



**HSHS**  
**St. Joseph's**  
**Hospital | Breese**

# 2024 Community Health Needs Assessment

An assessment of Clinton, Madison and Bond counties in Illinois conducted jointly by HSHS St. Joseph's Hospital in Breese, HSHS St. Joseph's Hospital in Highland, HSHS Holy Family Hospital in Greenville and the Bond County Health Department.



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## Executive Summary

### Background

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

Triennially, HSHS St. Joseph's Hospital Breese conducts a CHNA, adopts an implementation plan by an authorized body of the hospital and makes the report widely available to the public. The hospital's previous CHNA report and implementation plan was conducted and adopted in FY2021.

In FY2024 (July 1, 2023, through June 30, 2024), St. Joseph's Hospital Breese conducted a collaborative CHNA in partnership with HSHS St. Joseph's Hospital Highland, HSHS Holy Family Hospital in Greenville, and Bond County Health Department. Upon completion, the hospital developed a set of implementation strategies and adopted an implementation plan to address priority community health needs. The population of Clinton, Madison and Bond counties were assessed.

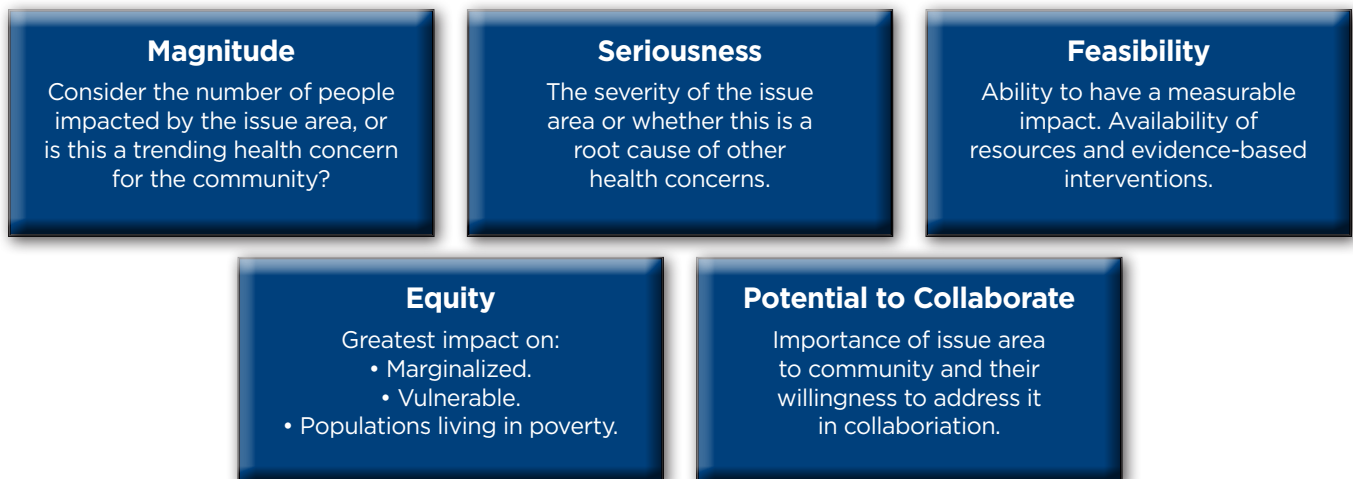
Data collected was supplemented with:

- Community gaps analysis review.
- Community assets review.
- Qualitative data gathered through a CHNA core group.
- Qualitative data reviewed by a community advisory council (CAC) with broad community representation.
- Surveys, including input from area health and social service providers, as well as community members who identify with the needs addressed.
- Local leader input.
- Internal advisory council.

### Identification and Prioritization of Needs

As part of the identification and prioritization of health needs, the CHNA core group identified six health focus areas from extant data sources. A pre-determined set of criteria (Diagram One: Defined Criteria for Community Health Needs Assessment) was used to narrow the health focus areas.

*Diagram One: Defined Criteria for Community Health Needs Assessment*





HSHS Community Health identifies three guiding principles to achieving sustainable community health. Those principles are considered throughout each step in this process:

1. Health care is efficient and equitable.
2. Good health flourishes across geographic, demographic and social sectors.
3. Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health. (See Appendix I: Community Health Principles).

The CHNA core group provided a thorough review of existing and supplemental data sets around the six identified health focus areas to the CAC. The CAC used a forced ranking exercise with the defined criteria listed in Diagram One to narrow the number of health focus areas. A survey was conducted to solicit community feedback on the issue areas. Upon survey closure, 85 responses were received and analyzed to further prioritize the needs based on community perceptions and experiences.

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

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

- Access to mental and behavioral health services.
- Chronic conditions – including food access and disease prevention and education.
- Substance use disorder

## Implementation Plan Development

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

## Hospital Background

St. Joseph's Hospital Breese is a not-for-profit hospital serving predominantly Clinton County, Illinois. Located in south-central Illinois, the hospital is the sole acute care hospital in the county. With hospitals located in two adjacent counties not providing obstetrics services, St. Joseph's Hospital serves a large market area for women and infants services, including the counties of Bond, Madison, Washington and Marion.

St. Joseph's Hospital partners with other area organizations to address the health needs of the community, with a focus on the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly integrated health care delivery system serving more than 2.6 million people in rural and mid-sized communities in Illinois and Wisconsin. HSHS generates approximately \$2 billion in operating revenue with 13 hospitals and more than 200 physician practice sites. HSHS is committed to its mission “to reveal and embody Christ's healing love for all people through our high-quality Franciscan health care ministry.” This mission is carried out by more than 11,000 colleagues and over 1,000 physicians who care for patients and their families in both states.

St. Joseph's Hospital has a rich and long tradition of addressing the health of the community. This flows directly from its Catholic identity. In addition to community health improvement services guided by the triennial CHNA process, the hospital contributes to other needs through its broader community benefit program including health professions education, subsidized health services, research and community building activities. In FY2023, the hospital's community benefit contributions totaled more than \$2.9 million.

