2018 Report and Implementation Plan

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Community Health Needs Assessment





### SIH Memorial Hospital of Carbondale

- » 154-bed tertiary care hospital
- » Southern Illinois' largest and most spacious birthing center with Level II Plus Special Care Nursery
- » Only dedicated pediatric unit in the region
- » The core hospital for SIH's comprehensive, regional heart program, Prairie Heart Institute
- » High level surgical capabilities including daVinci technology
- » Affiliated with SIU School of Medicine through its Family Practice Residency Program
- » Neuroscience program including neurosurgery and the region's only Primary Stroke Center
- » Accredited by the Commission on Cancer for comprehensive cancer treatment

### **SIH Herrin Hospital**

- » 114-bed acute inpatient and outpatient hospital
- » Newly expanded Emergency Department includes the region's first accredited Chest Pain Center
- » Primary Stroke Center
- » Nationally acclaimed acute rehabilitation offered through an alliance with the Shirley Ryan AbilityLab
- Area's only bariatric surgical program for weight loss





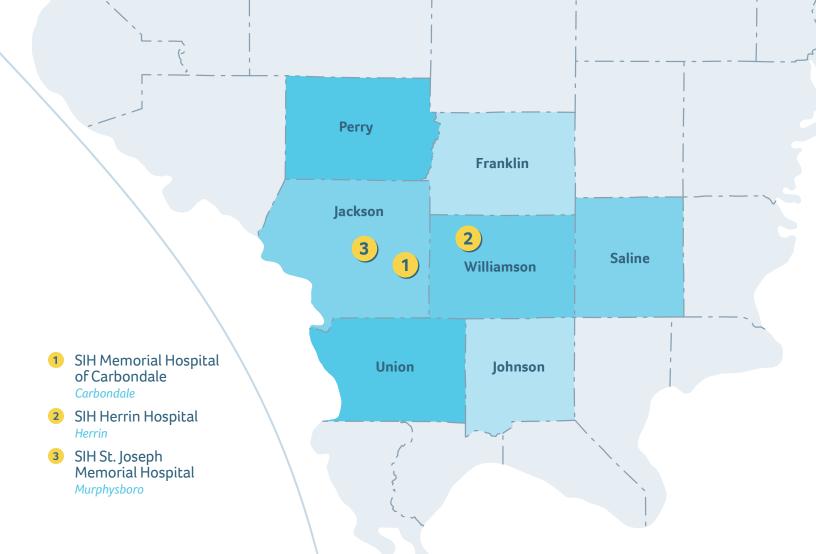
### SIH St. Joseph Memorial Hospital

- » 25-bed critical access hospital serving the community as an inpatient facility for primary care
- Regional Sleep Disorders Center accredited by the American Academy of Sleep Medicine
- » Area's only coordinated infusion therapy program
- Comprehensive wound care center with hyperbaric therapy
- » Home to an outpatient geriatric counseling program
- » Area leader for outpatient endoscopic procedures
- » Emergency Department is part of the Prairie STAT Heart Network

# SIH

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

The three SIH hospital's first Community Health Needs Assessment (CHNA), required after the passage of the Affordable Care Act, was conducted in 2012. However, since the 1990s the Community Benefits Department has been collaborating with community partners and the local health departments to complete countywide community health needs assessments and to assist in the work to address prioritized 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 and more. Partners have also created policy, system and environmental changes in the community, workplaces and schools to prevent cardiovascular disease. Cancer prevention initiatives and efforts to address the social determinants of health have also been successfully implemented.



# Snapshot of the SIH Service Area

Each of the seven counties in the SIH service area is unique, yet they share similar challenges. SIH hospitals provide comprehensive healthcare to residents within a seven-county primary service area. Greater than 92% of SIH inpatient visits and 95% of outpatient visits come from residents of these seven counties.

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

	Population	High School Graduation Rate	Students Eligible for Free Lunch Program	Live Below Poverty	Median Income
Franklin Co.	39,156	87.7%	60.9%	21.5%	\$39,507
Jackson Co.	58,870	92.3%	66.3%	23.4%	\$33,845
Johnson Co.	12,902	83.4%	51.7%	14.4%	\$44,179
Perry Co.	21,357	84.9%	52.2%	15.6%	\$43,308
Saline Co.	24,307	86.1%	62.4%	20.4%	\$40,290
Union Co.	17,212	85.6%	62.3%	17.4%	\$45,464
Williamson Co.	67,560	90.2%	54.9%	15.9%	\$45,902

Sources: Data (Public Law 94-171) Summary File Table P1 & H1, 2016 Census Redistricting, US Census Bureau State and County QuickFacts 2016, National Center for Education Statistics, NCES-Common Core of Data, 2014-15, US Census Population Estimate.

# 2018 Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) was conducted for SIH hospitals as part of SIH Community Benefits' strategic planning process.

