease prevention and education
- Workforce barriers - including employment training, housing affordability, childcare availability

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

Holy Family Hospital is an acute care hospital located in Bond County, Illinois. For more than 50 years, the hospital has been the leader in health and wellness in Bond County.

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

Holy Family Hospital has a rich and long tradition of addressing the health of the community. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through its broader community benefit program including health professions education, subsidized health services, research and community building activities. In FY2020, the hospital's community benefit contributions totaled more than \$6.8 million.

Current Hospital Services and Assets

Major Centers and Services	Statistics
<ul style="list-style-type: none"> • Inpatient Care • Outpatient Surgery Center • Emergency Services • Rehabilitation Center • Medical Stabilization and Withdrawal Management Service • Gastroenterology • Sleep Studies • Radiology • General Surgery • Urology • Rheumatology 	<ul style="list-style-type: none"> • Total beds: 38 • Total colleagues: 123 • Bedside RNs: 43 • Inpatient admissions: 582 • ED visits: 5,821 • Surgeries: 616 • Outpatient surgeries: 1,026 • Physicians on medical staff: 229 • Volunteers: 101 • Community Benefit: \$6.8 million

Hospital Accreditations, Awards and Certifications

- Centers for Medicare and Medicaid Services (CMS) Overall and Patient Safety Ratings – 4 Star
- College of American Pathologists (CAP) Laboratory Accreditation
- Press Ganey Guardian of Excellence Award for Clinical Quality
- Press Ganey Guardian of Excellence Award for Patient Experience

Community Served by the Hospital

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

Demographic Profile of Bond County

Data Source: U.S. Census Bureau, American Community Survey: 2019. Accessed via Community Commons.

Source geography: County.

Characteristics	Illinois	Bond 2019	Bond 2010	%Change for County
Total Population	12,625,136	16,426	17,768	-8%
Median Age (years)	37.4	41.6	39.7	5%
Age				
Under 5 years	5.9	4.7	5.37	-14%
Under 18 years	22.2	19.1	15.17	21%
65 years and over	16.1	19.4	15.03	23%
Gender				
Female	50.9	48.1	47.75	1%
Male	49.1	51.9	52.25	-1%
Race and Ethnicity				
White (non-Hispanic)	76.8	90.6	90.9	0%
Black or African American	14.6	6.3	6.1	3%
Native American or Alaska Native	0.6	0.7	0.5	29%
Asian	5.9	0.8	0.4	50%
Hispanic or Latino	17.5	3.6	3.1	14%
Speaks language other than English at home				
	23.2	4.3	2.6	40%
Median household income				
	65,886	57,289	51,946	9%
Percent below poverty in the last 12 months				
	11.5	13	10.8	17%
High School graduate or higher, percent of persons age 25+				
	89.2	89.2	91.96	-3%

Process and Methods Used to Conduct the Assessment

Holy Family Hospital collaborated in the planning, implementation and completion of the community health needs assessment in partnership with the Bond County Health Department. The process described in the narrative below is outlined in Diagram Two: Bond County 2021 Community Health Needs Assessment.

Internal

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

1. Identified the CHNA core group comprised of Holy Family Hospital and Bond County Health Department.
2. Convened a community advisory committee to solicit input and help narrow identified priorities.
3. Conducted a community survey to get input from community members around the priorities identified.
4. Convened an internal advisory committee respective to each organization to force rank the final priorities and select the FY2022-FY2024 CHNA priorities.

External

Holy Family Hospital worked with core group partners to leverage existing relationships and provide diverse input for a comprehensive review and analysis of community health needs in Bond County.

Representation on the community advisory council (CAC) was sought from health and social service organizations that:

1. Serve low-income populations
2. Serve at-risk populations
3. Serve minority members of the community
4. Represent the general community

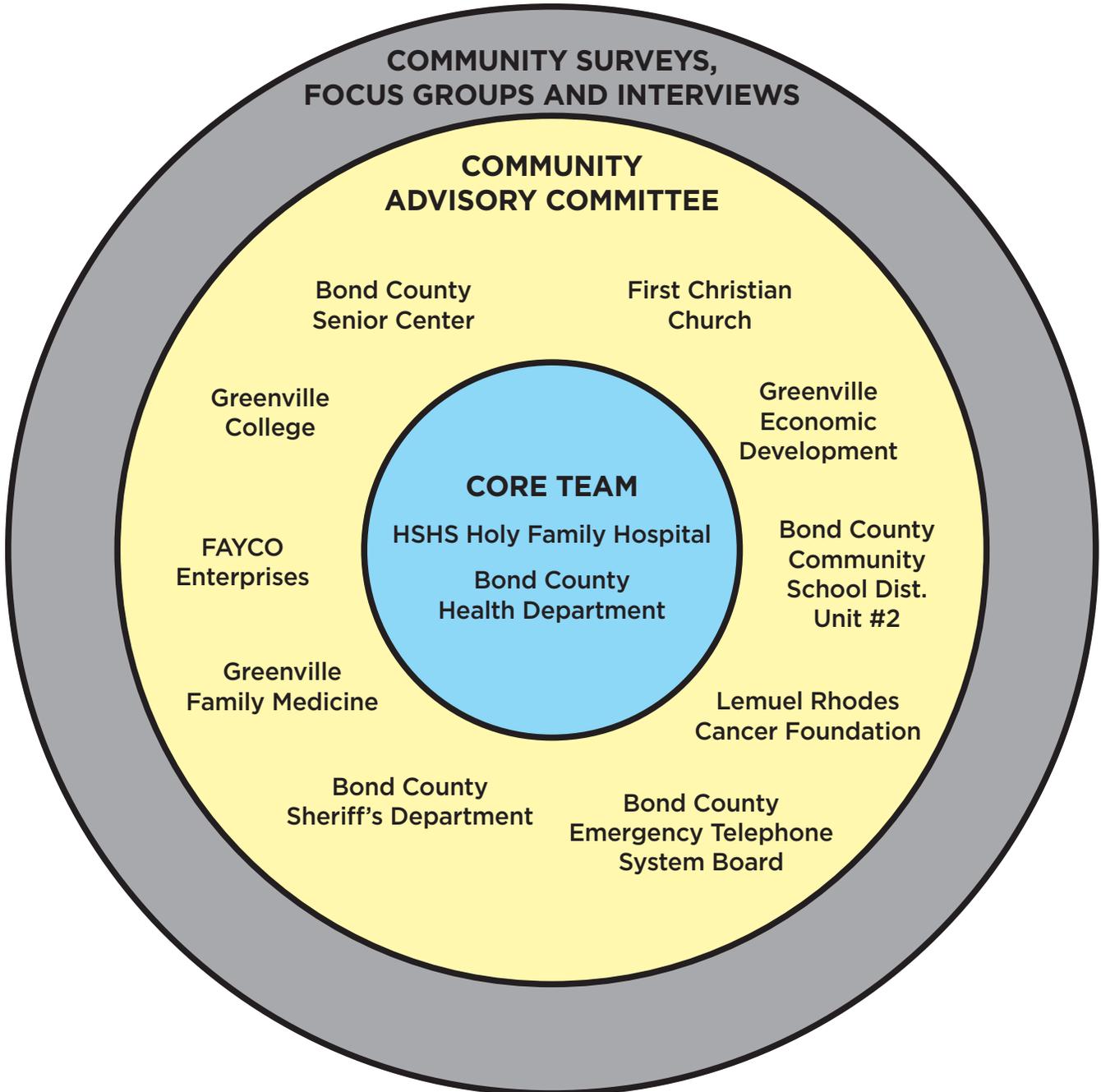
The following community stakeholders were invited to serve on the CAC:

- HSHS Holy Family Hospital*
- Bond County Health Department*
- Bond County Senior Center*
- Greenville College
- FAYCO Enterprises*
- Greenville Family Medicine*
- Bond County Sheriff's Department
- First Christian Church
- Greenville Economic Development
- Bond County Community School District Unit #2
- Lemuel Rhodes Cancer Foundation
- Bond County Emergency Telephone System Board

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

The CAC helped the core group review existing data and offer insights into community issues affecting that data. The council helped identify local community assets and gaps in the priority areas and offered advice on which issues were the highest priority. See Appendix III for the CAC charter and meetings.

