

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



Community Health Needs Assessment and Implementation Plan **2022**

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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 and 2019. Reports were posted to the hospital's website to ensure easy access to the public.

As part of this assessment, 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. This process occurred in two phases.

In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. Due to COVID-19, BJC HealthCare, along with collaborative health system and hospital partners, conducted an online survey for the safety of community stakeholders. The survey provided stakeholders an opportunity to rank community health needs compiled by these partners.

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

At the conclusion of the comprehensive assessment process, AMH identified three needs as its primary focus -- Mental Health, Drug Abuse and Alcohol Abuse. Following further discussions, Drug Abuse and Alcohol Abuse were combined resulting in two health needs of emphasis for the hospital's implementation plan: Mental Health and Drug and Alcohol Abuse.

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

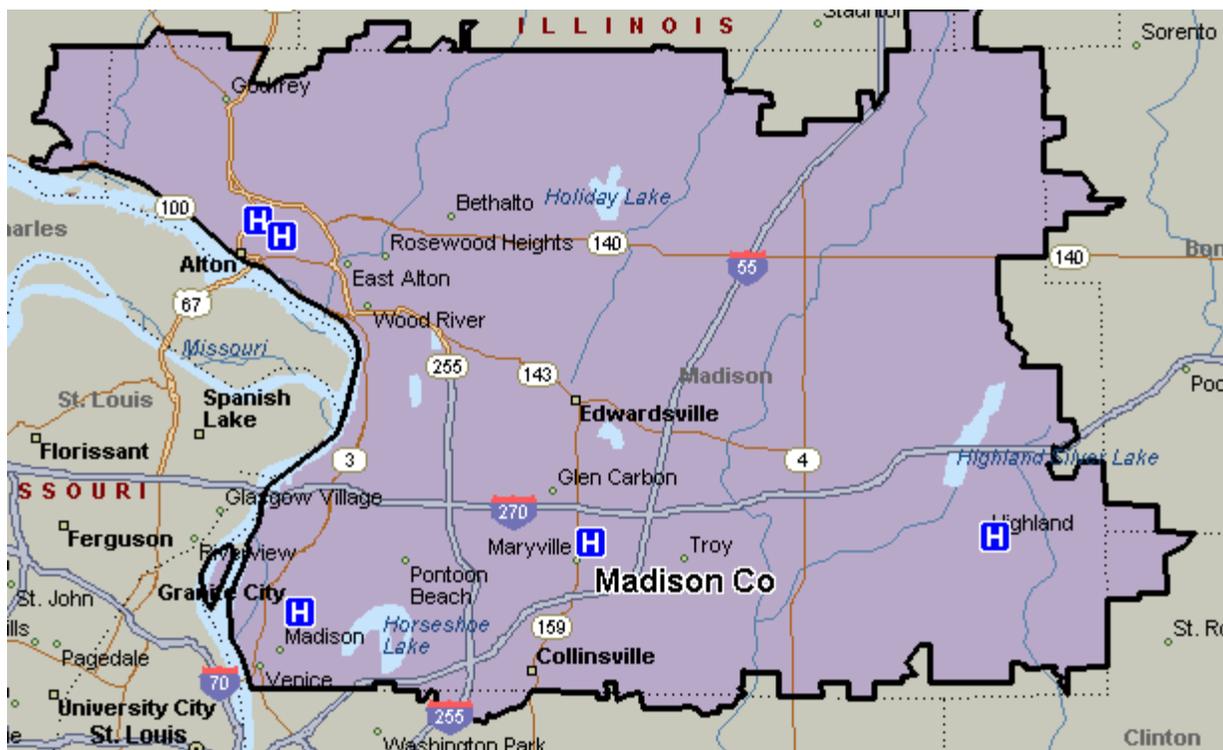
Community Description

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.

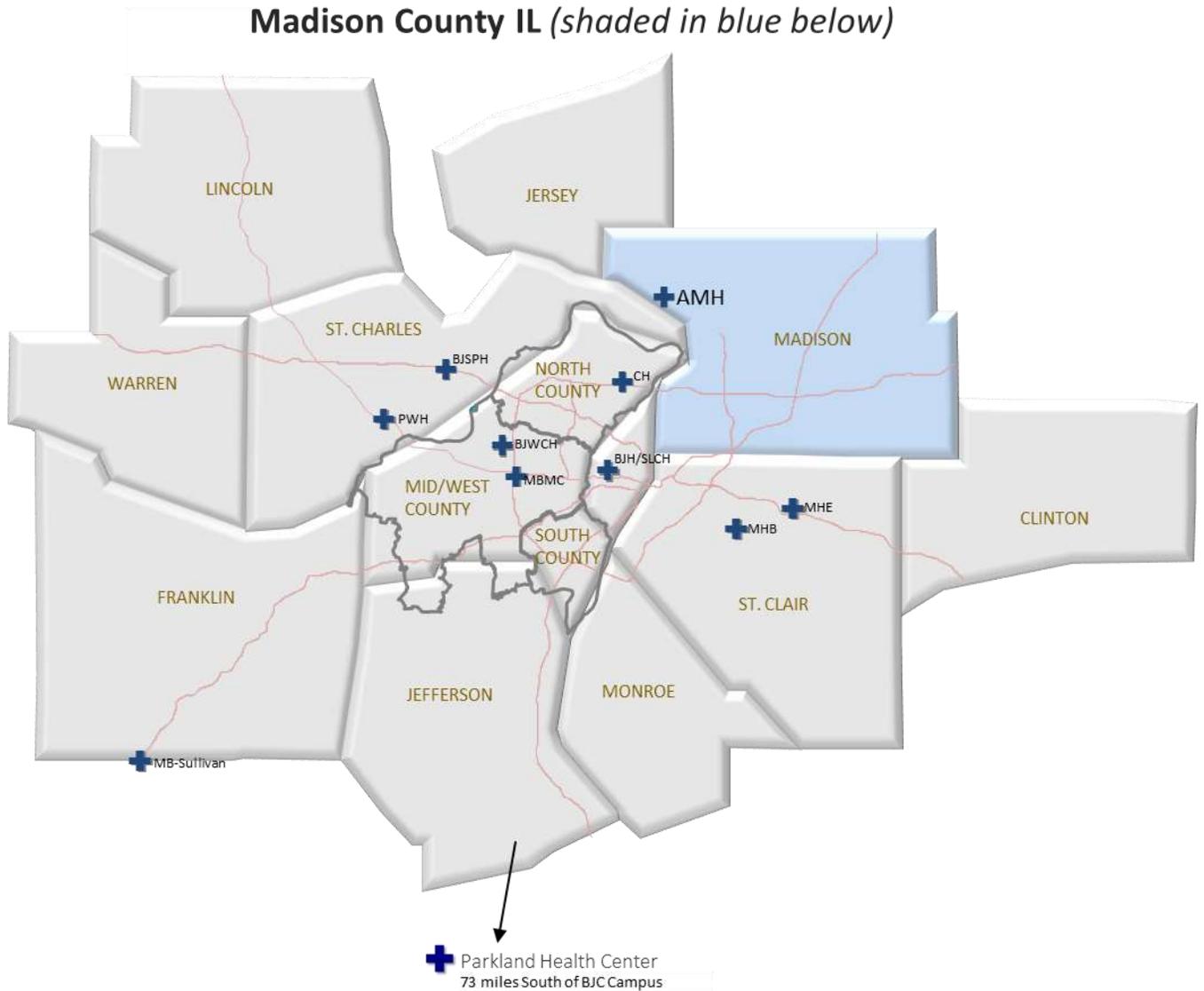
AMH is a member of BJC HealthCare, one of the largest nonprofit health care organizations in the country. BJC HealthCare hospitals serve urban, suburban, and rural communities through 15 hospitals and multiple community health locations primarily in the greater St. Louis, southern Illinois and mid-Missouri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



**AMH's Primary Service Area:
Madison County IL (shaded in blue below)**



AMH's primary service area is represented by the shaded blue area of the map.

POPULATION

Population and demographic data are necessary to understand the health of the community and plan for future needs. Madison County has a population of 262,966 (2019 Census estimate). The population saw a decrease of -2.3 percent from 2010 to 2019.

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.

MADISON COUNTY VS. ILLINOIS POPULATION BY GENDER AND RACE/ETHNICITY (PERCENT)		
	MADISON COUNTY	ILLINOIS
TOTAL POPULATION (2019)	262,966	12,671,821
PERCENT POPULATION BY GENDER (2019)		
GENDER	MADISON COUNTY	ILLINOIS
Female	51.3	50.9
Male	48.7	49.1
PERCENT POPULATION BY RACE/ETHNICITY (2019)		
RACE/ETHNICITY	MADISON COUNTY	ILLINOIS
White	84.6	60.8
African American	8.8	14.6
Hispanic or Latino	3.4	17.5
Two or More Races	2.1	2.1
Asian	1.0	5.9
American Indian & Alaska Native	0.3	0.6
Native Hawaiian & other Pacific Islander	0.1	0.1
Foreign Born Persons	2.3	14.1

Source: Conduent Healthy Communities Institute

INCOME

The median income of households in the county was \$56,536 compared to \$65,886 in the state. People living below the poverty rate was 13.5 percent in the county and 12.5 percent 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 89.2 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. (Conduent Healthy Communities Institute)

In Madison County, 26.2 percent of the population 25 and older had a bachelor's degree compared to 34.7 percent in the state.

Previous (2019) CHNA Measurement and Outcomes Results

At the completion of the 2019 CHNA, AMH identified Diabetes and Obesity as the top priority health needs where focus was most needed to improve the health of the community served by the hospital. The following table details goals and objectives to address these community health needs. Due to COVID-19, AMH decided to suspend implementation strategies for these health needs for the safety and health of the community and staff.

TABLE 1: ALTON MEMORIAL HOSPITAL'S 2019 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
a) 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 pre-test and post-test answers to questions about nutrition	a) 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	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
CURRENT STATUS	CURRENT STATUS	CURRENT STATUS
The team decided to suspend this implementation strategy due to COVID-19 in order to keep the family and staff safe	The team decided to suspend this implementation strategy due to COVID-19 in order to keep the family and staff safe	The team decided to suspend this implementation strategy due to COVID-19 in order to keep the family and staff safe

Conducting the 2022 CHNA

Primary Data Collection: Focus Group

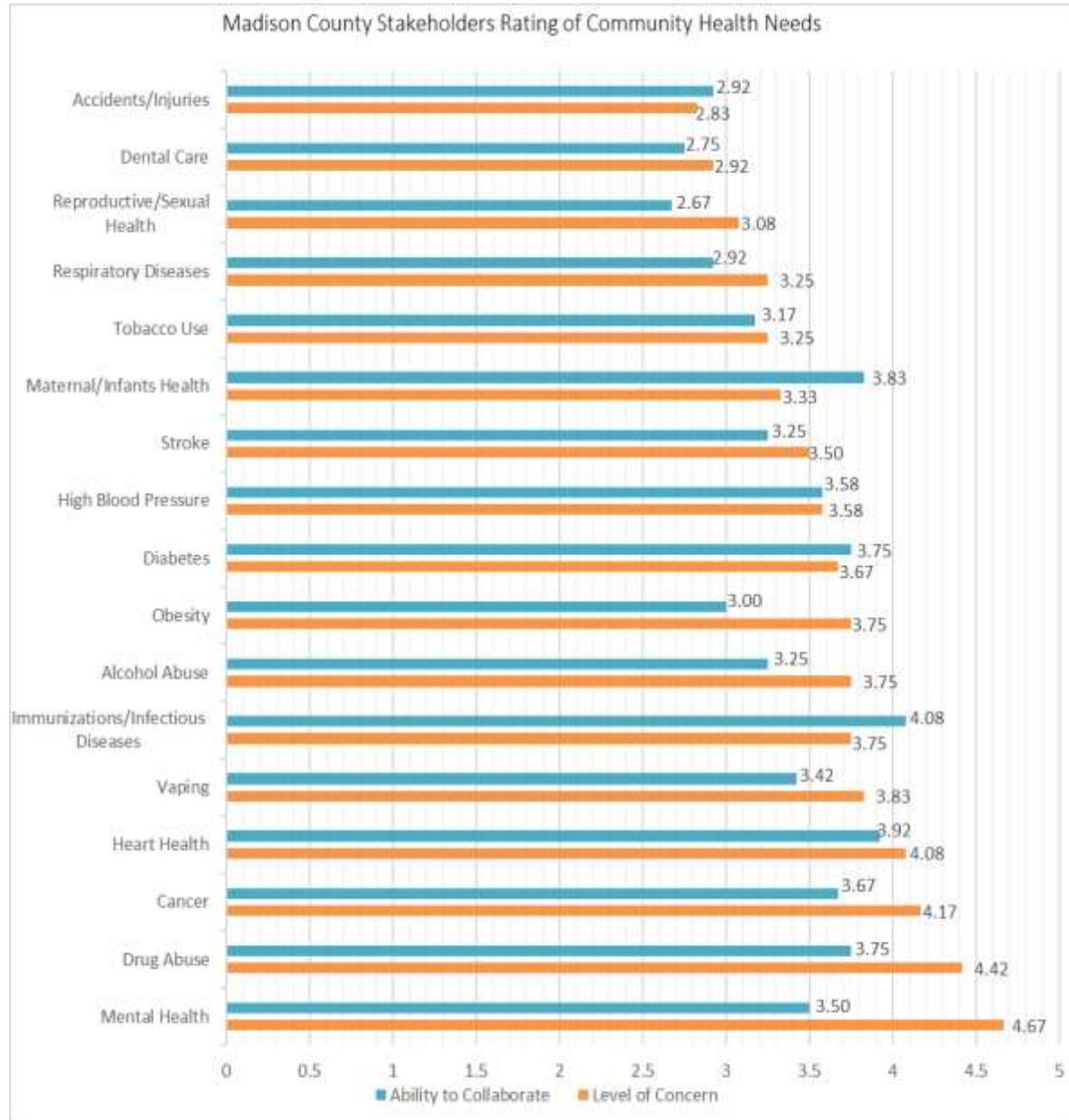
Due to COVID-19, BJC HealthCare, along with collaborative partners SSM Health; Mercy Hospital St. Louis and Mercy Hospital South; and the St. Luke's network of care, which includes St. Luke's Hospital and St. Luke's Des Peres Hospital, conducted online surveys for the safety of our employees and of our community stakeholders who represent the broad interests of the community served by each hospital and those with special knowledge or expertise in public health. In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. (See Appendix D for the Stakeholder Assessment Report and Appendix E for the list of Participating Community Stakeholders)

Summary: Stakeholder Key Findings

- Mental health and drug abuse are two needs that are of greatest concern in Madison County. Stakeholders ranked these needs lower in potential for collaboration. However, stakeholders also ranked cancer and heart health high.
- Stakeholders felt that the greatest potential to work together is around the issue of immunizations/ infectious diseases.
- The lack of substance abuse treatment and mental health services were identified as having the greatest impact on access to health services in Madison County.
- Most stakeholders identified low-income populations as being at greatest risk for poor health outcomes in Madison County. Stakeholders overwhelmingly agree that poverty is the social factor that has the greatest impact on the health of those living in Madison County.
- Stakeholders strongly agree that the greatest impact of COVID-19 has been on increasing symptoms of anxiety and depression among Madison County residents. The pandemic has also created financial hardship for area residents, resulting in loss of regular income.
- Stakeholders identified the largest resource gaps in Madison County around mental health, followed by substance abuse.
- Stakeholders identified several issues related to mental health as being new issues of concern.
- Most stakeholders identified the city of Alton (62002) as being the most at-risk community in Madison County. The Granite City area, including Venice and Pontoon Beach, was also mentioned several times.

