



# 2018 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.



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## Executive Summary

### Background

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a community health needs assessment (CHNA) and adopt implementation strategies to meet the 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. 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 FY2015.

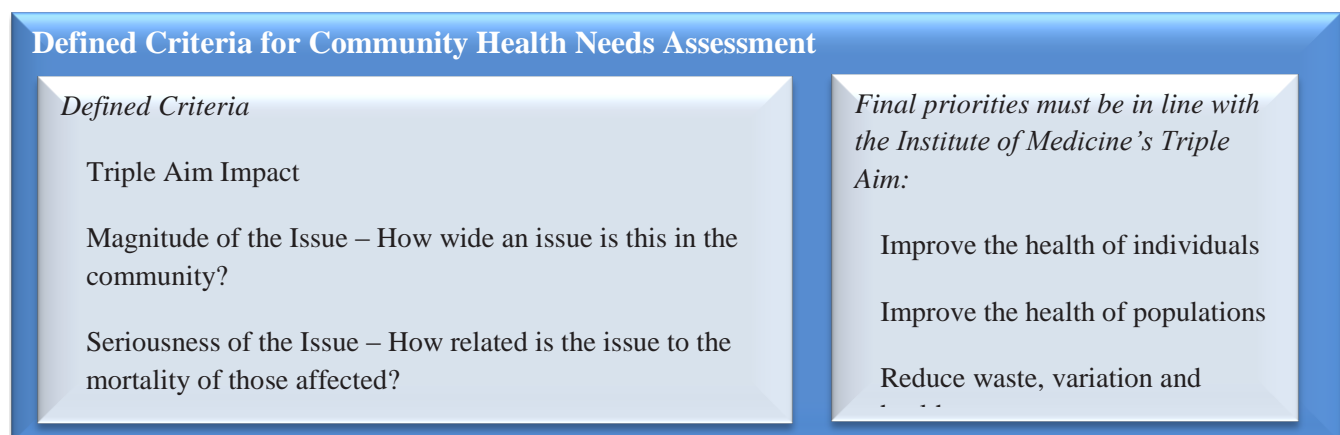
In FY2018 (July 1, 2017 through June 30, 2018), St. John's Hospital conducted a collaborative CHNA in partnership with Memorial Medical Center and the Sangamon County Department of Public Health. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. The population of Sangamon County was assessed. Data collected was supplemented with:

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

### Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA core group identified 18 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*



The CHNA core group provided a thorough review of existing and supplemental data sets around the 18 identified health focus areas to the external advisory council. The external advisory council used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas to nine. These focus areas were presented to the community through the Sangamon County Community Health Needs Assessment Survey (Appendix I). 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 prioritization. St. John's internal advisory council used the pre-determined criteria to force rank the health focus areas to the top four. See Appendix II for a complete list of needs considered.

These were the top four health needs identified based on the defined criteria, survey results, stakeholder input from the external advisory council and internal input from St. John's leaders.

- Access to Care
- Child Maltreatment
- Maternal Infant Health
- Substance Abuse - Drugs

## Implementation Plan Development

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

## Hospital Background

HSHS St. John's Hospital is located 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 at HSHS St. John's Hospital.

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 our high quality Franciscan health care ministry, with a preference for the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly-integrated health care delivery system serving more than 2.6 million people in rural and mid-sized communities in Illinois and Wisconsin. HSHS generates approximately \$2 billion in operating revenue with 15 hospitals and has more than 200 physician practice sites. Our mission is carried out by 14,000 colleagues and 2,100 physicians 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 we serve. This flows directly from our Catholic identity. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through our broader community benefit program. This includes health professions education, subsidized health services, research and community building activities. In FY2017, the hospital's community benefit contributions totaled \$35,244,897.

## Current Hospital Services and Assets

Major Centers & Services	Statistics	New Services & Facilities
<ul style="list-style-type: none"> <li>• AthletiCare – Sports Medicine Center</li> <li>• Cancer Center</li> <li>• Children's Hospital</li> <li>• Connect</li> <li>• Gastroenterology</li> <li>• Health Centers and Priority Care Centers</li> <li>• Home Health</li> <li>• Home Hospice</li> <li>• Intensive Care Unit</li> <li>• Level I Trauma Center</li> <li>• Level II Pediatric Trauma Center</li> <li>• Mind/Body Health Services</li> <li>• Neurosciences Institute</li> <li>• Orthopedics</li> <li>• Pain Management Center</li> <li>• Prairie Heart Institute</li> <li>• Radiology</li> <li>• Regional Wound Care Center</li> <li>• Rehabilitation Center</li> <li>• Sleep Center</li> <li>• Women and Infants Center</li> </ul>	<ul style="list-style-type: none"> <li>• Total Beds: 431</li> <li>• Total Colleagues: 2,896</li> <li>• Bedside RNs: 852</li> <li>• Inpatient admissions: 20,122</li> <li>• Outpatient registrations: 182,142</li> <li>• ED visits: 54,404</li> <li>• Births: 2,030</li> <li>• Surgical cases: 16,281</li> <li>• Physicians on Medical Staff: 730</li> <li>• Volunteers: 659</li> <li>• Community Benefit: \$35,244,897</li> </ul>	<ul style="list-style-type: none"> <li>• Broke ground on a new outpatient center for women and children to be completed in 2018.</li> <li>• Minimally invasive heart surgeries.</li> <li>• Prairie Heart Institute launched the TAVR (transcatheter aortic valve replacement) program.</li> <li>• LIFENET system</li> <li>• Heart Failure Center</li> <li>• New Cardiac ICU</li> </ul>

## Hospital Accreditations and Awards

The American Heart Association/American Stroke Association awarded St. John's Hospital its Get with the Guidelines®-Stroke Gold Plus Quality Achievement Award. The hospital also received the association's Stroke Target: Honor Roll award for adherence to the latest research-based guidelines.

St. John's Hospital was honored to be one of only three Illinois hospitals selected by the Illinois Hospital Association (IHA) for an Institute for Innovations in Care and Quality award. The hospital received the 2018 IHA Innovation Challenge: Partners in Progress award in recognition of quality improvement projects and enhancements in care coordination.



## 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*	IL 2014	Sangamon 2017	Sangamon 2010	% Change for County
Total Population	12,802,023	196,452	197,465	(0.5%)
Median Age (years)	41	39.9	N/A	
<b>Age</b>				
Under 5 years	6.0%	5.8%	6.2%	(0.4%)
Under 18 years	22.6%	22.5%	17.4%	5.1%
65 years and over	15.2%	17.2%	13.8%	3.4%
<b>Gender</b>				
Female	50.8%	52.0%	52.0%	0
Male	49.2%	48.0%	48.0%	0
<b>Race and Ethnicity</b>				
White (non-Hispanic)	77.1%	82.4%	83.6%	(1.2%)
Black or African American	14.6%	12.9%	11.8%	1.1%
Native American or Alaska Native	0.6%	0.5%	0.2%	0.3%
Asian	5.7%	2.0%	1.63%	0.37%
Hispanic or Latino	17.3%	2.3%	1.76%	0.54%
<b>Speaks language other than English at home<sup>^</sup></b>	22.7%	4.7%	2.6%	2.1%
<b>Median household income</b>	\$59,196	\$56,742	\$42,957 (2000)	
<b>Percent below poverty in the last 12 months<sup>^</sup></b>	13%	13%	6.5% (2000)	6.5%
<b>High School graduate or higher, percent of persons age 25+<sup>^</sup></b>	88.3%	92.2%	91%	1.2%

## Process and Methods Used to Conduct the Assessment

St. John's Hospital collaborated in the planning, implementation and completion of the community health needs assessment in partnership with Memorial Medical Center and Sangamon County Department of Public Health. The process described in the narrative below is outlined in Diagram Two: Sangamon County 2018 Community Health Needs Assessment.

### Internal

St. John's Hospital undertook a 15-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:

- Identified the CHNA core group comprised of St. John's Hospital, Memorial Medical Center and Sangamon County Department of Public Health.
- Convened an external advisory committee to solicit input and help narrow identified priorities.
- Conducted an online community survey to get input from community members around the priorities identified.
- Convened an internal advisory committee respective to each organization to force rank the final priorities and select the FY2019-FY2021 CHNA priorities.

### External

St. John'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 Sangamon County.

