



Community Health Needs Assessment 2018

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

An assessment of Clinton County, Illinois conducted jointly by HSHS St. Joseph's Hospital, Bond 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 previous CHNA 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 Clinton County, Illinois. Data collected throughout the assessment process was supplemented with sources including federal or state level health agencies, such as the Center for Disease Control and Prevention and the Illinois Department of Public Health, and non-profit and academic entities such as Feeding America and the University of Washington's Institute for Health Metrics and Evaluation, as well as 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

HSHS St. Joseph’s Hospital, Breese is a not-for-profit hospital serving predominantly Clinton County, Illinois. Located in south central Illinois, the hospital is the sole acute care hospital in the county. With hospitals located in two adjacent counties not providing obstetrics services, St. Joseph’s Hospital serves a larger market area for women and infant’s services and includes the counties of Bond, Madison, Washington, and Marion.

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 \$3,500,000.

Current Hospital Services and Assets

Major Centers & Services	Statistics	New Services & Facilities
<ul style="list-style-type: none"> • Acute Care Hospital • Level II - Nursery • Level III - Emergency Department • Immediate Care 365 – Walk-in clinics in two county locations: Carlyle & New Baden 	<ul style="list-style-type: none"> • Total Beds: 70 • Total Colleagues: 333 • Admissions: 1,282 • ED visits: 8,297 • Births: 558 • Inpatient surgeries: 344 • Outpatient surgeries: 2,969 • Active Medical Staff: 27 • Volunteers: 27,900 service hours 	<ul style="list-style-type: none"> • New Outpatient Surgery Center with private entrance and waiting areas for patients and visitors. • Addition of 3D mammography. • Addition of new imaging and fluoroscopy room. • Addition of two orthopedic surgeons to provide services in the specialty clinic. • Addition of urology services.

Hospital Accreditations and Certifications

- The Joint Commission Gold Seal of Approval accredited programs (surveyed 2015) include: Hospital, Behavioral Health Care, Home Care, Laboratory Accreditation Program
- The Joint Commission 2013 and 2014 “Top Performer for Quality Measures”
- The Joint Commission 2014 and 2015 “Top Performer on Key Quality Measures” for Pneumonia, Surgical Care, Immunization, and Perinatal Care
- The Joint Commission 2016 “Top Performer for Quality Measures” for Laboratory and Behavioral Health
- College of American Pathology 2016 Accreditation for Lab
- Standby Emergency Department Pediatrics 2016 Accreditation for ER

Hospital Awards

- Blue Cross Blue Shield 2016 “Blue Distinction Center+ for Maternity Care
- CMS 2016 5-Star Quality Rating
- IHA 2016 Illinois Hospital Association Quality Excellence Achievement Award - Healthcare System category
- Leapfrog 2017 Straight “A’s” for Patient Safety

- National Rural Health Association 2016 “Top 20 Rural Community Hospitals in America”
- Press Ganey – 2015 “Guardian of Excellence in Patient Experience in Inpatient Care and HCAHPS”
- Practice GreenHealth 2015, 2016 “Partner Recognition Award”
- Practice GreenHealth 2017 “Achievement in Sustainability”
- Press Ganey – 2015 and 2016 “Guardian of Excellence in Physician Engagement”
- Press Ganey – 2015, 2016, 2017 “Pinnacle of Excellence in Patient Experience”
- Truven Health Analytics Award – 2015 and 2016 Top Hospitals: Small Hospital Category
- Truven Health Analytics Award – 2015 and 2016 Everest Award

Community Served by the Hospital

St. Joseph’s Hospital’s service area is comprised of approximately 503 square miles with a population of approximately 37,760 residents and a population density of 75 people per square mile. The service area consists of the following cities and rural communities: Albers, Aviston, Bartelso, Beckemeyer, Breese, Carlyle, Centralia, Damiansville, Germantown, Hoffman, Huey, Keyesport, New Baden, and Trenton. For the purposes of the CHNA, the hospital defined its primary service area broadly as Clinton County, Illinois. The hospital’s patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Demographic Profile of Clinton 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>
Clinton County	37,762	37,729	-33	-.09%
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>
Clinton County	37,929	8195 (21.61%)	3135 (8.27%)	5241 (13.82%)	4820 (12.71%)	5686 (14.99%)	4899 (12.92%)	5953 (15.70%)
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>
Clinton County	26,577	2773	10.43%
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>
Clinton County	35,992	3,193 (8.87%)	7907 (21.97%)
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>
Clinton County	11.3%
Illinois	6.8%

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

<i>Report Area</i>	<i>% of Population who are disabled</i>
Clinton County	11.8%
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>
Clinton County	8%	3%	9%	87%	28.1%
Illinois	11%	2.9%	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 Clinton 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 and community benefit committee 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. External components and steps included:

- Interviewing key community stakeholders
- Hosting focus groups
- Reviewing/utilizing past CHNAs

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.

