



2021 Community Health Needs Assessment

An assessment of Clinton County, Illinois conducted jointly by HSHS St. Joseph's Hospital in Breese and Clinton County Health Department

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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 and assets and resources identified in the CHNA process.

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

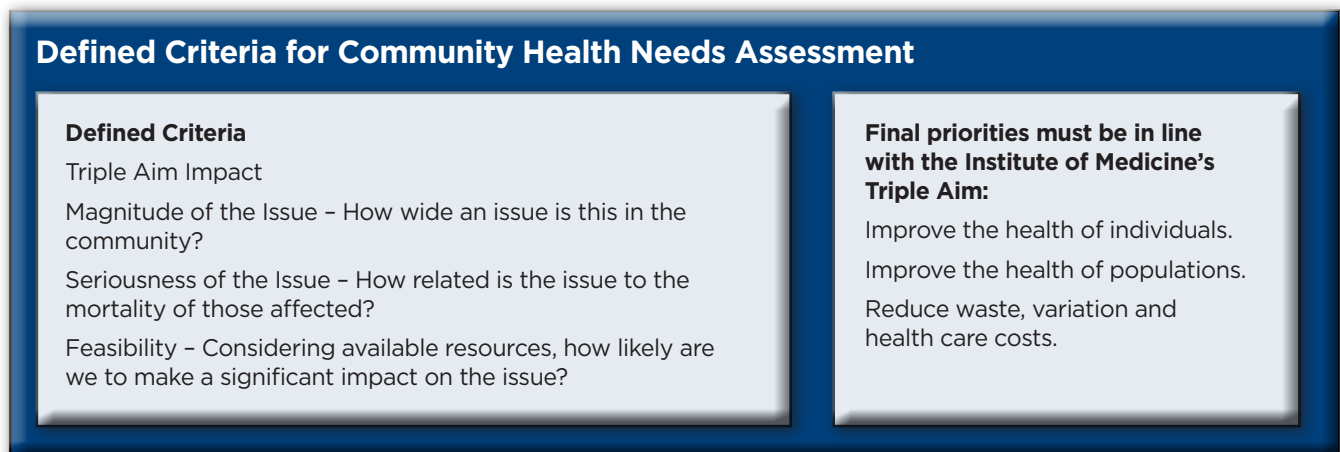
In FY2021 (July 1, 2020 through June 30, 2021), St. Joseph's Hospital conducted a collaborative CHNA in partnership with Clinton County Health Department. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health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

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

Identification and Prioritization of Needs

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

Diagram One: Defined Criteria for Community Health Needs Assessment



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

The CHNA core group provided a thorough review of existing and supplemental data sets around the 11 identified health focus areas to the community advisory council. The community advisory council (CAC) used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas to nine. A survey was conducted to solicit community feedback on the issue areas. Upon survey closure, 77 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. Joseph's internal advisory council approved of the three priority areas recommended through the CAC and survey process. See Appendix II for a complete list of needs considered.

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

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

Implementation Plan Development

As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the implementation plan. The implementation plan is considered a "living document" - a set of strategies that can be adapted to the lessons learned while implementing community benefit activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

Hospital Background

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

St. Joseph's Hospital has a rich and long tradition of addressing the health of the community. 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 program including health professions education, subsidized health services, research and community building activities. In FY2020, the hospital's community benefit contributions totaled more than \$5.5 million.

Current Hospital Services and Assets

Major Centers and Services	Statistics	New Services and Facilities
<ul style="list-style-type: none"> • Inpatient Care • Rehabilitation Center • Emergency Services • Women and Infants Center • Outpatient Surgery Center • Outpatient Lab and Imaging • Athletes Advantage • Clinton County Rural Health Clinic • New Baden Convenient Care • Outpatient Senior Behavioral Health 	<ul style="list-style-type: none"> • Total Beds: 56 • Total Colleagues: 224 • Total RN: 90 • Physicians: 312 • Admissions: 1,273 • ED visits: 7,612 • Births: 534 • Surgical Cases 2,181 • Volunteers: 378 • Community Benefit: \$5,546,883 	<ul style="list-style-type: none"> • Expansion of the Clinton County Rural Health Clinic in Breese on the hospital campus. • Madison County Rural Health Clinic mammography.

Hospital Accreditations, Awards and Certifications

- Top 100 Rural & Community Hospitals in the U.S. - The Chartis Center for Rural Health - 2020
- Centers for Medicare and Medicaid Services (CMS) 5-Star Overall Rating - 2020
- Illinois Perinatal Quality Collaborative - Women and Infants Center Award - 2020
- Laboratory Accreditation - College of American Pathology - 2019
- Grade 'A' Safety Rating from The Leapfrog Group - Spring 2019, Fall 2019, Fall 2018
- Illinois Department of Public Health (IDPH) - Acute Stroke Ready Hospital Designation - 2019
- Illinois Health and Hospital Association (IHA) Quality Excellence Achievement Award in the Small and Rural Category - 2019
- The Joint Commission Accreditation - 2019
- Press Ganey Award - Guardian of Excellence Award - 2018
- Press Ganey Award - Pinnacle of Excellence Award in Patient Experience - 2018
- Becker's Healthcare's 100 Great Community Hospitals - 2018
- American Diabetes Association Education Continued Recognition - 2018
- Baby-Friendly USA - Designated Baby Friendly Hospital - 2018
- Press Ganey Award - Pinnacle of Excellence Award for Achieving and Sustaining Excellence in Patient Experience - 2017

Community Served by the Hospital

St. Joseph's Hospital's service area is roughly 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, Dami-anville, 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 Sangamon County

Data Source: U.S. Census, American Fact Finder, American Community Survey: 2010; 2015-2019

Characteristics	Illinois	Clinton 2019	Clinton 2010	%Change for County
Total Population	12,625,136	37,562	37,762	-1%
Median Age (years)	37.4	40.6	39.3	3%
Age				
Under 5 years	5.9	5.9	6	2%
Under 18 years	22.2	21.1	17	20%
65 years and over	16.1	18	14	20%
Gender				
Female	50.9	48.2	48.28	0%
Male	49.1	51.8	51.72	0%
Race and Ethnicity				
White (non-Hispanic)	76.8	94	93.44	1%
Black or African American	14.6	3.7	3.54	4%
Native American or Alaska Native	0.6	0.4	0.16	6%
Asian	5.9	0.6	0.33	45%
Hispanic or Latino	17.5	3.2	2.8	13%
Speaks language other than English at home				
	23.2	4.1	4	2%
Median household income				
	65,886	66,639	55,278	17%
Percent below poverty in the last 12 months				
	11.5	7.5	7.8	-4%
High School graduate or higher, percent of persons age 25+				
	89.2	90.1	89.57	1%

Process and Methods Used to Conduct the Assessment

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

Internal

St. Joseph's 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. Joseph's Hospital and Clinton County Health Department.
2. Convened a community advisory committee to solicit input and help narrow identified priorities.
3. Conducted a community survey to get input from community members around the priorities identified.
4. Convened an internal advisory committee respective to each organization to force rank the final priorities and select the FY2022-FY2024 CHNA priorities.