## Current Hospital Services and Assets

Major Centers and Services	Statistics	New Services and Facilities
<ul style="list-style-type: none"> <li>• Inpatient Care</li> <li>• Rehabilitation Center</li> <li>• Emergency Services</li> <li>• Women and Infants Center</li> <li>• Outpatient Surgery Center</li> <li>• Outpatient Lab and Imaging</li> <li>• Outpatient Lab, X-Ray and Physical Therapy (New Baden)</li> <li>• Athletes Advantage</li> <li>• Outpatient Senior Behavioral Health</li> <li>• Clinton County Rural Health Clinic in Breese</li> </ul>	<ul style="list-style-type: none"> <li>• Total Beds: 56</li> <li>• Total Colleagues: 250</li> <li>• Total RN: 101</li> <li>• Physicians: 288</li> <li>• Admissions: 1,536</li> <li>• Emergency Department (ED) Visits: 9,117</li> <li>• Births: 491</li> <li>• Surgical Cases: 1,247</li> <li>• Volunteers: 275</li> <li>• Community Benefit: \$2.9 million</li> </ul>	<p>Expanded Clinton County Rural Health Clinic in Carlyle</p>

## Hospital Accreditations and Awards

- Illinois Department of Public Health (IDPH) - Acute Stroke Ready Hospital Redesignation - 2023
- The Chartis Center for Rural Health - Top 100 Rural & Community Hospitals in the U.S. - 2023
- Becker's Healthcare - Top hospitals nationwide for physician communication, nurse communication, and staff responsiveness, based on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) - 2023
- The Joint Commission Gold Seal of Approval® for Perinatal Care Certification - 2022
- Accreditation Committee of the College of American Pathologists (CAP) - Laboratory Accreditation - 2021
- Association of periOperative Registered Nurses (AORN) Go Clear Award™ - Gold Recognition Level - 2021
- American College of Radiology Gold Seal of Accreditation - Ultrasound -2021
- Illinois Perinatal Quality Collaborative - Women and Infants Center Award - 2020

## Community Served by the Hospital

St. Joseph's Hospital's service area is roughly 503 square miles with a population of approximately 37,760 residents and a population density of 75 people per square mile. The service area consists of the following cities and rural communities: Albers, Aviston, Bartelso, Beckemeyer, Breese, Carlyle, Centralia, Dami-anville, Germantown, Hoffman, Huey, Keyesport, New Baden and Trenton. For the purposes of the CHNA, the hospital defined its primary service area broadly as Clinton County, Illinois. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Demographic Profile of Clinton County

Data Source: U.S. Census Bureau QuickFacts report period: 2017 - 2021; 2022 Estimates.

Characteristics	Illinois	Clinton 2022	Clinton 2019	%Change for County
Total Population	12,812,508	36,909	37,562	-1.77%
Median Age (years)	38.3	41.2	40.6	1.46%
Age				
Under 5 years	5.6	5.5	5.9	-7.27%
Under 18 years	22.1	21.2	21.1	0.47%
65 years and over	16.6	18.7	18	3.74%
Gender				
Female	50.6	47.8	48.2	-0.84%
Male	49.4	52.2	51.8	0.77%
Race and Ethnicity				
White (non-Hispanic)	76.3	93.9	94	-0.11%
Black or African American	14.7	3.5	3.7	-5.71%
Native American or Alaska Native	0.1	0.4	0.4	0%
Asian	6.1	0.7	0.6	14.29%
Hispanic or Latino	18	3.5	3.2	8.57%
Speaks language other than English at home	23.2	4.0	4.1	-2.5%
Median household income	78,433	78,054	66,639	14.62%
Percent below poverty in the last 12 months	11.9	8.2	7.5	8.54%
High School graduate or higher, percent of persons age 25+	90.1	92.0	90.1	2.07%

## Process and Methods Used to Conduct the Assessment

St. Joseph's Hospital collaborated in the planning, implementation and completion of the community health needs assessment in partnership with St. Joseph's Hospital Highland, Holy Family Hospital Greenville, and the Bond County Health Department. The process described in the narrative below is outlined in Diagram Two: Bond, Clinton, and Madison County 2024 Community Health Needs Assessment.

## Internal

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

1. Identified the CHNA core group comprised of St. Joseph's Hospital Breese, St. Joseph's Hospital Highland, Holy Family Hospital in Greenville, and the Bond County Health Department.
2. Convened a CAC to solicit input and help narrow identified priorities.
3. Conducted a community survey to get input from community members around the priorities identified.
4. Convened an internal advisory committee respective to each organization to force rank the final priorities and select the FY2025-FY2027 CHNA priorities.

## External

St. Joseph's Hospital worked with core group partners to leverage existing relationships and provide diverse input for a comprehensive review and analysis of community health needs in Bond, Clinton and Madison counties.

Representation on the CAC was sought from health and social service organizations that:

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

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

- Age Smart\*
- BCMW Community Services\*
- Birth to Five\*
- Bond County Community Unit School District 2
- Bond County Health Department\*
- Catholic Diocese of Belleville
- Chestnut Health Systems\*
- City of Breese
- City of Greenville
- City of Highland
- Greenville First Christian Church
- HSHS Holy Family Hospital in Greenville\*
- HSHS St. Joseph's Hospital Breese\*
- HSHS St. Joseph's Hospital Highland\*
- Madison County Health Department\*
- MERS Goodwill\*
- Regional Office of Education #13

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

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



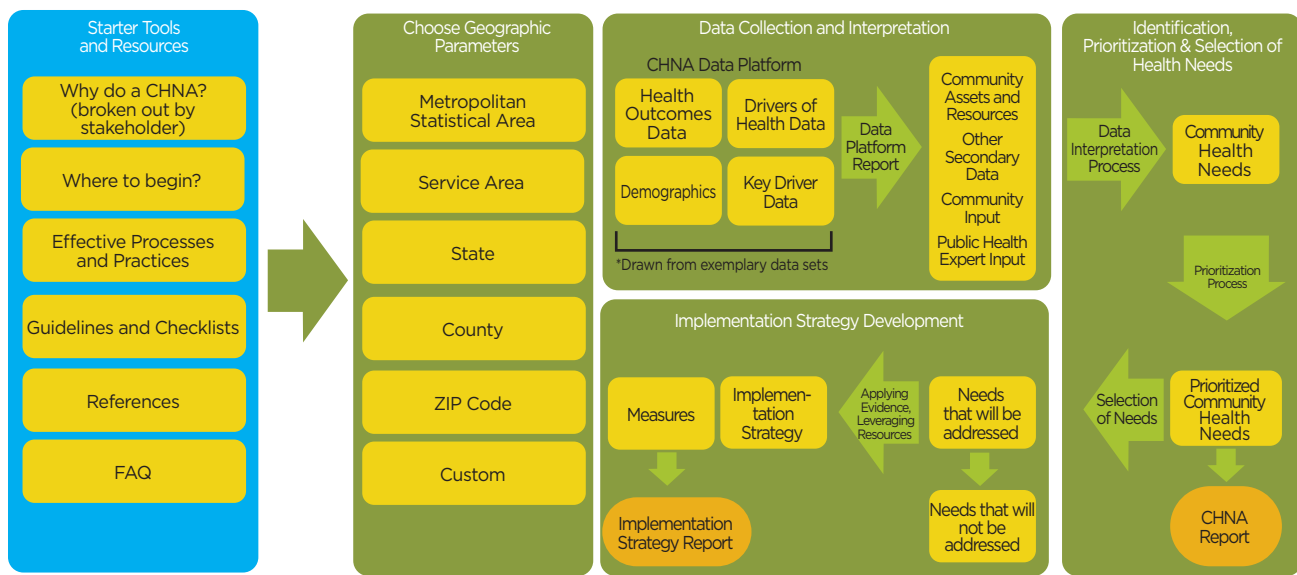
## Defining the Purpose and Scope

The purpose of the CHNA was to:

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

## Data Collection and Analysis

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



## Data Sources

The CHNA process utilizes both primary data including hospital data, focus groups and key stakeholder meetings as well secondary data. Secondary data sources include Behavioral Risk Factor Surveillance System (BRFSS), the U.S. Census Bureau, and Centers for Disease Control and Prevention (CDC) data sources. In addition, this data was supplemented with data from:

- Advisory Board 2023
- U.S. Census 2021
- U.S. Census 2020
- U.S. Census Bureau Quick Facts 2017-2021; 2022 Estimates
- Data USA
- Illinois Board of Education Illinois Report Card 2022-2023
- County Health Rankings 2023
- Kids Count Data Center 2021
- United for ALICE
- Feeding America

- COMPdata: Bond County Patients Discharged
- COMPdata: Clinton County Patients Discharged
- COMPdata: Madison County Patients Discharged
- Illinois Department of Public Health (IDPH) 2021 Data
- Illinois Department of Public Health (IDPH) 2016-2020 Data
- Illinois County Behavior Risk Survey (2015 – 2019)
- County Health Rankings and Roadmaps 2023
- Best Neighborhoods
- Bond County Health Department 2024
- IDPH Opioid Data Dashboard 2022
- Illinois Public Health Community Map
- IEMA Public Radon Dashboard

The data was gathered into a written report/presentation and shared with community members through surveys and virtual key stakeholder meetings as described below. The data shared generated dialogue and discussion among the community leaders. As part of the discussion, they were asked to rank the identified need as well as the ability to collaborate to meet the health need.

## **Input from Persons Who Represent the Broad Interests of the Community**

St. Joseph's Hospital is committed to address community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2021 CHNA, the hospital planned, implemented and evaluated implementation strategies to address the top three identified community health needs: mental and behavioral health services, chronic conditions, and workforce development. This year's assessment sought input from a broad cross section of community stakeholders with the goal of reaching consensus on priorities to mutually focus human, material and financial resources.

### **Input from Community Stakeholders**

The CAC was used as the primary stakeholder group to review and force rank data. During a 90-minute virtual meeting, community stakeholders were asked to review data presented and provide additional sources for priority areas not listed. The CAC also helped identify community assets and gaps which were weighed when considering the magnitude and feasibility of the priority areas.

The core group developed and circulated a community survey (Appendix IV) to solicit first-person feedback on the health issue areas. In March 2024, 85 individuals completed the survey. The core group analyzed and presented the results (Appendix V) to internal teams. The results were used to guide further discussion around final priority selection.

More information on survey analysis will be documented in the community health improvement plan (CHIP) to be completed and approved by November 15, 2024.

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

The CHNA process must be informed by input from the poor and vulnerable populations served by HSHS and St. Joseph's Hospital. To ensure the needs of these groups were adequately represented, the CHNA process included representatives from such organizations as noted above. These organizations serve the under-resourced in the community, including low-income seniors, children living in poverty and families who struggle with shelter and food insecurity. Representatives of these organizations have extensive

knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure that the needs of the most vulnerable persons in the community were addressed in the CHNA process and during development of related implementation strategies.

## Input on FY2021 CHNA

No written comments were received regarding the FY2021 CHNA.

## Prioritizing Significant Health Needs

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

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

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

1. Mental and behavioral health
2. Chronic conditions
3. Substance use disorder

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

- Affordable housing: While not a direct priority issue, affordable housing challenges and barriers will be explored within the strategic plan of workforce barriers.
- Diabetes and obesity: While not a direct priority issue, diabetes and obesity will be addressed within chronic disease education and prevention strategies.
- Food insecurity: While not a direct priority issue, these barriers to health are incorporated in all of our strategic planning.
- Maternal health and child health: St. Joseph's is not focusing on this need as part of the CHNA. St. Joseph's continues to offer obstetrics, prenatal and neonatal support, in addition to comprehensive women's services. With a comprehensive line of obstetrical, pediatric and cardiovascular care programs, among many other services, St. Joseph's Hospital Breese has spent years helping women manage and maintain their health in a variety of crucial ways.
- Nutrition and healthy eating (access and knowledge): While not a direct priority issue, nutrition and healthy eating will be addressed within chronic disease education and prevention strategies.
- Oral health: St. Joseph's Hospital will work closely with the surrounding county health departments to raise awareness and provide patient referrals for dental services.
- Transportation: St. Joseph's Hospital supports a rural transportation grant application to increase transportation for medical appointments across counties. St. Joseph's Hospital continues to offer transportation services through its Friends Van.

## Overview of Priorities

### Mental Health and Behavioral Health Services

Individuals living in St. Joseph's service area have less access to mental health care providers. While it's difficult to measure the rate of individuals in the service area suffering from mental illness, there is some data available that can aid in assessing the need. When looking at the BRFSS question which asks the number of days that mental health is not good for respondents, the rate for Clinton County of those who report frequent mental distress is an average of 13%.

The U.S. Health Resources & Services Administration (HRSA) classifies Clinton County as a health professional shortage area for mental health providers. The chart below compares the number of providers per residents for the county and the state. While the ratio has improved (up from 2,210:1 in 2018), significant work still needs to be done to ensure Clinton County residents have timely access to mental health services.

Report Area	Ratio of Population to Mental Health Providers
Clinton County	1,750:1
Illinois	390:1

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

Survey respondents had the following suggestions for how health care could improve education and access to mental and behavioral health services:

- “Increase local access to mental health and substance abuse, reduce the stigma with education and awareness for both of these, and bring endocrinology services to the area.”
- “I would love to see a mental health provider agency offering free or subsidized counseling in Clinton County that has weekly appointments, not monthly, out of the new Health Dept. building. People in crisis need more therapy, not less or services with great gaps in visits.”
- “Try to find a way to have coordinating resources; people don't know where to go with mental health concerns. Also need to target mental health prevention in grade school youth.”

### Chronic Conditions - including food access and disease prevention and education

According to the County Health Rankings, Clinton County is ranked amongst the healthiest counties in Illinois (highest 75% - 100%). However, there are still areas for continued education and improvement. Unhealthy lifestyle choices and disease awareness, prevention and management lead to poor health outcomes in a community. Among the leading causes of death for Clinton County are heart disease, stroke and cancer. These may be preventable with timely access to health care and lifestyle modification. There is a higher incidence of adult smoking, obesity, lack of access to exercise opportunities and excessive drinking in Clinton County as compared to the state.