### The goals were to:

- » Identify the most important health issues in the seven-county SIH 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 all of those served by SIH facilities

In addition, the Patient Protection and Affordable Care Act of 2010 added section 501(r)(3) to the Internal Revenue Code, which requires section 501(c)(3) hospitals to perform a Community Health Needs Assessment (CHNA) and develop an implementation strategy every three years in order to maintain tax exempt status.

# How the CHNA was Conducted

Public health data from various sources was reviewed. The leading causes of death in the service area are diseases of the heart and malignant neoplasms. The SIH service area has high incidence rates of overweight/obesity, diabetes and cardiovascular disease. Improvements are needed in areas such as preventative screenings, healthy eating and physical activity. Tobacco use and lung cancer rates are higher than state and national comparisons. Higher rates of colorectal, oral cavity and pharynx cancer are also present as compared to the state. Unemployment, poverty, food insecurity, access to care issues, transportation and financial barriers are social determinants of health that adversely affect the health of those in the region. Lastly, mental health issues/disorders and substance misuse are also of concern as the age-adjusted suicide death rates and overdose death rates are higher than the state and the nation. Access to care for behavioral health services remains an important issue.

A survey of 699 community members and community partners was conducted, as well as a survey of 40 healthcare providers to gain input regarding overall health issues to be addressed. An analysis of existing community plans/goals was created to assist in selection of priority issues. Utilizing the data collected, existing plans/goals, input from the community members, community partners and healthcare providers, the CHNA Advisory Team held a facilitated discussion and prioritization process. The importance of addressing the social determinants of health was noted.

The SIH priority health issues include reducing barriers to health and healthcare; behavioral health (mental health and substance misuse); cancer; chronic disease prevention, management and treatment; and improving health behaviors by reducing overweight/obesity and tobacco use.

Five implementation teams were formed by experts in these priority areas. After examining the Healthy People 2020 objectives and reviewing research based intervention strategies, the five implementation teams reviewed current resources and developed goals, objectives and implementation strategies.







healthypeople.gov

countyhealthrankings.org

communitycommons.org



# 2018 Community Health Needs Assessment Process

Nearly 900 people provided input into the CHNA process through the following methods:

### 1

2

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### Data Collection and Data Profile Created

- » Demographics
- » County Health Rankings
- » Healthy People 2020 Leading Health Indicators
- » SIH hospital and SIH Medical Group data

### Analysis of Existing Community Plans/Goals

Including but not limited to:

- » Quality Health Partners
- » Patient Centered Medical Homes
- » Federally Qualified Health Centers
- » Joint Commission Core Measures
- » Physician Quality Reporting System
- » Healthy Southern Illinois Delta Network
- » Local Health Departments

### Community Member/Community Partner Survey

699 respondents from throughout the seven-county service area

### **4** Survey of Healthcare Providers

40 people participated including physicians and key leaders within the SIH System

## 5

### SIH Community Health Needs Assessment Advisory Team

A 37-member team made up of community leaders and SIH staff 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.



# **Implementation** Plan

# SIH Herrin Hospital, SIH Memorial Hospital of Carbondale, SIH St. Joseph Memorial Hospital and Community Partners

The staff of the SIH Community Benefits Department will spearhead the implementation of the plan and collaborate with SIH staff, community partners, the Healthy Southern Illinois Delta Network and Healthy Communities Coalition members to implement the strategies and monitor progress between 2019-2022.

## Reduce Barriers to Improved Health/ Healthcare

- lncrease the proportion of persons with a primary care provider
- Increase the proportion of persons who are able to obtain necessary medical care and prescriptions
- S Increase the number of patients referred to the Medical Legal Partnership and number of cases accepted
- Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

# **Behavioral Health**

including mental health and substance misuse

Cancer

with a focus on lung and bronchus, colorectal, oral cavity and pharynx.

- Seduce age-adjusted suicide death rate
- Seduce age-adjusted overdose death rate
- Increase screening and referral by healthcare providers
- Increase the number of patients receiving mental health and substance misuse screening and referrals for treatment
- Increase community education
- 🔗 Increase the number of individuals trained in "Mental Health First Aid"
- Increase the number of schools implementing "Signs of Suicide" curriculum
- Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

- Incidence Rates and Stage at Diagnosis
  - 😵 Reduced rates of Lung & Bronchus Cancer
  - 😣 Reduced rates of Colorectal Cancer
  - Seduced rates of Oral Cavity and Pharynx Cancer
  - Seduced rates of Cervical Cancer
- S Increase counseling regarding recommended cancer screenings
- Increase counseling regarding the need for HPV Vaccination

### >>> Behaviors

- S Increase Cervical Cancer Screening
- ➢ Increase Colorectal Cancer Screening
- Increase Lung Cancer Screening
- ➢ Increase HPV Vaccination
- Additional process and outcome measures to be tracked within the CHNA Implementation Plan.

