Together WE ARE strong

HSHS
St. Anthony's
Memorial Hospital

2021 Community Health Needs Assessment

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

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Executive Summary

Background

Provisions in the 2010 Patient Protection and Affordable Care Act (ACA) require charitable hospitals to conduct a triennial community health needs assessment (CHNA) and accompanying implementation plan to address the identified needs. The CHNA asks the community to identify and analyze community health needs, as well as community assets and resources to plan and act upon priority community health needs. This process results in a CHNA report which is used to develop implementation strategies based on the evidence and assets and resources identified in the CHNA process.

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

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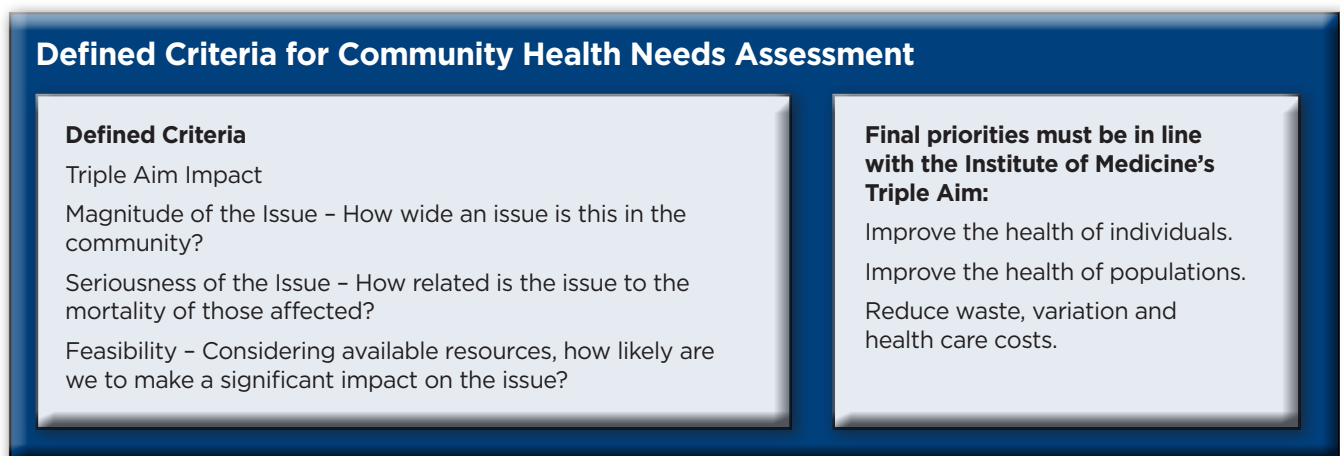
Data collected was supplemented with:

1. Community gaps analysis review
2. Community assets review
3. Qualitative data gathered through a CHNA core group
4. Qualitative data reviewed by an external advisory council with broad community representation
5. Surveys, including input from area health and social service providers, as well as community members who identify with the needs addressed
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 11 health focus areas from extant data sources. A predetermined set of criteria (Diagram One: Defined Criteria for Community Health Needs Assessment) was used to narrow the health focus areas.

Diagram One: Defined Criteria for Community Health Needs Assessment

Defined Criteria for Community Health Needs Assessment

Defined Criteria

Triple Aim Impact

Magnitude of the Issue – How wide an issue is this in the community?

Seriousness of the Issue – How related is the issue to the mortality of those affected?

Feasibility – Considering available resources, how likely are we to make a significant impact on the issue?

Final priorities must be in line with the Institute of Medicine's Triple Aim:

Improve the health of individuals.

Improve the health of populations.

Reduce waste, variation and health care costs.

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

The CHNA core group provided a thorough review of existing and supplemental data sets around the 11 identified health focus areas to the community advisory council. The community advisory council (CAC) used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas to six. A survey was conducted to solicit community feedback on the issue areas. Upon survey closure, 50 responses were received and analyzed to further prioritize the needs based on community perceptions and experiences.

Results from the survey were then presented to the CHNA core group's respective internal advisory councils for further review and approval. St. Anthony's internal advisory council approved of the three priority areas recommended through the CAC and survey process. See Appendix II for a complete list of needs considered.

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

1. Access to behavioral and mental health services
2. Chronic conditions including prevention and management and healthy behavior education
3. Maternal and child health including child care including child abuse and neglect

Implementation Plan Development

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

Hospital Background

HSHS St. Anthony's is a fully accredited non-for-profit general acute care health facility. For more than 140 years, the hospital has been the leader in health and wellness in the Effingham community and the south-central region of Illinois. St. Anthony's has 133 licensed beds and a workforce of over 600 colleagues. The medical staff at St. Anthony's represents over 100 local physician providers in 32 specialties and over 150 consulting physicians.

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

St. Anthony's Memorial Hospital has a rich and long tradition of addressing the health of the community. This flows directly from its Catholic identity. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through its broader community benefit programs including health professions education, subsidized health services and community building activities. In FY2020, the hospital's community benefit contribution totaled more than $11.8 million.

Current Hospital Services and Assets

Major Centers and Services	Statistics
• Prairie Heart Institute • Center for Advanced Imaging • Diagnostic and Health Centers • Inpatient Care • Emergency Services • Home Care and Hospice • Interventional Pain Management • Medical Care Services • Physical Rehabilitation and Wellness • Surgical Services • Women and Infants Center • Women's Services • Wound Healing Center	• Total Beds: 133 • Total Colleagues: 616 • RNs: 237 • Total admissions: 3,765 • ED visits: 21,000 • Births: 682 • Surgical Procedures: 3,552 • Physicians: 105 • Volunteers: 92 • Community Benefit: $11.8 million

Hospital Accreditations, Awards and Certifications

- Laboratory Accreditation – College of American Pathology
- Center of Distinction Award – Wound Healing Center – Healogics
- Grade 'A' Safety Rating from The Leapfrog Group – Spring 2021, Fall 2020
- The Joint Commission's Gold Seal of Approval for Advanced Certification for Total Hip and Total Knee Replacement - The Joint Commission
- The Joint Commission's Gold Seal of Approval for Orthopedic Recertification for Total Shoulder – The Joint Commission
- Top 100 Rural & Community Hospital in the U.S. 2019 and 2020 – The Chartis Center for Rural Health
- Blue Distinction Center for Knee and Hip Replacement – Blue Cross and Blue Shield of Illinois
- Gold Seal of Approval for Hospital Three–Year Reaccreditation – The Joint Commission
- 2019 IMEC Silver Award for Excellence – IMEC
- Designated Baby-Friendly Hospital – Baby-Friendly
- IHA Innovation Challenge: Partners in Progress Award for quality improvement project, Journey to Sepsis – Illinois Health and Hospital Association Institute
- Acute Stroke Ready Hospital Designation – Illinois Department of Public Health

Community Served by the Hospital

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

Unless otherwise indicated, the data source is U.S. Census QuickFacts.
Source: U.S. Census Bureau, 2015 - 2019 American Community Survey 5-Year estimates

Demographic Profile of Effingham County

Characteristics	Illinois	Effingham 2019	Effingham 2015	% Change for County
Total Population	12,625,136	34,008	34,332	-1%
Median Age (years)	37.4	39.4	38.9	1%
Age				
Under 5 years	5.9	6.8	6	6%
Under 18 years	22.2	23.9	23	2%
65 years and over	16.1	17.9	18	2%
Gender				
Female	50.9	50.1	50.2	0%
Male	49.1	49.9	49.8	0%
Race and Ethnicity				
White (non-Hispanic)	76.8	97.5	97.8	0%
Black or African American	14.6	0.6	0.5	17%
Native American or Alaska Native	0.6	0.2	0.3	-50%
Asian	5.9	0.7	0.7	0%
Hispanic or Latino	17.5	2.3	1.9	17%
Speaks language other than English at home				
	23.2	3.7	2.3	38%
Median household income				
	65,886	56,685	52,977	7%
Percent below poverty in the last 12 months				
	11.5	9.2	10.9	-18%
High School graduate or higher, percent of persons age 25+				
	89.2	93.1	91.1	2%