External

St. Joseph's 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 Clinton County.

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

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

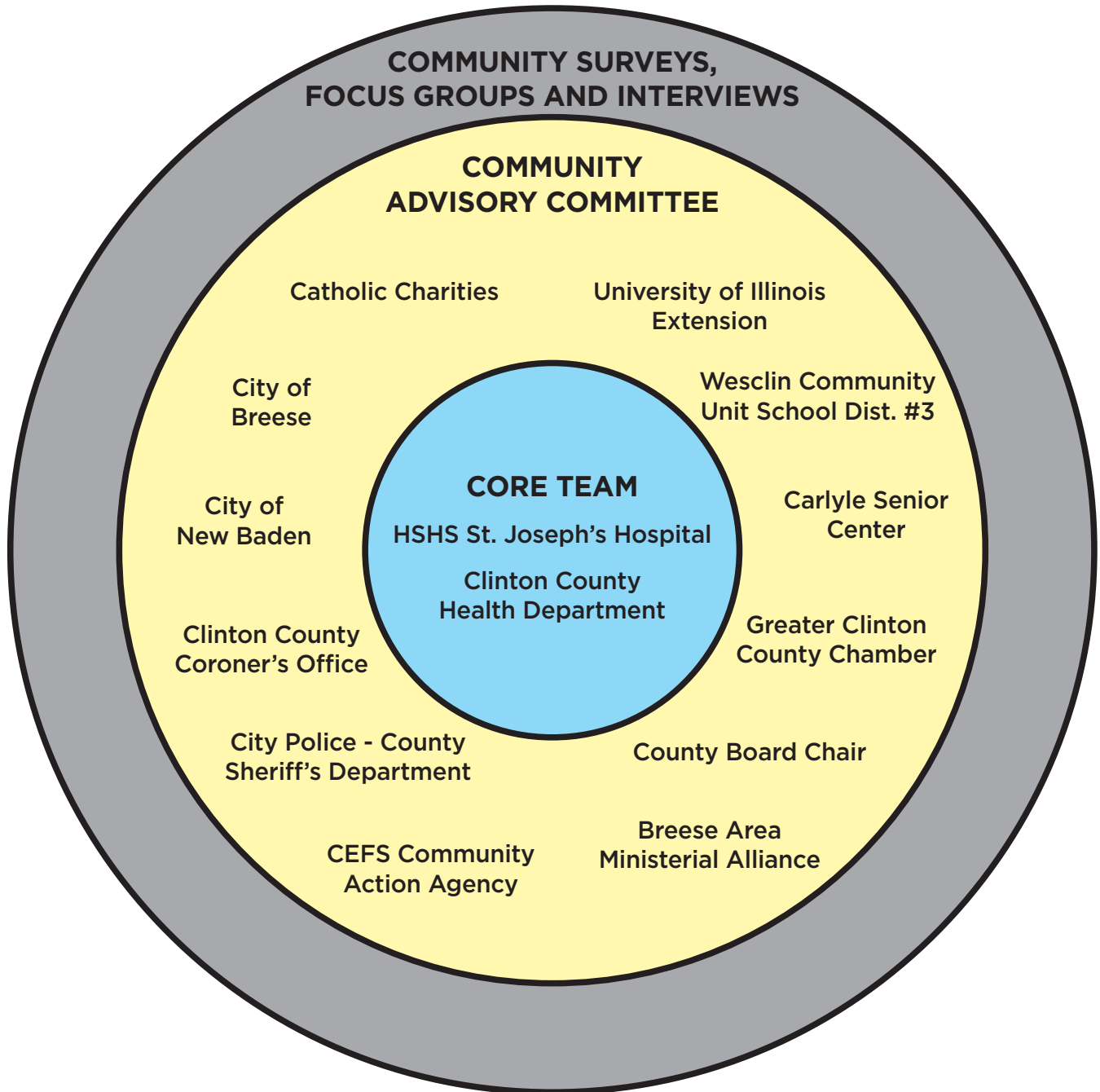
The following community stakeholders were invited to serve on the external advisory committee:

- HSHS St. Joseph's Hospital*
- Catholic Charities*
- City of Breese
- City of New Baden
- Clinton County Coroner's Office
- Clinton County Health Department*
- City Police/County Sheriff's Department
- University of Illinois Extension
- Wesclin Community Unit School District (CUSD) #3*
- Carlyle Senior Center
- Greater Clinton County Chamber
- County Board Chair
- CEFS Community Action Agency*
- Breese Area Ministerial Alliance*

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

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

Diagram Two: Clinton County
2018 Community Health Needs Assessment



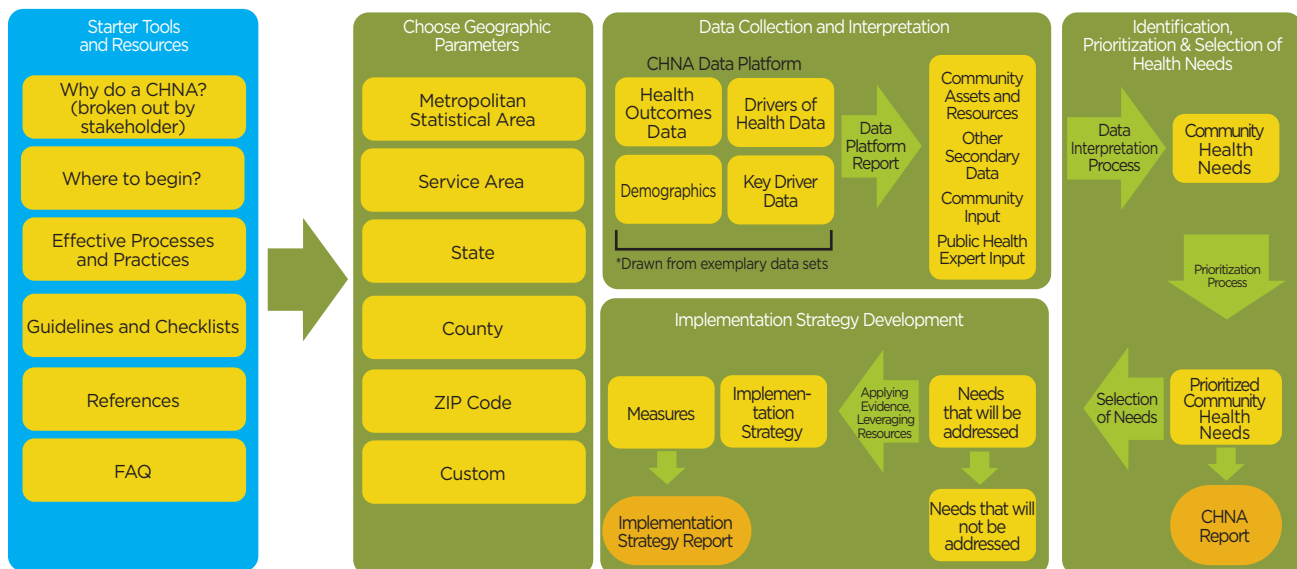
* Denotes groups representing medically underserved, low-income and minority populations.

