

2019 Community Health Needs Assessment and Implementation Strategy



MISSION: TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

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EXECUTIVE SUMMARY

Alton Memorial Hospital (AMH) is a 200-bed, nonprofit hospital serving a five-county area in Illinois. Since AMH opened its doors in 1937, the hospital has delivered high quality health care services to patients in the Madison County region. The hospital has also established effective partnerships towards the goal of improving the health of the community.

Like all nonprofit hospitals, AMH is required by the Patient Protection and Affordable Care Act (PPACA) to conduct a community health needs assessment (CHNA) and create an implementation plan every three years. AMH completed its first CHNA and implementation plan in 2013 and again in 2016. Reports were posted to the hospital's website to ensure easy access to the public.

Each hospital is required to define its community. Once the community is defined, input must be solicited from those who represent the broad interests of the community served by the hospital, as well as those who have special knowledge and expertise in the area of public health.

AMH conducted its 2019 assessment in two phases. The first phase consisted of a focus group discussion with key leaders and stakeholders representing the community. This group reviewed the primary data and community health need findings from 2016 and discussed changes that had occurred since 2016. Additionally, the focus group reviewed gaps in meeting needs, as well as identified potential community organizations for AMH to collaborate with in addressing needs.

During phase two, findings from the focus group meeting were reviewed and analyzed by a hospital internal work group of clinical and non-clinical staff. Using multiple sources, including Healthy Communities Institute and the CDC Cancer Profile, a secondary data analysis was conducted to further assess the identified needs. This data analysis identified some unique health disparities and trends evident in Madison County when compared against data for the state and country.

At the conclusion of the comprehensive assessment process, AMH identified two health needs where focus is most needed to improve the future health of the community it serves: Obesity and Diabetes.

The analysis and conclusions were presented, reviewed and approved by the AMH Board of Directors.

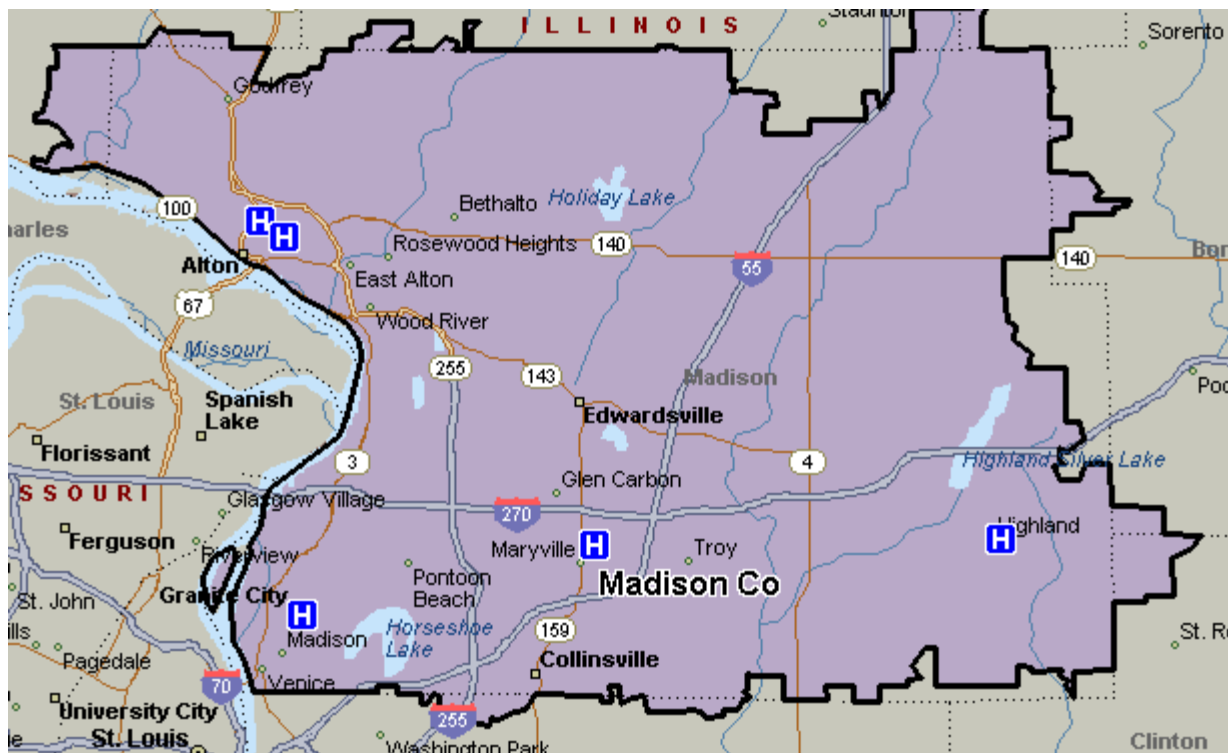
COMMUNITY DESCRIPTION

AMH is located in Madison County in the City of Alton, Illinois. For the purpose of this CHNA, the hospital defined its community as Madison County.

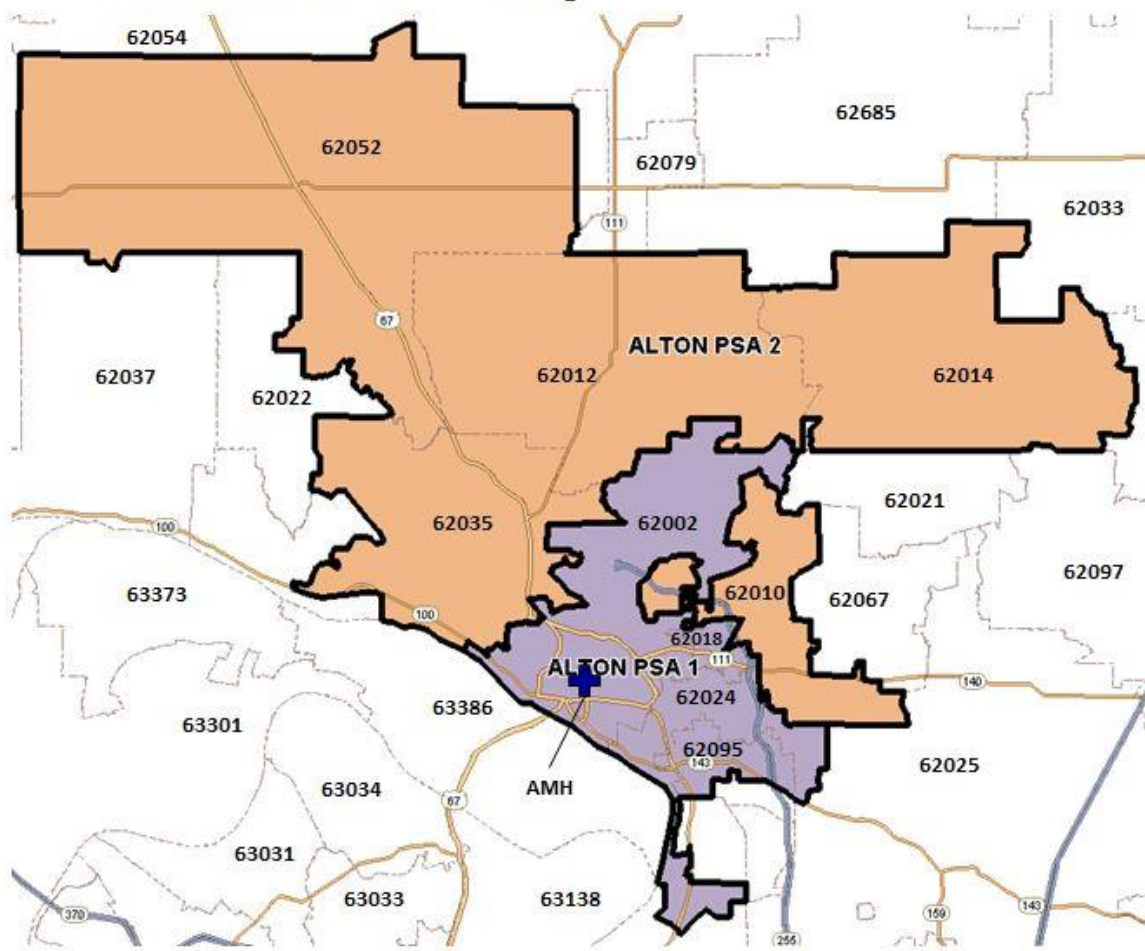
AMH is a member of BJC HealthCare, one of the largest, nonprofit health care organizations in the country. BJC HealthCare hospitals serve urban, suburban and rural communities through 15 hospitals and multiple community health locations primarily in the greater St. Louis, southern Illinois and mid-Missouri regions.

MADISON COUNTY MAP

AMH is located in the Northern/Western quadrant of Madison County on the Mississippi River just 30 minutes north of St. Louis, Missouri.



Alton Memorial PSA 1 & 2 Map



AMH's primary service area is represented by the zip codes in the purple shaded area of the map. The zip codes outside the shaded area indicate the hospital's secondary service area, shown in tan.

POPULATION

Population and demographic data are necessary to understand the health of the community and plan for future needs. Madison County had a population of 265,428 (2017 Census estimate). The population saw a decrease of -1.4 percent from 2010 to 2017.

AGE

The age structure of a community is an important determinant of its health and the health services it will need. The distribution of the population across age groups was similar in Madison County and the state.

TABLE 1: MADISON COUNTY VS. ILLINOIS POPULATION BY GENDER, RACE AND ETHNICITY		
	MADISON COUNTY	ILLINOIS
TOTAL POPULATION	265,428	12,802,023
PERCENT POPULATION BY GENDER		
GENDER	MADISON COUNTY	ILLINOIS
Female	51.3	50.8
Male	48.7	49.2
PERCENT POPULATION BY RACE/ETHNICITY		
RACE/ETHNICITY	MADISON COUNTY	ILLINOIS
White	85.0	61.3
African American	8.7	14.6
Hispanic or Latino	3.3	17.3
Two or More Races	2.0	2.0
Asian	1.1	5.7
American Indian & Alaska Native	0.3	0.6
Native Hawaiian & other Pacific Islander	0.1	0.1

INCOME

The median income of households in the county was \$56,536 compared to \$61,229 in the state. People living below the poverty rate was 13.5 percent in the county and in the state. Home ownership was higher in Madison County (63.7 percent) than the state (59.7 percent).

EDUCATION

Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance or involved in crime.

In Madison County, 92.3 percent of the population 25 and older had a high school diploma compared to 88.6 percent the state.

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures and communities. Having a degree also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about \$1 million more per lifetime than their non-graduate peers. (Healthy Communities Institute)

In Madison County, 26.2 percent of the population 25 and older had a bachelor's degree when compared to 33.4 percent in the state.

2016 CHNA MEASUREMENT AND OUTCOMES RESULTS

At the completion of the 2016 CHNA, AMH identified the top priority needs as Diabetes and Obesity where focus was most needed to improve the health of the community served by the hospital. The following table details results, goals and current status of these community health needs.

TABLE 2: ALTON MEMORIAL HOSPITAL'S 2016 COMMUNITY HEALTH NEEDS OUTCOMES SUMMARY BY PRIORITY

COMMUNITY HEALTH NEED: OBESITY: COMMUNITY HEALTH NEED: OBESITY: COMMUNITY HEALTH NEED: DIABETES		
PROGRAM: OBESITY: KIDS IN THE KITCHEN (KITK)	PROGRAM: RETHINK YOUR DRINK	PROGRAM: DIABETES
PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL
To increase awareness of obesity and healthy lifestyle change through community based education.	To increase awareness of obesity and healthy lifestyle change through community based education.	To increase early detection of pre-diabetes and improve the quality of life for all persons who have, or are at risk for diabetes.
PROGRAM OBJECTIVE	PROGRAM OBJECTIVE	PROGRAM OBJECTIVES
At the end of the class session, 20 percent of the participants will identify an increase in knowledge of healthy choice eating and drink options as evidence by the pre-test and post-test answers to questions about nutrition. The class session will last 90 minutes.	At the end of the interaction or presentation, 20 percent of those participants will state on their post evaluation that the information has influenced their future choices for healthy living.	<p>a) AMH nurse will follow-up with those diagnosed with pre-diabetes and provide referral to at least 25 percent of the patients diagnosed</p> <p>b) Baseline: At least 5 percent of referred patients will complete their referral in the first year.</p>
CURRENT STATUS	CURRENT STATUS	CURRENT STATUS
Two KITK classes were held each year with the maximum of 35 attending each session. In 2017, 84 percent of participants increased their knowledge of healthy choices based on the pre-test and post-test. In 2018, the number increased to 88 percent of increased awareness and the number remains at 81 percent in 2019 with one event scheduled for September.	Rethink Your Drink sessions have been held at all health fairs for the past three years. In 2017, 98 percent of participants stated the knowledge gained would positively affect their future drink choices. In 2018, 96 percent responded in a similar fashion and to date in 2019, 98 percent responded positively with one event to be held in November.	In 2017, the AMH Diabetes Educator conducted 117 free A1C tests. 100 percent of the patients with abnormal results received a referral or were instructed to follow-up with their PCP. In 2018, 79 people received the A1C tests and all abnormal results received referrals. The 2019 event will be held in November. It is unknown what percentage completed their referrals in the first year. Nurse was unable to validate patient compliance.

CONDUCTING THE 2019 CHNA

Primary Data Collection: Focus Group

AMH conducted a focus group to solicit feedback from community stakeholders, public health experts and those with a special interest in the health needs of residents located in Madison County. (See Appendix D for complete Focus Group Report)

Eight of 11 invited participants representing various Madison County organizations participated in the focus group. (See Appendix E). The focus group was held at the hospital on Nov. 1, 2018, with the following objectives identified:

- 1) Determine whether the needs identified in the 2016 hospital CHNA are still the right areas on which to focus
- 2) Explore whether there are needs on the list that should no longer be a priority
- 3) Determine where there are gaps in the plans to address the prioritized needs
- 4) Identify other organizations with whom the hospital should consider collaborating
- 5) Discuss what has changed since 2016 when these needs were prioritized, and whether there are new issues to be considered
- 6) Understand what other organizations are doing to impact the health of the community and how those activities might complement the hospitals' initiatives
- 7) Evaluate what issues the stakeholders anticipate becoming a greater concern in the future that we need to consider now

FEEDBACK ON NEEDS BEING ADDRESSED

- Access to care, particularly to mental and behavioral health services, is significant issue
- Access to health services is impacted by the way Medicaid program is structured in Illinois
- Not enough mental health providers available
- Lack of willingness to recognize mental illness as a disease and talk about it openly
- Lack of housing and homelessness contributes to the ability to access health care services

NEEDS THAT SHOULD BE REMOVED FROM LIST

Stakeholders agreed that the needs being addressed should remain, and nothing should be removed from the list.

OTHER NEEDS THAT SHOULD BE ADDRESSED

- Substance Abuse should be identified on the list separately
- Mental Health is different from mental illness, and should be identified and addressed separately
- Increased need for mental health awareness and education
- Suicide prevention
- Emergency preparedness

SPECIAL POPULATIONS FOR CONSIDERATION

Limited resources are available to non-veteran, white males in Madison County. Options are available for those veterans who are Hispanic or African American.

GAPS BETWEEN DEFINED NEEDS AND OUR ABILITY TO ADDRESS THEM

- Resources are available for women who are pregnant, homeless, and suffering from substance abuse. Yet, if a woman is not pregnant and homeless, limited resources are available.
- Levels of asthma are rising among school-age children and gaps exist in the services that are provided between home and school, due to a lack of education on the part of the parent, or lack of effective communication with school nurses

OTHER ORGANIZATIONS WITH WHOM TO COLLABORATE

- Make Health Happen, an obesity reduction committee
- The University of Illinois Extension Office grant to address food insecurity
- The Crisis Food Center and the Community of Hope Center are important to include in these discussions because they give away most of the free food in the county
- Centerstone (formerly known as Wellspring), an organization currently addressing behavioral and mental health
- NAMI (National Association for Mental Illness), an organization addressing mental health issues in Madison County
- Madison County Mental Health Alliance could coordinate all of these organizations and bring in other potential partners

CURRENT COLLABORATIONS HIGHLIGHTED

- The City of Alton recently completed a bicycle/pedestrian plan which has yet to be implemented, subject to available funding.
- Thrive addresses obesity through a healthy pregnancy booklet that covers dieting, exercise and nutrition during pregnancy as well as how to make healthy choices.
- The United Way funds agencies, including the American Diabetes Association that are working on issues similar to those that AMH has chosen to address.
- The United Way also supports Riverbend Head Start where funding is directed to dental education for kids.