Demographic Profile of Jasper County

Characteristics	Illinois	Jasper 2019	Jasper 2015	% Change for County
Total Population	12,625,136	9,610	9,752	-1%
Median Age (years)	37.4	43.1	42.6	1%
Age				
Under 5 years	5.9	6.3	5.7	10%
Under 18 years	22.2	23.2	22.7	2%
65 years and over	16.1	19.8	17.4	12%
Gender				
Female	50.9	49.9	50.2	-1%
Male	49.1	50.1	49.8	1%
Race and Ethnicity				
White (non-Hispanic)	76.8	98.3	98.8	-1%
Black or African American	14.6	0.3	0.2	33%
Native American or Alaska Native	0.6	0.2	0.2	0%
Asian	5.9	0.3	0.3	0%
Hispanic or Latino	17.5	1.8	1.5	17%
Speaks language other than English at home				
	23.2	2.8	2.4	14%
Median household income				
	65,886	54,878	56,305	-3%
Percent below poverty in the last 12 months				
	11.5	9.9	10.7	-8%
High School graduate or higher, percent of persons age 25+				
	89.2	89.8	90.1	0%

Process and Methods Used to Conduct the Assessment

St. Anthony's Memorial Hospital collaborated in the planning, implementation and completion of the community health needs assessment in partnership with Effingham County Health Department and Jasper County Health Department. The process described in the narrative below is outlined in Diagram Two: An Assessment of Effingham and Jasper Counties, 2021.

Internal

St. Anthony's Memorial Hospital undertook an eight-month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

1. Identified the CHNA core group comprised of St. Anthony's Memorial Hospital, Effingham County Health Department and Jasper County Health Department.
2. Convened a community advisory committee to solicit input and help narrow identified priorities.
3. Conducted a community survey to get input from community members around the priorities identified.
4. Convened an internal advisory committee respective to each organization to force rank the final priorities and select the FY2022-FY2024 CHNA priorities.

External

St. Anthony's Memorial Hospital worked with core group partners to leverage existing relationships and provide diverse input for a comprehensive review and analysis of community health needs in Effingham and Jasper counties.

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

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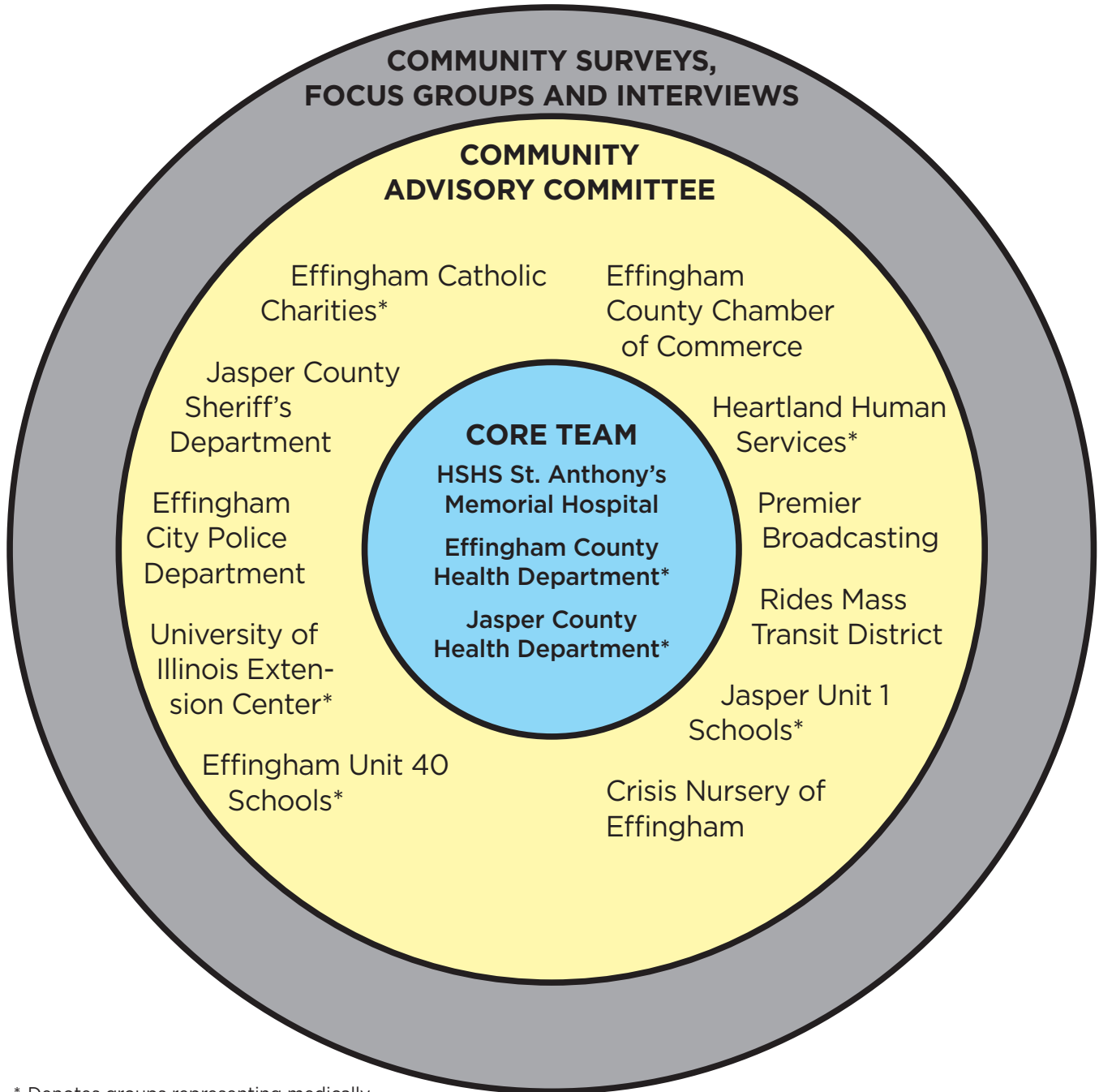4. Represent the general community

The following community stakeholders were invited to serve on the CAC:

- Effingham County Health Department*
- Jasper County Health Department*
- HSHS St. Anthony's Memorial Hospital*
- Effingham Catholic Charities *
- Jasper County Sheriff's Department
- Effingham City Police Department
- University of Illinois Extension Center*
- Effingham Unit 40 Schools*
- Effingham County Chamber of Commerce
- Heartland Human Services*
- Premier Broadcasting
- Rides Mass Transit District
- Jasper Unit 1 Schools*
- Crisis Nursery of Effingham