Defining the Purpose and Scope

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

Data Collection and Analysis

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



Data Sources

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

- Advisory Board 2019
- U.S. Census 2020
- U.S. Census Bureau 2019
- U.S. Census Bureau Quick Facts for Clinton County
- TownCharts
- Illinois Board of Education Illinois Report Card 2019-2020
- Illinois Board of Education Illinois Report Card - Clinton County CUSD #3
- County Health Rankings 2020
- Kids Count Data Center 2019
- United for ALICE
- Illinois Public Health Community Map
- Feeding America
- COMPdata: Clinton County Patients Discharged
- Health Professional Shortage Area
- Illinois Department of Public Health (IDPH) 2018 Data
- County Health Rankings and Roadmaps
- Best Neighborhoods
- Illinois Kids Count
- IDPH Opioid Data Dashboard 2019
- IDPH Illinois Hospital Report Card and Consumer Guide to Health Care
- Illinois Government Unemployment
- Illinois Public Health Community Map
- IDPH - Cancer Incidence Rates for Selected Sites, Illinois State Cancer Registry 2013 -2017

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

Input from Persons Who Represent the Broad Interests of the Community

St. Joseph's Hospital is committed to address community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2018 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top four identified community health needs: obesity, mental health, substance use and access to care. This year's assessment sought input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus human, material and financial resources.

Input from Community Stakeholders

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

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

The core group developed and circulated a community survey (Appendix IV) to solicit first-person feedback on the health issue areas. In April 2021, 77 individuals completed the survey. The core group analyzed and presented the results (Appendix V) to internal teams as well as the CAC. The results were used to guide further discussion around final priority selection.

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

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

The CHNA process must be informed by input from the poor and vulnerable populations served by HSHS and St. Joseph's Hospital. To ensure the needs of these groups were adequately represented, the CHNA process included representatives from such organizations as noted on page 8. These organizations serve the under-resourced in the community, including low-income seniors, children living in poverty and families who struggle with shelter and food insecurity. Representatives of these organizations have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure that the needs of the most vulnerable persons in the community were addressed in the CHNA process and during development of related implementation strategies.

Input on FY2018 CHNA

No written comments were received regarding the FY2018 CHNA.

Prioritizing Significant Health Needs

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

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

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

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

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

- Affordable Housing: While not a direct priority issue, affordable housing challenges and barriers will be explored within the strategic plan of workforce barriers.
- Human Trafficking: This is an ever-growing issue in all communities across Illinois and the nation. HSHS St. Joseph's Hospital will be represented on the Illinois Human Trafficking Task Force by the HSHS Illinois division. While not a direct priority area, HSHS and St. Joseph's Hospital will continue to raise awareness in HSHS facilities and the community on identification and response to human trafficking.
- Maternal Health and Child Health: St. Joseph's is not focusing on this need as part of the CHNA. St. Joseph's continues to offer obstetrics, prenatal and neonatal support, in addition to comprehensive women's services. With a comprehensive line of obstetrical, pediatric, and cardiovascular care programs, among many others services, St. Joseph's Hospital Breese has spent years helping women manage and maintain their health in a variety of crucial ways.
- Nutrition and Healthy Eating (Access and Knowledge): While not a direct priority issue, nutrition and healthy eating will be addressed within chronic disease education and prevention strategies.
- Oral Health: St. Joseph's Hospital will work closely with the surrounding county health departments to raise awareness and provide patient referrals for dental services.
- Transportation: Less than 12% of respondents identified transportation as a barrier or challenge. Additionally, St. Joseph's Hospital recently supported a rural transportation grant application to increase transportation for medical appointments across counties. St. Joseph's Hospital continues to offer transportation services through its Friends Van.
- Poverty and Disparities in Economy: While not a top priority, the workforce development strategies developed will assist in further preparing individuals for employment.

Overview of Priorities

Mental and Behavioral Health Services

Mental Health

Individuals living in St. Joseph's service area have less access to mental health care providers. While it's difficult to measure the rate of individuals in the service area suffering from mental illness, there is some data available that can aid in assessing the need. When looking at the BRFSS question which asks the number of days that mental health is not good for respondents, the rate for Clinton County of those who report frequent mental distress is an average of 14% compared to the state average of 12%.