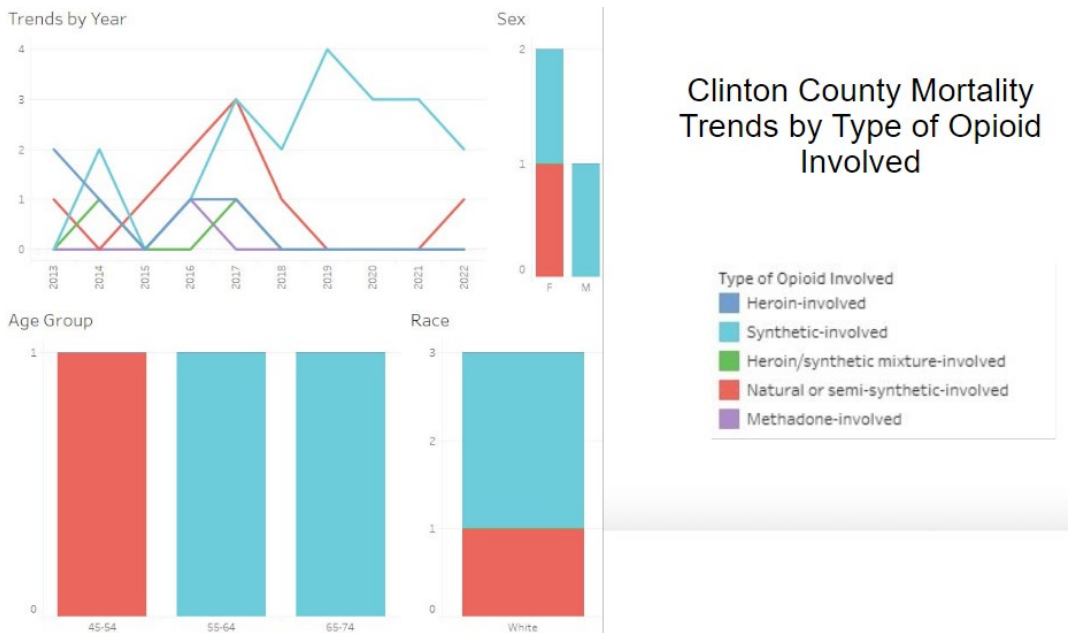
Health Behavior	Clinton County	Illinois
Smoking	19%	13%
Obesity	36%	33%
Physical inactivity	23%	24%
Access to exercise	60%	90%
Excessive drinking	19%	15%
Alcohol-impaired driving deaths	9%	29%
Sexually transmitted infections	247.6	542.3

Source: County Health Rankings

St. Joseph's Hospital has a self-management diabetes education program. The hospital's diabetes education team is committed to helping individuals understand and manage their diabetes through medication, exercise and diet.

### Substance Use Disorder

Data available through the Illinois Department of Public Health Opioid Data Dashboard provides an overview of mortality trends by type of opioid. In 2021 and 2022, six deaths were reported due to overdose. According to the Opioid Dashboard, Clinton County opioid deaths were related to synthetic-involved (fentanyl, carfentanil) and natural or semi-synthetic-involved (morphine, codeine, oxycodone, hydrocodone - i.e., pain relievers).



Source: Illinois Department of Public Health Opioid Data Dashboard, 2022: <https://idph.illinois.gov/OpioidDataDashboard>  
<https://idph.illinois.gov/OpioidDataDashboard/>

When compared to the state of Illinois, Clinton County has a younger population impacted by drug use leading to hospitalization. The majority of cases in Illinois are ages 45 and above.

Survey respondents had the following suggestions for how health care could improve around substance use disorder:

- Have more schools interested in youth prevention education for substance use prevention.
- Invest in local mental health and substance abuse treatment and recovery options.
- Increase local access to mental health and substance abuse, reduce the stigma with education and awareness for both of these, and bring endocrinology services to the area.



## Potential Resources to Address the Significant Health Needs

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

### Hospitals and related medical groups

There are four community hospitals within the St. Joseph's Hospital Breese service area, as well as other medical groups:

- HSHS St. Joseph's Hospital, Breese, Illinois
- HSHS St. Joseph's Hospital, Highland, Illinois
- HSHS Holy Family Hospital, Greenville, Illinois
- Anderson Hospital, Maryville, Illinois
- HSHS Medical Group
- Prairie Cardiovascular Services
- Southern OB/Gyn Associates (SOGA)

Affiliated with St. Joseph's Hospital is Clinton County Rural Health – a multi-disciplinary physician network offering internal and family medicine doctors. In addition, there are at least four more physician groups offering access to primary and specialty care services. Affiliated with St. Joseph's Hospital is Clinton County Rural Health – a multi-disciplinary physician network offering internal and family medicine doctors. In addition, there are at least four more physician groups offering access to primary and specialty care services.

### Walk-in health clinic:

- Convenient Care, Carlyle, Illinois

### Community Organizations and Government Agencies:

- American Diabetes Association
- Area Churches
- Bond County Health Department
- Breese Community School District
- Breese Police Department
- Clinton County Health Department
- Clinton County Health Improvement Coalition
- Community Link
- Community Resource Center
- Madison County Health Department
- Partnership for a Drug-Free Community
- Patient Innovation Center
- South Central Transit
- YMCA

## Next Steps

After completing the FY2024 CHNA process and identifying the top priority health needs, next steps include:

- Collaborating with community organizations and government agencies to develop or enhance existing implementation strategies.
- Developing a three-year implementation plan (FY2025-FY2027) to address priority health needs identified in the FY2024 CHNA process.
- Integrating the implementation plan into organizational strategic planning and budgeting to ensure alignment and allocation of human, material and financial resources.
- Presenting and receiving approval of the CHNA report and implementation plan by the hospital's governing board.
- Publicizing the CHNA report and implementation plan widely on the hospital website and CHNA partner websites and make accessible in public venues such as town halls, etc.