CHANGES SINCE THE 2016 CHNA

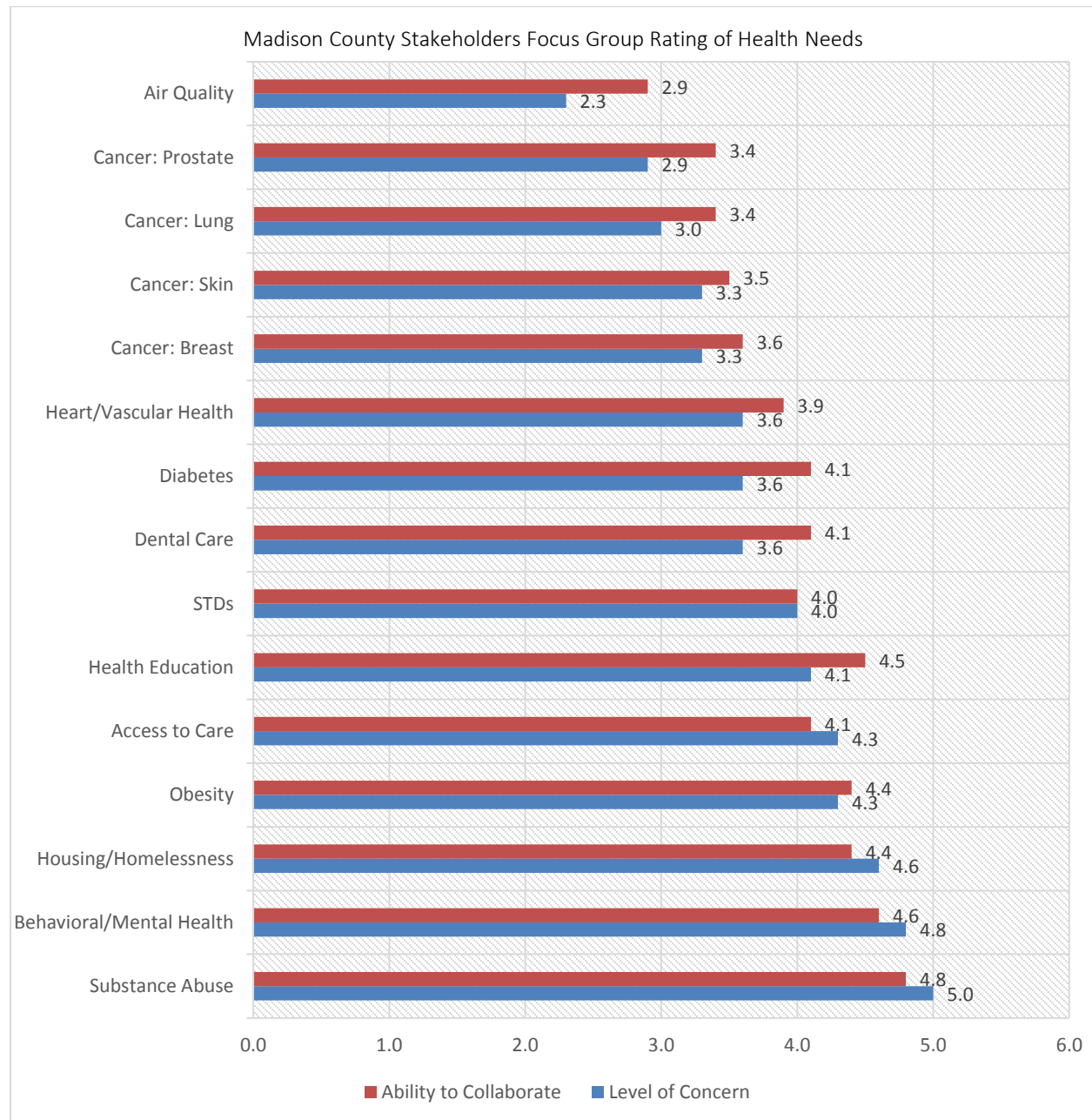
- The opioid issue has been addressed by multiple regional partners and efforts have directly resulted in significant declines in overdose deaths directly due to opioids. However, deaths due to fentanyl have replaced opioid deaths and are a significant health issue.
- A decline in funding impacted the availability of substance abuse education and prevention.
- Gaps exist in awareness of available treatment recovery resources.
- There is a concern about the availability of detox beds and the assessment time required for these beds.
- The homeless shelter for battered women serving southern Madison County closed. Homeless shelters for men and large families are also hard to come by.

HEALTH CONCERNS FOR THE FUTURE

- Food insecurity
- Obesity and a sedentary lifestyle among students
- Rise in violent crime
- Legalization of marijuana
- Homelessness

RATING OF NEEDS

Participants were given the list of the needs identified in the 2016 assessment and directed to re-rank them on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate in addressing:



Substance Abuse and Behavioral/Mental Health were rated highest in terms of level of concern and ability to collaborate. Air Quality was rated the lowest on level of concern and the lowest on ability to collaborate.

Secondary Data Summary

Based on the primary data reviewed by focus group members (see graph on previous page), key areas were identified for a secondary data analysis. These areas represent the most prevailing issues identified by the focus group.

The majority of the analysis was completed comparing Madison County, Illinois and the U.S. In order to provide a comprehensive view (analysis of disparity and trend) the most up-to-date secondary data was included on the following needs:

- Access to Care for the Uninsured and Underinsured
- Access to Transportation
- Heart and Vascular Disease
- Obesity
- Diabetes
- Cancer
- Chlamydia
- Mental Health

While AMH has identified two needs as its primary focus, the following needs will continue to be appropriately addressed by the hospital and other organizations in Madison County.

ACCESS TO CARE FOR THE UNINSURED AND UNDERINSURED

The Public Health Insurance indicator shows the percentage of persons who have public health insurance only. Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs); the Children's Health Insurance Program (CHIP); and individual state health plans.

In 2017, 22.2 percent of people in Madison County had public health insurance compared to 23.3 percent in the state.

The Private Health Insurance indicator shows the percentage of persons who have private health insurance only. Private health insurance is a plan provided by an employer or union, a plan purchased by an individual from a private company, or TRICARE or other military health care.

In Madison County 59.4 percent of people had private health insurance compared to 59 percent in the state (2017).

The ability to access health services has a profound and direct effect on every aspect of a person's well-being. Beginning in 2010, nearly 1 in 4 Americans lacked a primary care provider (PCP) or health center to receive ongoing medical services. Approximately 1 in 5 Americans, children and adults under age 65, do not possess medical insurance.

Individuals without medical insurance are more likely to lack a traditional source of medical care, such as a PCP, and are more likely to skip routine medical care due to costs, therefore, increasing the risk for serious and debilitating health conditions. Those who access health services are often burdened with large medical bills and out-of-pocket expenses. Increasing access to both routine

medical care and medical insurance are vital steps in improving the health of the community. (Healthy Communities Institute)

In 2017, children under age 6 in Madison County had a 2.5 percent lower rate of health insurance than the state.

The rate of primary care providers in Madison County was 44 percent lower than the state. (2016)

The rate of mental health providers in Madison County was 30 percent lower than the state. (2018)

HEART AND VASCULAR DISEASE

Heart disease and stroke are among the most preventable disease in the U.S., yet are the most widespread and costly health conditions facing the nation today. Heart disease and stroke are the first and third leading causes of death for both women and men.

These diseases are also major causes of illness and disability and are estimated to cost the U.S. hundreds of billions of dollars annually in health care expenditures and loss of productivity. (CDC Division for Heart Division and Stroke Prevention).

Males in Madison County had a 39 percent higher age-adjusted death rate compared to the state. (2015-2017)

The age-adjusted death rate from heart disease in Madison County was 30 percent higher among African Americans than the state. (2015-2017)

While the state experienced a steady decline in the age-adjusted death rate due to coronary artery disease from the five-year period ending in 2013 to the five-year period ending in 2017, the rate in Madison County remained relatively flat.

The age-adjusted death rate due to stroke in Madison County was 14 percent higher than in the state. (2015-2017)

African Americans in the county had a 27 percent higher death rate compared to the state. (2015-2017)

OBESITY

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings.

The rate of obesity in Madison County adults 25+ in the 45-64 age group was 33 percent higher than the rate in the state (2010-2014).

From the five-year period ending 2006 to the five-year period ending 2014, a 25 percent increase occurred in adults who are obese in Madison County.

DIABETES

Diabetes is a leading cause of death in the United States. According to the Centers for Disease Prevention and Control, more than 25 million people have diabetes, including both individuals already diagnosed and those who have gone undiagnosed.

This disease can have harmful effects on most of the organ systems in the human body. It is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for coronary heart disease, neuropathy and stroke.

Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. (Healthy Communities Institute).

In 2017, the prevalence of those with diabetes in the Medicare population over 65 in the county was 27.6 percent higher when compared to the state. For those under 65 in the county, the rate was 27.5 percent lower than the state.

CANCER

Cancer is a leading cause of death in the United States, with more than 100 different types of the disease. According to the National Cancer Institute, lung, colon and rectal, breast, pancreatic and prostate cancer lead in the greatest number of annual deaths.

While the age-adjusted death rate due to all cancer declined from the five-year period ending in 2011 to the five-year period ending in 2015 in the county, the rate was 8.5 percent higher than the state.

African Americans had a 21.6 percent higher age-adjusted death rate due to all cancer in the county than the state and a 37 percent higher death rate than the U.S. (2011-2015)

From the five-year period ending 2011 through the five-year period ending 2015, the age-adjusted incidence rate due to breast cancer increased 4.5 percent in the county and 3.4 percent in the state.

African Americans had a 6.2 percent higher incidence rate due to breast cancer in the county when compared to the state. (2011-2015)

The age-adjusted incidence rate due to lung & bronchus cancer was 24 percent higher in the county than the state and the U.S. African Americans had a 43 percent higher age-adjusted incidence rate due to lung & bronchus cancer than the state and a 76 percent higher rate when compared to the U.S. (2011-2015)

The age-adjusted death rate due to lung & bronchus cancer was 25 percent higher in the county when compared to the state and 34 percent higher than the U.S. (2011-2015)

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH

Depression is a chronic disease that negatively affects a person's feelings, behaviors and thought processes. Depression has a variety of symptoms, the most common being a feeling of sadness, fatigue, and a marked loss of interest in activities that used to be pleasurable. Many people with depression never seek treatment; however, even those with the most severe depression can improve with treatments including medications, psychotherapies, and other methods.

According to the National Comorbidity Survey of mental health disorders, people over the age of 60 have lower rates of depression than the general population — 10.7 percent in people over the age of 60 compared to 16.9 percent overall. The Center for Medicare Services estimates that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease, and stroke.

In 2017, the rate of those over 65 in the Medicare population treated for depression was 30 percent higher than the county and the state.

Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. More than 33,000 people kill themselves each year according to the Centers for Disease Control and Prevention, but suicide deaths only account for part of the problem. An estimated 25 attempted suicides occur per every suicide death, and those who survive suicide may have serious injuries, in addition to having depression and other mental problems. Other repercussions of suicide include the combined medical and lost work costs on the community, totaling to over \$30 billion for all suicides in a year, and the emotional toll on family and friends. Men are about four times more likely than women to die of suicide, but three times more women than men report attempting suicide. Suicide occurs at a disproportionately higher rate among adults 75 years and older.

From 2015-2017, the age-adjusted death rate due to suicide in males in the county experienced a sharp increase of 11.9 points and 7.8 points higher than the state.

From the five-year period ending 2013 to the five-year period ending 2017, the age-adjusted death rate due to suicide in the county experienced an upward trend while the rate in the state remained relatively flat.

Internal Work Group Prioritization Meetings

AMH chose 11 employees to participate on an internal CHNA work group representing various hospital departments including, Public Relations, Executive Administration, Dietary, Case Management, Emergency Room, Diabetes Management Center, Outpatient Psychiatry Center and Foundation and Development. (See Appendix F).

The work group met twice to analyze the primary and secondary data and to complete the priority ranking for the hospital's CHNA. Members reviewed data provided by the external focus group as well as information collected through secondary data analyses.

MEETING 1

The work group met Feb. 13, 2019, to review the purpose for the CHNA, role of the work group and goals for the project. The team reviewed and discussed the key findings from the 2016 report and the current findings and perceptions from the 2019 focus group.

Through the discussion and consensus, the team narrowed the list of health needs from 16 to 12 health needs, removing Dental Care; Housing/Homelessness; Mental/Behavioral Health: Substance Abuse; and Air Quality. The team made its decision by reviewing resources available including staffing, program availability and clinical specialty.

TABLE 3: MADISON COUNTY COMMUNITY HEALTH NEEDS BY STAKEHOLDERS	
Sexually Transmitted Diseases	Obesity
Mental/Behavioral Health: Mental Health	Heart & Vascular Diseases: Stroke
Dental Care	Mental/Behavioral Health: Substance Abuse
Health Education	Heart & Vascular Diseases : Heart Health
Cancer: Breast	Cancer: Lung
Diabetes	Cancer: Prostate
Housing/Homelessness	Access to Care: Services
Cancer: Skin	Air Quality

After a thorough discussion by the work group, the group elected to not rank the four highlighted needs shown in red in the table above since AMH lacked the resources and/or clinical expertise to address those needs to provide measurable outcomes. The team added stroke to the list of primary health needs for ranking due to the number of stroke patients treated by the hospital.

Following the meeting, the team was asked to complete a survey to prioritize the health needs identified by the focus group.

TABLE 4: CRITERIA FOR PRIORITY SETTING

	RATING	WEIGHT	SCORE
How many people are affected by the problem?			
What are the consequences of not addressing this problem?			
Are existing programs addressing this issue?			
How important is this problem to community members?			
How does this problem affect vulnerable populations?			
TOTAL SCORE			

Source: Catholic Health Association

The work group used a ranking process to assign weight to criteria by using the established criteria for priority setting above. Criteria of overriding importance were weighted as “3,” important criteria were weighted as “2,” and criteria worthy of consideration, but not a major factor, were weighted as “1.” Health needs were then assigned a rating ranging from one (low need) to five (high need) for each criteria. The total score for each need was calculated by multiplying weights by rating. This process was done individually.

MEETING 2

The work group met again Feb. 28, 2019, for the purpose of reviewing the secondary data and discussing and prioritizing the top community health needs.

TABLE 5: ALTON MEMORIAL HOSPITAL INTERNAL WORK GROUP: RANKING OF THE PRIMARY HEALTH NEEDS

RANK	HEALTH NEEDS RANKING: HIGHEST-LOWEST	TOTAL RANKING
1	Mental/Behavioral Health: Mental Health	461
2	Diabetes	369
3	Access to Care: Services	365
4	Obesity	331
5	Heart & Vascular Disease: Stroke	328
6	Heart & Vascular Disease: Heart Health	327
7	Health Education	277
8	Cancer: Lung	223
9	Cancer: Breast	207
10	Sexually Transmitted Diseases	196
11	Cancer: Skin	158
12	Cancer: Prostate	150

Table 4 shows the ranking of the needs from highest to the lowest ranked health needs. The team reviewed each need individually and discussed the disparity and trends noted in the secondary data. Participants were then encouraged to share how and why each arrived at the ranking.

Most of the discussion focused on Stroke, Diabetes and Mental Health. Due to the opioid epidemic, one member shared that AMH will offer a warm hand-off program in the ER for such patients. Patients wanting help with addiction can opt into an Intensive Outpatient Program.

The group reviewed the prioritization against the community stakeholders. (Table 6)

TABLE 6: MADISON COUNTY PRIMARY DATA RANKING COMPARISON: ALTON MEMORIAL HOSPITAL VS. MADISON COUNTY COMMUNITY STAKEHOLDERS

RANK	ALTON MEMORIAL HOSPITAL INTERNAL WORK GROUP RANKING	MADISON COUNTY COMMUNITY STAKEHOLDERS RANKING
1	Mental / Behavioral Health: Mental Health	Mental / Behavioral Health: Substance Abuse
2	Diabetes	Behavioral / Mental Health
3	Access to Care: Services	Housing / Homelessness
4	Obesity	Obesity
5	Heart & Vascular Disease: Stroke	Access to Care: Services
6	Heart & Vascular Diseases: Heart Health	Health Education
7	Health Education	Sexually Transmitted Diseases
8	Cancer: Lung	Dental Care
9	Cancer: Breast	Diabetes
10	Sexually Transmitted Diseases	Heart /Vascular Diseases: Heart Health
11	Cancer: Skin	Cancer: Breast
12	Cancer: Prostate	Behavioral / Mental Health
13		Cancer: Lung
14		Cancer: Prostate
15		Air Quality

Next, the work group reviewed results of the secondary data using the Healthy Communities Institute (HCI) Data Scoring Tool, which compares data from similar communities in the nation. The tool provides a systematic ranking of indicators for Madison County and helps prioritize the needs. The scoring is based on how a county compares to other similar counties within the state and U.S., the average state value, the average U.S. value, historical indicator values, Healthy People 2020 targets, and locally set targets, depending on data availability. The team reviewed the scores by indicators.