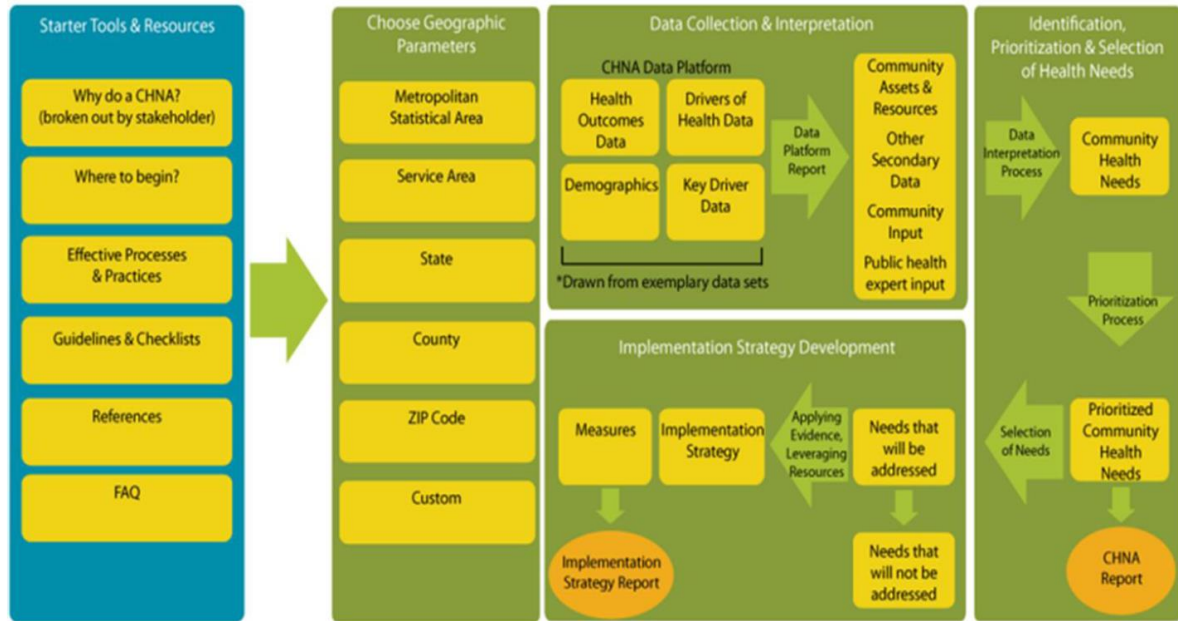
Defining the Purpose and Scope

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

	<p>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.</p>
<p><u>Illinois Youth Survey</u></p>	<p>The University of Illinois Center for Prevention Research and Development conducts continuous surveying of Illinois youth on social and health indicators.</p>
<p><u>Institute for Health Metrics and Evaluation (IHME)</u></p>	<p>The IHME created a county-based map displaying county-level prevalence of health behaviors (e.g. smoking) and outcomes.</p>
<p><u>National Center for Health Statistics (NCHS)</u></p>	<p>The NCHS provides vital statistic data related to births (e.g. teen births, low birthweights).</p>
<p><u>National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</u></p>	<p>This CDC organization provides data on incidence/prevalence of infectious disease.</p>
<p>OneSource Global Business Browser <u>(County Health Rankings)</u></p>	<p>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.</p>
<p><u>Pediatric Nutrition Surveillance</u> (county level data provided by the Illinois Department of Public Health)</p>	<p>Data from the CDC on pediatric nutrition, health, and family behaviors among children under the age of 5 years old.</p>
<p><u>Safe Drinking Water Information System (EPA)</u></p>	<p>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</p>

	an environmental factor.
<u>The National Center for Educational Statistics (NCES)</u>	The NCES collects data and analyzes statistics related to American education, including the proportion of students who are eligible for the free lunch program.
<u>Uniform Crime Reporting-FBI</u>	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.
<u>US Census</u>	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.
<u>USDA Food Environment Atlas</u>	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.

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 (affordability and transportation)
- Mental Health
- Chronic Diseases (cancer, cardiovascular health, diabetes)

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:

- Breese District 12 Elementary School*
- Catholic Charities*
- City of Breese
- City of New Baden
- Clinton County Coroner's Office
- Clinton County Health*
- Community Link*
- Community Physicians
- Community Resource Center – Centralia*
- Countryside Manor – Aviston
- Hoyleton Ministries*
- HSHS Foundation Board
- HSHS Home Care Southern IL

- Kaskaskia College
- SAFE (Sexual Assault and Family Emergencies*)
- South Central Transit
- Trenton Village Retirement
- University of Illinois Extension
- Wesclin CUSD #3*
- YMCA

*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 November 6, 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 November 20, 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 28 @ 11:30 a.m., Board room. St. Joseph Hospital, Breese, IL
- November 28 @ 1p.m., Board room. St. Joseph Hospital, Breese, IL
- November 28 @ 3p.m., Board room. St. Joseph Hospital, Breese, IL

In total, 22 stakeholders participated in the engagement sessions (6 attended the 11:30 a.m. group, 9 attended the 2 p.m. group, and 7 attended the 4 p.m. group). A complete list of those invited to the sessions 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 Community Link, Community Resource Center, and Clinton 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 committee 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**

Overview of Priorities

Obesity

Data suggests that the percentage of the Clinton County population overweight or obese is comparable to the state rate – 28 percent for the county and 27 percent for the state. However, many stakeholders voiced their concern that too many residents in Clinton County live an unhealthy lifestyle. The 2015 Community Health Needs Assessment for HSHS St. Joseph’s Hospital identified prevention of illness and disease through health, exercise, and nutrition as an area that the hospital wanted to encourage within its service area by continuing to offer health education and nutrition information as well as exercise programs through their partnership with the YMCA. Additionally, to help individuals diagnosed with diabetes to live healthier lives, HSHS St. Joseph’s Hospital established a diabetes support group.