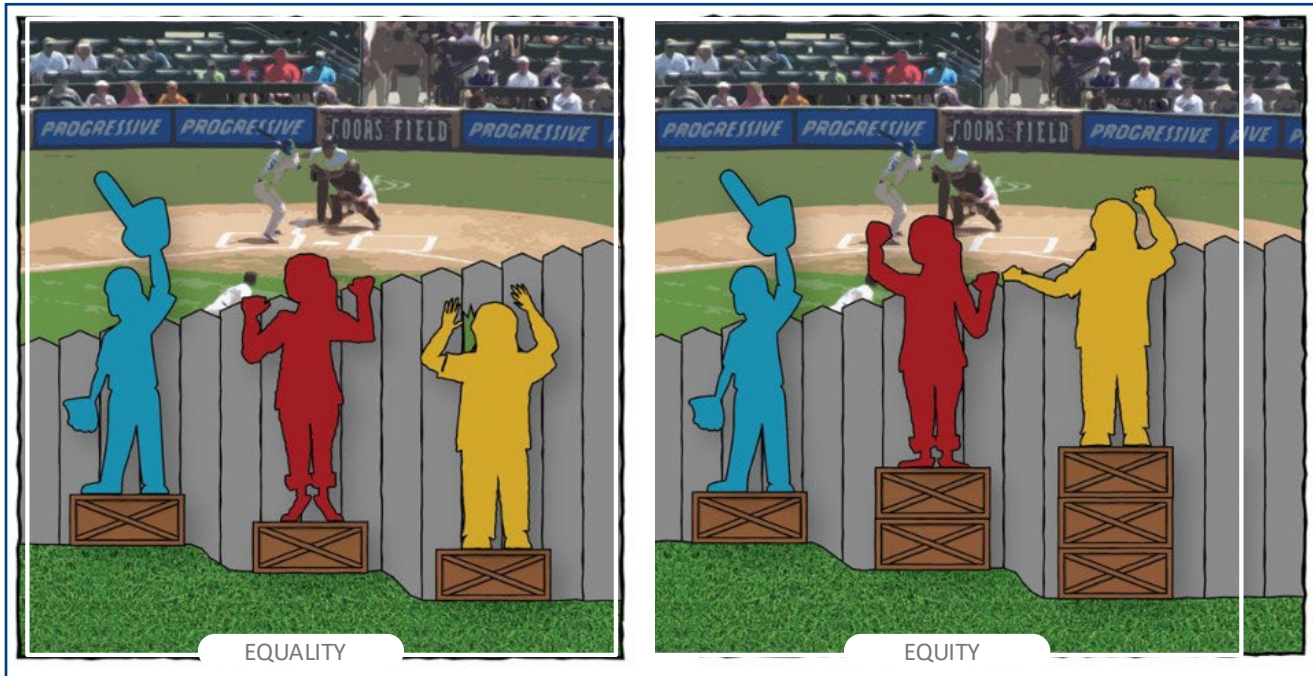
## Approval

The FY2024 CHNA Report was adopted by the hospital's governing board on May 22, 2024.

## **APPENDIX I**

### **Community Health Guiding Principles**

## Principle One: Health Care is Efficient and Equitable

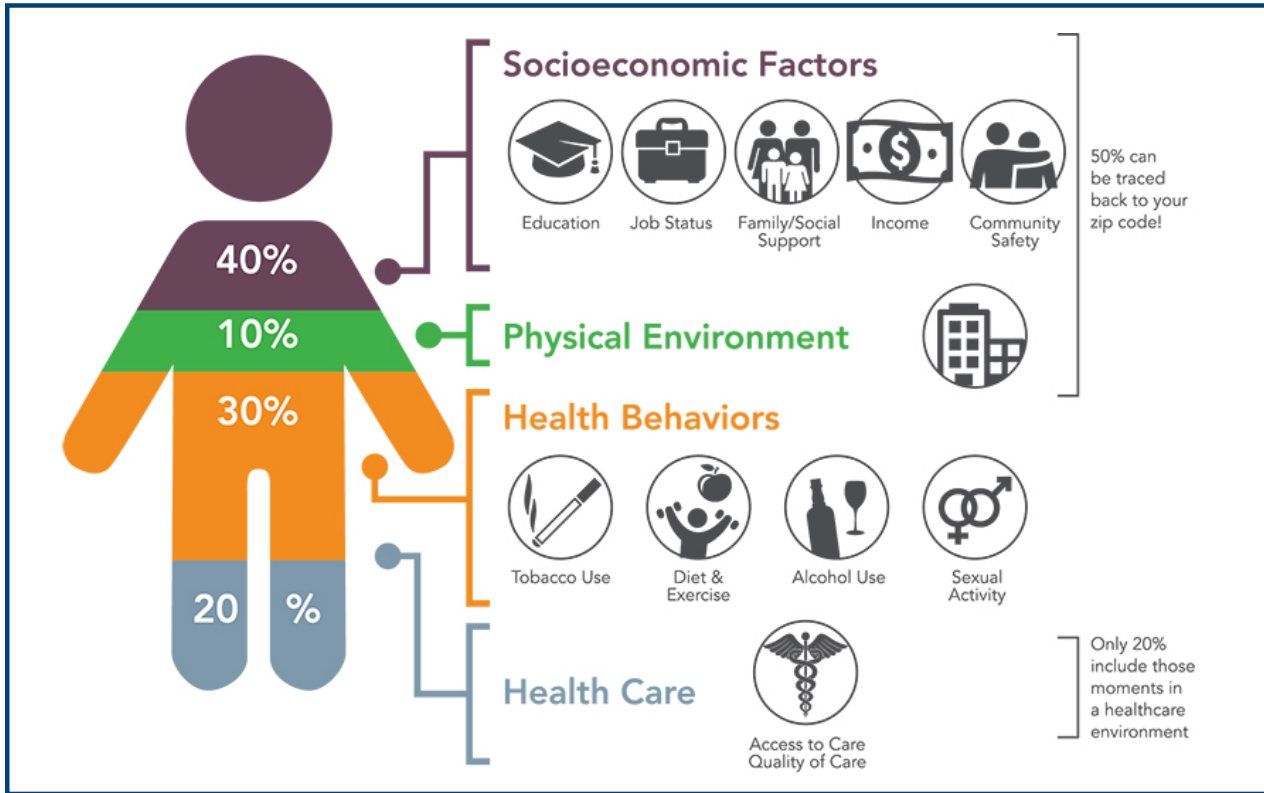


This graph challenges us to redefine our basic expectations for fairness and success as contingent upon those individual differences.

- **Equality** is treating everyone **the same**. It **ignores** our **differences**, and it **ignores** our **unique** needs.
- Equality can only work if everyone **starts from the same place**. Often, we are starting from different places and need resources allocated accordingly.
- Equality recognizes that **fairness means equality** — every person gets one box.

- **Equity** actively **moves everyone closer to success** by leveling the playing field.
- Equity recognizes **not everyone starts at the same place**, and not everyone has the same needs.
- Equity recognizes that fairness means **each person has the same access based on resources needed**.

## Principle Two: Good health flourishes across geographic, demographic and social sectors



Good health flourishes when we acknowledge and address disparities that affect a wide range of health risks and outcomes

### Socioeconomic factors:

Influence of financial resources on health including availability of services due to financial constraints. Service limitations include safe housing, nutritive food, exercise, socialization and more.

