HSHS St. John's Hospital

2024 Community Health Needs Assessment

An assessment of Sangamon County, Illinois conducted jointly by HSHS St. John's Hospital, Memorial Medical Center and Sangamon County Department of Public Health.

HSHS St. John's 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. John's 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. John's Hospital conducted a collaborative CHNA in partnership with Springfield Memorial Hospital and the Sangamon County Department of Public Health. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. The population of Sangamon County was assessed.

Data collected was supplemented with:

1. Community gaps analysis review
2. Community assets review
3. Qualitative data gathered through a CHNA core group
4. Qualitative data reviewed by a community advisory council (CAC) with broad community representation
5. Community Surveys
6. Local leader input
7. Internal advisory council

Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA core group identified 15 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 Guiding Principles).

The CHNA core group provided a thorough review of existing and supplemental data sets around the 15 identified health focus areas to the community advisory council (CAC). The CAC used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas to 10. These focus areas were presented to the community through a community survey. (Appendix II: Survey Data Review). The survey sought the community's feedback to prioritize the needs based on their 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. John's internal advisory council approved the three priority areas recommended through the CAC and survey process. (See appendix III for a complete list of needs considered).

These were the top three health needs identified based on the defined criteria, focus group results, stake- holder input from the CAC and internal input from St. John's leaders.

- Access to mental and substance use services
- Homelessness
- Access to care: focus on chronic conditions

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. John's Hospital is in Sangamon County, Illinois. For more than 150 years, the hospital has been a leader in health and wellness in Sangamon and surrounding counties. St. John's Hospital provides a wide range of specialties, including a level one trauma center, level two pediatric trauma center, neonatal intensive care unit, St. John's Children's Hospital and the nationally recognized Prairie Heart Institute.

St. John's Hospital partners with other area organizations to address the health needs of the community, living its mission to reveal and embody Christ's healing love for all people through its high-quality Franciscan health care ministry, with a preference for the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly integrated health care delivery system serving more than 2 .6 million people in rural and mid-sized communities in Illinois and Wisconsin. HSHS generates approximately $2 billion in operating revenue with 13 hospitals and has more than 200 physician practice sites. The mission is carried out by more than 11,000 colleagues and 1,000 providers in both states who care for patients and their families.

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 program. This includes health professions education, subsidized health services, research and community building activities. In FY2023, the hospital's community benefit contributions totaled $48,109,353.

Current Hospital Services and Assets

Major Centers and Services	Statistics
• Prairie Heart Institute Heart and Vascular Center • ICU • Emergency Services • Rehabilitation Center • AthletiCare – Sports Medicine Center • Cancer Care Center • Neurosurgical Services • EEG Department • Laboratory • Imaging • St. John's Health Center and Priority Care • Home Health • Stroke Care • Wound Care • Surgery • Endoscopy and Colonoscopy • Women's Health • Orthopedics • Children's Health – St. John's Children's Hospital • Level I Adult Trauma Center • Level II Pediatric Trauma Center • Level III NICU designated by IDPH as part of the Level III Administrative Perinatal Center	• Total Beds: 442 • Total Colleagues: 2,291 • Bedside RNs: 893 • Inpatient admissions: 21,180 • Outpatient registrations: 217,208 • ED visits: 50,901 • Births: 2,219 • Surgical cases: 13,610 • Physicians on Medical Staff: 1,178 • Volunteers: 203 • Community Benefit: $48,109,353

Hospital Accreditations and Awards

Accreditations	Awards
Main Laboratory • Centers for Medicare and Medicaid Services Clinical Laboratory Improvement Amendments (CLIA) Certificate of Accreditation • College of American Pathologists (CAP) Point of Care Testing • Centers for Medicare and Medicaid Services Clinical Laboratory Improvement Amendments (CLIA) Certificate of Accreditation • College of American Pathologists (CAP) 6th Street Health Center • Centers for Medicare and Medicaid Services Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver Montvale Surgical Suites: • Centers for Medicare and Medicaid Services Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver Level I Adult Trauma Center Level II Pediatric Trauma Center Emergency Department Approved for Pediatrics Cardiac Rehab Program • American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) certification NICU Level III • Designated by Illinois Department of Public Health as part of the Level III Administrative Perinatal Center Cancer Center accredited by the Commission on Cancer Intersocietal Accreditation Commission: • Nuclear cardiology accredited in myocardial perfusion imaging and MUGAs • Vascular accredited in extracranial cerebrovascular testing, peripheral venous testing, peripheral arterial testing and visceral vascular testing • Echo accredited in adult transthoracic imaging, adult transesophageal imaging, adult stress imaging and pediatric transthoracic imaging	• The Joint Commission Advanced Certification in Perinatal Care (ACPC), November 2023 • DNV Comprehensive Stroke Center Certification, August 2023 • Comprehensive Center with Adolescent and Obesity Medicine Accreditation, November 2023 • Designated Blue Distinction Center for Maternity Care • St. John's College of Nursing Accreditation with the Higher Learning Commission • SJS received two "Best of" Springfield awards from the Illinois Times: - Best Medical Facility - Best Pediatric Center • 2020 Springfield State Journal-Register Reader's Choice Award Winner for: - Best Hospital - Best Children's Hospital - Best Trauma Center - Best Emergency Room - Best Dietitian

Community Served by the Hospital

Although St. John's Hospital serves Sangamon, Cass, Christian, Greene, Logan, Macoupin, Menard, Montgomery, Morgan and Scott counties and beyond, for the purposes of the CHNA, the hospital defined its primary service area and populations as Sangamon County. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Demographic Profile of Sangamon County

Characteristics	Illinois	Sangamon 2022	Sangamon 2019	%Change for County
Total Population	12,549,689	196,343	194,672	0.85%
Median Age (years)	38.7	40.8	40.8	0
Age				
Under 5 years	5.4	5.6	5.8	3.44%
Under 18 years	21.6	21.7	22.1	1.8%
65 years and over	17.2	19.5	18.4	6%
Gender				
Female	50.5	51.6	52	0.77%
Male	49.5	48.4	48	0.83%
Race and Ethnicity				
White (non-Hispanic)	76.1	81.2	82	0.97%
Black or African American	14.7	13.5	13	3.84%
American Indian or Alaska Native	0.6	0.3	0.3	0
Asian	6.3	2.2	2.2	0
Hispanic or Latino	18.3	2.6	2.4	8.33%
Speaks Language other than English at home				
	23.4	4.5	4.9	8.16%
Median household income				
	78,433	71,653	61,912	15.7%
% below poverty in the last 12 months				
	11.9	11.2	12.2	8.19%
High School graduate or higher, % of persons age 25+				
	90.1	93.2	92.5	0.75%

Process and Methods Used to Conduct the Assessment

St. John's Hospital collaborated in the planning, implementation and completion of the CHNA with Springfield Memorial Hospital and Sangamon County Department of Public Health.