RATING OF NEEDS

Community stakeholders were given the list of community health needs compiled by survey partners using results from the previous CHNA. Stakeholders were directed to rank these needs 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 Immunizations/Infectious Disease and Heart Health were rated highest for ability to collaborate. Accident/Injuries was rated the lowest on level of concern and Reproductive/Sexual Health was rated the lowest on ability to collaborate.

Secondary Data Summary

Based on the needs reviewed by community stakeholders (see graph on previous page), key areas were identified for a secondary data analysis. These represent the areas of greatest concern identified by the stakeholders.

The majority of the analysis was completed comparing Madison County and Illinois. In order to provide a comprehensive overview (analysis of disparity and trend) the most up-to-date secondary data from Conduent Healthy Communities Institute (HCI) was included for the needs listed below.

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 and 2030 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/>

- Alcohol Abuse
- Cancer
- Diabetes
- Drug Abuse
- Heart and Vascular Disease
- High Blood Pressure
- Mental Health
- Obesity
- Sexually Transmitted Diseases
- Stroke

While AMH identified three needs as its primary focus, Mental Health, Drug Abuse and Alcohol Abuse, following further discussions Drug Abuse and Alcohol Abuse were combined resulting in two health needs of emphasis for the hospital's implementation plan: Mental Health and Drug and Alcohol Abuse.

The following needs will continue to be appropriately addressed by the hospital and other organizations in Madison County.

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.

In Madison County, the age-adjusted death rate due to coronary heart disease in males was 38 percent higher than the state rate and for females was 21 percent higher. (2017-2019)

For the three-year-period ending in 2019, while the state experienced a 14 percent decline compared to the three-year-period ending in 2015 in coronary heart disease, Madison County only saw a 3.6 percent decline.

CEREBROVASCULAR DISEASES (STROKE)

Cerebrovascular disease is a leading cause of death in the United States, and although it is more common in older adults, it can occur at any age. The most important modifiable risk factor for cerebrovascular disease and stroke is high blood pressure. Other risk factors include high cholesterol, heart disease, diabetes mellitus, physical inactivity, obesity, excessive alcohol use and tobacco use.

The Healthy People 2030 national health target is to reduce stroke deaths to 33.4 deaths per 100,000 population.

The death rate due to stroke for the three-year-period ending in 2019 in Madison County was 50.7 deaths/100,000 population, which was 12.4 deaths higher than the state overall. The death rate for African Americans in Madison County was 16.6 deaths/100,000 population higher than African Americans in the state.

HIGH BLOOD PRESSURE

High blood pressure is the number one modifiable risk factor for stroke. In addition to stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure and atherosclerosis. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware that they have it. It is particularly prevalent in African Americans, older adults, obese people, heavy drinkers, and women taking birth control pills. Blood pressure can be controlled through lifestyle changes, including eating a heart-healthy diet, limiting alcohol, avoiding tobacco, controlling your weight, and staying physically active.

The Healthy People 2030 national health target is to reduce the proportion of adults with high blood pressure to 27.7 percent.

For 2019, Madison County saw a 3.5 percent decline in high blood pressure prevalence when compared to 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.

For the three-year-period ending in 2019, Madison County saw a 10 percent increase in the rate of obesity when compared to the three-year period ending in 2006.

DIABETES

Diabetes is a leading cause of death in the U.S. 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.

For 2019, Madison County saw its highest level of diabetes incident rate among adults 20+, at 10.4 percent.

CANCER

Cancer is a leading cause of death in the U.S., 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.

For the five-year period ending 2018, Madison County continued to experience a higher all-cancer incidence rate when compared to the state.

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH

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.

The age-adjusted death rate due to suicide for the three-year-period ending in 2020 was 37 percent higher in Madison County when compared to the state.

ALCOHOL ABUSE

According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking at a young age are more likely to develop alcohol dependence than those who begin drinking at age 21. Patterns formed during adolescence play a critical role in health throughout adulthood. Alcohol use also impairs judgment and can lead to other high-risk behaviors such as drunk driving and irresponsible sexual activity.

For 2018, compared to 2016, the state saw a 9 percent decline in teens who use alcohol compared to a 2.3 percent increase in Madison County.

According to the Centers for Disease Control and Prevention, excessive alcohol use, either in the form of heavy drinking (drinking more than 15 drinks per week on average for men or more than eight drinks per week on average for women), or binge drinking (drinking more than five drinks during a single occasion for men or more than four drinks during a single occasion for women), can lead to increased risk of health problems, such as liver disease and unintentional injuries. Alcohol abuse is also associated with a variety of other negative outcomes, including employment problems, legal difficulties, financial loss, family disputes, and other interpersonal issues.

The Healthy People 2020 national health target is to reduce the proportion of adults ages 18 and over who drink excessively to 25.4 percent.

For 2017, the rate of Madison County adults who drank excessively continued to trend slightly higher than adults in the state (21.4 percent vs. 20.9 percent). Although the county rate was lower than the Healthy People 2020 national health target to reduce the proportion of adults ages 18 and over who drink excessively to 25.4 percent, alcohol abuse is considered a crisis and a need for continued improvement for the health of the county.

DRUG ABUSE

The majority of drug overdose deaths involve an opioid, and at least half of all opioid overdose deaths involve a prescription opioid. Since 1999, the rate of overdose deaths involving opioids (including prescription opioid pain relievers) has nearly quadrupled. According to the CDC, overdoses from prescription opioid pain relievers are a driving factor in the increase in opioid overdose deaths.

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last few decades. The majority of deaths due to pharmaceutical overdose involve opioid analgesics (prescription painkillers). Those who die from drug overdose are more likely to be male, Caucasian, or between the ages of 45 and 49. Although the majority of drug overdose deaths are accidental, they may also be intentional or of undetermined intent. (Conduent Healthy Communities Institute)

While the age-adjusted drug and opioid-involved overdose death rate per 100,000 population in Madison County declined slightly for the three-year period ending in 2020, the rate remained significantly higher when compared to the rate in the state (42.1 percent vs. 23.6 percent). This was driven by the significant rate difference in the White population between the county and the state (21.5 percent vs. 42.7 percent).

For the three-year-period ending in 2019, Madison County continued to experience a higher death rate due to drug poisoning when compared to the state (39.2 deaths per 100,000 population vs. 21.7 per 100,000).

Internal Work Group Prioritization Meetings

AMH chose 15 employees to participate on an internal CHNA work group representing various hospital departments. (See Appendix F)

The work group reviewed the purpose for the CHNA, role of the work group and goals for the project. Additionally, the group analyzed the primary and secondary data and completed the priority ranking for the hospital’s CHNA. Members reviewed data provided by the community stakeholders survey as well as information collected through secondary data analyses.

Through the discussion and consensus, the team narrowed the list of health needs from 17 to 6 health needs. The team made its decision by reviewing resources available, including staffing, program availability and clinical specialty.

TABLE 2: COMPILED COMMUNITY HEALTH NEEDS PROVIDED TO STAKEHOLDERS FOR RANKING

Accidents/Injuries	Maternal/Infant Health
Alcohol Abuse	Mental Health
Cancer	Obesity
Dental Care	Reproductive/Sexual Health
Diabetes	Respiratory Diseases
Drug Abuse	Stroke
Heart Health	Tobacco Use
High Blood Pressure	Vaping
Immunization/Infectious Diseases	

TABLE 3: ALTON MEMORIAL HOSPITAL TOP SIX HEALTH NEEDS SELECTED BY THE INTERNAL WORK GROUP

Alcohol Abuse
Diabetes
Drug Abuse
Maternal/Infant Health
Mental Health
Stroke

After a thorough discussion by the work group, members prioritized the health needs identified by the community stakeholders.

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.

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

RANK	HEALTH NEEDS RANKING: HIGHEST-LOWEST	TOTAL RANKING
1	Mental Health	75
2	Drug Abuse	75
3	Alcohol Abuse	63
4	Diabetes	63
5	Stroke	60
6	Maternal/Infant Health	45

The table above shows the ranking of the needs from highest to the lowest 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 mental health. Not addressing mental health can lead to many other issues. Outside agencies are overwhelmed and focus on both adolescents and adult needs is critical. Additionally, stroke education is needed for symptoms and time sensitivity is a need.

The group then compared the secondary data to the ranking by community stakeholders. Table 6 shows the secondary data ranking from the Conduent Healthy Communities Institute Data Scoring Tool that 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 and 2030 targets, and locally set targets, depending on data availability. The team reviewed the scores by indicators.

TABLE 6: MADISON COUNTY PRIMARY VS SECONDARY DATA RANKING: CONDUENT HEALTHY COMMUNITIES INSTITUTE VS. MADISON COUNTY COMMUNITY STAKEHOLDERS		
RANK	SECONDARY DATA BY CONDUENT HEALTHY COMMUNITIES INSTITUTE	MADISON COUNTY COMMUNITY STAKEHOLDERS RANKING
1	Maternal, Fetal & Infant Health	Mental Health
2	Mental Health & Mental Disorders	Drug Abuse
3	Alcohol & Drug Use	Cancer
4	Heart Disease & Stroke	Heart Health
5	Respiratory Diseases	Vaping
6	Children's Health	Obesity
7	Physical Activity	Immunization/Infectious Diseases
8	Environmental Health	Alcohol Abuse
9	Immunizations/ Infectious Diseases	Diabetes
10	Cancer	High Blood Pressure
11	Wellness & Lifestyle	Stroke
12	Adolescent Health	Maternal/Infant Health
13	Health Care Access & Quality	Tobacco Use
14	Oral Health	Respiratory Diseases
15	Women's Health	Reproductive/Sexual Health
16		Dental Care
17		Accidents/Injuries

The table below shows:

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

TABLE 7: MADISON COUNTY PRIMARY DATA RANKING COMPARISON: ALTON MEMORIAL HOSPITAL VS. MADISON COUNTY COMMUNITY STAKEHOLDERS VS CONDUENT HEALTHY COMMUNITIES INSTITUTE			
RANK	ALTON MEMORIAL HOSPITAL INTERNAL WORK GROUP RANKING	MADISON COUNTY COMMUNITY STAKEHOLDERS RANKING	CONDUENT HEALTHY COMMUNITIES INSTITUTE SCORING
1	Mental Health	Mental Health	Maternal, Fetal & Infant Health
2	Drug Abuse	Drug Abuse	Mental Health & Mental Disorders
3	Alcohol Abuse	Cancer	Alcohol & Drug Use
4	Diabetes	Heart Health	Heart Disease & Stroke
5	Stroke	Vaping	Respiratory Diseases
6	Maternal/Infant Health	Immunization/Infectious Diseases	Children's Health
7		Alcohol Abuse	Physical Activity
8		Obesity	Environmental Health
9		Diabetes	Immunizations/ Infectious Diseases
10		High Blood Pressure	Cancer
11		Stroke	Wellness & Lifestyle
12		Maternal/Infant Health	Adolescent Health
13		Tobacco Use	Health Care Access & Quality
14		Respiratory Diseases	Oral Health
15		Reproductive/Sexual Health	Women's Health
16		Dental Care	
17		Accidents/Injuries	

- Mental Health, Drug Abuse, Alcohol Abuse, and Maternal/Infant Health were ranked as top tier needs by all three groups; however, the stakeholders ranked cancer as its third highest need.
- Diabetes was ranked 4th by the internal group; however, diabetes was ranked 9th by the stakeholders and not by the Conduent Healthy Communities scoring.

The work group noted that Mental Health, Drug Abuse and Alcohol Abuse were listed toward the top on all three lists. Addressing these top three needs affects a number of the other categories.

Members recommended combining Drug and Alcohol Abuse.

SUMMARY

At the conclusion of the comprehensive assessment process to determine the most critical needs in Madison County, the group concluded that AMH will focus on: 1) Mental Health and 2) and Drug and Alcohol Abuse as the focus for the hospital's implementation plan.

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, Alton Memorial Rehab & Therapy, 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 2020, AMH provided \$18,828,394.00 in community benefit serving 66,661 persons. This total includes:

- \$5,289,451.00 in financial assistance and means-tested programs serving 5,151 individuals
- 22,421 individuals on Medicaid at a total net benefit of \$7,553,113.00

AMH also provided a total of \$5,985,830.00 to 39,089 persons 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: Alton Memorial Hospital 2020 Total Net Community Benefit Expenses:

ALTON MEMORIAL HOSPITAL: 2020 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	5,151	\$5,289,451
Medicaid	22,421	\$7,553,113
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	27,572	\$12,842,564
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	22,903	\$121,471
Health Professional	1,529	\$36,309
Subsidized Health Services	14,657	\$5,695,885
In-Kind Donation		\$132,165
TOTAL OTHER COMMUNITY BENEFITS	39,089	\$5,985,830
GRAND TOTAL	66,661	\$18,828,394

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, 2019 Estimate	262,966.00	12,671,821
Population, 2010	269,282.00	12,831,572
Population, Percent Change - April 1, 2010 to July 1, 2019	-2.3	-1.2
AGE		
Persons Under 5 Years, Percent, 2019	5.7	5.9
Persons Under 18 Years, Percent, 2019	21.7	22.2
Persons 65 Years and Over, Percent, 2019	17.6	16.1
GENDER		
Female Persons, Percent, 2019	51.3	50.9
Male Persons, Percent, 2019	48.7	49.1
RACE / ETHNICITY		
White Alone, Percent, 2019	87.6	76.8
White Alone, not Hispanic or Latino, Percent, 2019	84.6	60.8
Black or African American, Percent, 2019	8.8	14.6
Hispanic or Latino, Percent, 2019	3.4	17.5
Two or More Races, Percent, 2019	2.1	2.1
Asian alone, Percent, 2019	1.0	5.9
American Indian and Alaska Native Alone, Percent, 2019	0.3	0.6
Native Hawaiian and Other Pacific Islander Alone, Percent, 2019	0.1	0.1
Foreign Born Persons, Percent, 2015-2019	2.3	14.1

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+, 2015-2019	92.3	89.2
Bachelor's Degree or Higher, Percent Age 25+, 2015-2019	26.2	34.7
INCOME		
Per Capita Income, 2015-2019	\$30,278	\$36,038
Median Household Income, 2015-2019	\$56,536	\$65,886
People Living Below Poverty Level, Percent, 2015-2019	13.5	12.5
HOUSING		
Housing Units, July 1, 2019	119,364	5,388,066
Homeownership, Percent 2015-2019	63.7	59.7
Median Housing Units, Percent 2015-2019	130,200	194,500
Households, 2015-2019	107,241	4,846,134
Average Household Size, 2015-2019	2.4	2.6

Source: Conduent Healthy Communities Institute

Appendix D: Focus Group Report

Stakeholder Assessment of the Health Needs of Madison County

Prepared by:
BJC Market Research
December 21, 2021

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BACKGROUND & OBJECTIVE

The Patient Protection & Affordable Care Act (PPACA) was passed in March 2010. It required that

- Each 501(c)3 hospital must conduct a Community Health Need Assessment (CHNA) every three years.
- Each hospital must adopt an implementation strategy to meet the community health needs identified in the CHNA
- The CHNA and Implementation Plan must be widely available to the public.

The assessment is required to consider **input from those who represent the broad interests of the community served by the hospital**, including those with special knowledge or expertise in public health.