Representation on the external advisory committee 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:

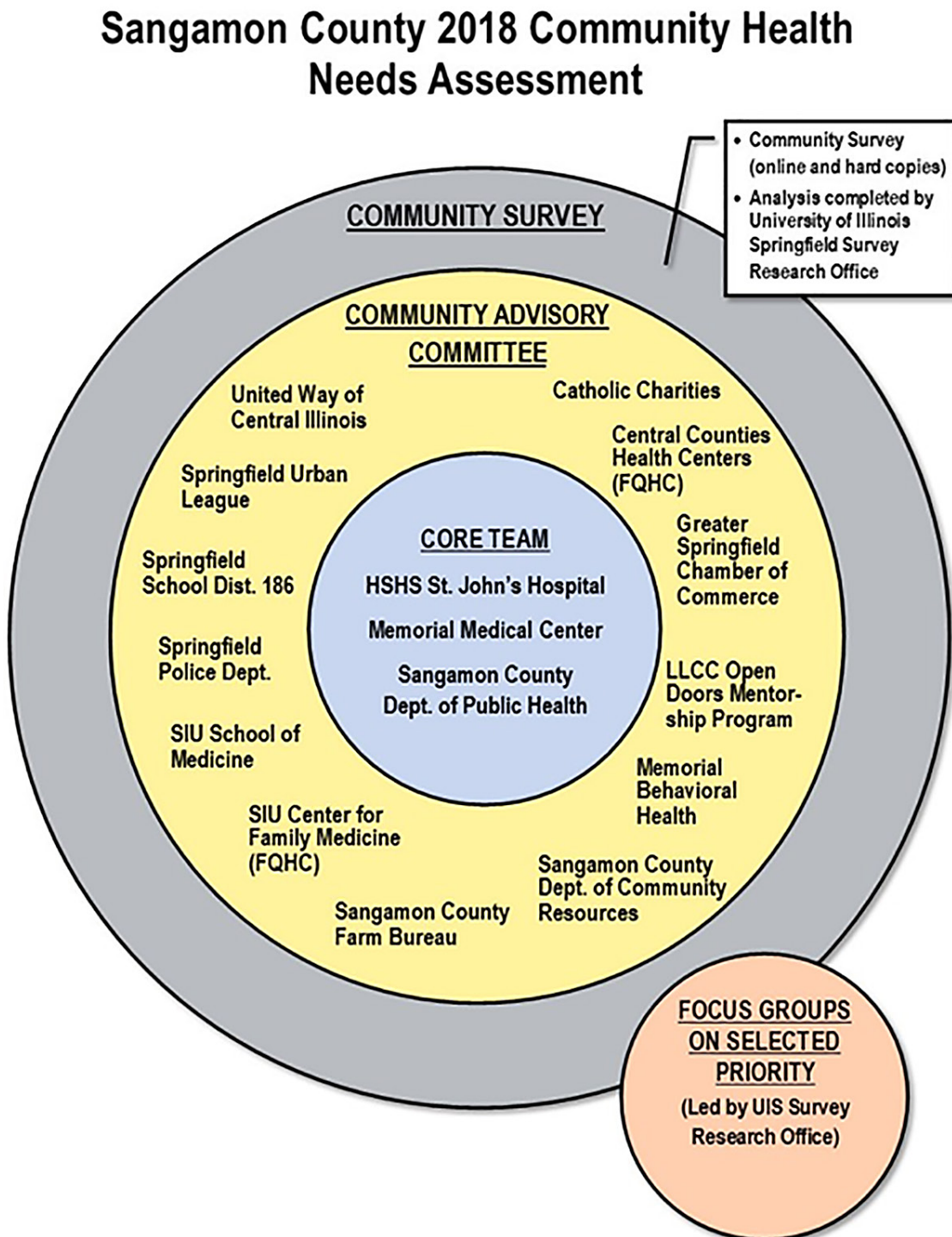
- Sangamon County Department of Public Health\* (core group)
- HSHS St. John's Hospital (core group)
- Memorial Medical Center (core group)
- United Way of Central Illinois\*
- Springfield Urban League\*
- Springfield School District 186\*
- Springfield Police Department
- SIU School of Medicine
- SIU Center for Family Medicine, federally qualified health center(FQHC)\*
- Sangamon County Farm Bureau
- Catholic Charities\*
- Central Counties Health Centers, FQHC\*
- Greater Springfield Chamber of Commerce
- Lincoln Land Community College Open Doors Mentorship Program\*
- Memorial Behavioral Health\*
- Sangamon County Department of Community Resources\*

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



The external advisory committee helped the core group review existing data and offer insights into community issues affecting that data. The committee 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 external advisory committee charter and meetings.

Diagram Two: Sangamon County 2018 Community Health Needs Assessment

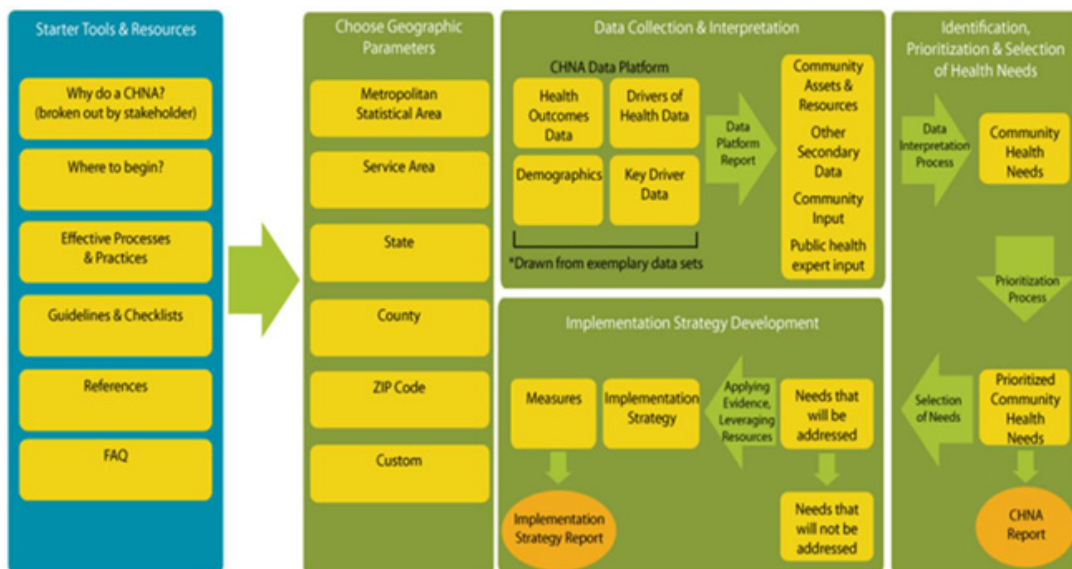


## Defining the Purpose and Scope

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 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:

- Healthy Communities Institute
- County Health Rankings
- Illinois Department of Public Health
- Coordinated Access to Community Health
- Illinois School Report Card / Illinois State Board of Education
- Central Counties Health Centers, FQHC
- SIU Center for Family Medicine, FQHC
- USDA Food Atlas
- Sangamon County Citizen's Survey
- Voices for Children
- Illinois Hospital Association Comp Data for Sangamon County

The data was gathered into a written report/presentation and shared with community members at in-person focus groups 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 FY2015 CHNA, the hospital planned, implemented and evaluated strategies to address the top four identified community health needs: pediatric asthma, mental health, childhood obesity and access to care. 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 mutually focus human, material and financial resources.

### **Input from Community Stakeholders**

The external advisory committee was used as the primary stakeholder group to review and force rank data. During three meetings, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. The external advisory committee also helped develop the community survey tool and outcomes and recommendations on the final priorities. The external advisory committee 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 University of Illinois Office of Survey Research (UIS SRO) circulated an electronic survey on behalf of the core group (See Appendix III) in January 2018. In total 1,079 individuals completed the survey. UIS SRO analyzed and provided the results. (See Appendix IV) to the external and internal advisory teams. The results were used to guide further discussion around final priority selection.

Focus groups were conducted around the final priority areas selected and helped determine the implementation plan adopted by the board of directors. More information about the focus groups can be found in the implementation plan document.

### **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. We believe the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve. To ensure the needs of these groups were adequately represented, we included representatives from such organizations as noted above. These organizations serve the under-resourced in our community, including low-income seniors, children living in poverty and families who struggle with shelter and food. 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 needs of the most vulnerable persons in our communities were addressed in the CHNA.

### **Input on FY2015 CHNA**

No written comments were received regarding the FY2015 CHNA.

