



2021 Joint

Community Health Needs Assessment & Implementation Strategy

- » SIH Herrin Hospital
- » SIH Memorial Hospital of Carbondale
- » SIH St. Joseph Memorial Hospital
- » Harrisburg Medical Center





Harrisburg Medical Center

Harrisburg Medical Center officially joined the SIH family in August of 2021 after nearly ten years of collaborating with SIH on various clinical and operational services. Harrisburg is home to the only inpatient behavioral health program in the southernmost 16 counties in Illinois. While HMC is the easternmost hospital in the SIH health system, because of its specialized behavioral health expertise it serves the entire system.



SIH Herrin Hospital

SIH Herrin Hospital lies approximately ten miles to the east of Carbondale. SIH Herrin Hospital's reputation for high quality care and attention to detail is proof that a rural facility can have significant achievements in quality. It serves as the system's center for Rehabilitation Services, Bone and Joint Institute and Bariatric Surgery.



SIH Memorial Hospital of Carbondale

SIH Memorial Hospital of Carbondale is the system's flagship hospital. As the only designated Trauma Center in the southern half of Illinois, SIH Memorial Hospital of Carbondale serves as the area's regional referral center. Memorial paves the way to bring big city medicine home. Memorial specializes in tertiary services such as oncology, neurosciences, and cardiovascular, provides a full breadth of surgical services, and is the only provider of obstetric services in the market. Our physicians bring expertise and new procedures, successfully tailoring them to the particular needs of a rural setting.



SIH St. Joseph Memorial Hospital

SIH St. Joseph Memorial Hospital has been a fixture in the Murphysboro community for over half a century. It is a full-service, critical access hospital. Purchased from the Sisters of the ASC Health System in 1995, St. Joseph is the only Catholic facility within the SIH family. The staff takes pride in the hospital's spiritual roots, which is evident in their daily approach to patient care. St. Joseph is an integral part of the SIH system, having evolved over time to become a regional provider of specialized outpatient services.

To our communities:

I am proud to present the 2021 SIH Community Health Needs Assessment (CHNA), the culmination of research and collaboration involving nearly 800 individuals across Southern Illinois. This included rigorous collection of public health and demographic data and comprehensive surveying among community members, partner organizations and healthcare providers as we sought to better understand the various needs of our regional community. Meanwhile, the CHNA Advisory Teams – diverse groups of community stakeholders – provided keen insight on a variety of health improvement initiatives.

Thanks to this robust process, we have better insight into the challenges facing patients, individuals and families across our 11 Southern Illinois counties. The SIH CHNA will inform the ways in which we continue to build on our mission to improve the health and well-being of all people in the communities we serve.

In the following pages, you'll discover strategies to address crucial community needs. Some will improve processes specific to patient care while others reach beyond our hospitals' walls via outreach, education and collaboration. Together, we look forward to creating a healthy Southern Illinois made stronger through these acts of care to transform lives.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Budde', with a stylized, cursive script.

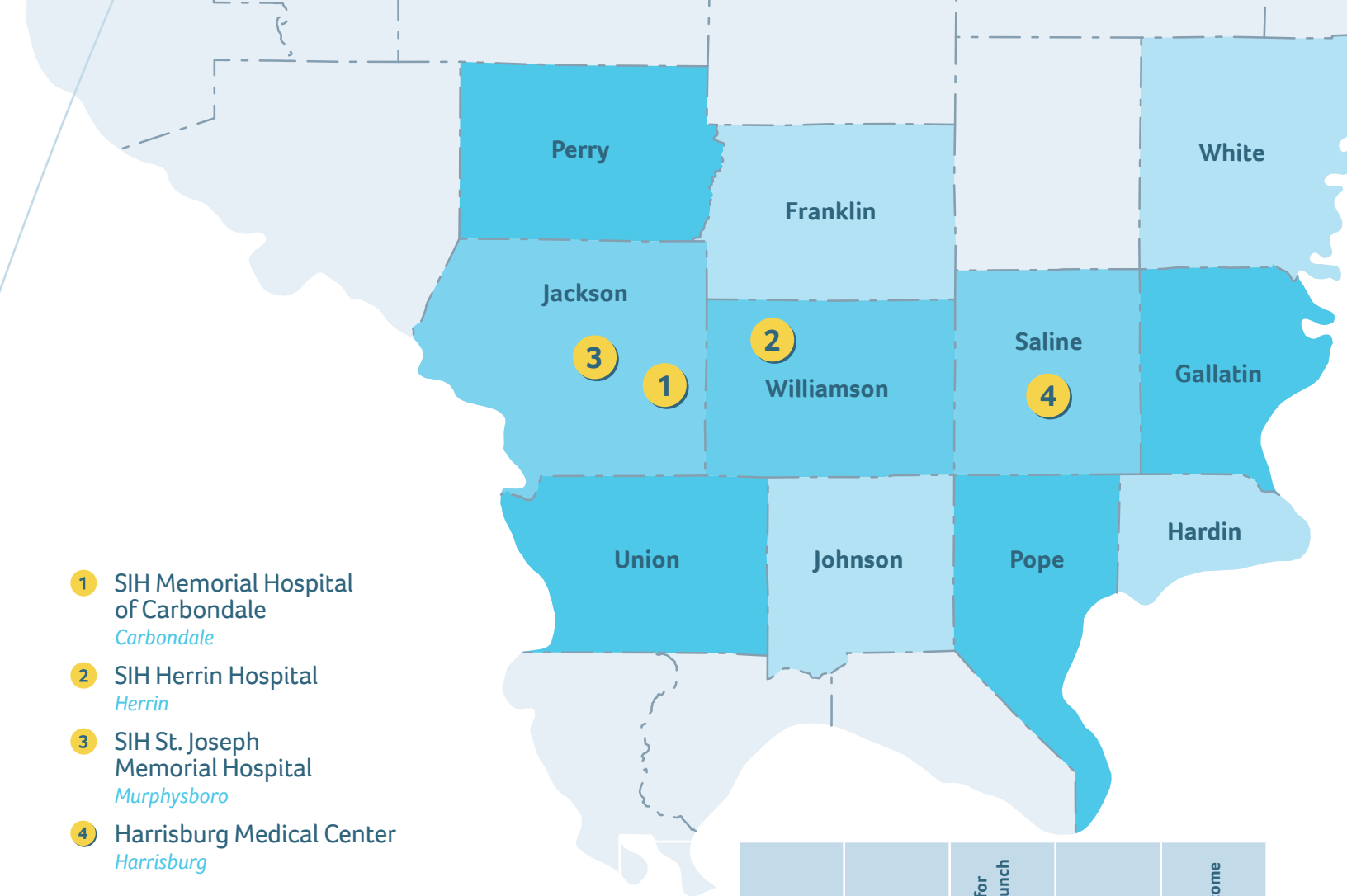
Rex Budde

SIH President and CEO



Dedicated to Improving the Health and Well-Being of All of the People in the Communities We Serve