METHODOLOGY

In the past, community stakeholder health needs assessments were conducted in person via a moderated discussion. Due to COVID-19, BJC HealthCare, along with its collaborative partners, decided to conduct an online survey for the safety of our community stakeholders.

On June 7th, an email was sent by Dave Braasch, president of Alton Memorial Hospital, to 11 Madison County community stakeholders, inviting them to participate in the survey. Several reminders were sent out before it was closed for analysis on June 30th. Because some stakeholders forwarded the survey link to others within their organizations, 12 community members provided us with feedback.

MARKET DEFINITION: MADISON COUNTY



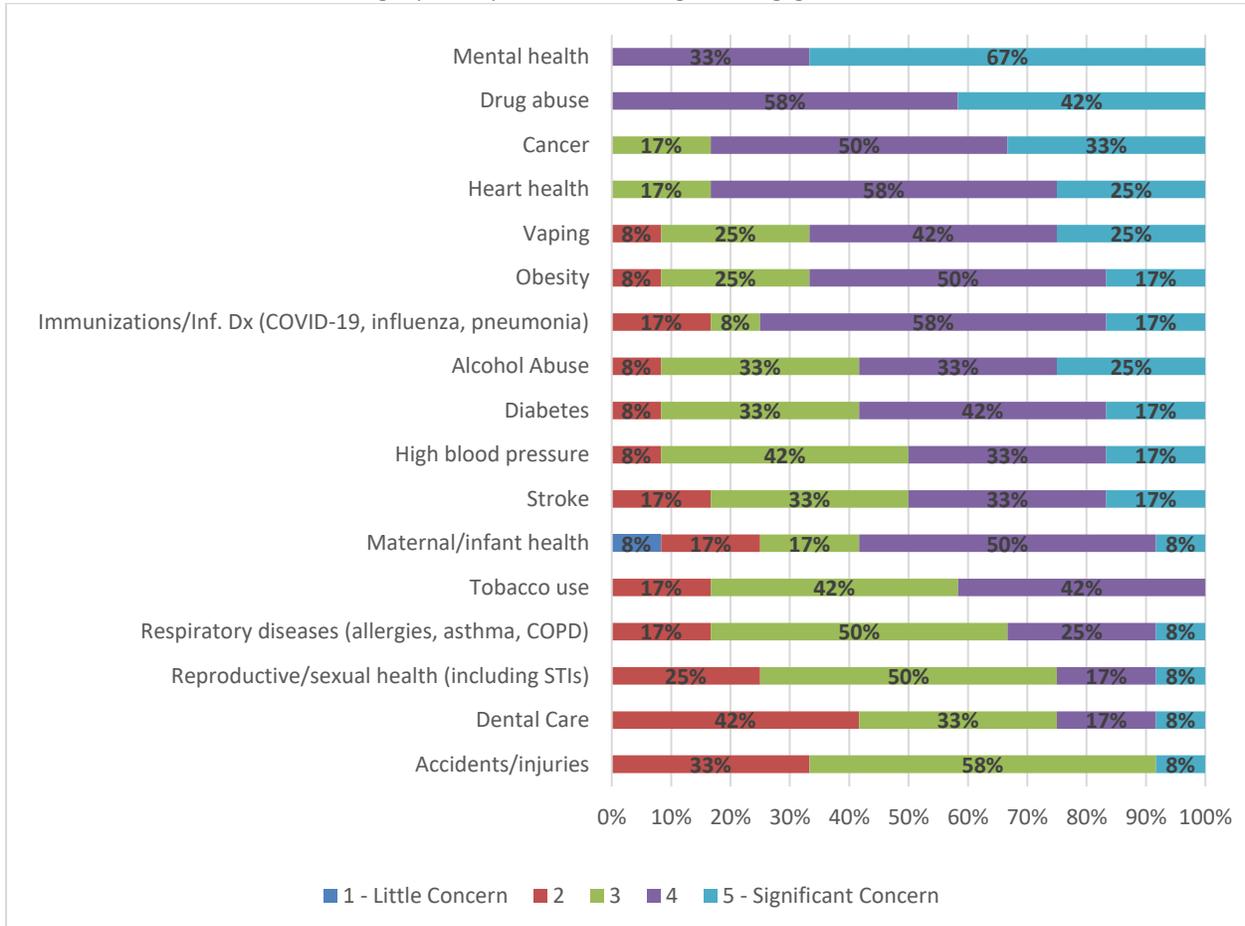
KEY FINDINGS

- There are two needs that are of greatest concern in Madison County: **mental health**, and **drug abuse**. Stakeholders rated them as either a 4 or a 5 on a scale of 1 to 5. However, **cancer** and **heart health** are also rated highly. They had an average rating greater than 4.
- Stakeholders feel that the greatest potential to work together is around the issue of **immunizations/ infectious diseases**. This was the only need in which the level of collaboration was rated higher than a 4.
- Although stakeholders rate **mental health** and **drug abuse** highest in level of concern, they rank them lower in potential for collaboration. Stakeholders identify **immunizations and infectious diseases** as the need around which they have the greatest ability to collaborate
- Stakeholders identify **lack of substance abuse treatment and mental health services** as having the greatest impact on access to health services in Madison County. **Insurance issues** relating to **coverage and co-pays** were ranked 3rd and 4th.
- Most stakeholders identify **low-income populations** as being at greatest risk for poor health outcomes in Madison County. Those **suffering from substance abuse, specific racial/ethnic groups** and **the homeless** are tied for 2nd.
- Stakeholders overwhelmingly agree that **poverty** is the social factor that has the greatest impact on the health of those living in Madison County. **Exposure to drug use/abuse** ranks second, while **safe, affordable housing** and **access to healthy food** are tied for third.

- Stakeholders strongly agree that the greatest impact of COVID-19 has been on **increasing symptoms of anxiety and depression** among Madison County residents. The pandemic has also created **financial hardship** for area residents, resulting in **loss of regular income**.
- Stakeholders identified the largest resource gaps in Madison County around **mental health**, followed by **substance abuse**. A variety of other identified gaps included disinformation/fake news, health literacy, the ability to earn a living wage and vaccine hesitancy.
- Stakeholders identified several issues related to **mental health** as being new issues of concern. Other issues were also mentioned including **career support for youth, child-care, and safe housing for men**.
- Stakeholders most frequently mentioned **churches** as resources which community members may be unaware. A variety of other individual assets were also mentioned.
- Many stakeholders recognized the importance of **continued local collaboration** as a way to help improve the health of the community. Others suggested **being accountable** and **creating a centralized resource clearing house**.
- Most stakeholders identified the **city of Alton (62002)** as being the most at-risk community in Madison County. The **Granite City** area including **Venice** and **Pontoon Beach** was also mentioned several times.

PRIORITY HEALTH NEEDS FOR MADISON COUNTY

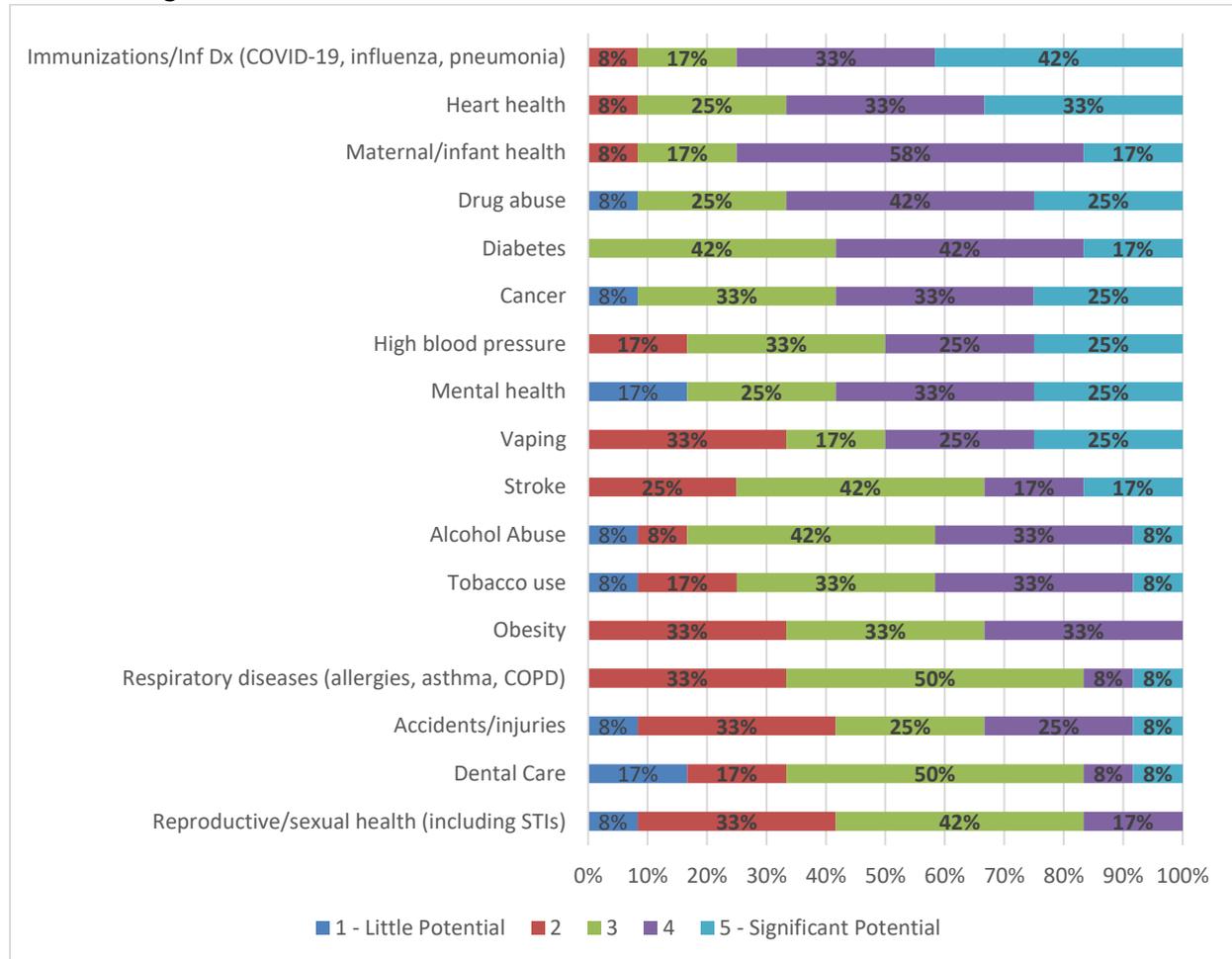
There are two needs that are of greatest concern in Madison County: **mental health**, and **drug abuse**. Stakeholders rated them as either a 4 or a 5 on a scale of 1 to 5. However, **cancer** and **heart health** are also rated highly. They had an average rating greater than 4.



Q3 & Q4: Thinking about Madison County, please rate your level of concern about each of these health needs on a scale 1 (little concern) to 5 (significant concern).

NEEDS WITH GREATEST POTENTIAL FOR COLLABORATION IN MADISON COUNTY

Stakeholders feel that the greatest potential to work together is around the issue of **immunizations/ infectious diseases**. This was the only need in which the level of collaboration was rated higher than a 4.

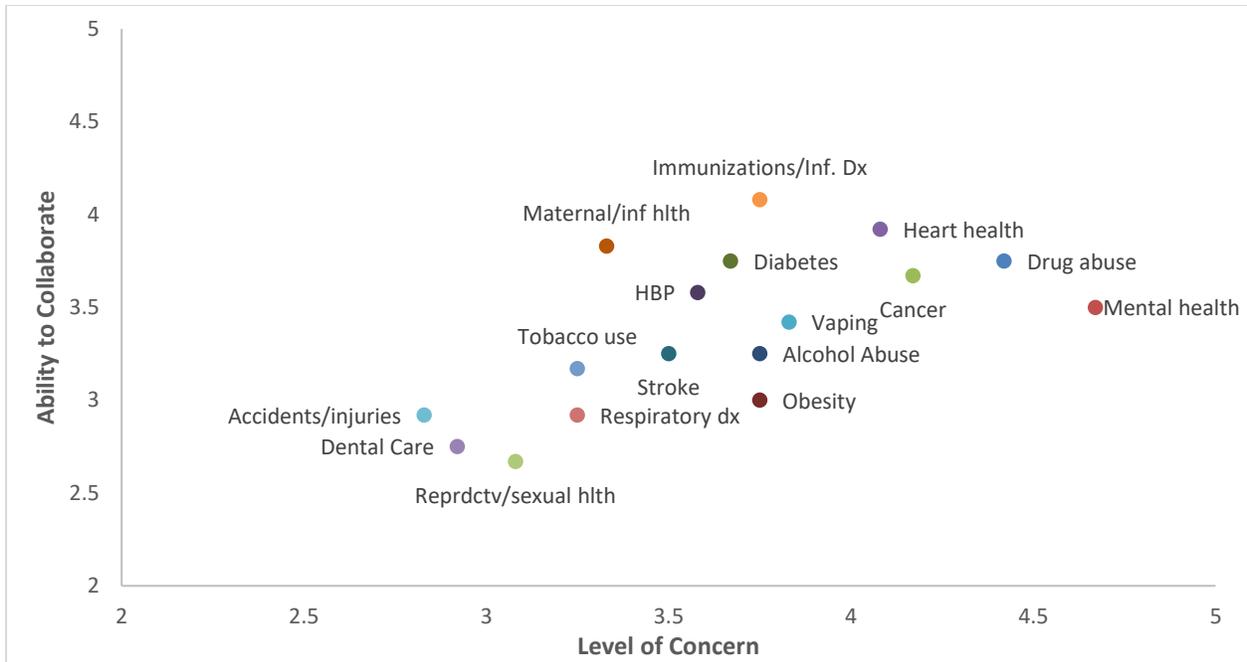


Q5 & Q6: How would you rate the potential of community partners in Madison County to work together to address each of these health needs? Please rate each on a scale 1 (little potential) – 5 (significant potential).