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

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

Diagram Two: Effingham and Jasper Countie
2018 Community Health Needs Assessment

**COMMUNITY SURVEYS,
FOCUS GROUPS AND INTERVIEWS**

**COMMUNITY
ADVISORY COMMITTEE**

Effingham Catholic
Charities*

Effingham
County Chamber
of Commerce

Jasper County
Sheriff's
Department

CORE TEAM

**HSHS St. Anthony's
Memorial Hospital**

Heartland Human
Services*

Effingham
City Police
Department

**Effingham County
Health Department***

Premier
Broadcasting

**Jasper County
Health Department***

Rides Mass
Transit District

University of
Illinois Exten-
sion Center*

Jasper Unit 1
Schools*

Effingham Unit 40
Schools*

Crisis Nursery of
Effingham

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

Defining the Purpose and Scope

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

Data Collection and Analysis

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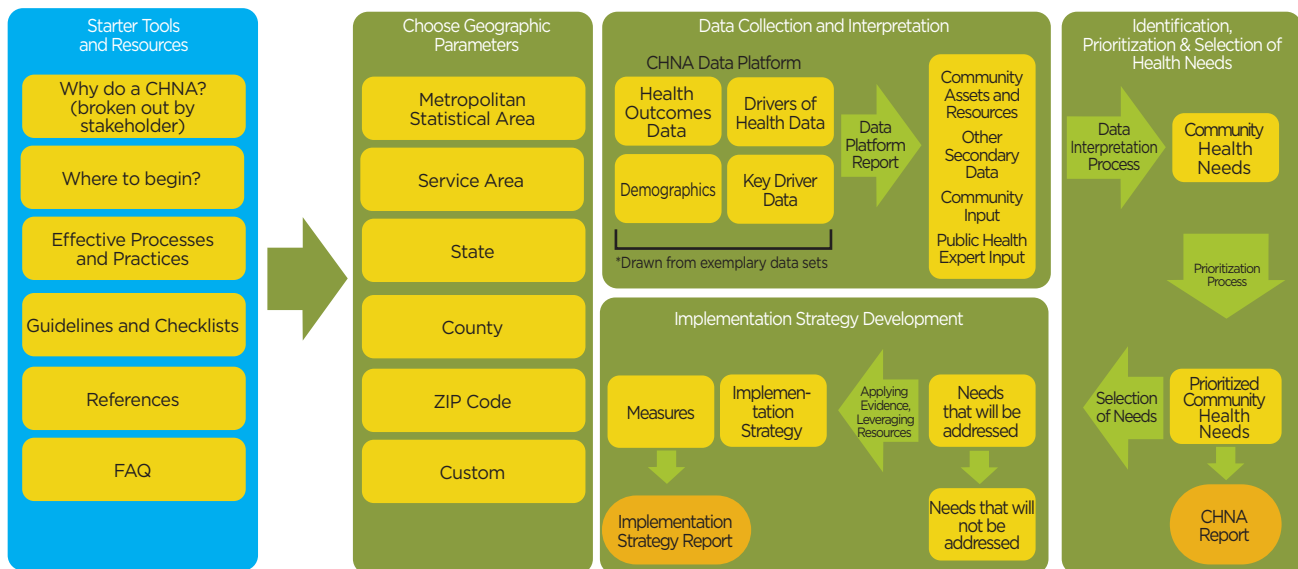
Data Sources

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

- U.S. Census QuickFacts County Line Population
- U.S. Census Bureau Data Effingham and Jasper Counties
- U.S. Census 2020
- TownCharts
- County Health Rankings 2020
- Kids Count Data Center 2019
- End Homelessness
- Advisory Board 2019

- Best Neighborhoods
- United for ALICE
- American Community Survey Data for TownCharts
- 500 Cities Project
- Illinois Public Health Community Map
- Illinois Department of Public Health (IDPH) Opioid Data Dashboard: 2019
- Kids Count Data Center

The data was gathered into a written report/presentation and shared with community members at in-person focus groups and key stakeholder meetings (described below).

Input from Persons Who Represent the Broad Interests of the Community

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

Input from Community Stakeholders

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

The core group developed and circulated a community survey (Appendix IV) to solicit first-person feedback on the health issue areas. In April 2021, 50 individuals completed the survey. The core group analyzed and presented the results (Appendix V) to internal teams as well as the CAC. The results were used to guide further discussion around final priority selection. Recognizing the small sample size, the core group will conduct additional community surveys and focus groups during the community health improvement planning (CHIP) phase in summer 2021.

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

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

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

Input on FY2018 CHNA

No written comments were received regarding the FY2018 CHNA.

Prioritizing Significant Health Needs

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

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

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

1. Access to mental and behavioral health services
2. Chronic conditions – including prevention and management, and healthy behavior education
3. Maternal and child health – including child care and child abuse and neglect

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

• Child Care: While not a direct priority issue, child care availability will be explored within the strategic plan of maternal and child health.
• Human Trafficking: This is an ever-growing issue in all communities across Illinois and the nation. St. Anthony's will be represented on the Illinois Human Trafficking Task Force by the HSHS Illinois division. While not a direct priority area, HSHS and St. Anthony's Memorial Hospital will continue to raise awareness in HSHS facilities and the community on identification and response to human trafficking.
• Cancer
• Food Insecurity: While not a direct priority issue, food insecurity will be addressed within the strategic plan of chronic conditions.
• Senior Health: Effingham Senior Services and Effingham County Committee on Aging provide services and assistance for senior health. St. Anthony's will continue to partner with community organizations in addressing senior health issues.
• Homelessness: The Southern Illinois Continuum of Care reports homeless numbers trending down for all populations. In 2019, homeless was discussed during a community town hall. St. Anthony's participated in this discussion and will continue to participate in discussions as the need arises.

Overview of Priorities

Mental and Behavioral Health Services

Mental Health

Individuals living in St. Anthony's service area have less access to mental health care providers. While it's difficult to measure the rate of individuals in the service area suffering from   mental illness, there is some data available that can aid in assessing the need. When looking at the BRFSS question which asks the number of days that mental health is not good for respondents, the rate for Effingham County of those who report frequent mental distress is an average of 14% compared to the state average of 12%. The rate for Jasper County is 15%. The Effingham County rate of emergency department (ED) visits for anxiety-related disorders is nearly double the state rate at 60.94 / 10,000 compared to 36.91 / 10,000. In Jasper County, the alcohol-impaired driving deaths are more than 10% higher than the state percentage: 43.8% compared to 32.6% (Illinois Public Health Community Map, 2016-2018).

The U.S. Health Resources & Services Administration (HRSA) classifies both counties as a health professional shortage area for mental health providers. The chart below compares the number of providers per residents for the county and the state. Top U.S. performers have 270 residents per one provider. While it appears Jasper County has achieved top performer status, they are still considered a health professional shortage area for mental health as their available providers serve a larger geographic area outside of Jasper County boundaries.

Providers	Effingham Co. (2020)	Jasper Co. (2020)	Illinois (2020)
Primary Care	1,2070:1	4,810:1	1,240:1
Dentists	710:1	9,610:1	1,240:1
Mental Health Providers	530:1	260:1	410:1

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

When asked in the CHNA survey "what do you think are the three most important health problems in our community?," 65% of respondents ranked access to mental health services in their top three and 54% of respondents ranked access to behavioral health services in their top three.

According to a 2018 article in the Effingham Daily News, overdoses and suicides were reported as the leading cause of unnatural deaths for the county with 10 suicides and 10 fatal drug overdoses for the reporting period. Table I below shows the number of persons by age who presented to the ED for opioid use in calendar year 2019. Note – this data was not available for Jasper County.

Table II below shows the number of opioid-related drug overdose deaths for the same reporting period.