The Community Health Needs Assessment (CHNA), required after the passage of the Affordable Care Act, was first conducted in 2012. Since the 1990's the Community Benefits Department has been collaborating with community partners and the local health departments to complete county-wide community health needs assessments and to assist in the work to address varying health issues. As a result of these long-standing partnerships and community assessments, progress has been made in improving access to care for vulnerable populations through initiatives focused on mental and dental health, transportation, chronic disease screening, prevention and management, cancer prevention and screening, and in addressing the social determinants of health.



Snapshot of the SIH Service Area

While each of the eleven counties in the SIH hospital service area is unique, all share similar challenges. SIH hospitals provide comprehensive healthcare to residents within an eleven-county primary service area. Greater than 92.9% of SIH inpatient hospital visits and 96.3% of outpatient visits to the four hospitals are made by residents of these eleven counties.

Issues some residents in the area face are associated with high rates of poverty, low educational attainment and other social determinants of health.

	Population	Cohort HS Graduate Rate	Students Eligible for Free or Reduced Lunch Program	Living in Poverty	Median Family Income
Franklin	38,469	82.2%	54.6%	16.4%	\$54,533
Gallatin	4,828	95.1%	62.1%	19.0%	\$55,677
Hardin	3,821	95.8%	68.7%	18.0%	\$67,702
Jackson	56,750	85.3%	70.6%	25.4%	\$59,480
Johnson	12,417	94.3%	51.9%	12.9%	\$63,421
Perry	20,916	92.5%	48.9%	14.4%	\$64,574
Pope	4,177	85.7%	61.2%	16.9%	\$64,226
Saline	23,491	87.6%	58.8%	15.7%	\$54,492
Union	16,653	85.3%	57.2%	17.2%	\$61,026
White	13,537	92.9%	55.3%	14.5%	\$61,134
Williamson	66,597	84.8%	51.1%	13.4%	\$66,949
Illinois	12,671,821	89.2%	48.7%	11.5%	\$88,279
US	328,239,523	86%	49.5%	10.5%	\$77,263

Source: 2020 Hospital Industry Data Institute and Strata DSS, CompData.

Sources: U.S. Census Bureau, Quick Facts. <https://www.census.gov/quickfacts/IL>, Retrieved 9.12.21 and 12.6.21, and US Census Bureau, American Community Survey, 2015-19. Source geography, National Center for Education Statistics, NCES - Common Core of Data, 2018-19. Retrieved via SparkMap 8.23.21.

Income and Poverty in the United States: 2020, Current Population Reports. Issued September 2021. National Center for Education Statistics, NCES - Common Core of Data, 2018-2019.

