



HSHS
St. Anthony's
Memorial Hospital

2024 Community Health Needs Assessment

An assessment of Effingham and Jasper Counties, Illinois conducted jointly by HSHS St. Anthony's Memorial Hospital, Effingham County Health Department and Jasper County Health Department.

HSHS St. Anthony's Memorial Hospital is an affiliate of Hospital Sisters Health System, a multi-institutional health care system comprised of 13 hospitals and an integrated physician network serving communities throughout Illinois and Wisconsin.

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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, assets and resources identified in the CHNA process.

Triennially, HSHS St. Anthony's Memorial 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 FY2021.

In FY2024 (July 1, 2023 through June 30, 2024), St. Anthony's Memorial Hospital conducted a collaborative CHNA in partnership with Effingham County Health Department and Jasper 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 populations of Effingham and Jasper counties were assessed.

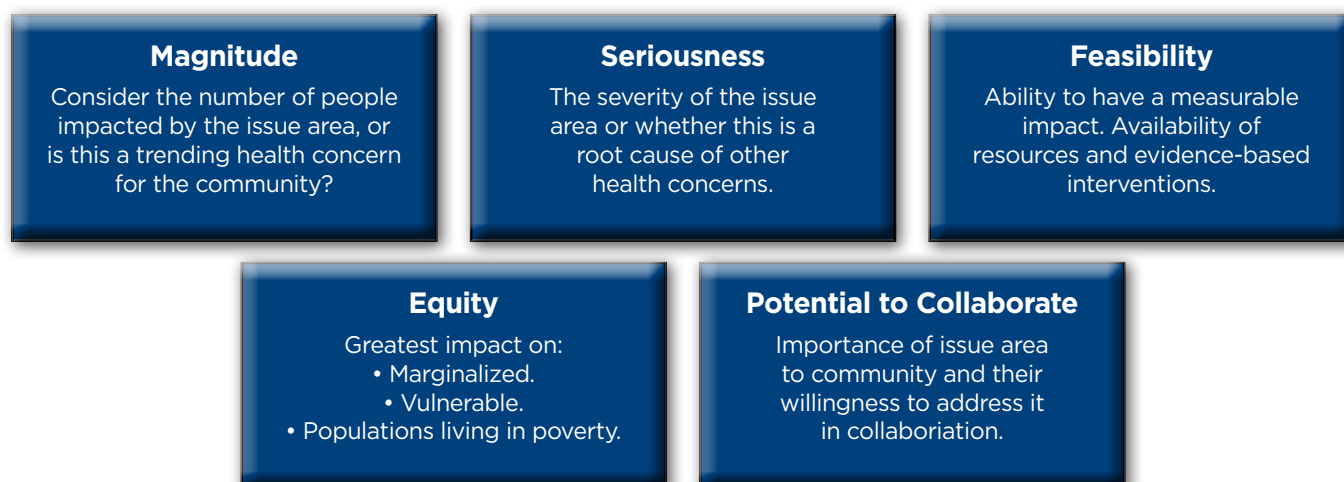
Data collected was supplemented with:

- Community gaps analysis review.
- Community assets review.
- Qualitative data gathered through a CHNA core group.
- Qualitative data reviewed by a community advisory council (CAC) 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 pre-determined 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



HSHS Community Health identifies three guiding principles to achieving sustainable community health. Those principles are considered throughout each step in this process:

1. Health care is efficient and equitable.
2. Good health flourishes across geographic, demographic and social sectors.
3. Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health. (See Appendix I: Community Health Principles).

The CHNA core group provided a thorough review of existing and supplemental data sets around the 11 identified health focus areas to the CAC. A survey was conducted to solicit community feedback on the issue areas. Upon survey closure, 214 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. St. Anthony's internal advisory council approved the two priority areas recommended through the CAC and survey process. See Appendix II for a complete list of needs considered.

These were the two health needs identified based on the defined criteria, survey results, stakeholder input from the CAC and internal input from St. Anthony's leaders.

- Access to mental and behavioral health services.
- Chronic conditions including prevention and management, and healthy behavior education.

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. Anthony's is a fully accredited non-for-profit general acute care health facility. For more than 140 years, the hospital has been the leader in health and wellness in the Effingham community and the south-central region of Illinois. HSHS St. Anthony's has 133 licensed beds and a workforce of over 700 colleagues. The medical staff at St. Anthony's has over 75 active staff members and over 200 consulting physicians representing 39 specialties.

HSHS St. Anthony's 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 13 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 more than 11,000 colleagues and over 1,000 physicians who care for patients and their families in both states.

HSHS has a rich and long tradition of addressing the health needs in the communities it serves. This flows directly from its Catholic identity. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through its broader community benefit programs including health professions education, subsidized health services and community building activities. In FY2023, the hospital's community benefit contribution totaled more than \$9 million.

Current Hospital Services and Assets

Major Centers and Services	Statistics
<ul style="list-style-type: none"> Center for Advanced Imaging Diagnostic and Health Centers Emergency Services Home Care and Hospice Inpatient Care Interventional Pain Management Medical Care Services Physical Rehabilitation and Wellness Prairie Heart Institute Surgical Services Women and Infants Center Women's Services Wound Healing Center 	<ul style="list-style-type: none"> Total Beds: 133 Total Colleagues: 770 RNs: 398 Total Admissions: 3,488 Emergency Department (ED) Visits: 23,824 Births: 668 Surgical Procedures: 2,798 Physicians: 284 Volunteers: 28 active Community Benefit: \$9,982,624

Hospital Accreditations and Awards

- Becker's Healthcare - Top hospitals nationwide for staff responsiveness, based on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.
- The Joint Commission's Gold Seal of Approval® for Orthopedic Recertification for Total Shoulder Replacement Surgery.
- The Joint Commission Gold Seal of Approval® for Advanced Total Hip and Knee Replacement Recertification.
- College of American Pathology Accreditation - Lab.
- The Commission on Cancer, a quality program of the American College of Surgeons (ACS) - Three-Year Accreditation for Cancer Program.
- Healogics® Center of Distinction Award - Wound Healing Center.
- Healogics® Robert A. Warriner III, M.D., Clinical Excellence Award - Wound Healing Center.
- Press Ganey - Pinnacle of Excellence for Clinical Quality
- Press Ganey - Guardian of Excellence Award for Clinical Quality.
- Illinois Department of Public Health (IDPH) - Acute Stroke Ready Hospital Redesignation.