The table on the next page shows:

- primary data from the focus group ranking
- needs identified by the internal work group ranking
- results of the secondary data using Healthy Communities Institute scoring tools that compared data from similar communities in the nation

TABLE 7: MADISON COUNTY PRIMARY HEALTH NEEDS RANKING VS. SECONDARY HEALTH NEEDS RANKING

RANK	ALTON MEMORIAL HOSPITAL INTERNAL WORK GROUP RANKING	MADISON COUNTY COMMUNITY STAKEHOLDERS RANKING	CONDUENT HEALTHY COMMUNITIES INSTITUTE
1	Mental/Behavioral Health: Mental Health	Mental/ Behavioral Health: Substance Abuse	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)
2	Chronic Conditions: Diabetes	Behavioral/Mental Health: Mental Health	Death Rate due to Drug Poisoning
3	Access to Care: Services	Housing/Homelessness	Depression: Medicare Population
4	Obesity	Obesity	Rheumatoid Arthritis or Osteoarthritis: Medicare Population
5	Cardiovascular & Heart Diseases: Stroke	Access to Care: Services	Chronic Kidney Disease: Medicare Population
6	Heart & Vascular Diseases: Heart Health	Health Education	People 65+ Living Alone
7	Health Education	Sexually Transmitted Diseases	Workers who Drive Alone to Work
8	Cancer: Lung	Dental Care	Cervical Cancer Incidence Rate
9	Cancer: Breast	Diabetes	COPD: Medicare Population
10	Sexually Transmitted Diseases	Heart & Vascular Disease: Heart Health	Preventable Hospital Stays: Medicare Population
11	Cancer: Skin	Cancer: Breast	Age-Adjusted Death Rate due to Lung Cancer
12	Cancer: Prostate	Cancer: Skin	Hyperlipidemia: Medicare Population
13	Mental/Behavioral Health: Substance Abuse	Cancer: Lung	Lung and Bronchus Cancer Incidence Rate
14		Cancer: Prostate	Age-Adjusted Death Rate due to Suicide
15		Air Quality	Infant Mortality Rate

Mental/Behavioral Health: Mental Health; Heart Health and related conditions; and Lung Cancer were ranked by all three groups.

- Health Education; Diabetes; Obesity; Access: Services; Sexually Transmitted Infections; Prostate Cancer; Skin Cancer; Breast Cancer and Mental/Behavioral Health: Substance Abuse were listed by the focus group and internal work group.

Considerable time was spent discussing the number of needs to select and which needs should be chosen as the focus. Existing programs addressing Diabetes and Obesity were also discussed. The work group concluded that these programs were successful and a benefit to the community.

SUMMARY

At the conclusion of the comprehensive assessment process to determine the most critical needs in Madison County, the group concluded that AMH will continue its focus on: 1) Obesity and 2) Diabetes.

APPENDICES

Appendix A: About Alton Memorial Hospital

Since 1937, Alton Memorial Hospital (AMH) has cared for residents in Alton, Illinois, and the surrounding communities in a five-county area. A gift to the community from the Smith family of Alton, the hospital today is a full-service community hospital. We offer patients a variety of inpatient and outpatient services, including surgery services, medical imaging, interventional and diagnostic heart services, physical therapy, 24-hour emergency care, ambulance services, cancer care as a member of the Siteman Cancer Network, women's health and family birth center and more. In 2010, the hospital completed a major bed tower expansion with 76 state-of-the-art private rooms.

In addition to the hospital, Alton Memorial owns a freestanding 62-bed long-term care facility, Eunice Smith Home, on the hospital campus. The hospital also enjoys the support of more than 200 volunteers and auxiliary members.

In 2019, AMH joined the Siteman Cancer Network to strengthen access to clinical expertise in oncology services.

In 2018, AMH provided \$16,515,430 in community benefit providing 93,040 individual services. This total includes:

- \$10,461,308 in financial assistance and means-tested programs serving 31,004 individuals
- 24,192 individuals on Medicaid at a total net benefit of \$5,063,083.00

AMH also provided a total of \$6,054,122 through 62,036 individual programs in other community benefits including, community health improvement services, health professional, subsidized health services and cash & in-kind donations. (See Appendix B for Community Benefit Expenses)

Appendix B: 2018 Total Net Community Benefit Expenses:

ALTON MEMORIAL HOSPITAL: 2018 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	6,812	\$5,398,225
Medicaid	24,192	\$5,063,083
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	31,004	\$10,461,308
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	47,451	\$322,435
Health Professional	5,357	\$436,129
Subsidized Health Services	9,228	\$5,039,316
In-Kind Donation		\$256,242
TOTAL OTHER COMMUNITY BENEFITS	62,036	\$6,054,122
GRAND TOTAL	93,040	\$16,515,430

Appendix C: Madison County Demographic

MADISON COUNTY VS. ILLINOIS DEMOGRAPHIC		
GEOGRAPHY	MADISON COUNTY	ILLINOIS
Land area in Square Miles, 2010	715.58	55,519
Persons per Square Mile, 2010	376.3	231.1
POPULATION		
Population, July 1, 2017 Estimate	265,428.00	12,802,023
Population, 2010	269,282.00	12,831,572
Population, Percent Change - April 1, 2010 to July 1, 2017	-1.4	-0.2
AGE		
Persons Under 5 Years, Percent, 2017	5.8	6.0
Persons Under 18 Years, Percent, 2017	22.0	22.6
Persons 65 Years and Over, Percent, 2017	16.7	15.2
GENDER		
Female Persons, Percent, 2017	51.3	50.8
Male Persons, Percent, 2017	48.7	51.2
RACE / ETHNICITY		
White Alone, Percent, 2017	87.9	77.1
White Alone, not Hispanic or Latino, Percent, 2017	85.0	61.3
African American Alone, Percent, 2017	8.7	14.6
Hispanic or Latino, Percent, 2017	3.3	17.3
Two or More Races, Percent, 2017	2.0	2.0
Asian alone, Percent, 2017	1.1	5.7
American Indian and Alaska Native Alone, Percent, 2017	0.3	0.6
Native Hawaiian and Other Pacific Islander Alone, Percent, 2017	0.1	0.1
Foreign Born Persons, Percent, 2011-2015	2.3	14.0
LANGUAGE		
Language other than English Spoken at Home, Percent 5+, 2013-2	3.3	22.8

Source: Conduent Healthy Communities Institute

MADISON COUNTY VS. ILLINOIS DEMOGRAPHIC INCLUDING EDUCATION, INCOME & HOUSING		
	MADISON COUNTY	ILLINOIS
EDUCATION		
High School Graduate or Higher, Percent Age 25+, 2013-2017	92.3	88.6
Bachelor's Degree or Higher, Percent Age 25+, 2013-2017	26.2	33.4
INCOME		
Per Capita Income, 2013-2017	\$30,278	\$32,924
Median Household Income, 2013-2017	\$56,536	\$61,229
People Living Below Poverty Level, Percent, 2013-2017	13.5	13.5
HOUSING		
Housing Units, July 1, 2017	119,364	5,359,557
Homeownership, Percent 2013-2017	63.7	59.7
Median Housing Units, Percent 2013-2017	130,200	179,700
Households, 2013-2017	107,241	4,818,452
Average Household Size	2.4	2.6

Source: Conduent Healthy Communities Institute

Appendix D: Focus Group Report

PERCEPTIONS OF THE HEALTH NEEDS
OF MADISON COUNTY RESIDENTS
FROM THE PERSPECTIVES OF COMMUNITY LEADERS

PREPARED BY:

Angela Ferris Chambers
Director, Market Research & CRM
BJC HealthCare

December 12, 2018

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BACKGROUND

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, non-profit hospitals were mandated to conduct a community-based health needs assessment (CHNA) every three years. As a part of that process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge and expertise in the area of public health and underserved populations.

Alton Memorial Hospital (AMH) conducted in its first assessment 2013, followed by a second in 2016. The next iteration is due in December 2019.

RESEARCH OBJECTIVES

The main objective of this research is to solicit feedback on the health needs of the community from experts and those with special interest in the health of the community served by the hospitals of St. Louis County.

- 1) Specifically, the discussion focused around the following ideas:
- 2) Determine whether the needs identified in the 2016 hospital CHNA are still the right areas on which to focus
- 3) Explore whether there are there any needs on the list that should no longer be a priority
- 4) Determine where there are the gaps in the plans to address the prioritized needs
- 5) Identify other organizations with whom the hospital should consider collaborating
- 6) Discuss what has changed since 2016 when these needs were prioritized, and whether there are now issues to be considered
- 7) Understand what other organizations are doing to impact the health of the community and how those activities might complement the hospitals' initiatives
- 8) Evaluate what issues the stakeholders anticipate becoming a greater concern in the future that we need to consider now

METHODOLOGY

To fulfill the PPACA requirements, AMH conducted a single focus group with public health experts and those with a special interest in the health of Madison County residents. It was held on November 1, 2018, at the hospital in Alton, IL. The group was facilitated by Angela Ferris Chambers of BJC HealthCare. The discussion lasted about ninety minutes.

Eight individuals representing various Madison County organizations participated in the discussion. (See Appendix)

Dave Braasch, President, Alton Memorial Hospital, welcomed participants at the beginning of the meeting. Those observing on behalf of the sponsoring hospital were also introduced.

During the group, the moderator reminded the community leaders why they were invited - that their input on the health priorities of the community is needed to help the hospital move forward in this next phase of the needs assessment process.

The moderator shared the demographic and socioeconomic profile of Madison County. Information on the needs prioritized by the hospital in its most recent assessment, and the highlights of the hospital's implementation plan were also presented during the discussion.

The following health needs (based on the revised nomenclature) were identified in the 2016 hospital CHNA and implementation plan.

IDENTIFIED NEEDS	BEING ADDRESSED	NOT BEING ADDRESSED
Access to Care: Services		X
Air Quality		X
Behavioral/Mental Health		X
Cancer: Breast		X
Cancer: Lung		X
Cancer: Prostate		X
Cancer: Skin		X
Chronic Conditions: Diabetes	X	
Chronic Conditions: Heart & Vascular		X
Dental Care		X
Health Education		X
Housing/Homelessness		X
Obesity	X	
Sexually Transmitted Diseases (STDs)		X

The moderator also shared several pieces of information to help further identify the health needs of Madison County. They included:

- the best performing health indicators
- the best performing social determinants of health
- the worst performing health indicators
- the worst performing social determinants of health

Other health indicators were shared that described access to health insurance, access to healthcare providers, and infectious disease rates (including STDs).

At the end of the presentation, the community stakeholders rated the identified needs based on their perceived level of concern in the community, and the ability to collaborate to address them.

KEY FINDINGS

FEEDBACK ON THE HEALTH OF MADISON COUNTY:

The moderator shared health indicators and social determinants of health obtained from Conduent Healthy Communities Institute where Madison County performed better than other communities, and where there were opportunities for improvement. The stakeholders shared their reactions to the information.

- The data suggested that chlamydia incidence was lower than that of the state of Illinois and was on the decline. Several stakeholders remarked that this was not their experience, and did not reflect the trend that they were seeing. There was a question about what time period the shared data reflected, and maybe it was not current.
- The incidence of cervical cancer has been on the rise since 2010, which coincides with when the Affordable Care Act was passed. The Department of Public Health representative remarked that the federal government cut funding at that time for cervical and breast cancer programming. This resulted in decreased funding for messaging around awareness, prevention and outreach specific to these disease conditions.
 - Another stakeholder observed that young women do not seem to schedule regular visits with an OB/GYN where some of this education would normally take place.
 - Another stakeholder thought that the increased STD rates (including HPV) might be influencing the increases in cervical cancer.
- Even though they are declining, there are higher rates of lung cancer in Madison County than in other communities. One stakeholder observed that these aligned with the higher rates of smoking and poorer air quality that are seen in this area.
- Although the number of dentists in Madison County appears to be more than adequate to meet the needs of the community, several stakeholders cautioned that this statistic might be misleading. It may be influenced by the presence of the dental school at Southern Illinois University at Edwardsville. It also does not reflect the limited number of dentists who accept Medicaid. Many area residents, including school children, take advantage of the free/low cost services offered by the dental school, but this does not mean they truly have access to a regular dental provider.
- A question was raised about teen pregnancy rates. The representative from the department of health confirmed that the declining rate demonstrated by the data is also supported by their data trends. She recognized that some of the changes may be due to the impact of classroom education being provided by BJC and Chestnut Health Systems.

FEEDBACK ON THE NEEDS BEING ADDRESSED:

The details of the needs being addressed by AMH were reviewed by the moderator.

The representative from the police department reflected that access to care, particularly to mental and behavioral health services, was a huge issue. There are not enough mental health providers available to serve everyone who needs or wants treatment. There is also a lack of

willingness to recognize mental illness as a disease like cancer or diabetes and talk about it openly.

She also commented that the lack of housing and homelessness contributes to the ability to access health care services. Without a safe, secure living environment, it is hard for an individual to heal from whatever health issue is affecting them.

Access to health services is also impacted by the way that the Medicaid program is structured in Illinois. There are very few providers who will accept Medicaid, making it very difficult for those with that coverage to get the services or medications they need.

NEEDS THAT SHOULD BE REMOVED FROM THE LIST:

Stakeholders agreed that the needs being addressed should remain, and nothing should be removed from the list.

OTHER NEEDS THAT SHOULD BE ADDRESSED:

One stakeholder questioned why **substance abuse** was not identified on the list, and felt that it should be called out separately from other needs. Others agreed, and the representative from Thrive said that many of the women they serve also have substance abuse issues. Students who have access to prescription medication in their own homes are a concern among school district representatives, and also appear to be on the rise.

Another stakeholder called attention to the fact that mental health is different from mental illness, and needs to be identified and addressed separately. Mental health is your general state, and can include an episode of depression. This is different than being diagnosed with a DSM5 identified mental illness, such as schizophrenia or personality disorder. They can be viewed as a continuum. Regardless of where you are on this spectrum, the intent is to recognize it and have a conversation about it.

- Several times during the discussion, various stakeholders noted that there is an increased need for mental health awareness and education in the community.

The Madison County Health Department has identified suicide prevention as a specific area of mental health to prioritize. A county-wide alliance has been focusing on this issue for the last three years.

In addition, the department has also identified emergency preparedness as an area which could have extensive negative health implications for the community if not addressed. They feel that it is only a matter of time before a major pandemic could strike, and the community needs to be better prepared.

SPECIAL POPULATIONS FOR CONSIDERATION:

Several attendees commented that if you are a non-veteran white male in Madison County, there are limited resources available to you. If you are a veteran, Hispanic or African American, there are other options available.

GAPS BETWEEN DEFINED NEEDS AND OUR ABILITY TO ADDRESS THEM:

When discussing available resources, the Thrive representative noted that if a woman comes in who is pregnant, homeless, and suffering from substance abuse, there are resources to help. However, if a woman is not pregnant and homeless, they have limited resources available and often refer them to the Salvation Army.

A representative of the school district felt that levels of asthma seems to be rising among school-age children. There appear to be gaps in the services that are provided between home and school, due to lack of education on the part of the parent, or lack of effective communication with the school nurses

OTHER ORGANIZATIONS WITH WHOM TO COLLABORATE:

Madison County has an obesity reduction committee, Make Health Happen. It has been focused. The goals of this group complement the needs that AMH has chosen to address in its CHNA. The Heart Smart for Teens curriculum formerly focused on the education of middle school students but is no longer funded by the state.

- The University of Illinois Extension Office has a grant to address food insecurity and is currently retiring as chair of the Make Health Happen committee. They are experts in the area of food insecurity.
- The Crisis Food Center and the Community of Hope Center are important to include in these discussions because they give away most of the free food in the county.

Centerstone (formerly known as Wellspring) is an organization currently addressing behavioral and mental health. They employ school-based mental health professionals. If a parent is able to get a mental health diagnosis for a child, more resources are available. However, due to the lack of available psychiatrists, it is often difficult to get a diagnosis. There is currently a three month wait to be seen.

NAMI (National Association for Mental Illness) was also mentioned as another organization addressing mental health issues in Madison County.

- One stakeholder observed that there are many organizations operating on their own to address a part of the mental health issue, and there is a great need for more coordination of effort so they can work together and have a greater impact.
- Another suggested that the Madison County Mental Health Alliance would be the best group to coordinate all of these organizations to and bring in other potential partners.
 - Their focus for the last three years has been mainly on suicide prevention, but there is an opportunity to expand the focus to other mental health issues.

CURRENT COLLABORATIONS THAT WERE HIGHLIGHTED:

The City of Alton recently completed a bicycle/pedestrian plan which has yet to be implemented, subject to available funding.

Thrive indicated that they address obesity through a healthy pregnancy booklet that covers dieting, exercise, and nutrition during pregnancy as well as how to make healthy choices. They hope to help women avoid putting on extra weight during pregnancy.

The United Way funds agencies including the American Diabetes Association that are working on issues similar to those that AMH has chosen to address.

- The United Way also supports Riverbend Head Start where their funding is directed to dental education for kids. They are taught good dental hygiene and are provided with toothbrush and toothpaste as well as education about the impact of sugar consumption on dental health.