# Chronic Disease Prevention, Management and Treatment

focusing on cardiovascular disease, stroke and diabetes

# Improving Health Behaviors

by reducing overweight and obesity and tobacco use

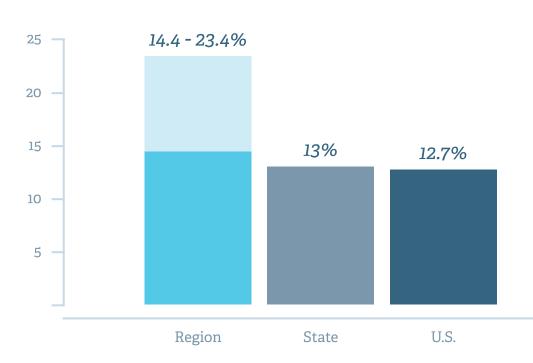
- 😢 Reduce incidence rates of cardiovascular disease, stroke and diabetes
- 😵 Reduce the number of adults diagnosed with diabetes
- Behaviors
  - S Increase the number of adults who have had blood pressure measured
  - Increase the number of adults who have had blood cholesterol checked
- Self-Management Education
  - Increase the number of those who received self-management education
- School Health
  - lncrease or maintain the number of schools and students engaged
  - Increase or sustain the percent of PE time spent in moderate to vigorous physical activity
- Additional process and outcome measures to be tracked within the CHNA Implementation Plan.
- Seduce overweight and obesity rates
- 😵 Reduce tobacco use among adults and youth
- Increase the number reached through community education and media outreach
- Increase the number utilizing the SNAP Double Value program at farmers markets
- S Increase enrollment in "Courage to Quit" smoking cessation classes
- 🔗 Increase calls to the Illinois Tobacco Quitline
- Increase enrollment in physical activity challenges

### Issue #1

# Reduce barriers to improved health/healthcare

### **The Local Problem**

### Population living in poverty



### Goal

Improve health and access to healthcare among low income individuals with chronic health conditions in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties.

### In the seven-county area

14.1 - 17.8%

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

# 0 - 23.2%

of adults report having no primary healthcare provider

# 11 - 15.6%

of adults report having difficulty making decisions 18.7 - 33%

of adults report having a disability

### Long-term indicators of impact

- 1. Increase the proportion of persons with a primary care provider by 5% in each county.
- 2. Reduce the proportion of persons who are unable to obtain or experience a delay in obtaining necessary medical care, dental care or prescription medications by 5% in each county.
- 3. Reduce household food insecurity by 5%.
- 4. Increase the number of cases accepted by the Medical Legal Partnership of Southern Illinois by 5%.
- 5. Additional measure related to Health Leads and Community Health Workers are to be determined.

### **Strategies**

- » Provide support and assist patients in reducing health-harming legal issues such as social security and SNAP eligibility, denials, etc. through the Medical Legal Partnership of Southern Illinois.
- » Explore the possibility of the utilization, development and implementation of a tool in the electronic medical record to assess patients for needs related to the social determinants of health.
- » Plan, implement and evaluate the "Health Leads" program pilot in an SIH clinic setting with patients who are high need in relation to the social determinants of health.
- » Develop, implement and evaluate the utilization of community health workers to assist targeted low income populations.
- » Develop non-emergency medical transportation for low-income SIH patients.

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

Faith Communities Faith Community Nurses Federally Qualified Health Centers Healthy Community Coalitions Healthy Southern Illinois Delta Network Housing authorities Intake and registration staff Land of Lincoln Legal Aid Local Health Departments Managed Medicaid Organizations Man-Tra-Con Patient Centered Medical Home (PCMH) Coordinators0 Population Health and Health Leads staff Ouality Health Partners/ Physician Hospital Organization Shawnee Health Service SIH Behavioral Health SIH Cancer Institute SIH Case Management SIH Community Benefits SIH Hospitals SIH Medical Group SIH Population Health SIH Quality SIU School of Medicine Center for Rural Health and Social Service Development

SIU School of Medicine Southern Illinois Coalition

for the Homeless

Southern Illinois University (SIU) Sparrow Coalition

Transportation providers

And various other health

and social service agencies

#### **Data Sources**

- US Census Bureau, 2016 Census, People Quick Facts
- 2. Illinois Behavioral Risk Factor Survey Round Six 2015, Illinois Department of Public Health
- 3. Feeding America America 2014
- 4. Illinois County Health Rankings 2018

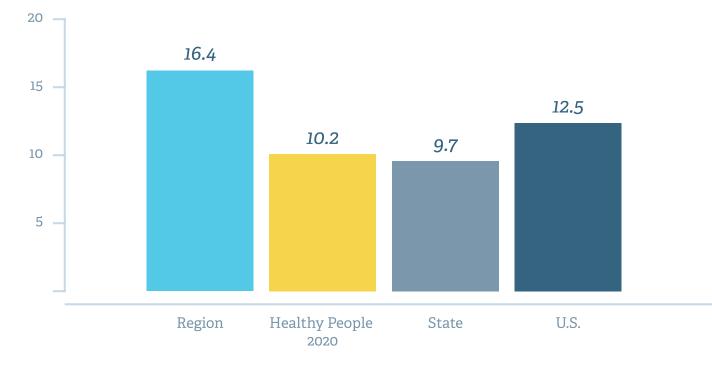


Goal

Reduce the rate of suicide and druginduced deaths in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson counties. (HP2020)

### **The Local Problem**

High volumes of Emergency Department utilization for both routine and crisis mental health disorders and substance misuse related issues suggest access or barriers to care for mental health and substance misuse health services.