Community Served by the Hospital

HSHS St. Anthony's serves Effingham County and Jasper County along with portions of the counties of Clark, Clay, Coles, Crawford, Cumberland, Fayette, Marion, Richland, Shelby, Wayne and beyond. For the purposes of the CHNA, the hospital defined its primary service area and populations as Effingham and Jasper counties. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Demographic Profile of Effingham County

Data Source: U.S. Census Bureau QuickFacts report period: 2017 - 2021; 2022 Estimates.

Characteristics	Illinois	Effingham 2022	Effingham 2019	Change for County
Total Population	12,812,508	34,668	34,008	+660
Median Age (years)	38.3	39.2	39.4	-0.2%
Age				
Under 5 years	5.6	6.3	6.8	-0.5%
Under 18 years	22.1	24	23.9	0.1%
65 years and over	16.6	18.6	17.9	0.7%
Gender				
Female	50.6	49.6	50.1	-0.5%
Male	49.4	50.4	49.9	0.5%
Race and Ethnicity				
White (non-Hispanic)	76.3	97.3	97.5	-0.2%
Black or African American	14.7	0.7	0.6	0.1%
Native American or Alaska Native	0.1	0.3	0.2	0.1%
Asian	6.1	0.8	0.7	0.1%
Hispanic or Latino	18	2.3	2.3	0
Speaks language other than English at home	23.2	3.2	3.7	0.5%
Median household income	78,433	65,590	56,685	+8,905
Percent below poverty in the last 12 months	11.9	9.3	9.2	0.1%
High School graduate or higher, percent of persons age 25+	90.1	93.1	93.1	0

Demographic Profile of Jasper County

Data Source: U.S. Census Bureau QuickFacts report period: 2017 – 2021; 2022 Estimates.

Characteristics	Illinois	Jasper 2022	Jasper 2019	Change for County
Total Population	12,812,508	9,272	9,610	-398
Median Age (years)	38.3	N/A	43.1	N/A
Age				
Under 5 years	5.6	5.9	6.3	-0.4%
Under 18 years	22.1	22.6	23.2	-0.6%
65 years and over	16.6	21.5	19.8	1.7%
Gender				
Female	50.6	49.5	49.9	-0.4%
Male	49.4	50.5	50.1	0.4%
Race and Ethnicity				
White (non-Hispanic)	76.3	97.5	98.3	-0.8%
Black or African American	14.7	0.3	0.3	0
Native American or Alaska Native	0.1	0.3	0.2	0.1%
Asian	6.1	0.4	0.3	0.1%
Hispanic or Latino	18	1.9	1.8	0.1%
Speaks language other than English at home	23.2	1.9	2.8	-0.9%
Median household income	78,433	67,429	54,878	+12551
Percent below poverty in the last 12 months	11.9	10.6	9.9	0.7%
High School graduate or higher, percent of persons age 25+	90.1	93.3	89.8	3.5%

Process and Methods Used to Conduct the Assessment

St. Anthony's Memorial Hospital collaborated in the planning, implementation and completion of the CHNA in partnership with Effingham County Health Department and Jasper County Health Department.

Internal

St. Anthony's Memorial 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 St. Anthony's Memorial Hospital, Effingham County Health Department and Jasper County Health Department.
2. Convened a CAC 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 FY2025-FY2027 CHNA priorities.

External

St. Anthony's Memorial 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 Effingham and Jasper counties.

Representation on the 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:

- | | |
|---|--|
| • C.E.F.S. Economic Opportunity Corporation | • Embarras River Basin Agency (ERBA) |
| • City of Newton | • Heartland Human Services* |
| • Clay County Health Department | • HSHS St. Anthony's Memorial Hospital* |
| • Crisis Nursery of Effingham County | • Jasper County Board |
| • ECCOA Senior Services | • Jasper County Board |
| • Effingham Catholic Charities* | • Jasper County Health Department* |
| • Effingham County Chamber of Commerce | • Jasper County Sheriff's Department |
| • Effingham County Committee on Aging | • Jasper Unit 1 Schools* |
| • Effingham County Health Department* | • Regional Office of Education #12 |
| • Effingham Unit 40 Schools* | • University of Illinois Extension Center* |