CHANGES SINCE THE 2016 CHNA:

Over the last three years, the opioid issue has been attacked by multiple regional partners, including the original substance abuse coalition, partnership for drug-free communities and heroin task force. These efforts have directly resulted in a significant decline in overdose deaths directly due to opioids. However, deaths due to fentanyl have replaced them and are a significant health issue in this community.

Although these coalitions have continued to function, there has been a decline in funding that impacts the availability of substance abuse education and prevention. Several stakeholders referred to the peer leader programs as well other classroom-based learning initiatives that used to exist but are no longer available.

In the area of treatment recovery, there is an identified gap in awareness of available resources and letting people know how to find them. Availability of detox beds, how quickly you can get assessed for one as well as access one, is also a concern.

In the last three years, a homeless shelter for battered women which served southern Madison County was closed. Homeless shelters that serve men and large families are also hard to come by. A few raised questions about how many homeless individuals seek shelter in our local emergency departments because they are a way to escape from adverse weather conditions.

- The representative from the United Way also reinforced that homelessness has become a bigger issue in Madison County and that resources are limited, especially for men. She noted that there is only one shelter (Booth House Salvation Army in Alton) that serves a nine county region in Illinois.

HEALTH CONCERNS FOR THE FUTURE:

The United Way reported that they are hearing about more food insecurity being reported from the agencies that they fund.

School representatives reflected that obesity and a sedentary lifestyle will continue to be a big concern, especially because of the number of health issues they impact later in life.

The police department representative identified violent crime as being on the rise. She surmised that it was due to the lack of available resources to treat mental illnesses.

The department of health representative felt that the legalization of marijuana could have a tremendous impact on the health of the community. If passed, it will not only impact substance abuse, but issues as they relate to schools, employers, and healthcare services. Short-term budget needs for the state of Illinois may force these longer-term concerns to be ignored and overlooked. But it may result in both financial and personnel resources being redirected to addressing these long term consequences.

Homelessness is also predicted to be a growing issue. There is a lack of homeless shelters and no one has the stomach to build them in their own community. People are travelling into this area from other regions because the only men's shelter is here.

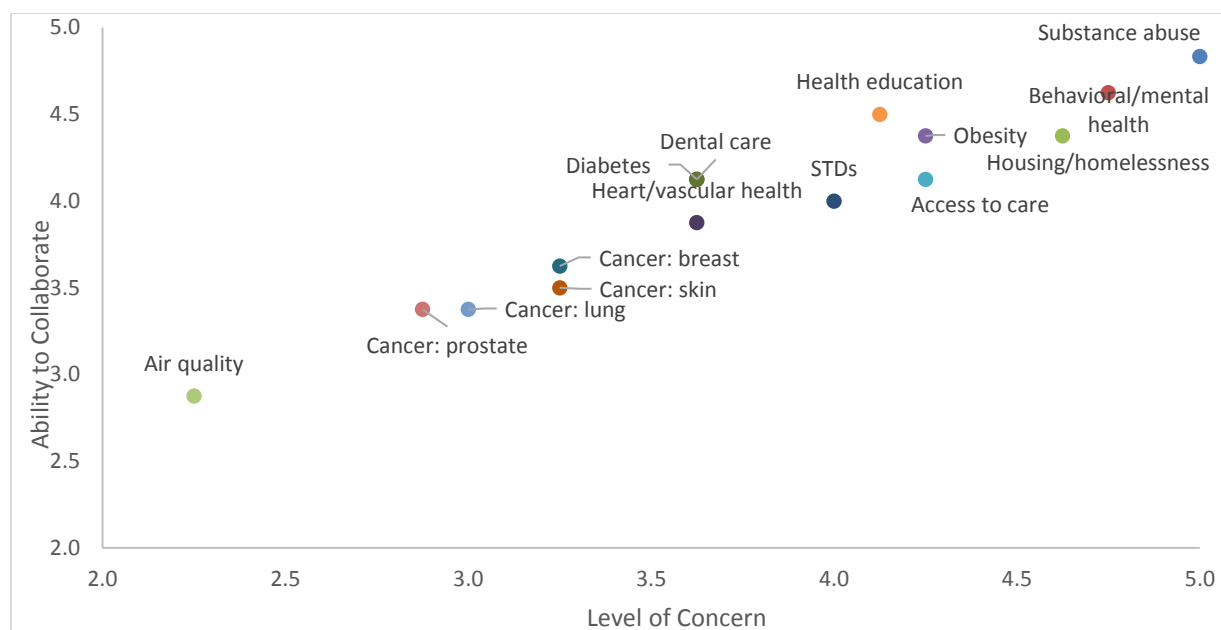
- In the school district, 317 students are identified as homeless. Most of these are families who lack their own secure housing and are living doubled-up with others, where they can be asked to leave at any time.

The health department representative suggested that the most impactful approach would be to have the organizations in the Riverbend community meet among themselves and identify what needs are most pressing to this area. They then could have a representative report back to the county-wide committee.

The United Way reported that beginning in 2021 they would also be using a community health needs assessment approach to fund organizations that are tackling the needs identified in their assessment. Existing agencies will be funded through 2020.

RATING OF NEEDS

Participants rated the needs identified in the 2016 assessment (after adding substance abuse to the list) on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate around them.



The issues of substance abuse and behavioral/mental health were rated the highest in terms of level of concern and ability to collaborate, followed by housing/homelessness and obesity. Access to care was not far behind. Health education also scored high in ability to collaborate.

HEALTH NEED	LEVEL OF CONCERN	ABILITY TO COLLABORATE
Substance Abuse	5.0	4.8
Behavioral/Mental Health	4.8	4.6
Housing/Homelessness	4.6	4.4
Obesity	4.3	4.4
Access to Care	4.3	4.1
Health Education	4.1	4.5
Sexually Transmitted Diseases	4.0	4.0
Dental Care	3.6	4.1
Diabetes	3.6	4.1
Heart/Vascular Health	3.6	3.9
Cancer: Breast	3.3	3.6
Cancer: Skin	3.3	3.5
Cancer: Lung	3.0	3.4
Cancer: Prostate	2.9	3.4
Air Quality	2.3	2.9

NEXT STEPS

Using the input received from community stakeholders, Alton Memorial Hospital will consult with its internal workgroup to evaluate this feedback. They will also consider other secondary data, and determine whether/how their priorities should change. The final needs assessment and implementation plan is due by December 31, 2019.

Appendix E: Focus Group Participants and Hospital Observers

MADISON COUNTY COMMUNITY STAKEHOLDERS FOCUS GROUP PARTICIPANTS			
LAST NAME	FIRST NAME	ORGANIZATION	ATTENDED
Barens	Deanan	City of Alton, Department of Housing	X
Baumgartner	Kristie	Alton School District	X
Bodenbach	Trudy	Madison County Development Office	X
Brooks	Marissa	Thrive	X
Heijna	Emily	Alton Police Department	X
Jacobs	Marcy	Oasis Women Center	X
Lane	Marc	Calvary Baptist Church	
Rulo	Beth	Southern Ill HealthCare Foundation	
Womack	Al	Alton Boys and Girls Club	
Wuellner	Maura	United Way	X
Yeager	Amy	Madison County Health Department	X

ALTON MEMORIAL HOSPITAL OBSERVERS			
LAST NAME	FIRST NAME	ORGANIZATION	ATTENDED
Braasch	Dave	Alton Memorial Hospital	X
Goacher	Brad	Alton Memorial Hospital	X
Ingramr	Rusty	Alton Memorial Hospital	X
King	Karley	BJC HealthCare	X
Whaley	Dave	Alton Memorial Hospital	X

Appendix F: Alton Memorial Hospital Internal Work Group

ALTON MEMORIAL HOSPITAL INTERNAL WORK GROUP MEMBERS

LAST NAME	FIRST NAME	TITLE	DEPARTMENT
Ingram	Rusty	Director, Business	Public Relations
Whaley	Dave	Senior Coordinator Public Relations	Public Relations
Turpin	Debbie	Vice President / Chief Nurse Executive	Executive Administration
Bray	Cindy	Manager	Emergency Room
James	Lisa	Diabetes Educator	Diabetes Management Center
Derienzo	Ken	Director	Dietary
Ryrie	Kristen	Manager	Foundation & Development
Campbell	Alexander	Coordinator	Emergency Room
Parker	Meredith	Manager	Outpatient Psychiatry Center
Liley	Angie	Manager	Case Management
King	Karley	Program Manager	Corporate Communication & Marketing

Appendix G: Secondary Data

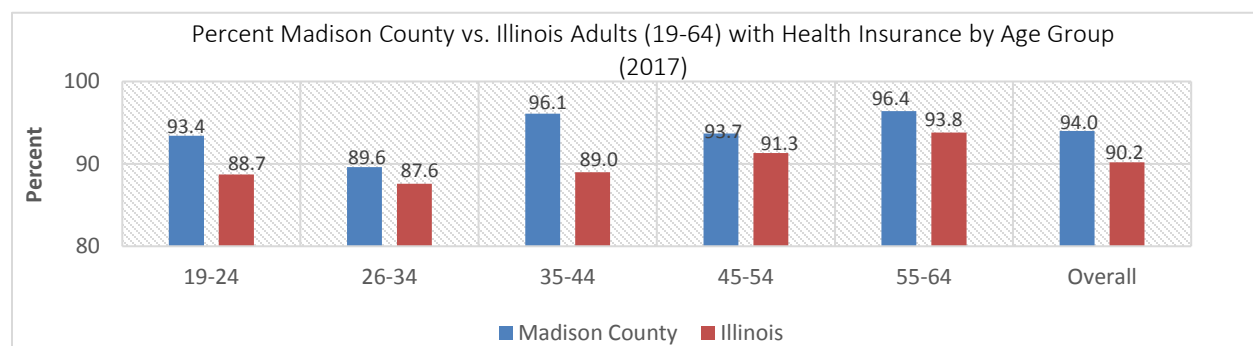
ACCESS TO CARE

This indicator shows the percentage of adults aged 19-64 years that have any type of health insurance coverage.

Due to the implementation of the Affordable Care Act (ACA), changes were made to the definition of a "qualifying child." Under ACA, a qualifying child is under age 19 at the close of the calendar year. Therefore, age categories used to measure health insurance now define those aged 18 as children.

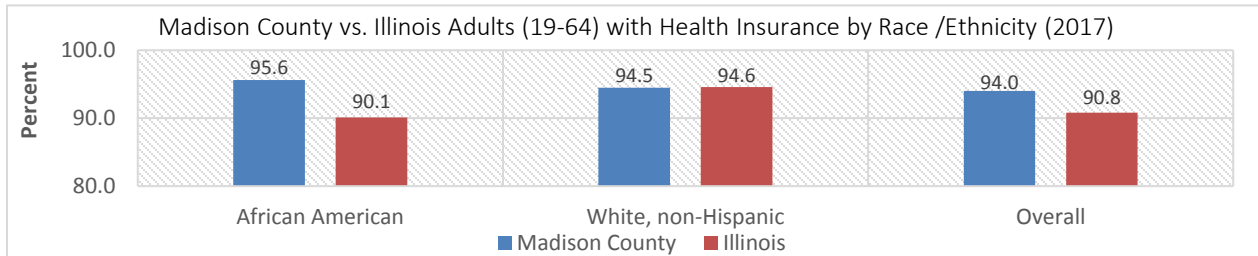
MADISON COUNTY VS. ILLINOIS ACCESS TO HEALTH CARE		
HEALTH INDICATORS	MADISON COUNTY	ILLINOIS
Percent Adults (19-65) with Health Insurance (2017)	94.0	90.2
Percent Children Under the Age of 19 with Health Insurance (2017)	97.2	97.1
Percent Persons with Public Health Insurance Only (2017)	22.2	23.3
Percent Person with Private Health Insurance Only (2017)	59.4	59.0
Primary Care Providers Rate / 100,000 (2016)	45.0	81.0
Dentist Rate/100,000 (2017)	86.0	77.0
Mental Health Providers Rate/100,000 (2018)	145.0	207.0
Non-Physicians Primary Care Providers Rate / 100,000 (2018)	62.0	72.0
Preventable Hospital Stays. Discharges / 1000 Enrollees (2015)	63.0	54.8

Source: Conduent Healthy Communities Institute

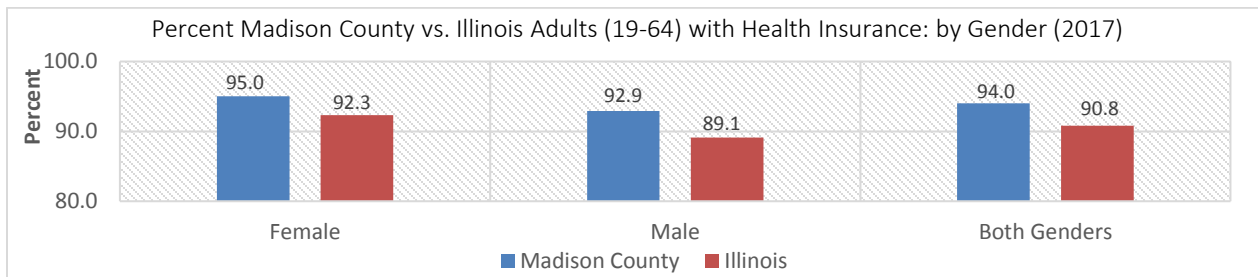


Source: Conduent Healthy Communities Institute

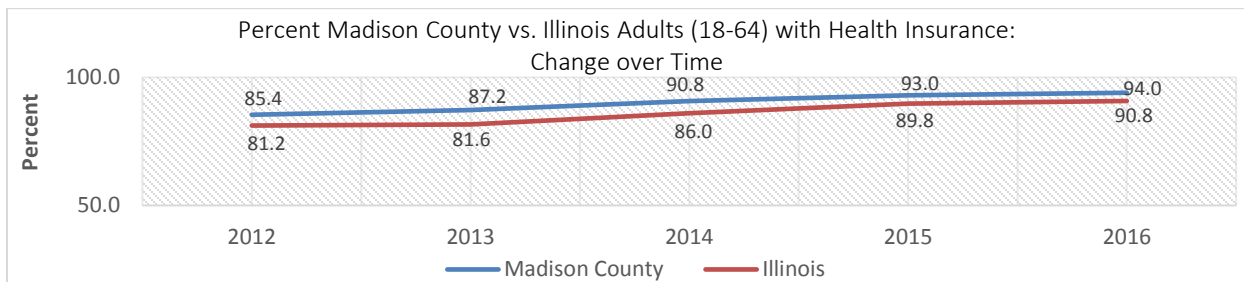
ACCESS TO CARE



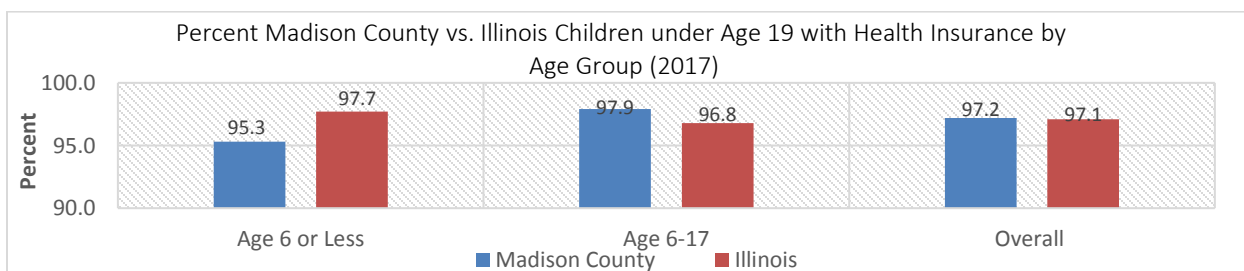
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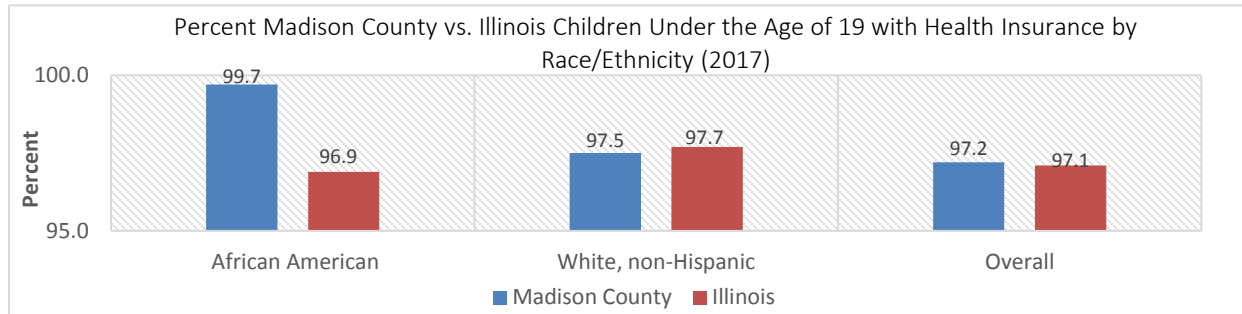