Diagram Two: Bond County
2018 Community Health Needs Assessment



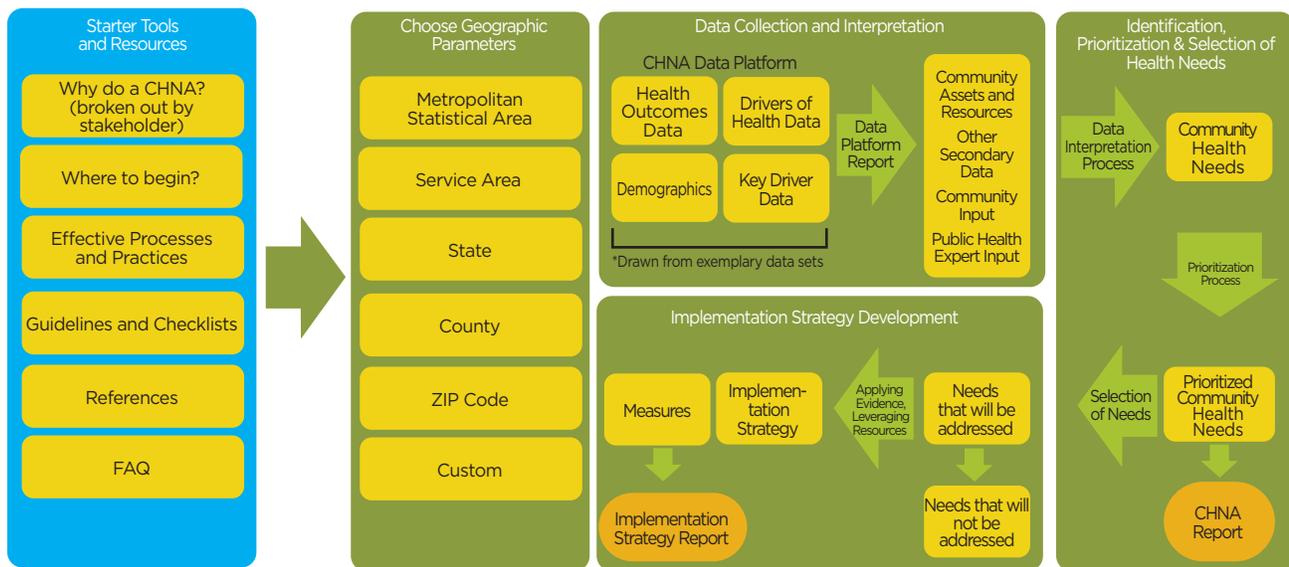
* Denotes groups representing medically underserved, low-income and minority populations.

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 U.S. Census Bureau, and Centers for Disease Control and Prevention (CDC) data sources. In addition, this data was supplemented with data from:

- End Homelessness
- Illinois Report Card
- Illinois Kids Count Report
- HRSA Health Center Program: Community Health Improvement
- 500 Cities Project
- County Health Rankings
- COMPdata: Bond County
- Illinois Kids Count Report
- Illinois Public Health Community Map
- ALICE Data
- TownCharts
- Illinois Department of Public Health (IDPH) and Bond County Coroner Report – Infant Death Source
- Best Neighborhoods
- Illinois Board of Education
- Kids Count Data Center
- U.S. Health Resources & Services Administration (HRSA)
- Illinois County Behavior Risk Survey County Report (2015-2019)
- IDPH, Illinois State Cancer Registry
- Oral Health Illinois
- National Center for Environmental Health
- Division of Environmental Health Science and Practice

The data was gathered into a written report/presentation and shared with community members through virtual focus groups, surveys and key stakeholder meetings as described below. The data shared sparked dialogue and discussion among the community leaders. As part of the discussion they were asked to rank the identified need as well as the ability to collaborate to meet the health need.

Input from Persons Who Represent the Broad Interests of the Community

Holy Family Hospital is committed to address community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2018 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top three identified community health needs: access to high quality, local health care, substance abuse and birth-related issues. This year's assessment sought 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.

Input from Community Stakeholders

The CAC was used as the primary stakeholder group to review and force rank data. During a two-hour virtual meeting, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. The CAC also helped identify community assets and gaps which were weighed when considering the magnitude and feasibility of the priority areas.

The CAC participated in a second virtual meeting to assist in the development of the community health improvement plan (CHIP). During this meeting, the CAC was asked to provide additional organizations addressing specific priority areas, and existing community and county strategies addressing priority areas. They also provided input and feedback on timelines, and short- and long-term indicators as measurements of success.

The core group developed and circulated a community survey (Appendix IV: Bond County Survey) to solicit first-person feedback on the health issue areas. In April 2021, 137 individuals completed the survey. The core group analyzed and presented the results (Appendix V: Survey Results) to internal teams as well as the CAC. The results were used to guide further discussion around final priority selection.

More information on survey analysis will be documented in the CHIP to be completed and approved by November 15, 2021.

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

The CHNA process must be informed by input from the poor and vulnerable populations served by HSHS and Holy Family Hospital. To ensure the needs of these groups were adequately represented, the CHNA process included representatives from such organizations as noted on page 8. These organizations serve the under-resourced in the community, including low-income seniors, children living in poverty and families who struggle with shelter and food insecurity. Representatives of these organizations 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 the community were addressed in the CHNA process and during development of related implementation strategies.

Input on FY2018 CHNA

No written comments were received regarding the FY2018 CHNA.

Prioritizing Significant Health Needs

Members of Holy Family Hospital's administration team collaborated with key department leaders in the review and analysis of CHNA data.

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

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

1. Mental and behavioral health services
2. Chronic conditions - including food access and disease prevention and education
3. Workforce development - including employment training, housing affordability and child care availability

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

- Affordable Housing: While not a direct priority issue, affordable housing challenges and barriers will be explored within the strategic plan of workforce barriers.
- Child Care: While not a direct priority issue, childcare availability will be explored within the strategic plan of workforce barriers.
- Human Trafficking: This is an ever-growing issue in all communities across Illinois and the nation. HSHS Holy Family Hospital will be represented on the Illinois Human Trafficking Task Force by the HSHS Illinois division. While not a direct priority area, HSHS and Holy Family Hospital will continue to raise awareness in HSHS facilities and the community on identification and response to human trafficking.
- Maternal Health and Child Health: Holy Family is not focusing on this need as part of the CHNA. We continue to offer some services and collaborate with those agencies that assist this population.
- Nutrition and Healthy Eating (Access and Knowledge): While not a direct priority issue, nutrition and healthy eating will be addressed within chronic disease education and prevention strategies.
- Oral Health: Bond County Health Department identified oral health as one of their IPLAN priorities. Holy Family Hospital will work closely with the health department to raise awareness and provide patient referrals for dental services.
- Transportation: Less than 12% of respondents identified transportation as a barrier or challenge. Additionally, HSHS and Holy Family Hospital recently supported a rural transportation grant application to increase transportation for medical appointments across counties. HSHS and Holy Family Hospital will continue to identify and partner with regional strategies to address transportation issues.
- Violence Prevention: Overall violence for the community is very low.