However, outreach has been a struggle as many residents in the St. Joseph service area do not or are unable to take advantage of these programs. Several of the stakeholders stated that they knew the cost of membership to the YMCA was a barrier for some. Currently, the YMCA does not offer any free membership opportunities, however there are scholarship and financing options. Yet, a representative from the YMCA noted that discussing financial issues with Clinton County residents is not a comfortable conversation topic as many do not want to admit that they cannot afford the fee. Still, many stakeholders felt the lack of availability to free indoor exercise was an impediment to many low-income individuals. As one participant noted, “I don’t know of any place that offers free indoor exercise so I would certainly see that as an issue, but I would see that as a Clinton County issue.”

Data suggests that, on average, Clinton County residents get slightly less exercise than compared to the state rate. When this data was discussed in one engagement session, one participant stated that he thought it would be interesting to see the data cross tabulated with income. At the time, we did not have that available. However, as seen below, an individual’s income level seems to correlate with their income, meaning those who make more money seem to also exercise more.

During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

	<i>Do You Get Any Exercise? (Male)</i>	<i>Do You Get Any Exercise? (Female)</i>	<i>Do You Get Any Exercise? (Combined)</i>
Clinton County	72.8%	74.7%	73.7%
Illinois	77.9%	74.2%	76.0%

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

	<i>Do You Get Any Exercise?</i> <i><\$15,000</i>	<i>Do You Get Any Exercise?</i> <i>\$15,000-\$30,000</i>	<i>Do You Get Any Exercise?</i> <i>\$35,000-\$50,000</i>	<i>Do You Get Any Exercise?</i> <i>>\$50,000</i>
Clinton County	No data	64.6%	70.9%	78.1%
Illinois	60.7%	69.5%	76.2%	84.6%

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

When looking at data for the school age population, the most recent data suggests that the rate of overweight/obesity among HSHS St. Joseph’s service area’s school age populations has either remained stable or decreased slightly, while the rate of overweight and obesity among the area’s adult population has slightly increased. Nonetheless, when looking at the following statistics from the Illinois Youth Survey, the results are mixed as to whether Clinton County youths are developing habits for healthy living.

Overweight and Obesity in Adolescents

	<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>
Clinton County	17%	14%	16%	6%	12%	11%
Illinois	15%	11%	16%	11%	15%	11%

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

Fruit and Vegetable Consumption

	<i>8th Grade (4+ servings of fruit/day)</i>	<i>8th Grade (4+ servings of veggies/day)</i>	<i>10th Grade (4+ servings of fruit/day)</i>	<i>10th Grade (4+ servings of veggies/day)</i>	<i>12th Grade (4+ servings of fruit/day)</i>	<i>12th Grade (4+ servings of veggies/day)</i>
Clinton County	9%	6%	4%	5%	6%	5%
Illinois	16%	11%	11%	8%	9%	7%

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

Screen Time

	<i>≤2 hours TV viewing a day</i> <i>8th Grade</i>	<i>≤2 hours TV viewing a day</i> <i>10th Grade</i>	<i>≤2 hours TV viewing a day</i> <i>12th Grade</i>
Clinton County	26%	24%	25%
Illinois	19%	18%	19%

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

Physical activity

During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

Clinton County	8 th grade	10 th grade	12 th grade
0 days	4%	4%	5%
1 day	4%	1%	4%
2 days	11%	5%	6%
3 days	16%	8%	13%
4 days	6%	8%	11%
5 days	21%	26%	18%
6 days	11%	16%	14%
7 days	26%	32%	28%

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

Illinois	8 th grade	10 th grade	12 th grade
0 days	7%	9%	11%
1 day	5%	6%	6%
2 days	8%	9%	8%
3 days	13%	11%	12%
4 days	11%	9%	9%
5 days	19%	18%	22%
6 days	9%	12%	10%
7 days	29%	25%	22%

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

One of the key aspects pointed out by many participants is that the rates of overweight/obesity and many diseases are directly related to lack of nutrition education. As one participant cited:

Sugar additives play in everything and that contributes to obesity, diabetes, and tooth decay. In Clinton County, I have done health fairs at the high schools in town and I would say 65% to 75% of the kids start off their day with a soda. And I would say it's not much different for adults, and things like that add up during someone's life and, unless you're extremely lucky, you will wake up one day with diabetes and so that has a large part to play.