### Age-adjusted suicide deaths per 100,000

### In the seven-county area

32.7 - 45.8%

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

# 28 - 36%

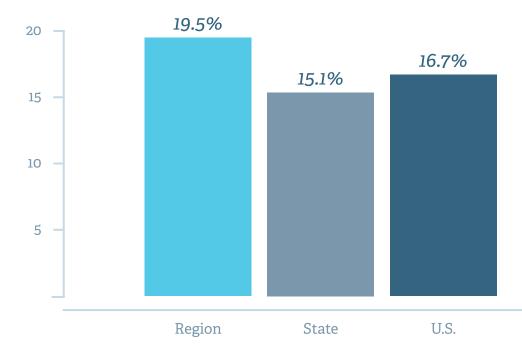
of 8th grade students felt sad or hopeless almost every day for two weeks or more in a row in the past 12 months

# 125 - 203

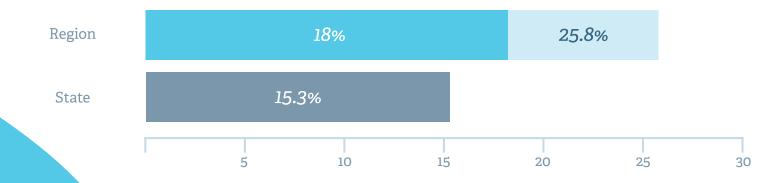
mental health visits each month to the SIH emergency departments in FY18



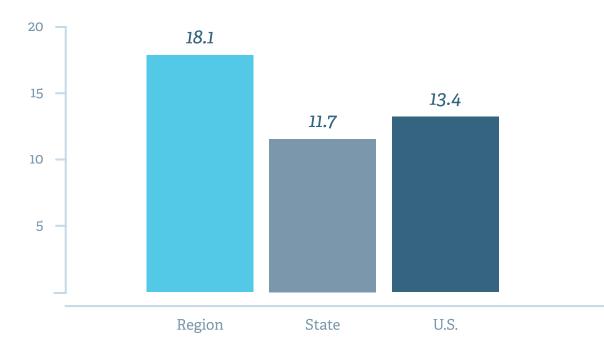
## Medicare beneficiaries experiencing depression



## Adults diagnosed with a depressive disorder



### Age-adjusted overdose deaths per 100,000



### In the seven-county area

# 22,306

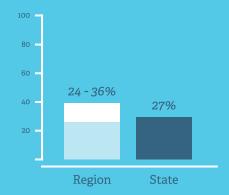
Patient visits to an SIH hospital with substance abuse diagnosis listed in FY18

# 89 - 114 days

Average days' supply range of opioid/benzodiazepines prescribed in 2017

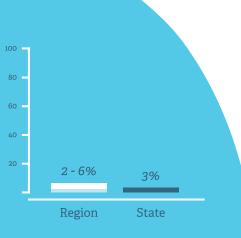
# 227,894

total prescriptions for opioids/ benzodiazepines in 2017



# 24 - 36%

of 8th grade students used a substance in the last year such as alcohol, cigarettes, inhalants or marijuana



# 2 - 6%

of 8th grade students used prescription drugs in the past year to get high

# 79 - 541 patients per county

Patients who are considered at high risk for opioid overdose based on them receiving greater than 90 morphine milligram equivalents.

### Long-term indicators of impact

- 1. Reduce the age-adjusted rate of suicide deaths.
- 2. Reduce the age-adjusted overdose death rate.
- 3. Increase the proportion of individuals receiving mental health and substance misuse screening and referrals for treatment.
- 4. Increase the proportion of primary care facilities that provide mental health treatment onsite or by referral by 5%. \*\*
- 5. Increase the proportion of children and adults with mental health problems/disorders who receive treatment by 5%. \*\*
- 6. Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year by 5%. \*\*

\*\*\* = HP2020 Recommendation

### **Strategies**

### Strategies to Address the Health Issue:

- » Implement "Adult Mental Health First Aid" and "Youth Mental Health First Aid" courses in each of the seven counties in our target area.
- » Implement SOS (Sign of Suicide) in two additional middle/high schools each year.
- Implement Screening Brief Intervention and Referral to Treatment (SBIRT) and monitoring of the Illinois Prescription Monitoring Program, in SIH Medical Group provider offices, Emergency Departments and inpatient hospital settings including OB, Labor and Delivery, to screen patients for mental health and substance misuse issues.
- » Implement regional mental health and substance misuse prevention efforts.