LEVEL OF CONCERN BY ABILITY TO COLLABORATE

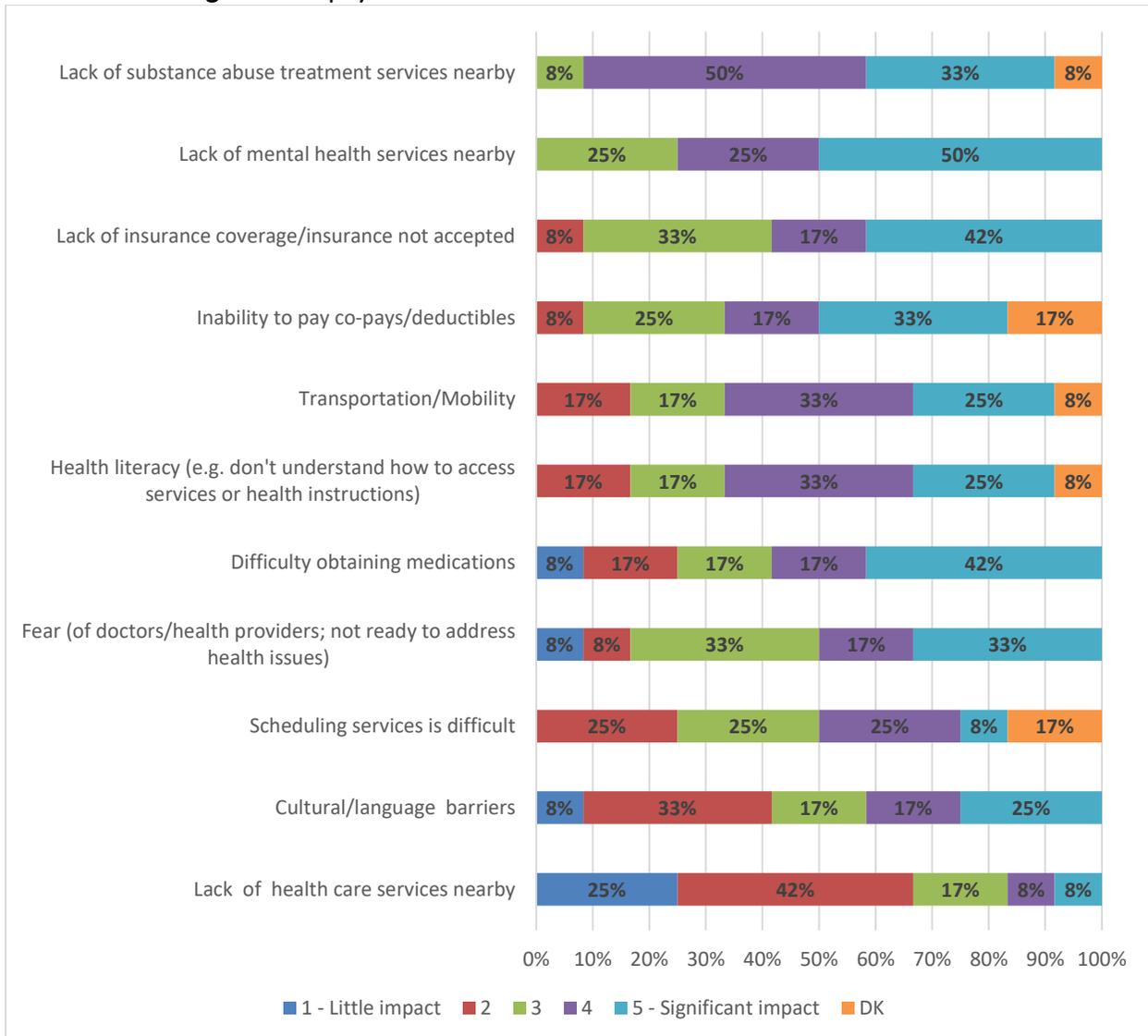
Although stakeholders rate **mental health** and **drug abuse** highest in level of concern, they rank them lower in potential for collaboration. Stakeholders identify **immunizations and infectious diseases** as the need around which they have the greatest ability to collaborate.

Health Needs	Level of Concern	Ability to Collaborate
Mental Health	4.67	3.5
Drug Abuse	4.42	3.75
Cancer	4.17	3.67
Heart Health	4.08	3.92
Vaping	3.83	3.42
Immunizations/Infectious Diseases	3.75	4.08
Alcohol Abuse	3.75	3.25
Obesity	3.75	3
Diabetes	3.67	3.75
High Blood Pressure	3.58	3.58
Stroke	3.5	3.25
Maternal/Infants Health	3.33	3.83
Tobacco Use	3.25	3.17
Respiratory Diseases	3.25	2.92
Reproductive/Sexual Health	3.08	2.67
Dental Care	2.92	2.75
Accidents/Injuries	2.83	2.92



GREATEST BARRIERS TO ACCESS IN MADISON COUNTY

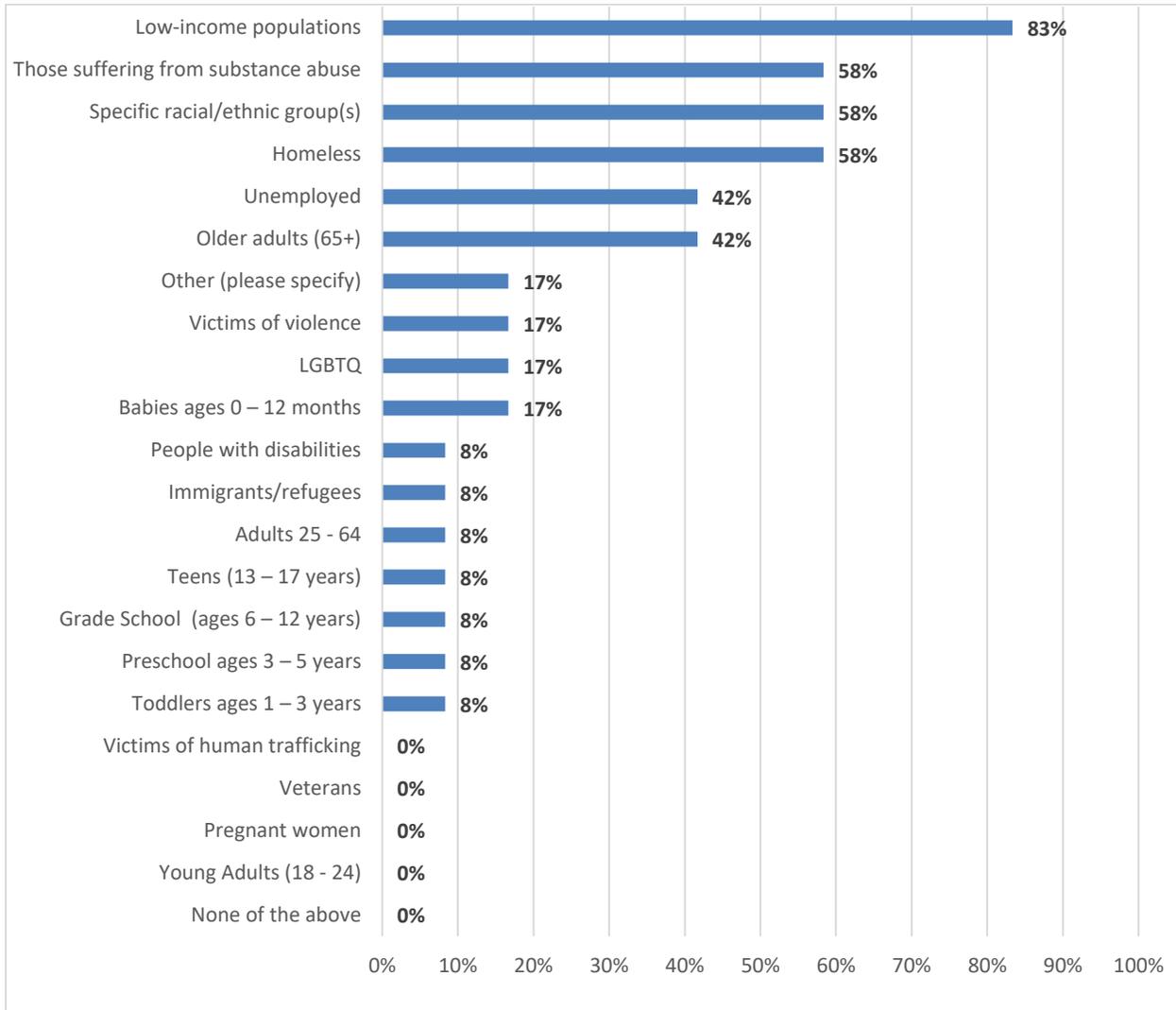
Stakeholders identify **lack of substance abuse treatment and mental health services nearby** as having the greatest impact on access to health services in Madison County. **Insurance issues related to coverage and co-pays** were ranked 3rd and 4th.



Q7: How impactful are each of the following barriers in Madison County to accessing health care? Rate each on a scale of 1 (little impact) – 5 (significant impact).

POPULATIONS AT GREATEST RISK IN MADISON COUNTY

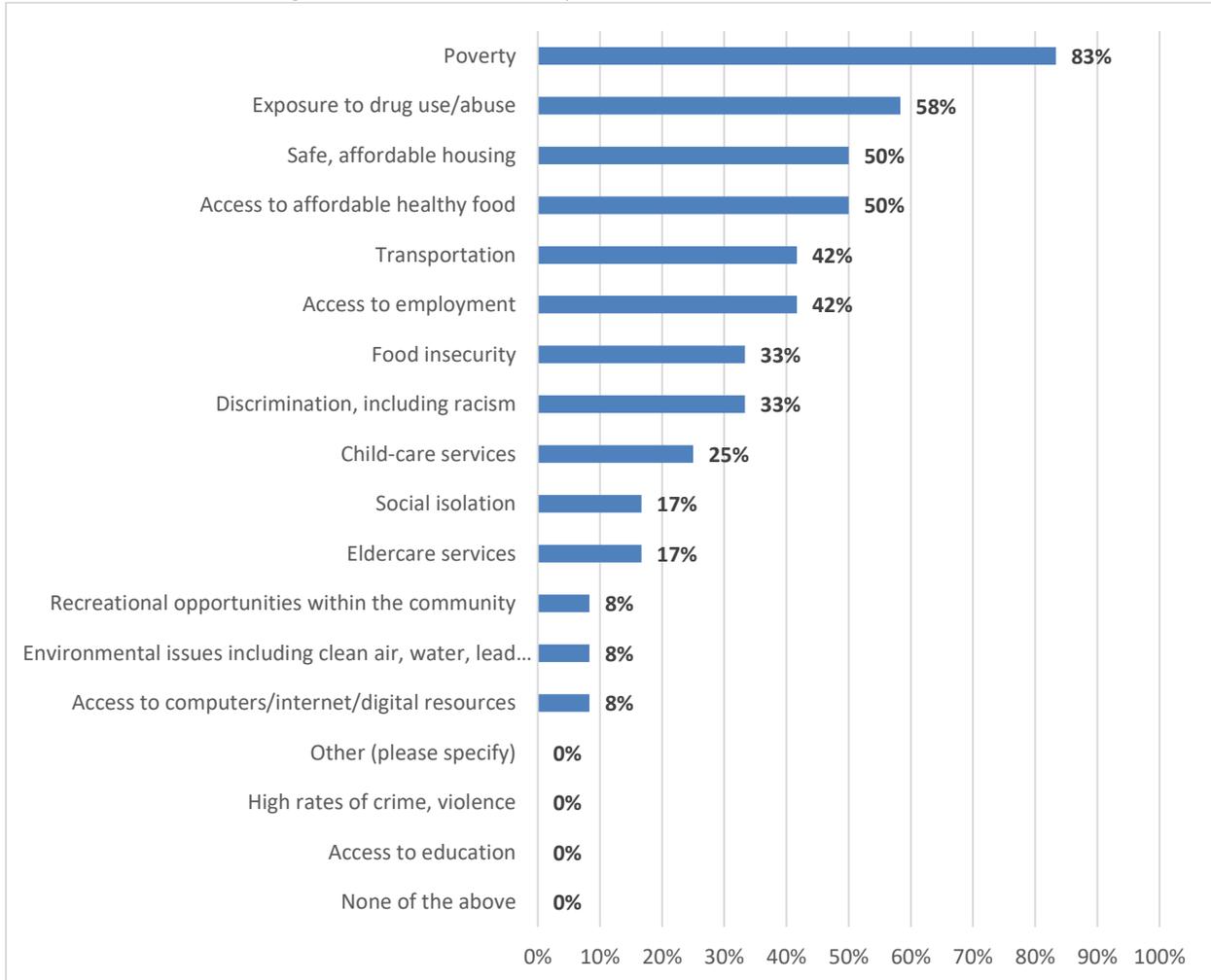
Most stakeholders identify **low-income populations** as being at greatest risk for poor health outcomes in Madison County. Those **suffering from substance abuse, specific racial/ethnic groups** and the **homeless** are tied for 2nd.



Q8: Among those you serve in Madison County, which of the following populations are most at risk for poor health outcomes? Pick no more than five.

SOCIAL FACTORS IMPACTING MADISON COUNTY

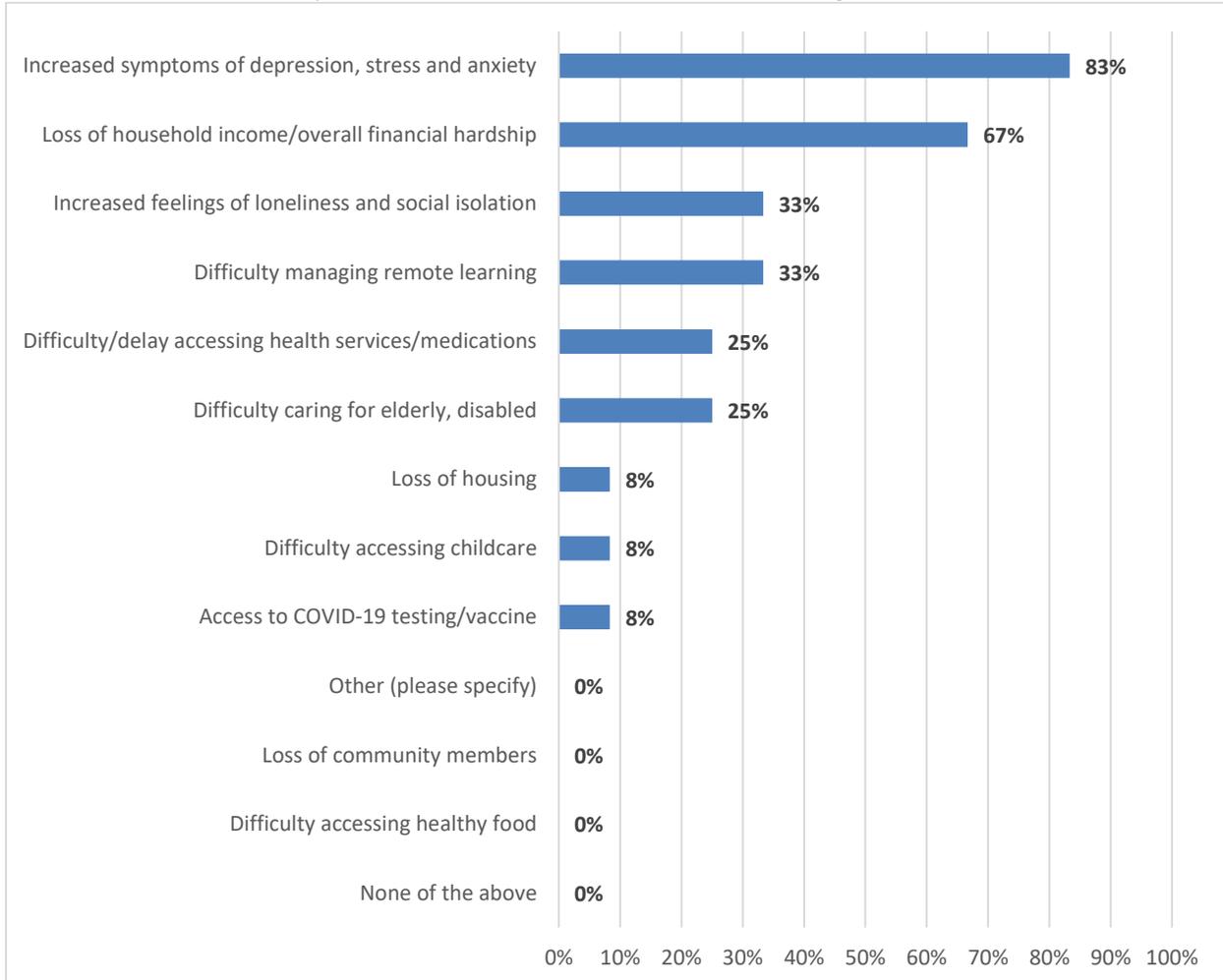
Stakeholders overwhelmingly agree that **poverty** is the social factor that has the greatest impact on the health of those living in Madison County. **Exposure to drug use/abuse** ranks second, while **safe, affordable housing** and **access to healthy food** are tied for third.