Internal

St. John's Hospital undertook a 12-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. John's Hospital, Springfield Memorial Hospital and Sangamon County Department of Public Health.
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. John's Hospital worked with a core group of partners to leverage existing relationships and provide diverse input for a comprehensive review and analysis of community health needs in Sangamon County. 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 Community Advisory Council:

- Sangamon County Department of Public Health* (core group)
- HSHS St. John's Hospital (core group)
- Springfield Memorial Hospital (core group)
- United Way of Central Illinois*
- Springfield Urban League*
- Springfield School District 186*
- SIU School of Medicine Office of Equity, Diversity and Inclusion*
- SIU School of Medicine, Office of Strategy, Communication and Engagement
- SIU Center for Family Medicine, federally qualified health center (FQHC)*
- Sangamon County Farm Bureau
- Central Counties Health Centers, FQHC*
- Lincoln Land Community College Workforce Equity*
- Memorial Behavioral Health*
- NAACP*
- Phoenix Center*
- Springfield Immigrant Advocacy Network*
- Heartland Continuum*
- Senior Center*
- AgeLinc*
- Motherland Gardens*
- Shifting Into New Gears*
- Community Care Connection*
- Greater Springfield Chamber of Commerce
- YMCA*
- Heartland HOUSED*
- SIU Medicine's Office of the Chief Medical Officer *

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

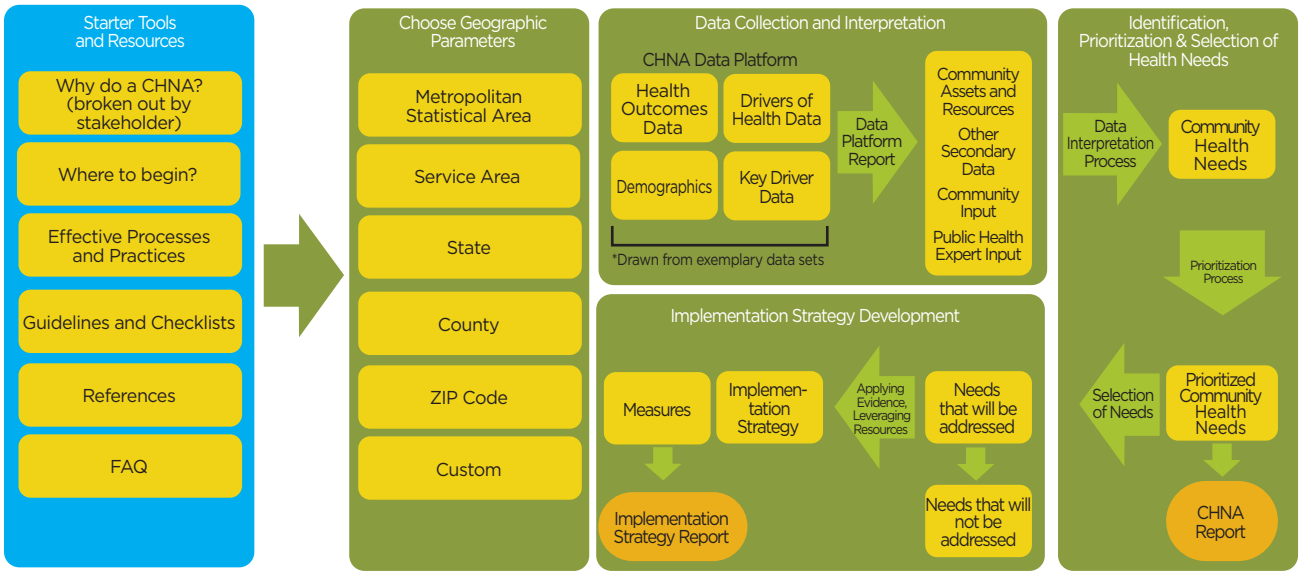
The CAC helped the core group review existing data and offered insights into community issues affecting that data. The CAC also helped identify local community assets and gaps in the priority areas and offered advice on which issues were the highest priority. See appendix IV for the CAC charter and meetings.

Defining the Purpose and Scope

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

- State Health Improvement Plan (SHIP)
- University of Illinois, Springfield (UIS) Center for State Policy and Research Annual Report
- Illinois Kids Count Report
- United States Department of Agriculture (USDA) Food Map – Food Deserts
- Health Resources and Services Administration (HRSA) Health Center Program: Central Counties Health Centers, Inc .
- HRSA Health Center Program: Southern Illinois University
- Sangamon County Citizen Survey
- 500 Cities Project
- County Health Rankings
- Illinois Report Card
- Illinois Kids Count Report
- Sangamon County Community Resources Client Needs Assessment
- Sangamon County Community Resources Stakeholder Assessment
- Illinois Public Health Community Map
- ALICE Report

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

Input from Persons Who Represent the Broad Interests of the Community

St. John's 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 three identified community health needs: access to care, mental and behavioral health services, disparities in economy. This year's assessment built on that collaboration, actively seeking input from a cross section of community stakeholders with the goal of reaching consensus on priorities to best 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. Lastly, their feedback was instrumental in developing the implementation plan.

The core group developed and facilitated a community survey which was made available electronically and hard copy. Feedback was received from a diverse representation of Sangamon County based on age, race, ethnicity, socioeconomic status, disability status, religion, employment, education, sexual orientation, etc. (See Appendix V for an analysis of survey demographics.) More than 800 individuals participated. Survey outcomes were presented to the core group's respective internal advisory 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 to be completed and approved by November 15, 2024.

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

HSHS and St. John's Hospital are committed to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, promoting the common good and stewarding resources. The CHNA process must be informed by input from the poor and vulnerable populations it seeks to serve. To ensure the needs of these groups were adequately represented, representatives from such organizations as noted on page nine were included. 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. 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 needs of the most vulnerable persons in the communities were addressed.

Input on FY2021 CHNA

No written comments were received regarding the FY2021 CHNA.

Prioritizing Significant Health Needs

Members of St. John'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 the following community health needs were identified:
1. Access to mental and substance use services
2. Homelessness
3. Access to Health: focus on 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:
- Affordable housing: While not named, this is being addressed within strategies addressing homelessness.
- Food access: This need is addressed by groups including the Central Illinois Food Bank, Illinois Coalition of Community Services, COMPASS for Kids, local school districts and the county health department. The hospital supports these efforts by donating money and in-kind resources to these programs and organizations.
- Maternal and infant health: As a result of the 2018 CHNA, a program was developed and implemented to address maternal/infant health issues for babies born earlier than 32 weeks. This program continues to be provided through St. John's Hospital NICU to address health and development challenges in premature infants. Additionally, the hospital continues to support local safe sleep initiatives driven by the health department.
- Obesity: St. John's participates in community initiatives to address obesity. Additionally, several of its programs addressing food access, chronic conditions, access to health, etc. are indirectly impacting obesity.
- Senior health: St. John's runs the Caregiver Interfaith Volunteer Services program which provides senior transportation to medical appointments.
- Violent crime: The access to care collaborative developed in response to the 2015 CHNA has led to a decrease in crime in the Enos Park neighborhood. An expansion of the collaborative will continue to impact crime across the city and county. The hospital continues to support these initiatives and others through monetary and in-kind donations.
- Cancer Disparities: St. John's supports the American Cancer Society which partners with patients to provide support and resources. Additionally, the St. John's Cancer Center team is part of the Regional Cancer Partnership focused on screening and early diagnosis.
- Disparities in Economy and Education: These drivers of health are incorporated into all strategic planning.
- Sexually Transmitted Infections (STI): The Sangamon County Health Department of Public Health identifies STI as one of its top priorities and is prioritizing resources around this issue area.
- Unemployment: This driver of health is incorporated into all strategic planning.