#### **Data Sources**

- 1. Center for Medicare and Medicaid Services, 2015
- 2. Centers for Disease Control and Prevention, National Vital Statistics System, CDC WONDER, 2010-2014
- 3. Illinois Behavioral Risk Factor Survey, Round Six 2015, Illinois Department of Public Health
- Illinois County Health Rankings, 2018
   Illinois Prescription Monitoring Program 2017
- annois Prescription Monitoring Program 2017
   SIH Hospital data, Midas+, FY18
- Illinois Youth Survey, 2016

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

Elementary and Middle School staff and parents Faith Communities Federally Oualified Health Centers

Franklin County Substance Misuse Coalition

Healthy Community Coalitions

Healthy Southern Illinois Delta Network

Illinois CATCH Health Consortium

Jackson County Behavioral Health Action Team

John A. Logan College

Joint Access to Care Team

Law Enforcement Agencies

Local Health Departments

Local mental health and

substance misuse treatment

Quality Health Partners/ Physician Hospital Organization

Regional Office of Education

SIH Behavioral Health

SIH Community Benefits SIH Hospitals

SIH Medical Group

SIH Pain Management Teams

Southern Illinois University (SIU)

SIU School of Medicine Center for Rural Health and Social Service Development

SIU School of Medicine

Southern Illinois University School of Medicine Center for Rural Health and Social Service Development

Williamson Co. DREAM Coalition

And various mental health and substance misuse treatment agencies

### Issue #3

Cancer

### Goal

Reduce the death rates for cancer of the lung and bronchus, colorectal cancer, as well as cancer of the oral cavity, pharynx and cervix in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties.

### **The Local Problem**

The incidence rates in Southern Illinois are consistently higher than Illinois. Most of our counties have higher rates than the state and US for lung, colorectal, oral cavity and pharynx and skin cancer. But death rates are stable or falling for these except for lung and bronchus in Franklin and Williamson Counties.

Modifiable behaviors (risk factors) such as smoking, obesity and sedentary lifestyles contribute to higher cancer rates. Many residents of the SIH service area have elevated rates for these indicators.

# Tobacco use in the seven-county area



of adults report they are smokers

# 4.4 - 10.5%

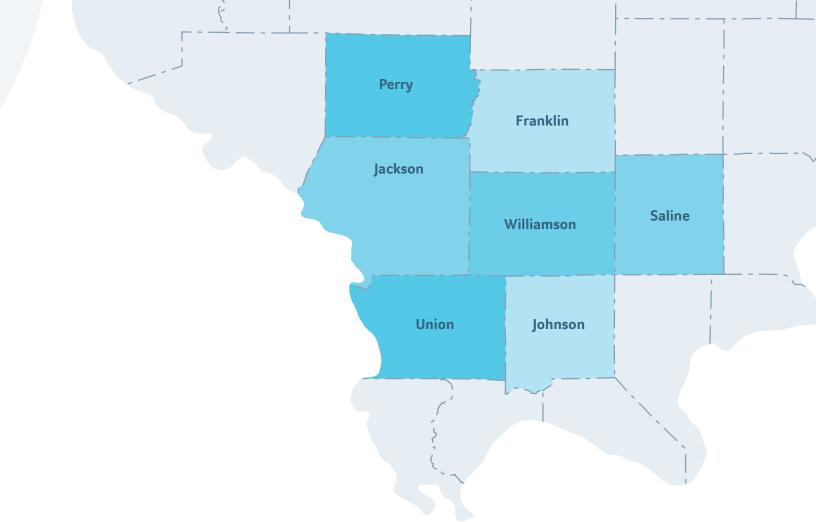
of adults report using smokeless tobacco

# 9.8 - 34%

of adults report using e-cigarettes some days



of 8th grade students report having smoked in the last 30 days



## Age-adjusted incidence rate cases per 100,000

	Lung & Bronchus	Breast Cancer	Colorectal Cancer	Oral Cavity & Pharynx	Melanoma of the skin	All cancer sites
Franklin Co.	113.8	131.6	51.3	16.6	26.8	553.9
Jackson Co.	70.2	117.7	39.7	14.1	19.8	425.3
Johnson Co.	87.8	134.0	61.9	*	20.1	479.8
Perry Co.	72.6	132.7	57.4	15.2	27.0	511.0
Saline Co.	84.1	99.9	56.6	15.7	20.6	488.1
Union Co.	103.5	141.9	53.4	*	34.1	525.7
Williamson Co.	97.1	114.7	54.5	13.2	25.9	509.7
Illinois	66.0	131.7	43.9	12.1	19.0	463.7
United States	60.2	124.7	39.2	11.6	21.3	441.2

\*3 or fewer cases



A view of the lobby at the SIH Cancer Institute in Carterville, IL

# Screenings in the seven-county area

26.4 - 33.8%

of adults age 50+ have not had a colonoscopy or sigmoidoscopy

# 4.3 - 12.2%

of women 18 and older report never having had a pap smear

# 5.5 - 14.2%

of adults ages 50+ had a colonoscopy or sigmoidoscopy greater than 10 years ago

### Long-term indicators of impact

- 1. Increase the proportion of individuals who are diagnosed at an earlier stage for lung, bronchus, colorectal, oral cavity, pharynx and cervical cancers.
- 2. Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines.\*\*
- 3. Increase screening rates for cervical, colorectal and lung cancer.
- 4. Increase HPV vaccination rates.