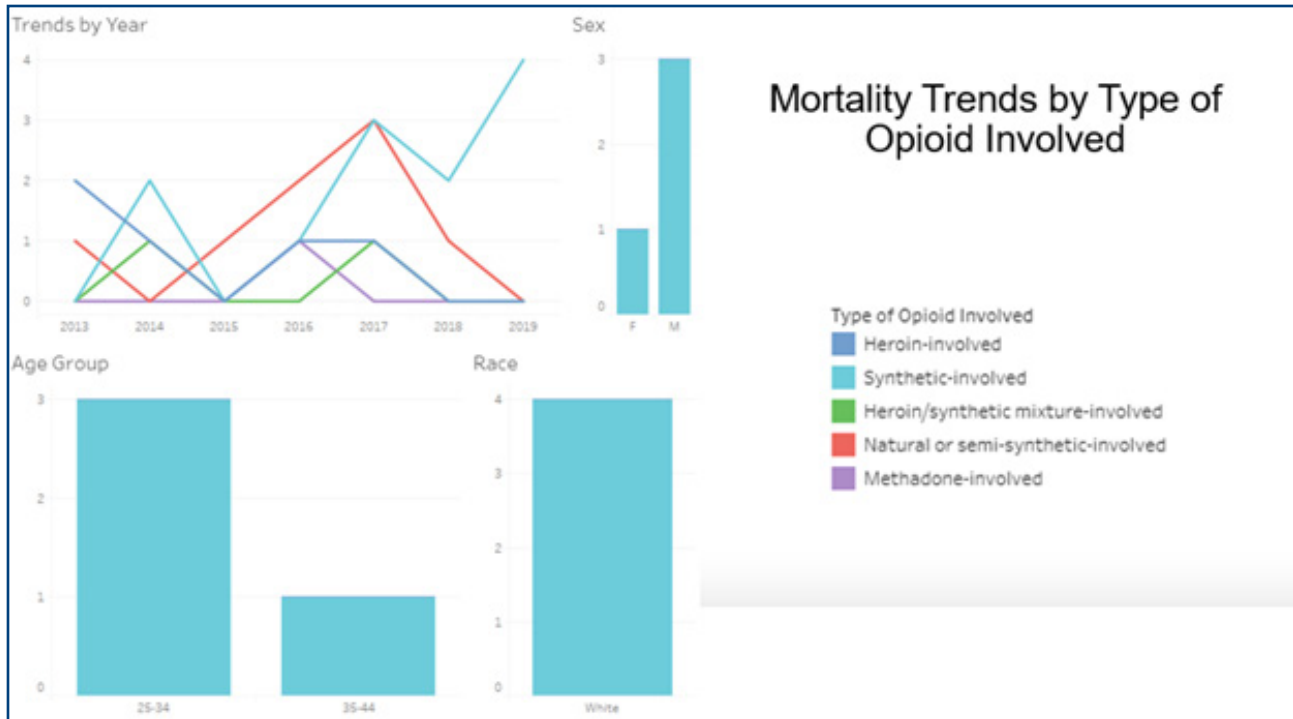
The U.S. Health Resources & Services Administration (HRSA) classifies Clinton County as a health professional shortage area for mental health providers. The chart below compares the number of providers per residents for the county and the state. Top U.S. performers have 270 residents per one provider. While the ratio has improved, up from 2,210:1 in 2018, significant work still needs to be done to ensure Clinton County residents have timely access to mental health services.

Report Area	Ratio of Population to Mental Health Providers
Clinton County	1,980:1
Illinois	410:1

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

Behavioral Health: Drugs

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



Source: Illinois Department of Public Health Opioid Data Dashboard, 2019: <https://idph.illinois.gov/OpioidDataDashboard/>

According to 2019 Illinois Health and Hospital Association (IHA) COMPdata, an additional 37 Clinton County residents presented to the emergency department (ED) as a result of overdose and intoxication. These presentations did not result in death as timely care was accessed. Of these cases, 62% were adults ages 25–44. When compared to the state of Illinois, Clinton County has a younger population impacted by drug use leading to hospitalization. The majority of cases in Illinois are ages 45 and above.

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

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

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

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

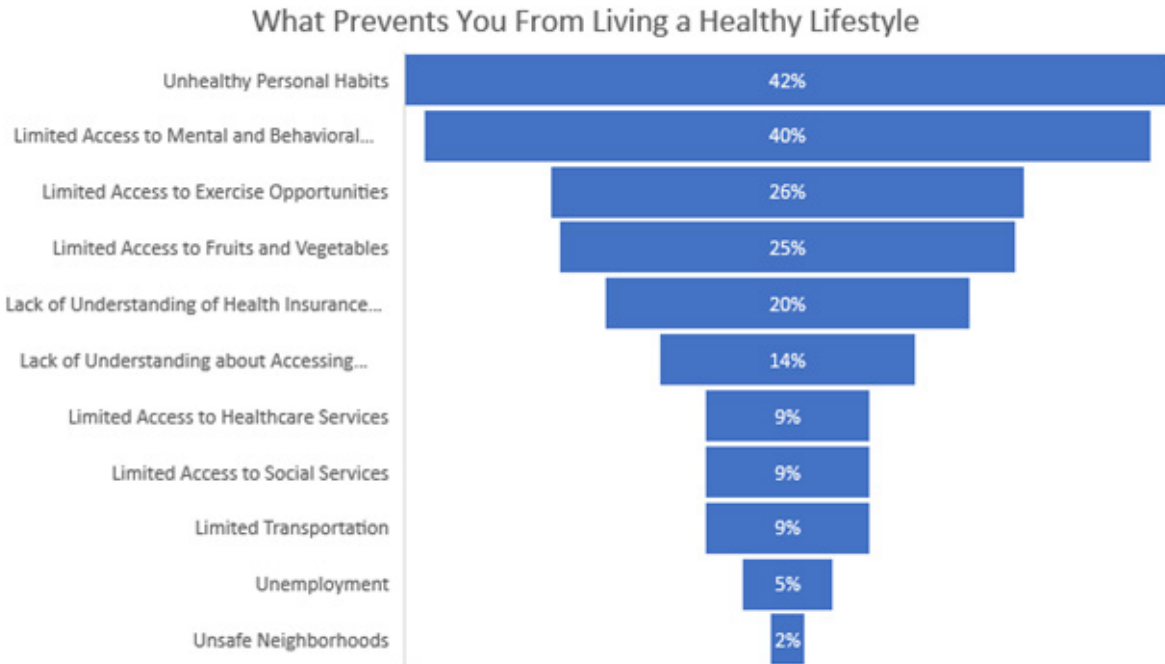
Chronic Conditions - including food access and disease prevention and education

According to the County Health Rankings, Clinton County is ranked amongst the healthiest counties in Illinois (highest 75% - 100%). However, there are still areas for continued education and improvement. Unhealthy lifestyle choices and disease awareness, prevention and management lead to poor health outcomes in a community. Among the leading causes of death for Clinton County are heart disease, stroke and cancer. These may be preventable with timely access to health care and lifestyle modification. Sixty-six percent of patients who presented to the ED had one or more chronic conditions such as obesity, depression, hypertension or diabetes. There is a higher incidence of adult smoking, obesity, lack of access to exercise opportunities and excessive drinking in Clinton County as compared to the state.