Overview of Priorities

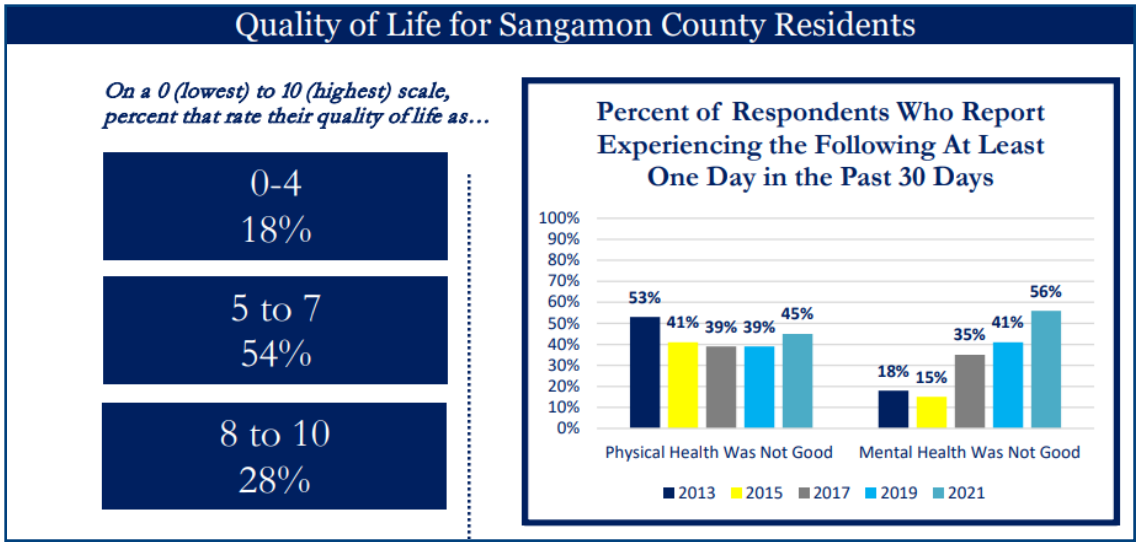
Access to Mental and Substance Use Services

Depression, anxiety and suicide ideation have seen a steady upward trend which has been exacerbated by the pandemic.

Accidental drug overdose deaths have continued to rise in Sangamon County since the beginning of 2020. According to county coroner reports, substances such as heroin, alprazolam, alcohol and fentanyl have been leading culprits in drug overdose deaths. The county also has higher rates of hospitalization due to opioids and heroin compared to other counties in the state.

Drug Overdose Death	2018	2020	2021
Any drug	44	56	71
Any opioid	29	40	51
Herion	11	15	8
Synthetic	-	32	44
Natural and Semi-Synthetic	-	9	12
Cocaine	-	21	30
Alchol	-	2	10
Psycho Stimulant	-	13	19
Benzodiazepine	-	2	10

The following quality of life results gleaned through the Sangamon County Citizen's Survey conducted in 2021 reveal that participants reporting "mental health was not good" has been increasing.



Sangamon County Citizen's Survey 2021: https://cfil.org/Portals/0/2021_Citizens_Survey_Report.pdf | Page 16

Many people in need of mental health or substance use treatment are unable to access it in a timely manner due to provider shortages, particularly in rural areas. Additionally, the following barriers were listed by community members as leading challenges to accessing mental and behavioral health services:

- Barriers such as cost of care, transportation, long wait times and low number of providers prevent patients from accessing mental health treatment in a timely manner.
- Mental health providers are not experienced in addressing traumas related to immigration systems and racism.
- Lack of knowledge on when mental health assistance is needed.
- Easy availability of drugs and alcohol in the community, especially near community gathering places like schools and churches. This encourages self-medicating.
- A greater awareness of when, why and how to access mental health services is needed overall.
- There is a stigma associated with seeking mental health assistance.

Homelessness

St. John's Hospital joined many agencies and members of this community to design a strategy to protect some of the most vulnerable members of the community and end their homelessness. As a result of this planning process, a new non-profit, Heartland HOUSED, was formed in 2022 to drive the following goal: By 2028, our community will put everyone who becomes homeless back in suitable and safe housing within 30 days.

According to the National Institutes of Health, people who are homeless have higher rates of illness and die on average 12-years sooner than the general U.S. population. Individuals experiencing homelessness are at a greater risk of living with unmanaged chronic conditions and sexually transmitted infections, have a higher rate of substance use and are more likely to be living with untreated mental illnesses. As people become stabilized in housing, their dependence on emergency services drops and their health outcomes improve significantly.

The table below shows the increase of homelessness in Sangamon County since the pandemic.

Year	Point in Time	Sheltered	Unsheltered	Family	Individual	Veterans
2023	306	286	20	85	221	22
2022	264	238	26	76	188	
2021	189	160	29	21	158	
2020	294	251	43	78	216	

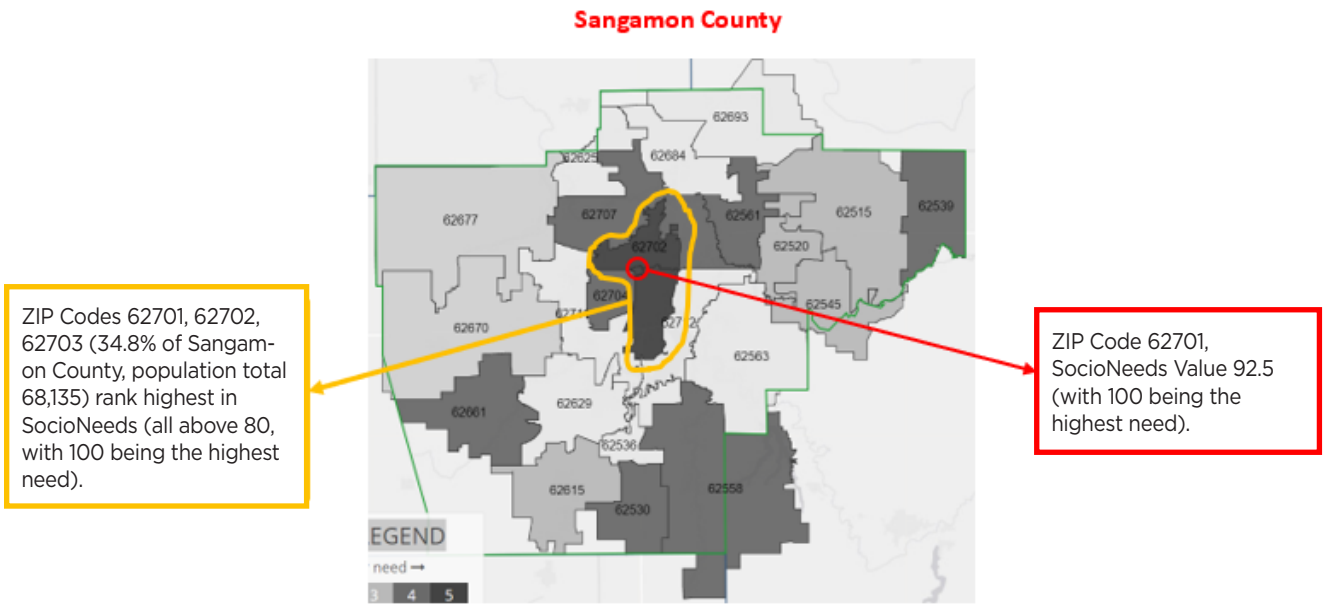
The following data was gathered and reported during the 2022 Springfield and Sangamon County strategic planning process:

- 264 people are homeless in the community on a given day.
- Each year, the number of people that are homeless grows by 155.4 people.
- 56% of people who are homeless need housing with supports to remain housed.
- 16% of people who live outside or in shelters in Sangamon County get into housing.