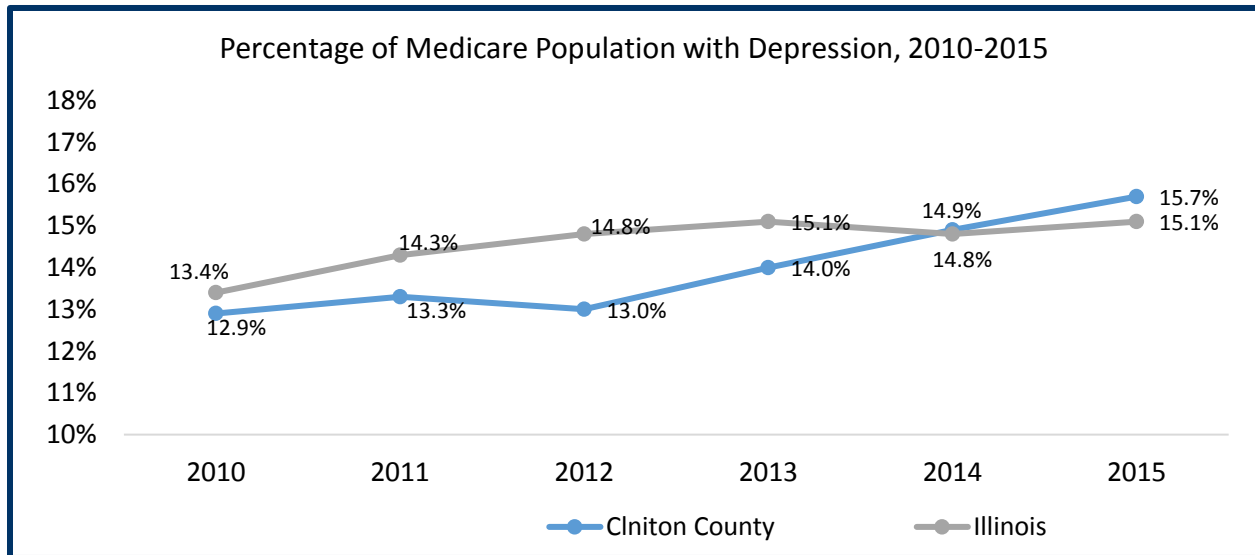
Mental Health

Data suggests individuals living in HSHS St. Joseph's Hospital's service area might have slightly higher rates of suffering from mental illness and certainly have less access to mental health care providers. As seen in the table below, there is only one mental health provider for every 3440 residents in Clinton County. The state ratio is one mental health provider for every 580 residents.

Report Area	Ratio of Population to Mental Health Providers
Clinton County	3440:1

Data Source: Center for Medicare and Medicaid Services, National Provider Identification, 2016, via the County Health Rankings. Source geography: County.

The proportion of Medicare beneficiaries treated for depression in Clinton County is 15.7%. The statewide average is 15.1% percent. Though the difference is minimal, the more troubling aspect is the increasing rate of depression among Clinton County's Medicare population. As seen below, since 2010 the rate of depression has increased by nearly three percent.



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

In addition, the mortality rate from suicide and self-inflicted injury in the area was 10.3 per 100,000 compared to 9.7 per 100,000 statewide.

Many of the stakeholders discussed the complications untreated mental health can cause. Said one participant, “When people have a mental health issue if there is a stigma [around mental health] they’ll turn to drug use rather than finding someone to help. I see the two as a big issue. If you have an issue and there’s no one to help or they treat mental health but not drug abuse...then you get sent to jail and that doesn’t treat either.” Another participant reiterated the problem of self-medication: “I think it’s also [a lack of] education. A lot of people don’t realize that stress and anxiety is a mental disorder and it’s a problem. They think I’m just going to go home and drink or smoke a lot and it’s just because I enjoy it. It’s really because they’re trying to handle something instead of see someone.”

Still another stated:

“You see a lot self-medication for mental health and that’s something that the sheriff’s department wanted us to say for them because they couldn’t make it. They mentioned the number of people that end up in jail simply because they have mental health issues and

have nowhere else to go with them and that's not just here but everywhere." Another stakeholder also echoed the fact that there is, "no one experienced with mental health to take them before the police get there, like an in-between."

In response to a comment that many in the community fail to see mental health issues as a problem, one stakeholder stated:

Just to add one thing about mental health. If your communities don't think it's a problem have them look at the public police findings. Something that the police department has said is a huge problem is domestics and domestic problems. The idea to be able to walk into that situation and try to diffuse and get people apart from one another, but after that there's nowhere for these people to go and that goes back to the lack of facilities that are within this region.

School-aged populations are especially vulnerable to mental health issues. In fact, as seen in the table below, the data indicates that 46% of Clinton County's 8th graders report they have experienced sadness or hopelessness that affected their usual activities in the past year. This is compared to the statewide average of 28%. Individuals from local schools who participated in the engagement sessions supported this concern.

	<i>8th Grade</i>	<i>10th Grade</i>	<i>12th Grade</i>
Clinton County	46%	28%	25%
Illinois	28%	33%	31%

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

Many are concerned that young students do not know how to cope with stress and anxiety in a positive manner. Since there is a concern with alcoholism and substance abuse in the county, there is naturally concern that children and adolescents will see inebriation as a viable form of stress release, especially if that is how they see their parents dealing with stress and anxiety. Added one participant, "Part of what I do to teach kids is we have a whole two day lesson on anxiety and what it is. 6th graders have anxiety and don't realize what those thoughts and feelings are because everything is on all the time and more is expected of them and no one is telling them it is normal to feel like that."

While depression among older adults was addressed above, another issue that some stakeholders see happening is an increase in dementia diagnosis among individuals. One engagement session participant summed up the issue: "We have to be prepared there are 55 year olds and 60 year olds getting dementia and its extreme and there's no one around to help, and with our older population we really need to be prepared." Another added, "More and more people are getting dementia and not just those that can afford care but those than can't and they're going to need to go somewhere and have help." Another participant echoed that thought; "I agree. I have a lot of people who come and when dementia kicks in there's not a lot that people can do without going into a nursing home setting and sometimes it's not right for them. Supported living can help if

they just need assistance but cognitively they're not into it... they will decline and they need that help.”