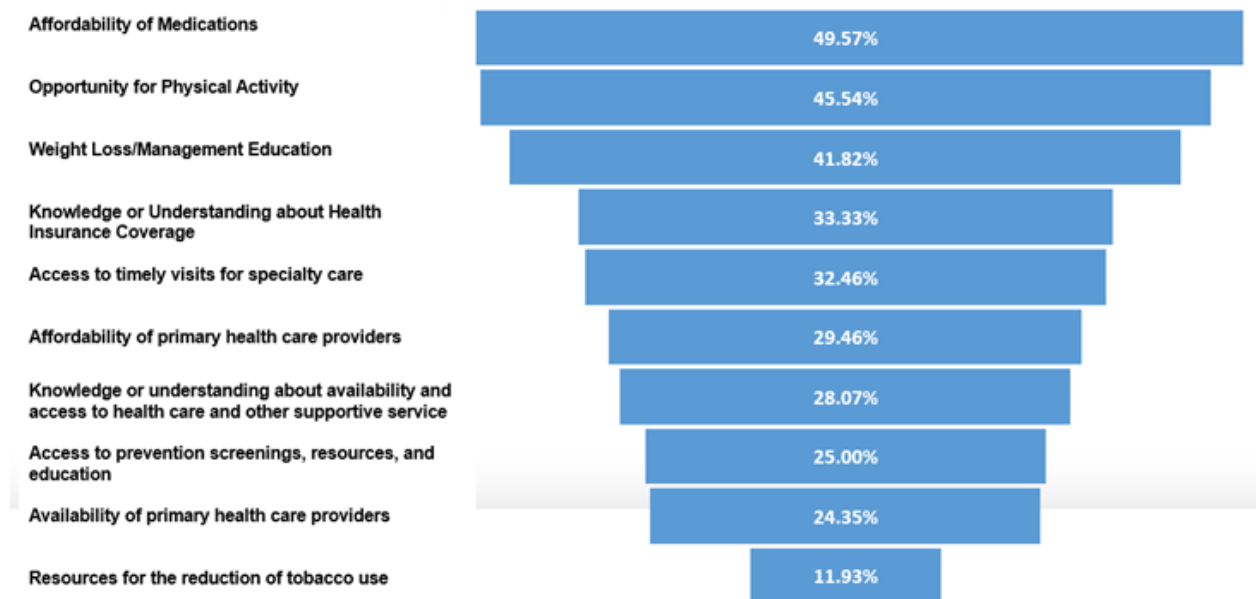
Source: County Health Rankings

Health Behavior	Clinton County	Illinois	Top US Performers
Smoking	15%	15%	14%
Obesity	39%	30%	26%
Physical inactivity	21%	22%	20%
Access to exercise	64%	91%	91%
Excessive drinking	23%	21%	13%
Alcohol-impaired driving deaths	9%	32%	11%
STI	303.1	589.9	161.4
Teen births	17	21	3

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



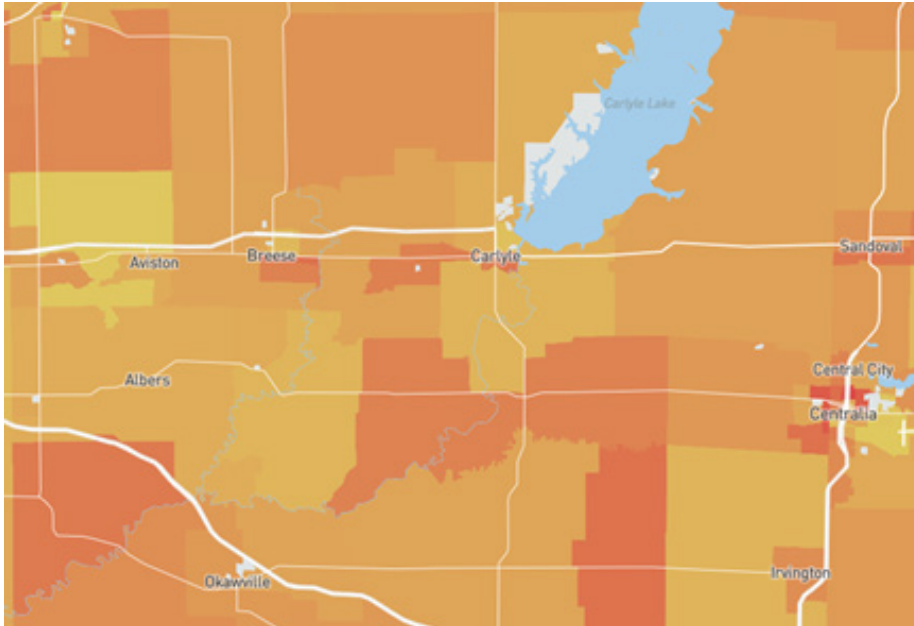
When asked about barriers to preventing, treating and/or managing chronic conditions, more than 40% of respondents cited affordability of medications, opportunity for physical activity, and weight loss education as leading factors to improving their health.



St. Joseph's Hospital has a self-management diabetes education program. The hospital's diabetes education team is committed to helping individuals understand and manage their diabetes through medication, exercise and diet.

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

Clinton County unemployment levels, 4.6%, are beginning to decrease following the COVID-19 shutdown spike in April 2020. At that time, Clinton County unemployment reached a high of 11.1%. According to Best Neighborhoods, the COVID-19 job loss impact may be as high as 9.4% in some parts of Clinton County.



Projected COVID Economic Impact

It is estimated that areas in darkest red may see 20% or more of workforce newly unemployed.

Overall, Breese is expected to see 9.4% of jobs at risk since onset of COVID-19.

Source: Best Neighborhoods: <https://bestneighborhood.org/coronavirus-economic-impact-breese-il/>

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

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

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

Survey respondents had this to say about workforce barriers:

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

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

Potential Resources to Address the Significant Health Needs

As part of the focus groups and key stakeholders' meetings, community assets and resources that currently support health or could be used to improve health were identified. 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 Breese service area, as well as other medical groups:

- HSHS St. Joseph's Hospital, Breese, Illinois
- HSHS St. Joseph's Hospital, Highland, Illinois
- HSHS Holy Family Hospital, Greenville, Illinois
- Anderson Hospital, Maryville, Illinois
- HSHS Medical Group
- Prairie Cardiovascular Services
- Southern OB/Gyn Associates (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 clinics:

- Convenient Care, Carlyle, Illinois
- HSHS St. Joseph's Hospital Highland PrimeCare, Highland, Illinois

Community Organizations and Government

Agencies

- American Diabetes Association
- Community Link
- Area Churches
- Bond County Health Department
- Clinton County Health Department
- Partnership for a Drug-Free Community
- Patient Innovation Center
- Breese Community School District
- YMCA
- Breese Police Department
- Madison County Health Department
- Clinton County Health Improvement Coalition
- Community Resource Center
- South Central Transit

Next Steps

After completing the FY2021 CHNA process and identifying the top priority health needs, next steps include:

- Collaborate with community organizations and government agencies to develop or enhance existing implementation strategies.
- Develop a three-year implementation plan (FY2022-FY2024) to address priority health needs identified in the FY2021 CHNA process.
- Integrate the implementation plan into organizational strategic planning and budgeting to ensure alignment and allocation of human, material and financial resources.
- Present and receive approval of the CHNA report and implementation plan by the hospital's governing board.
- Publicize the CHNA report and implementation plan widely on the hospital website and CHNA partner websites and make accessible in public venues such as town halls, etc.