Age	Effingham County
Total	68
Under 25	25
Ages 25-44	33
Ages 45+	10

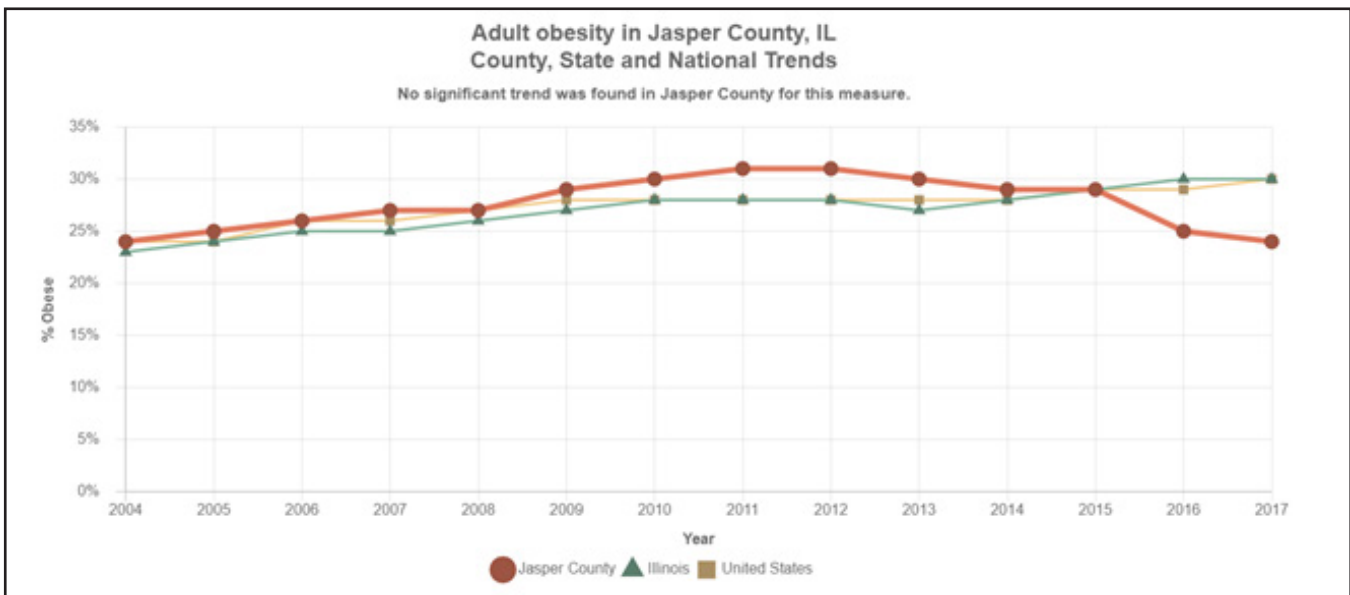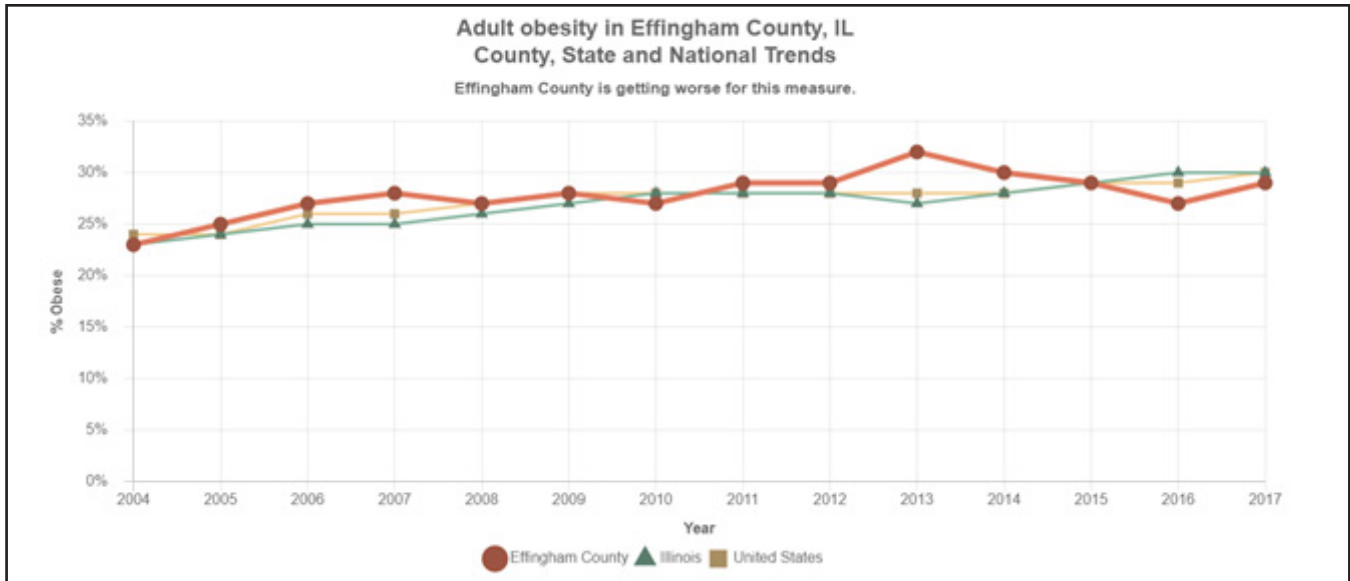| Indicator	Effingham County
Any drug overdose death	6
Opioid overdose death	6
Heroin	2
Opioid Analgesics	5

Chronic Conditions – including prevention and management and healthy behavior education

Effingham County obesity rates have steadily increased since 2004. According to the chart below, there was a downward trend between 2013 and 2016; however, overall the trend line continues to increase since 2004. Alternatively, Jasper County has seen a downward trend since 2011. However, it is too soon to tell if the overall trend since 2004 has seen overall improvement.

According to the 2020 County Health Rankings, 29% of Effingham County adults are obese; and 24% of Jasper County adults are obese compared to 30% of adults in Illinois. Effingham County is still above the top performers in the U.S. who weigh in at 26%. (See charts opposite page.)

In Effingham County, 13% of residents aged 20 and older have been told by a doctor they have diabetes. Nine percent of adults age 20 and older have been told the same in Jasper County. Both percentages have increased from 8.9% since the last CHNA was conducted in 2018. The Illinois rate is 9% and the U.S. benchmark is 8%.

Nearly one-fifth of the adults in both counties are self-reportedly physically inactive. While the data is slightly older, in 2019, access to exercise was noted as a barrier to physical activity with only 58% of Effingham County adults, and 36% of Jasper County adults reporting access to exercise facilities or access to safe outdoor physical activity.

Adult obesity in Effingham County, IL
County, State and National Trends
Effingham County is getting worse for this measure.

Adult obesity in Jasper County, IL
County, State and National Trends
No significant trend was found in Jasper County for this measure.

	Health Behaviors	Data Year	Measurement	Effingham County	Jasper County	Illinois
Nutrition	Adult Obesity	2017	% of adult population (age 20 and older) that reports a body mass index (BMI) ≥ 30.	29%	24%	30.0%
	Children Eligible For Free/Reduced Lunch	2018 & 2019	% children enrolled in public schools that are eligible for free or reduced price lunch.	35%	32%	49.0%
	Food Environment Index	2015 & 2018	Access to health foods considering distance and income. 0-10 scale with 10 being best.	8.6	8.1	8.7
Physical Activity	Access to Exercise	2010 & 2019	% adult with adequate access	58%	36%%	91.0%
	Physical Inactivity	2017	% of adults age 20 and over reporting no leisure-time physical activity.	21%	20%	22.0%
	Frequent Physical Distress	2018	% of adults reporting 14 or more days of poor physical health (in a 30-day timeframe)	12%	12%	10%
Mental Health	Frequent Mental Distress	2018	% of adults reporting 14 or more days of poor mental health (in a 30-day timeframe).	14%	15%	12%
	Poor Mental Health Days	2018	Average number of mentally unhealthy days reported in past 30-days.	4.4	4.5	3.8

Table III (left) represents a snapshot of Effingham and Jasper counties compared to Illinois in the areas of nutrition, physical activity and mental health. While the data was taken from the 2020 County Health Rankings, the information was populated using data gathered between 2017-2019. This pre-pandemic data does not high-light the dramatic and rapid impact of COVID on lifestyles and access to nutritive food, physical activity and needed mental health resources.