With an aging population, elder care stakeholders are worried about the accelerating rate of dementia in Clinton County. They believe that substance abuse and unhealthy lifestyles are contributing to cognitive decline later in life. In many situations, the children have moved away and are not noticing their parents' mental decline until it is sometimes too late for independent or assisted living situations.

Elder care stakeholders also insisted that the problem is going largely unnoticed because even when they have a patient die of dementia, they say that the physicians are listing another cause on the death certificate. Said one participant:

And the problem is even on death certificates, and we're trying to change this, is physicians are even saying people aren't dying of Alzheimer's. They're dying of something else. That's not even on their death certificate and it has to happen because there's no numbers to prove to people [have it]. The same with the physician if we ask for a diagnoses, we get memory loss. We don't have an answer and we go through the motions.

Alcohol, Tobacco, and Other Drug Use

One of the overwhelming concerns of Breese residents is substance abuse. Many voiced their alarm over the number of Clinton County residents they see using and abusing drugs, alcohol, and/or tobacco. Many stakeholders discussed the culture of alcohol and drinking in Clinton County and shared their concerns over how this unhealthy drinking culture conveys the wrong message to the younger generation. Concerns were also expressed over the growing substance abuse problem in the county, particularly with opioids, as well as with the high rate of Clinton County residents that smoke.

For decades, Clinton County has maintained a heavy drinking culture. Many do not seem to mind it as a way to relax in a largely agricultural community of hard-working individuals. However, younger families are concerned that the mass alcohol consumption is a negative message to send to kids in the area and more should be done to protect students from access to alcohol. The engagement session had mixed responses on this topic. People who were parents of high school students were more concerned with the issue and what other dangers occur when teenagers are binge drinking at parties. As one parent stated, “I've only been here for 3 years but you can go to a youth sporting event like a t-ball game and they are serving alcohol at the concession. It's the center for culture and it's a gateway. That's why you see 8th graders using because its accessible, its role modeled, and it's a gateway to other drugs. Alcohol leads to bad nutrition and behavior and a whole bunch of other things.”

Another stakeholder who works in prevention stated:

So I do think there is definitely “Oh Clinton County that’s where you go to drink”. That’s usually where it starts but it can lead to the younger youths drinking, which according to the most recent Illinois Youth Survey, which was done in 2016, the average age of a first drink is 15, and when I went to a high school last week I brought up drinking and almost all were giggling and nudging each other like “oh well, everybody drinks. It’s just something normal and I said do you realize that’s drug use and they’re like ‘well no its not heroin’, but most of these youth aren’t going out and scoring heroin. They’re not starting with heroin; they’re starting with drinking and finding other ways to cope.

On the other hand, older residents were less concerned with teenagers drinking, especially if they are at home and under the supervision of parents. They felt that the drinking culture was around when they were teenagers and that they drank as teens and were still able to be healthy, successful adults. To many, drugs are the real concern compared to alcohol. As one respondent stated, “There’s an awful lot of people I know within Breese and Clinton County that don’t believe that is a problem here and see no problem with alcohol.” Another respondent stated that if parents went from being too cavalier about alcohol to too restrictive, that could also cause problems.

I’ve got cousins in Spain and they don’t have near the alcohol and drug problems that we have in the U.S. and I firmly believe that the parents in those countries...they don’t just say no but they actually let kids have that watered down glass of wine and it doesn’t become that mysterious thing. I just think we are a country that loves to say no and have wars on things but most of those never succeed and they’ll tell anybody not to do something but those people will still do it.

Heavy drinking and binge drinking for adults in Clinton County is higher than the average of the state. Binge drinking is defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, while heavy drinking is defined as drinking more than one (women) or 2 (men) drinks per day on average. The rate of heavy drinking in Clinton County is 16%, which is much higher than the state rate of 9.9%. Similarly, binge drinking in Clinton County for both sexes is much higher than the state rate, with the combined total for the county at 31% while the state rate is 22.4%.

	<i>% Heavy Drinking Male</i>	<i>% Heavy Drinking Female</i>	<i>% Heavy Drinking Combined</i>
Clinton County	19.9%	12.0%	16.0%
Illinois	11.2%	8.5%	9.9%

	<i>% Binge Drinking Male</i>	<i>% Binge Drinking Female</i>	<i>% Binge Drinking Combined</i>
Clinton County	37.1%	24.8%	31.0%
Illinois	28.8%	15.9%	22.4%

Data Source: Institute for Health Metrics and Evaluation, US County profiles 2012.

This data, coupled with the fact that Clinton County has almost four times the amount of bars and drinking establishments at 74.1 per 100,000 than compared to the rest of the state of 20.6 per 100,000, demonstrates how firmly rooted the drinking culture is in the county.

Alcohol use is higher amongst students in Clinton County than compared to the state of Illinois. Nearly one in three eighth grade students (30%) used alcohol within the past year, higher than the state wide rate of 23%. One of the stakeholders, a drug and alcohol prevention specialist who works primarily with school-aged youth, reiterated that the higher student drinking rate in Clinton County is due to the preconceived notion that underage drinking is acceptable because “it’s not meth”. She added:

It’s been proven, and I teach kids, that it’s okay to drink after 21 because your brain has developed. Before that your brain is developing. So we have adults that are like, ‘it’s okay, it’s just alcohol’, but they don’t realize what it’s doing to their brain. They want to ask why kids have behavioral issues or don’t go to school or use other substances.