** 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.

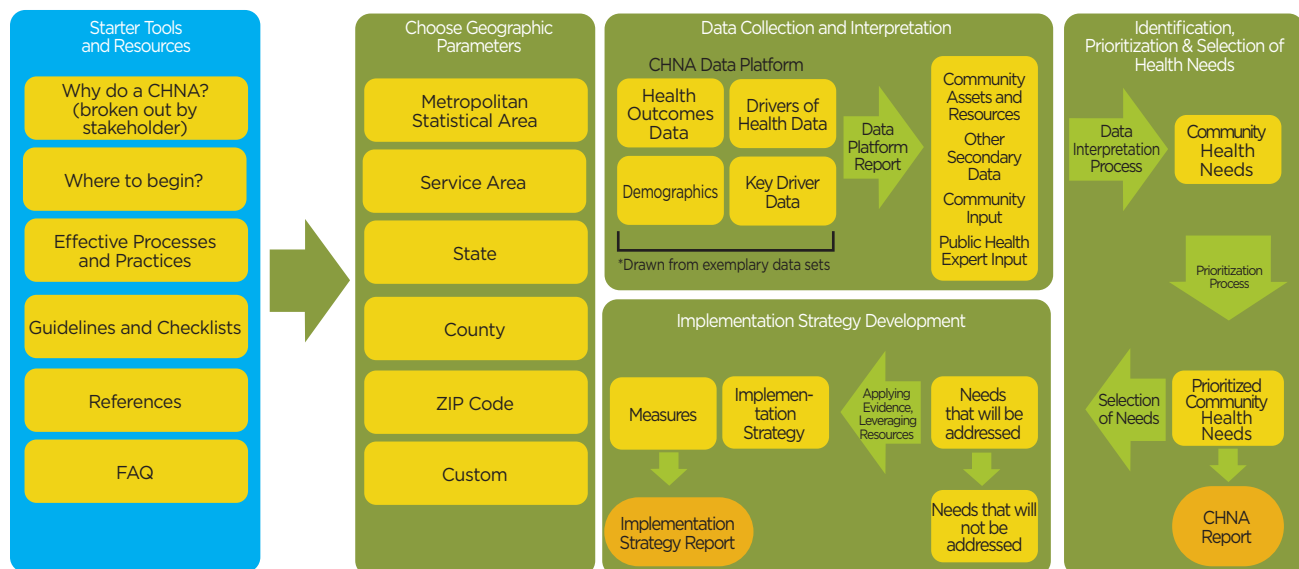
Defining the Purpose and Scope

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.
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 process 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 Effingham and Jasper County Community Health Needs survey data, hospital data, sub-committee focus groups and key stakeholder meetings as well as secondary data. Secondary data sources include the Behavioral Risk Factor Surveillance System (BRFSS), the U.S. Census Bureau, and Centers for Disease Control and Prevention (CDC) data sources. Data sources and specific data points were considered for their timeliness and accessibility at the county level. All data were extracted from reputable, publicly available data sources. In addition, this data was supplemented with data from:

- U.S. Census QuickFacts County Line Population
- U.S. Census Bureau Data Effingham and Jasper Counties
- U.S. Census 2023
- TownCharts
- County Health Rankings 2023
- Illinois Report Card
- Federal Reserve Bank of St. Louis
- American Community Survey
- Kids Count Data Center 2019
- End Homelessness

- Advisory Board 2023
- Best Neighborhoods
- United for ALICE
- COMPdata: Effingham County Patients Discharged
- COMPdata: Jasper County Patients Discharged
- Illinois Public Health Community Map
- Illinois Department of Public Health (IDPH) Opioid Data Dashboard: 2019
- Health Care Report Card
- Alzheimer's Association
- Feeding America

The data was gathered into a written report/presentation and shared with community members through the community survey and key stakeholder meetings (described below).

Input from Persons Who Represent the Broad Interests of the Community

St. Anthony's Memorial Hospital is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2021 CHNA, the hospital planned, implemented and evaluated strategies to address the top identified community health needs: access to behavioral and mental health services, chronic conditions, and maternal and child health. 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 90-minute 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 core group developed and circulated a community survey (Appendix IV) to solicit first-person feedback on the health issue areas. In March 2024, 218 individuals completed the survey. The core group analyzed and presented the results (Appendix V) to internal teams. The results were used to guide further discussion around final priority selection.

More information on survey analysis will be documented in the community health improvement plan (CHIP) to be completed and approved by November 15, 2024.

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. To ensure the needs of these groups were adequately represented, the CHNA process included representatives from such organizations as noted above. 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 communities were addressed in the CHNA process and during development of related implementation strategies.

Input on FY2021 CHNA

No written comments were received regarding the FY2021 CHNA.

Prioritizing Significant Health Needs

Members of St. Anthony's Memorial Hospital 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. Access to mental and behavioral health services.
2. Chronic conditions.

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 the reasons indicated:

- Access to care: While not a direct priority issue, access to care will be addressed within access to mental and behavioral health services, and chronic disease strategies.
- Affordable housing: While not a direct priority issue, affordable housing challenges and barriers will be explored within the strategic plan of workforce barriers.
- Food insecurity: While not a direct priority issue, food insecurity will be addressed within the strategic plan of chronic conditions.
- Healthy behaviors: While not a direct priority issue, healthy behaviors will be addressed within chronic disease education and prevention strategies.
- Maternal health and infant health: St. Anthony's Memorial is not focusing on this need as part of the CHNA. However, St. Anthony's has spent years supporting the Crisis Nursery of Effingham County and continues to partner in their efforts for better maternal and infant health.
- Transportation: While not a direct priority issue, transportation challenges and barriers will be explored within the strategic plan of workforce barriers.
- Workforce development: While not a direct priority issue, workforce development challenges and barriers will be explored within the strategic plan of workforce barriers.

Overview of Priorities

Mental Health and Behavioral Health Services

Individuals living in St. Anthony's service area have less access to mental health care providers. While it is 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 Effingham and Jasper County of those who report frequent mental distress is an average of 14%.

The U.S. Health Resources & Services Administration (HRSA) classifies both counties 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 it appears Jasper County has achieved top performer status, they are still considered a health professional shortage area for mental health as their available providers serve a larger geographic area outside of Jasper County boundaries.

Providers	Effingham Co. (2023)	Jasper Co. (2023)	Illinois
Primary Care	1,220:1	9,470:1	1,230:1
Dentists	560:1	9,190:1	1,210:1
Mental Health	430:1	220:1	340:1

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

Chronic Conditions – including prevention and management, and healthy behavior education

Effingham County obesity rates have steadily increased since 2004. According to the 2023 County Health Rankings, 35% of Effingham and Jasper County adults are obese compared to 32% of adults in Illinois. In Effingham County, 10.3% of residents aged 20 and older have been told by a doctor they have diabetes. In Jasper County, 10.2% of adults aged 20 and older have been told the same. Both percentages have increased from 8.9% since 2018.