Q9: Which of the following social factors have historically had the greatest impact on the health of the communities you serve in Madison County. Pick no more than five.

COVID-19'S IMPACT ON MADISON COUNTY

Stakeholders strongly agree that the greatest impact of COVID-19 has been on **increasing symptoms of anxiety and depression** among Madison County residents. The pandemic has also created **financial hardship** for area residents, resulting in **loss of regular income**.



Q10: Thinking about the COVID-19 pandemic and its impact on Madison County, which of the following have had the greatest impact on the health of the community? Pick no more than three.

BIGGEST GAPS IN RESOURCES

Stakeholders identified the largest resource gaps in Madison County around **mental health**, followed by **substance abuse**. A variety of other identified gaps included disinformation/fake news, health literacy, the ability to earn a living wage and vaccine hesitancy.

NEED	GAP
Mental Health (4 comments)	Treatment services for those with mental health issues and those suffering from substance addiction. Long term housing for mental health There are not enough resources to address mental health issues; it is estimated that unreported mental health issues have risen during COVID as has increased drug use. Support for parents dealing with mental health issues in their children.
Substance Abuse Treatment (3 comments)	Drug Abuse. While there are counseling and short-term services, it seems there are great difficulties in locating affordable longer-term options that are often needed for such issues. Treatment for drug/alcohol Treatment services for those with mental health issues and those suffering from substance addiction.
Public Education (2 comments)	More education for families on services available and how to access while removing any barriers to access Ongoing information and education through a established informational resource network
Disinformation/Fake News	The ability to dispel myths and combat fake news and false information....again a lot of factors nationally and even a lot locally impact the ability to do this.
Health Literacy	Health literacy has definitely shown to be a much greater issue during this pandemic response than originally thought for our community
Health Services	Specific services and/or resources are missing within the various health concern/priority areas - too many to list here. Should be discussed and identified in the plan.
Livable Wage	Employment that provides a living wage and affordable healthy food.
Public Attitudes	The absolute mind-blowing level of selfishness and lack of concern for community and others in the community by a much larger portion of our county residents than ever expected or anticipated.
Public Health Dept Staffing	Very understaffed local health department for a county of this size and population.
Vaccine Hesitancy	Targeting specific audiences with issues that are not their primary concern or hesitancy but not hearing from/learning from that same audience what their true concerns/hesitancies are and then work together to address the issues.

***Q11:** What are the biggest gaps in resources within this community to address the needs that you have identified? Please mention the need along with the missing resources.*

NEW/ADDITIONAL HEALTH/SOCIAL ISSUES

Stakeholders identified several issues related to **mental health** as being new issues of concern. Other issues were also mentioned including **career support for youth, childcare, and safe housing for men.**

NEED	DESCRIPTION
Mental Health (6 comments)	<p>Also, no real resources for adults with ADHD or Autism. Lots of services for kids and teens but really none for adults.</p> <p>So overall, more programs and projects and resources for teens to help learn about, identify, and safely relieve stress as well as mental health education, mental illness resources, and a cultural shift to support mental health especially among teens are all needs that tend to be overlooked or way-layed and these teens are our future....very quickly!</p> <p>Increase in social isolation among children and teens.</p> <p>While not an additional issue, I do think we need to be aware of some of the mental and social stresses on younger people and some of the adult population if we continue or reassume heightened governmental mitigation efforts for virus containment or people have to deal with alarmist media narratives that can produce such anxiety. I deal with people who continue to have some psychological impacts from the mitigation mandates and how that has become reinforced in their daily lives.</p> <p>Isolation due to COVID will likely yield depression and other mental health issues - the overall impact is not understood.</p> <p>Chronic Traumatic Stress</p>
Career Support for Youth	<p>Madison County Youth Board has been working on a project for the past 2 years called the Futures Prep Project. It is a multi-layered project to help support the schools, encourage the guidance counselors, and provide an online location for teens to learn about and explore careers in the three major categories of college, trades, and military. The project idea stemmed from the last Madison County Youth Forum that we held as the topic was Stress. Teens expressed one major stressor was pressure by their parents, school, and society to just go to college without providing guidance or information about other options or connected to skills and interests the students have.</p>
Child Care	<p>Not enough safe child care</p>
LGBTQ	<p>Lack of acknowledgement and support for LGBTQIAA+ persons and their families/friends and lack of education/awareness in the health field of this audience to help understand and make them more comfortable and willing to seek services. Also, lack of mental health support especially for teens who are questioning and/or coming out and/or transitioning and the Youth Board have repeatedly stated there is a severe lack of knowledge by educators, school nurses and social workers, and administrators about this population and how to handle them, address them, and support their mental health needs and an accepting culture at school.</p>
Safe Housing for Men	<p>It comes to my attention more often than you would think the need for some kind of halfway house/safe house for men and various services associated with that. Homelessness, release from drug rehab or a step down drug rehab, special needs men, special needs men who are victims of abuse especially by their caretaker and it is no longer safe for them to remain in that household, men who have been abused, etc. Those are some specific examples that have come to use and there are really no resources out there and definitely not a place for them to go.</p>
Sexually Transmitted Infections	<p>More STI clinics in Madison County. There used to be 4 and now I think we are the only one still in operation. More education on sexually transmitted infections the how and the consequences and the importance of testing and follow up.</p>
Vaping	<p>Not new - but we are seeing a resurgence (after a slight reduction) of vaping</p>

Q12: *What new/additional health or social issues are you aware of in this community that may not be widely known, yet are a concern for the future?*

COMMUNITY ASSETS THAT PROMOTE COMMUNITY HEALTH

Stakeholders most frequently mentioned **churches** as resources which community members may be unaware. A variety of other individual assets were also mentioned.

NEED	DESCRIPTION
Churches (3 comments)	<p>Over the weekend, I was informed that Immanuel Methodist Church on Main Street in Edwardsville is starting up a Flag Group (I think that's the name of it) on Thursday nights to provide support for LGBTQIAA+ and their friends, families, and allies. This is the first one that I know of in Madison County. More are DEFINITELY needed especially for the teens. Contact that church for more details and I do believe they are creating a FB page or FB group as well.</p> <p>I know that about 2 months ago, Riverbend Family Ministries in Wood River just started a new youth-focused program but don't know much about it yet.</p> <p>Churches seem to have a captive audience so an opportunity for health education and awareness to their membership.</p>
Celebrate Recovery	We do provide a CR (Celebrate Recovery) Program that aids individuals with addiction issues.
Hospitals	Access to two outstanding hospitals in Alton. Hospital staff committed to community and youth health and wellness.
Public Health Department	Public health department
Various	Oh I would have to see your list! There are TONS and I know many of them but I am always learning of new ones too.
	As an organization, we are more aware of resources than the everyday citizen.

Q13: *Think about health assets or resources as people, institutions, services, supports built resources (i.e., parks) or natural resources that promote a culture or health. What are the health assets or resources in Madison County that we may not be aware of?*

IDEAS FOR IMPROVING THE HEALTH OF THE COMMUNITY

Many stakeholders recognized the importance of **continued local collaboration** as a way to help improve the health of the community. Others suggested **being accountable** and **creating a centralized resource clearing house**.

NEED	DESCRIPTION
Participate in Local Collaborations (6 comments)	Actively participate in the countywide coalitions addressing health priority areas so as to pull all of our resources together and make a larger impact especially with things that we cannot do alone.
	Assess the needs and work together to provide more resources for our more impoverished neighborhoods.
	Community development that allows for improvements to property and provides employment.
	Continued collaboration between all stakeholders
	Meetings with stakeholders
	Work together with community leaders from various sectors in specific communities/populations and with people of those communities/populations to tailor programs, services, and address specific needs to improve health outcomes and create a deeper health impact.
Be Accountable	Be accountable and own the role you can and should play and continue to step up to the plate in doing so. We don't have to be everything to everyone, but we do need to lead the way and lend a helping hand in feasible and innovative ways.
Centralized Resource Clearinghouse	I think we need to continue to communicate where resources can be found. A central clearinghouse listing all available helps would be wonderful. There may be such a clearinghouse, but people may not always know how that information can be accessed in an easy manner.
COVID Education	Education around COVID and dispelling misinformation.
Promote Health Awareness	Establish an inclusive network to promote health awareness through a collective newsletter or social networks.
Recognize Service Gaps for Substance Abuse and Mental Health	Acknowledge the gap in services for substance abuse, mental health needs and domestic violence.

Q14: *How can community stakeholders in Madison County work together to use their collective strengths to improve the health of the community?*

COMMUNITIES AT GREATEST RISK

Most stakeholders identified the **city of Alton (62002)** as being the most at-risk community in Madison County. The **Granite City** area including **Venice** and **Pontoon Beach** was mentioned several times.

NEED	DESCRIPTION
Alton (8 mentions)	62002
Granite City, Venice, Madison (4 mentions)	62060, 62090
Cottage Hills, East Alton, Bethalto (3 mentions)	62018
Granite City, Pontoon Beach (3 mentions)	62040
East Alton (2 mentions)	62024
Meadowbrook, part of Bethalto (1 mention)	62010
Wood River, Roxana (1 mention)	62095
Other (1 mention)	That depends on which health concern you are discussing/targeting. We have food desert areas, low-income areas, LGBTQIAA+ all over the county, Men who have been affected as I previously mentioned all over the county, etc. So, I caution us from solely or primarily looking at geographic locations. The deepest health concerns right now are in more specific populations and/or the entire population and infiltrate all geographic communities in this county.

Q15: Within Madison County, which communities, neighborhoods, or ZIP codes are especially vulnerable or at risk?

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, 2022.

Appendix E: Participating Stakeholders

MADISON COUNTY PARTICIPATING COMMUNITY STAKEHOLDERS				
LAST NAME	FIRST NAME	ORGANIZATION	Title	City/County
Bost	Gary	Village of Bethalto	Mayor	Bethalto
Baumgartner	Kristie	Alton School District	Superintendent	Alton
Dobson	Andre	Calvary Baptist Church	Senior Pastor	Alton
Howell	Gene	Riverbend Head Start & Family Services	President / CEO	Alton
Jacobs	Marcy	Oasis Women Center	Client Services Coordinator	Alton
Kane	Elaine	Alton School District	Assistant Superintendent	Alton
McCain Walker	Brenda	Madison County Urban League Inc.	President / CEO	Alton
Whitehead	Sheena	American Cancer Society	Senior Development Manager	Edwardsville
Wilson	Kathleen A	Boys & Girls Club of Bethalto	Executive Director	Bethalto
Womack Jr.	Al	Boys & Girls Club of Alton	Executive Director	Alton
Wuellner	Maura	United Way	Director	East Alton
Yeager	Amy	Madison County Health Department	Director of Community Health	Wood River

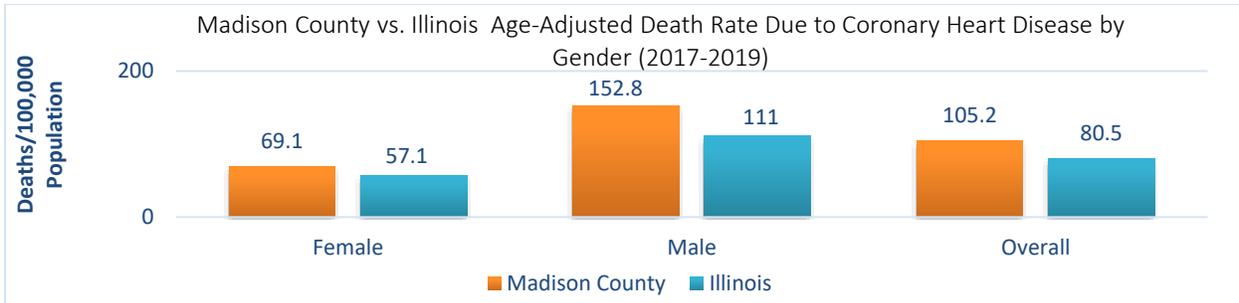
Appendix F: Alton Memorial Hospital Internal Work Group

ALTON MEMORIAL HOSPITAL INTERNAL WORK GROUP MEMBERS

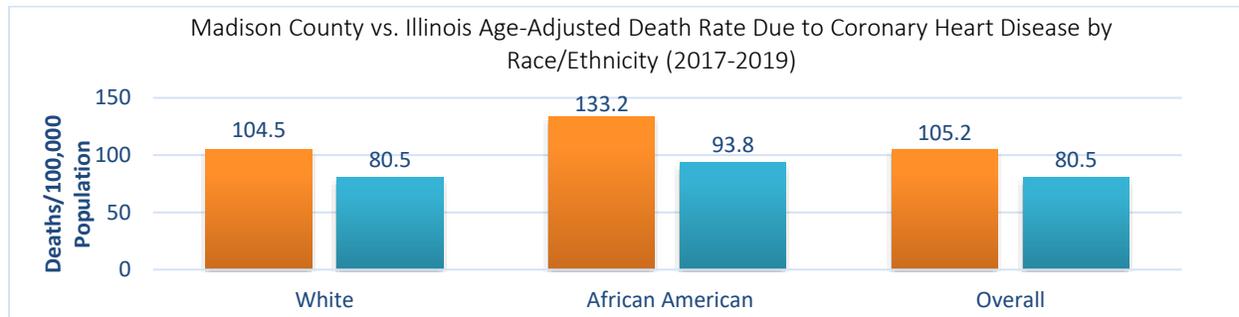
LAST NAME	FIRST NAME	TITLE	DEPARTMENT
Bhandari	Elizabeth	Supervisor, Operations & Patient Care	Hospital Screen and Warm Handoff
Bowman	Jason	Manager	Emergency Medical Services
Bray	Cindy	Director	Nursing Administration
Dierker	Sarah	Supervisor	Pastoral Care
Harper	Terrea	Specialist	Hospital Screen and Warm Handoff
Hoffman	Rebecca	Program Director	Family Medicine Residency Program
Holbrook	Angela	Physician	Emergency Medical Service
Ingram	Rusty	Director	Physician Practice Development
Jones	Kristen	Manager	Emergency Room
King	Karley	Program Manager	Communication and Marketing
Miller	Andrew	Physician	Emergency Medical Service
Parker	Meredith	Manager	Medical Stabilization
Ryrie	Kristen	Manager	General Administration-Fund Raising
Turpin	Deborah	Vice President, Chief Nurse Officer	Executive Administration
Whaley	David	Consultant I	Communication and Marketing NE_NW & Alton