## Prioritizing Significant Health Needs

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

1. Access to care
2. Child maltreatment
3. Maternal and infant health
4. Substance Abuse - Drugs

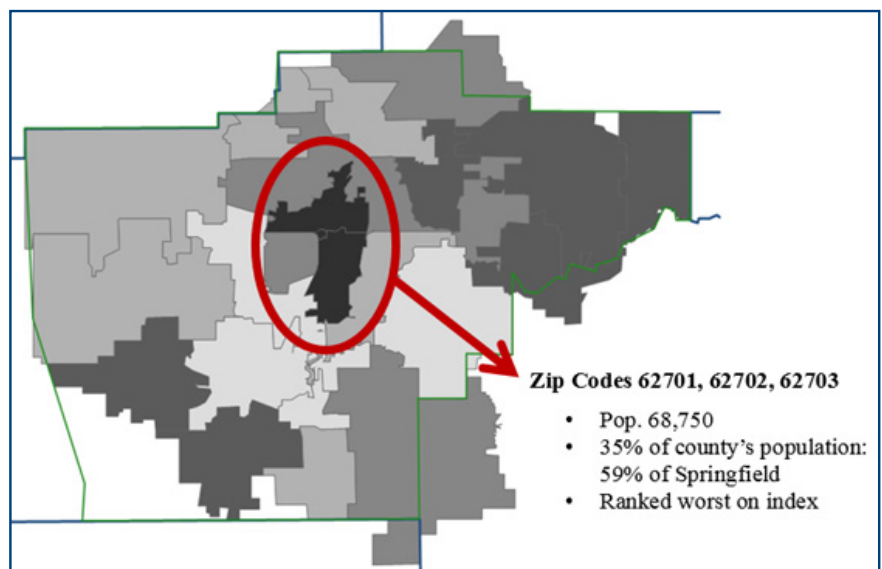
As an outcome of the prioritization process, the following community health needs were also identified but will not be addressed directly by the hospital for the reasons indicated:

- Asthma – The local county health department is the lead on asthma education and treatment. Additionally, a community roundtable convened to help identify and mitigate asthma triggers in inner-city and older homes.
- Education – External and internal advisory committee members felt education could be wrapped into each of the final priority areas as a way to raise awareness, educate and see positive change occur.
- Food Access: This need is addressed by groups including the Central Illinois Food Bank, Illinois Coalition of Community Services, genHkids Coalition, COMPASS for kids, local school districts and the county health department. The hospital supports these efforts by donating monetary and in-kind resources to these programs and organizations.
- Housing – In the past year, a group of community stakeholders have come together to address housing issues and disparities in Sangamon County. A representative from St. John's Hospital sits on that committee. St. John's will continue to support its efforts.
- Mental Health – Memorial Behavioral Health takes the lead on mental and behavioral health issues in the community. United Way of Central Illinois has also included a mental health strategy in its health vision council priorities and funding. The hospital will support these efforts by donating resources.
- 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. By expanding the collaborative, we will continue to impact crime across the city and county. The hospital will continue to support these initiatives and others through monetary and in-kind donations.

### Overview of Priorities

#### Access to Care

Access to Care has many dimensions. In Sangamon County, there is a direct correlation between access barriers and ZIP codes ranked worst on the socio needs index (see Diagram Four: Socio-economic need that correlates with poor health outcomes). Existing data shows these areas have a higher incidence of emergency department visits and hospitalization for 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



*Diagram Four: Socio-economic need that correlates with poor health outcomes*

for Enos Park residents. Using the effective model in place we are positive we can see health outcomes continue to improve while we expand current access to care strategies.

### Child Maltreatment

In Sangamon County, we continue to see an increase in reported cases of child abuse and neglect. As the opioid crisis continues to grow, there is a parallel growth in child abuse and maltreatment. Currently one in five children is abused or neglected; with drug use, that number increases to three in five. The likelihood of poor health outcomes and risky behaviors for children who experience abuse and neglect increases significantly as reported below. By addressing child maltreatment, we anticipate earlier identification and intervention in abusive situations.

- 1.5 times more likely to try illicit drugs
- 25 percent more likely to experience teen pregnancy, low academic achievement
- 59 percent more likely to be arrested as a juvenile
- 60 percent of adults seeking treatment for substance abuse experienced abuse as a child
- 12 times more likely to attempt suicide
- 30 percent will later abuse their children
- Increased risk for unmanaged chronic conditions
- Shortened life expectancy

### Maternal Infant Health

There were 27 total infant deaths in the home in Sangamon County, reported in the first year of life (See Diagram Five: Sangamon County Infant Mortality: July 2012 – May 2016). Eighteen deaths were attributed to accidental asphyxiation. While the number of infants impacted does not represent a large percentage of total babies born, we feel education can help better equip parents and guardians on infant safety post discharge.

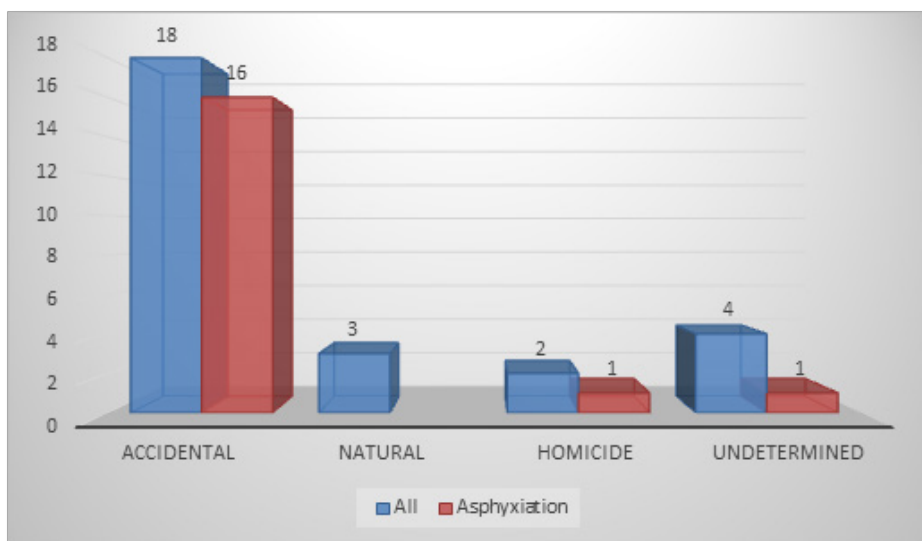
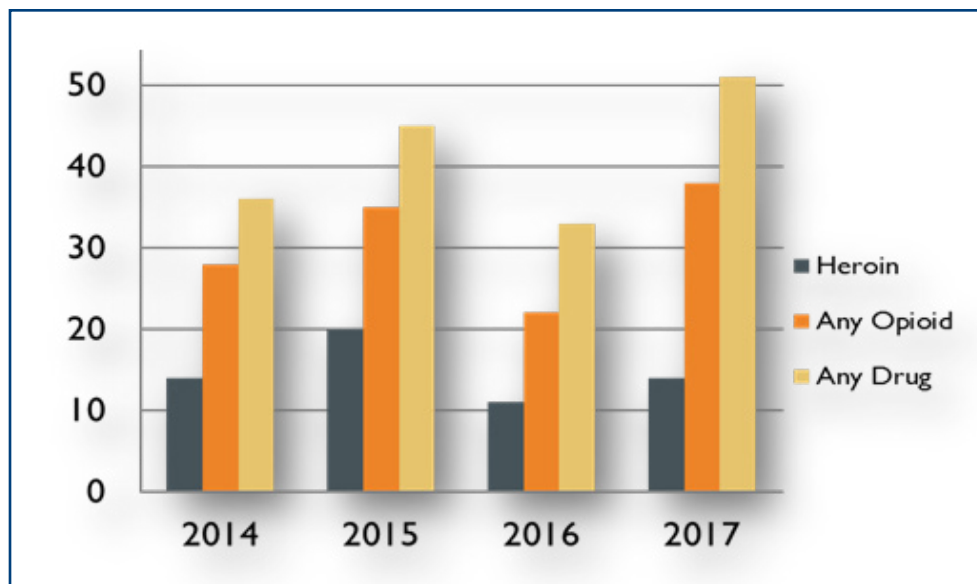


Diagram Five: Sangamon County Infant Mortality: July 2012 – May 2016



## Substance Abuse – Drugs

Since 2014, drug overdose deaths have increased by 15 percent in Sangamon County.



Non-fatal opioid overdose has more than doubled since 2013.

	2013	2014	2015	2016	2017
15-24	24	20	15	28	40
25-34	13	34	28	69	61
35-44	13	*	16	28	50
35-54	21	15	17	26	37

This growing epidemic is a very serious issue that cuts across socioeconomic lines and contributes to crime, child abuse, poor health, poor academic outcomes, mental health, housing, homelessness, unemployment, suicide and early death.

## Potential Resources to Address the Significant Health Needs

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

### Hospitals and related medical groups

- Memorial Medical Center
- Memorial Behavioral Health
- SIU Healthcare
- SIU Center for Family Medicine, FQHC
- Central Counties Health Centers, FQHC
- Springfield Clinic
- HSHS St. Mary's Hospital's Behavioral Health and Substance Abuse Programs
- HSHS Medical Group



More than 100 agencies, organizations, non-profit organizations, governmental organizations, educational institutions, city and county resources, social service and healthcare 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: This United Way of Central Illinois initiatives allows community residents to dial '2-1-1' to access needed resources.

## Next Steps

After completing the FY2018 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 (FY2019 through FY2021) 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 [www.st-johns.org](http://www.st-johns.org) and CHNA partner websites and making it accessible in public venues, such as town halls, etc.