Overview of Priorities

Mental and Behavioral Health Services

Mental Health

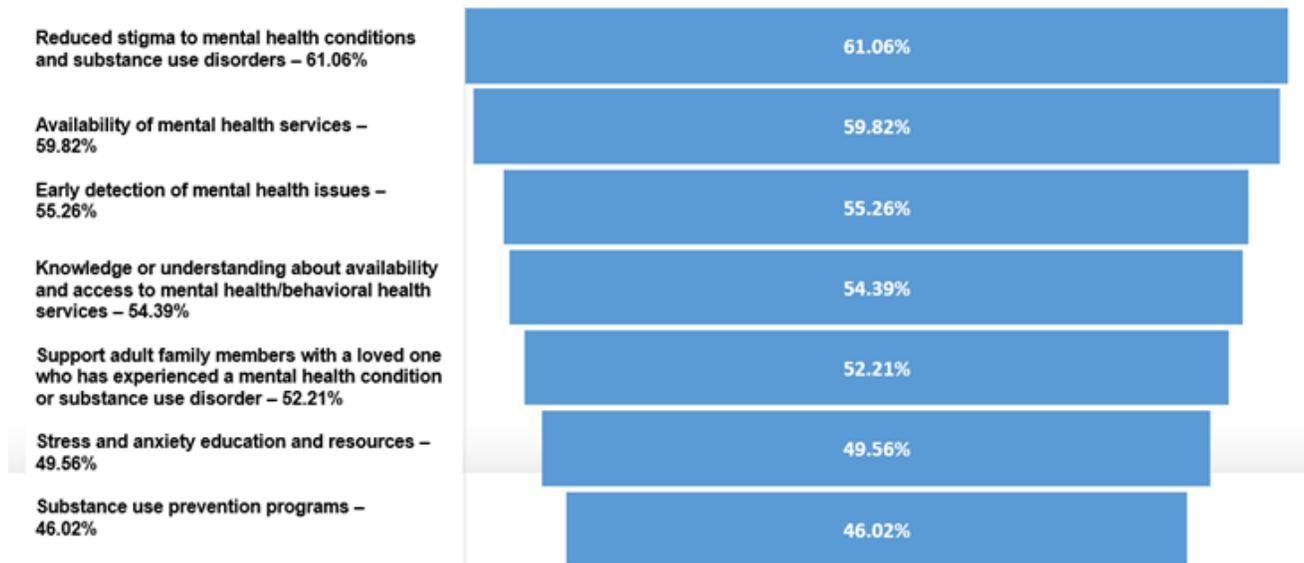
Individuals living in HSHS Holy Family's service area have less access to mental health care providers. While it's difficult to measure the rate of individuals in the service area suffering from mental illness, there is some data available that can aid in assessing the need. When looking at the BRFSS question which asks the number of days that mental health is not good for respondents, the rate for Bond County of those who report frequent mental distress is an average of 14.9 % compared to the state average of 12%. The county rate of emergency department (ED) visits for anxiety-related disorders is nearly double the state rate at 60.84 / 10,000 compared to 36.91 / 10,000 (Illinois Public Health Community Map, 2016 - 2018).

The U.S. Health Resources & Services Administration (HRSA) classifies Bond County as a health professional shortage area for mental health providers. The chart below compares the number of providers per residents for the county and the state. Top U.S. performers have 270 residents per one provider. While we have seen improvement from the last CHNA (770:1 reported in 2016), there is still more work to be done in ensuring Bond County residents have timely access to mental health services.

Report Area	Ratio of Population to Mental Health Providers
Bond County	660:1
Illinois	410:1

Source: Health Professional Shortage Area: <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

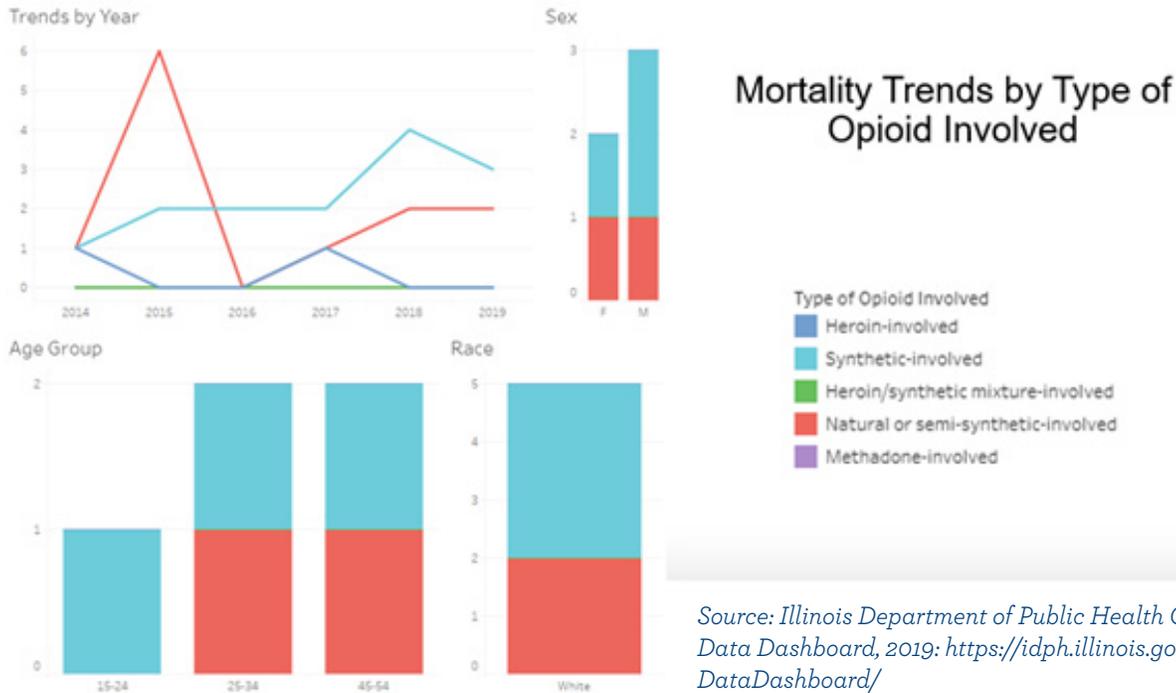
In addition to existing data pointing to access barriers to mental health services, participants of the community survey ranked mental and behavioral health access high. The following graph shows the level of need based on participant responses.



Behavioral Health: Drugs

Data available through the Illinois Department of Public Health Opioid Data Dashboard provides an overview of mortality trends by type of opioid. In 2019 and 2020, five deaths were reported due to overdose. According to the Opioid Dashboard, Bond County opioid deaths were related to synthetic-involved (fentanyl, carfentanil) and natural or semi-synthetic-involved (morphine, codeine, oxycodone, hydrocodone - i.e. pain relievers).