Nearly one quarter of the adults in both counties are self-reportedly physically inactive. In 2022, access to exercise was noted as a barrier to physical activity with only 59% of Effingham County adults, and 43% of Jasper County adults reporting access to exercise facilities or access to safe outdoor physical activity.

Table I below represents a snapshot of Effingham and Jasper counties compared to Illinois in the areas of nutrition, physical activity and mental health. While the data was taken from the 2023 County Health Rankings, the information was populated using data gathered between 2019-2022.

Table I: Health Behaviors: Nutrition, Physical Activity and Mental Health

Source: County Health Rankings. (2023). Compare Counties in Illinois. County Health Rankings & Roadmaps. <https://www.county-healthrankings.org/explore-health-rankings/illinois/effingham?year=2023>

	Health Behaviors /Socioeconomic Factors	Data Year	Measurement	Effingham County	Jasper County	United States
Nutrition	Adult Obesity	2020	% of adult population (age 20 and older) that reports a body mass index (BMI) ≥ 30 .	35%	35%	32%
	Limited Access to Healthy Foods	2019	% of population who are low-income and do not live close to a grocery store.	5%	4%	6%
Physical Activity	Access to Exercise	2022 & 2020	% adult with adequate access	59%	43%	84%
	Physical Inactivity	2020	% of adults age 20 and over reporting no leisure-time physical activity.	23%	24%	22%
	Poor Physical Health Days	2020	Average number of physically unhealthy days reported in past 30 days of adults.	2.9	3.0	3.0
Mental Health	Poor Mental Health Days	2020	Average number of mentally unhealthy days reported in past 30 days of adults.	3.7	3.9	4.4
	Frequent Mental Distress	2020	% of adults reporting 14 or more days of poor mental health per month.	14%	14%	14%

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:

- Area Dental Provider Offices
- Area Oral Surgeon Offices
- Area Physician Offices
- HSHS St. Anthony's Memorial Hospital

Other Community Organizations and Government Agencies:

Access to Care

- Effingham Catholic Charities
- Area Senior Centers
- Rides Mass Transit
- Ministerial Association
- Local Businesses
- Local Employers
- American Cancer Society
- Central Illinois Public Transit
- Effingham and Jasper County Health Departments

Behavioral Health

- Community Area Service Providers
- Drug Court Graduates
- Effingham Catholic Charities
- Effingham County Mental Health 708 Board
- Area Schools
- Fourth Judicial Circuit Juvenile Justice Council
- National Alliance on Mental Illness (NAMI) Group
- Crisis Nursery of Effingham County
- Heartland Human Services
- Effingham and Jasper County Health Departments
- Law Enforcement
- Local EMS Agencies
- Jasper Suicide Prevention Group

Chronic Disease Management and Prevention

- Area Schools
- Area Food Pantries
- Effingham and Jasper County Health Departments
- Head Start
- Local Employers
- University of Illinois Extension Center
- Area Senior Centers
- Effingham Catholic Charities
- Effingham Unit 40 and Jasper Unit 1 Blessings in a Backpack
- Ministerial Association

Next Steps

After completing the FY2024 CHNA process and identifying the top priority health needs, next steps include:

- Collaborating with community organizations and government agencies to develop or enhance existing implementation strategies.
- Developing a three-year implementation plan (FY2025 through FY2027) to address identified health needs.
- Integrating the implementation plan into organizational strategic planning and budgeting to ensure alignment and allocation of human, material and financial resources.
- Presenting and receiving approval of the CHNA report and implementation plan by the hospital's governing board.
- Publicizing the CHNA report and implementation plan widely on the hospital website and CHNA partner websites and making it accessible in public venues such as town halls, etc. Printed copies will be available upon request.