Table III: Health Behaviors: Nutrition, Physical Activity and Mental Health
Source: County Health Rankings. (2020). Compare Counties in Illinois. County Health Rankings & Roadmaps.
https://www.countyhealthrankings.org/app/illinois/2020/compare/snapshot?counties=17_135%2B17_117

The leading chronic conditions for both counties are arthritis, high blood pressure and high cholesterol. According to Illinois Hospital Association (IHA) COMPdata, 70% of patients from both counties who presented to the ED had one or more chronic conditions such as obesity, depression, hypertension, diabetes, etc. Table IV below outlines the percent of adults living with chronic conditions in Effingham and Jasper counties.
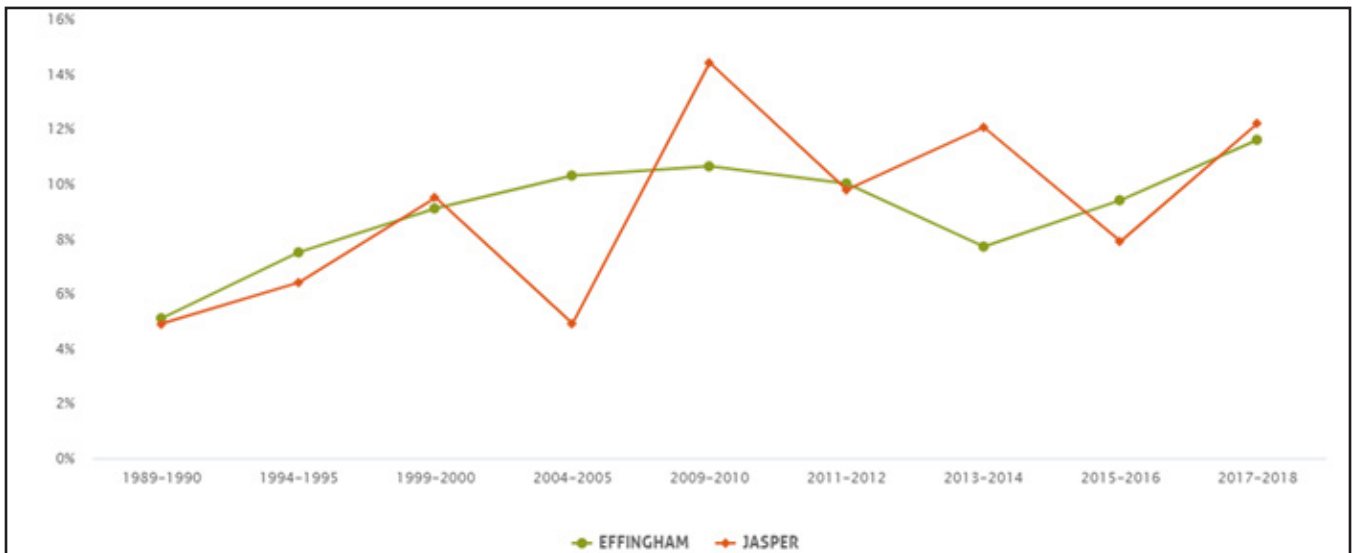
Chronic Condition	Effingham County	Jasper County
Arthritis	30.4%	32.3%
Asthma	9.5%	9.8%
High Blood Pressure	34.3%	36.4%
Cancer	8%	8.4%
High Cholesterol	36.7%	38.1%
Kidney Disease	3%	3.2%
COPD	8.4%	9.3%
Heart Disease	7.4%	8.2%
Diabetes	10.2%	11.2%
Stroke	3.5%	3.9%

Table IV: Percent of Adults Living with Chronic Conditions in Effingham and Jasper Counties.

Source: 500 Cities Project: https://www.cdc.gov/places/about/500-cities-2016-2019/index.html

Maternal and Child Health – including child care and child abuse and neglect

According to Illinois Kids Count, preterm births are trending up in both Effingham and Jasper counties. The number of babies born before 37 weeks has been on the increase since 1989 (see graph I below). Additionally, low birth weight has continued to increase in both counties since 1989 (see graph II below). These factors are often explored when evaluating the health of the county. Long-term impacts of premature birth and low birth weight include chronic conditions leading to poor health and growth, developmental delays, asthma, and behavioral and social-emotional problems. According to the National Institutes of Health, babies born under these circumstances are also two to six times more likely to have poorer school performance in all areas than their normal birth weight peers. Leading indicators of preterm birth are maternal chronic conditions such as diabetes and high blood pressure. Other causes are genetic influence and infection. A mother's chances of preterm birth and low birth weight are lowered with timely adequate prenatal care.

Graph I: Preterm Births by County.
Source: Illinois Kids Count: https://datacenter.kidscount.org/ & Illinois Department of Public Health: http://www.dph.illinois.gov/data-statistics/vital-statistics/birth-statistics/more-statistics
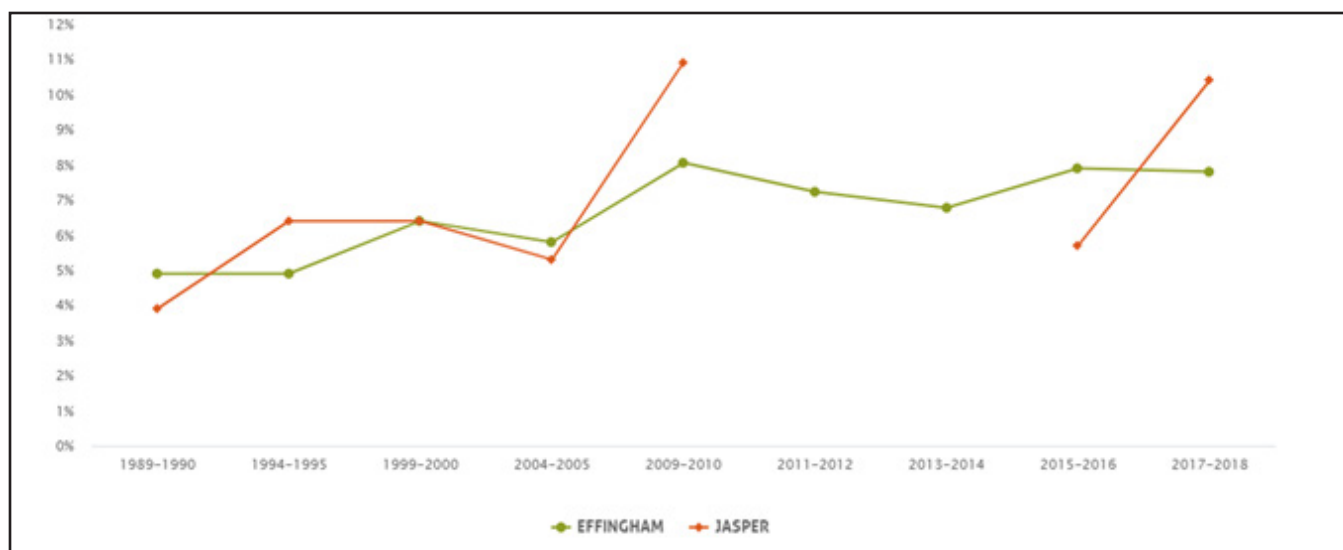
Graph II: Low Birth Weight by County:
Note –Gap in data represents a period of time when data was not available for Jasper County.
Source: Illinois Kids Count: https://datacenter.kidscount.org/ and Illinois Department of Public Health: http://www.dph.illinois.gov/
data-statistics/vital-statistics/birth-statistics/more-statistics

Included under the umbrella of maternal and child health is child abuse. Important data on youth health is lacking. For instance, not much is known about child abuse and sex trafficking at the county level. What is known is that since 2011, almost 1,000 children across Illinois were trafficked, with the majority being female and the average age being nearly 14.

In Effingham County, the last data located was from 2015 which suggests 118 indicated cases of child abuse. "Indicated" means officials have sufficient credible evidence of abuse or neglect. Similar data was not available for Jasper County.