According to 2019 Illinois Health and Hospital Association (IHA) COMPdata, an additional 36 Bond County residents presented to the ED as a result of overdose and intoxication. These presentations did not result in death as timely care was accessed. Of these cases, 66% were adults ages 25-44. When compared to the state of Illinois, Bond County has a younger population impacted by drug use leading to hospitalization. The majority of cases in Illinois are ages 45 and above.



Survey respondents had the following suggestions for how health care could improve education and access to mental and behavioral health services:

“There needs to be a change in stigma concerning mental health, and a priority put on youth intervention and services.”

“Our community needs more opportunities to address mental health before it reaches crisis stage. There are far too few opportunities for counseling and it is confusing and challenging to access available services. Additionally, we need more education to help people understand when and how they should seek mental health care.”

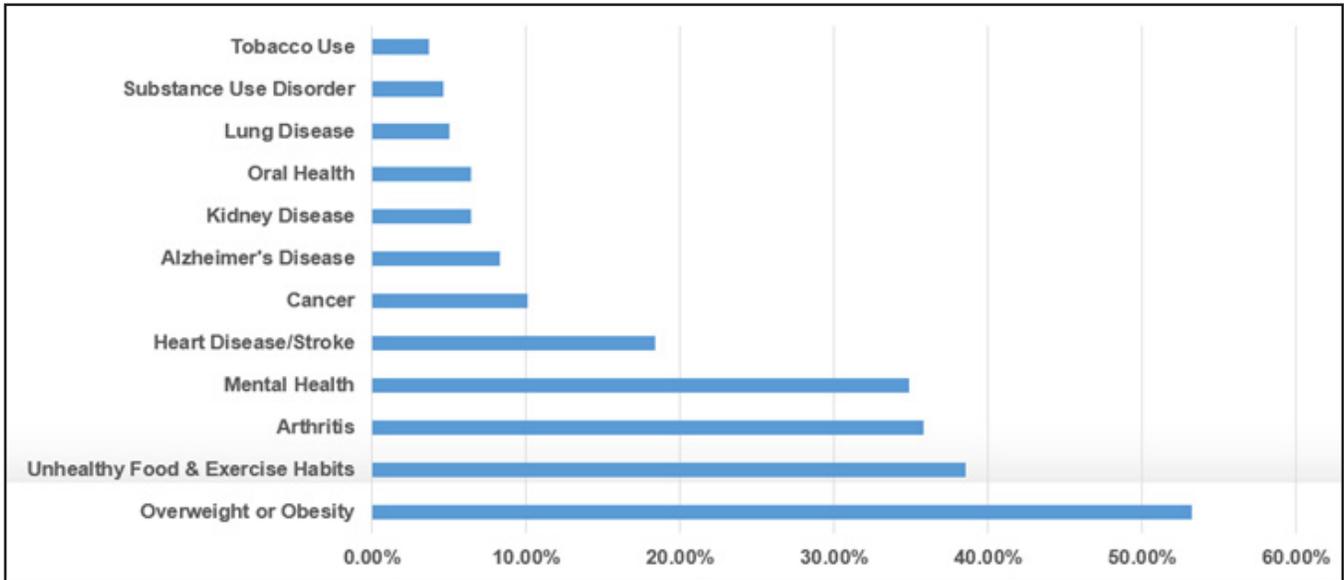
“We need trauma informed health care providers and social service organizations who understand the role trauma plays in health outcomes and the risk of unintended retraumatization.”

Chronic Conditions - including food access and disease prevention and education

According to the County Health Rankings, Bond County is ranked in the lower middle range of counties in Illinois (lower 25% - 50%). Unhealthy lifestyle choices and disease awareness, prevention and management lead to poor health outcomes in a community. According to IHA COMPdata, approximately 59% of Bond County patients who presented in the ED had one or more chronic conditions such as obesity, depression, hypertension or diabetes. There is a higher incidence of adult smoking, physical inactivity, lack of access to exercise opportunities, premature mortality and mental health disorders in Bond County as compared to the state.

Bond County residents experience heart attacks, strokes, diabetes and asthma at a higher rate than the state. Additionally, there is a higher incidence of high blood pressure in Bond County’s Medicare population as compared to the state and nation. According to the Illinois Behavioral Risk Factor Survey, nearly 30% of Bond County residents have been told by a physician they are living with two or more chronic conditions. Lastly, the leading causes of premature death in Bond County are cancer and heart disease, both of which may be preventable and/or manageable with healthy behaviors and early detection and intervention.

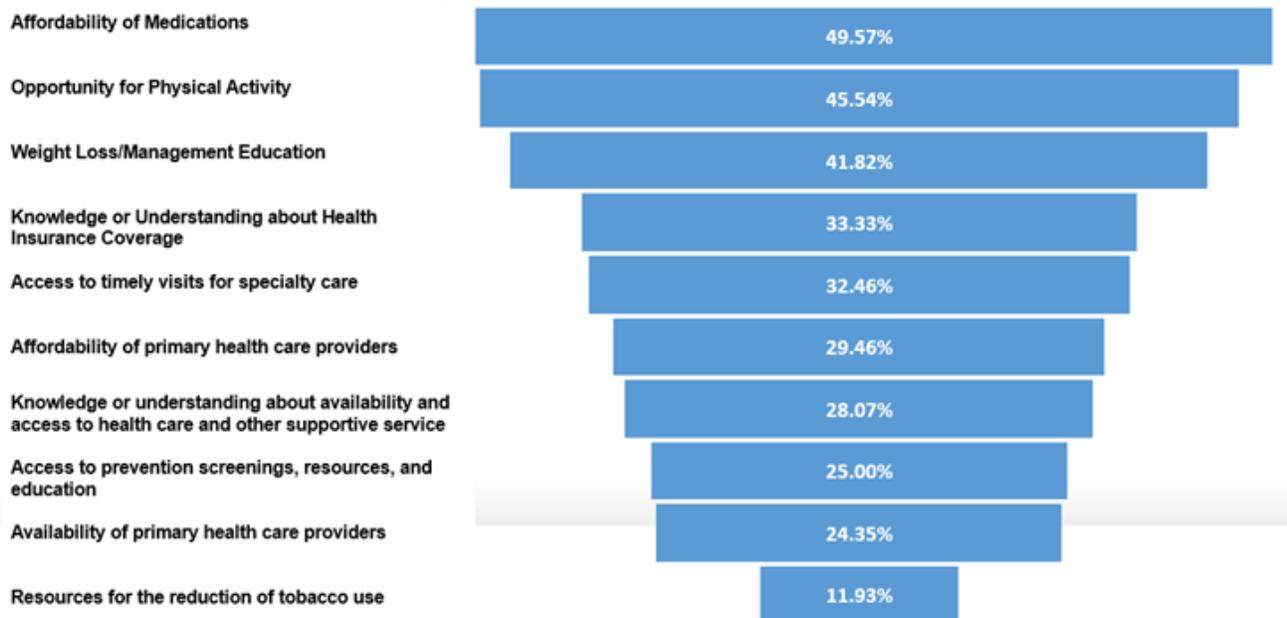
Survey respondents were asked to list health concerns preventing them or a family member from living a healthy lifestyle. Their responses are in the table below. More than 30% of respondents cited mental health, arthritis, unhealthy eating and exercise habits, and overweight and obesity as challenges to living a healthy lifestyle.