Appendix G: Secondary Data

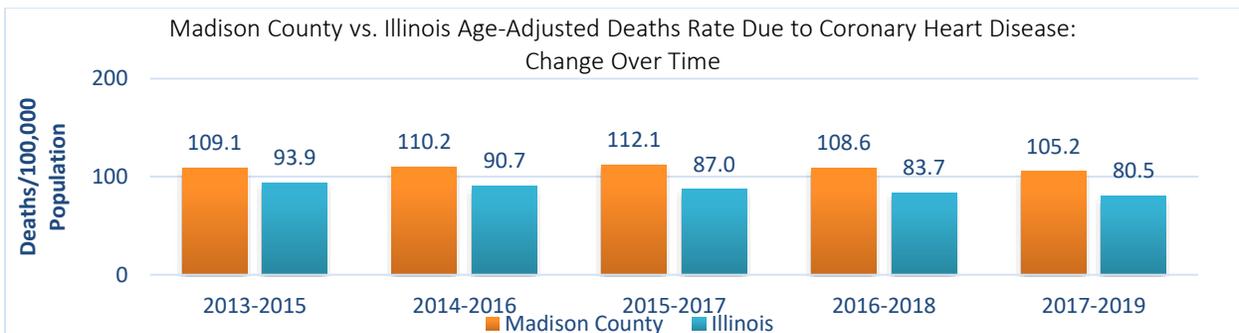
HEART & VASCULAR DISEASE



Source: Conduent Healthy Communities Institute

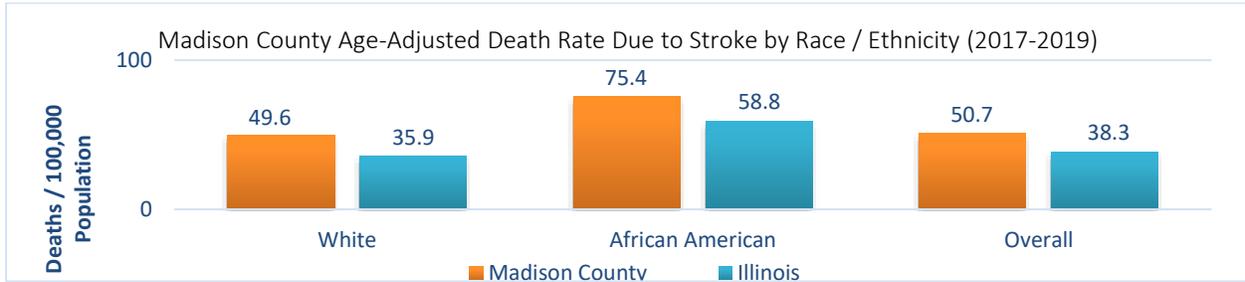


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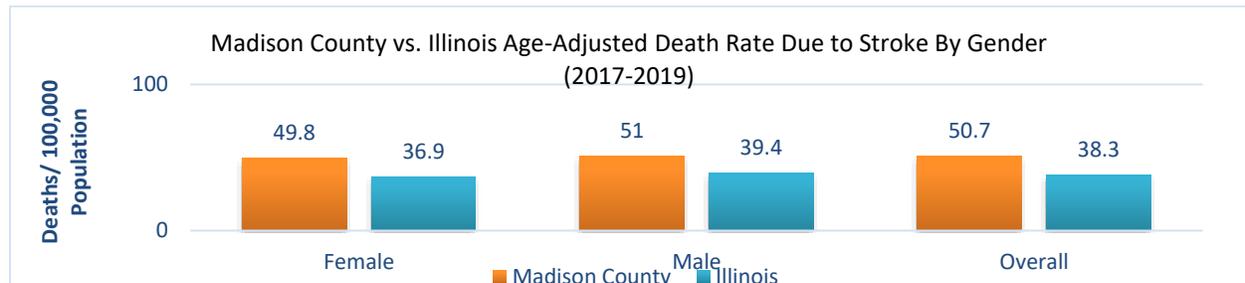


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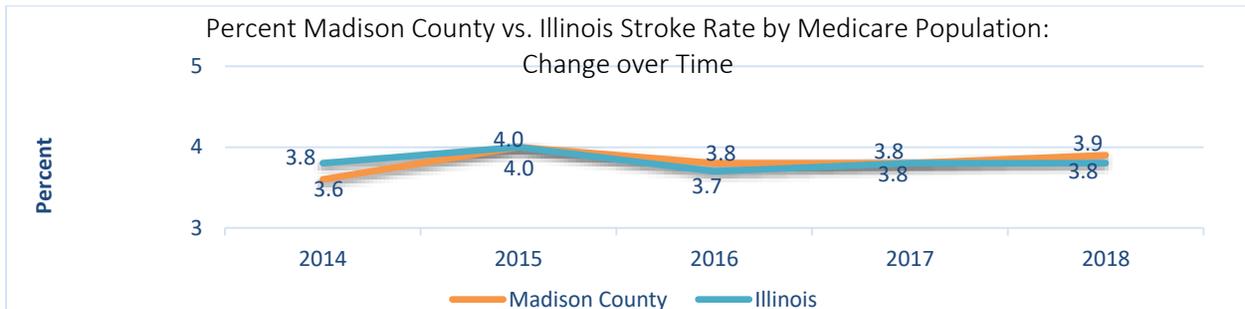
CEREBROVASCULAR DISEASE (STROKE)



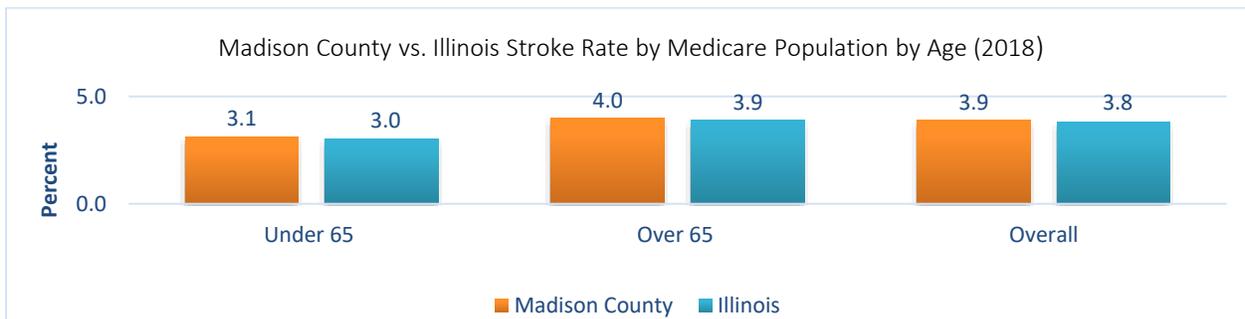
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

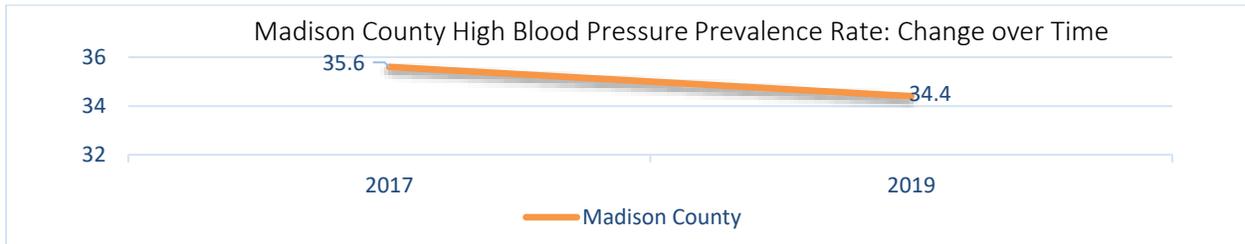


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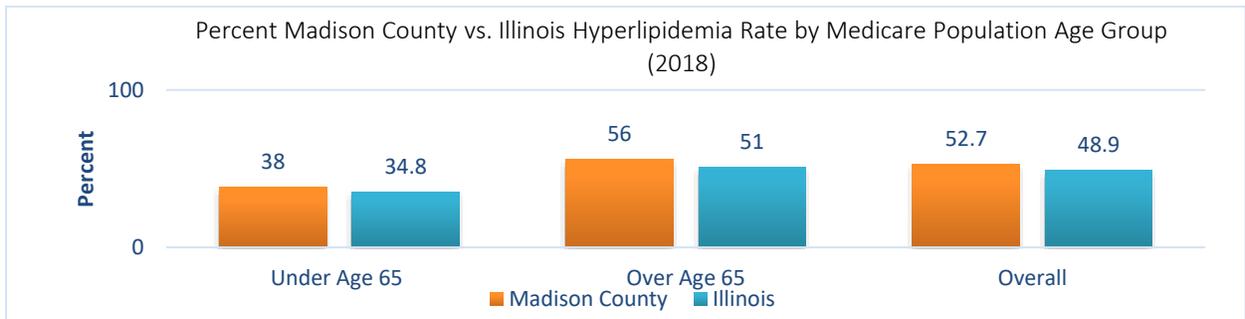


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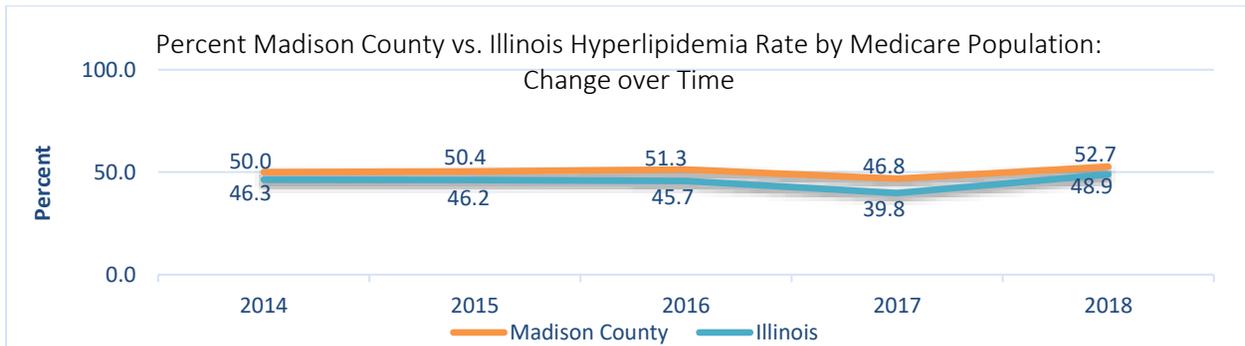
HIGH BLOOD PRESSURE



Source: Conduent Healthy Communities Institute

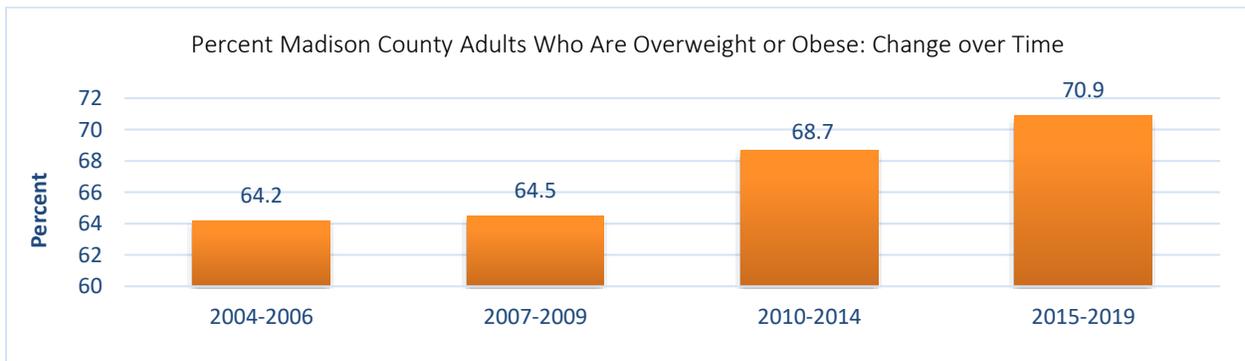


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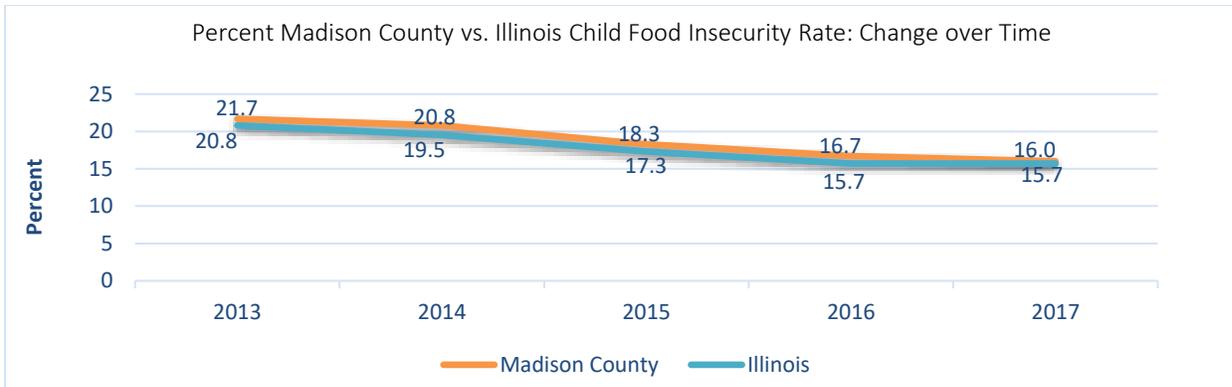


Source: Conduent Healthy Communities Institute

OBESITY



Source: Conduent Healthy Communities Institute



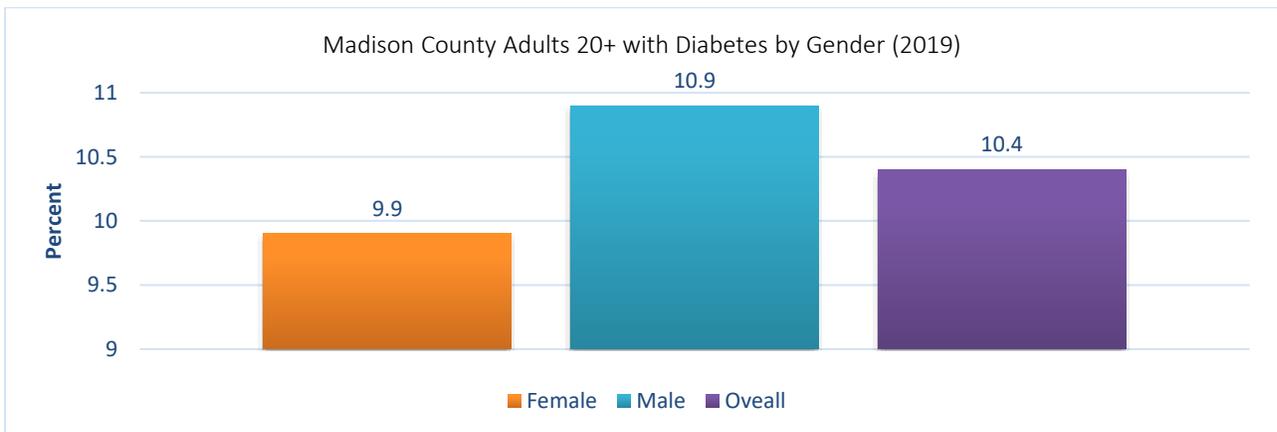
Source: Conduent Healthy Communities Institute

2018 vs 2019 TOP FIVE CITIES IN MADISON COUNTY WITH ADULTS WHO ARE OBESE (PERCENT)

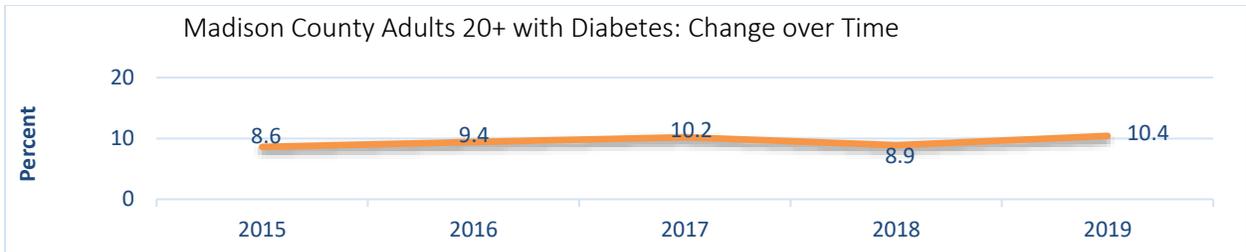
CITIES	YEAR 2018	CITIES	YEAR 2019
Venice	49.7	Venice	53.7
Madison	47.5	Madison	49
Fairmont City	44.9	Alton	42.6
Alton	38.6	Fairmont City	42.3
Roxana	36.1	Roxana	41