### **Strategies**

- » Educate the community on the importance of screenings and on risk factors associated with higher incidence rates of cancer through community education and outreach efforts.
- » Provide education, training and supportive resources to healthcare providers on lung, HPV vaccine, cervical and colorectal cancer screening to assist in increasing screening rates.
- » Provide training for health care providers, parents, dental professionals and school nurses on the importance of the HPV vaccine in cancer prevention.

Note: Implementation efforts are aligned with the SIH Cancer Institute Commission on Cancer prevention and screening plan as well as efforts of the BJC Collaborative.

#### **Data Sources**

- 1. IDPH, Causes of Death by Resident County, 2016
- 2. NIH, National Cancer Institute, State Cancer Profile, Age-Adjusted Incidents by Cancer Site 2011-2015
- 3. Illinois County Behavioral Risk Factor Surveys, Sixth Round 2015, Illinois Department of Public Health
- 4. Illinois Youth Survey, 2016

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

American Cancer Society Dental offices Elementary and Middle Schools Faith Communities Faith Community Nurses Federally Qualified Health Centers Healthy Community Coalitions Healthy Southern Illinois Delta Network Illinois CATCH on to Health Consortium Land of Lincoln Legal Local Health Departments Ouality Health Partners/ Physician Hospital Organization Regional Office of Education Schools SIH Cancer Institute SIH Community Benefits SIH Congregational Health Connectors SIH Hospitals SIH Medical Group Southern Illinois University (SIU) SIU Dental Hygiene SIU School of Medicine SIU School of Medicine Center for Rural Health and Social Service Development And various other health and social service agencies

Issue #4

# Chronic disease prevention, management and treatment

Focusing on cardiovascular disease, stroke and diabetes

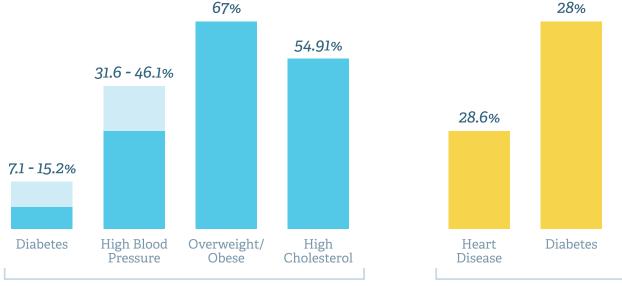
### **The Local Problem**

Diseases of the heart are the leading causes of death for the SIH service area.



Reduce rates of cardiovascular disease, stroke, diabetes and COPD and increase the ability of those with the conditions to better manage their diseases in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties.

59.7%



### Adults 18 and older



### Medicare patients 65+

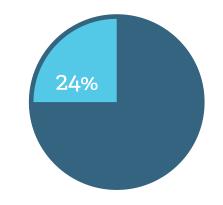
Top chronic conditions associated with inpatient 30 day readmissions at SIH

>> COPD

>> Heart Failure

>>> Kidney Disease

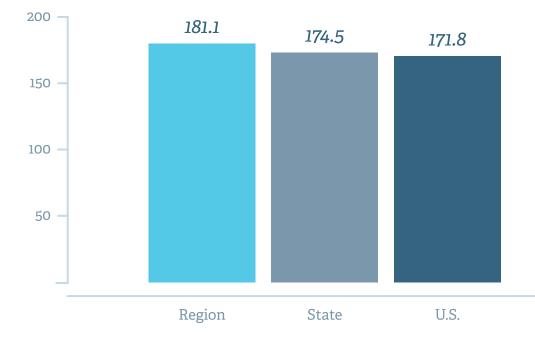




# 24% of deaths

in the seven-county area are due to diseases of the heart

### Age-adjusted death rate for heart disease (per 100,000)



#### Data Sources

- 1. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC Wonder. 2010-2014.
- 2. IDPH, Causes of Death by Resident County, 2016
- 3. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
- US Department of Health and Human Services, Health Indicators Warehouse. 2006-12 4. Centers for Medicare and Medicaid Services, 2015
- 5. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2013.
- 6. SIH, Inpatient 30 day readmit with exclusions, Diagnoses for 2017
- Illinois Department of Public Health and CDC CARES 2011-12
- 8. Illinois Behavioral Risk Factor Survey Round Six 2015, Illinois Department of Public Health