## Approval

The FY2018 CHNA report was adopted by the hospital's governing board on May 2, 2018.

## **APPENDICES**

## **APPENDIX I**

### **Sangamon County Community Health Needs Assessment Survey Tool**

## Sangamon County 2018 Community Health Need Assessment Survey



Conducted by the University of Illinois Springfield Survey Research Office on behalf of HSHS St. John's Hospital, Memorial Medical Center and the Sangamon County Department of Public Health.

Thank you very much for taking time out of your day to complete this survey. The data gathered through this survey will help HSHS St. John's Hospital, Memorial Medical Center and the Sangamon County Department of Public Health identify and address health and quality-of-life issues in your community.

---

*This set of questions is for analysis purposes only.*

*This information will not be used to identify you as a participant. The information is important to ensure that we have responses from all members of your community.*

In what year were you born? \_\_\_\_\_

Do you consider yourself... *Please check all that apply.*

- ☐ White
- ☐ Black or African
- ☐ American Asian
- ☐ Native Hawaiian
- ☐ Pacific Islander American Indian or Alaska Native
- ☐ Other, please specify:

Do you consider yourself Hispanic or Latino/a?

- ☐ Yes ☐ No

What is your ZIP Code? \_\_\_\_\_

What is your disability status?

- ☐ Do not have a disability ☐ Have a disability

How would you rate the health of Sangamon County?

- ☐ Very healthy
- ☐ Healthy
- ☐ Somewhat healthy
- ☐ Not very healthy

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

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

With 1 being the most important, please choose and rank five of the following nine health problems or access issues in Sangamon County.

- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Child Abuse
- \_\_\_\_\_ Education
- \_\_\_\_\_ Food Access
- \_\_\_\_\_ Housing
- \_\_\_\_\_ Mental Health
- \_\_\_\_\_ Mother/Infant Health
- \_\_\_\_\_ Substance Abuse – Drugs
- \_\_\_\_\_ Violent Crime

Why did you choose these five community health problems or access issues?

Is there anything else you would like to say about the health of Sangamon County?

These last questions are for analysis purposes only and will not be used to identify you as a participant. The information is important to ensure that we have responses from all members of your community. What is your gender?

- ☐ Male                      ☐ Female                      ☐ Other, please, specify: \_\_\_\_\_
- ☐ Prefer not to say

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                      ☐ 4-year college degree
- ☐ More than 4-year degree

Please provide us with your household's income last year before taxes:

- ☐ Less than \$20,000                      ☐ \$20,000-40,000
- ☐ \$40,001-60,000                      ☐ \$60,001-80,000
- ☐ \$80,001- \$100,000                      ☐ More than \$100,000
- ☐ Retired                      ☐ Prefer not to say

## **APPENDIX II**

### **FY2018 Health Focus Priorities**



Eighteen original needs were identified by the core group using existing secondary data and Illinois Hospital Association comp data for Sangamon County. The needs identified were:

1. Access to Care
2. Asthma
3. Child Abuse
4. Diabetes
5. Dental Care
6. Education/H.S. Graduation
7. Employment
8. Food Access/Insecurity
9. Heart Disease & Stroke Disparities
10. Housing
11. Lung Cancer
12. Maternal/Fetal/Infant Health
13. Mental Health
14. Obesity/Overweight
15. Sexually Transmitted Infections
16. Substance Abuse – Alcohol
17. Substance Abuse – Drugs
18. Violent Crime

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

1. Asthma
2. Child Abuse
3. Education
4. Food Access
5. Housing
6. Mental Health
7. Mother/Infant Health
8. Substance Abuse – Drugs
9. Violent Crime

The core group launched an online community health needs assessment survey to solicit input from community members on the nine priorities identified through the CHNA process. From there, each organization presented to their respective internal committees. St. John's Hospital's internal committee force ranked the remaining priorities to the following four which were adopted by the board of directors as the FY2018 CHNA priorities:

1. Access to Care
2. Child Maltreatment
3. Maternal Infant Health
4. Substance Abuse - Drugs

## **APPENDIX III**

### **2018 Sangamon County Community Health Need Assessment**

#### **External Advisory Committee Charter and Meetings**

## Background

As nonprofit hospitals, Memorial Medical Center (MMC) and HSHS St. John's Hospital (SJH) each completed community health need assessments in 2012 and 2015 in compliance with regulations of the federal Affordable Care Act. Need assessments must be completed every three years and include a number of requirements that the hospitals must meet within specific timelines. Additionally, Sangamon County Department of Public Health must complete its IPLAN (Illinois Project for Local Assessment of Needs) every five years. All three organizations conducted a joint need assessment in 2015 and have agreed to again collaborate on one community health need assessment process in 2018. Work is beginning in 2017 and will conclude in 2018.

A Community Advisory Committee will be convened to assist us with this work. Representation is being sought from health and social service organizations that serve low-income or at-risk populations as well as minority members of the community.

## External Advisory Committee Charter

The Advisory Committee of the Sangamon County Community Health Need Assessment exists to help Memorial Medical Center, St. John's Hospital and Sangamon County Department of Public Health review existing data and offer insights into community issues affecting that data. The Committee will help identify local community assets and gaps in the priority areas, and will offer advice on which issues are the highest priority.

## Meeting Dates

All meetings will take place at the Sangamon County Department of Public Health.

1. Tuesday, Oct. 24, 2-4 p.m. – Introduction/Data Review
2. Friday, Nov. 17, 9-11 a.m. – Data Review/Input into Priorities for Community Survey
3. Tuesday, March 20, 2018, 2-4 p.m. – Outcomes of Community Survey/Identify community assets and gaps in available resources

We ask that, if you commit to serving on the Community Advisory Committee, you attend all three meetings. If you cannot attend but want your organization to be part of the Committee, we ask that you appoint someone to represent your organization that can be at all three meeting.

## Community Survey

In conjunction with UIS Survey Research, we will be conducting an online community survey in January 2018 to help identify top community priorities. As a member of the Committee, you will be asked to help promote the survey to the individuals you serve. We will also offer paper copies of the survey for those in the community who lack access to computers. You may be asked to distribute and collect paper surveys from your clients if that would be helpful to ensure their opportunity to participate.

## **APPENDIX IV**

### **Sangamon County Community Health Needs Assessment Survey Results**

# SANGAMON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

## Analysis of Public Input from Community Survey

### Conducted by UIS Survey Research Office

March 12, 2018

## Introduction

This report was completed by the UIS Survey Research Office as part of the Sangamon County Community Health Needs Assessment conducted by Memorial Medical Center, St. John's Hospital, and the Sangamon County Department of Public Health and Service. This report provides the findings from the results of the public survey, which allowed members of the Sangamon County community to provide input on the health priority areas in the region. This report was written by SRO Visiting Research Manager Cindy Jones with the assistance from Tonda Reece, Elyssa Smith, and Kendall Smith (UIS Survey Research Office).

If you have any questions about this report, please contact the UIS Survey Research Office at 217-206-6591 or [sro@uis.edu](mailto:sro@uis.edu).

## Executive Summary

The Survey Research Office was asked by Memorial Medical Center, HSHS St. John's Hospital, and the Sangamon County Department of Public Health to collect, record, and analyze public input for the 2018 Sangamon County Community Health Needs Assessment. This was done through survey responses completed by Sangamon County residents. The survey was available to residents online, while paper surveys were made available at various locations throughout the community. The following report includes detailed information on both of these data sources.

Overall, Sangamon County residents have a variety of health concerns ranging from specific illnesses affecting neighbors and family members to concerns about access to healthy food to the impact drugs and violent crimes have on the community. The survey lists nine health problems or access issues in Sangamon County and asks respondents to choose and rank what they feel are the top health problems or access issues in the county. The nine choices are: asthma, child abuse, education, food access, housing, mental health, mother/infant health, substance abuse/drugs, and violent crime. The five priority areas ranked most important are Substance Abuse/Drugs, Mental Health, Violent Crime, Housing, and Education.

## Substance Abuse/Drugs

Nearly two-thirds (62.1 percent) of survey respondents ranked substance abuse/drugs as their first or second priority in Sangamon County. In fact, 78.4 percent of Sangamon County residents chose substance abuse/drugs as one of their top five priorities. Not surprisingly, many of the open-ended comments referred to the nation's ongoing opioid battle. Said one respondent,

- A recent study showed that for nearly 45 percent of all substance abusers, the problem began with an addiction to prescription drugs and escalated from there. Substance abuse affects all areas of our society — police, EMS, health care, schools, state agency resources-- everything. If those issues are pinpointing back to the healthcare system as a cause, we need to address that real problem. However, other respondents point out that even though opioid addiction is getting all the attention now, alcoholism is still a major issue, while others say the county has always had a substance abuse problem.