When asked about barriers to preventing, treating and/or managing chronic conditions, more than 40% of respondents cited affordability of medications, opportunity for physical activity, and weight loss education as leading factors to improving their health.

Survey respondents had the following suggestions for how health care could improve education and access to mental and behavioral health services:

Increase community access to preventative education and management education; particularly how to prevent the long-term consequences of uncontrolled diabetes.



With recent grocery store closures, it is hard to access health food and fresh produce. Provide education on how to meal plan, shop on a budget, and create healthy meals and snacks for the family.

Holy Family Hospital has a diabetes education program that has been recognized by the American Diabetes Association, meeting national standards as developed and tested under the National Diabetes Advisory Board. This allows some insurances to cover the cost of diabetes education and dietitian consultations for people with diabetes. The hospital also offers weight management and special diets counseling from one of Holy's Family's licensed dietitians. In addition to these hospital-based services, the hospital offers the diabetes self-management program which helps diabetics and their family members learn what their diagnosis means, and how to control their diabetes with lifestyle choices and provider-prescribed medications.

Workforce Barriers - including employment training, housing affordability and child care availability

Bond County unemployment levels, 6.0%, are beginning to decrease following the COVID-19 shutdown spike in April 2020. At that time, Bond County unemployment reached a high of 12.5%. According to Best Neighborhoods, the COVID-19 job loss impact may be as high as 9.3% in some parts of Bond County.

While it is notable that the pandemic has had a large impact on employment, current data also suggests employment and job training are the top needs for self-sufficiency in low-income families and unemployed individuals.

Bond County unemployment levels, 6.0%, are beginning to decrease following the COVID-19 shutdown spike in April 2020. At that time, Bond County unemployment reached a high of 12.5%. According to Best Neighborhoods, the COVID-19 job loss impact may be as high as 9.3% in some parts of Bond County.

While it is notable that the pandemic has had a large impact on employment, current data also suggests employment and job training are the top needs for self-sufficiency in low-income families and unemployed individuals.

Another main barrier to employment identified in the secondary data search and cited in the community advisory council and survey responses is availability of child care. When main child care facilities were closed due to the pandemic, working families found it hard to maintain full-time employment and find child care opportunities nearby.

While safe and affordable housing came up several times throughout the assessment process, it was most closely linked to affordable housing available to bring new families to the area. Lack of affordable and available housing leads to growth concerns for the county.

Survey respondents had this to say about workforce barriers:

"Without quality child care, workforce development and unemployment are harder to attain, which places a strain of affording safe and quality housing."

"Lack of child care and affordable housing makes sustainable work extremely difficult to maintain. Housing is often less than safe and access to licensed child care workers is hard to find."

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. In addition to the lead organizations: Holy Family Hospital and the Bond County Health Department, the following resources will be considered to develop the implementation plan to address the prioritized community health needs:

Hospitals and related medical groups

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

Walk-in health clinic:

- HSHS Convenient Care Clinic

Community Organizations and Government

Obesity:

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

Mental Health:

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

Alcohol, Tobacco and Other Drug Use

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

Access to Care

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

Next Steps

After completing the FY2021 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 (FY2022 - FY2024) to address priority health needs identified in the FY2021 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.
- 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 FY2021 CHNA report was adopted by the hospital’s governing board on May 24, 2021.

APPENDIX I

Major Contributing Factors

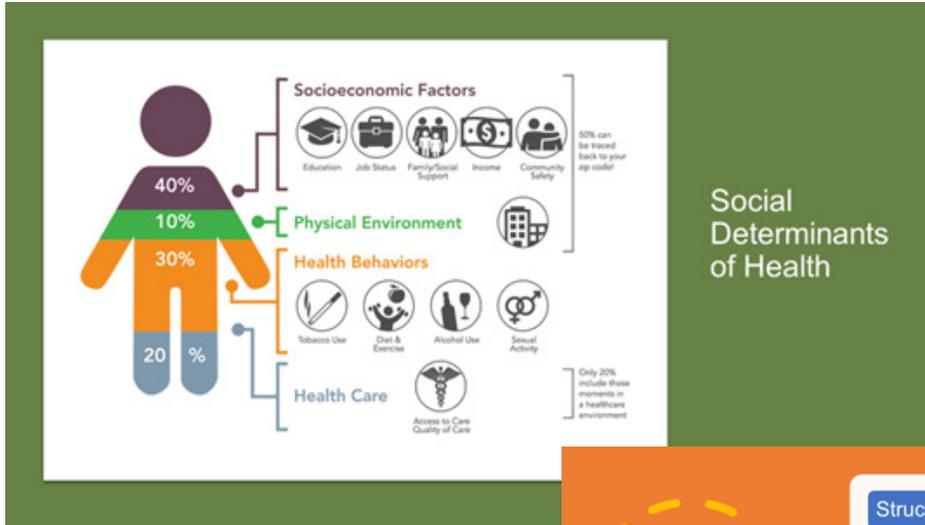
HSHS Illinois Division ministries have identified three major contributing factors for poor health outcomes: 1. Equality, Equity and Justice; 2. Social determinants of health; 3. Access to health and health-care barriers. The Community Health Improvement Plan (CHIP) will guide strategies and shape policies in ways that promote health and health equity. The information below provides definitions of the three major contributing factors and a framework through which we will identify metrics to measure progress toward health equity.

Defining inequities across service areas is critically important to understanding the steps needed to achieve health equity. Urban and rural disparities remain despite progress in closing health and development gaps. Part of the CHNA process was to identify diverse individuals in our markets and focus efforts on gathering their feedback through surveys and/or focus groups to learn where health inequities persist.

Health equity means everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires identifying and addressing obstacles to health, such as poverty, quality education, safe and affordable housing, health care access, safe environments, safe neighborhoods, access to good jobs with fair pay and other determinants as described by the social determinants of health (SDOH). By clearly defining and understanding the differences between equality, equity and justice we can begin to identify gaps and barriers to achieving health equity and social justice in the health care delivery system.

Equality	Equity	Justice
		
<p>The assumption is that everyone benefits from the same supports. This is equal treatment.</p>	<p>Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.</p>	<p>All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.</p>

Social determinants of health are the conditions under which people are born, grow, live, work and age. Medical care drives only 10% to 20% of a person’s overall health. The other 80% to 90% is determined by the complex circumstances in which people are born, grow, live, work and age. The SDOH have a much