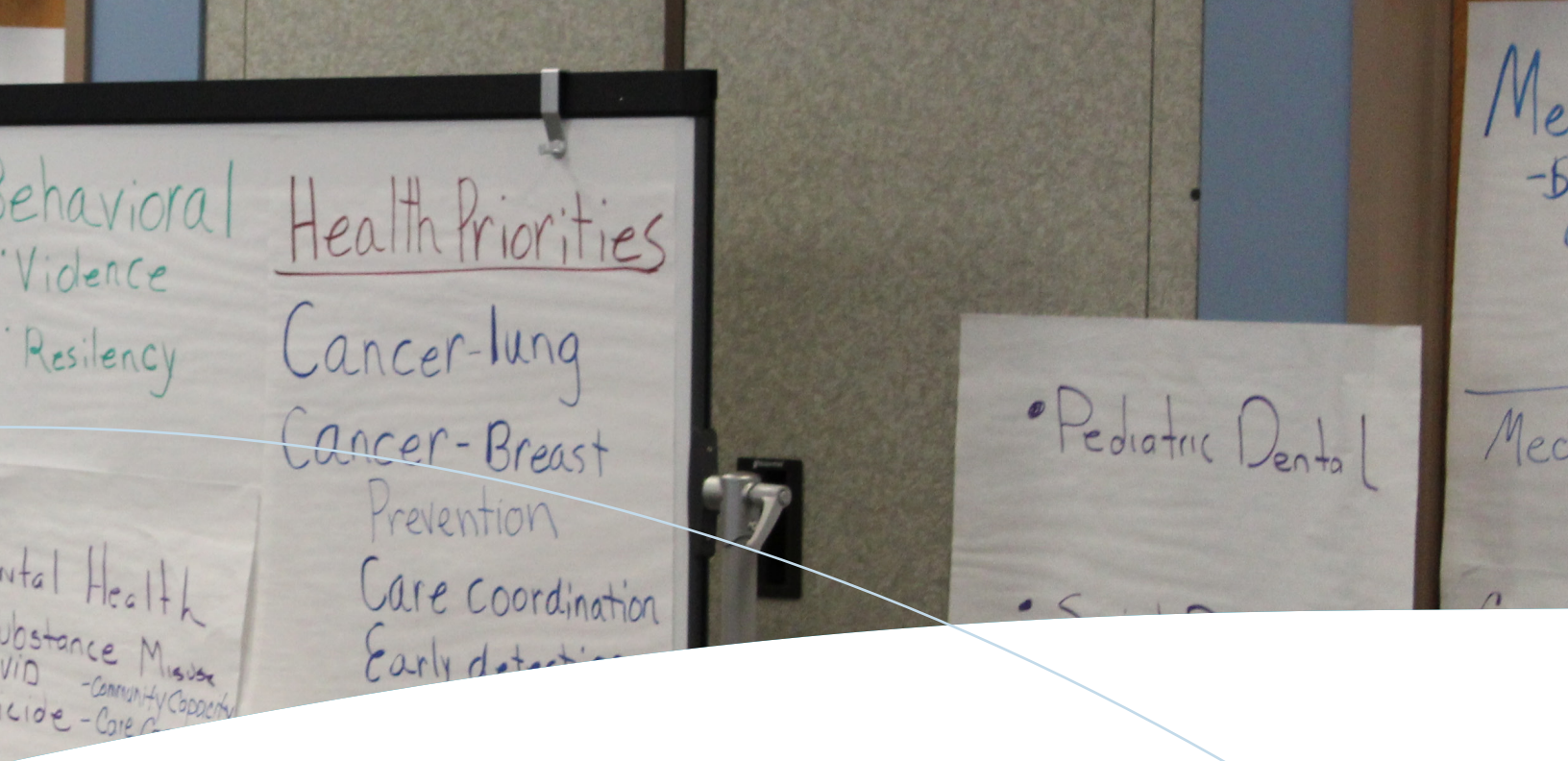


*In 2021, staff and leadership across the four-hospital SIH health system, along with a diverse group of community partners, conducted a joint **Community Health Needs Assessment (CHNA)** designed to spotlight health and quality of life issues in our community. This systematic process helped identify priority health issues where improvements were needed.*

Purpose of the 2021 Community Health Needs Assessment (CHNA)

This is the fourth CHNA conducted by each of the hospitals. The goals were to:

- » Identify and prioritize health issues in the SIH/HMC service area, particularly for vulnerable and under-represented populations
- » Ensure that programs and services closely match the priorities and needs of the community
- » Strategically address those needs to improve the health of the communities served by SIH/HMC facilities



How the CHNA was Conducted

A public health data review showed that the leading causes of death in the service area are diseases of the heart and malignant neoplasms. The entire SIH service area has high incidence rates of overweight/obesity, diabetes, cardiovascular disease and cancer.

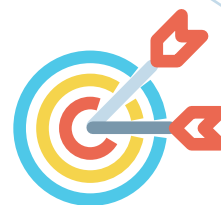
Improvements are needed in many areas.

- » Unemployment
- » Poverty
- » Food insecurity
- » Access to care
- » Lack of preventative screenings
- » Lack of transportation
- » Behavioral health
(mental health and substance misuse)
- » Lack of healthy eating and physical activity
- » High rates of overweight/obesity
- » High rates of tobacco use
- » High rates of chronic disease

A survey of 637 community members and community partners was conducted, as well as a survey of 17 healthcare providers and leaders to seek input regarding priority health issues to be addressed. An analysis of existing community plans/goals was created to assist in selection of priorities.

Utilizing the data collected, existing plans/goals, input from the community members, community partners and health care providers, the CHNA Advisory Team, made up of leaders in health departments, healthcare, local agencies, and the community, held a facilitated discussion and prioritization process.

Three implementation teams were formed by experts in these priority areas. The three implementation teams discussed current efforts and gaps; reviewed Healthy People 2030 objectives; researched proven intervention strategies; and then provided guidance in the development of goals, objectives and implementation strategies.



Surveyed

637

Community members & community partners

Surveyed

17

Healthcare providers & leaders



2021 Community Health Needs Assessment Process

Approximately 781 people across the eleven counties provided input into this process through the following methods:

1

Community Member/Community Partner Survey

637 respondents from throughout the eleven-county service area.

2

Physician/Healthcare Provider/Leader Survey

17 people participated, including various physicians and key leaders within the SIH healthcare system.

Surveyed

781

People from 11 counties



Collect and Analyze Existing Data

Information from multiple local, state and nationally recognized secondary sources was compiled using:

Healthy People 2030
County Health Rankings
SparkMap

Secondary data sources included but are not limited to health and social indicators from:

County Health Rankings
Illinois Department of Public Health
American Communities Survey
U.S. Census, the Behavioral Risk Factor Surveillance System (BRFSS)
Illinois State Board of Education
U.S. Department of Agriculture Food Environment Atlas
National Cancer Institute
Community Need Index
US Census Bureau State & County QuickFacts
Bureau of Labor Statistics
Centers for Disease Control and Prevention
U.S. Environmental Protection Agency
Substance Abuse and Mental Health Services Administration (SAMHSA)
National Center for Health Statistics
Illinois Youth Survey
Illinois Project for the Local Assessment of Needs
Internal systems data and goals/plans from various entities

3

SIH CHNA Advisory Team

The 53-member team reviewed the data, provided input and shared their perceptions of overall impact, magnitude of the problem, severity, and ability and interest of the community to address the issues, and voted on priority health issues to be addressed.

4

SIH CHNA Implementation Planning Teams

Three teams were formed with a total of 74 individuals participating in planning meetings by topic area to review data, select goals and objectives and intervention strategies. (Multiple individuals participated in more than one planning team.)



Efforts to address health equity, reduce health disparities, and to improve community health

In 2021, SIH completed the Illinois Hospital Association (IHA) Racial Equity in Healthcare Progress Report Survey.

The survey examined the following

- » Demographic profile of the SIH Board
- » Management and workforce
- » Patient demographics
- » Diversity and inclusion training in our workforce
- » Leadership practices to advance health equity
- » Patient assessment practice
- » Patient supports for social determinants of health
- » Quality improvement practices
- » Access to free and discounted care
- » Investment in the community
- » Partnerships with patients and the community

IHA then provided SIH with a “Racial Equity in Healthcare Progress Report” to provide focus and direction regarding SIH strengths and improvement opportunities.

In 2021, SIH hired a Director of Workplace Culture who will continue to utilize the report to advance racial equity, as well as equity related to sexual orientation, gender identity and gender expression across SIH through collaboration with leaders, staff, and targeted individuals.