Access to Care: Focus on Chronic Conditions

Access to care has many dimensions. In Sangamon County, there is a direct correlation between access barriers and ZIP code on the socio-needs index (see Diagram Four). Existing data shows these areas have a higher incidence of emergency department visits and hospitalization due to chronic conditions that could be managed through regular visits with a general provider. Access to care efforts since the 2015 CHNA have led to a measurable improvement in health. Using the effective and nationally recognized model in place, individual and population health improvement should continue while current access to care strategies are expanded.

Diagram Five: Socioeconomic need that correlates with poor health outcomes.



Potential Resources to Address the Significant Health Needs

The following resources will be considered when developing the implementation plan:

Hospitals and related medical groups

- HSHS St. John's Hospital
- HSHS Medical Group
- Springfield Memorial Hospital
- Memorial Behavioral Health
- Springfield Clinic
- SIU Healthcare
- SIU Center for Family Medicine, FQHC
- Central Counties Health Centers, FQHC
- Gateway Foundation
- Family Guidance Center

More than 100 agencies, organizations, non-profit organizations, governmental organizations, educational institutions, city and county resources, social service and health care organizations are available to meet identified needs.

Those organizations include, but are not limited to:

- Local social service organizations
- Local health care organizations
- Neighborhood associations in impacted neighborhoods
- County health department
- Public health department
- City of Springfield
- County offices
- Non-profit organizations
- Private and public schools
- Community coalitions and task forces
- 2-1-1, a United Way of Central Illinois initiative that allows community residents to dial '2-1-1' to access needed resources

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 with organizational strategic planning and budgeting to ensure the proper 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 on https://www.hshs.org/getmedia/9cc503c1-3122-49cd-bf0b-c48ee79efd89/Community-Health-Needs-Assessment-SJS-2021.pdf. Hard copies available upon request.

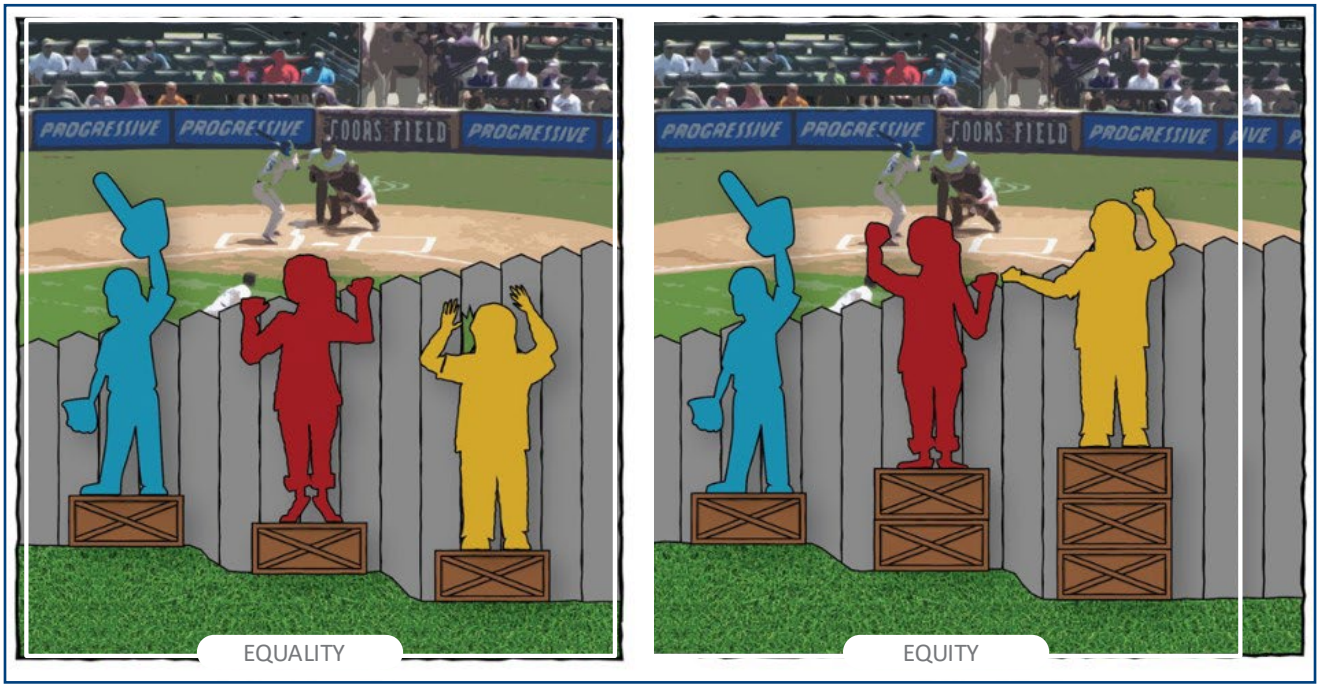
Approval

The FY2024 CHNA report was adopted by the hospital's governing board on May 1, 2024.