Approval

The FY2021 CHNA Report was adopted by the hospital's governing board on May 26, 2021.




APPENDIX I

Major Contributing Factors

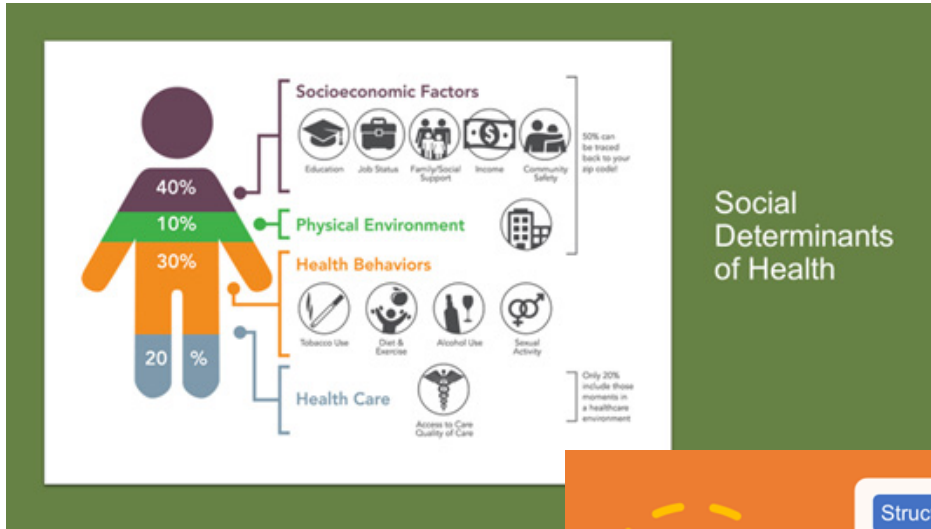
HSHS Illinois Division ministries have identified three major contributing factors for poor health outcomes: 1. Equality, Equity and Justice; 2. Social determinants of health; 3. Access to health and health-care barriers. The Community Health Improvement Plan (CHIP) will guide strategies and shape policies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

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

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

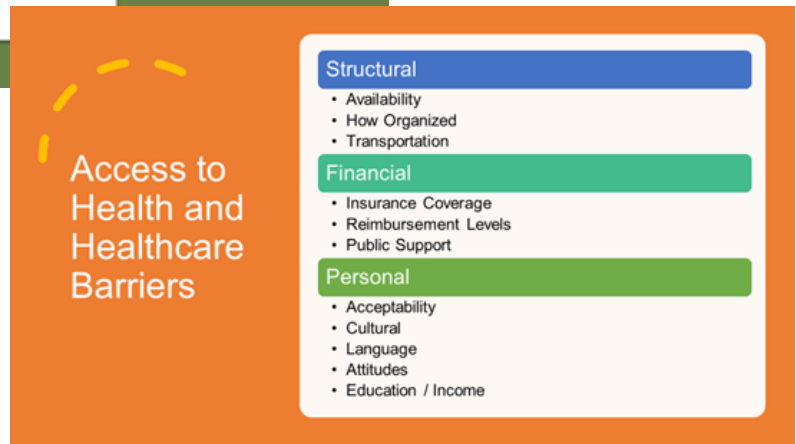
Equality	Equity	Justice
		
<p>The assumption is that everyone benefits from the same supports. This is equal treatment.</p>	<p>Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.</p>	<p>All 3 can see the game without supports or accommodations because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

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



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

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



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



APPENDIX II

2021 Clinton County Community Health Needs Assessment

Priorities Analyzed, Reviewed and Prioritized

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

1. Affordable housing
2. Behavioral health: substance use
3. Chronic conditions (prevention and management)
4. Workforce development and training
5. Healthy behaviors including access and knowledge, nutrition and healthy eating, and access to exercise
6. Human trafficking
7. Maternal health and child health
8. Mental health
9. Oral Health
10. Poverty and disparities in economy
11. Transportation

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

1. Workforce development and training
2. Healthy behaviors including access and knowledge, nutrition and healthy eating and access to exercise
3. Affordable housing
4. Mental health
5. Behavioral health: substance use
6. Poverty and disparities in economy
7. Food insecurity: The CAC added food insecurity as a rising community need.

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

1. Access to mental and behavioral health services
2. Chronic conditions including food access, prevention and education
3. Workforce development

APPENDIX III

2021 Clinton County Community Health Needs Assessment

Community Advisory Committee Letter and Meeting Dates

Clinton County Community Health Needs Assessment Community Advisory Council

Background

In compliance with regulations of the Affordable Care Act and the Illinois Department of Public Health, nonprofit hospital HSHS St. Joseph's Hospital (SJH) must complete a triennial community health needs assessment (CHNA); and Clinton County Health Department (CCHD) 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 need assessment process.

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

Community Advisory Council Charter

The Advisory Council of the Clinton County Community Health Need Assessment exists to help SJH and CCHD 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 all segments of the population. Representation is also being sought from organizations represent diverse ages and the general population.

Timeline and Commitment

Members of the Community Advisory Council will be asked to attend two, two-hour virtual meetings. 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 One:

April 6, 2021: 11 a.m. – 1 p.m.

Agenda:

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

Community Advisory Council Meeting Two

July 15, 11 a.m. – 1 p.m. 2021

Agenda:

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

First Person Data:

Following the CAC meeting, we will conduct Focus Groups (FG) and / or surveys with Clinton County organizations and community members.

Final Priority Areas:

Information learned throughout this process will help inform the final selection of three - four health issue areas for SJH and CCHD, respectively. Once the final CHNA priorities have been identified you will be asked to participate in a second CAC meeting 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 April 1, if you or someone else from your organization will serve in this role.

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

Sincerely,

Chris Klay
President and CEO
HSHS St. Joseph's Hospital

Kimberly Luz, M.S., C.H.E.S.
Division Director, Community Outreach
HSHS Illinois
(217) 544-6464 ext. 50343
Kim.luz@hshs.org

Chris Leidel, BS, LEHP
Administrator
Clinton County Health Department

APPENDIX IV

2021 Clinton County Community Health Needs Assessment Community Survey

Health Needs Assessment

The Clinton County Health Needs Assessment is a collaboration between HSHS St. Joseph's Hospital in Breese and the Clinton County Health Department. The following questions will help us best identify the County's priority health needs.