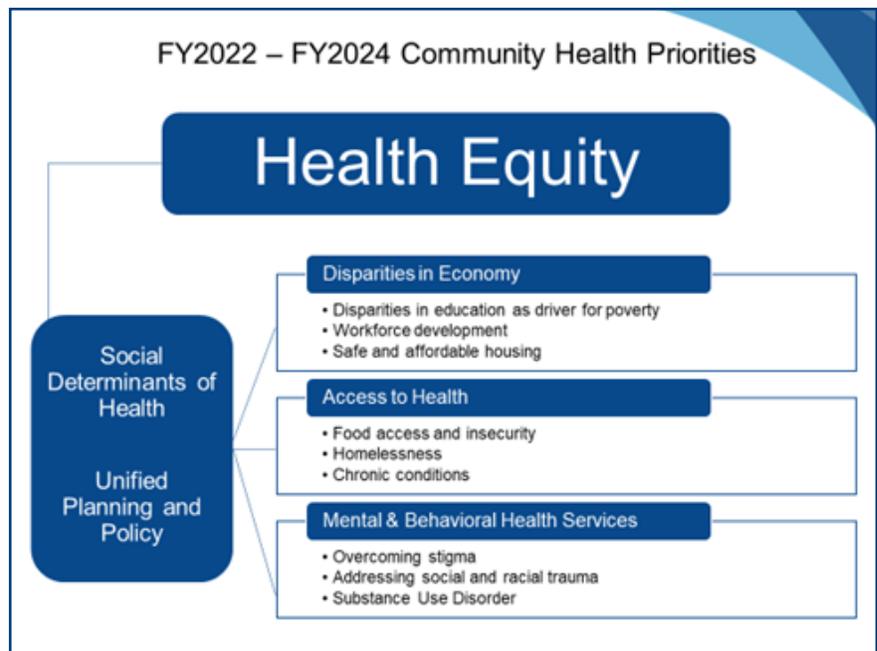


deeper connection to a person’s overall health than their genetic make up and overall risk factors. The SDOH are broken up into four categories: socioeconomic factors, physical environment, health behaviors and health care.

Healthcare barriers or health disparities fall into one of three categories: structural, financial and personal. Each category points to a measured difference in health outcomes that is closely linked with social or economic disadvantages. Health disparities negatively impact groups of people who have systematically experienced greater social or economic obstacles to health.



The reality is that health starts long before illness and even long before birth. The measurement of factors such as SDOH and health disparities or health care barriers can be used to support the advancement of health equity. The diagram below shows the framework our HSHS ministries will use to progress toward more equitable communities while addressing the top needs identified through the CHNA process.



APPENDIX II

2021 Bond County Community Health Needs Assessment

Priorities Analyzed, Reviewed and Prioritized

Eleven original needs were identified by the core group using existing secondary data. The needs identified were:

1. Affordable housing
2. Child care
3. Chronic conditions (prevention and management)
4. Human trafficking
5. Maternal health and child health
6. Mental and behavioral health
7. Nutrition and healthy eating (access and knowledge)
8. Oral health
9. Transportation
10. Violence prevention
11. Workforce development and training

The core group presented the 11 needs to the CAC and led them through a forced ranking exercise. At that time, the needs were narrowed to the following nine:

1. Affordable housing
2. Child care
3. Chronic conditions (prevention and management)
4. Maternal and child health
5. Mental and behavioral health
6. Nutrition and healthy eating (access and knowledge)
7. Oral health
8. Transportation
9. Workforce development and training

The core group then solicited input from community members on the nine priorities identified through the CHNA process. Following a survey analysis, each organization presented findings to their respective internal committees. Holy Family Hospital's internal committee approved the recommended priorities which were adopted by the board of directors as the FY2021 CHNA priorities:

1. Access to mental and behavioral health services
2. Chronic conditions including food access, prevention and education
3. Workforce barriers including:
 - Employment training
 - Safe and affordable housing
 - Child care availability

APPENDIX III

2021 Bond County Community Health Need Assessment

Community Advisory Committee Letter and Meeting Dates

February 26, 2021

RE: Community Health Needs Assessment

Dear Community Partner:

Over the next several months, our organizations will be completing the process for a community health needs assessment (CHNA). The assessment provides an opportunity to review the current health of the community through several categories of data including socioeconomic factors, overall general health, access to health care, and prevalence of disease. Although the assessment is a requirement for the hospital and health department through regulations of the federal Affordable Care Act and the Illinois Department of Public Health, information is utilized by the entities to establish community health improvement priorities and goals.

Involving the community and gaining their input is also a valuable piece! We recognize you as a key partner committed to the overall health of Bond County residents and invite you to be a part of this process. A Community Advisory Council will be convened to assist us with this work. Representation is being sought from health and social service organizations that serve low-income or at-risk populations as well as minorities and individuals with a comprehensive view of Greenville and Bond County. Below is the Council's Charter and timeline of commitment.

Community Advisory Council Charter and Meeting

COMMUNITY ADVISORY COUNCIL CHARTER

The Advisory Council for the Community Health Needs Assessment exists to assist HSHS Holy Family Hospital and the Bond County Health Department in the review of existing data and offer insights into community issues affecting that data. The Council will help identify local community assets and gaps in the priority areas and will offer advice on which issues are the highest priority.

Timeline and Commitment

Members of the Community Advisory Council will be asked to attend two, two-hour virtual meetings in March and June. One-week prior to the meeting, members will receive a PowerPoint presentation, which contains general demographic information along with several data points that contribute to the county's health. Prior to the meeting, we ask participants to familiarize themselves with the data shared and come prepared to discuss and rank top health priorities.

Community Advisory Council Meeting:

March 25, 2021, 9:30 - 11:30 a.m.

Agenda:

1. Introduction
2. Data Discussion: a thorough data dive will be sent to you one week prior to the meeting. The data will include information surrounding the priorities we are asking you to rank.
3. Break Out Groups: the breakout groups will provide an opportunity for deeper discussion around the priority areas and how they should be ranked based on the data presented.
4. Ranking: you will be asked to rank the priorities.
5. Closing

Community Advisory Council Meeting Two
June 23, 12 - 1 p.m. 2021

Agenda:

1. Introduction
2. Focus Group Analysis
3. Final Priority Review
4. Gaps and Assets Analysis
5. Current Initiatives
6. Health Risk Analysis
7. Who else should be at the table?

First Person Data:

Following the CAC meeting, we will conduct Focus Groups (FG) and surveys with county organizations and community members. These invitees will be strategically selected in order to solicit feedback from a broad and diverse range of individuals.

Final Priority Areas:

Information learned throughout this process will help inform the final selection of three - four health priority areas for the organizations, respectively. A follow-up meeting will be held in June to share final priority information and discuss initiatives as well as partnerships for improvements.

We value your knowledge of Bond County, the work you do in the community, and the experience and wisdom you bring to the discussion. Thank you in advance for considering participation in the Advisory Council. Please let us know by **March 8**, if you or someone else from your organization will serve in this role.

Please do not hesitate to reach out to Kim or Barb with any questions or further discussion.

Sincerely,

Kelly Sager, MSN, RN
President and CEO
HSHS Holy Family Hospital

Kimberly Luz, MS, CHES
Division Director, Community Outreach
HSHS Illinois
(217) 544-6464 ext. 50343
Kim.luz@hshs.org

Sean Eifert, MA
Administrator
Bond County Health Department

Barb Strieker, MPH, CHES
Director of Compliance
Bond County Health Department
(618) 301-7872
barbara.strieker@bchd.us

APPENDIX IV

2021 Bond County Community Health Needs Assessment Community Survey

Health Needs Assessment

The Bond County Health Needs Assessment is a collaboration between HSHS Holy Family Hospital and the Bond County Health Department. The following questions will help us best identify the County's priority health needs.