- Alcohol is the drug of choice and dangerous binge drinking is socially acceptable. Alcoholism is rampant and drug abuse is growing. Our kids think nothing is wrong with them smoking marijuana very early and it seems like no one cares. They are self-medicating! Opioids have destroyed families. I personally know of multiple overdoses, a suicide and criminal behavior all due to opioids and I'm upper middle class white. It's everywhere and it's destroying our communities.
- Sangamon County has always had a drug and alcohol problem.

## Mental Health

Just under 60 percent (59.2) of survey respondents report that mental health is a high priority (choosing it as a one or two) in the county with 34.5 percent of respondents reporting it as the "top priority." In many of the open-ended responses, many commented on the fact there is still a stigma with mental illness that prevents many from seeking care. Said one respondent, "Because it is overlooked and stigmatized, people don't want to admit the issue. You are also put in a class once you are diagnosed and it is impossible to get life insurance once diagnosed regardless of what the issue was, i.e. depression."

Said another respondent

- I, and a lot of people I know, struggle with various mental health issues from seasonal depression to very serious issues. As common as this problem seems to be, it still seems to be taboo to discuss or admit that we struggle. There is also a need for more and better treatment options instead of primarily pharmaceuticals that seem to be the go-to solution but do not necessarily provide relief or wellness.

Other respondents commented on the lack of services for mental health care.

- Mental health is an ongoing issue. Without the facilities to care for those truly in need, they continue to battle themselves as well as society. Our law enforcement is expected to be trained to handle mental health issue as a counselor when in fact many times it becomes violent simply because the mental illness does not allow reasoning. This is a huge issue and without the entire community and the resources addressing the issues, it will continue to be an issue.

Many others commented on how untreated mental health can affect all parts of life and can lead to drug abuse, child abuse, homelessness, etc. As one respondents summed it up, "mental health is the cause of so many problems."

## Violent Crime

More than 37 percent of respondents rank violent crime as a high priority (either chosen as one or two). In fact, three out of every five respondents chose the issue as one of their top three priorities. Many commented on the crime they see regularly. "The amount of killings, gunshots and violence at the hands of people with guns has escalated in my community. It is not openly listed in the paper or otherwise announced, but it is happening." Another shared, "There are shooting and stabbings that occur frequently in the community. There was recently a stabbing at a high school basketball game at Lanphier."

Others shared ideas about what they feel is the cause of the crime.

- Springfield has one of the highest crime rates in the country, giving the community a black eye. There are way too many shootings, knifings, and attacks. Substance abuse and gang activity are rampant. We need to address factors that turn youth toward crime.
- Substance abuse, homelessness, and mental health lead to violent crimes. If the health issues had been treated then we wouldn't have as much crime.
- There is a huge violent crime problem in our communities predominantly in the east side which is mostly African American community. There need to be a way to help reduce crime and prevent in crime in youth. Springfield also has segregated communities.



## **Housing**

Just under one third (30.3 percent) chose housing as a high priority issue, either ranking it as a one or two. The topic was mentioned many times in the open-ended responses. Many pointed out how essential housing is to overall health.

- Housing, in all its formats, is crucial to individual and community stability. Clean, safe and 'fairly permanent' housing secures and promotes a base and launching pad for virtually all aspects of individual and group physical and mental health.
- Affordable housing is always important, as it is often the foundation of our basic needs. Living in a safe neighborhood, with nearby amenities can make a huge difference in the lives of those who are trying to survive or better themselves. If something feels unattainable, people will often give up their pursuit.
- Because so many of our families live in poor housing or are technically homeless those concerns become most important and then health issues may go to the wayside because of needing to address Maslow's hierarchy of needs.

## **Education**

A little over a quarter (28.3 percent) ranked education as a high priority, choosing it as a one or two, while over fifty percent ranked it as one of their top three priorities. Several respondents who chose education as a high priority stated they did so because they see it as the heart of the community.

- In order to improve health outcomes, education is a priority that needs to be addressed in all facets of age to truly address social determinants.
- It is part of the economic cycle. You need an education (school is often a safe place for children where they are provided food/snacks or know they are looked after) that leads to employment and paychecks, etc. The education support is a key foundation to someone's overall health.
- It is not just about educating people for medical needs, it is teaching and mentoring and getting community involved in helping families in stress learn better coping mechanisms. It is old men and women giving of their time to teach younger people a better way of life. The instant smart phone/video gaming life is not educating people how to communicate. It isn't teaching them how to work for a goal and do your best. I wish schools would let kids learn in an environment conducive to how they learn. Instead of trying to mold a child into a one way works for all education system. We have complicated education system that isn't teaching a child how to learn and acquire different skills when they are young.

## **Child Abuse**

Just under one third (31.8 percent) of respondents rank child abuse as a top health priority (a one or two) in Sangamon County. This priority area was especially important to women and African American respondents. Many of the respondents who addressed the issue in the open-ended questions spoke of both the immediate and long-term damage child abuse has on the health of a community.

- When child abuse is dealt with by a community, proper education and the health of the community improves. Children are a top priority.
- Because according to a report in 2017 there were over a million calls to the Illinois child abuse hotline in the last four years and it is estimated that child abuse is severely unreported and the actual numbers of children abused could be double what is reported. These abused children inevitably are brought to our hospitals and other health care facilities for examination and/or treatment, requiring the resources of our healthcare system. Because health care providers are mandatory reporters, the impact on our healthcare system goes beyond just treatment. As drug use and mental illness become more impactful health care issues, child abuse will, too.
- Because it has always been an issue that was under reported and I work in a field where I hear about abuse issues on a daily basis. Many of our more troubled schools are full of children with poor parental involvement and support.

## Food Access

While only 9.3 percent chose food access as their top priority, 45.7 percent of respondents rank it in their top three, and it was commented on many times in the open-ended responses.

- A large population of families in Sangamon County are in food deserts and ironically those areas have the greatest need and less accessibility to personal transportation. The number of children that qualify for free lunches is an indicator of food insecurity.
- Because I see a lot of people having to access food pantries, in small towns. Some people are on fixed incomes and don't have enough money to get by. So it makes it difficult for them to buy enough food to last them for the month.
- Even with SNAP many people don't have access to enough food, or they don't know how to select or prepare healthy foods. They make poor food choices for themselves and children.

## Mother and Infant Health

Nearly 22 percent of respondents rank this topic as a high priority area (one or two), and just under a third chose it as top five priority area. Many who commented on this issue in the open-ended comments shared that they feel this area is so important because it provides the foundation of health for a child's life.

- As a healthcare worker in this particular area, we could have better prenatal care education/services and postpartum follow up. We have mothers who are having babies who aren't even equipped to bring a baby home. In regards to postpartum follow up, moms and babies would definitely benefit from at least one home visit within the first week for breastfeeding help and to check on mental health, support system, refer to appropriate community services.
- A healthy start to life is very important to the later health and welfare of the child. Dealing with maternal and infant (and child) health problems is costly and stresses the family and the community. If we wish to be a healthy community, we need to be sure that mothers and infants have appropriate health care.
- Access and cost is high for most people, and they are not supported by family members so some people do know have prenatal care. It is the simplest and best thing one can do for their baby.
- Assess the problems early on can eliminate several problems down the road. With the access to care that is available, infant mortality rates in this country should be much lower than they are.

## Asthma

Just over a quarter of respondents rank this as a high priority (one or two), and it was commented on many times in the open-ended questions. Several wrote it in as the area they felt most impacted the health of Sangamon County, while many others commented on the poor air quality in the county and the fact that in the unincorporated areas of Springfield, it is legal for residents to burn leaves and trash. Shared one respondent:

- I have COPD and asthma. I cannot go outside most days. Sometimes it is so thick, it comes in through the furnace and smallest cracks. I live by Grandview, and they burn a lot! Go out towards Riverton on route 36 by the old mansion, and watch the thick black smoke.

Others shared this dilemma. In fact, when asked what the one thing that should be done to improve the health of residents of the county, one respondent wrote, "Ban burning, fireplaces as well. Wood smoke is toxic, plus it is a waste to burn it." Some respondents discussed the prevalence of asthma in Springfield.

- According to the CDC, Springfield adults and children have a 2 percent per higher incidence of asthma than the national rate.
- Asthma is a huge problem in Sangamon County, because the city has 1) poor housing code rules and 2) poor enforcement of the rules the county actually has. When people live with low quality housing and the city has no accountability for landlords, asthma is going to be an ongoing problem.
- Because asthma stems from poor housing and we have an extreme problem with lack of affordable and adequate housing in Springfield as well as "hot spots" for asthma.

## Survey Results

As part of the community health needs assessment, a survey was available (online and printed copies) to members of the public. Copies of the survey were available at specific locations throughout Sangamon County, and the link to the online survey was widely distributed via media and the partnering organizations.

Overall, 1079 individuals completed the survey – 143 printed surveys were returned to the SRO, and 936 individuals completed the survey online. The survey was available to Sangamon County community members from January 11 to February 12, 2018.