SIH will engage in and continue efforts to:

- » Recruit and promote a racially and culturally diverse and representative workforce
- » Procure goods and services locally and from historically underrepresented communities
- » Provide training that addresses cultural competency and implicit bias
- » Establish and continue partnerships and investments to address social needs such as food, housing, transportation, and community safety

SIH is a major partner with a variety of coalitions and action teams throughout the region, through engagement and collaboration with over 500 individuals, to improve health and reduce social determinants of health, including but not limited to:

Carbondale Warming Center Board
 Carbondale Interfaith Council
 and area Ministerial Alliances
 Diabetes Today Resource Teams
 Faith Community Nurses
 of Southern Illinois
 Franklin Williamson Healthy
 Communities Coalition
 Franklin Williamson Substance
 Misuse Action Team
 Healthy Southern Illinois
 Delta Network
 Healthy Southern Region Coalition
 Illinois CATCH on to
 Health Consortium
 Jackson County Healthy
 Communities Coalition
 JCHCC Healthy Living Action Team
 Recovery Oriented System
 of Care (ROSC) Council for
 Southeastern Illinois
 Southeastern Illinois Health Coalition
 Southeastern Illinois
 Tobacco Free Alliance
 Southern Illinois Coalition
 for the Homeless
 Southern Illinois Coalition
 for Children and Families
 Southern Illinois Food Pantry Network
 Southern Illinois Tobacco
 Prevention Partnership
 Southern Illinois Wellness
 Sparrow Coalition

Issue #1

Social Determinants of Health

Access to care, hunger/food access, housing and poverty

Breakthrough Objective

In 3 years we want to:

- » Reduce health disparities among the most vulnerable in our area, i.e., those who are homeless, food insecure, and unable to receive needed medical screenings and treatment.

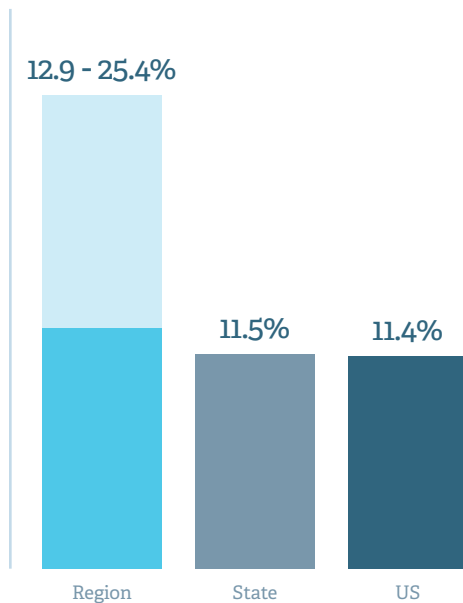
Annual Objective

- » Increase screening, outreach, and medical treatment among vulnerable populations.

Priority

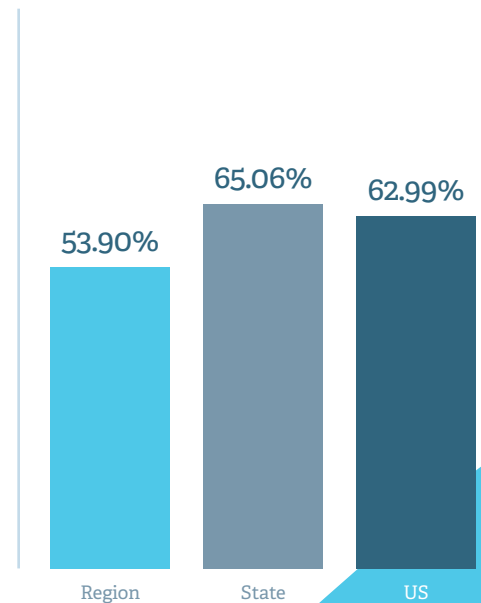
- » Improve access to care by efficiently providing outreach services to our most vulnerable populations in community settings.

Population living in poverty



48.7%
*of households with
children in the SIH service
area are living below
200% of poverty*

Percentage of working-age population employed



Data Sources

1. Feeding America, 2017.
2. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 500 Cities Data Portal, 2018.
3. Illinois Behavioral Risk Factor Survey, Round Six – 2015 – 2019, Illinois Department of Public Health.
4. Illinois County Health Rankings, 2021.
5. Illinois Department of Employment Security, October 2021.
6. US Census Bureau, 2019 Census, People Quick Facts.
7. US Census Bureau, American Community Survey, 2015-2019.



17.9%

of households receive SNAP benefits
Supplemental Nutrition Assistance Program



57.1%

of students are eligible for the free lunch program



14.1 - 16.2%

of adults report being unable to fill a prescription due to cost



9.4 - 14.3%

of adults report being unable to go to a provider due to cost

Compared to Illinois at 13.3%



Only 76.8 - 90.0%

of adults report having a primary healthcare provider



29.2 - 35.6%

of adults report their last routine checkup was more than 1 year ago/ never

Compared to Illinois at 23.6%



Only 30.5 - 43.7%

of adults received a flu vaccine in the last 12 months



Only 45.8 - 67%

of adults report ever being tested for diabetes



36.2 - 53.1%

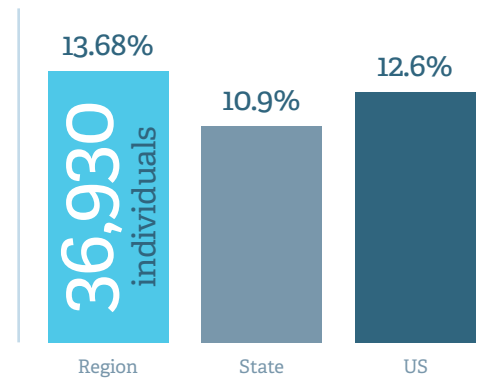
of adults report it has been between 1 year/never since their last cholesterol test



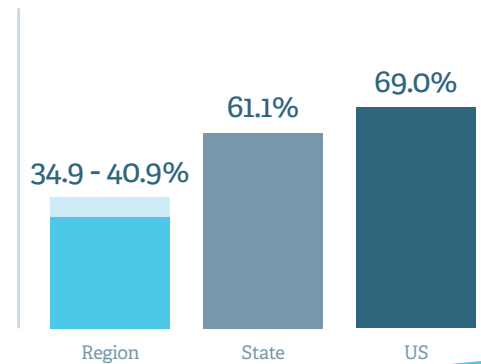
64.27%

of adults ages 50 - 75 have not had a recent colorectal cancer screening

Food insecurity rating



Adults that received the pneumonia vaccine



Social Determinants of Health

Access to care, hunger/food access, housing and poverty

Overview of Strategies/Measures to Be Tracked:

Outreach and Screening in Targeted Communities

Increase the proportion of adults who obtain recommended evidence-based preventive health care and screenings. Reduce the proportion of people living in poverty through increased connections to community resources.