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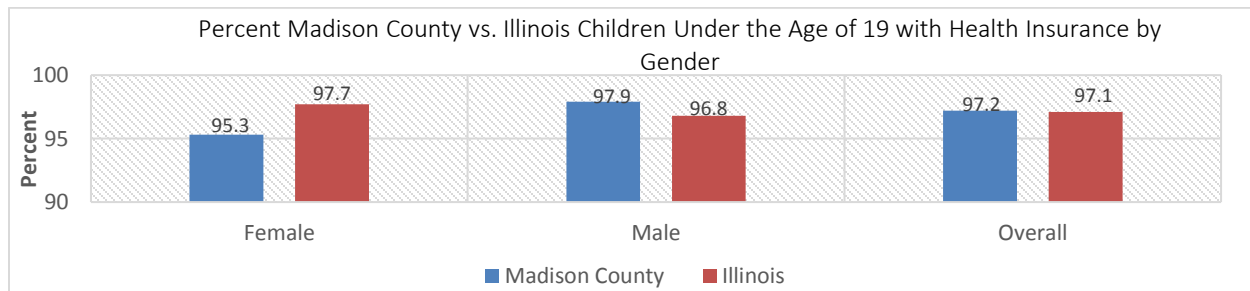


Source: Conduent Healthy Communities Institute

ACCESS TO CARE



Source: Conduent Healthy Communities Institute



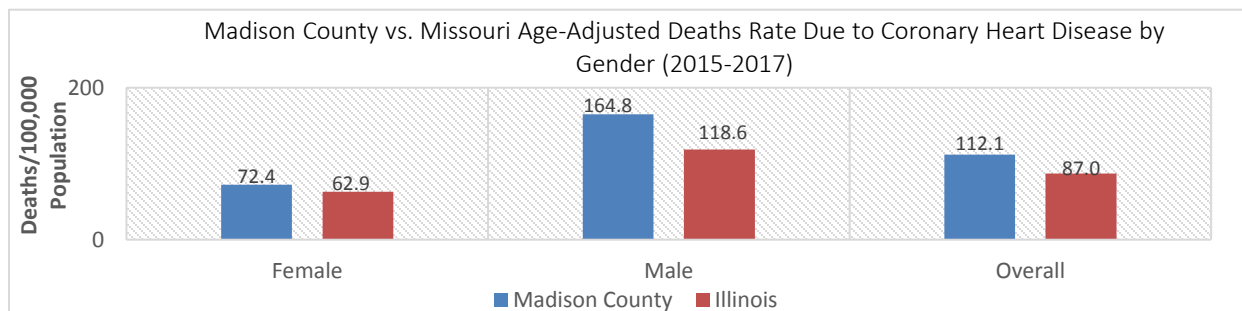
Source: Conduent Healthy Communities Institute

ACCESS: TRANSPORTATION

MADISON COUNTY VS. ILLINOIS ACCESS TO HEALTHCARE: TRANSPORTATION

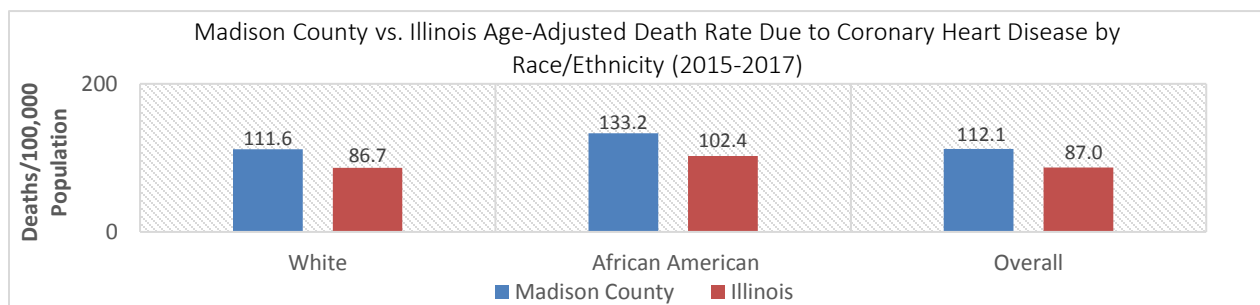
HEALTH INDICATORS	MADISON COUNTY	ILLINOIS
Percent Households Without a Vehicle in Percent (2013-2017)	6.4	10.8
Percent Workers Commuting by Public Transportation (2013-2017)	1.8	9.4
Mean Travel Time to Work; Age 16+ (2013-2017)	24.8 minutes	28.7 minutes

Source: Conduent Healthy Communities Institute

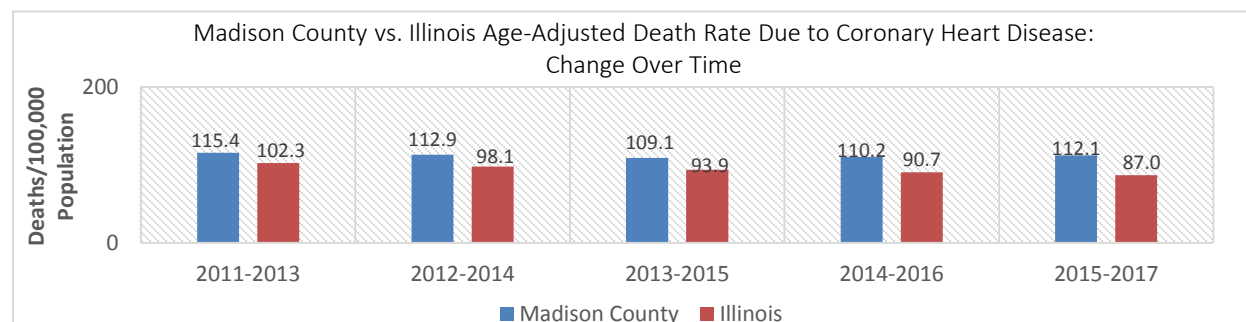


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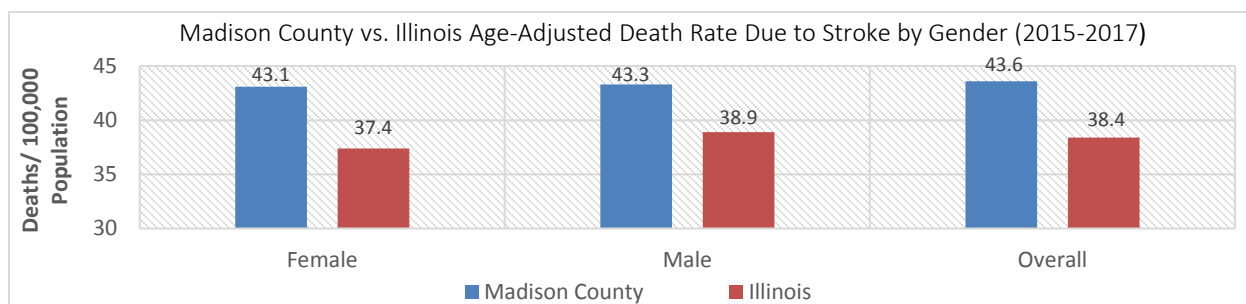
HEART & VASCULAR DISEASE



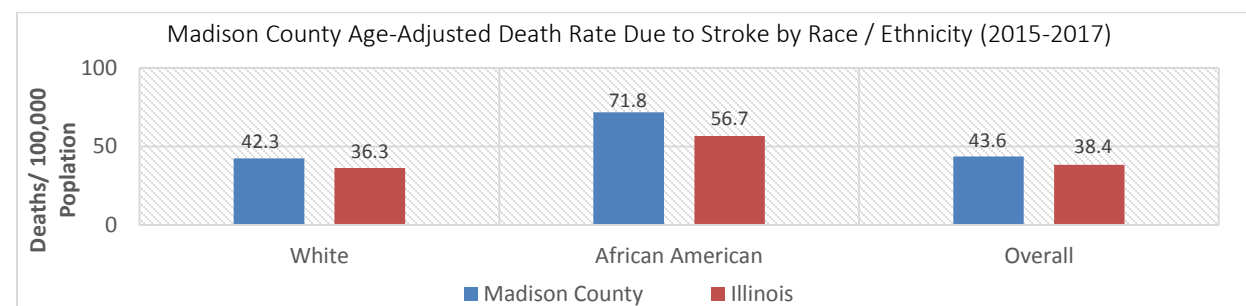
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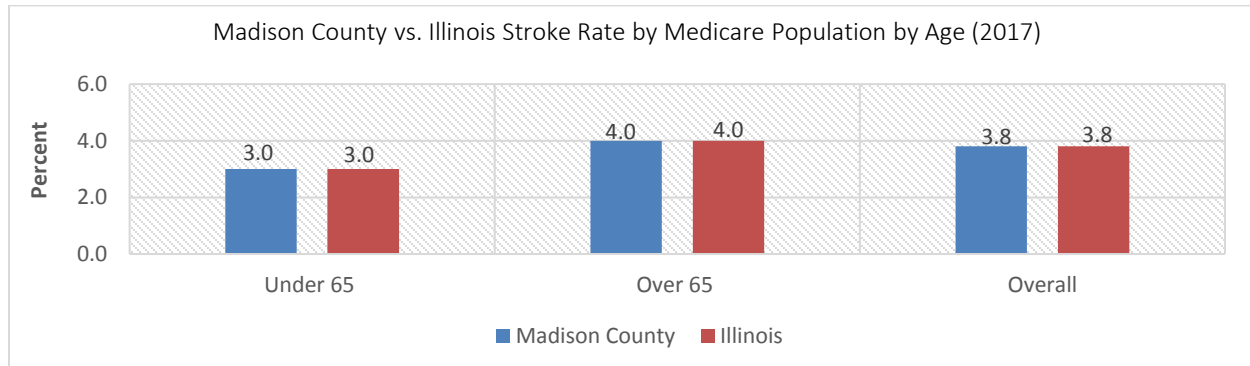


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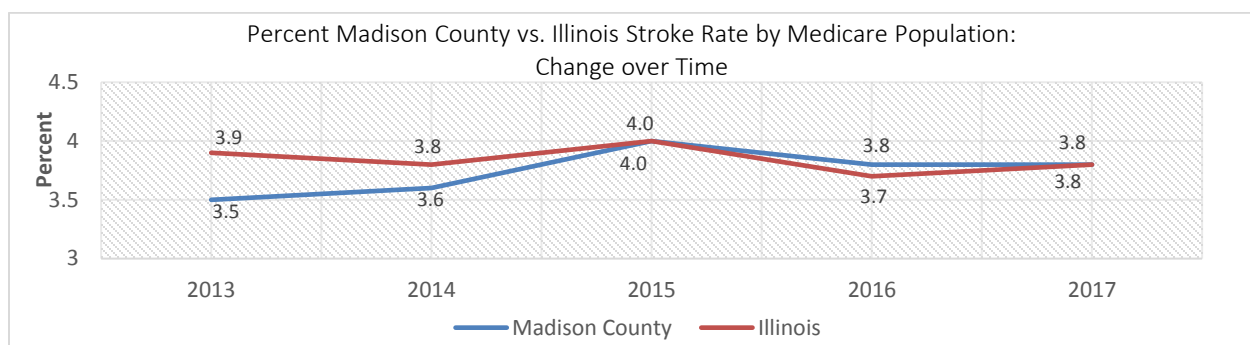


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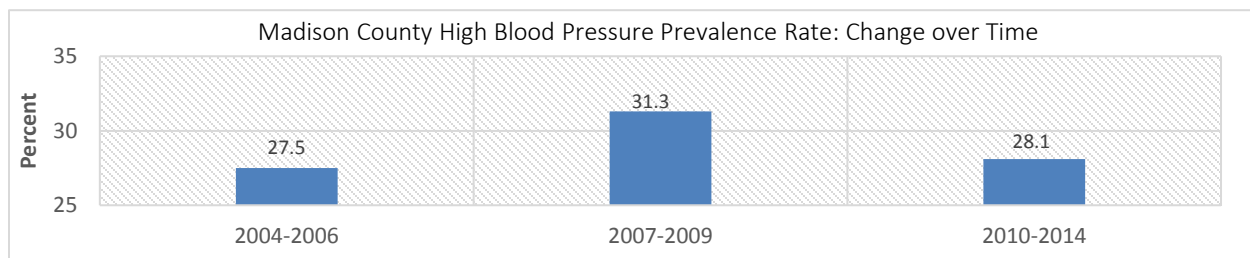
HEART & VASCULAR DISEASE



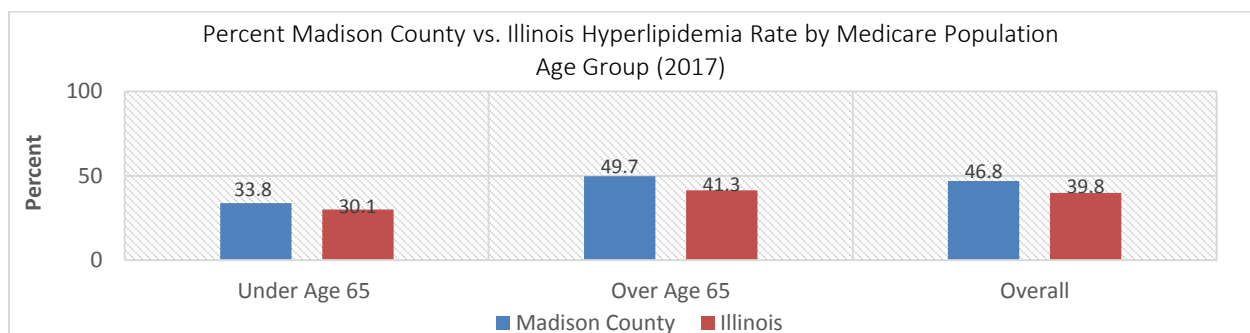
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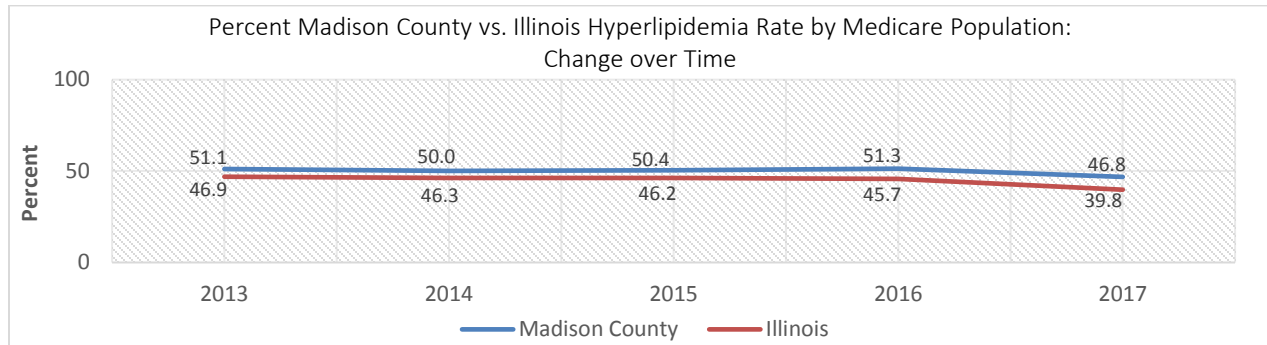


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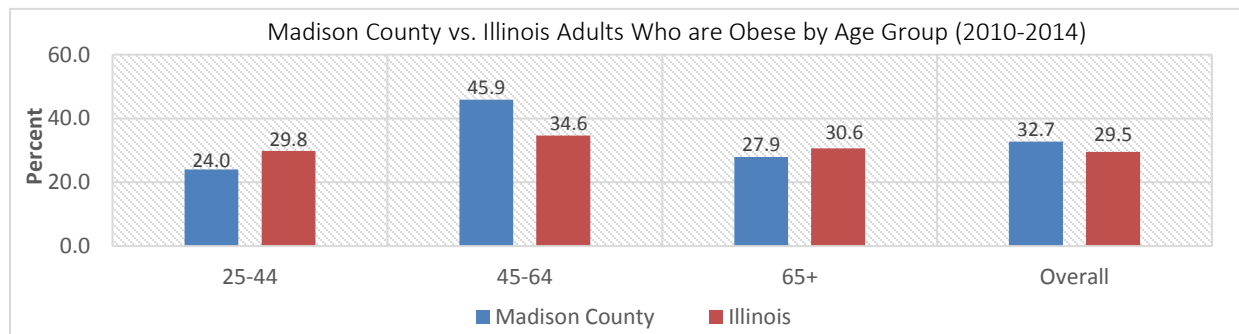
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HEART & VASCULAR DISEASE