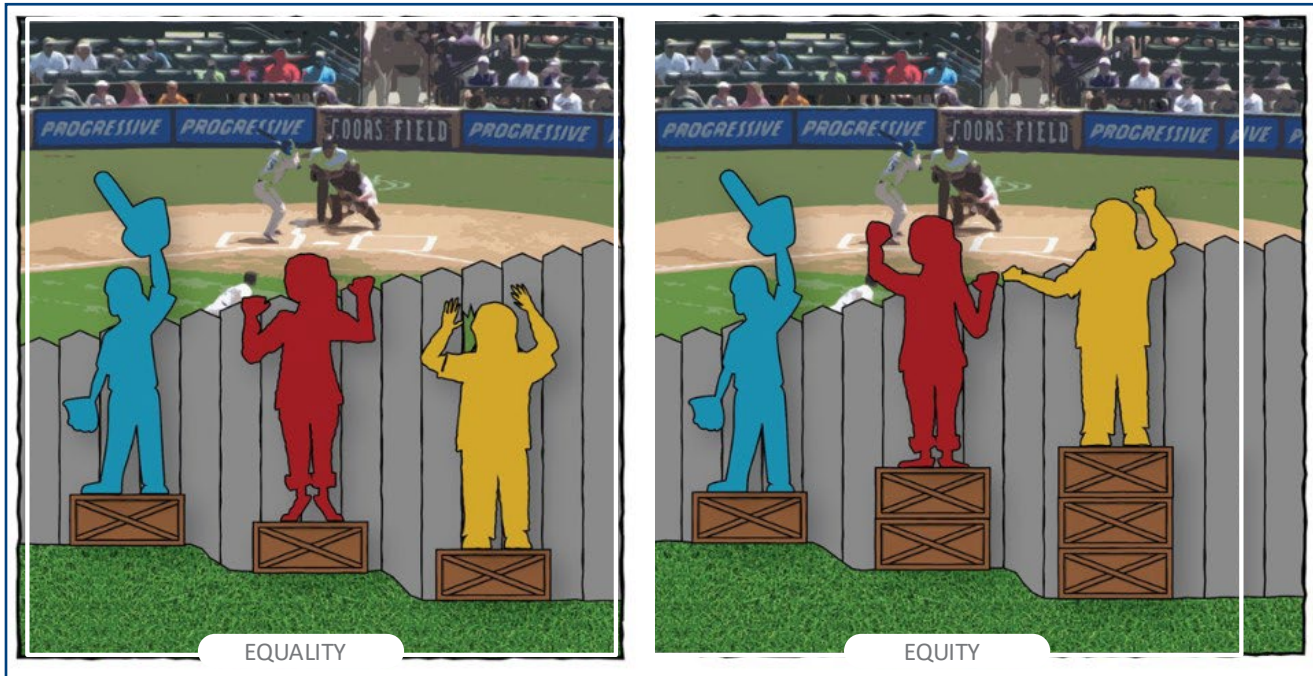
Approval

The FY2024 CHNA report was adopted by the hospital's governing board on May 28, 2024.

APPENDIX I

Community Health Guiding Principles

Principle One: Health Care is Efficient and Equitable

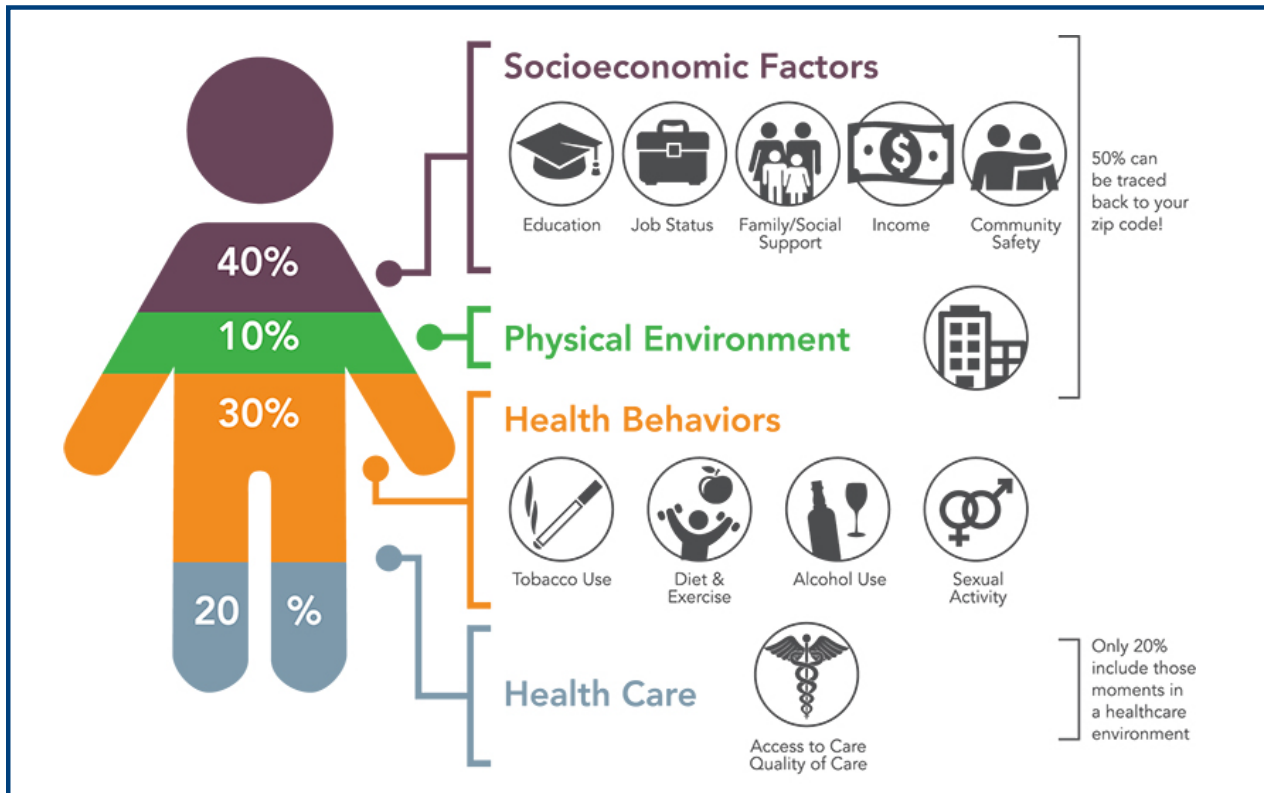


This graph challenges us to redefine our basic expectations for fairness and success as contingent upon those individual differences.

- **Equality** is treating everyone **the same**. It **ignores** our **differences**, and it **ignores** our **unique** needs.
- Equality can only work if everyone **starts from the same place**. Often, we are starting from different places and need resources allocated accordingly.
- Equality recognizes that **fairness means equality** — every person gets one box.

- **Equity** actively **moves everyone closer to success** by leveling the playing field.
- Equity recognizes **not everyone starts at the same place**, and not everyone has the same needs.
- Equity recognizes that fairness means **each person has the same access based on resources needed**.

Principle Two: Good health flourishes across geographic, demographic and social sectors



Good health flourishes when we acknowledge and address disparities that affect a wide range of health risks and outcomes

Socioeconomic factors:

Influence of financial resources on health including availability of services due to financial constraints. Service limitations include safe housing, nutritive food, exercise, socialization and more.