- » Number of outreach events held.
- » Number of people screened.
- » Number of referrals/connections to resources/care made.
- » Number of telehealth visits provided in targeted communities in collaboration with the FQHCs and SIH providers.

SIH Community Benefits staff will coordinate the following efforts in conjunction with staff of SIH Outreach Lab, SIH hospitals and system, community coalitions and community outreach efforts:

- » Identify communities/neighborhoods to survey to determine their health needs, with a special focus on communities at greatest need as indicated in the Community Need Index, within the service areas of each of the four SIH hospitals (i.e., Harrisburg, Herrin, Carbondale, and Murphysboro) and create an action plan to increase screening, education, and outreach.
- » Collaborate with SIH Center for Connected Care and FQHCs to bring telehealth services to the four identified communities/neighborhoods on a periodic basis.

SIH will work with the following partners to address these health issues

Homeless Outreach

- » Number of homeless individuals who receive case management services.
- » Number of homeless individuals who obtain housing.

SIH Community Benefits staff will coordinate the following efforts in conjunction with staff of SIH hospitals and system, community coalitions and community outreach efforts:

- » Provide funding to Southern Illinois Coalition for the Homeless to expand homeless outreach services in the 11-county area with a focus on the communities of Harrisburg, Herrin, Carbondale, and Murphysboro.

Training to Increase Awareness and Reduce Stigma and Unconscious Bias:

- » Number of trainings offered.
- » Number of community partners and SIH staff trained.

SIH Community Benefits staff will coordinate the following efforts in conjunction with staff of SIH hospitals and system, community coalitions and community outreach efforts:

- » Provide training for SIH staff and community members to increase health equity and reduce health disparities and stigma, i.e., Poverty Simulation training, Safe Zone training, and Unconscious Bias training.

SIH will commit the following resources to address Social Determinants of Health:

SIH staff time, training and educational materials, funds to hire agencies to provide the trainings, meeting/training space, refreshments, screening supplies for events, telehealth equipment, mileage, healthcare provider time, funding to subcontract with a local agency to provide additional homeless outreach, etc. Staff of all 4 SIH hospitals will be involved in SDOH related efforts.

4 C's
Carbondale
Interfaith Council
Carbondale
Warming Center
Centerstone
Continuum of
Care Network
Federally Qualified
Health Centers
Good Samaritan Ministries
Healthy Southern
Illinois Delta Network
Hospital staff
Housing authorities
Landlords
Legislators
Lighthouse Shelter
Little Chapel Church
Local health departments
Ministerial Alliances
SIH Center for
Connected Care
SIH Community Benefits
SIH Outreach Lab
SIU School of Medicine
Center for Rural Health
and Social Service
Development
SIU School of Medicine
Social service agencies
Southern Illinois Coalition
for the Homeless
The Night's Shield
Wabash Area
Development Inc. (WADI)
and many others

Issue #2

Behavioral Health

Mental health and substance abuse

Breakthrough Objective

In 3 years we want to:

- » Achieve care coordination in the region among those who provide behavioral health treatment and intervention.
- » Ensure those in need of treatment for behavioral health services (substance misuse and mental health) will be cared for in a quality, safe, stigma free manner.

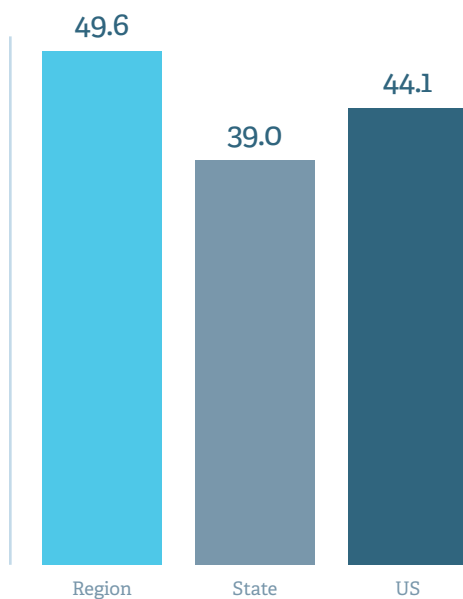
Annual Objective

- » Improve behavioral health care coordination resulting in a reduction in suicide deaths and a reduction in length of stay for Emergency Department visits.

Priority

- » Achieve care coordination in the region among those who provide behavioral health treatment and intervention.
- » Increase awareness and reduce stigma related to behavioral health (substance misuse and mental health).

Age-adjusted suicide deaths per 100,000

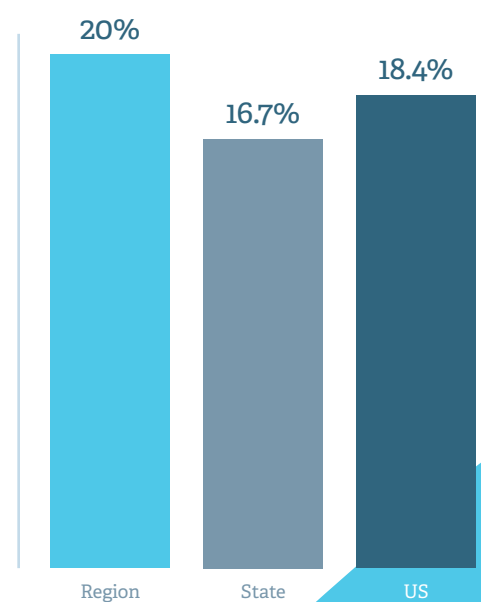


646

“Deaths of Despair”

In the 11 county area, the rate of death due to self-harm (suicide), alcohol-related disease and drug overdose, also known as “deaths of despair” was 646 between 2015-2019.