APPENDIX I

Community Health Guiding Principles

Principle One: Health Care is Efficient and Equitable

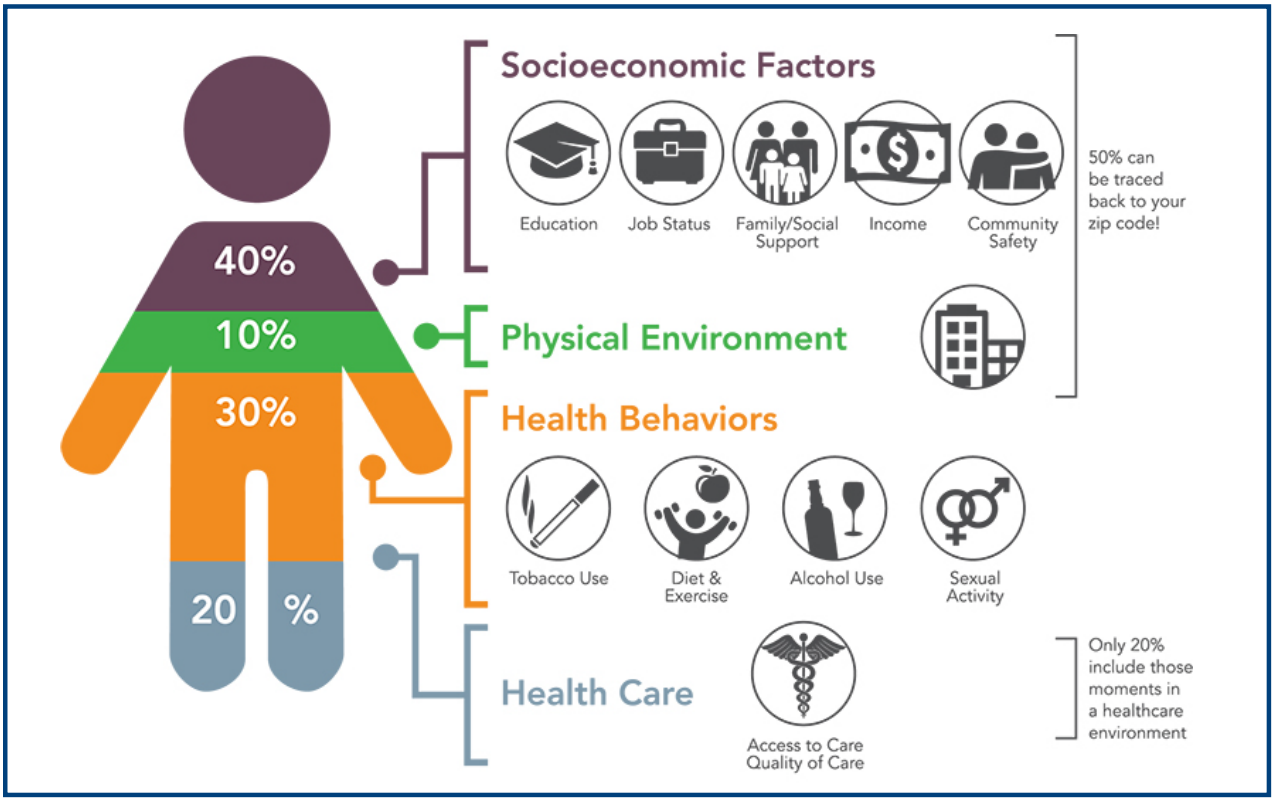


This graph challenges us to redefine our basic expectations for fairness and success as contingent upon those individual differences.

- **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.

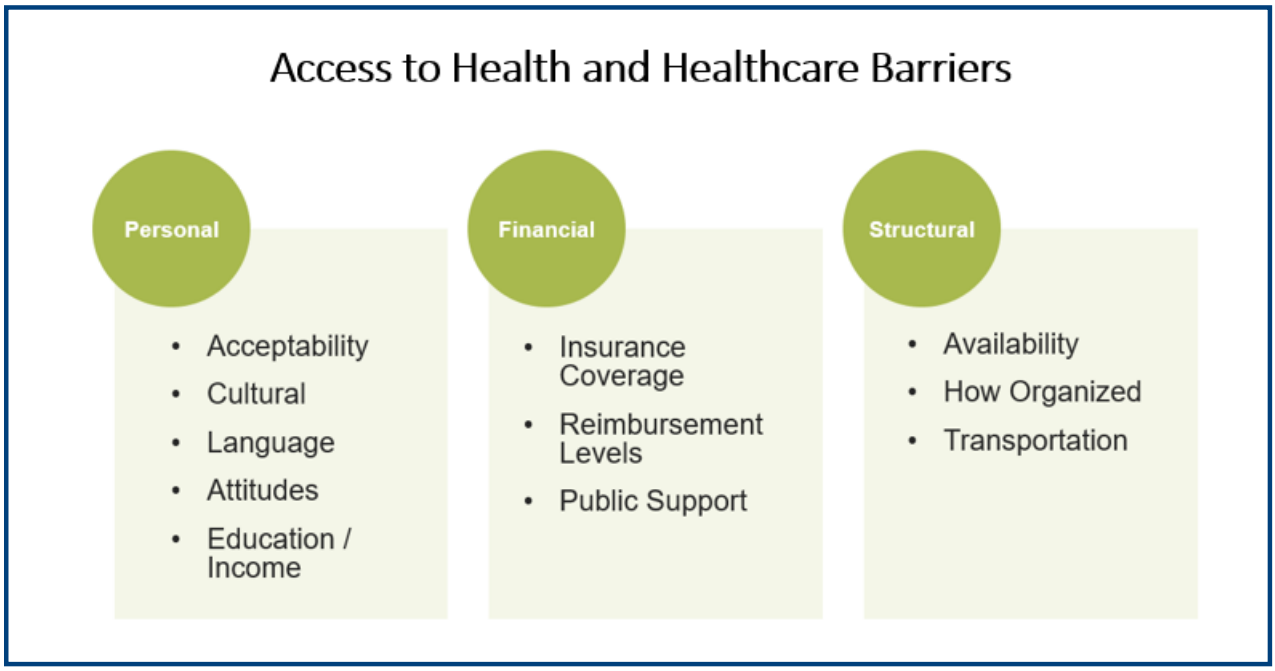
Healthy Behaviors:

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 Community Survey

Sangamon County Community Health Needs Assessment

CONDUCTED BY SPRINGFIELD MEMORIAL HOSPITAL, SANGAMON COUNTY DEPARTMENT OF PUBLIC HEALTH AND HSHS ST. JOHN'S HOSPITAL

THANK YOU!

The data gathered will help us identify and address health and quality-of-life issues in Sangamon County.

The following questions are for analysis purposes only. This information will NOT be used to identify you as a participant but is important to ensure we have responses from all members of our community.

In what year were you born? _____

What is your gender? *Select the option that best describes your gender identity.*

- ○ Male
- ○ Female
- ○ Non-binary
- ○ Transgender Man
- ○ Transgender Woman
- ○ Prefer not to answer
- ○ If not listed; please specify: _____

What is your highest level of education?

- ○ Less than high school
- ○ Some high school
- ○ High school diploma or equivalent
- ○ Trade or technical school beyond high school
- ○ Some college
- ○ Four-year college degree
- ○ More than four-year degree

What was your household's income last year before taxes?

- ○ Less than $20,000
- ○ $20,001 – $40,000
- ○ $40,001 – $60,000
- ○ $60,001 – $80,000
- ○ $80,001 – $100,000
- ○ $100,000+
- ○ Retired
- ○ Prefer not to answer

What categories describe you? *(Please check all that apply.)*

- ○ **American Indian or Alaska Native** (Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)
- ○ **Asian** (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)
- ○ **Black or African American** (African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)
- ○ **Hispanic, Latino or Spanish Origin** (Mexican, Mexican American, Puerto Rican, Cuban, Dominican, etc.)
- ○ **Native Hawaiian or Other Pacific Islander** (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, etc.)
- ○ **White** (German, Irish, English, Italian, Polish, French, Lebanese, Egyptian, Iranian, Slavic, Cajun, etc.)
- ○ Some other **race, ethnicity,** or **origin** _____

What is your zip code? _____

Sangamon County Community Health Needs Assessment

CONDUCTED BY SPRINGFIELD MEMORIAL HOSPITAL, SANGAMON COUNTY DEPARTMENT OF PUBLIC HEALTH AND HSHS ST. JOHN'S HOSPITAL

What is your disability status?

- ○ Do not have a disability
- ○ Have a disability
- ○ Prefer not to say

How would you rate YOUR overall health?

- ○ Very healthy
- ○ Healthy
- ○ Somewhat healthy
- ○ Not very healthy

How would you rate the health of your county?