Table one, on page 30, presents the demographic characteristics of the survey sample compared to the most recent population estimates according to the 2012 American Community Survey. As you can see in the table, a higher percentage of females participated in the community survey compared to the overall population estimates. Four out of every five of the responses in the community survey are from female respondents while females represent 52 percent of the Sangamon County population. In addition, we find that a higher percent of those who participated in the survey reported having advanced degrees compared to population estimate. For example, over one third (36.4 percent) of individuals who completed a survey reported having an advanced degree. This compared to only 12.7 percent of Sangamon County's population that has an advanced degree (see figure one).

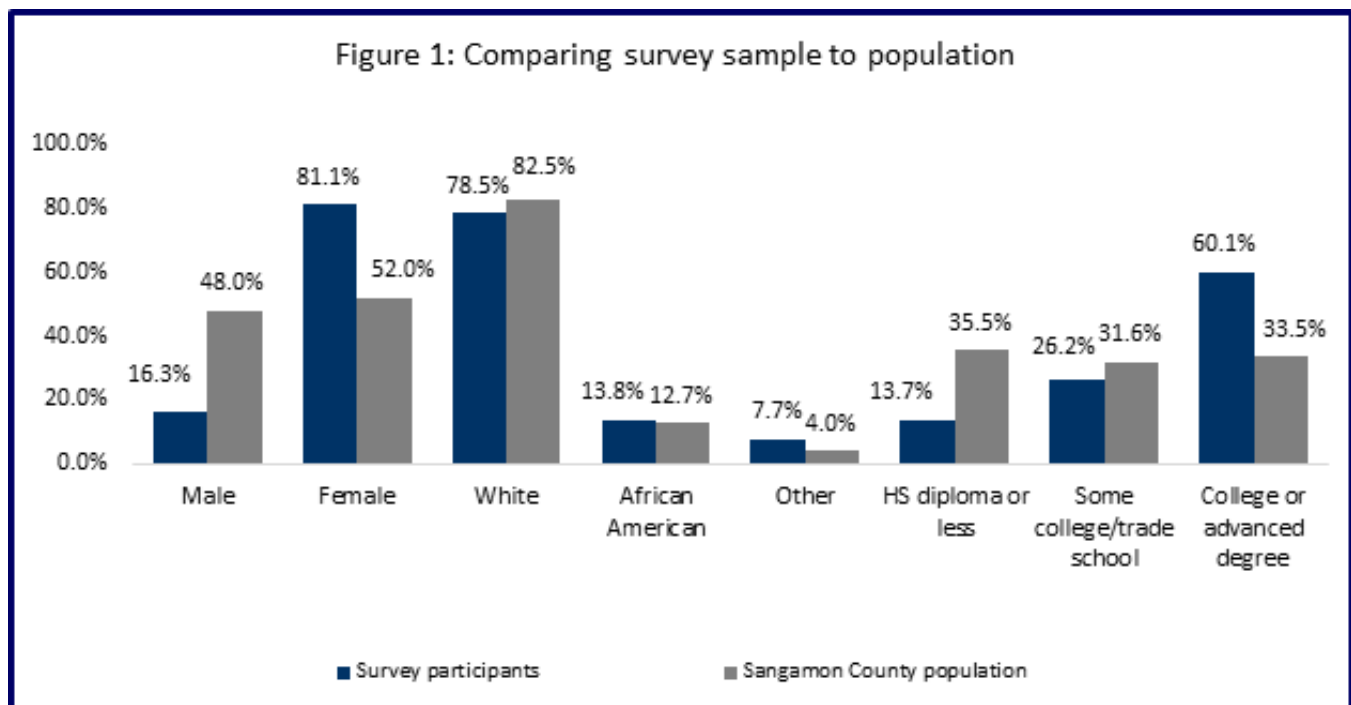
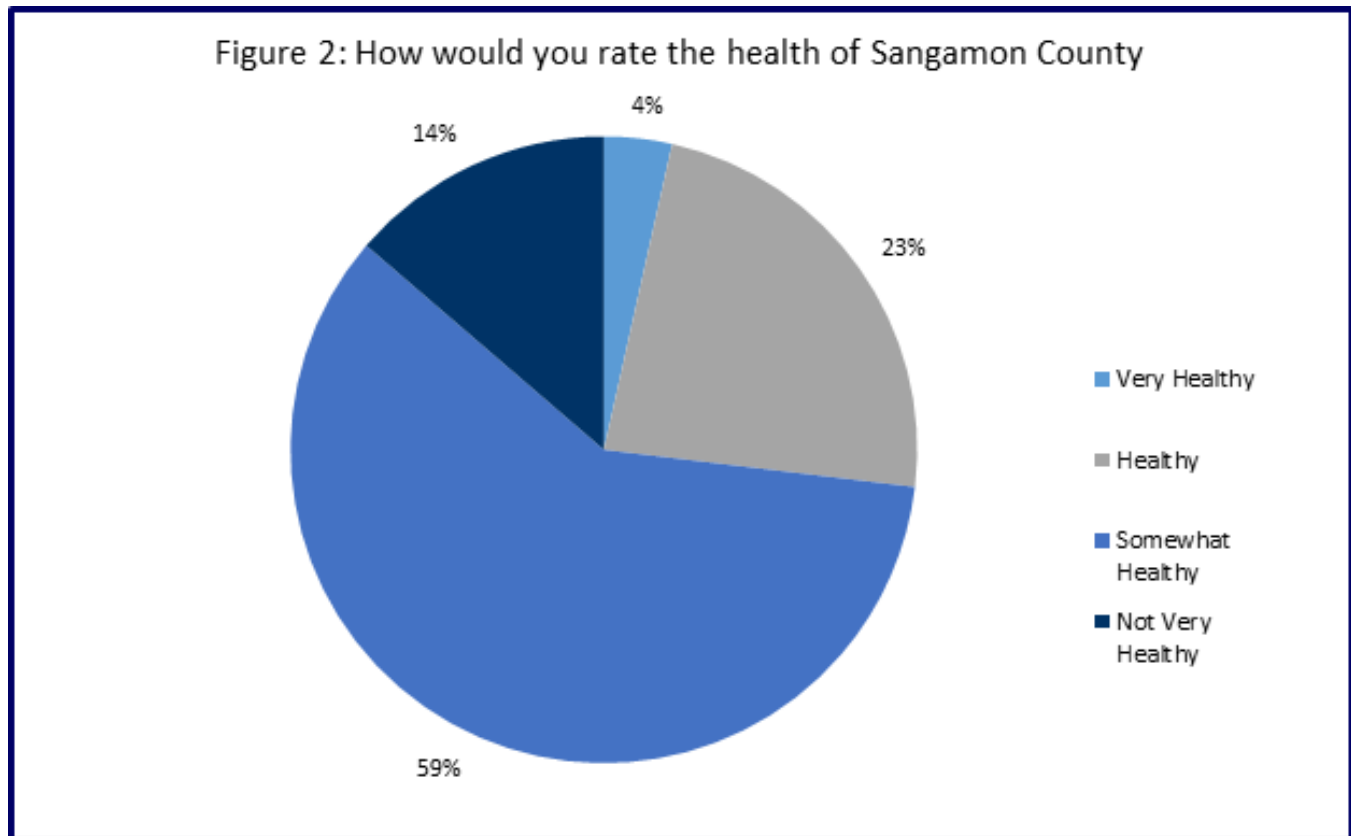


Table 1. Demographic characteristics of focus group participants and community participants compared to population	Sangamon County Population (2016 ACS estimates)	Community participants (online and paper surveys) N=1079
<b>Gender</b>		
Female	52.0%	81.1%
Male	48.0%	16.3%
<b>Race</b>		
White	82.5%	78.5%
African-American	12.7%	13.8%
Asian	1.8%	1.5%
Other/Mixed Race	2.2%	6.2%
<b>Ethnicity</b>		
Hispanic/Latino(a)	2.1%	2.9%
Non-Hispanic/Latino(a)	97.9%	97.1%
<b>Age</b>		
18-24 years old	8.5%	3.8%
25-34 years old	12.8%	21.9%
35-44 years old	12.2%	20.8%
45-54 years old	14.0%	21.1%
55-64 years old	14.0%	24.7%
65 and older	16.6%	7.8%
<b>Education</b>		
Less than high school diploma	7.8%	3.0%
HS diploma	27.7%	10.7%
Some college/trade school	31.6%	26.2%
College degree	20.8%	23.7%
Advanced degree	12.7%	36.4%
<b>Disability Status</b>		
Have a disability	13.8%	7.4%
Do not have a disability	86.2%	92.6%
<b>Income</b>		
Less than \$20,000	-	14.1%
\$20,000-\$40,000	-	15.7%
\$40,001-\$60,000	-	19.0%
\$60,001-\$80,000	-	14.4%
\$80,001-\$100,000	-	8.9%
More than \$100,000	12.0%	13.0%
<b>Retired</b>		3.1%
Prefer not the say	-	11.9%

The first section of the survey asks respondents to rank the health of Sangamon County as very healthy, healthy, somewhat healthy, or not very healthy. As seen below in figure one, the majority (59 percent) chose somewhat healthy, while only four percent felt Sangamon County was very healthy. When we examine whether demographic groups rated this differently, there were no significant differences.