### Long-term indicators of impact

- Increase the proportion of adults who have had their blood pressure measured within the preceding two years and can state whether their blood pressure was normal or high by 5%.\*\*
- 2. Increase the proportion of persons with diabetes whose condition has been diagnosed by 5%.\*\*
- 3. Increase the proportion of persons with diagnosed diabetes who receive diabetes education by 5%.\*\*
- 4. Increase the proportion of elementary and middle schools that provide school health education to promote personal health and wellness by 5%.\*\*
- 5. Increase social marketing in health promotion and disease prevention by 5%.\*\*
  - \*\*\* = HP2020 Recommendation

### **Strategies**

- » Offer free blood pressure, diabetes and cholesterol screening and referral to treatment through events targeting high-risk population including low income, uninsured and underinsured.
- » Coordinate and facilitate the implementation and promotion of Chronic Disease Self-Management Program/Diabetes Self-Management (CDSMP/ DSMP) workshops throughout Southern Illinois for adults with diabetes and other chronic diseases with efforts targeting those individuals who have experienced hospital visits related to their chronic disease(s).
- » Advocate for policy, system and environmental changes (PSE) related to nutrition, physical activity and tobacco in schools, worksites, churches and the community.
- » Implementation of Whole Child/Whole School/Whole Community model for school health and CATCH (CATCH on to Child Health) programs with 38+ schools impacting 9,800+ students in pre-k, elementary, middle and high schools. Continue to provide training to ensure implementation and sustainability.
- » Identify and implement a social marketing campaign targeting adults 18 and older focused on ways to prevent chronic disease through lifestyle changes (nutrition, physical activity, not smoking) and the importance of being screened, "Knowing Your Numbers" and having a primary care provider.
- » Provide education for obstetrical providers on best practices related to treatment and appropriate referral for pregnant women with underlying chronic conditions in an effort to ensure coordinated care.

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

American Heart Association Chambers of Commerce City of Carbondale Planning Department Congregational Health Connectors **Diabetes Today Resource Teams** Elementary and Middle Schools Faith Communities Faith Community Nurses Federally Qualified Health Centers Healthy Communities Coalitions Healthy Southern Illinois Delta Network (HSIDN) Homeless Shelters Housing Authorities Illinois CATCH on to Health Consortium Independent/Assisted Living facilities Jackson County Built **Environment Action Team** John A. Logan College Key Community Leaders/ Influencers Local Health Departments Meals on Wheels Obstetrician offices Park Districts Quality Health Partners/ Physician Hospital Organization Regional Office of Education SIH Cardiovascular Services SIH Community Benefits SIH Emergency Departments SIH Employee Wellness SIH Hospitals SIH Lab Services SIH Marketing SIH Medical Group SIH OB Department SIH Patient Educators SIH Prompt and Urgent Care SIH Second Act SIH Wellness Southern Illinois University (SIU) SIU School of Medicine SIU School of Medicine Center for Rural Health and Social Service Development Soup kitchens Southeastern Illinois **Community College** Southern Illinois Food Pantry Network Towns and Municipalities University of Illinois Extension Worksites and various other health and

social service agencies

Issue #5

# Improving health behaviors

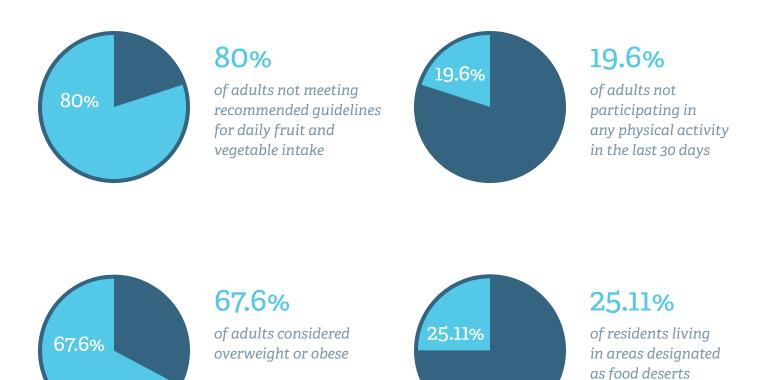
by reducing overweight/obesity and tobacco use

## **The Local Problem**

Of adults living in the seven-county area:

### Goal

Improve healthy behaviors among adults and youth in Franklin, Jackson, Johnson, Perry, Saline, Union and Williamson Counties by reducing overweight and obesity and smoking rates.