1. Of the following health concerns, which ones are preventing you or a family member from living a healthy lifestyle (check all that apply)

- Alzheimer's Disease
- Arthritis
- Cancer
- Kidney Disease
- Heart Disease / Stroke
- Lung Disease (such as COPD, asthma, etc.)
- Mental Health
- Oral Health
- Overweight or Obesity
- Substance Use Disorder (drugs or alcohol)
- Tobacco Use
- Unhealthy food and exercise habits
- Other (please specify)

2. Of the following social, economic, and environmental factors, which ones are currently a challenge for you or a family member. (Check all that apply)

- Access to Physical Exercise Opportunities
- Affordable Housing
- Child Care
- Employment Opportunities
- Healthy Foods - Availability
- Healthy Foods - Affordability
- Lack of Education or Training for Employment Opportunities
- Transportation
- Unemployment
- Wages not Meeting Basic Living Expenses
- Other (please specify)

3. We are interested in learning more specific information in the following seven areas – chronic conditions, mental health/behavioral health, nutrition and healthy eating, oral health, maternal health and child health, child care, and transportation. For the questions below, please let us know the level of need you see in each area.

Chronic Conditions

	High Need	Some Need	Not a Need	Unaware of Need
Availability of primary health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordability of primary health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordability of medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to timely visits for specialty care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge or understanding about health insurance coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge or understanding about availability and access to health care and other supportive service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to prevention screenings, resources, and education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight loss/management education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources for the reduction of tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

4. Mental Health/Behavioral Health (Including substance use disorder)

	High Need	Some Need	Not a Need	Unaware of Need
Availability of mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early detection of mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stress and anxiety education and resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduced stigma to mental health conditions and substance use disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge or understanding about availability and access to mental health / behavioral health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support for adult family members with a loved who has experienced a mental health condition or substance use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

5. Nutrition & Healthy Eating

	High Need	Some Need	Not a Need	Unaware of Need
Availability of healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordability of healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education on nutrition/healthy cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy snack and beverage options at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight/obesity prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

6. Oral Health

	High Need	Some Need	Not a Need	Unaware of Need
Availability of dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordability of dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timely access to a dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of a dentist who accepts my insurance coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

7. Maternal Health & Child Health

	High Need	Some Need	Not a Need	Unaware of Need
Access to prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breastfeeding support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-Partum Depression - Diagnosis & Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adequate nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to immunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring programs for kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

8. Child Care

	High Need	Some Need	Not a Need	Unaware of Need
Availability of child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordability of child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care on evenings & weekends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care options for crisis/family emergencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

9. Transportation Needs

	High Need	Some Need	Not a Need	Unaware of Need
Health care in the county	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care out of the county	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local shopping for groceries, household items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

10. In the order of importance, please rank the following health concerns that you feel need to be addressed. Mark your highest priority as 1 (ONE) and your lowest priority as 5 (FIVE)

	Highest Priority - 1	2	3	4	Lowest Priority - 5
Chronic Conditions (such as asthma, cancer, diabetes, heart disease, stroke)	<input type="radio"/>				
Mental Health/Behavioral Health	<input type="radio"/>				
Nutrition & Healthy Eating	<input type="radio"/>				
Oral Health	<input type="radio"/>				
Maternal Health & Child Health	<input type="radio"/>				

11. From the top three you selected above, what do you think healthcare could do to improve these health issues.

12. In the order of importance, please rank the following social, economic, and environmental factors that you feel need to be addressed. Mark your highest priority as 1 (ONE) and your lowest priority as 4 (FOUR)

	Highest Priority - 1	2	3	Lowest Priority - 4
Affordable Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce Development & Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. From the top three you selected above, what do you think healthcare could do to improve these social, economic, or environmental issues.

14. Is there anything else you would like to share with us about the community health needs?

NOTE: If you are completing this survey as a representative for your organization, please also include the name of the organization and a brief description about the individuals you serve.

COVID-19 Information

The next set of questions pertain specifically to COVID-19. The information collected here will help us better understand the best and most efficient way to communicate information.

15. Where did you find helpful information about COVID-19? Please check all that apply.

- Health Care Provider
- Newspaper
- Radio
- Employer
- Center for Disease Control & Prevention or Bond County Health Department Websites
- Other (please specify)

16. Did you have difficulty obtaining testing or care for COVID-19?

- Yes
- No
- None of the above

17. Where would be the best place for you to receive ongoing health and wellness information and communications?

	Least Desired Place = 1	2	3	4	Most Desired Place = 5
Computer Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Churches and other Faith-Based Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Radio Stations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Newspaper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Based Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Media (Facebook, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Civic Organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

General Demographic Information

This information will not be used to identify you as a participant. The information is important to ensure we have data that represents all members of the community.

18. What is your household zip code?

- 62086 – Sorento
- 62246 – Greenville
- 62253 – Keyesport
- 62262 – Mulberry Grove
- 62273 – Pierron
- 62275 – Pocahontas
- 62284 – Smithboro
- Other (please specify)

19. Please identify your gender:

- Male
- Female
- Prefer not to say
- Other (please specify)

20. Age (select one)

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

21. What is your race:

- White or Caucasian
- Black or African American
- Asian or Asian American
- Other (please specify)
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

22. Are you Hispanic / Latino(a)

- Yes
- No

23. What is the highest level of education you have completed?

- Less than High School
- High School diploma or equivalent
- Trade or technical school beyond High School
- Some College
- 4-Year College
- More than 4-Year Degree

24. What is your disability status?

- Do not have a disability
- Have a disability

25. What is your approximate household annual earned income before taxes?

- Under \$20,000
- Between \$20,000 and \$40,000
- Between \$40,001 and \$60,000
- Between \$60,001 and \$80,000
- Between \$80,001 and \$100,000
- Over \$100,001
- Retired
- Prefer not to say

26. What type of health care coverage do you have?

- Commercial Health Insurance
- Health Insurance through employment
- Insurance from the Marketplace
- Medicare
- Medicaid
- Faith Based Cost Sharing Plans
- No Health Care Coverage

27. Do you have access to the internet at your home?

- Yes
- No

28. How many children under the age of 18 are currently living in your household?

- None
- 1
- 2
- 3
- 4
- More than 4

APPENDIX V

2021 Bond County Community Health Needs Assessment Community Survey Results

The community survey returned 127 completed surveys. Diversity in respondents including disability status, gender, age, education and income levels were favorable. More work needs to be done to hear from individuals under the age 35 and individuals without college.

During the community health improvement plan (CHIP) process, we will solicit additional feedback from groups not represented; as well as more feedback overall, through focus groups. More information on the CHIP process, focus group identification and analysis will be included in the final plan.