In Effingham County, as of February 28, 2021, there were 105 youth in care as reported by the Illinois Department of Children and Family Services (IDCFS). Of these, 53 were placed in foster care and 52 with relatives. The total youth in care for Jasper County is 58; of these, 18 were in foster care and 40 with relatives. Given insufficient data around child abuse and neglect, further investigation of the situation is needed including solutions, especially when considering the role teachers have played as first responders and intervening on behalf of the child. Child abuse reports have decreased across the state throughout COVID-19. According to Prevent Child Abuse Illinois, this may be a direct result of students transitioning to remote learning, and teachers no longer being able to observe and report suspected child abuse and neglect.

The final consideration for this priority is access to child care. While secondary data does not exist around child care access, it is a theme that was repeatedly mentioned by our community advisory council as well as in community surveys. Survey respondents shared the following about access to child care services in Effingham and Jasper Counties:

> *"A constant health issue in our community as well as surrounding communities is the lack of safe and reliable child care. This puts our children at risk of abuse."*

> *"I struggled to find day care for my children so I can work. Now, I pay a large amount for day care which makes it questionable as to if I should even work."*

> *"Lack of safe and available child care impacts everyone. If you cannot find care for your child – that is safe and affordable – people will be forced to stay home or miss work. Employers are experiencing a lack of available people to employ."*

Potential Resources to Address the Significant Health Needs

As part of the focus groups and key stakeholders' meetings, community assets and resources that currently support health or could be used to improve health were identified. The following resources will be considered to develop the implementation plan to address the prioritized community health needs:

Hospitals and related medical groups
- HSHS St. Anthony's Memorial Hospital
- Area Physician Offices
- Area Dental Provider Offices
- Area Oral Surgeon Offices

Other community organizations and government agencies

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

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

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

Next Steps

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

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

Approval

The FY2021 CHNA report was adopted by the hospital's governing board on May 25, 2021.
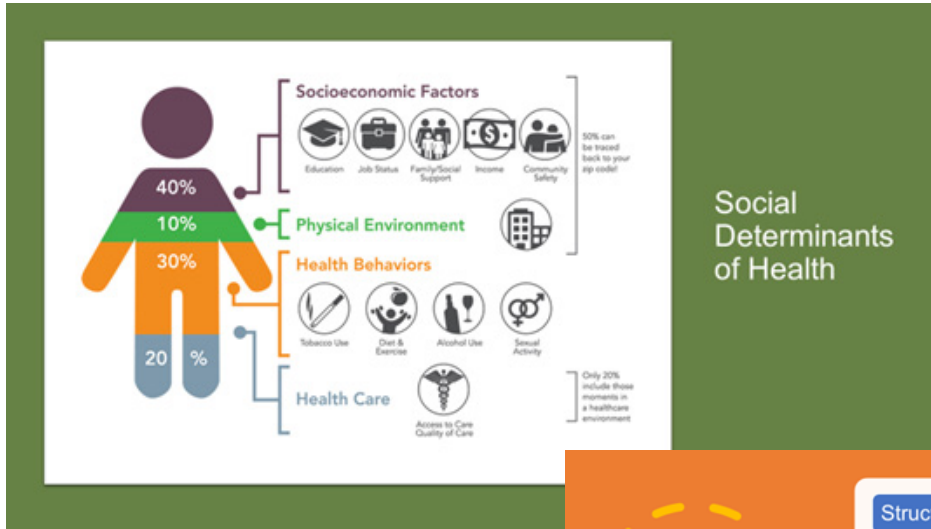
APPENDIX I

Major Contributing Factors

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

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

Health equity means everyone has a fair and just opportunity to be as healthy as possible. Achieving health equity requires identifying and addressing obstacles to health, such as poverty, quality education, safe and affordable housing, health care access, safe environments, safe neighborhoods, access to good jobs with fair pay and other determinants as described by the social determinants of health (SDOH). By clearly defining and understanding the differences between equality, equity and justice we can begin to identify gaps and barriers to achieving health equity and social justice in the health care delivery system.
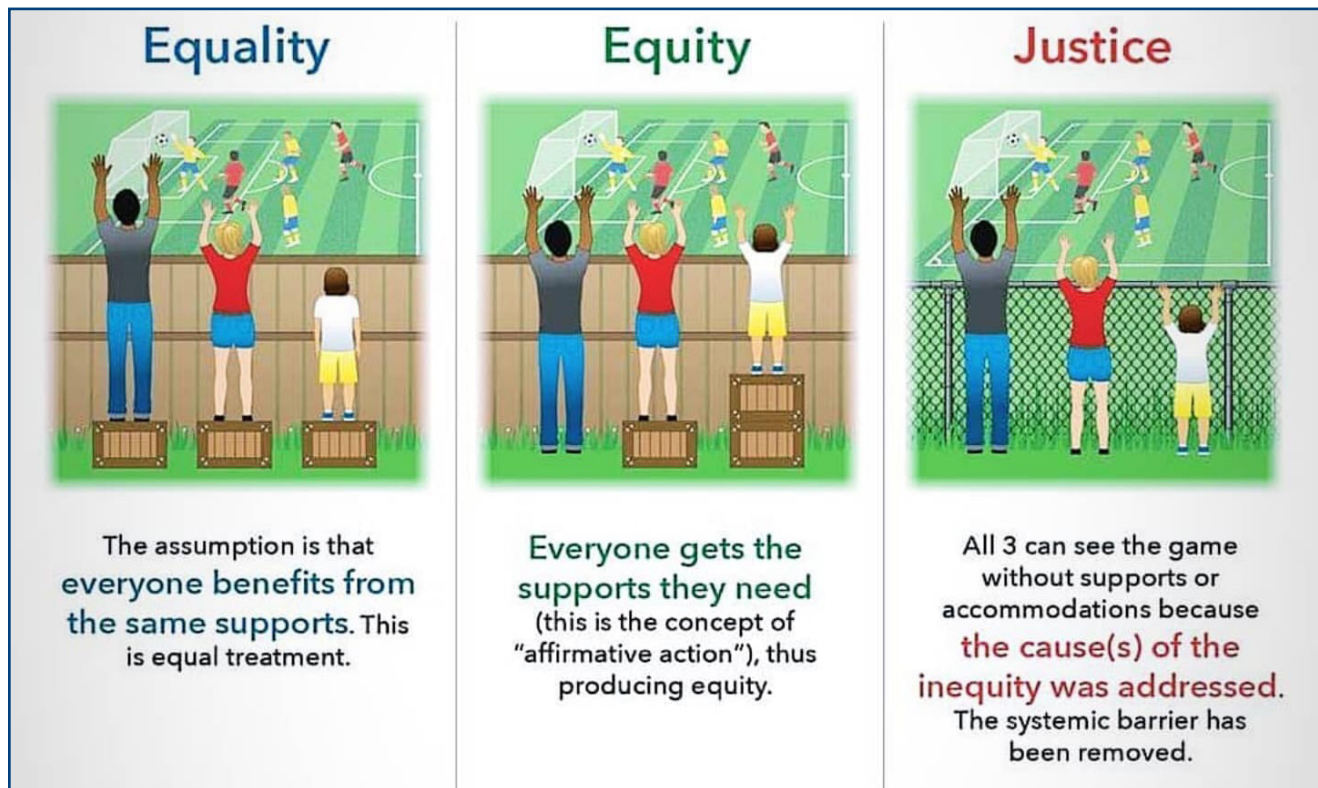
Social determinants of health are the conditions under which people are born, grow, live, work and age. Medical care drives only 10% to 20% of a person's overall health. The other 80% to 90% is determined by the complex circumstances in which people are born, grow, live, work and age. The SDOH have a much deeper connection to a person's overall health than their genetic make up and overall risk factors. The SDOH are broken up into four categories: socioeconomic factors, physical environment, health behaviors and health care.