Next, two open-ended questions were asked. The first question asked respondents what they felt was the biggest health problem in the county. The responses were coded into 16 options. Just over 18 percent of the respondents report substance as the biggest problem, while 16.2 percent report mental health, 14.9 percent report access to care and 10.3 percent report obesity.

The second open-ended question asked respondents the one thing they would do to improve the health of Sangamon County. The responses were coded into eleven options, with 28.8 percent of the respondents reporting they would improve access to care. This could include options such as making care more affordable, recruiting more physicians, offering transportation, or improving health insurance. Seventeen percent of the respondents stated they would improve education in the county, while 13.1 percent reported they would develop programs to promote preventative care and exercise.

Finally, participants were asked to choose and rank five of a list of nine health priority areas. As seen in table two on the next page, the top five health priority areas are substance abuse/drugs, mental health, housing, violent crimes, and education. The data for these priority areas as well as the ranking for all nine are in table two.

Table 2. Percentage ranking as a top five health priority area.

	Percentage ranking in top five	Median	Standard deviation
<b>Substance abuse/drugs</b>	80.2%	2.0	1.271
<b>Mental Health</b>	78.4%	2.0	1.348
<b>Housing</b>	58.2%	3.0	1.367
<b>Violent crimes</b>	54.4%	3.0	1.388
<b>Education</b>	52.4%	3.0	1.340
<b>Food access</b>	45.9%	4.0	1.305
<b>Child abuse</b>	36.2%	3.0	1.382
<b>Mother/infant health</b>	32.5%	4.0	1.309
<b>Asthma</b>	11.3%	4.0	1.434

When we examine whether demographic groups rated health priority areas differently, we only find a few significant differences (chi-squares in which significance is  $p < .05$ ). First, as seen below in table three, African-American respondents are less likely to rank substance abuse/drugs or mental health as a top five choice, and more likely to choose housing, violent crime, and education as a top five choice, while nine out of 10 white respondents chose substance abuse/drugs and mental health as top five health priority areas.

Table 3. Percentage of respondents ranking health priority areas in top five by white/African-American

	White respondents	African American respondents
<b>Substance abuse/drugs</b>	91.3%	64.9%
<b>Mental Health</b>	91.2%	55.0%
<b>Housing</b>	62.4%	79.3%
<b>Violent crimes</b>	57.5%	67.6%
<b>Education</b>	53.2%	67.6%
<b>Food access</b>	51.7%	54.1%
<b>Child abuse</b>	39.2%	39.6%
<b>Mother/infant health</b>	35.4%	41.4%
<b>Asthma</b>	11.4%	20.7%

Table 4. Percentage of respondents ranking health priority areas in top five by male/female

	Female	Male
<b>Substance abuse/drugs</b>	86.8%	87.8%
<b>Mental Health</b>	85.9%	88.5%
<b>Housing</b>	64.9%	65.6%
<b>Violent crimes</b>	59.0%	64.1%
<b>Education</b>	55.3%	67.6%
<b>Food access</b>	52.4%	48.9%
<b>Child abuse</b>	41.8%	26.7%
<b>Mother/infant health</b>	35.4%	36.6%
<b>Asthma</b>	12.6%	14.5%



Table four shows the responses broken down by male and females. While the percentages are similar, a few differences stand out. Women are more likely to rank food access and child abuse as high priorities. Almost 42 percent of women compared to 26.7 percent of men ranked child abuse as a top five priority. In addition, 52.4 percent of women compared to 48.9 percent of men ranked food access as a top five priority. Conversely, men were more likely to rank violent crime and education as high priorities. Over 64 percent of men compared to 59.0 percent of women ranked violent crime as a top five priority. In addition, 67.6 percent of men compared to 55.3 percent of women ranked education as a top five priority.

## **APPENDIX V**

### **Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the FY2016 – FY2018 CHNA**

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

- Access to Care
- Pediatric Mental Health
- Pediatric Asthma
- Overweight and Obesity

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

## Access to Care

**I. Enos Park Access to Care Collaborative:** St. John's Hospital partnered with Memorial Medical Center and Southern Illinois University's Center for Family Medicine, a federally qualified health center, to develop a community health worker program to increase access to health care and coordination of care for residents of Enos Park Neighborhood. Data collected in the FY2015 CHNA indicated a high incidence of unmanaged chronic conditions such as hypertension, diabetes, pediatric asthma and mental illness. Data also pointed to a higher incidence of social determinants impacting health including single parent households, unsafe housing, violence and crime, poverty and lack of access to healthcare and health care coverage.

**Outcomes:** At the end of year two\* of the three-year access to care program, the program had 300 clients enrolled in the community health worker program. Services rendered include basic needs and health care access. See Enos Park Access to Care Collaborative document attached for additional statistics on program outcomes. Program outcomes measured an individual's increase in access to care in addition to their progression to self-sufficiency. The following increases in standards of self sufficiency were reported at the end of year two: employment by 69 percent, income by 52 percent, access to nutritive food by 31 percent and safe housing by 74 percent. Summer engagement camps provided mentorship and skills training to 89 youth aged 9 - 14.

In moving this initiative to sustainability, a new clinic model at a local federally qualified health center was developed that established a strong multi-disciplinary team approach to addressing determinants and inequities in the care of the most vulnerable. The clinic has a 90 percent show rate and a high level of billing by both the primary care provider and mental health specialists. The clinic grew from twice per month to six times per month due to the demand and reception of the clinic model by clients.

In FY2019, the community health worker model is being expanded to at least one neighborhood in Springfield where current data and focus groups have suggested the need is great.

*\*Data for year three will not be available until November 2018. Updates to the 2018 CHNA Outcomes Appendix will be made at that time.*

**II. Beyond the NICU:** The early life experiences of a child have tremendous effects on their physical and mental development. Unfortunately, children living in poverty are more likely to have parents without a high school education and less likely to be raised in a nurturing or educationally stimulating environment prior to entering kindergarten. Preterm birth disproportionately affects socially disadvantaged pregnant women. As a result, prematurity is an added challenge for many infants in poverty which puts them at additional risk for poor growth and development.

**Outcomes:** In FY18, St. John's launched the Beyond the NICU program to provide in-home follow-up and care to babies born  $\leq 32$  weeks. The program uses trained home health nurses to give vulnerable parents of premature children support in providing for their at-risk babies. The program also assesses and works to improve maternal mental health, infant neurodevelopment and infant musculoskeletal development.

Since inception, 54 babies have been enrolled in the program. Services run 18 months, and program outcomes and measurements will be available in December 2018. To date, 70 percent of program families come from ZIP codes in Sangamon and Macon counties ranking high on the socio-needs index, and 64 percent of families live below the poverty level. Twenty percent of the babies require weekly weight checks which are done in the home, 40 percent of the families need diaper assistance, 15 percent of mothers in the program have been diagnosed with postpartum depression and are being monitored closely and contacted daily. In 13 percent of the homes nurses assessed the infants did not have safe sleeping arrangements. Through interventions and supply assistance that has been changed. Acting as a first responder, our home health nurses intervened in high-risk situations resulting in three DCFS cases being opened.

## Mental Health

- I. **School-Based Behavioral Health Specialist:** Increase access to mental health screening, intervention and educational services through provision of a behavioral health specialist at McClernand Elementary School. Ninety-six percent of students who attend McClernand Elementary School qualify for the free lunch program, and 30 percent of students are considered homeless. The behavioral health specialist also worked closely with community health workers to address behavioral health needs in individuals and families in Enos Park neighborhood.

**Outcomes:** Increased access to mental health screening, intervention and educational services for high risk, underserved elementary school students and their caregivers. In school years 2015-2016, 2016-2017 and 2017-2018; all students enrolled at McClernand Elementary School were offered a social/emotional screening. For the three-year reporting period, 1,573 screenings were completed (students were screening at the beginning of each semester). Of those screenings, 89 students were highly elevated, and 190 students were elevated. Ninety-nine students received behavioral health intervention.

- II. **Trauma Informed Care Education and Training:** Increased general medical knowledge for health, social and behavioral health colleagues to better inform them of their patient/client's current conditions and reactions. Increased general medical knowledge about Adverse Childhood Experiences (ACEs) and the Social Determinants of Health (SDH) and their impact on health outcomes.