Medicare beneficiaries experiencing depression



Data Sources

1. Center for Medicare and Medicaid Services, 2018.
2. Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2015-2019.
3. Illinois Behavioral Risk Factor Survey, Round Six, 2015-2019, Illinois Department of Public Health.
4. Illinois County Health Rankings, 2021.
5. Illinois Opioid Dashboard, 2018, Illinois Department of Public Health.
6. Illinois Prescription Monitoring Program, 2020.
7. Illinois Youth Survey, 2018.
8. Statewide Semiannual Opioid Report, Illinois Department of Public Health, August 2021.



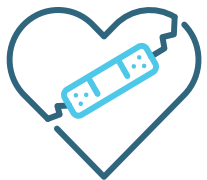
32.7 - 45.8%

of adults reported that their mental health was not good at least one day in the last month



18 - 23.3%

of adults reported that they had never been told they have a depressive disorder



23%

of 10th graders surveyed reported having seriously considered attempting suicide

Compared to Illinois at 16%



40%

of 10th grade students felt sad or hopeless almost every day for two weeks or more in a row in the past 12 months

Compared to Illinois at 35%



208,081

total prescriptions for opioids/ benzodiazepines in 2018

Compared to 2017's 227,894



5%

of 10th grade students used prescription drugs in the past year to get high

Compared to Illinois at 4%



93 - 121 days

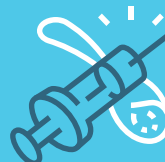
Average days' supply range of opioid/ benzodiazepines prescribed in 2018



49%

of 10th grade students used a substance in the last year such as alcohol, cigarettes, inhalants or marijuana

Compared to Illinois at 43%



3%

of 10th grade students reported using any illicit drugs

Compared to Illinois at 2%

Overview of Strategies/Measures to Be Tracked:

Narcan Distribution and Harm Reduction

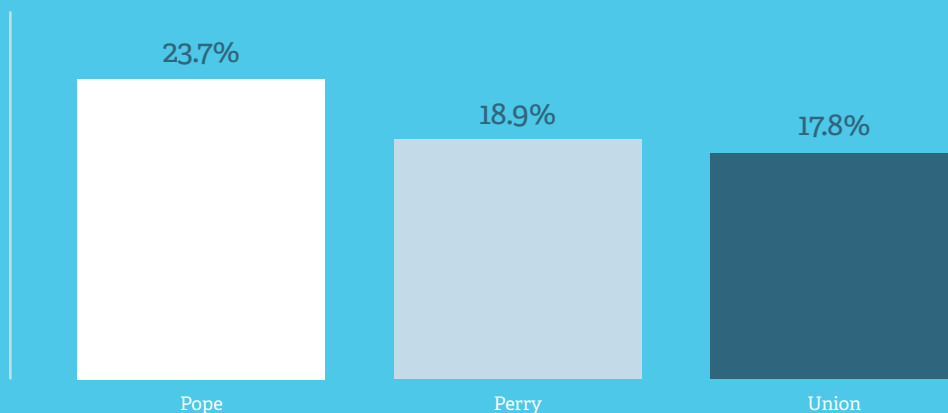
Improve access to care by efficiently providing outreach services to our most vulnerable populations in community settings

- » Number of Narcan doses distributed throughout the 11-county area.
- » Number of community-based organizations funded to offer harm reduction services such as needle exchange and safe disposal programs in targeted communities.
- » Number of individuals reached through harm reduction services.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- » Increase Narcan distribution throughout the 11-county area through distribution at all four hospitals, targeted primary care clinics and at community events.
- » Provide funding to community-based organizations to provide harm reduction services such as needle exchange and safe disposal programs to targeted communities throughout southern Illinois.

Counties with the highest opioid fatality rate per 100,000



0 - 23.7%

In 2020, the opioid fatality rate per 100,000 in our area ranged from 0 - 23.7%

Crisis Intervention Team

Optimize behavioral health care coordination and treatment

- » Reduce unnecessary visits to the ED through the development and implementation of a “Crisis Intervention Team” pilot to best serve individuals who are brought into the Emergency Department in mental health crisis.

Staff of SIH Behavioral Health service line in conjunction with the SIH clinical staff, and Community Benefits staff, as appropriate, will:

- » Collaborate with local law enforcement, behavioral health service providers, the judicial system, and SIH hospitals to pilot the development of a Crisis Intervention Team to best serve individuals who are brought into the Emergency Department in mental health crisis.

Mental Health First Aid and Signs of Suicide

Implement training and education across the region to reduce stigma and encourage individuals to receive behavioral health treatment

- » Number of individuals trained through “Adult Mental Health First Aid (MHFA)” and “Youth Mental Health First Aid” courses.
- » Number of schools implementing SOS (Signs of Suicide) schools.
- » Number of schools where SOS is taught by SIH and number of schools implementing the program themselves.
- » Increase knowledge and awareness as reflected on the MHFA and SOS evaluations.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- » Implement “Adult Mental Health First Aid” and “Youth Mental Health First Aid” courses in each of the eleven counties in our target area.
- » Implement SOS (Signs of Suicide) in two additional middle/high schools each year.

Anti-Stigma Campaign

Increase awareness and reduce stigma related to behavioral health (substance misuse and mental health)

- » Number of community members/patients seeking treatment for Opioid Use Disorder (OUD).
- » Number of individuals connected to treatment providers through the promotion of the mental health crisis line and the Illinois Opioid Helpline.

Staff of SIH Community Benefits in conjunction with SIH Behavioral Health, SIH clinical staff, SIH Marketing, and CB staff, as appropriate, will:

- » Implement an anti-stigma campaign to increase awareness regarding substance use disorder and to encourage treatment and many others.
- » Promote the mental health crisis line and the Illinois Opioid Helpline to increase their utilization by community members, clinical providers, and patients.