Healthcare barriers or health disparities fall into one of three categories: structural, financial and personal. Each category points to a measured difference in health outcomes that is closely linked with social or economic disadvantages. Health disparities negatively impact groups of people who have systematically experienced greater social or economic obstacles to health.
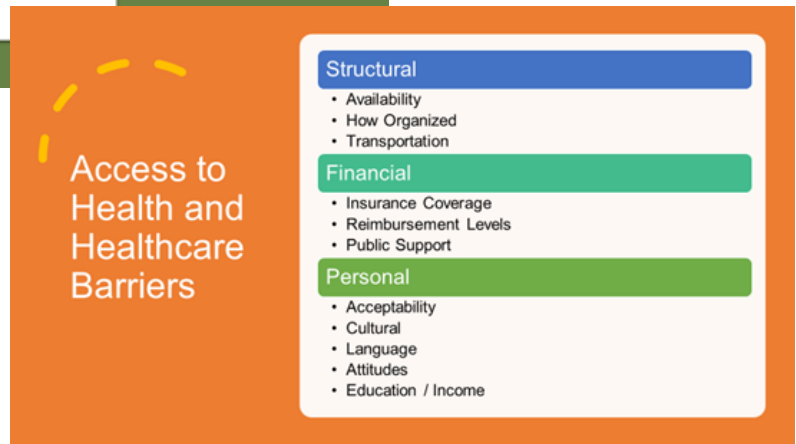
The reality is that health starts long before illness and even long before birth. The measurement of factors such as SDOH and health disparities or health care barriers can be used to support the advancement of health equity. The diagram below shows the framework our HSHS ministries will use to progress toward more equitable communities while addressing the top needs identified through the CHNA process.

APPENDIX II

2021 Effingham and Jasper County Community Health Needs Assessment

Priorities Analyzed, Reviewed and Prioritized

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

1. Behavioral health: substance use
2. Cancer
3. Child abuse and neglect
4. Chronic conditions (prevention and management)
5. Food Insecurity
6. Healthy behaviors including access and knowledge, nutrition and healthy eating, and access to exercise
7. Homelessness
8. Human trafficking
9. Maternal health and child health
10. Mental health
11. Senior health

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

1. Behavioral health: substance use
2. Childcare including child abuse and neglect
3. Chronic conditions
4. Human trafficking
5. Maternal and child health
6. Mental health

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

1. Access to mental and behavioral health services
2. Chronic conditions including prevention and management; and healthy behavior education
3. Maternal and child health including child care, child abuse and neglect

APPENDIX III

2021 Effingham and Jasper County Community Health Need Assessment

Community Advisory Committee Letter and Meeting Dates

Effingham and Jasper Counties
Community Health Needs Assessment Community Advisory Council

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

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

> **Community Advisory Council Charter**
> The Advisory Council of the Effingham and Jaspar Counties Community Health Need Assessment exists to help SAE, ECHD and JCHD review existing data and offer insights into community issues affecting that data. The Council will help identify local community assets and gaps in the priority areas and will offer advice on which issues are the highest priority.

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

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

Community Advisory Council Meeting:
March 26, 2021: 10AM – 12PM

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

Community Advisory Council Meeting Two
July 13, 11 a.m. – 12:30 p.m. 2021

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

First Person Data:
Following the CAC meeting, we will conduct Focus Groups (FG) and surveys with Effingham and Jasper County organizations and community members. These invitees have been strategically selected in order to solicit feedback from a broad and diverse range of individuals.

Final Priority Areas:
Information learned throughout this process will help inform the final selection of three – four health issue areas for SAE, ECHD and JCHD, respectively. Once the final CHNA priorities have been identified you will be asked to participate in a second CAC meeting as we develop workgroups to address the identified needs.

We value your knowledge of our community, the work you do with your constituents, and the experience and wisdom you bring to the discussion. Thank you in advance for considering participating in the Advisory Council. Please let us know by **March 22**, if you or someone else from your organization will serve in this role.

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

Sincerely,

Michael Janis
Interim President and CEO
HSHS St. Anthony's Hospital

Deena Mosbarger
Special Projects
Effingham County Health Department

Deborah Riddle, RN, BSN
Public Health Administrator
Jasper County Health Department

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

APPENDIX IV

2021 Effingham and Jasper County Community Health Needs Assessment Community Survey

Health Needs Assessment

The Effingham and Jasper County Health Needs Assessment is a collaboration between HSHS St. Anthony's Memorial Hospital, Effingham County Health Department and Jasper County Health Department. The following questions will help us best identify the priority health needs of the two counties.

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

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

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

3. The following health issues have been identified as possible priorities for Effingham and Jasper Counties. Please rank the priorities in order of importance: 1 (ONE) being the most important, and 8 (EIGHT) being the least important.

	Highest Importance = 1	2	3	4	5	6	7	Least Importance = 8
Child Care (including Child Abuse and Neglect)	○	○	○	○	○	○	○	○
Maternal and Child Health	○	○	○	○	○	○	○	○
Access to Behavioral Health Services: Substance Use	○	○	○	○	○	○	○	○
Chronic Conditions (Prevention and Management)	○	○	○	○	○	○	○	○
Access to Mental Health Services	○	○	○	○	○	○	○	○
Transportation	○	○	○	○	○	○	○	○
Human Trafficking	○	○	○	○	○	○	○	○
Healthy Behaviors	○	○	○	○	○	○	○	○

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

How are you personally affected by this health issue?

What can healthcare do to improve this health issue?

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

How are you personally affected by this health issue?

What can healthcare do to improve this health issue?

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

How are you personally affected by this health issue?

What can healthcare do to improve this health issue?

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

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

Other (please specify)

[   ]

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

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

[   ]

General Demographic Information

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

9. What is your household zip code?

[   ]

10. Please identify your gender:

◯ Male

◯ Female

◯ Prefer not to say

◯ Other (please specify)

┌───┐
│   │
└───┘

11. Age (select one)

◯ 18-24   ◯ 45-54

◯ 25-34   ◯ 55-64

◯ 35-44   ◯ 65+

12. What is your race:

◯ White or Caucasian   ◯ American Indian or Alaska Native

◯ Black or African American   ◯ Native Hawaiian or other Pacific Islander

◯ Asian or Asian American

◯ Other (please specify)

┌───┐
│   │
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13. Are you Hispanic / Latino(a)

◯ Yes

◯ No

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

◯ Less than High School   ◯ Some College

◯ High School diploma or equivalent   ◯ 4-Year College

◯ Trade or technical school beyond High School   ◯ More than 4-Year Degree

15. What is your disability status?

◯ Do not have a disability

◯ Have a disability

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

◯ Under $20,000

◯ Between $80,001and $100,000

◯ Between $20,000 and $40,000

◯ Over $100,001

◯ Between $40,001 and $60,000

◯ Retired

◯ Between $60,001and $80,000

◯ Prefer not to say

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

◯ Commercial Health Insurance

◯ Medicaid

◯ Insurance from the Marketplace

◯ Faith Based Cost Sharing Plans

◯ Medicare

◯ No Health Care Coverage

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

◯ Yes

◯ No

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

◯ None

◯ 3

◯ 1

◯ 4

◯ 2

◯ More than 4

APPENDIX V

2021 Effingham and Jasper County Community Health Needs Assessment Community Survey Results

The community survey returned 43 completed surveys. During the community health improvement plan (CHIP) process, we will solicit additional feedback from groups not represented; as well as more feedback overall, through focus groups. More information on the CHIP process, focus group identification and analysis will be included in the final plan.
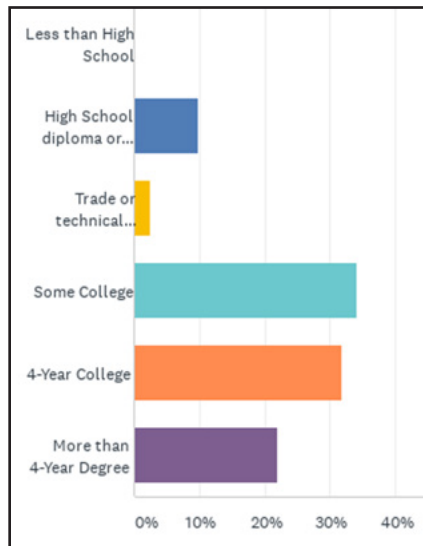
Below is demographic data representing the survey respondents:

Gender: Female	83.37%
Gender: Male	9.76%
Gender: Prefer not to say	4.88%
White	97%
Living with a disability	2.44%

Income
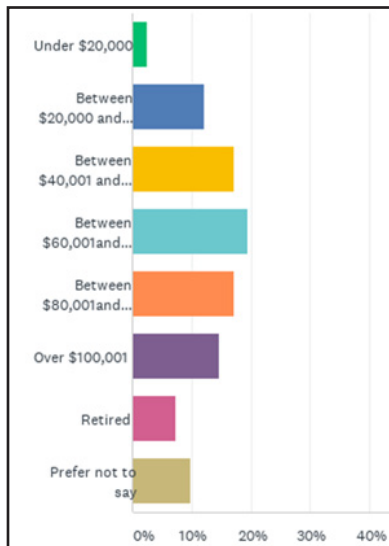
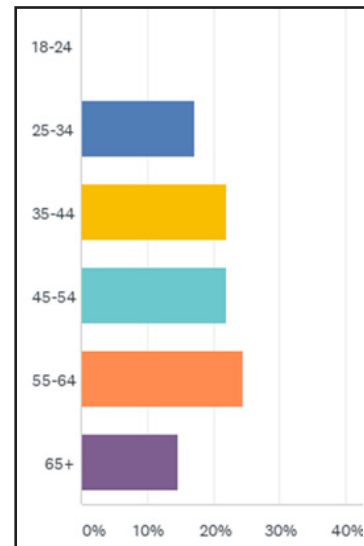**Education**

Age Range

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

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

- Mental health: focuses on a person's psychological state.
- Behavioral health: focuses on substance use disorders and addictions such as: alcohol, prescription drugs, legal substances such as marijuana and illegal drugs.
- Chronic conditions: includes education and access to disease prevention, disease screening and disease management.
- Child care including child abuse and neglect: affordable and safe child care options for working families. Early identification and intervention in suspected child abuse.
- Maternal and child health: includes health issues impacting women of child-bearing ages, in gestation and postpartum; and children prenatal to postnatal.
- Human trafficking: provider, healthcare and community awareness of human trafficking; and knowledge for early identification and reporting of suspected trafficked victims.

6. 6.13 – Child care
5. 5.70 – Access to mental health services
4. 5.51 – Access to behavioral health services
3. 4.72 – Chronic conditions including prevention and management
2. 4.65 – Maternal and child health
1. 3.02 – Human trafficking

APPENDIX VI

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

As part of the identification and prioritization of health needs, the St. Anthony's Hospital Senior Leadership Team considered the estimated feasibility and effectiveness of possible interventions by the hospital to impact health priorities. Prioritization was based on scope, severity, and burden; health disparities associated with the need; the importance the community places on addressing the health need; the hospital and community assets and resources available to address the health need; and local expertise and input.

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

1. Behavioral Health
2. Access to Care
3. Chronic Disease Management & Prevention

St. Anthony's Implementation Plan is part of a broad community effort to address three priority health needs in the community. The hospital works collaboratively with a broad range of direct service organizations, coalitions and government agencies to address these needs.

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

BEHAVIORAL HEALTH

Goal: In partnership with Heartland Human Services, Crisis Nursery of Effingham County and other organizations, the hospital will increase access to mental health services. The hospital will collaborate with area school districts to address students' unhealthy behaviors. In addition, the hospital will provide training to area service providers to respond to trauma survivors needs; and support an ordinance to discourage criminal activities related to substance abuse to create safer neighborhoods for residents.

Strategy 1:
Crisis Nursery of Effingham County

The hospital will provide financial assistance to the Crisis Nursery of Effingham County to reduce the burden of government or other community organizations and support area children, particularly those in possible crisis situations, to improve the health of families in the community. The Crisis Nursery of Effingham County addresses the social determinants of health of economic stability and community and social context. The program assists families in need of a support system, offers economic stability by providing child care when it is most needed and engages community volunteers.

Outcomes: On average, the Crisis Nursery serves 800 children and 500 families annually. St. Anthony's provided $900,000 toward operational and program support to continue providing this needed service in Effingham and Jasper counties. Additionally, the Nursery provides an average of 20,000 hours to 2,000 individuals annually. They also provide basic needs items and made more than 12,000 referrals to community agencies during the FY2018 – FY2021 CHNA cycle. Home crisis, medical reasons and parental stress were the top three reasons for admission. And toward the end of FY2020, job and school related crises rose to the top as families were trying to navigate COVID.

Strategy 2:
Increase Community Access to Behavioral Health Services

The hospital will partner with Heartland Human Services (HHS) to provide tele-psychiatry services. HHS is a behavioral health and counseling agency accredited by The Joint Commission and the State of Illinois. With the financial support of the hospital, psychiatry services that were previously unavailable in the community will be made accessible to address patients' mental and behavioral health needs. In addition, the hospital will partner with the Jasper County Health Department to provide community resource cards to local law enforcement and community partners for distribution to community members who may need behavioral health services.

Outcomes: More than 1,700 behavioral health appointments were provided annually. With some transitions happening in the future, St. Anthony's has begun discussions with Gateway Foundation to explore a wrap-around services partnership. This program will place an engagement specialist in the emergency department to connect with persons presenting in substance use disorder, provide appropriate screening, develop and action plan and referral to recovery and treatment. As part of this partnership, the patient will be provided transportation from the emergency department to recovery. The initiative also employs a recovery specialist who can follow-up with the patient post-discharge if they are not ready to enter recovery immediately.

Strategy 3:
School-based Substance Abuse Awareness Program

The hospital will actively work with area school districts to create awareness of the ramifications of substance abuse to students in area schools.

In FY2020, St. Anthony's provided education and support for 200 individuals in recovery. Through participation in the Recovery Oriented Systems of Care Council, hospital pharmacists provided medication usage education to individuals in drug court and at community events.

In addition to the strategies listed above, hospital representatives serve on the newly form Recovery Oriented Systems of Care (ROSC) Council of Effingham County. A ROSC Council's goal is to build collaborations in their communities that connect everyone who can support recovery. The central focus of a ROSC is to create an infrastructure, or "system of care", with the resources to effectively address the full range of substance use problems within communities. The hospital assisted with and participated in the ROSC Substance Use Treatment and Recovery Resource Fair held in May 2019. Thirty-two community members attended the resource fair that provided information about substance use recovery resources available to community members and their families.

ACCESS TO CARE

Strategy 1:
The hospital will provide assistance programs and health screenings to the community, especially the underserved, to improve the health of the community.

Dental Voucher Program: Over the last three years our dental voucher program partnership with Catholic Charities provided 1,000 services to 936 clients. This pain-based program provides clients with access to dentist offices to address mouth pain due to dental disorders.

Med Assist: St. Anthony's has contributed $72,000 to the Catholic Charities Med Assist program to help connect community members with needed management medications.

CHRONIC DISEASE

Strategy 1:
In partnership with community organizations, the hospital will provide access to resources (medical and nutritional) to the underserved and broader community.

Outcomes: Meals Preparation: In the last three years, St. Anthony's provided more than 1,500 in-kind staff hours to prepare meals for approximately 15,000 children and seniors in Effingham County.

Diabetes Education: St. Anthony's offers a diabetes self-management course to teach individuals and families how to better manage their diabetes. Over the last three years, 717 persons were served through the diabetes self-management course. This course teaches persons with diabetes to manage their condition and prevent negative effects from unmanaged diabetes.