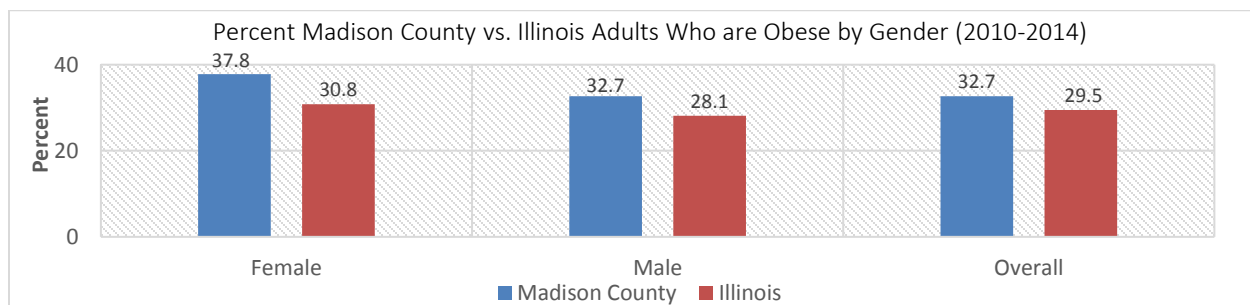


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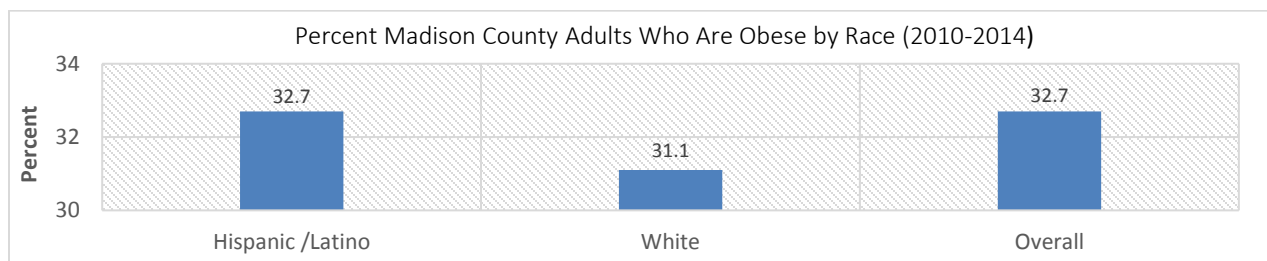
OBESITY



Source: Conduent Healthy Communities Institute

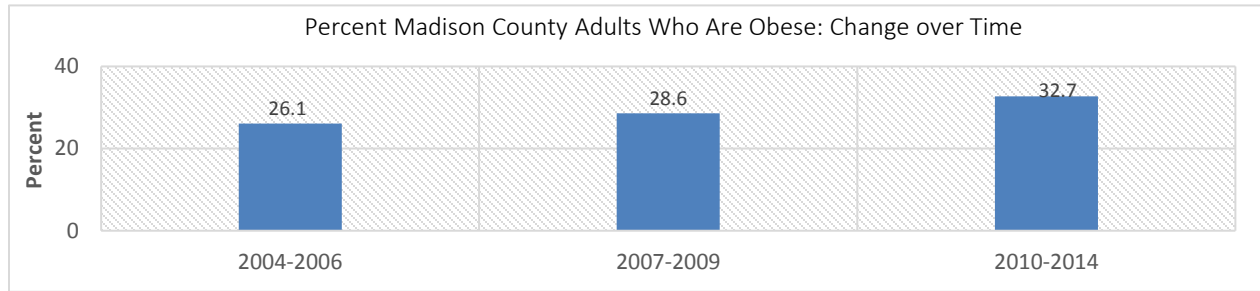


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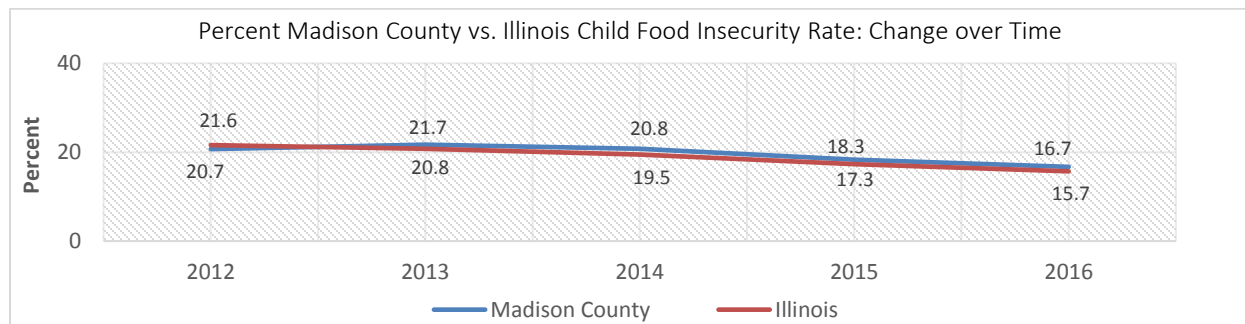


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OBESITY

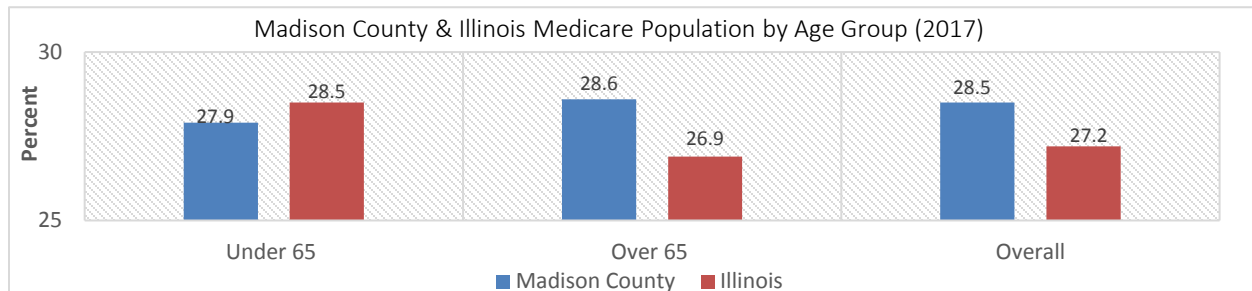


Source: Conduent Healthy Communities Institute

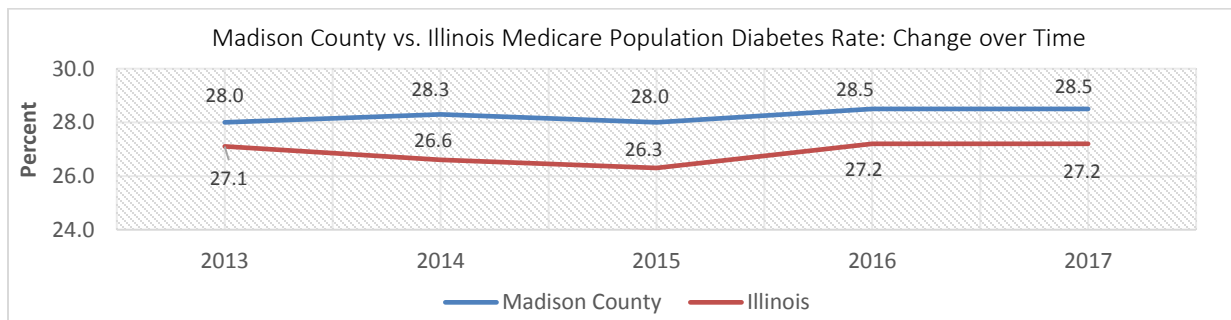


Source: Conduent Healthy Communities Institute

DIABETES

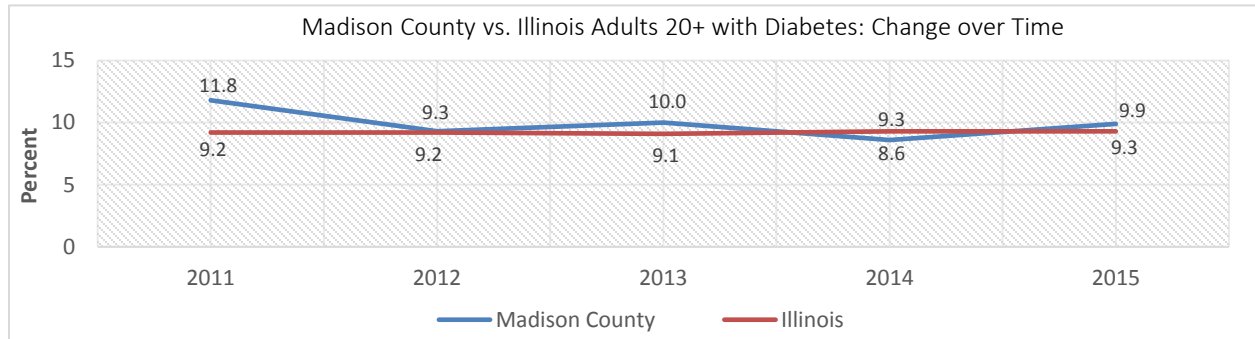


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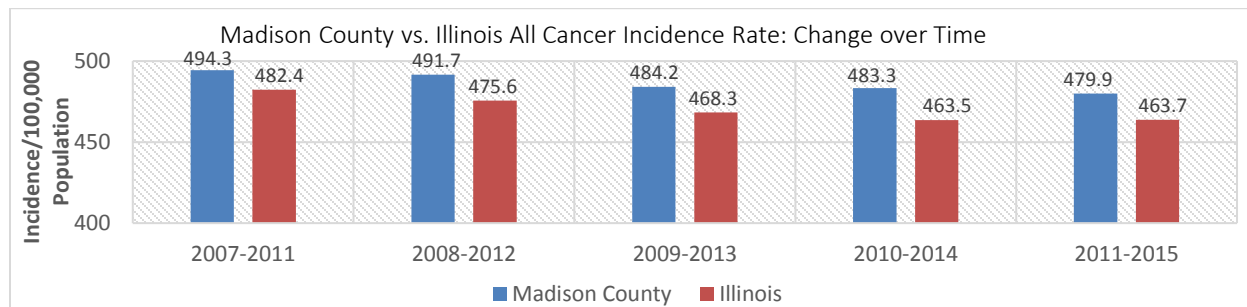
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OBESITY

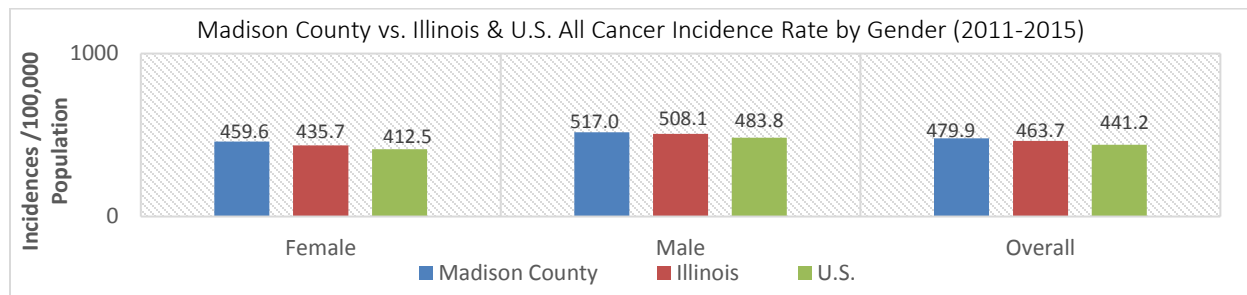


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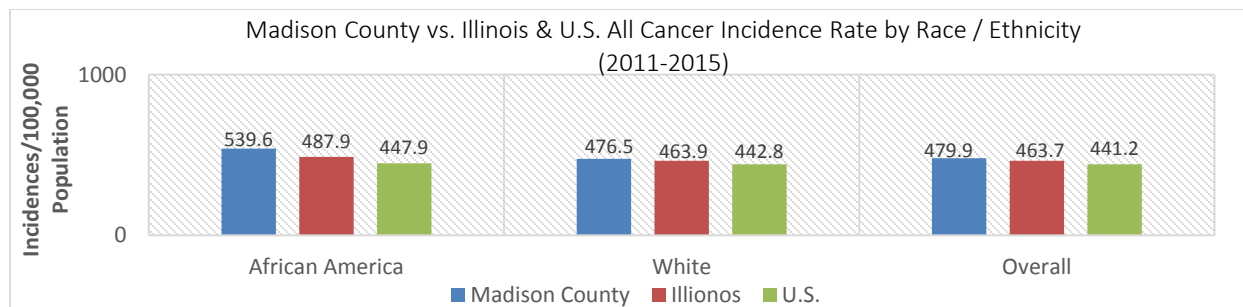
CANCER



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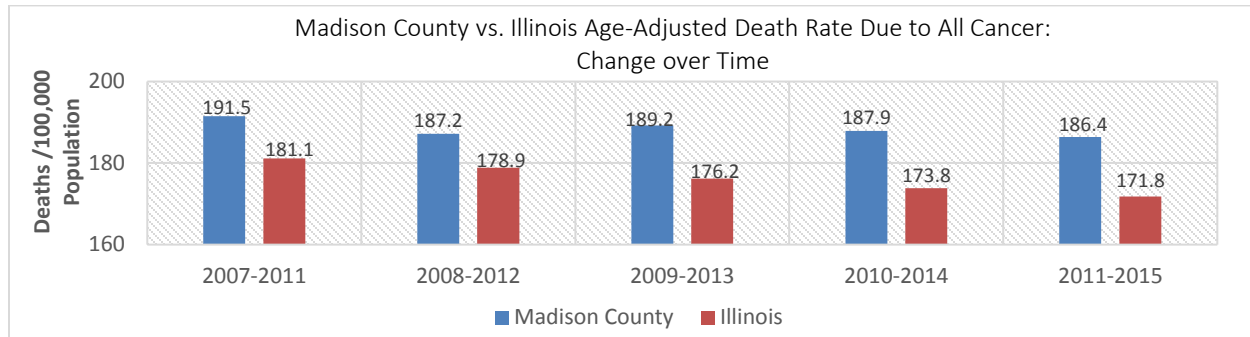


Source: Conduent Healthy Communities Institute & U.S. State Cancer Profile

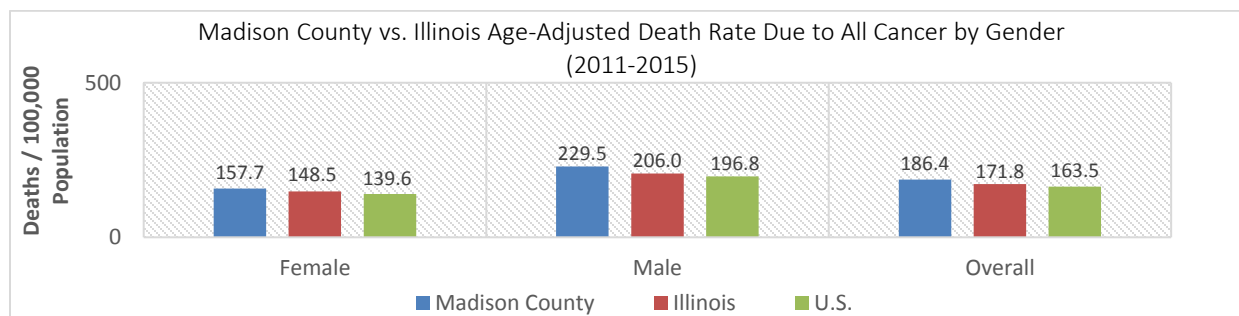


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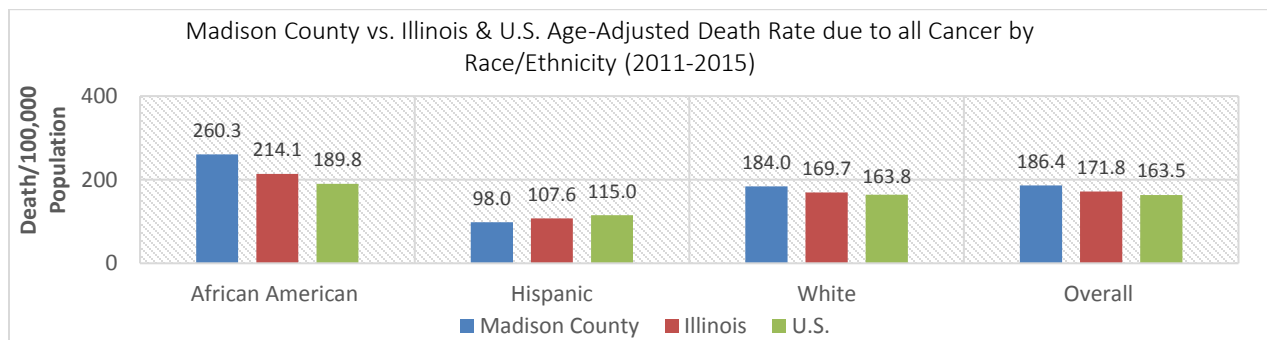
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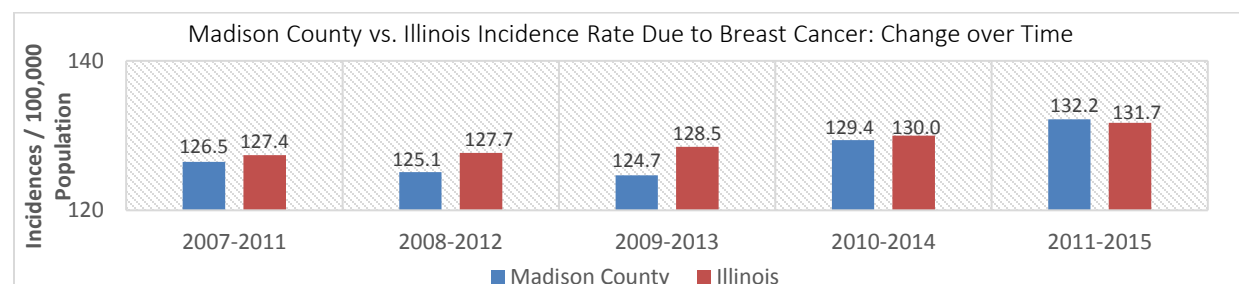
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Source: Conduent Healthy Communities Institute & U.S. State Cancer Profile