SIH will work with the following partners to address these health issues

Centerstone
Community Action Place
Community Coalitions
Egyptian Health Department
Faith communities
Federally qualified health centers
Gateway
Healthy Southern Illinois Delta Network
Illinois CATCH on to Health Consortium
Law Enforcement agencies
Local community colleges
Mulberry Center
Regional Offices of Education
Schools
SIH Behavioral Health
SIH Community Benefits
SIH hospital staff
SIU School of Medicine Center for Rural Health and Social Service Development
State’s Attorney
Substance and behavioral health related action teams
Substance misuse/recovery agencies
various other social service agencies

Issue #3

Chronic Disease Prevention, Management, and Treatment

Focusing on cardiovascular disease, stroke, and diabetes

Breakthrough Objective

In 3 years we want to:

- » Achieve a reduction in those with chronic disease and an increase in those with chronic disease who receive treatment.

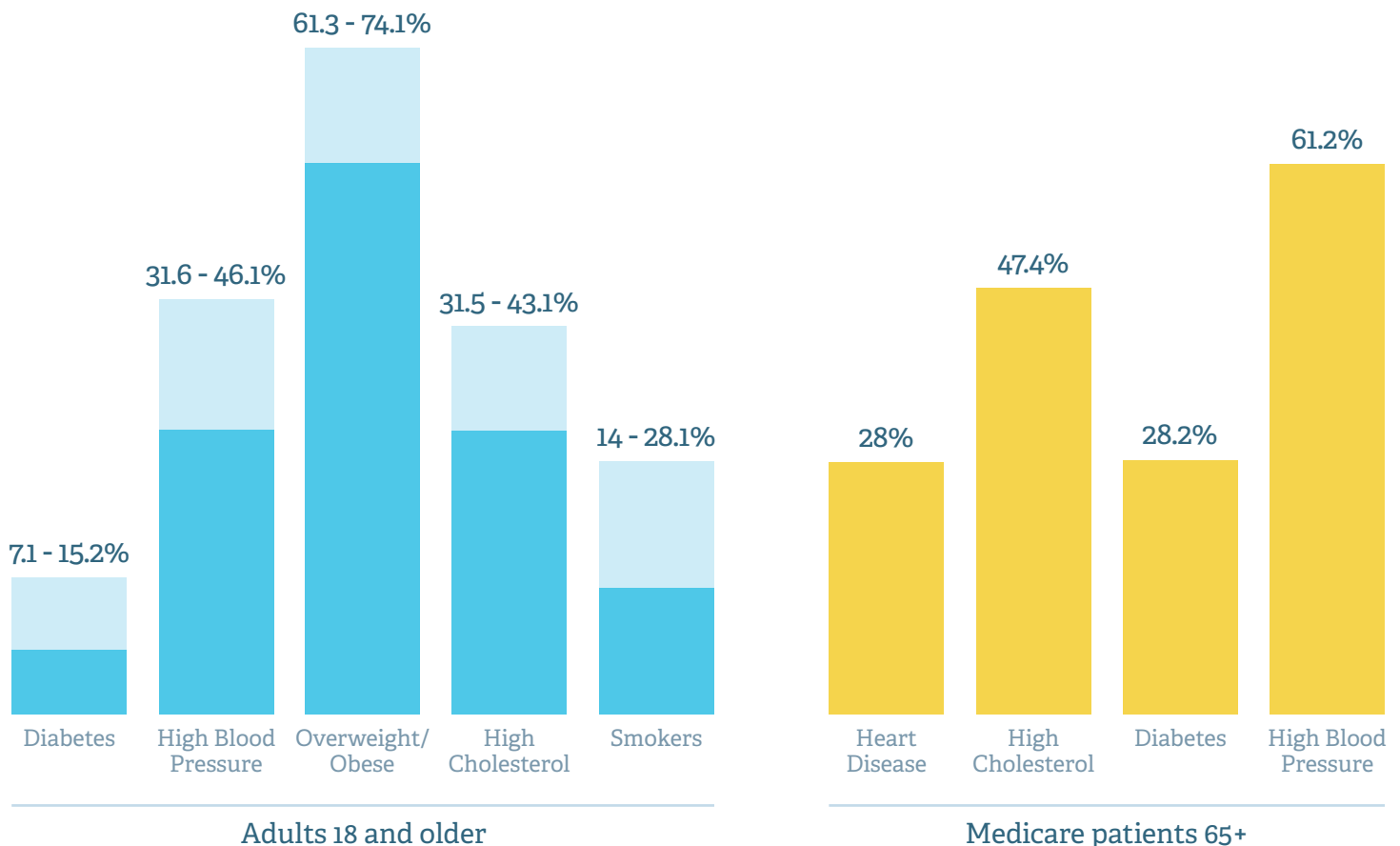
Annual Objective

- » Increase prevention and self-management of chronic disease.

Priority

- » Strengthen the ability of individuals in the community to prevent and treat their chronic diseases.

Prevalence in the Region



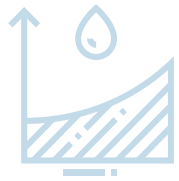
Data Sources

1. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2017.
2. Centers for Disease Control and Prevention, Vital Statistics System via CDC WONDER, 2015-2019.
3. Centers for Medicare and Medicaid Services, CMS, 2018.
4. IDPH, Statewide Leading Causes of Death by Resident County, 2018
5. Illinois Behavioral Risk Factor Survey Round Six – 2015-2019, Illinois Department of Public Health.
6. SIH and HMC, Inpatient 30 day readmit with exclusions, Diagnoses for FY21.