- ○ Very healthy
- ○ Healthy
- ○ Somewhat healthy
- ○ Not very healthy

Why don't local residents access health care when they need it? *(Please check all that apply.)*

- ○ Lack of health insurance coverage
- ○ Inability to pay for prescriptions
- ○ Lack of transportation
- ○ Basic needs not met (food/shelter)
- ○ Language/cultural barriers
- ○ Inability to pay out-of-pocket expenses
- ○ Lack of trust
- ○ Availability of providers/appointments
- ○ Lack of child care
- ○ Lack of access to mental health providers
- ○ Lack of access to a dentist
- ○ Lack of access to physicians/providers
- ○ Time limitations
- ○ Lack of concern or health is not a priority/valued

Check any populations that you feel are not receiving sufficient healthcare in your county:

- ○ Underinsured/uninsured
- ○ Asian
- ○ LGBTQIA+
- ○ None of these
- ○ Black/African American
- ○ Disabled
- ○ Hispanic/Latino
- ○ I don't know
- ○ Seniors/aging/elderly
- ○ Homeless
- ○ Young adults
- ○ Immigrant/Refugees
- ○ Low-income
- ○ Children/Youth
- ○ Individuals with mental health challenges

Check any challenges you feel local residents face when trying to maintain a healthy lifestyle?

- ○ Recreation opportunities
- ○ Cultural barriers
- ○ Access to healthy foods
- ○ Motivation/Effort/Concern
- ○ Safety/Crime
- ○ Lack of education/knowledge
- ○ Affordable housing
- ○ Time/Convenience
- ○ I don't know
- ○ Other: _____

Have you witnessed anyone in your county being treated negatively because of their race?

- ○ Never
- ○ Sometimes
- ○ Frequently

Do you agree or disagree with this statement? ***Racism is a problem in this county***

- ○ Strongly disagree
- ○ Disagree
- ○ Unsure
- ○ Agree
- ○ Strongly Agree

Sangamon County Community Health Needs Assessment

PAGE 3 OF 3

CONDUCTED BY SPRINGFIELD MEMORIAL HOSPITAL, SANGAMON COUNTY DEPARTMENT OF PUBLIC HEALTH AND HSHS ST. JOHN'S HOSPITAL

Have you or anyone in your household EVER experienced any of the following? *(Check all that apply.)*

- ○ Physical abuse (push, grab, slap, throw something at you, kicked, threatened with a weapon, bruised)
- ○ Emotional abuse (swear at, insult, put you down, humiliate, act in a way you were afraid)
- ○ Sexual abuse
- ○ Physical neglect (not enough to eat, had to wear dirty clothes, parents too drunk or high to take care of you)
- ○ Emotional neglect (often feel that no one in your family loves you, family does not support one another)
- ○ Mental illness in the household
- ○ Mother treated violently
- ○ Parents divorced or separated
- ○ Chronic substance use/dependency (alcohol, prescription opioids, recreational drugs, etc.)
- ○ Household member incarcerated
- ○ Gun violence

What do you think is/are the biggest health problem(s) in your county right now?

What is the ONE thing you would do to make the health of your county better?

RANK THESE 10 health concerns FROM 1 to 10. (1 most important health concern to address, 10 being the least):

- ☐ Disparities in Education
- ☐ Food Access
- ☐ Disparities in Economy
- ☐ Mental Health
- ☐ Unmanaged Chronic Diseases
- ☐ Affordable Housing
- ☐ Substance Use
- ☐ Unemployment
- ☐ Homelessness
- ☐ Maternal/Infant Health

Thank you!

APPENDIX III

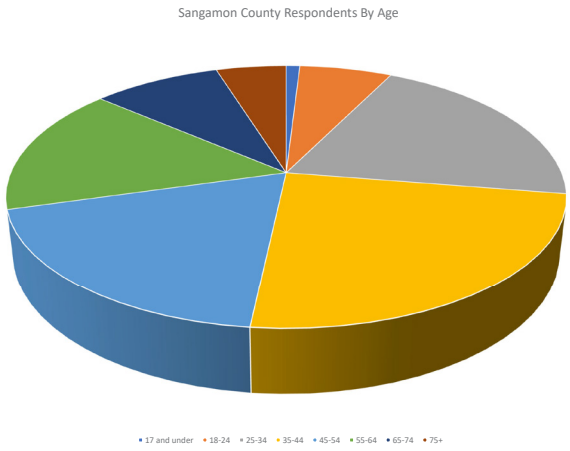
2024 Community Survey Analysis

2024 CHNA Survey Results

Sangamon County

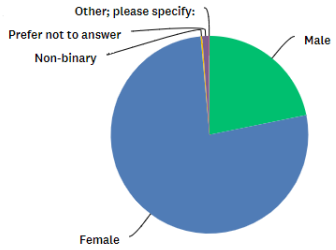
849 Respondents

Who took the survey?



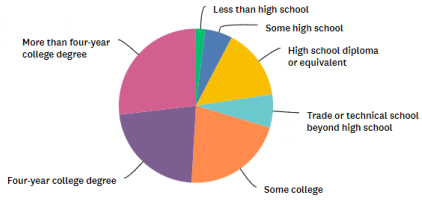
17 and under	1%
18-24	6%
25-34	20%
35-44	24%
45-54	19%
55-64	16%
65-74	9%
75+	5%

Please select the option that best describes your gender identity:



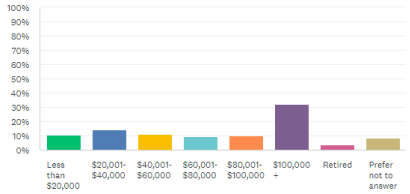
Male		21.82%
Female		76.77%
Non-binary		0.24%
Transgender Woman		0.00%
Transgender Man		0.00%
Prefer not to answer		1.06%
Other; please specify:	Responses	0.12%

What is the highest level of education you have completed?



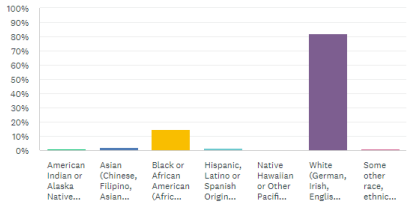
Less than high school	1.93%
Some high school	5.78%
High school diploma or equivalent	14.92%
Trade or technical school beyond high school	6.98%
Some college	21.30%
Four-year college degree	22.26%
More than four-year college degree	26.84%

What is your approximate average household income?