Source: Conduent Healthy Communities Institute

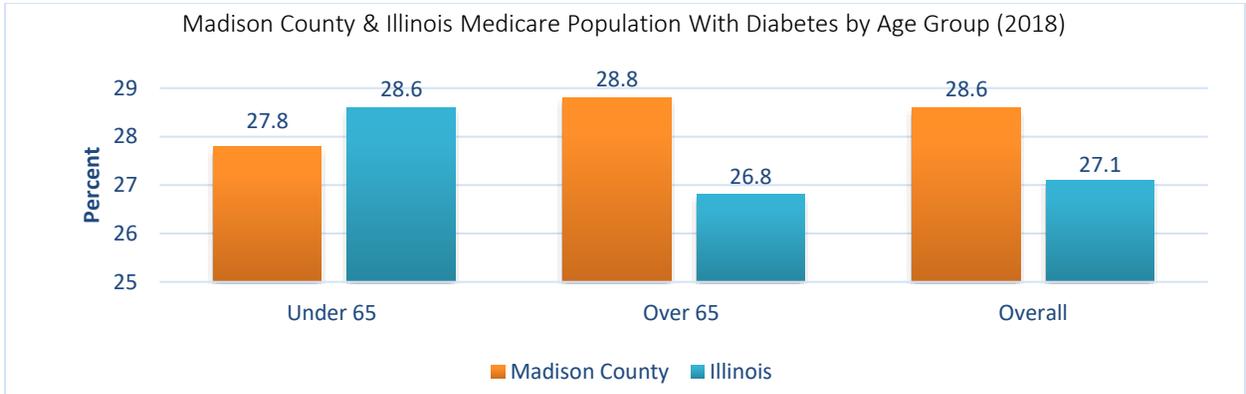
DIABETES



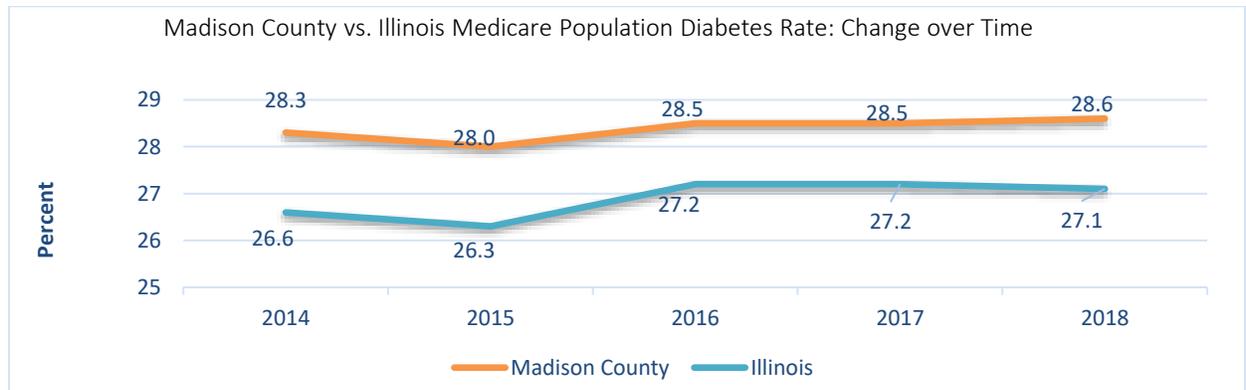
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

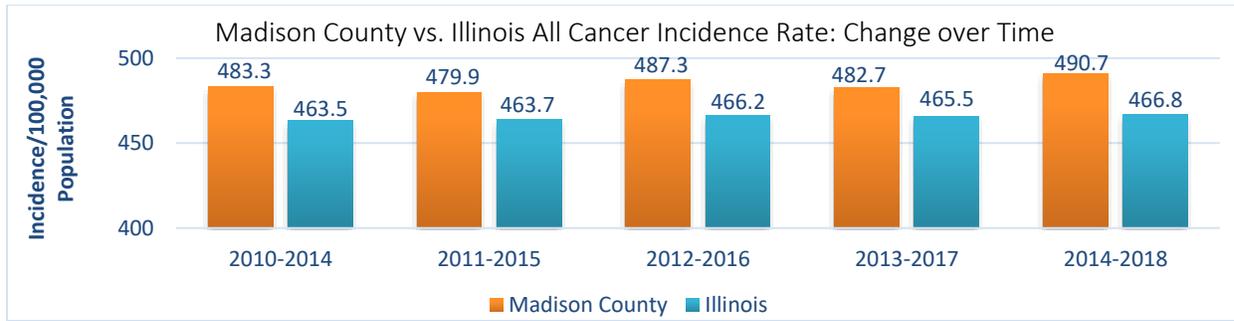


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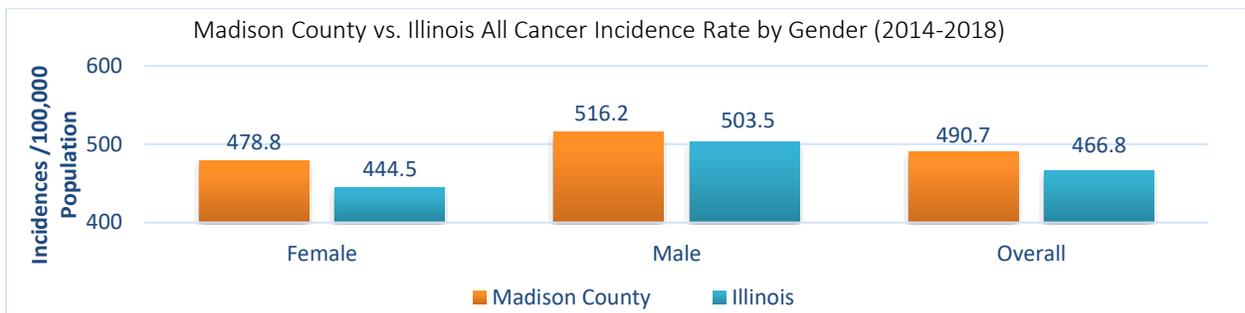


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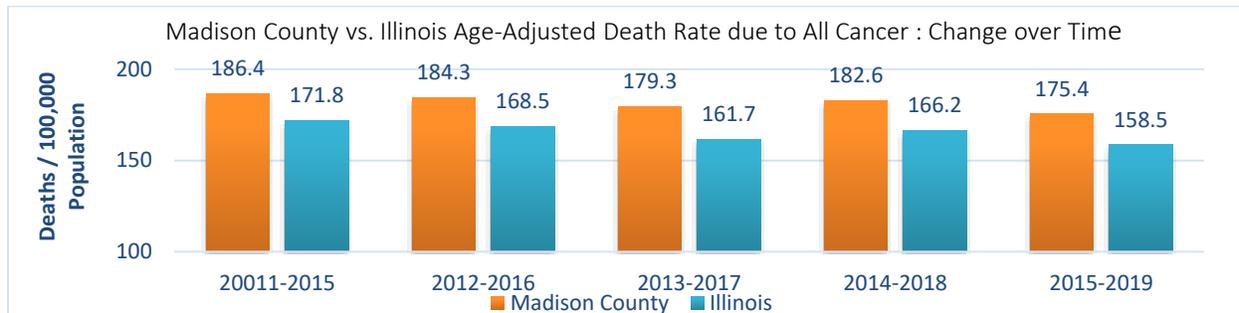
CANCER



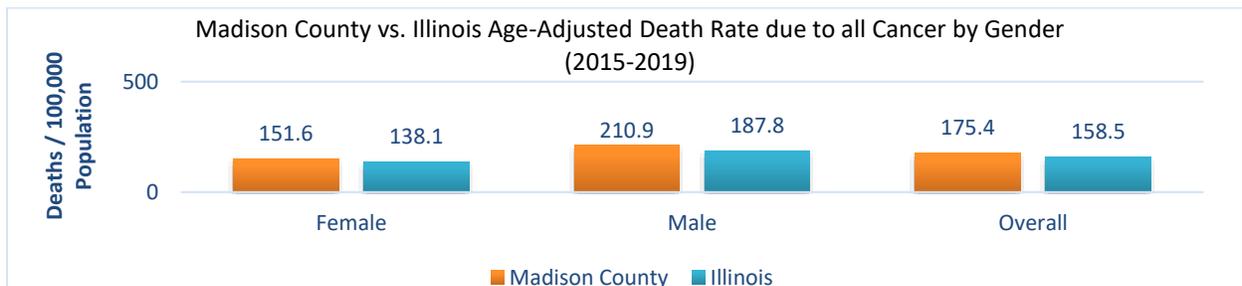
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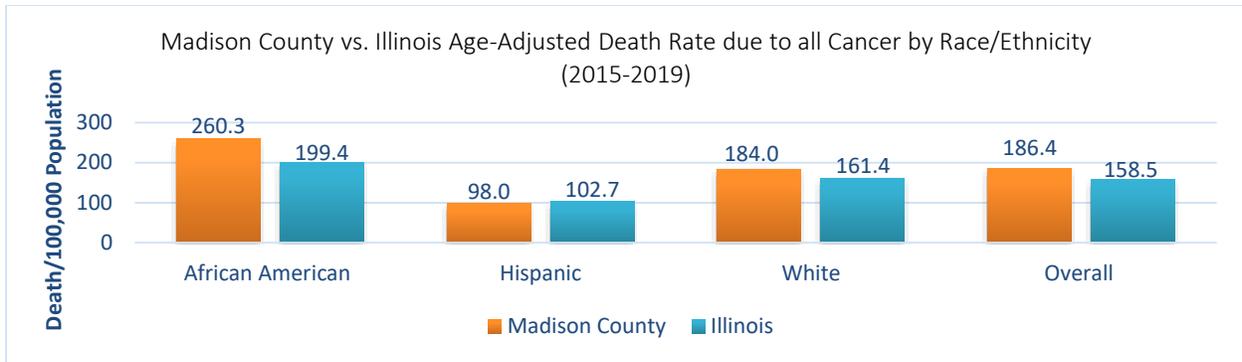
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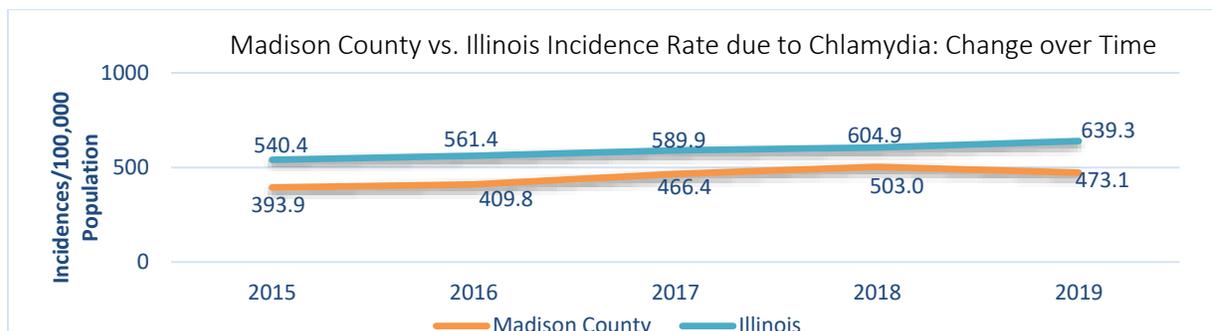


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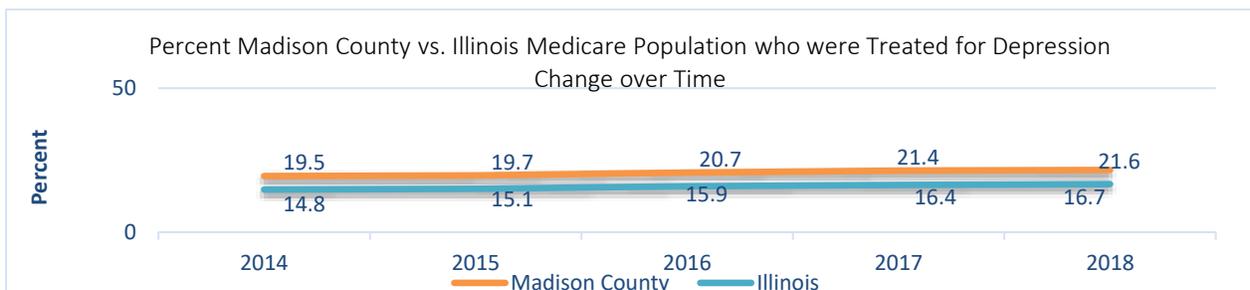
Source: Conduent Healthy Communities Institute