## In the seven-county area

14 - 28.1%

of adults report they are smokers

# 4.4 - 10.5%

of adults report using smokeless tobacco

# 9.8 - 34%

of adults report using e-cigarettes some days

### Long-term indicators of impact

- 1. Decrease the percent of youth and adults who are considered overweight and obese. \*\*
- 2. Decrease the percentage of youth and adults using tobacco/nicotine.\*\*
- 3. Increase tobacco cessation counseling in health care and office-based ambulatory care settings. \*\*
- Increase the percentage of youth and adults who meet federal physical activity guidelines (Youth: 1 hour per day 5+ days a week/Adults: 30 minutes a day 5+ days/week) by 5%. \*\*

\*\*\* = HP2020 Recommendation

### **Strategies**

- » Continue promotion of the Illinois Tobacco Quitline.
- » Continue to offer Courage to Quit classes in the community and at worksites.
- » Educate youth and adults on the harmful effects of tobacco and e-cigarettes, i.e. utilize the "Catch My Breath" curriculum for Junior High and High students.
- » Pilot and promote physical activity challenges throughout the community with faith communities, worksites, food pantries, etc.
- » Provide support for SNAP Double Value coupons at Farmers Markets in targeted communities.
- » Collaborate with the Southern Illinois Food Pantry Network to serve low income individuals and families.
- » Promote a media campaign focused on healthy eating for a lifetime that will be promoted through coalitions, churches, food pantries, senior centers, schools, etc. to target low income individuals and those with chronic health conditions.

#### **Data Sources**

- 1. IDPH, Causes of Death by Resident County, 2016
- 2. Illinois Behavioral Risk Factor Survey, Sixth Round 2015; Illinois Department of Public Health
- 3. Centers for Medicare and Medicaid Services, www.cms.gov
- Illinois County Behavioral Risk Factor Surveys, 2007-2009, Illinois Behavioral Risk Factor Surveillance Survey (mean daily intake related to fruits and vegetables).
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Retrieved from Community Commons

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

#### Businesses

Chambers of Commerce Elementary and Middle Schools Faith Communities Faith Community Nurses, Federally Qualified Health Centers **Fitness Centers** FoodWorks Growers/Orchards Healthy Community Coalitions Healthy Southern Illinois Delta Network Illinois CATCH on to Health Consortium John A. Logan College Local Health Departments Park Districts Quality Health Partners/ Physician Hospital Organization Regional Office of Education SIH Community Benefits SIH Congregational Health Connectors SIH Hospitals SIH Marketing SIH Medical Group SIH Second Act SIH Wellness Southern Illinois University (SIU) SIU School of Medicine Center for Rural Health and Social Service Development SIU School of Medicine Social Service Development Southern Illinois Food Pantry Network Southernmost Tourism Bureau St. Louis Area Foodbank University of Illinois Extension Workplaces and various other health and social service agencies



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

### **CHNA Advisory Team**

Al Taylor Vice President & Administrator, SIH Memorial Hospital of Carbondale SIH

Amy Niemann Employee Health, SIH Wellness & Benefits System Manager SIH

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Angie Bailey Manager, SIH Community Benefits SIH

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Cherie Wright School Health Coordinator, SIH Community Benefits SIH

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Jamie Byrd Public Health Administrator Egyptian Health Department

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Nancy Caskey Clinical Coordinator Shawnee Health Services

Nancy Holt Administrator Southern Seven Health Department

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Tonica Anderson Oncology Quality, Accreditation and Cancer Registry Supervisor, SIH Cancer Institute

William Hamilton, MD Retired Physician

**Woody Thorne** Vice President of Community Affairs & Chief Development Officer SIH

### **CHNA Implementation Plan Teams**

#### **Reduce Barriers to Improved Health/Healthcare**

Ana DeUnamuno Public Relations Administrator Rides Mass Transit

Angie Bailey Manager, SIH Community Benefits SIH

Andrew Weaver Senior Supervisory Attorney Land of Lincoln Legal Assistance

Catherine Shaw Regional Director SIH Medical Group

**Jo Sanders** Coordinator, SIH Community Benefits SIH

John McGuinnis HealthLeads Graduate Assistant SIH

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Kristen Matthews Graduate Assistant, SIH Community Benefits SIH

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#### **Behavioral Health**

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Brad Graul EMS Coordinator SIH

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#### Cancer

Angie Bailey Manager, SIH Community Benefits

Barbara Patten Chaplain SIH

Caleb Nehring Primary Care Systems Manager American Cancer Society

Charlene Hudson Business Manager, SIH Cancer Institute SIH

Chris Morgan Director of Nursing CHESI

Dana West Breast Care Manager, SIH Breast Center SIH

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#### Chronic Disease and Prevention, Management and Treatment

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Angie Bailey Manager, SIH Community Benefits SIH

Catherine Shaw Regional Director SIH Medical Group

**Deb Newbolds** Diabetes Coordinator SIH

Elizabeth Doughty Vascular Coordinator SIH

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Esther Kabwe Patient Relations Specialist SIH Medical Group

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#### Improving Health Behaviors by Reducing Overweight/Obesity and Tobacco Use

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### **Additional Implementation Plan Reviewers**

SIH CHNA Advisory Team SIH Community Benefits Advisory Committee SIH Medical Group Physician Leadership Council SIH Senior Leadership

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 28, 2019

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