**Outcomes:** Beginning in FY2017, Trauma Informed Care (TIC) training was introduced to health, social and behavioral services colleagues. HSHS St. John's Hospital provided training to 153 individuals. The trainings taught professionals how to use a person's history to better inform them of the patient/client's current condition and reactions.

## Pediatric Asthma

**Asthma Home Assessments:** Create an asthma home assessment program for an eastside neighborhood, which includes subsidized housing units. According to heat maps created using St. John's ED data, there are a high number of super utilizers using the ED for unmanaged chronic conditions between the ages of 0 – 5 years old in Brandon Court and surrounding neighborhoods. St. John's partnered with SIU School of Medicine and Springfield Community Federation to create an asthma home assessment program to identify particles within the home triggering asthma attacks and/or breathing difficulties; and to develop a three-month trigger mitigation plan.

**Outcomes:** Twenty-five households including 30-children were enrolled in the study which provided each family with a home assessment, trigger reduction plan and weekly home visits for three months. Smoking cessation resources were provided when the assessments identified 88 percent of households had an adult smoker. As a result, 64 percent of adult smokers agreed to smoke outside and remove their outer jacket / wrap before entering the house. One-hundred percent of households received mattress and pillow covers in rooms where children slept. Additionally, all households received cleaning kits and instructions. In the post-survey, 47 percent of households reported they no longer mix ammonia and bleach while cleaning. The program connected two families living in substandard conditions with Land of Lincoln Legal Assistance to address non-compliant landlords. The program addressed enforce-

ment of pest control and regular air filter changes with the housing authority in appropriate housing units.

One key finding of the initiative was that asthma may be significantly under-diagnosed in low-income populations. In many cases, once the families graduated the three-month program they reported cleaner environments and the post-assessments reported better air quality in the home. The study concluded that addressing asthma triggers alone will not prevent unnecessary emergency department visits or reduce missed school days. When our community health workers worked with families to address access to care issues, specifically healthcare coverage and medical home enrollment, improvements in quality of life and client health increased.

Following the study conclusion, the asthma home assessment initiative partnered with the local federal qualified health center to support a community health worker program for Springfield's eastside. This program works with families and individuals to address social determinants of health including health-care access and provides referrals to wraparound services.

## **Overweight and Obesity**

- I. **Childhood Obesity:** Expand Gotta Dance initiatives to increase the number of physical activity minutes for children in school and at home as well as to develop life skills to improve a child's overall mental and emotional function.

Life skills programs seek to build capacity of individuals to positively impact their lives and the lives of those around them through the actions they take. Developing life skills in childhood decrease the likelihood of risky behavior and increases the child's capability to grow into a healthy, independent adult. Developing these skills builds resilience and strengthens emotional, mental, social and physical health.

**Outcomes:** A school component called, Gotta Dance and Move More, was created to get dance as physical activity in the schools. This program was combined with an existing program - Jump Start to add at least 12 minutes of non-PE physical activity time to every child's school day. Teachers were provided with 'brain breaks' which are 30 to 90 second physical activities to do with children throughout the school day in to a twelve-minute activity done at the beginning of the school day.

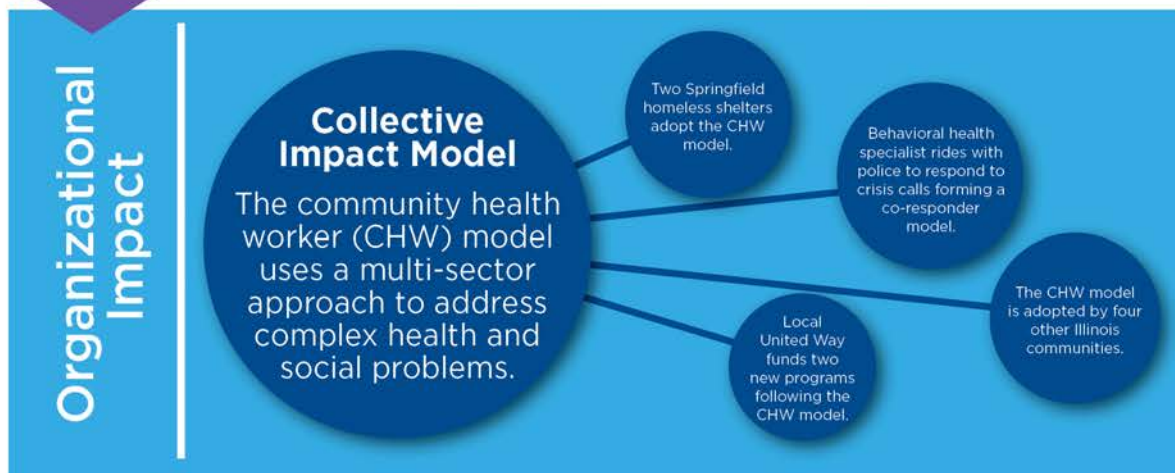
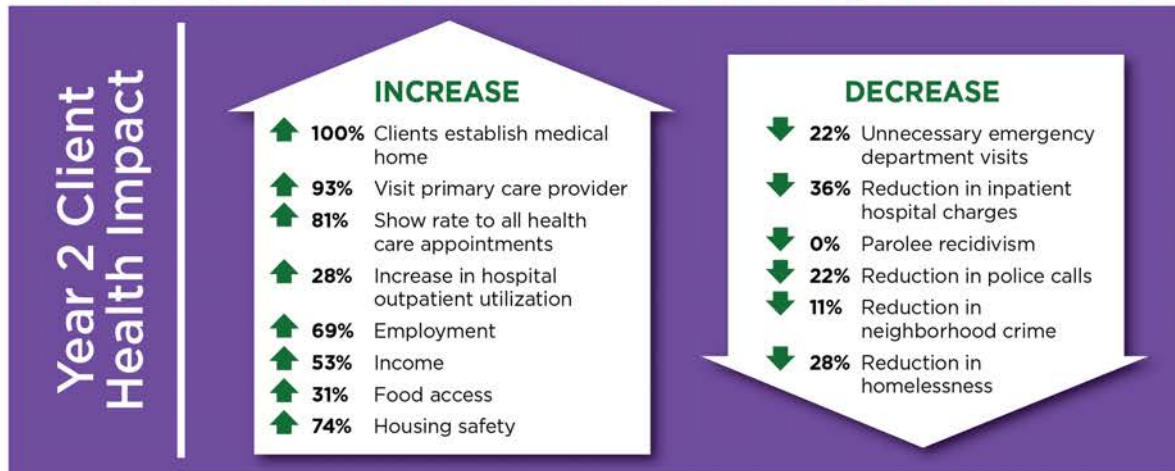
Additionally, classes were added to the free weekly dance program, Gotta Dance. The addition of classes provided opportunity to increase capacity and serve 200 kids annually. In the last three years, we have held a combined 21 weekly dance classes for 527 children in first through eighth grades. Through pre- and post-test reporting, students and parents reported a 75 percent increase in the child's self-confidence, 33 percent increase in self-esteem; 68 percent of participants reported exercising more frequently at home. While this program is not geared toward weight loss, the increase in consistent physical activity led to healthy weight loss in 25 percent of program participants, and 62 percent of participants reported making healthier food choices.

Other positive outcomes included: teacher-reported improved behavior in the classroom, decreased incidences of bullying in one school, positive leadership development in middle-school children and improved focus during class time.

# Enos Park Access to Care Collaborative

Springfield, Illinois

*Community health workers build trust in a neighborhood of need.*



**System Change**

<b>CHW model developed.</b>	<ul style="list-style-type: none"> <li>Competing hospitals and a federally qualified health center collaborate to address a neighborhood's complex health and social issues.</li> </ul>
<b>Neighborhood advisory group launched.</b>	<ul style="list-style-type: none"> <li>Identified need for summer youth activities.</li> <li>Neighborhood Police Officer (NPO) led bike club (one of six opportunities for youth ages 9-14).</li> </ul>
<b>Relationships improve with police.</b>	<ul style="list-style-type: none"> <li>Youth and family get to know NPO, increasing trust.</li> <li>CHW and NPO work together to address neighborhood issues.</li> </ul>
<b>9-1-1 calls and crime decrease in Enos Park.</b>	<ul style="list-style-type: none"> <li>22 percent reduction in police calls in two years.</li> <li>11 percent overall crime reduction in neighborhood.</li> <li>Residents report they feel safer.</li> </ul>
<b>Police pilot co-responder model.</b>	<ul style="list-style-type: none"> <li>Behavioral health specialist rides with police to respond to crisis calls for mental health and substance abuse.</li> <li>Springfield Police expand co-responder model to city.</li> </ul>
<b>Police and CHW address issue of homelessness.</b>	<ul style="list-style-type: none"> <li>NPO and CHW get Homeless Outreach Team (HOT) training.</li> <li>Pilot components of HOT model in Enos Park.</li> <li>City of Springfield considering HOT model to address needs of the homeless population.</li> </ul>



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