SEXUALLY TRANSMITTED DISEASES

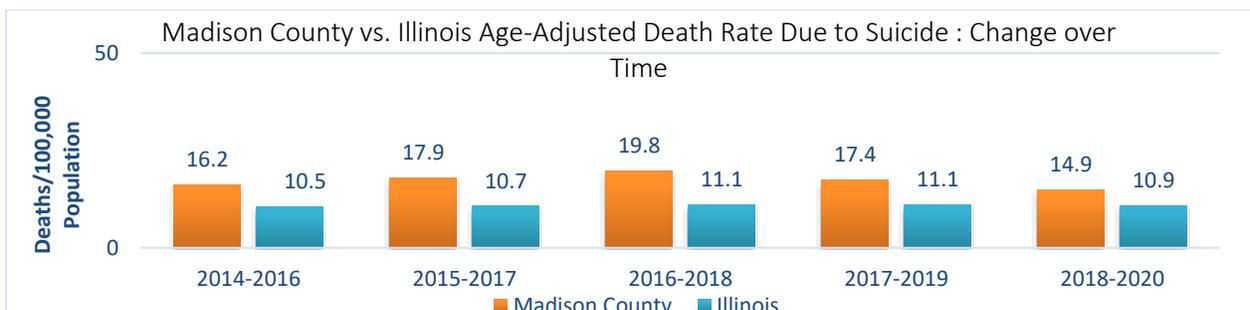


Source: Conduent Healthy Communities Institute

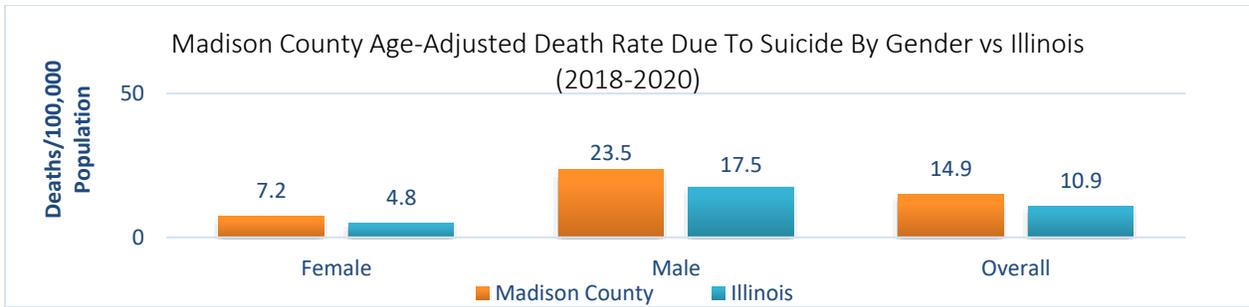
MENTAL HEALTH



Source: Conduent Healthy Communities Institute

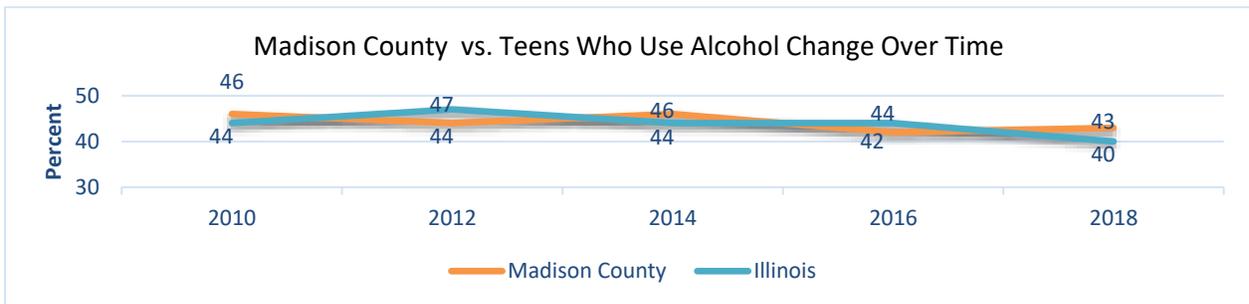


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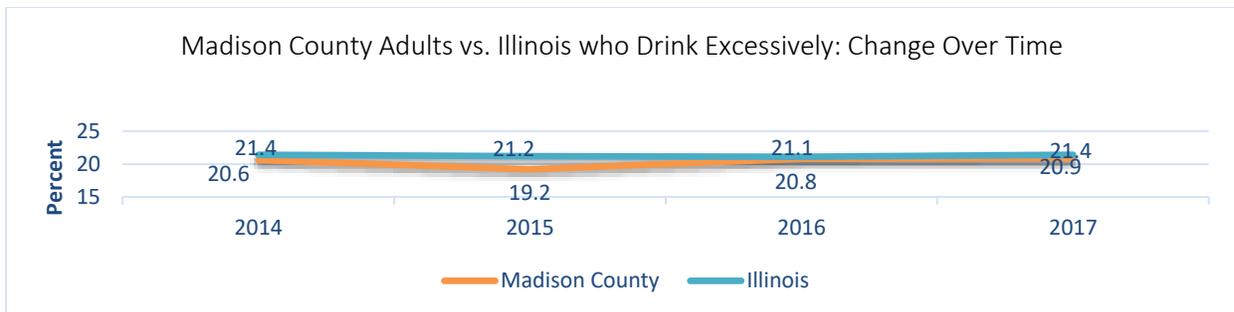


Source: Conduent Healthy Communities Institute

ALCOHOL ABUSE

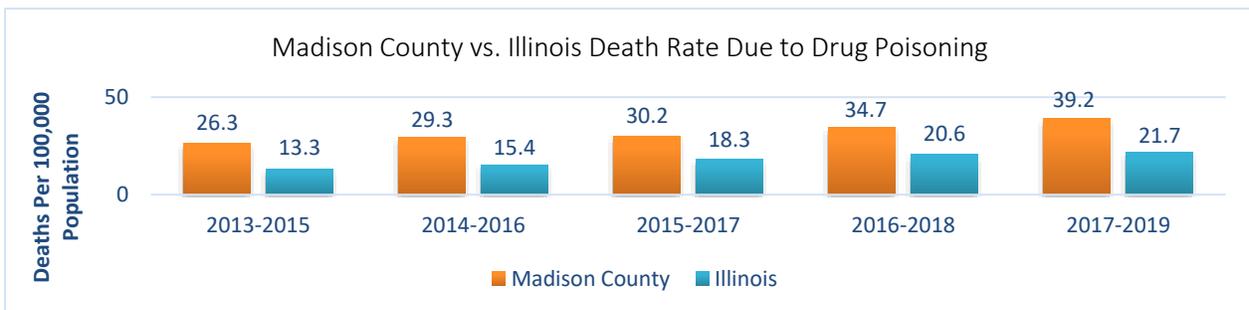


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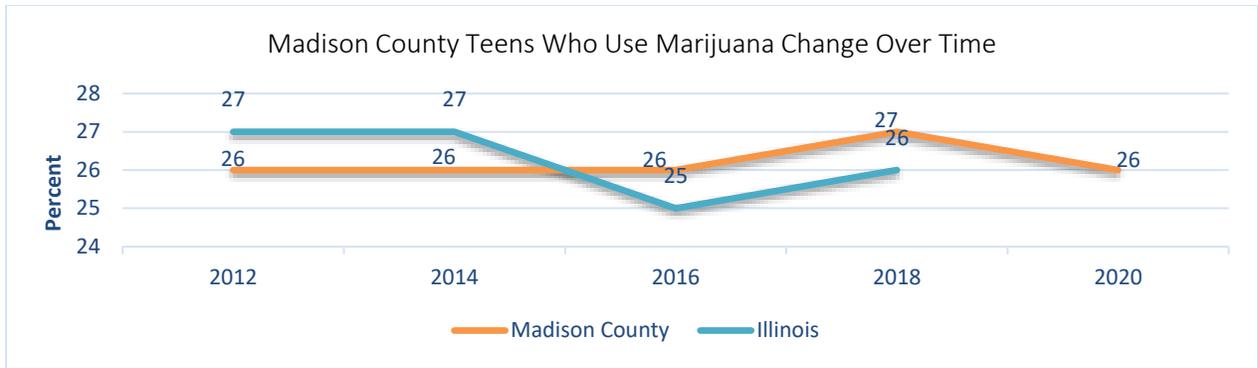


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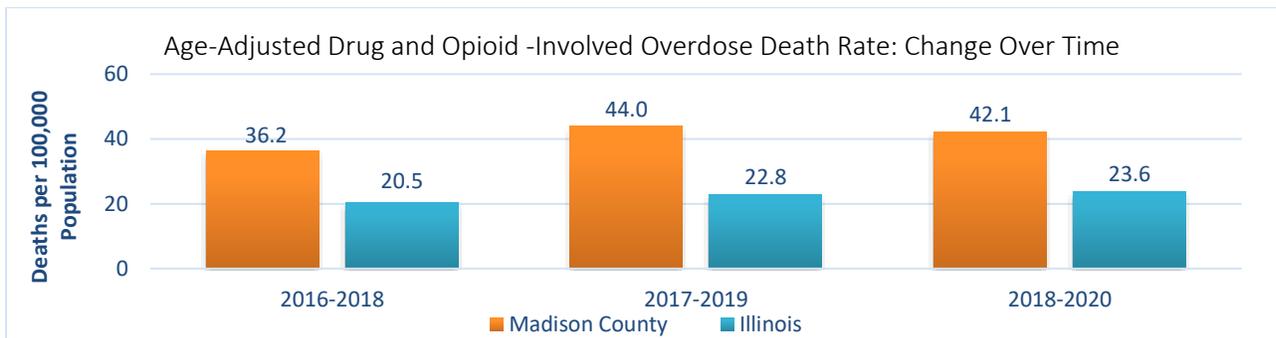
DRUG ABUSE



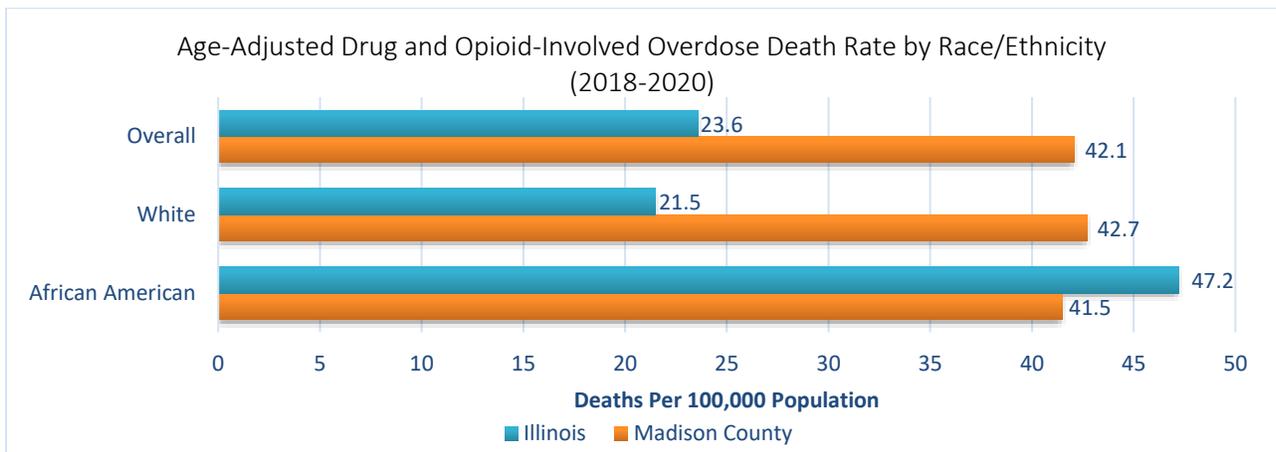
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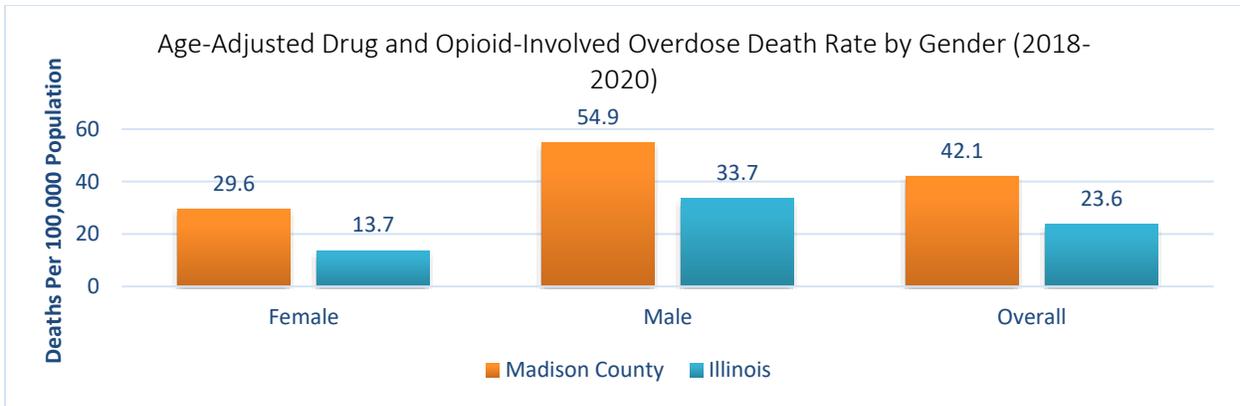
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Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

Implementation Strategy



A. Community Health Needs to be Addressed

I. MENTAL HEALTH

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need (Healthy People 2030)

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders.

Alton Memorial Hospital sought to partner and collaborate with community organizations that take an "upstream" approach to addressing mental/behavioral health issues such as Gateway Regional Medical Center and Centerstone by referring patients with mental/behavioral health needs and to providing them with external resources as well.

II. ALCOHOL & DRUG ABUSE

RATIONALE (Healthy People 2030)

- More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year.
- About 1 in 20 patients treated for a nonfatal opioid overdose in an emergency department died within 1 year of their visit and many within two days. In 2021, the total drug and alcohol overdose deaths in Madison County was 116. This is an increase from the 88 total overdose deaths in 2020. Substance Use Disorders are chronic, relapsing illnesses that often require more than one attempt at treatment.
- Immediate treatment in the ER (Emergency Room) as well as continued treatment and engagement is needed to reduce opioid-related deaths, according to a study conducted in 2020 at Brigham and Women's Hospital in Boston, Massachusetts. Alton Memorial Hospital's (AMH) mobile outreach response vehicle works directly with underserved people in the community to address substance use disorders and other social determinants of health.

GOAL I: Reduce the number of drug and alcohol related deaths in Madison County and surrounding counties.

OBJECTIVE I: Using 2022 baseline, reduce the proportion of adults or adolescents living in Madison County reporting with illicit drug use or overdose by 5% during the year 2023, year 2024 and year 2025.

ACTION PLAN:

- AMH's Peer Recovery Specialists will meet with those patients returning to AMH 90% of the time.
- Trained to incorporate their unique, individual experiences in their own recovery with a knowledge base in human services and addiction, Peer Recovery Specialists will utilize motivational interviewing techniques and engage with individuals identified with substance use disorders.
- Peer Recovery Specialists will build therapeutic alliances with each patient working collaboratively with the patient, medical staff and family.
- Peer Recovery Specialists serve as role models for individuals seeking help for substance use disorders and assist everyone in identifying their stage of change and creating a patient-driven plan of care.
- Peer Recovery Specialists will remain in contact with patients regardless of their stage of change, for 90 days after their contact with AMH providing ongoing support, encouragement to return if needed and linkage to community resources.
- For patients who begin on buprenorphine, AMH providers will prescribe enough medication to get to an appointment with a community provider that is scheduled by the Peer Recovery Specialist. If the patient does not have the financial resources to pay for the medications, AMH will provide financial assistance to ensure that each patient receives their prescription.
- Provide free take-home naloxone to all patients and visitors who are high-risk for opioid overdose, or adjacent to someone high-risk for opioid overdose.

BASELINE: 2022 number as a baseline

EXPECTED OUTCOMES: Improve healthy behavior of individuals who are drug and alcohol users.

OUTCOMES MEASUREMENT: Using data from Epic electronic health record, Epic reports, and Microsoft Excel to track and analyze the data to determine if the expected outcomes were met.

B. 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.

ACCIDENTS/ INJURIES

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 three convenient care locations to make access for patients available after business hours at a low cost.

CANCER

AMH will continue education and screening programs focused on cancer through its partnership with the American Cancer Society and the Siteman Cancer Center. Literature as well as in-person and virtual screenings are offered through these two agencies in Madison County.

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 dental health. In 2007, Madison County ranked ahead of the Illinois and the U.S. average for dentists per 100,000 population.

DIABETES

AMH will continue to utilize a strong diabetes education department and diabetic educator for patient education. As a provider of charity care and financial assistance for uninsured and underinsured patients, AMH taps internal funding to assist patients with the cost of their medications.

HEART HEALTH

AMH will continue to fund a heart navigator to educate and screen patients.

HIGH BLOOD PRESSURE

AMH will rely on area nursing programs in the county to continue community blood pressure checks.

IMMUNIZATIONS/ INFECTIOUS DISEASES

AMH will utilize BJC Medical Group primary care and convenient care locations to offer immunizations to the community. Pediatric patients are serviced in Madison County by the local health department, Southern Illinois Healthcare Foundation and independent pediatricians.

MATERNAL/INFANT HEALTH

AMH will lean on the Madison County Health Department and Southern Illinois Healthcare Foundation who have focused programming in place to support.

OBESITY

AMH will continue to support county agencies such as Senior Services Plus, the Alton and Bethalto Boys and Girls Club and others with programming focused on obesity. AMH also holds diet support groups through its bariatric services.

REPRODUCTIVE/ SEXUAL HEALTH

The Madison County Health Department and Southern Illinois Healthcare Foundation offer screenings and education in this area.

RESPIRATORY DISEASES

AMH offers low dose CT lung screenings and Pulmonary Function Testing for those with respiratory diseases. Screening numbers have increased over the past three years with the addition of physicians specialized in this area. The pandemic has also brought focus to this area.

STROKE

AMH will continue to fund a stroke navigator to educate and screen patients.

TOBACCO USE AND VAPING

AMH will continue education programs around vaping and tobacco use through its partnership with the American Cancer Society and the Siteman Cancer Center. Literature as well as in-person and virtual education are offered through those two agencies in Madison County.