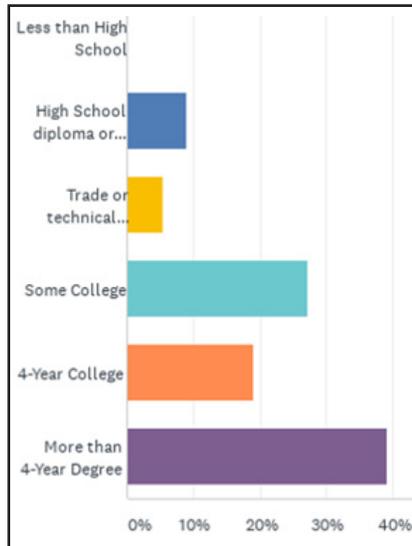
Below is demographic data representing the survey respondents:

Gender: Female	76%
Gender: Male	22%
Gender: Prefer not to say	2%
White	97%
Living with a disability	14.55%

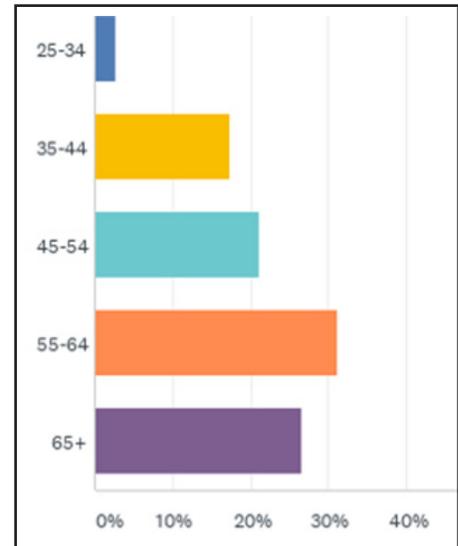
Income



Education



Age Range



Participants were asked to rank the nine priority areas in order of importance with 1 (ONE) being the most important, and 3 (THREE) being the least important.

For the purposes of the survey and the CHIP, the following definitions were used for each category:

- Mental and behavioral health: focuses on a person’s psychological state; and substance use disorders and addictions such as: alcohol, prescription drugs, legal substances such as marijuana and illegal drugs.
- Nutrition and healthy eating: include access to nutrient dense foods, knowledge of menu planning and food preparation and food choices.
- Chronic conditions: includes education and access to disease prevention, disease screening and disease management.
- Workforce development: access to workforce training opportunities including job skills development, life skills development, resume and interview skills development, and internship and job shadowing opportunities.

- Maternal and child health: includes pre and post-natal care, health access, and child health through 18.
 - Oral health: includes access to oral health providers, insurance coverage, personal dental hygiene.
 - Child care: includes access to and affordability of safe child care.
 - Transportation: includes access to transportation to work, healthcare appointments, grocery and other essential locations.
 - Affordable housing: includes availability of housing that does not burden the homeowner or renter.
-
9. 4.16 - Mental and behavioral health
 8. 3.83 - Chronic conditions
 7. 3.19 - Child care
 6. 2.80 - Nutrition and healthy eating
 5. 2.65 - Affordable housing
 4. 2.60 - Maternal and child health
 3. 2.38 - Workforce development
 2. 2.17 - Oral health
 1. 1.95 - Transportation

APPENDIX VI

Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2018 – FY2021 CHNA

As part of the identification and prioritization of health needs, the internal Community Benefit Team considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact health priorities. Prioritization was based on scope, severity, and burden; health disparities associated with the need; the importance the community places on addressing the health need; the hospital and community assets and resources available to address the health need; and local expertise and input.

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

1. Access to Care
2. Obesity
3. Mental Health
4. Alcohol, Tobacco and Other Drug Use (ATODA).

Implementation Strategies established to address these needs through specific initiatives included:

ACCESS TO CARE

Goal: Increase access to care for Highland area community members, with a focus on low-income and elderly populations.

Strategy 1: Transportation

Holy Family offers free transportation courtesy of the Friends Van for individuals to medical, dental and other personal appointments that encompass a service area within a 20-mile radius of Greenville. Since FY2019, more than 5,000 staff hours have been committed to the operation of the Friends Van and more than 9,000 individuals have received free transportation to healthcare services.

Overall, this service has improved access to health and healthcare for rural residents as well as residents without access to transportation. The service is a collaborative between St. Joseph's Hospital in Highland, St. Joseph's Hospital in Breese and Holy Family Hospital in Greenville. These ministries plan to continue overcoming healthcare access barriers by continuing the Friends Van service.

Strategy 2: Walk-in clinic

Holy Family Hospital subsidized a walk-in clinic to provide patients who do not need emergency services with access to care after normal hours. The hospital subsidized the health clinic at a cost of more than \$737,076.

Strategy 3: Healthcare screenings and education

The annual community-wide Health Fair, which is staffed by health care professionals and providers, served more than 1,000 participants. Services ranged from discounted labs for prostate specific antigen blood test (PSA), lipids, CBC, TSA, BMP and hemoglobin A1-C, Vitamin D blood test, and ColoVantage. Other organizations were invited to participate in the fair to provide screenings and other health information. Representatives from the Lemuel Rhodes Cancer Foundation, which provides assistance to area residents with cancer, was also present. Through the years, life-threatening and serious medical conditions have been discovered through testing performed in association with the Health Fair.

Programs are provided every other month at the local Senior Center during the lunch meal program. Approximately 20 seniors are usually at the Center and topics presented have covered senior wellness, fall prevention, diabetes and self-care and heart health.

OBESITY

Goal: Make nutrition and healthy living education and programs available for all members of the community.

Strategy 1:

Raise awareness and provide community education and resources

Two nutrition programs are held annually to improve healthy living. Led by registered dietitians, topics include learning recommended daily limit for added sugars and where to look for added sugars when making food choices, a cooking demonstration that included heart-healthy recipes and identifying types of fat that decrease or increase the rate of cardiovascular disease. Additionally, a panel was held in conjunction with the Diabetes Support Group for community members to learn more about nutrition and medication as it relates to diabetes management.

MENTAL HEALTH

Strategy 1:

Screen and connect emergency department patients with appropriate substance treatment and recovery services

Goal: In partnership with other community organizations, create awareness of and access to mental health services in the community.

The Bond County Health Department operates Prairie Counseling Center, a community behavioral health clinic. Available services include individual and family therapy, psychiatric treatment, case management, and assessments for mental health and substance abuse. In addition to these community services, Holy Family Hospital subsidizes a senior wellness program supporting individuals 55 years of age and older.

In FY2019, St. Joseph's Hospital launched a partnership with Chestnut Health to explore an ED-based partnership to connect engagement counselors with patients presenting with Substance Use Disorder. Successfully implemented in FY2019, the program was suspended for a short-term during the pandemic. The two organizations began discussions again in FY2021 to reengage and offer the substance treatment and recovery program once again.

ATODA

Goal: Reduce the instances of abuse of alcohol, tobacco, and other drug use in Bond County.

Strategy 1:

Leadership engagement in coalition building

Leadership of the hospital's inpatient medical stabilization management service was active with the Partnership for Drug-Free Communities. This partnership serves Bond, Madison, St. Clair, and surrounding counties. More than 50 organizations comprise the membership that includes health departments, hospitals, police departments, city and county government along with other not-for-profit entities involved with treatment and recovery. A web-based treatment finder was added to the Coalition's website during the past year. A pocket-size resource card was also made available and was dispersed widely throughout the counties.

Bond County received resources through grant funding from the Illinois Department of Human Services' Division of Substance Use Prevention and Recovery. The grant award was made to Chestnut Health Systems, an organization focused on substance abuse disorder treatment and mental health care. The grant is intended to extend services, including medication-assisted treatment, to counties that have few available resources. Bond County was one of five counties targeted in the grant. Funds from the grant were utilized by Chestnut Health System to hire a recovery coach for the area. The recovery coach is available to assist individuals in overcoming their addictions as well as sustaining recovery.

Holy Family Hospital leadership engaged in a partnership with the Bond County Recovery Oriented Systems Committee in FY2021. As part of this team, a strategic plan will be developed to identify gaps in treatment and recovery care and how stakeholders can work collaboratively to address gaps in care.