When discussing the difficulty of changing the culture of drinking in the county, one participant stated, “I can tell 6th, 7th, and 8th graders all day long don’t do drugs and don’t drink, but then they go home and see mom and dad drink a case of beer a week.”

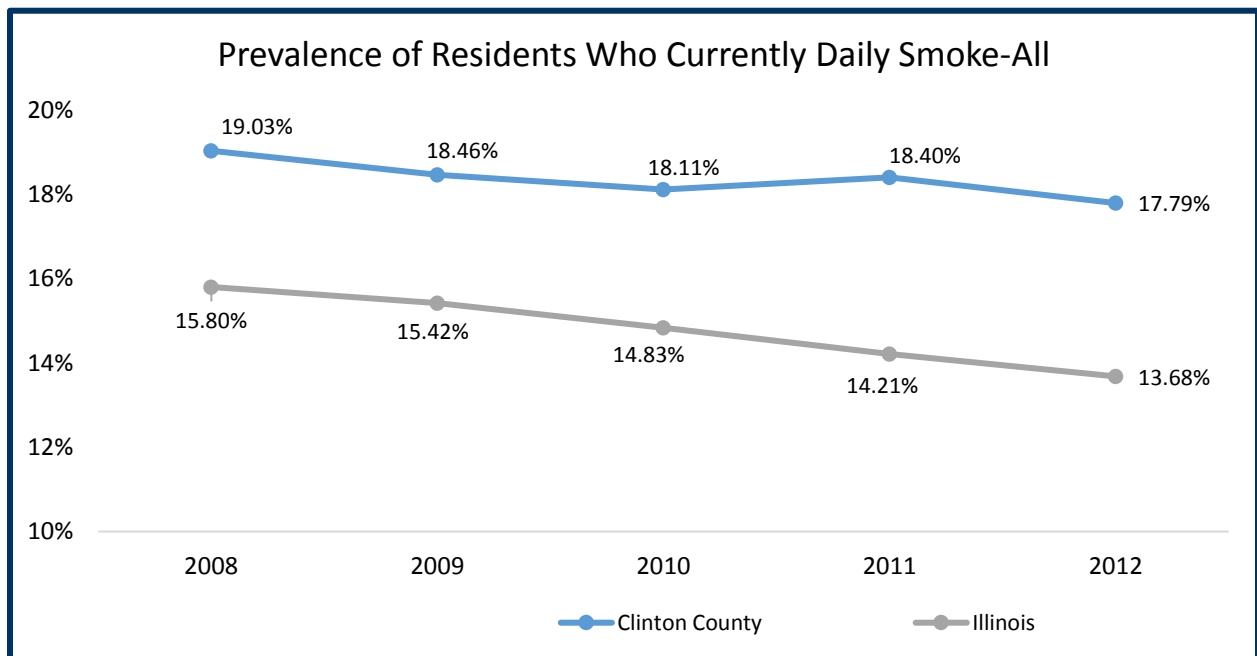
The biggest concern of many of the stakeholders was the rise in heroin, opioids, and prescription medication abuse. According to the Illinois Department of Public Health’s report *The Opioid Crisis in Illinois: Data and the State’s Response*, in 2016, four people in Clinton County died of opioid-related overdoses. The rate of opioid overdose deaths for Illinois was 10.7 per 100,000; in Clinton County the rate was 10.6 per 100,000.

Some lives have been saved by the increased availability of Naloxone (Narcan), a medication created to rapidly reverse opioid overdose. The sheriff’s department in Clinton County is trained to administer Naloxone and has saved several individuals from overdose. However, even this has caused some controversy. As one participant stated, “I know there’s a lot of controversy with the sheriff’s department and Narcan and some think if you can save their life immediately with this they’re just going to think ‘I can do it again because my life can be saved’ so there’s controversy in what people think.” Another participant added, “I would suggest that people actually taking the heroin, in my experience, is that it’s fine with them when they OD and if they die because their life is miserable and what better way to go out than with a high like that and that’s how they look at things and when they get the Narcan they don’t like waking up.”

Law enforcement representatives and school officials discussed how they see drugs affecting the community. As one participant stated, “Opioids and prescription stuff has been seriously on the rise the last 5 years. It’s pretty huge and I don’t know what caused that. My guess is the over prescribing. Kids that are becoming regular drug users usually come from parents using and abusing pills. Whether they’re letting their kids do it or get the kids their own prescriptions so they can do it as well.”

Another stakeholder, in a comment about drug use among the youth of Clinton County, stated, “Kids and opioids are up. They get their own and get their parents’ and heroin is up a little bit, especially among young 20 somethings, but it’s an issue. Young kids are getting their hands on heroin and methamphetamines and a lot of the time it starts with prescription pills.” Many stakeholders expressed the opinion that opiates have been over-prescribed in the community. Said one stakeholder, “Even 6th graders tell me they know where to get alcohol and prescription medications in every house.” This elicited the response, “Obviously it’s a real concern with kids and with adults too with prescription drugs, especially opiates or pain killers... over-prescription leads to abuse and to heroin because heroin is cheaper, and that’s national news. We have an opiate problem and epidemic.” Added another stakeholder, “part of the problem is these elderly have three bags full of pain killers - every kind of pain killer imaginable - sitting around the house and the twenty-something grandkid knows where it is. It’s awful the meds we throw away. It makes you sick.”