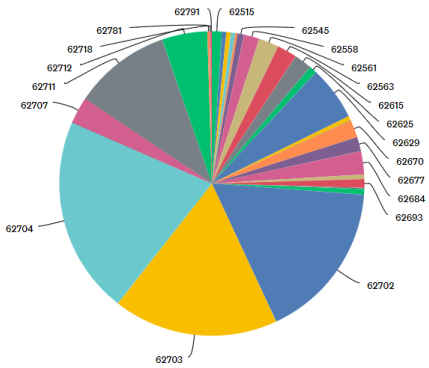
ANSWER CHOICES	RESPONSES
Less than $20,000	10.74%
$20,001-$40,000	14.29%
$40,001-$60,000	11.10%
$60,001-$80,000	9.56%
$80,001-$100,000	10.04%
$100,000+	32.00%
Retired	3.78%
Prefer not to answer	8.50%

Please select the option(s) that best describe your race/ethnicity:

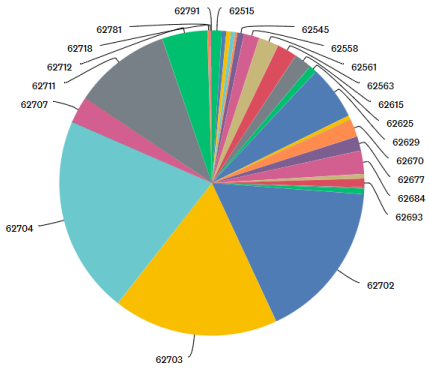


American Indian or Alaska Native (Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.)	1.06%
Asian (Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)	2.01%
Black or African American (African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian, etc.)	14.76%
Hispanic, Latino or Spanish Origin (Mexican, Mexican American, Puerto Rican, Cuban, Dominican, etc.)	1.77%
Native Hawaiian or Other Pacific Islander (Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, etc.)	0.35%
White (German, Irish, English, Italian, Polish, French, Lebanese, Egyptian, Iranian, Slavic, Cajun, etc.)	82.05%
Some other race, ethnicity, or origin: Responses	1.18%

What is your zip code?



62704	21.01%
62703	17.49%
62702	16.90%
62711	10.33%
62629	5.75%
62712	4.81%
62707	2.82%
62684	2.46%
62561	2.11%
62563	2.11%
62615	1.88%
62670	1.88%
62558	1.64%
62677	1.53%
62515	1.06%



0% participation

62706
62708
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62762
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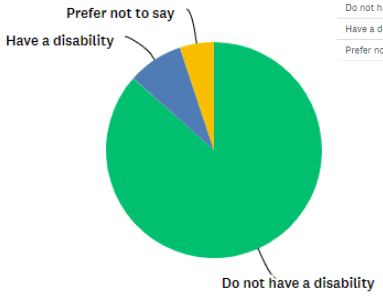
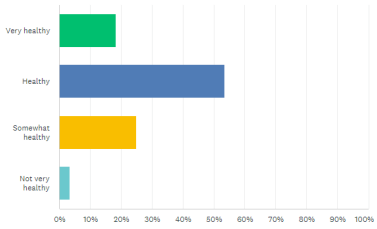
What is your disability status?



Do not have a disability	86.58%
Have a disability	8.31%
Prefer not to say	5.11%

Overall how would you rate YOUR health?

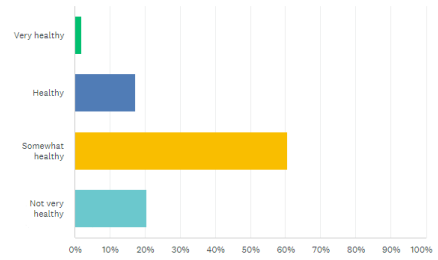


ANSWER CHOICES	RESPONSES
Very healthy	18.34%
Healthy	53.49%
Somewhat healthy	24.85%
Not very healthy	3.31%
TOTAL	

Perceptions of County Health

How would you rate the health of Sangamon County?

Answered: 820 Skipped: 32



ANSWER CHOICES	RESPONSES
Very healthy	1.83%
Healthy	17.32%
Somewhat healthy	60.49%
Not very healthy	20.37%
TOTAL	

Why don't people in Sangamon County access health care when they need it? Choose all that apply.

Inability to pay out-of-pocket expenses	71.81%
Lack of health insurance coverage	65.90%
Inability to pay for prescriptions	62.29%
Lack of transportation	53.01%
Basic needs not met (food/shelter)	43.98%
Lack of concern or health is not a priority/valued	40.36%
Availability of providers/appointments	40.24%
Lack of trust	31.45%
Lack of child care	31.33%
Lack of access to physicians/providers	29.28%
Time limitations	27.59%
Lack of access to a dentist	27.35%
Language/cultural barriers	16.51%
I don't know	7.23%

Check any populations that you feel are not receiving sufficient healthcare in Logan County:

Low-income	57.37%
Underinsured/uninsured	56.27%
Homeless	56.03%
Individuals with mental health challenges	54.57%
Seniors/aging/elderly	33.37%
Black/African American	29.84%
Disabled	25.70%
Immigrant/Refugees	19.85%
LGTBQIA+	18.27%
Young adults	16.20%
I don't know	14.98%
Children/Youth	13.40%
Hispanic/Latino	11.69%
Asian	4.38%
None of these	2.92%

Check any challenges you feel Sangamon County people face when trying to maintain a healthy lifestyle.

Motivation/Effort/Concern		53.50%
Lack of education/knowledge		53.26%
Access to healthy foods		50.72%
Affordable housing		37.68%
Time/Convenience		35.51%
Safety/Crime		32.49%
Recreation opportunities		26.69%
Cultural Barriers		15.22%
I don't know		12.80%
Other (please specify):	Responses	7.97%

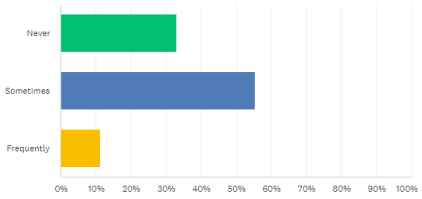
Check any challenges you feel Logan County people face when trying to maintain a healthy lifestyle.

- More places for children to gather
- High cost of healthy foods
- Second chances with housing authority
- Lack of 24-hour pharmacy
- Financial burden
- Substance use
- Lack of safe ways to bike or walk to most locations
- High costs of gyms/activities
- Exclusion of people groups

Racism in Sangamon County

Have you witnessed anyone in your county being treated negativ of their race?

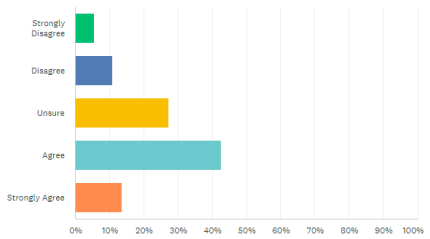
Answered: 830 Skipped: 22



ANSWER CHOICES	RESPONSES
Never	33.13%
Sometimes	55.54%
Frequently	11.33%
TOTAL	

Do you agree or disagree with this statement? "Racism is a problem i Sangamon County."

Answered: 836 Skipped: 16



ANSWER CHOICES	RESPONSES
Strongly Disagree	5.62%
Disagree	10.89%
Unsure	27.27%
Agree	42.58%
Strongly Agree	13.64%
TOTAL	

Adverse experiences in Sangamon County households

Have you or anyone in your household ever experienced any of the following? Check all that apply.

Emotional abuse (swear at, insult, put your down, humiliate, act in a way you were afraid)	57.53%
Mental illness in the household	53.61%
Parents divorced or separated	50.72%
Physical abuse (push, grab, slap, throw something at you, kicked, threatened with a weapon, bruised)	33.81%
Chronic substance use/dependency (alcohol, prescription opioids, recreational drugs, etc.)	30.10%
Emotional neglect (often feel that no one in your family loves you, family does not support one another)	24.33%
Sexual abuse	20.62%
Household member incarcerated	12.16%
Mother treated violently	11.75%
Physical neglect (not enough to eat, had to wear dirty clothes, parents too drunk or high to take care of you)	9.69%
Gun violence	8.25%

Sangamon County Priorities

What do you think is/are the biggest health problems in Sangamon County?