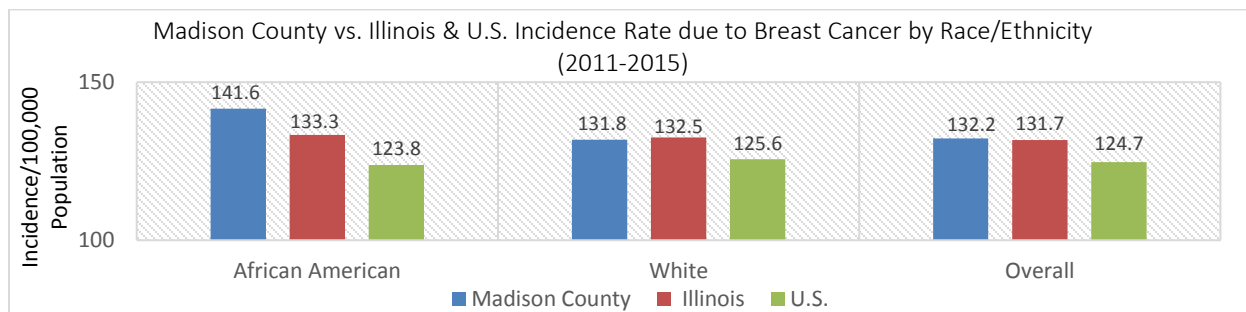


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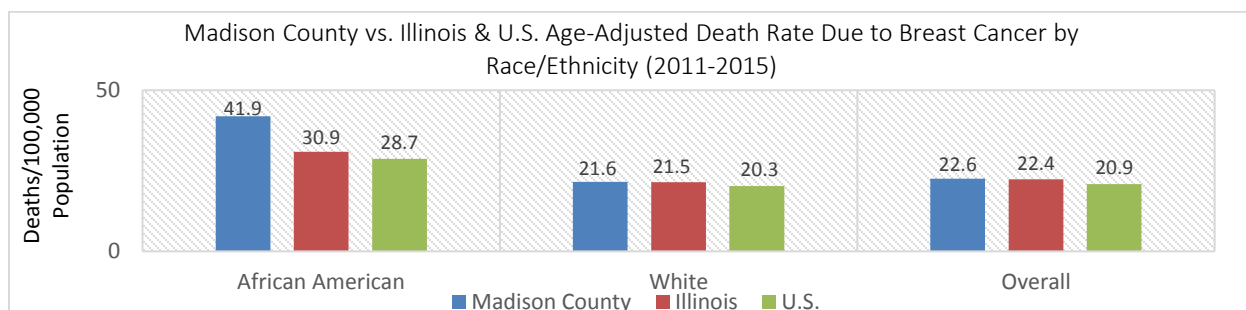


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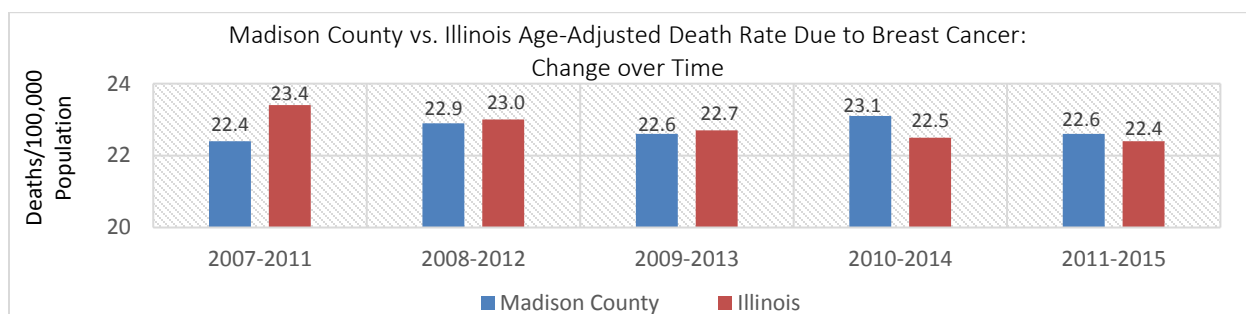
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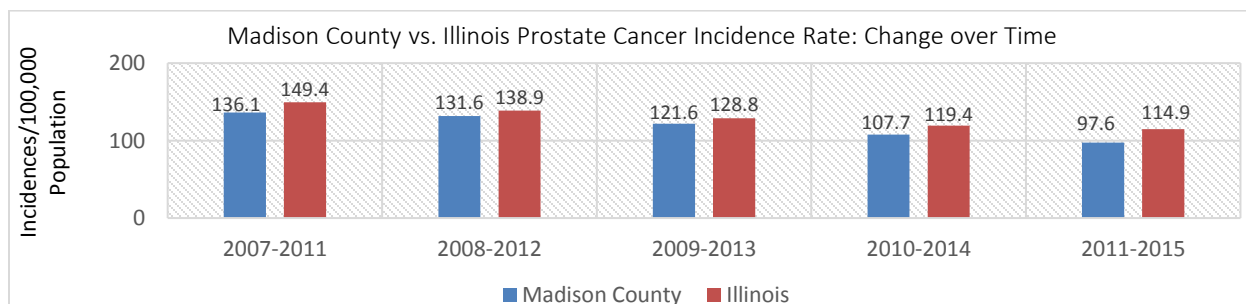
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Source: Conduent Healthy Communities Institute & U.S. State Cancer Profile

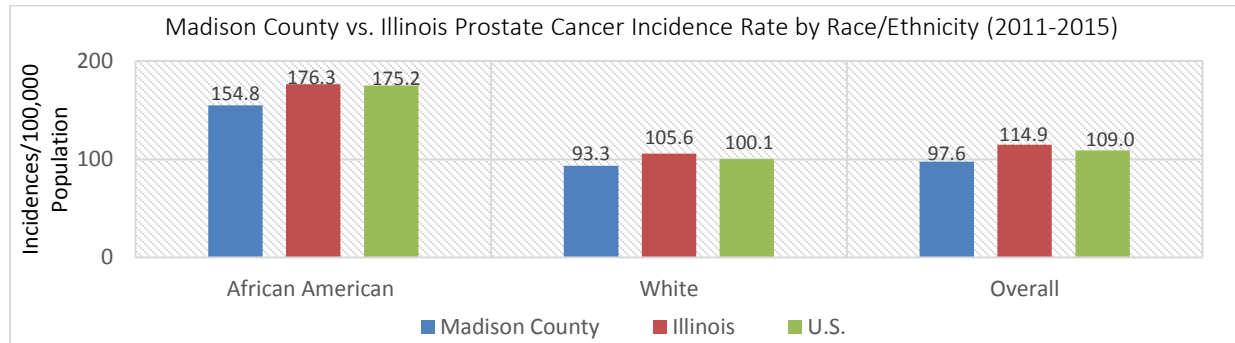


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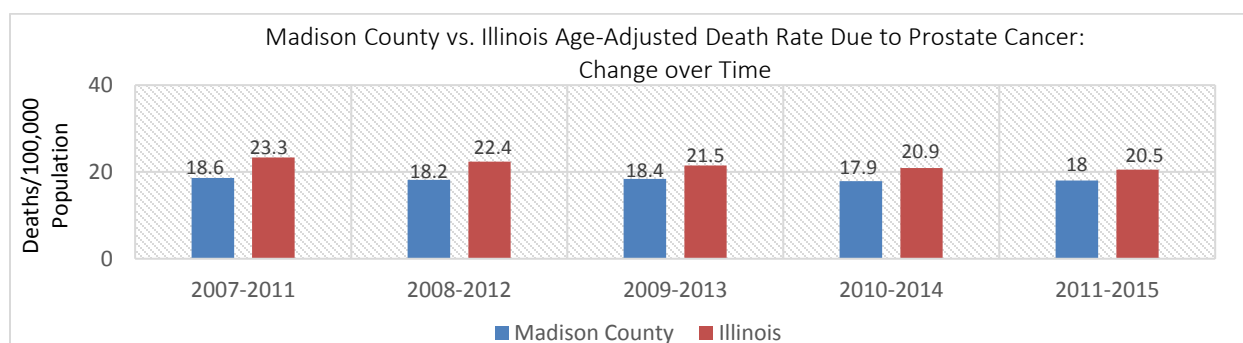


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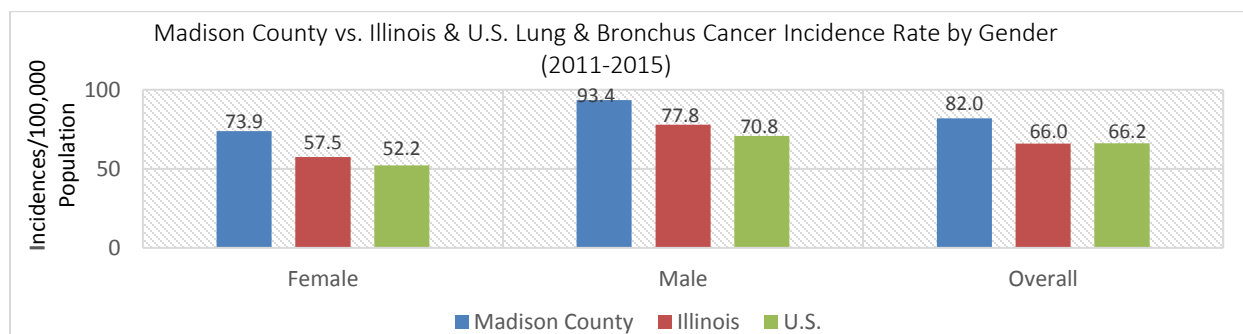
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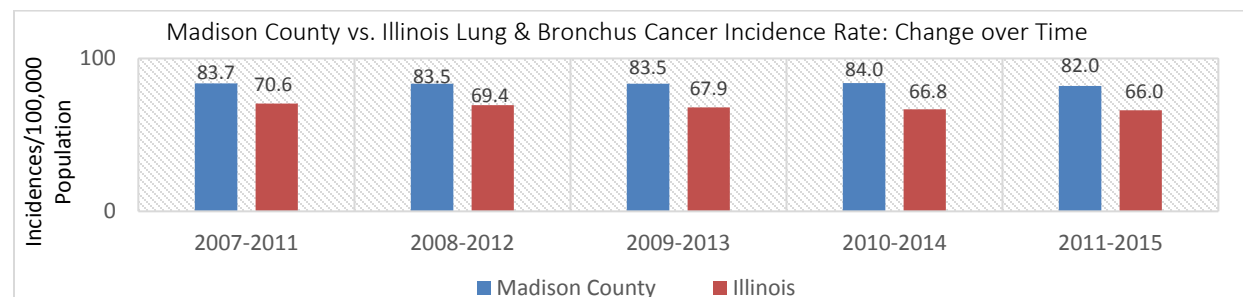
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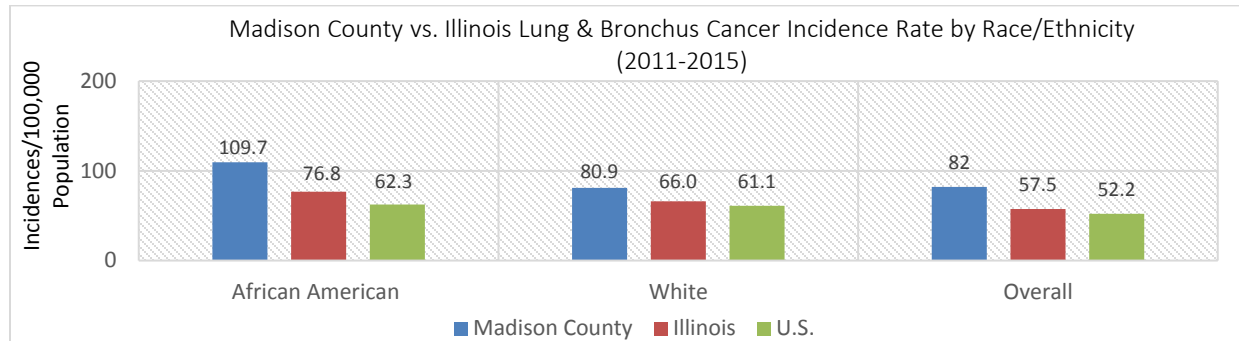


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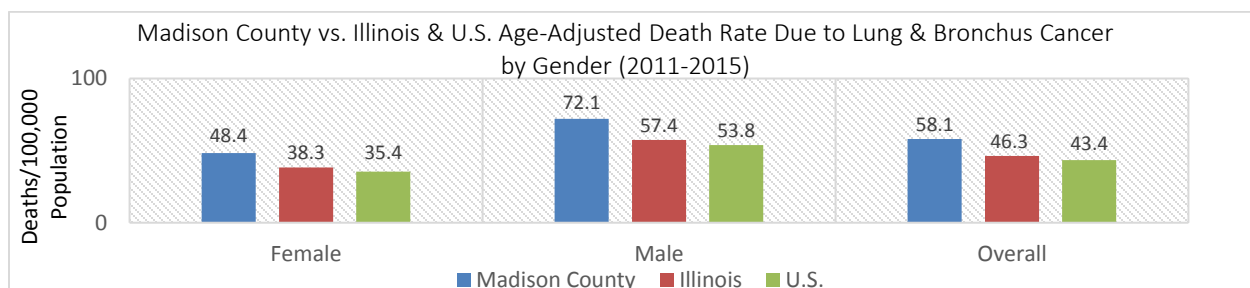


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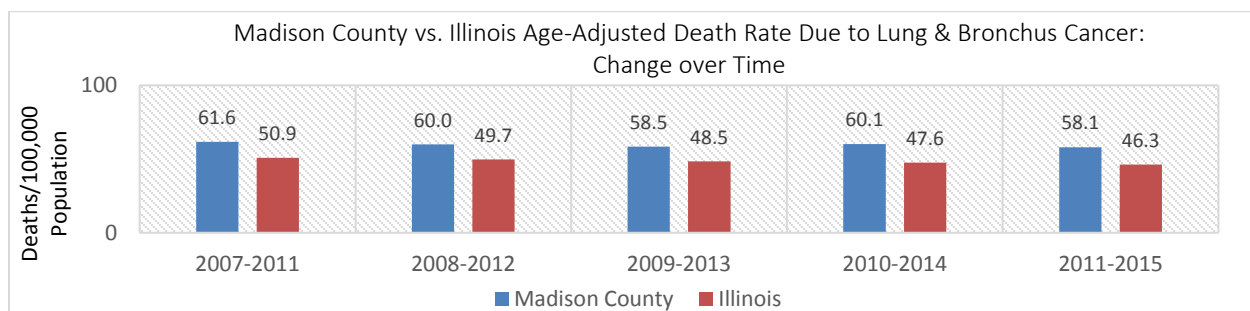
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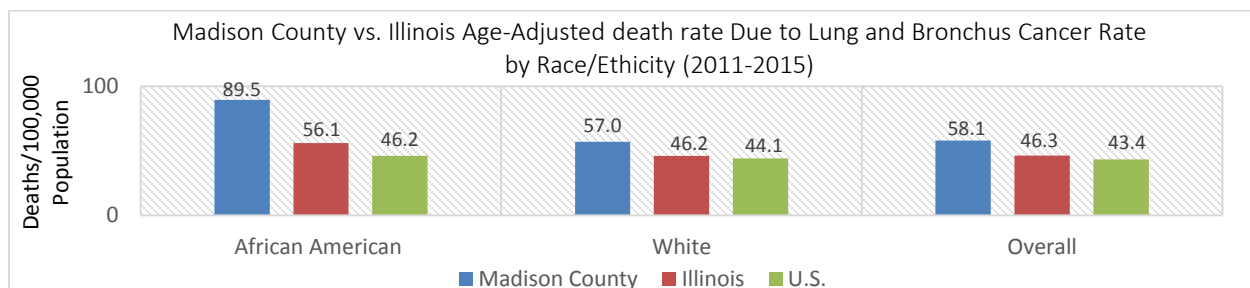
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Source: Conduent Healthy Communities Institute & U.S. State Cancer Profile