### Neighborhood and Physical Environment:

1. Where someone lives impacts wellbeing.
2. Robert Wood Johnson analysis of life expectancy by ZIP code found that where one lives is one of the leading predictors of life expectancy.

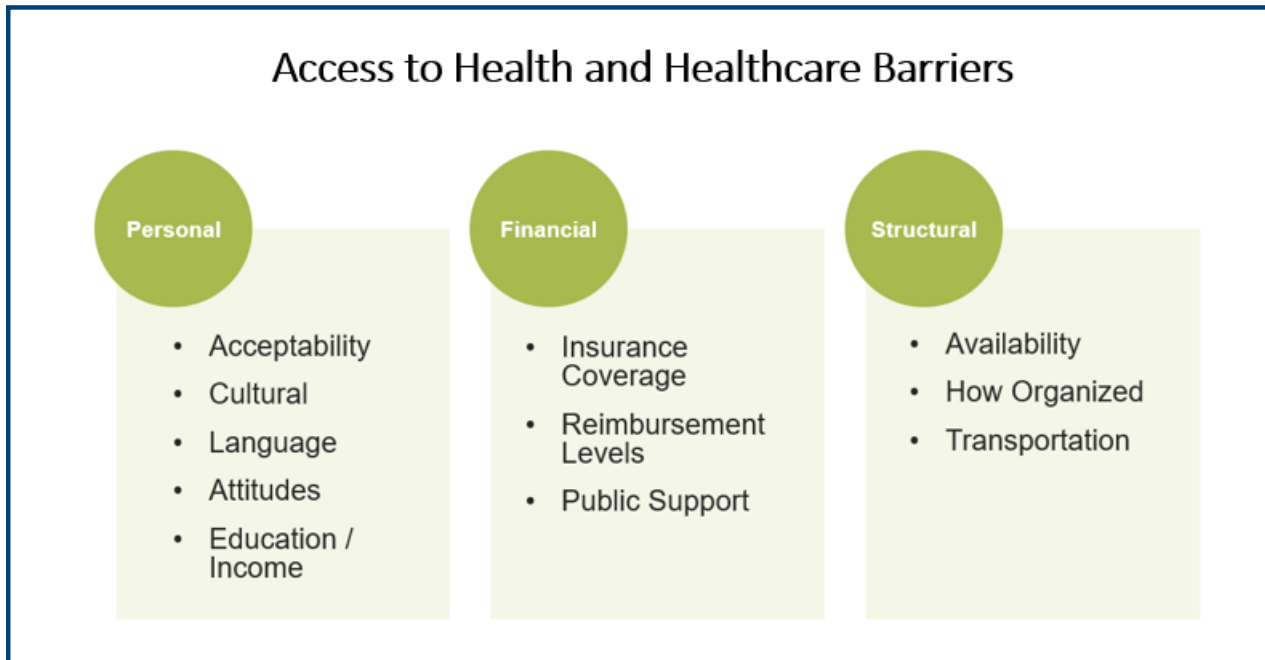
### Healthy Behaviors:

1. May be influenced by socioeconomic factors and physical environment.
2. Indicator of health outcomes.
3. Consideration must be given to unhealthy behaviors as a coping mechanism of a past or current trauma.

### Health Care:

1. Note 20% (some RWJ studies indicate 10% - 20%).
2. If our emphasis is on health care access, we are missing the opportunity for clinical and non-clinical community-based linkages to drive sustainable individual and population health improvement.

## Principle Three: Everyone has access to affordable, quality health care because it is essential to maintain or reclaim health.



The reality is that health starts long before illness and even long before birth. The measurement of factors such as equity, health disparities, social determinants of health and cultural indicators can be used to support the advancement of health equity.

These principles show the foundation HSHS ministries use to progress toward more equitable communities while addressing the top needs identified through the triennial CHNA process.



## **APPENDIX II**

### **2024 Clinton County Community Health Needs Assessment**

#### **Priorities Analyzed, Reviewed and Prioritized**

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

1. Affordable housing.
2. Chronic conditions.
3. Mental/Behavioral health.
4. Oral health.
5. Substance use disorder.
6. Transportation.

The core group presented the six needs to the CAC and led them through a forced ranking exercise. At that time, the CAC decided to keep all six priorities:

1. Affordable housing
2. Chronic Conditions
3. Mental/Behavioral Health
4. Oral Health
5. Substance Use Disorder
6. Transportation

The core group then solicited input from community members on the six priorities identified through the CHNA process. Following a survey analysis, each organization presented findings to their respective internal committees. St. Joseph's Hospital's internal committee approved the recommended priorities which were adopted by the board of directors as the FY2024 CHNA priorities:

1. Mental/Behavioral health.
2. Chronic conditions.
3. Substance use disorder.

## **APPENDIX III**

### **2024 Clinton County Community Health Needs Assessment**

### **Community Advisory Committee Letter and Meeting Dates**

1/29/2024

**RE: Invitation: Bond, Clinton, and Madison County Community Advisory Council**

To our valued Community Partners:

Your organization has been a pivotal part of our past community health initiatives, contributing significantly to the Bond, Clinton, and Madison County Health Needs Assessments conducted collaboratively by HSHS Holy Family Greenville, St. Joseph Breese, and St. Joseph's Highland; and Bond County Health Department. Given your valuable experience and insights, we would be honored to have your participation on the Community Advisory Council to help determine upcoming priority areas for the current assessment.

The Community Advisory Council is meeting virtually on **February 14, 2024, from 2 PM to 3:30 PM.** During this meeting, we will review existing data to highlight some of the most pressing health needs in Bond, Clinton, and Madison Counties. We will rely on your expertise to help us prioritize these areas at the end of the presentation.

Your feedback and contributions throughout this process are invaluable. We sincerely hope that you will consider participating once again in this important initiative. If your schedule does not permit your attendance, we kindly ask that you consider delegating this role to another leader within your organization.

Please respond to this e-mail to confirm your participation or to delegate your role. Additional details including meeting agenda, assessment timeline, and virtual meeting link will be included following your RSVP.

Thank you for your continued dedication to improving the health of our community. We look forward to working together on this significant project.