One of the major findings of the research was high tobacco use. According to the Institute for Health Metrics and Evaluation, 17.79% of people in Clinton County smoke tobacco. The statewide percentage of smoking is 13.6 percent. The chart bellows shows the prevalence of smoking in Clinton County residents since 2008.



Note: This indicator is compared with the state average. Data Source: Institute for Health Metrics and Evaluation, US Health Map. Source geography: County.

And while nearly 18% of the adult population uses tobacco, Clinton County teens also report a higher tobacco use than compared to the statewide average. As seen in the table below, 13% of

8th graders, 14% of 10th graders, and 20% of 12th graders in Clinton County smoke cigarettes. The state average among the respective ages is 3%, 6%, and 13%.

	<i>8th Grade</i>	<i>10th Grade</i>	<i>12th Grade</i>
Clinton County	13%	14%	20%
Illinois	3%	6%	13%

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

Access to Care

In Clinton County, 92.5% of residents report having a usual source of care, compared to 82.6% of residents statewide. However, as is often the case with many rural hospitals, the stakeholders report a limited or lack of doctors in the area. This is exacerbated by the fact that nearly 29% of the Clinton County population is 55 or over, thus the need for more specialists will arise. 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.

Affecting access to care in Clinton County is the delay of state reimbursement for Medicaid and Medicare. This has resulted in some medical practices closing or providers no longer accepting public insurance. Consequently, this has left some families who depend on Medicare or Medicaid without a local doctor. Oftentimes, the only medical provider who will accept their insurance is out-of-town or even out-of-state, leading to further issues with transportation. One stakeholder summed up the issue:

A lot of adults with developmental disabilities have Medicaid waivers and Medicaid insurance. A lot of [the problems] in Clinton County have to do with the budget impasse and even though they've made a budget decision, the past claims have lead a lot of health care providers to make a decision that they can't take the insurance. Now you're into transportation and accessibility, and now you're in a lot of layers for people with a lot of health needs anyway. Coupled with that, access to dental care has been an issue with Medicare for a long time. I know people on Medicaid and it is difficult...dental is not a driving force but it's had a lot of impact.

According to the Clinton County's Illinois Project for Local Assessment of Needs (IPLAN) 2016-2021, that 48 percent of residents or their family members have missed a medical appointment in the last 12 months due to lack of transportation. The report also found that 44 percent of residents reported that someone in their household has not obtained medical services due to a lack of transportation. A total of 34.8 percent of residents reported that a lack of transportation has a significant impact on access to medical care.

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
- HSHS Medical Group
- Prairie Cardiovascular Services
- SOGA

Affiliated with St. Joseph's Hospital is Clinton County Rural Health – a multi-disciplinary physician network offering internal and family medicine doctors. In addition, there are at least four more physician groups offering access to primary and specialty-care services.

Two walk-in health clinics:

- Immediate Care, Carlyle, Illinois
- St. Joseph's PrimeCare, Highland, Illinois

Community Organizations and Government Agencies

Obesity:

- American Diabetes Association
- Breese Community School District
- Clinton County Health Department
- Community Link
- Community Resource Center
- YMCA
- HSHS Holy Family Hospital Greenville
- HSHS St. Joseph's Hospital Highland

Mental Health

- Area Churches
- Breese Police Department

- Community Link
- Community Resource Center
- Bond County Health Department
- Clinton County Health Department
- Madison County Health Department
- HSHS Holy Family Hospital Greenville
- HSHS St. Joseph's Hospital Highland

Alcohol, Tobacco, and Other Drug Use

- Community Link
- Community Resource Center
- Madison County Health Department
- Bond County Health Department
- Breese Community School District
- Clinton County Health Department
- Clinton County Health Improvement Coalition
- Partnership for a Drug Free Community
- Breese Police Department
- HSHS Holy Family Hospital Greenville
- HSHS St. Joseph's Hospital Highland

Access to Care

- Community Link
- Community Resource Center
- Clinton County Health Department
- Patient Innovation Center
- South Central Transit
- HSHS St. Joseph's Hospital Highland

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 May 31, 2018.

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
Donna Thole	November 28 @11:30	HSHS Home Care Southern IL
Kasey Santell	November 28 @11:30	Breese Dental Group
Karla Smith	November 28 @11:30	Countryside Manor – Aviston
Jamie McCord	November 28 @11:30	Trenton Village Retirement
Phillip Moss	November 28 @11:30	Coroner
Jennifer Filyaw	November 28 @11:30	Wesclin CUSD #3
Michael Schuette	November 28 @1:00	Catholic Charities
Michael Taylor	November 28 @1:00	Community Resource Center -Centralia
Pam Bird	November 28 @1:00	SAFE (Sexual Assault & Family Emergencies)
John Huelskamp	November 28 @1:00	Community Link
Galen Mahle	November 28 @1:00	YMCA
Jill Gebke	November 28 @1:00	University of Illinois Extension
Cheryl Lee	November 28 @1:00	Clinton County Health
Sheila Niederhofer	November 28 @1:00	South Central Transit
Jeff Stark	November 28 @1:00	South Central Transit
Charles Hilmes	November 28 @3:00	City of Breese
Michael Hemmer	November 28 @3:00	City of New Baden
Randy Brandmeyer	November 28 @3:00	Probation
Craig Reverman	November 28 @3:00	Chiropractor
Natasha Morrow	November 28 @3:00	Hoyleton Ministries
Susan Batchelor	November 28 @3:00	Kaskaskia College
Jeff Strieker	November 28 @3:00	Breese District 12 Elementary School

Appendix B.