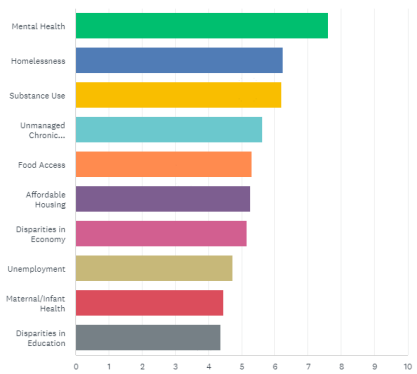
- Substance Use
- Mental Health
- Obesity
- Racial segregation/discrimination
- Access to healthy food
- Diabetes
- Financial concerns (basic needs, insurance, prescriptions, healthy foods)
- Health literacy
- Help finding existing resources
- Wait times for emergency departments
- Affordable housing/homelessness
- Lack of education
- Lack of care
- Breastfeeding resources/support
- STDs

Q17 What is the one thing you would do to make the health of Sangamon County better?

- Health Education
- Decrease wait times for psychiatric services
- Support Heartland Continuum
- Access to healthy foods
- More free recreational activities
- Medical transportation to appointments/valet parking
- Pop-up health fairs at grocery stores to underserved areas
- Access to healthcare/free clinics/low-cost clinics and pharmacies/24/7 clinic
- Bike paths/walking trails

Rank the following 10 health concerns in order from 1 (most important health concern) to 10 (least important health concern) by dragging your choices up (or down).

Answered: 852 Skipped: 0



APPENDIX IV

2024 Sangamon County Community Health Needs Assessment

Priorities Analyzed, Reviewed and Prioritized

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

- Affordable housing
- Behavioral health: substance use
- Cancer disparities
- Disparities in economy
- Disparities in education
- Food access
- Homelessness
- Maternal / infant health
- Mental health
- Obesity
- Senior health
- Sexually transmitted infections
- Unemployment
- Unmanaged chronic conditions
- Violence

The core group presented the 15 needs to the CAC and led them through a forced ranking exercise. At that time, the needs were narrowed to the following 10:

- Affordable housing
- Behavioral health: substance use
- Disparities in economy
- Disparities in education
- Food access
- Homelessness
- Maternal / infant health
- Mental health
- Unemployment
- Unmanaged chronic conditions

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

- Access to mental health and substance use services
- Homelessness
- Access to care: focus on chronic conditions

APPENDIX V

2024 Sangamon County Community Health Need Assessment

Community Advisory Committee Letter and Meeting Dates

Dear Community Partner,

It is time again for HSHS St. John's Hospital (SJS), Springfield Memorial Hospital (SMH), and the Sangamon County Department of Public Health (SCDPH) to conduct our joint Sangamon County Health Needs Assessment (CHNA). We hope you or someone from your organization can provide input through our Community Advisory Council (CAC).

Community Advisory Council Meeting:
This year, we will conduct ONE CAC meeting *on:* ***January 11, 2024: 2:30 – 4pm.*** The meeting will be held at the Sangamon County Department of Public Health: 2833 S Grand Ave. E, Springfield, IL 62703.

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 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 Sangamon County organizations and community members to solicit feedback from a broad and diverse range of individuals.

Final Priority Areas:
Finally, the hospitals and health department will take information learned from the CAC and surveys to our internal teams for further discussion and ranking. SJS, SMH and SCDPH will once again select one priority area to focus on jointly over the next three years. Once the final CHNA priorities have been identified, we will notify you of the outcome via e-mail. 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 on the advisory council. Please e-mail: kim.luz-mobley@hshs.org by **January 5, 2024,** to let us know if you or someone from your organization will serve in this role.

Please don't hesitate to reach out to us with any questions or further discussion.

Kimberly Luz-Mobley, M.S., C.H.E.S.
Executive Director, Community Health
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Kim.luz-mobley@hshs.org

Angela Stoltzenburg, M.B.A.
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John Ridley, M.H.C.D.S.
Director
Sangamon County Department of Public Health
(217) 321-2601 ext. 3701
John.ridley@sangamonil.gov

APPENDIX VI

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

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

1. Disparities in Economy
2. Mental and Behavioral Health Services
3. Access to health services, including food access and homeless issues.

Mental and Behavioral Health Services:
Emergency department-based screening and referral to treatment and recovery

In FY2021, the substance, treatment and recovery program was fully deployed in HSHS St. John's Hospital's emergency department. This collaborative program, in partnership with Gateway Foundation, is focused on warm handoff services for treatment and recovery of patients presenting with substance use disorder in the emergency department. This collaborative initiative has provided rehab services for more than 100 persons during the CHIP cycle.

The following colleagues work together to identify, screen, assess and transition patients from the emergency department directly to a treatment bed:

- Engagement specialist: A certified addictions counselor who promotes substance use disorder treatment services and programs to engage potential clients, completes intake screenings and assessments, evaluates patients' needs, determines appropriate program placement, and completes related forms and records. Maintains collaborative working relationships and regular communication with referral sources to plan and coordinate services and resolve potential barriers to effective treatment.
- Recovery coach: A staff person with lived experience who provides support and outreach to individuals in recovery or seeking recovery. Serves as a role model by exhibiting long-term stable personal recovery and use of appropriate coping skills. Maintains relationships with and knowledge of resources for clients. Consults with other treatment team members. Provides resources to assist with recovery and transition.
- Clinical supervisor: A clinical leader who is responsible for providing direct supervision to team members delivering services. Oversees client services and ensures compliance with established program standards and service delivery objectives. Responsible for orienting and training staff. Serves as resource to assigned staff in identifying and resolving complex case problems. Interprets and enforces area policies and procedures and initiates corrective actions. Assumes client caseload in response to workload or staffing shortages. Interfaces with key staff at assigned community resources to foster exceptional relationships.

Disparities in Economy and Access to Health

Heartland HOUSED

St. John's continues to chair the Heartland HOUSED organization a strategic board with a goal to achieve functional zero by 2027 . Through Collective Impact, more than $800,000 in HUD and grant funding was secured to enhance case management services, permanent supportive housing, and mental / behavioral health services embedded in homeless shelters. Additionally, a medical respite team was created with participation from care management teams in local hospitals to develop a plan for medical respite beds for persons discharged to shelter.

Access to Health Collaborative

St. John's continues to be a lead partner in the Access to Health Collaborative which is entered its ninth year FY2024. During the last CHIP, the initiative was expanded to include two immigrant neighborhoods and a chronic homeless population. St. John's committed $80,000 to the expansion in the first year and has committed an additional $80,000 per year through FY2024. This initiative has worked closely with the newly formed Heartland HOUSED to assist persons experiencing chronic homelessness.

Beyond the NICU

Beyond the NICU employs trained NICU nurses to give vulnerable parents of premature children the support they need to provide their at-risk babies with the best possible start in life. Since infant outcomes are closely tied to maternal health and well-being, this program focuses on assessing and improving maternal mental health and family preparedness. Since FY2020, more than 230 infants have been cared for and nearly 130 have graduated from the 18-month program.


HSHS
St. John's
Hospital