24.1%

of adults report participating in no leisure-time physical activity



7 – 12.9%

of adults 18 and older have been diagnosed as pre-diabetic



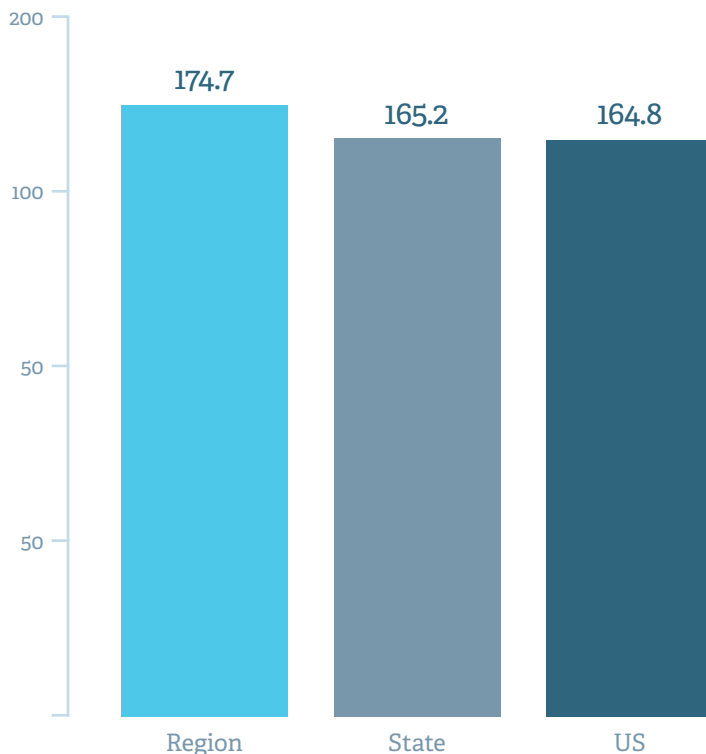
28.3%

of adults 18 and older are obese

Top Chronic Conditions Associated with Inpatient 30 Day Readmissions

1. Heart Disease
2. Kidney Failure
3. COPD

Age-adjusted death rate for heart disease (per 10,000)



Diseases of the heart are the leading cause of death for our eleven county service area.



28%

of deaths in our area are due to diseases of the heart.

Percentage of Medicare beneficiaries with heart disease

Region	28%
State	26.6%
US	26.8%

Issue #3

Chronic Disease Prevention, Management, and Treatment

Focusing on cardiovascular disease, stroke, and diabetes

Overview of Strategies/Measures to Be Tracked:

Tobacco Cessation

Reduce tobacco use among adults and adolescents

- » Increase community member calls and provider referrals to the Illinois Tobacco Quitline.
- » Increase quit smoking attempts among our most vulnerable population by offering Courage to Quit classes in the community with a focus on low income housing residents.
- » Increase the number of individuals who have quit after completing the cessation classes or contacting the Illinois Tobacco Quitline.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- » Offer at least 4 Courage to Quit classes in the community with a focus on low-income housing residents.

SIH will work with the following partners to address these health issues

CDC's Diabetes Prevention Program (Center for Disease Control and Prevention)

Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs (DPP)

- » Number of individuals completing the DPP program.
- » Percentage of individuals with improved A1C and BMI after attending.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- » Pilot and promote CDC's Diabetes Prevention (DPP) workshops to low-income individuals over 18 who meet the National DPP eligibility guidelines: 18 years or older, overweight, not diagnosed with T1 or T2 diabetes, not currently pregnant and are diagnosed with pre-diabetes or have high risk results on pre-diabetes risk test.

Nutrition Education and Healthy Cooking Demonstrations for Low Income Individuals

Increase fruit and vegetable consumption among low-income individuals

- » Number of sites in which nutrition education and healthy cooking demonstrations are conducted.
- » Number of individuals educated.
- » Increase nutrition education knowledge among those attending education based on pre and post-test surveys.

Staff of SIH Community Benefits will coordinate the following efforts in conjunction with staff of the hospitals and SIH System, community coalitions and community outreach efforts:

- » Offer nutrition education and healthy cooking demonstration at sites targeting low-income individuals in the 11-county service area.

SIH will commit the following resources to address

Chronic Disease Prevention and Management:

SIH staff time, training and educational materials, and participant books for Chronic Disease and Diabetes Self-Management Program, the Diabetes Prevention Program and Courage to Quit, meeting/training space, a portable kitchen for nutrition education and healthy cooking demonstrations, postage for mailing of materials to participants, funding for promotion of the classes, food to be utilized during the cooking demonstrations. Staff of all 4 SIH hospitals will be involved in chronic disease related efforts.

Chamber of Commerce
Diabetes Today
Resource Teams
Faith communities
Faith Community Nurses
Federally Qualified
Health Centers
Food pantries
FoodWorks
Growers/orchards
Healthy Communities
Coalitions
Healthy Southern
Illinois Delta Network
Housing Authorities
Local health departments
Respiratory Health
Association
Rides Mass Transit
SIH Community Benefits
SIH Congregational
Health Connectors
SIH diabetes service line
SIH Marketing
SIH Medical Group
SIH Second Act
SIH Wellness
Social service agencies
Southern Illinois Food
Pantry Network
Southern Illinois
University
University of Illinois
Extension
Worksites
and many others

Behavioral

- Violence

- Resilency

- Mental Health

- Substance Misuse
- COVID - Community Capacity
- Suicide - Care Coord

- Chronic Disease

- prevention
- Schools
- Delays in Screening

Health Priorities

Cancer-lung

Cancer-Breast

Prevention

Care coordination

Early detection

Education

Thank you to these individuals for their time, insight and participation in the Community Health Needs Assessment process.

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SIH Community Benefits Advisory Committee

SIH Community Health Needs Assessment Advisory
and Implementation Teams

SIH Senior Leadership

**Special thank you to those who participated in the
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To access the full report with appendices visit at

<https://www.sih.net/giving-back/sih-in-the-community/community-benefit-programs>

For more information or a free printed copy contact the SIH Community Benefits Department at
618-457-5200, ext. 67834.

Vision

Creating a healthy Southern Illinois made stronger by acts of caring that transform lives.

Mission

We are dedicated to improving the health and well-being of all of the people in the communities we serve.

Values

Respect

Recognizing and valuing the dignity and uniqueness of each person

Integrity

Adhering to strong moral and ethical principles in all we do

Compassion

Responding to the feelings and needs of each person with kindness, concern and empathy

Collaboration

Communicating and working with others for the benefit of all

Stewardship

Responsibly using, preserving and enhancing our human and material resources as a not for profit community controlled organization

Accountability

Holding ourselves and those around us responsible for living the values and achieving the vision of SIH

Quality

Striving for excellence in all we do

Pillars

Experts Who Care

Advanced Comprehensive Services

Community Impact

March 24 & 28, 2022

Date adopted by authorized body of the hospital
SIH Board of Trustees