Neighborhood and Physical Environment:

1. Where someone lives impacts wellbeing.
2. Robert Wood Johnson analysis of life expectancy by ZIP code found that where one lives is one of the leading predictors of life expectancy.

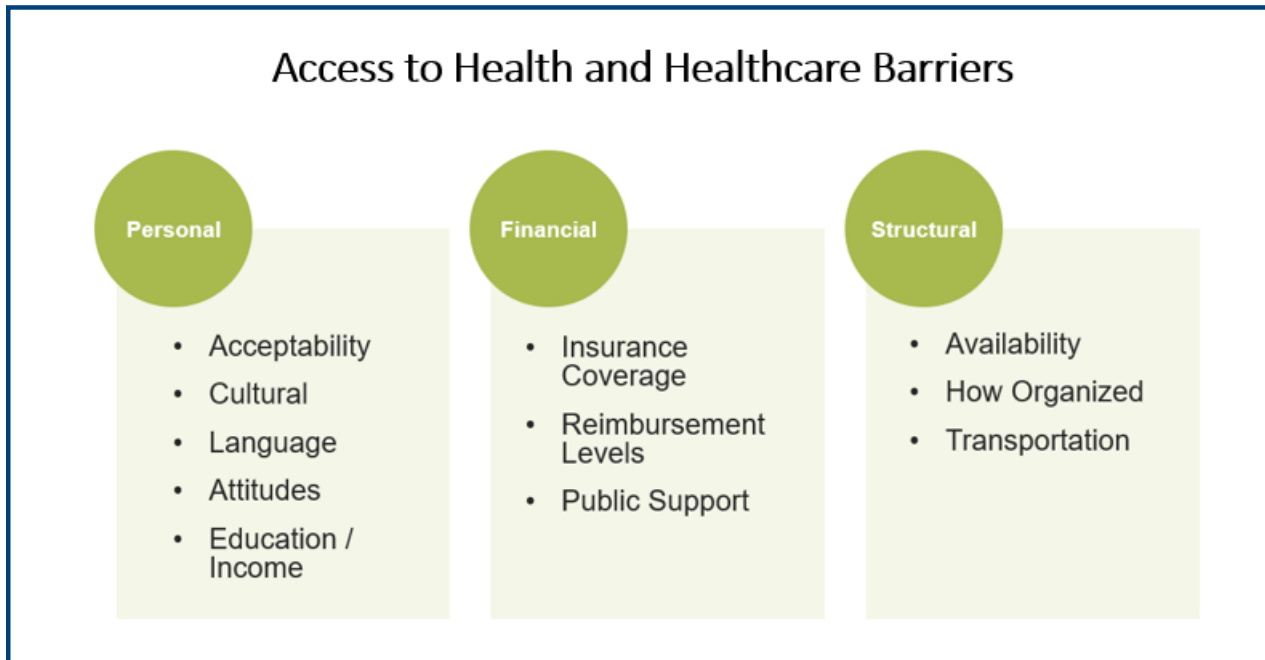
Healthy Behaviors:

1. May be influenced by socioeconomic factors and physical environment.
2. Indicator of health outcomes.
3. Consideration must be given to unhealthy behaviors as a coping mechanism of a past or current trauma.

Health Care:

1. Note 20% (some RWJ studies indicate 10% - 20%).
2. If our emphasis is on health care access, we are missing the opportunity for clinical and non-clinical community-based linkages to drive sustainable individual and population health improvement.

Principle Three: Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health.



The reality is that health starts long before illness and even long before birth. The measurement of factors such as equity, health disparities, social determinants of health and cultural indicators can be used to support the advancement of health equity.

These principles show the foundation HSHS ministries use to progress toward more equitable communities while addressing the top needs identified through the triennial CHNA process.

APPENDIX II

2024 Effingham and Jasper Counties Community Health Needs Assessment

Priorities Analyzed, Reviewed and Prioritized

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

1. Access to care.
2. Affordable housing.
3. Behavioral health.
4. Chronic conditions.
5. Food insecurity.
6. Healthy behaviors.
7. Maternal health and infant health.
8. Mental health.
9. Transportation.
10. Workforce development.

The core group presented the 10 needs to the CAC and led them through a forced ranking exercise. At that time, the needs were narrowed to the following five:

1. Access to care.
2. Behavioral health.
3. Mental health.
4. Affordable housing.
5. Chronic conditions.

The core group then solicited input from community members on the five priorities identified through the CHNA process. Following a survey analysis, each organization presented the findings to their respective internal committees. St. Anthony's Memorial Hospital's internal committee approved the recommended priorities which were adopted by the board of directors as the FY2024 CHNA priorities:

1. Access to behavioral and mental health services.
2. Chronic conditions including prevention and management, and healthy behavior education.

APPENDIX III

2024 Effingham and Jasper Counties Community Health Needs Assessment

Community Advisory Committee Letter and Meeting Dates

Effingham and Jasper Counties Community Health Needs Assessment Community Advisory Council

Background

To ensure the well-being and health of our community, it's vital to understand the specific needs and challenges faced by its members. This understanding not only improves the quality of healthcare services but also ensures that these services are aligned with the community's unique requirements. Recognizing this, nonprofit hospital HSHS St. Anthony's Memorial Hospital (SAE) and Effingham and Jasper County Health Departments (ECHD & JCHD) are embarking on a collaborative journey to assess and address the health needs of our community. By joining forces, these organizations aim to pool their resources, expertise, and insights to create a comprehensive approach to community healthcare. Through this initiative, we seek the support and involvement of the community members in identifying the pressing health issues that need to be addressed.