1. What is one thing you would do to improve the health of local residents?

2. Do any of the following prevent you from living a healthy lifestyle (check all that apply):

- Unsafe neighborhoods
- Limited access to fruits and vegetables
- Limited transportation
- Lack of knowledge or understanding about healthcare
- Lack of knowledge or understanding your insurance
- Limited access to exercise opportunities
- Limited access to health care services
- Limited access to social services
- Limited access to mental and/or behavioral health services
- Unhealthy personal habits
- Unemployment
- Other (please specify)

3. The following health issues have been identified as possible priorities for Clinton County. Please rank the priorities in order of importance: 1 (ONE) being the most important, and 3 (THREE) being the least important.

Here are definitions for each category:

-Mental Health focuses on a person's psychological state.

-Food Insecurity: limited or uncertain availability of nutritionally adequate foods.

-Healthy Behaviors: includes actions taken that affect an individual's health; i.e.: exercise, handwashing, eating healthy, smoking, wearing a seatbelt, etc.

-Behavioral Health: focuses on substance use disorders and addictions such as: alcohol, prescription drugs, legal substances such as marijuana, and illegal drugs.

-Chronic Conditions: includes education and access to disease prevention, disease screening, and disease management.

-Workforce Development: access to workforce training opportunities including job skills development, life skills development, resume and interview skills development, and internship and job shadowing opportunities.

-Poverty and Disparities in Economy: includes addressing those factors that lead to poverty and the unequal distribution of income and opportunity.

	Highest Importance = 1	2	3
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food Insecurity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Behavioral Health: Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workforce Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poverty and Disparities in Economy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Considering your number ONE priority from the list above:

How are you personally affected by this health issue?

What can healthcare do to improve this health issue?

5. Considering your number TWO priority from the list above:

How are you personally affected by this health issue?

What can healthcare do to improve this health issue?

6. Considering your number THREE priority from the list above:

How are you personally affected by this health issue?

What can healthcare do to improve this health issue?

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

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

Other (please specify)

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

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

General Demographic Information

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

9. What is your household zip code?

10. Please identify your gender:

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

11. Age (select one)

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

12. What is your race:

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

13. Are you Hispanic / Latino(a)

- Yes
- No

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

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

15. What is your disability status?

- Do not have a disability
- Have a disability

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

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

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

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

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

- Yes
- No

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

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

APPENDIX V

2021 Clinton County Community Health Needs Assessment Community Survey Results

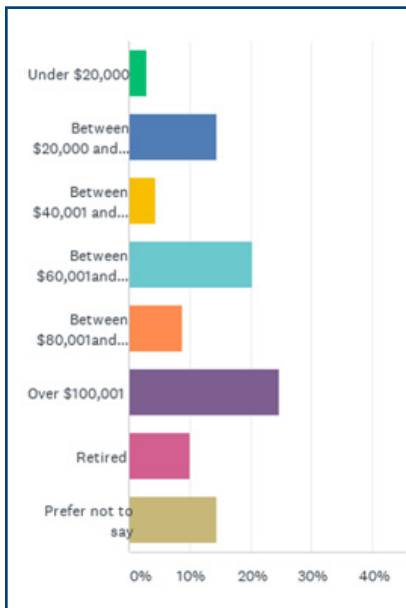
The community survey returned 77 completed surveys. Diversity in respondents including disability status and income levels were favorable. More work needs to be done to hear from individuals under the age 45, individuals without college experience and our male population.

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

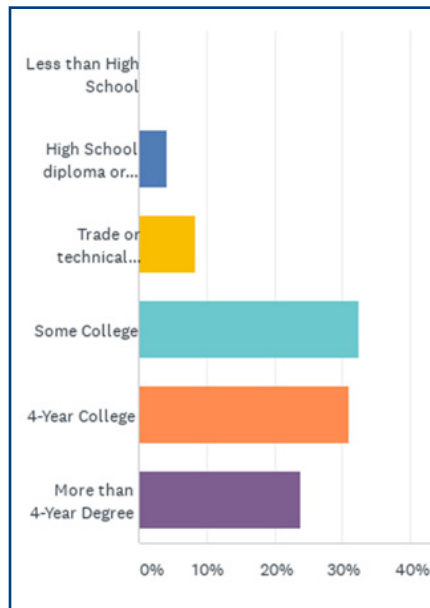
Below is demographic data representing the survey respondents:

Gender: Female	77%
Gender: Male	14%
Gender: Prefer not to say	9%
White	97%
Living with a disability	14%