Sincerely,

Alex Schneider  
Community Health Outreach Specialist  
Hospital Sisters Health System

## **APPENDIX IV**

### **2024 Clinton County Community Health Needs Assessment Community Survey**





**This survey will take less than five minutes. Thank you for helping us find ways to create a healthier community. This survey is being conducted by HSHS Holy Family Hospital, HSHS St. Joseph's Hospital in Breese, and HSHS St. Joseph's Hospital in Highland.**

**1. In what year were you born? (enter 4-digit birth year; for example, 1976)**

\_\_\_\_\_

**2. What is your gender?**

Male

Female

Other, please specify: \_\_\_\_\_

Prefer not to say

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

- a. Less than high school
- b. Some high school
- c. High school diploma or equivalent
- d. Trade or technical school beyond high school
- e. Some college
- f. Four-year college degree
- g. More than four-year college degree

**4. What is your approximate average household income?**

- a. Less than \$20,000
- b. \$20,001 - \$40,000
- c. \$40,001 - \$60,000
- d. \$60,001 - \$80,000
- e. \$80,001 - \$100,000
- f. \$100,000+
- g. Retired
- h. Prefer not to answer

**5. Select the option(s) that best describe your race/ethnicity:**

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Hispanic, Latino, or Spanish Origin
- e. Native Hawaiian or Other Pacific Islander
- f. White
- g. Other race or ethnicity



**6. What is your zip code?**

\_\_\_\_\_

**7. What is your disability status?**

Do not have a disability

Have a disability

Prefer not to say

**8. Rank the following health concerns in order from 1 (most important health concern) to 6 (least important health concern).**

- |   |          |
|---|----------|
| a. Affordable Housing                           | 1. _____ |
| b. Chronic Conditions (Prevention & Management) | 2. _____ |
| c. Mental Health/Behavioral Health              | 3. _____ |
| d. Oral Health                                  | 4. _____ |
| e. Transportation                               | 5. _____ |
| f. Substance Use Disorder                       | 6. _____ |

**9. How would you rate YOUR overall health?**

Very healthy

Healthy

Somewhat healthy

Not very healthy

**10. How would you rate the health of Bond County?**

Very healthy

Healthy

Somewhat healthy

Not very healthy

**11. How would you rate the health of Clinton County?**

Very healthy

Healthy

Somewhat healthy

Not very healthy

**12. How would you rate the health of Madison County?**

Very healthy

Healthy

Somewhat healthy

Not very healthy

**13. What do you think is/are the biggest health problems facing Bond, Clinton, and Madison counties?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. What is the one thing you would do to make the health of Bond, Clinton, and Madison counties better?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **APPENDIX V**

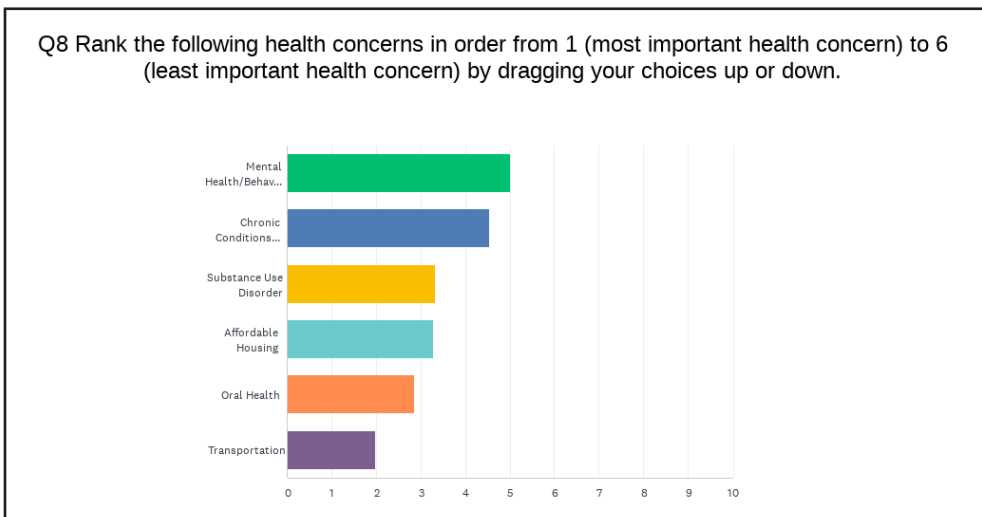
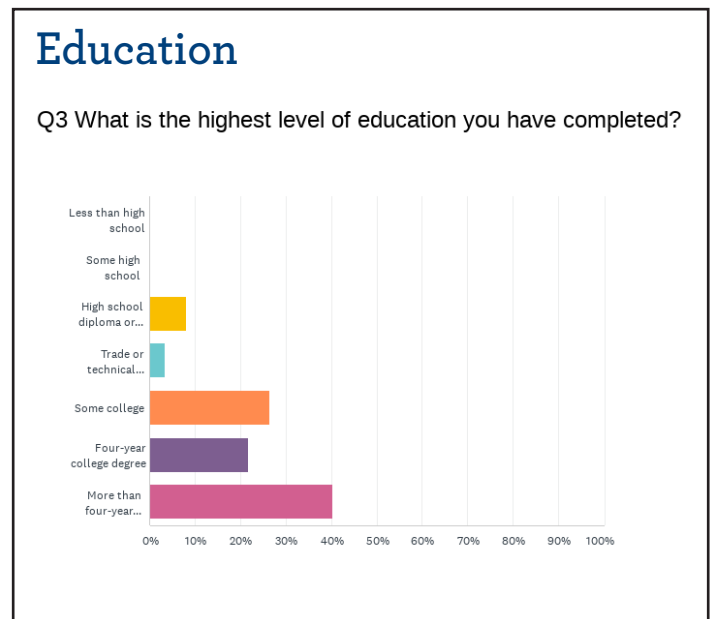
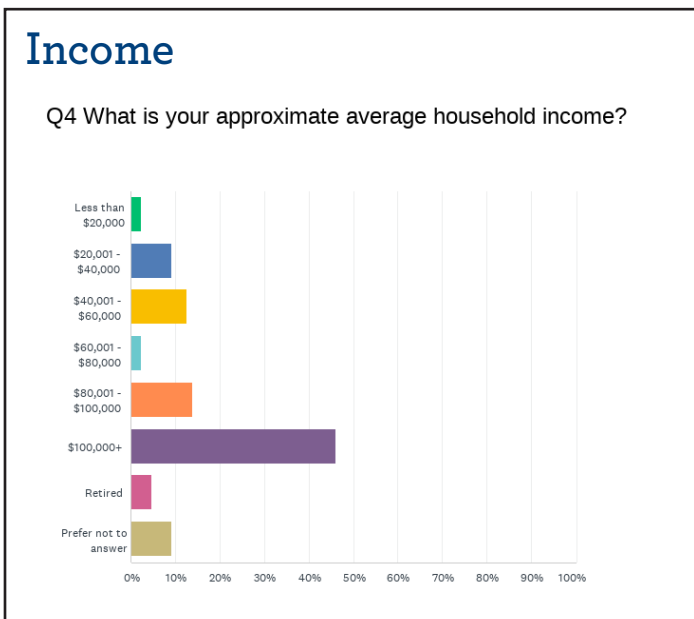
### **2024 Clinton County Community Health Needs Assessment Community Survey Results**

The community survey returned 85 completed surveys. Diversity in respondents including disability status and income levels were favorable. More work needs to be done to hear from individuals under the age 45, individuals without college experience and our male population.