In compliance with regulations of the Affordable Care Act and the Illinois Department of Public Health, nonprofit hospital HSHS St. Anthony's Memorial Hospital (SAE) must complete a triennial community health needs assessment (CHNA); and Effingham and Jasper County Health Departments (ECHD & JCHD) must complete the Illinois Planning for Local Assessment of Need (IPLAN) every five years. Need assessments must include several requirements that the organizations must meet within specific timelines. The two organizations have agreed to collaborate on one community health needs assessment process.

A Community Advisory Council will be convened to assist us with this work.

Community Advisory Council Charter

The Advisory Council of the Effingham and Jasper Counties Community Health Needs Assessment exists to help SAE, ECHD and JCHD review 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.

Representation is being sought from health and social service organizations that serve low-income or at-risk populations as well as minority members of the community. Representation is also being sought from organizations representing diverse ages and the general population.

Timeline and Commitment

Members of the Community Advisory Council will be asked to attend one, 90-minute virtual meeting. One-week prior to the meeting, members will receive a PowerPoint presentation. We ask all participants to familiarize themselves with the data shared and be prepared to discuss and rank top health priorities.

Community Advisory Council Meeting:

January 24: 10 - 11:30 am

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. Group Discussion: this will provide an opportunity for deeper discussion around the priority areas and how they should be ranked based on the data presented.
4. Forced Ranking: you will be asked to rank the priorities.
5. Closing

First Person Data:

Following the CAC meeting, we will conduct Key Informant Interviews and community surveys with Effingham and Jasper County organizations and community members 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 health issue areas for HSHS St. Anthony's Memorial Hospital. Once the final CHNA priorities have been identified, we will work with our County Health Departments to align strategies to address county needs with the IPLAN. Please note - we may call upon you once again as we develop workgroups to address the identified needs.

We value your knowledge of our community, the work you do with your constituents, and the experience and wisdom you bring to the discussion. Thank you in advance for considering participating in the Advisory Council. Please let us know by January 15, if you or someone else from your organization will serve in this role.

Please do not hesitate to reach out to Alex Schneider, alex.schneider@hshs.org with any questions or further discussion.

Sincerely,

Chad Markham
President and CEO
HSHS St. Anthony's Memorial Hospital

Alex Schneider
Community Health Outreach Specialist
Hospital Sisters Health System

APPENDIX IV

2024 Effingham and Jasper Counties Community Health Needs Assessment Community Survey



This survey will take less than five minutes. Thank you for helping us find ways to create a healthier community. This survey is being conducted by HSHS St. Anthony's Memorial Hospital in Effingham.

1. In what year were you born? (enter 4-digit birth year; for example, 1976)

2. What is your gender?

Male

Female

Other, please specify: _____

Prefer not to say

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

- a. Less than high school
- b. Some high school
- c. High school diploma or equivalent
- d. Trade or technical school beyond high school
- e. Some college
- f. Four-year college degree
- g. More than four-year college degree

4. What is your approximate average household income?

- a. Less than \$20,000
- b. \$20,001 - \$40,000
- c. \$40,001 - \$60,000
- d. \$60,001 - \$80,000
- e. \$80,001 - \$100,000
- f. \$100,000+
- g. Retired
- h. Prefer not to answer

5. Select the option(s) that best describe your race/ethnicity:

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Hispanic, Latino, or Spanish Origin
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Other race or ethnicity

6. What is your zip code?



7. What is your disability status?

Do not have a disability

Have a disability

Prefer not to say

8. Rank the following health concerns in order from 1 (most important health concern) to 10 (least important health concern).

- | | |
|------------------------------------|-----------|
| a. Access to Care | 1. _____ |
| b. Affordable Housing | 2. _____ |
| c. Behavioral Health | 3. _____ |
| d. Chronic Conditions | 4. _____ |
| e. Food Insecurity | 5. _____ |
| f. Healthy Behaviors | 6. _____ |
| g. Maternal Health & Infant Health | 7. _____ |
| h. Mental Health | 8. _____ |
| i. Transportation | 9. _____ |
| j. Workforce Development | 10. _____ |

9. How would you rate YOUR overall health?

Very healthy

Healthy

Somewhat healthy

Not very healthy

10. How would you rate the health of Effingham County?

Very healthy

Healthy

Somewhat healthy

Not very healthy

11. How would you rate the health of Jasper County?

Very healthy

Healthy

Somewhat healthy

Not very healthy

12. What do you think is/are the biggest health problems facing Effingham and Jasper counties?

13. What is the one thing you would do to make the health of Effingham and Jasper counties better?

APPENDIX V

2024 Effingham and Jasper Counties Community Health Needs Assessment Community Survey Results

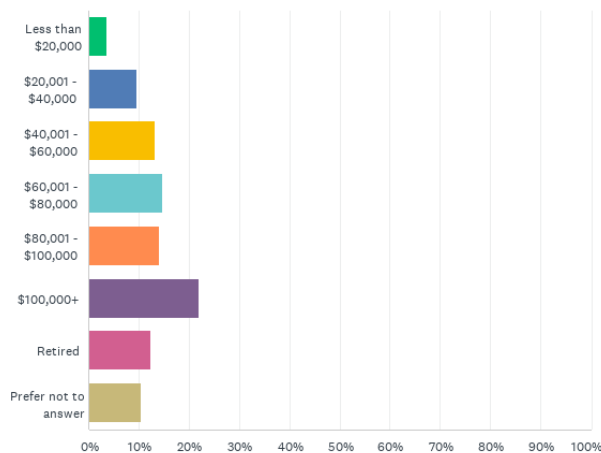
The community survey returned 218 completed surveys. During the community health improvement plan (CHIP) process, additional feedback will be solicited from groups not represented, as well as more feedback overall, through focus groups. More information on the CHIP process, focus group identification and analysis will be included in the final plan.

Below is demographic data representing the survey respondents:

Gender: Female	81.19%
Gender: Male	17.89%
White	98.62%
Living with a disability	5.05%

Income

Q4 What is your approximate average household income?