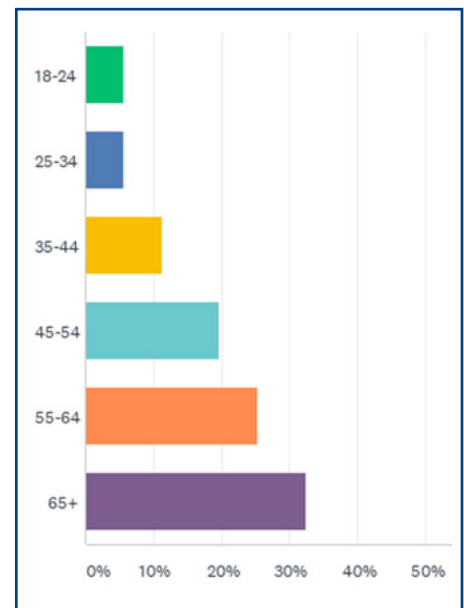
Income



Education



Age Range

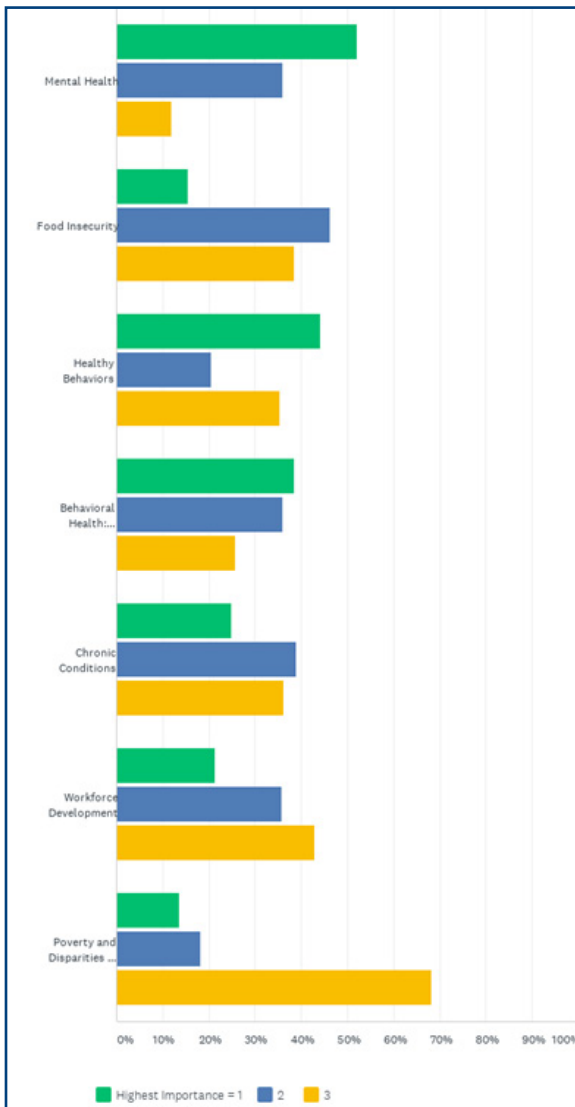


Participants were asked to rank the seven priority areas in order of importance with 1 (ONE) being the most important, and 3 (THREE) being the least important.

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

- Mental health: focuses on a person's psychological state.
- Food insecurity: limited or uncertain availability of nutritionally adequate foods.
- Healthy behaviors: includes actions taken that affect an individual's health; i.e.: exercise, handwashing, eating healthy, smoking, wearing a seatbelt, etc.
- Behavioral health: focuses on substance use disorders and addictions such as: alcohol, prescription drugs, legal substances such as marijuana and illegal drugs.
- Chronic conditions: includes education and access to disease prevention, disease screening and disease management.

- Workforce development: access to workforce training opportunities including job skills development, life skills development, resume and interview skills development, and internship and job shadowing opportunities.
 - Poverty and disparities in economy: includes addressing those factors that lead to poverty and the unequal distribution of income and opportunity.
7. 2.40 – Mental health
 6. 2.13 – Behavioral health: alcohol and drug use
 5. 2.09 – Healthy behaviors
 4. 1.89 – Chronic conditions
 3. 1.79 – Workforce development
 2. 1.77 – Food insecurity
 1. 1.45 – Poverty and disparities in economy



APPENDIX VI

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

As part of the identification and prioritization of health needs, the St. Joseph's Hospital 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. Access to Care
2. Obesity
3. Mental Health
4. Alcohol, Tobacco, and Other Drug Use (ATODA).

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

ACCESS TO CARE

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

Strategy 1: Transportation

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

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

Strategy 2: Healthcare screenings

Annually, St. Joseph's partners with other local providers to offer two annual health fair events. During these events, participants are offered free tests and screenings for blood pressure, pulse oximetry, hearing, dental health, glaucoma, vision and nutrition. The health fair serves 70 community members annually who are otherwise at risk of not getting their annual screenings and primary care checkups.

Strategy 3: Access to primary and specialty care

Telemedicine services are offered and subsidized by St. Joseph's Hospital to provide area residents access to a higher level of specialty care. Since FY2018, more than 72 patients have been treated using the equipment for teleneurology consults in the emergency department.

Patients seen in the emergency department (ED) who have no primary care physician (PCP) are connected with a PCP upon discharge to promote management of care. Upon discharge, patients who have indicated they do not have a PCP are scheduled for a follow up visit and provided an appointment time and location within three-days of discharge.

St. Joseph's Hospital hosts a State Health Insurance Program (SHIP) counselor at least one day each month. SHIP counselors are trained through the Illinois Department on Aging to provide free education about Medicare, Medicare Advantage plans and prescription drug coverage. Individuals on Medicare and their caregivers can meet with the SHIP counselor to ask questions and learn more about their benefits and other social services available.

Support groups provide individuals affected by illness, their family members and caregivers an opportunity to learn more about their illness. This support system can be crucial to their maintenance of health and well-being. Support for women with cancer was provided by helping them cope with appearance related side effects of cancer through the American Cancer Society's "Look Good, Feel Better" program, which was held twice during the year. Individuals with Parkinson's and their families are invited to attend the Parkinson's Discovery Group that is also held at St. Joseph's Hospital, Highland. All mothers or expecting women are invited to attend MOM for Moms. The group offers a place to learn about caring for your child with an opportunity for sharing tips among the group. Topics presented during the year included baby massage, yoga, breastfeeding, newborn temperatures, and a presentation from a pediatrician.

OBESITY

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

Strategy 1:

Raise awareness and provide community education and resources

Outcomes: In FY2019 and FY2020 a free nutrition program was offered in the community the first quarter of the year. Led by a registered dietitian, topics included eating on the go, children in the kitchen, meal ideas and preparation for easy lunch and snacks for school, and recipe ideas and storage tips for summer produce. The nutrition program was suspended during the Pandemic.

For more than 40 years, HSHS St. Joseph's Hospital has been a lead collaborator in the Highland Area Meals on Wheels Program. The hospital partners with the civic organization Highland Area Meals on Wheels Program to prepare and deliver nutritious meals to the elderly, those who are recuperating from illness or hospital stays, and anyone wishing to participate in the program. The Highland Area Meals on Wheels Program serves residents who live in communities within a 15-mile radius of the hospital. Meals for program participants are prepared and delivered Monday through Friday including holidays. On average, 65 meals are delivered by volunteer drivers covering 15 routes each week. An estimated 16,900 meals are delivered annually. Each meal is prepared and packaged by the hospital's Food and Nutrition Services (FANS) department, which equates to approximately 1,300 hours annually.

During the two SJH health fairs, a registered hospital dietician provides nutritional information to those attending.

Area youth were invited to participate in a bike rodeo sponsored by St. Joseph's Hospital in partnership with the local police department. During the event, children were provided safety education about riding a bike on roadways and their riding abilities tested through several set-up courses. Bike inspections and light maintenance were offered for individuals bringing their bike and free bike helmets distributed.

Supported Healthy Pathways, a program of the hospital's Cardiac Rehab department that focuses on total health of the patient and educates those with diabetes and heart disease on proper diet and exercise to improve health and wellness.

MENTAL HEALTH AND ATODA

Strategy 1:

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

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

St. Joseph's Hospital continues to offer its Senior Renewal program which provides group, individual and family counseling to adult seniors who are experiencing anxiety or depression.

St. Joseph's leadership joined the newly formed Clinton County Recovery Oriented Systems Committee (ROSC) to help identify gaps and barriers in behavioral health treatment and recovery. The newly formed ROSC will first identify stakeholders working toward enhancing behavioral health resources; they will then work to develop a strategic plan outlining how gaps in services will be addressed.