During the community health improvement plan (CHIP) process, additional feedback will be solicited from groups not represented, as well as more feedback overall, through focus groups. More information on the CHIP process, focus group identification and analysis will be included in the final plan.

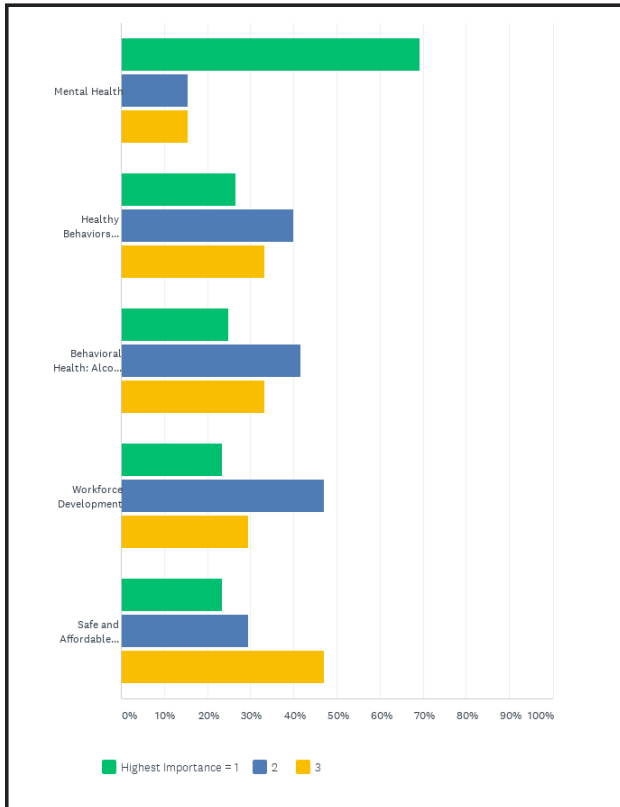
Below is demographic data representing the survey respondents:

Gender: Female	82.76%
Gender: Male	17.24%
Gender: Prefer not to say	0%
White	98.85%
Living with a disability	4.6%



Participants were asked to rank the following health concerns in order from 1 (most important health concern) to 6 (least important health concern) by dragging choices up or down.

1. Mental Health/Behavioral Health - 5.02
2. Chronic Conditions - 4.54
3. Substance Use Disorder - 3.32
4. Affordable Housing - 3.28
5. Oral Health - 2.85
6. Transportation - 1.99





## **APPENDIX VI**

### **Evaluation of the Impact of Strategies Taken to Address Significant Health Needs Identified in the**

**FY2022 – FY2024 CHNA**

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

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

1. Mental and behavioral health
2. Chronic conditions
3. Workforce development

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

## Mental and Behavioral Health

**Goal:** Enhance access to comprehensive, high-quality mental and behavioral health services to improve community well-being and reduce health disparities.

### **Strategy 1: Improve access to prevention and early intervention services.**

In FY2022, HSHS St. Joseph's Hospital focused on improving access to prevention and early intervention services by partnering with the Gateway Foundation. They aimed to identify, connect and develop treatment plans for individuals presenting in the emergency department with substance use disorders. An engagement specialist worked alongside health care providers to offer referrals and linkages for addiction treatment. A recovery coach facilitated the transition back into the community after residential care. Through this initiative, over 60 patients were screened and referred in FY2023.

### **Strategy 2: Improve access to care.**

To enhance access to care, St. Joseph's participated in an 18-month regional planning process to address gaps in crisis screening within the emergency department. They implemented a strategy that included comprehensive 365-day psychiatric coverage for mental health crises in the emergency department, filling crucial service gaps. Additionally, the hospital implemented a social determinants of health screening tool for all patients, aiming to expand its use to primary care settings, ensuring referrals to social service agencies based on patient needs.

### **Strategy 3: Unified planning and policy efforts.**

Unified planning and policy efforts were strengthened by St. Joseph's collaboration with other regional hospitals to develop solutions for crisis screening gaps and formulate a strategy for comprehensive psychiatric care. In FY2022, the hospital provided \$350,674 worth of mentoring and job shadowing, while training 34 interns through partnerships with local schools and colleges across various health care fields. The HSHS's Diversity, Equity, and Inclusion (DEI) committee further supported these efforts by identifying gaps in workforce readiness, enhancing workforce development and community employment opportunities.

## Chronic Disease

**Goal:** Reduce the incidence and impact of chronic disease by enhancing preventive care, education and access to effective management resources.

### **Strategy 1: Improve access to prevention and early intervention services.**

In FY2022, HSHS St. Joseph's Hospital advanced Strategy 1 to improve access to prevention and early intervention services for chronic diseases by implementing a social determinants of health screening tool for every patient admitted to the hospital, which helped connect them with relevant social service agencies. This tool aims to identify early risk factors and will also be expanded to primary care settings for broader preventative reach.

### **Strategy 2: Improve access to care.**

To improve access to care, the hospital engaged in an 18-month planning process with neighboring hospitals to close crisis screening gaps in emergency departments. They implemented a strategy to provide 365-day psychiatric coverage and facilitate timely care for individuals with chronic conditions.

### **Strategy 3: Unified planning and policy, and advocacy efforts.**

St. Joseph's fostered workforce development by providing \$350,674 worth of mentoring and job-shadowing experiences to 34 interns across various health care fields. This approach, coupled with participation in the DEI committee's Workforce subcommittee, strengthened the local health care workforce's readiness, addressing internal and external gaps to enhance chronic disease management

## Workforce Development and Barriers

### **Strategy 1: Integrated programs, long-term goals with workers at the center.**

HSHS St. Joseph's Hospital emphasized integrated programs and long-term goals with workers at the center by partnering with Gateway Foundation in FY2022. This initiative provided comprehensive support through an engagement specialist and a recovery coach to address substance use disorder, helping individuals transition back into the community and access stable employment opportunities.

### **Strategy 2: Develop workforce plan and training programs.**

In FY2023, St. Joseph's Hospital focused on developing a workforce plan and training programs by offering \$350,674 worth of mentoring and job shadowing. Through collaboration with local schools and colleges, the hospital provided internships to 34 students in key health care fields such as nursing, pharmacy and rehabilitation, preparing a future workforce aligned with community health needs.

### **Strategy 3: Unified planning and policy, and advocacy efforts.**

To reinforce unified planning and policy efforts, St. Joseph's Hospital played an active role in the FY2022 launch of the HSHS DEI committee and engaged in the Workforce subcommittee to identify and address gaps in workforce readiness and success. The hospital's involvement ensured that strategic workforce barriers like affordable housing were explored, helping unify policies to strengthen community employment.