Evaluation of the impact of any actions that were taken, since the immediately preceding CHNA conducted in FY2015, to address significant health needs identified.

In FY2015, HSHS St. Joseph's Hospital in Breese conducted a Community Health Needs Assessment (CHNA). Primary and secondary data was gathered from multiple sources to assess the hospital's primary service area. Based on the data and the prioritization process, the following priority community health needs were selected:

- Access to Care (Financial and Transportation)
- Mental Health Care
- Chronic Disease Management (Cancer, Cardiovascular Health and Diabetes)

The FY2015 Implementation Plan outlined the strategies that the hospital would undertake to address the priority community health needs identified through the CHNA process. Evaluation of the impact of the actions that were taken in response to the hospital's FY2015 CHNA follows.

Access to Care

Outcomes: Subsidized additional points of access to medical care for those in need. Improved the minority Hispanic population's access to care through an interpreter/navigator program. Distributed information about the health insurance exchange (HIE) and made available enrollment counselors. Researched the need for non-emergency medical transportation and identify potential partners for future collaboration.

In addition to the walk-in clinics, the hospital operates rural health clinics located in small surrounding communities of Carlyle, Germantown, New Baden and Trenton. All three locations are CMS-designated Rural Health Clinics and part of Clinton County's Health Professional Shortage Area. Primary care physicians provide care at the clinics supported by nurse practitioners. Each of the clinics is operated at a financial loss to the hospital.

Mental Health

Outcomes: Identified and evaluated mental health services and community programs, current mental health resources and programs in collaboration with community partners to inform continued development of improved access. The ratio of population to mental health providers is 3,440:1, which is significantly higher than the population to mental health provider ratio based in all Illinois counties, 580:1.

Partnered with the National Alliance for Mental Illness (NAMI) to present two community education programs. Participants were provided with information about mental health resources and support available as well as how to identify someone in mental health crisis. The second program entitled, “Strategies for Staying Positive” was focused on senior mental health issues. Mental health professionals from the hospital’s Senior Renewal program discussed losses that are inevitable as individuals age and strategies for staying positive.

Chronic Disease Management (Cancer, Cardiovascular Health, & Diabetes)

Outcomes: Promoted heart health awareness, and education about cardiovascular disease as well as eating and lifestyle choices. Provided community education about the prevention, identification and treatment options of stroke.

Provided education about the importance of early detection and obtaining screenings as recommended by the American Cancer Society. Provided the American Cancer Society’s “Look Good, Feel Better” program which assists women with the appearance related side effects of cancer. Continued to operate the American Cancer Society’s regional “Wig Closet”, dedicated space to maintain wigs, scarves, and hats for women in Clinton County and surrounding counties undergoing cancer treatment.

Provided information and support to individuals with diabetes to assist with self-management. Provided free health screenings for blood sugar, blood pressure, protein in the urine, and height/weight for persons with diabetes. Provided education to teachers and others in the local school system to safely support children with diabetes at school. Provided the services of a dietician free of charge to other community organizations to provide education about nutrition and healthy eating.

The hospital’s comprehensive diabetes program provides education and support, which enables diabetics to make healthy lifestyle changes for attaining their desired quality of life. The hospital’s Diabetes Support Group provides an opportunity for diabetics along with their caregivers to receive ongoing education and information. Recognized by the American Diabetes Association, the Support Group is led by a certified diabetes educator and a dietician. Held every other month, programming is established based on needs identified by participants. Average attendance at the meetings is 15 individuals.

Hosted two diabetes programs specifically designed to reach the Latino population. Blood pressure and finger sticks to measure blood sugar levels were offered at no cost during a health screening event. A Spanish interpreter was at the screening to assist individuals with obtaining any follow-up needed.

The hospital's dietician provided education throughout the year, participated in the Diabetic Support Group meetings, and also gave presentations at YMCA sponsored programs and a healthy cooking demonstration at the local Farmers Market.

Provided free finger stick measuring blood glucose levels at any of the eight health fairs offered in Breese or the surrounding communities.

Provided at-home colorectal screening kits at all eight health fairs in Breese or the surrounding communities for one dollar per kit.

Partnered with the YMCA to engage experienced wellness professionals to manage the exercise facilities located in the hospital's HealthPlex. In coordination with the YMCA, the hospital's HealthPlex facilities are used for health and wellness events for the community. An outdoor fitness track, which includes six stations with 12 pieces of strength, conditioning and aerobic equipment is open to the community year-round at no charge.

Heart disease is the leading cause of mortality in Clinton County. During February, the hospital promoted heart health awareness and education on cardiovascular disease and healthy eating and lifestyle choices.