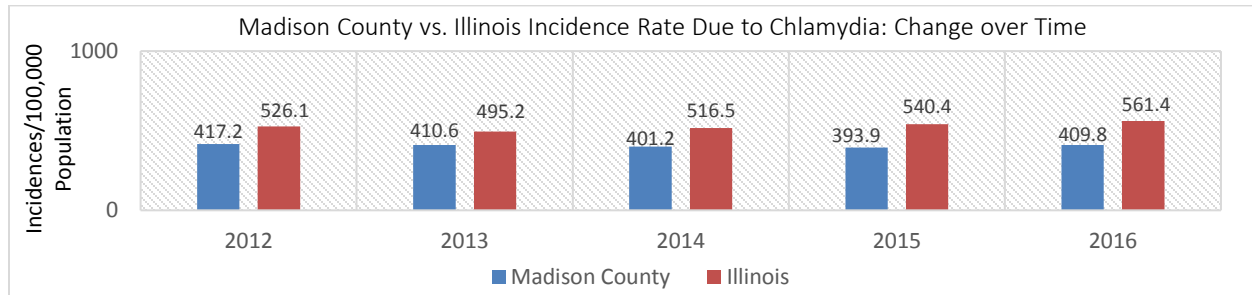


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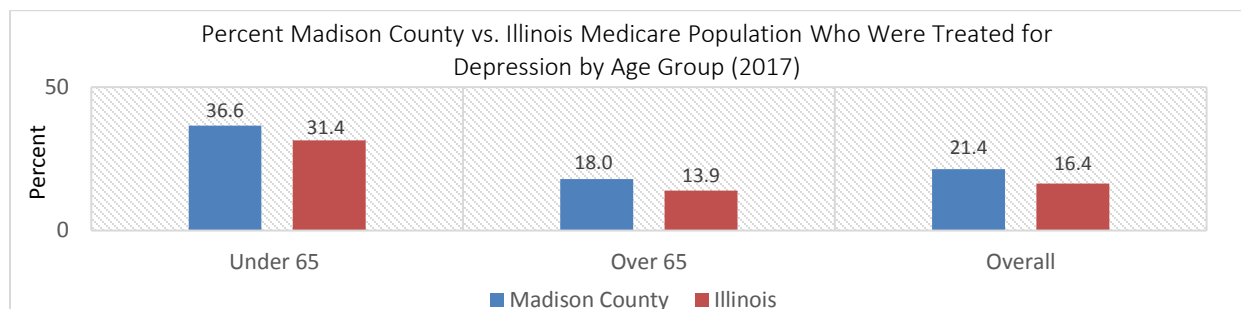
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SEXUALLY TRANSMITTED DISEASES

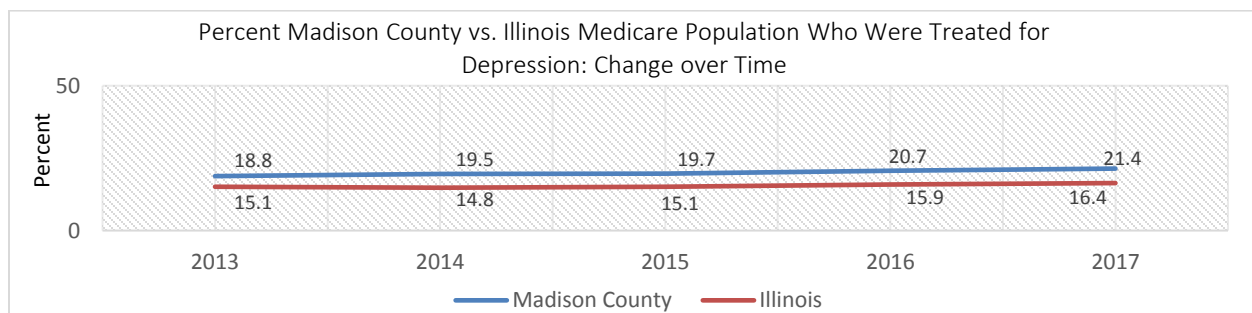


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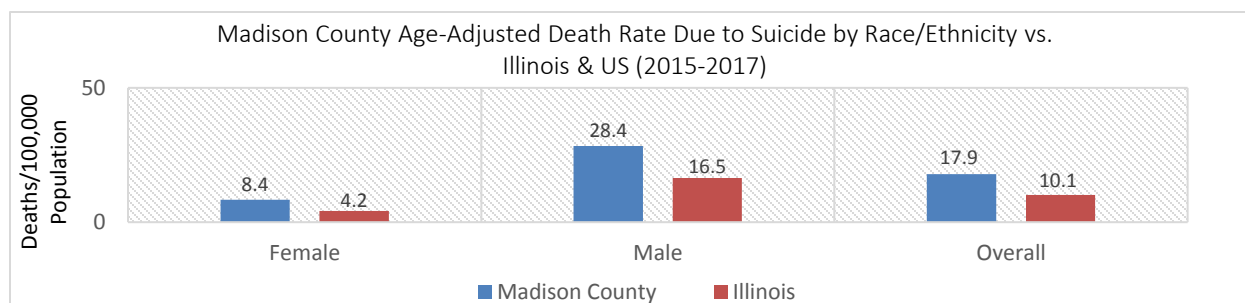
MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH



Source: Conduent Healthy Communities Institute

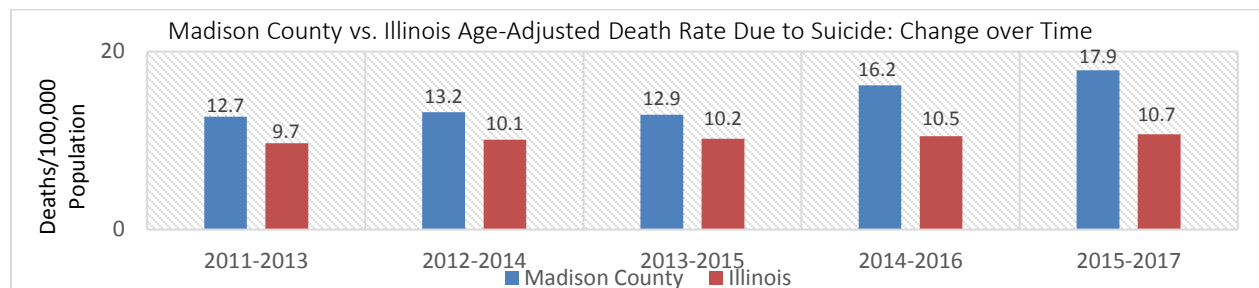


Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH



Source: Conduent Healthy Communities Institute

DATA SOURCES USED FOR THE SECONDARY DATA ANALYSIS INCLUDED:

CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), an online dashboard of health indicators for Madison County, offers the ability to evaluate and track the information against state and national data and Healthy People 2020 goals. Sources of data include the National Cancer Institute, Environmental Protection Agency, U.S. Census Bureau, U.S. Department of Education, and other national, state, and regional sources. <http://www.healthycommunitiesinstitute.com/>

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)/STATE CANCER PROFILES is a web site that provide data, maps, and graphs to help guide and prioritize cancer control activities at the state and local levels. It is a collaboration of the National Cancer Institute and the Centers for Disease Control and Prevention. <https://statecancerprofiles.cancer.gov>

IMPLEMENTATION STRATEGY



Community Health Needs to be Addressed

A. Obesity:

Community Health Needs Rationale

Childhood obesity has both immediate and long-term health impacts. Greater risk exists for children and adolescents for bone and joint problems, sleep apnea and more likely than normal-weight peers to be teased and stigmatized, which can lead to poor self-esteem. Overweight and obese youth are more likely than normal-weight peers to be overweight or obese adults and are more at risk for the associated adult health problems including heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis. Childhood obesity has more than tripled in the past 30 years. Healthy eating and regular physical activity can lower the risk of becoming obese (Healthy Communities Institute). Although many factors influence the rapidly increasing rates of obesity, research indicates that sugar-sweetened beverages play a significant role in driving current obesity trends. Sugar-sweetened beverages now account for approximately 10 percent of total calories consumed in the US diet. Numerous studies indicate that higher consumption of sugar-sweetened beverages leads not only to a risk of weight gain, but also of developing type 2 diabetes, heart disease and metabolic syndrome.

Therefore, an AMH nurse will increase knowledge and awareness of obesity in Madison County by implementing two different programs to address obesity in their community and participate as one of the committee members for the Madison County Obesity Reduction Committee.

www.co.madison.il.us.

STRATEGY I. KIDS IN THE KITCHEN NUTRITION CLASS

The Kids in the Kitchen program has proven to be successful over the past three years. Children and their families will be offered a hands-on interactive nutrition class at least twice a year that



will demonstrate healthy food and drink choices. A pediatrician will facilitate the program and be available to answer any questions that the parents or kids may have. Nutritional options and recipes will be demonstrated and healthy food preparation will be offered by a certified chef and his staff. A pretest and posttest will be offered to all participating kids to determine increase in knowledge. The session will last 90 minutes.

Strategy Goal

To increase obesity awareness and healthy lifestyle change through community-based education

Strategy Objectives

At the end of the 90-minute class session, 50 percent of the participants will identify an increase in knowledge of healthy food and beverage options as evidence by the pretest and posttest answers to questions about nutrition

Strategy Action Plan

AMH food and nutrition educators, along with local pediatricians, will host a “Kids in the Kitchen” event twice per year. The program will encourage parents and children to join in food preparation decisions. Working together with local pediatricians will demonstrate ongoing commitment in teaching kids and their parents about the risk of childhood obesity with poor food and drink choices.

Strategy Outcome

Increase healthy lifestyle choices among families, children and individuals

Strategy Outcome Measurement:

Hospital will track the number of programs offered, attendance, pre and post testing, and/or post evaluation for all events. Pre and post tests will be analyzed to determine if participant’s knowledge has increased.

STRATEGY II: RETHINK YOUR DRINK

AMH nurses will offer Rethink Your Drink presentations at community health fairs, using the Rethink Your Drink education materials from the Illinois Alliance to Prevent Obesity, the CDC, American Heart Association and Milliken Institute. Nursing staff will use visual aids to introduce and promote healthy drink options. One on one or group discussions will be conducted to

explain the benefits of sugar-free drink drastically cutting consumed. The fairs may last 5-10 minutes for a presentation. A post to each participant to knowledge. This viewed as successful years and is requested and employers. The voted unanimously to



choosing healthier, options or at least back the amount presentations at health minutes, or up to 30-60 community evaluation will be given determine increase in program has been over the past three frequently by schools internal workgroup continue this program.

Strategy Goal

To increase awareness of obesity, and healthy lifestyle change through community-based education

Strategy Objective

At the end of the interaction or presentation, 40 percent of those participants will state on their post evaluation that the information has influenced their future choices for healthy living and nutritional drinks

Strategy Action Plan

AMH nurses will offer Rethink Your Drink presentations at the hospital diabetes and heart fair, and by request at community health fairs. The nurses will use flyers, brochures, presentation boards and visual aids to show just how much sugar is actually in the drink options that we consume each day. Education will also include how many grams are in a teaspoon of sugar making it easier to understand how much is actually present in sugar-sweetened beverages, and the healthier drink options available. Education would include the causal relationship between excess calories in sugar-sweetened drinks and disease, such as obesity, hypertension and diabetes.

Strategy Outcome

To increase awareness in the community for healthier drink options that promote a healthy lifestyle change among individuals, children and families, and of the risks of sugar-sweetened beverages.

Strategy Outcome Measurement

Hospital will track the number of programs offered, attendance, and a post evaluation for all events. Post evaluation will determine if the participant has an increase awareness and knowledge of healthy food and beverage choice and the risk of a diet high in sugar to obesity.

B. Diabetes

Community Health Need Rationale

Diabetes is a leading cause of death in the United States. According to the Centers for Disease Prevention and Control (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy and stroke. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. (Healthy Communities Institute).

Strategy Goal

To increase early detection of pre-diabetes and improve the quality of life for all persons who have, or are at risk for diabetes

Strategy Objectives

- a) AMH nurse will provide referral to at least 50 percent of all those diagnosed with pre-diabetes and provide referral
- b) Baseline: At least 10 percent of referred patients will complete their referral in the first year
- c) Each year, there will be an increase of 2 percent from the previous year and thereafter

Strategy Action Plan

- An annual Diabetes Fair is held to provide education, A1c screening and diabetic foot screenings for those who register
- AMH will use the American Diabetes Association diagnostic criteria for definition of pre-diabetes of an A1C of 5.7% - 6.4% when evaluating A1c results. A registered nurse will consult with individuals who presented with abnormal A1 results and refer for follow-up with a primary care physician or endocrinologist.

Strategy Outcome

Increase early detection and awareness of diabetes

Strategy Outcome Measurement

Progress will be evaluated by monitoring nurse documentation of follow-up calls and follow-up appointments with primary care physicians and endocrinologists. The nurse will document the type of referrals made and the patient's willingness to participate with the recommended follow-up. The nurse will also document the number of individuals who completed their referral in order to track the number of referrals that were completed.

Community Health Needs that Will Not be Addressed

AMH has chosen not to focus on the following needs that were identified through the CHNA and prioritization process.

ACCESS TO CARE

AMH currently provides ambulance services and operates a transfer service. These services are operated through the EMS Department. AMH also covers the expense of cab transportation if a patient is discharged from the hospital and does not have transportation. The Madison County Transit Authority currently offers a low-cost local bus service that residents of the communities served by AMH can use. AMH is a stop along that bus route. AMH is also a provider of charity care and financial assistance for uninsured and underinsured patients. The hospital opened a convenient care location in 2014 to make access for patients available after business hours at a low cost. AMH will open a second convenient care location in 2019 as well as a primary care office in an underserved area.

AIR QUALITY

AMH will continue to offer free pulmonary function testing to residents of Madison County. Government bodies (EPA, County and City municipalities) are currently addressing the need to improve air quality. Ordinances making burning illegal are being considered but must be passed in general elections.

CANCER: BREAST

AMH will continue to offer routine breast health screenings and education at various events. The Madison County Health Department and Southern Illinois Healthcare Foundation offer frequent screenings to the underserved population. The American Cancer Society also has a screening initiative in place.

CANCER: LUNG

AMH will continue to offer a Better Breathers program to residents that began in 2017. It is a program instituted and directed by the American Lung Association.

CANCER: SKIN

AMH will continue to partner with an independent physician in the market to offer free skin cancer screenings. The Madison County Health Department also offers routine checks by appointment. Over 700 individuals have participated in the screenings at AMH over the past four years. Many cancerous lesions have been identified and removed, saving patients who may not otherwise have known.

DENTAL CARE

Southern Illinois University School of Dentistry and Lewis and Clark Community College both offer sliding scale or free care to those needing dental care. There are also a number of dentists

in Madison County to oversee the dental health. In 2007, Madison County ranked ahead of the Illinois and US average for dentists per 100,000 population.

HEART AND CARDIOVASCULAR DISEASE: HEART HEALTH

AMH will continue to offer heart and vascular screenings at various events and hold an annual heart/stroke fair. The Madison County Health Department as well as local urgent and convenient care locations also offer these services in conjunction with the American Heart Association.

HEALTH EDUCATION

AMH will continue to partner with the Madison County Health Department to offer members of the community health education and resources at health fairs, schools, churches and online. The hospital will also continue to offer health education at area schools and cover the cost of an athletic trainer at nine area high schools.

HEART & CARDIOVASCULAR DISEASE: STROKE

AMH will continue to offer a stroke fair for the community as well as numerous free screenings. The stroke navigator will hold several community education events annually. AMH will continue to be a primary stroke center in Illinois.

HOUSING/HOMELESSNESS

The Madison County Housing Authority is addressing this community health need. AMH has insufficient resources, both financial and personnel, to address this need.

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH

Although AMH has an inpatient and outpatient psychiatric department, it can only treat patients who are 65 years of age and older. Mental Health issues in Madison County are being addressed by the Alton Mental Health Department and Wellspring Resources. We will continue to work closely with those two organizations.

MENTAL/BEHAVIORAL HEALTH: SUBSTANCE ABUSE

AMH has received a two-year state grant to aid in the fight against opioid and drug addiction. The hospital is partnering with Southern Illinois Healthcare Foundation to provide access to long-term care. It is unknown if the program will be sustainable after the grant period.

SEXUAL TRANSMITTED DISEASES

The Madison County Health Department as well as local convenient and urgent care centers offer testing for STI's and HIV. Southern Illinois Healthcare Foundation offers numerous OB/GYN specialists who will see and treat underserved patients. We will continue to make sex education an offering delivered through our health literacy program and partner with those local agencies. The foundation now offers sex education class on the AMH campus once per month.