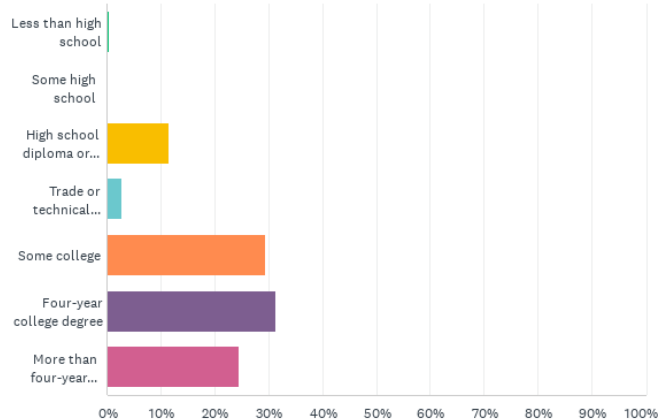


Participants were asked to rank the following health concerns in order from 1 (most important health concern) to 10 (least important health concern) by dragging choices up or down.

1. Access to care - 8.27
2. Behavioral health - 6.80
3. Mental health - 6.58
4. Affordable housing - 6.25
5. Chronic conditions - 6.14
6. Healthy behaviors - 5.43
7. Maternal health and infant health - 4.65
8. Food insecurity - 4.28
9. Workforce development - 3.59
10. Transportation - 3.02

Education

Q3 What is the highest level of education you have completed?



APPENDIX VI

Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2022 – FY2024 CHNA

As part of the identification and prioritization of health needs, St. Anthony's Memorial Hospital's Senior Leadership 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. Mental and behavioral health.
2. Chronic conditions.
3. Maternal and infant health.

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

Mental and Behavioral Health

Goal: Enhance access to comprehensive, high-quality mental and behavioral health services to improve community well-being and reduce health disparities.

Strategy 1: Improve access to prevention and early intervention services.

To enhance access to prevention and early intervention services for mental and behavioral health, HSHS St. Anthony's Memorial Hospital established a partnership with Gateway Foundation in FY2022. This collaboration enabled the hospital to connect, screen and create treatment plans for patients presenting with substance use disorders in the emergency department. With an engagement specialist facilitating referrals and a recovery coach aiding in community reintegration after treatment, the program screened and referred over 60 patients in FY2023.

Strategy 2: Improve access to care.

St. Anthony's Memorial Hospital engaged in an 18-month planning process alongside three other hospitals to identify and address crisis screening gaps in the emergency department. In FY2023, the hospital implemented a plan providing 365-day psychiatric coverage in the emergency department, improving access to crucial mental health care.

Strategy 3: Unified planning and policy efforts.

Through a comprehensive approach to unified planning and policy efforts, St. Anthony's Memorial Hospital vetted and operationalized a social determinants of health screening tool during FY2022. Initially for hospital patients and planned for primary care settings, the tool ensures patients are referred to social service agencies based on their individual social needs. This holistic strategy reflects a broader policy effort to integrate mental and behavioral health services within a unified framework of care.

Chronic Disease

Goal: Reduce the incidence and impact of chronic disease by enhancing preventive care, education and access to effective management resources.

Strategy 1: Improve access to prevention and early intervention services.

In FY2022, St. Anthony's Memorial Hospital launched a social determinants of health screening tool to identify social needs influencing chronic disease risk among patients entering the hospital. This comprehensive tool ensures that those at risk for chronic conditions receive referrals to social service agencies. By expanding the tool to primary care settings, the hospital aims to bolster early detection and preventive care.

Strategy 2: Improve access to care.

In FY2023, St. Anthony's Memorial Hospital expanded its efforts to close health care gaps through collaboration with other hospitals in southern Illinois. This initiative targeted crisis screening gaps in the emergency department to improve the management of mental health crises, which often intertwine with chronic conditions. The hospital also provided consistent psychiatric coverage to ensure comprehensive care.

Strategy 3: Unified planning and policy, and advocacy efforts.

In an 18-month planning process, St. Anthony's Memorial Hospital worked with three other hospitals to identify and address systemic barriers to health care, specifically focusing on screening and intervention strategies. These efforts culminated in a strategic plan to broaden the hospital's psychiatric services, while ensuring referrals to social agencies and continuity of care through a holistic and unified approach.

Maternal and Infant Health

Strategy 1: Improve access to prevention and early intervention services.

In FY2022, St. Anthony's Memorial Hospital began using a health screening tool for all patients to assess social needs and connect them to relevant services. For maternal and infant health, this tool helps identify early risk factors in mothers and infants, facilitating timely referrals to appropriate social support agencies. Financial support to the Crisis Nursery of Effingham County ensured immediate care for families and children in crisis, directly preventing adverse health outcomes by providing essential support services.

Strategy 2: Improve access to care.

The hospital's 18-month plan, involving continuous 365-day psychiatric coverage in the emergency department which began in FY2023, expanded access to critical mental health care for mothers. This ensures that expecting or new mothers facing psychiatric challenges can receive timely treatment and support, reducing risks to maternal and infant health. Collaboration with Heartland Human Services and the Jasper County Health Department on tele-psychiatry services also improves access to behavioral health, crucial for mothers during and after pregnancy.

Strategy 3: Unified planning and policy, and advocacy efforts.

St. Anthony's Memorial Hospital participated in a collaborative planning process with three other southern Illinois hospitals to identify comprehensive solutions for maternal and infant health challenges. By financially supporting the Crisis Nursery of Effingham County, which provides essential services to families in crisis, they contributed to a unified regional approach to maternal and child health. They also explored child care availability within their strategic planning, ensuring that policy efforts included critical considerations for family support systems essential for healthy maternal and infant outcomes.

