

2022

COMMUNITY HEALTH
NEEDS ASSESSMENT

OSF Saint Anthony's
Health Center

Madison County

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EXECUTIVE SUMMARY

The Madison County Community Health Needs Assessment is a collaborative undertaking by OSF Saint Anthony's Health Center to highlight the health needs and well-being of residents in Madison County. Through this needs assessment, collaborative community partners have identified numerous health issues impacting individuals and families in the Madison County region. Several themes are prevalent in this health needs assessment – the demographic composition of the Madison County region, the predictors for and prevalence of diseases, leading causes of mortality, accessibility to health services and healthy behaviors.

Results from this study can be used for strategic decision-making purposes as they directly relate to the health needs of the community. The study was designed to assess issues and trends impacting the communities served by the collaborative, as well as perceptions of targeted stakeholder groups.

This study includes a detailed analysis of secondary data to assess information regarding the health status of the community. In order to perform these analyses, information was collected from numerous secondary sources, including publicly available sources as well as private sources of data. Additionally, primary data were collected for the general population and the at-risk or economically disadvantaged population. Areas of investigation included perceptions of the community health issues, unhealthy behaviors, issues with quality of life, healthy behaviors and access to medical care, dental care, prescription medication and mental-health counseling. Additionally, demographic characteristics of respondents were utilized to provide insights into why certain segments of the population responded differently.

Ultimately, the identification and prioritization of the most important health-related issues in the Madison County region were identified. The collaborative team considered health needs based on: (1) magnitude of the issue (i.e., what percentage of the population was impacted by the issue); (2) severity of the issue in terms of its relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method, two significant health needs were identified and determined to have equal priority:

- **Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity**
- **Behavioral Health – including mental health and substance use**

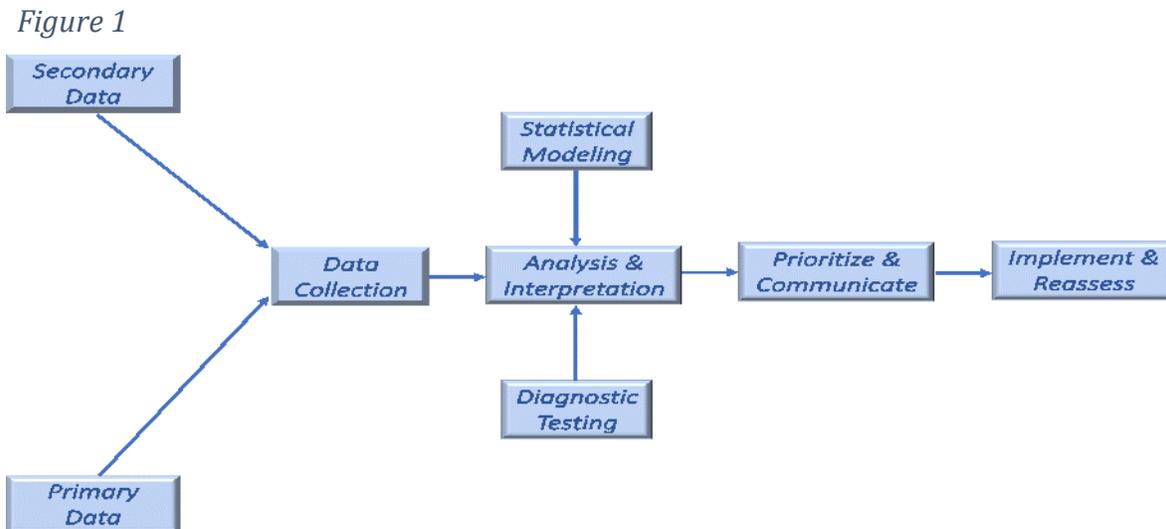
I. INTRODUCTION

Background

The Patient Protection and Affordable Care Act (Affordable Care Act), enacted March 23, 2010, added new requirements for tax-exempt charitable hospital organizations to conduct community health needs assessments and to adopt implementation strategies to meet the community health needs identified through the assessments. This community health needs assessment (CHNA) takes into account input from specific individuals who represent the broad interests of the community served by OSF Saint Anthony's Health Center including those with special knowledge of or expertise in public health. For this study, a community health-needs assessment is defined as a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize these needs, create a

plan, and act upon unmet community health needs. Results from this assessment will be made widely available to the public. This CHNA Report was approved by the OSF HealthCare System's Board of Directors on July 25, 2022.

The structure of the CHNA is based on standards used by the Internal Revenue Service to develop Form 990, Schedule H–Hospitals, designated solely for tax-exempt charitable hospital organizations. The fundamental areas of the community health needs assessment are illustrated in Figure 1.



Collaborative Team and Community Engagement

In order to engage the entire community in the CHNA process, a collaborative team of health-professional experts and key community advocates was created. Members of the collaborative team were carefully selected to ensure representation of the broad interests of the community. Specifically, team members included representatives from OSF Saint Anthony's Health Center, members of the Madison County Health Department, and administrators from key community partner organizations. Engagement occurred throughout the entire process, resulting in shared ownership of the assessment. The entire collaborative team met in the first and second quarter of 2022. Additionally, numerous meetings were held between the facilitators and specific individuals during the process.

Specifically, members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Note that the collaborative team provided input for all sections of the CHNA. Individuals, affiliations, titles and expertise can be found in APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM.

Definition of the Community

In order to determine the geographic boundaries for OSF Saint Anthony's Health Center, analyses were completed to identify what percentage of inpatient and outpatient activity was represented by Madison County. Data show that Madison County represent 80% of all patients for the hospital.

In addition to defining the community by geographic boundaries, this study targets the at-risk population as an area of potential opportunity to improve the health of the community. Note that the at-risk population was defined as those individuals who were eligible to receive Medicaid based on the State of Illinois guidelines using household size and income level.

Purpose of the Community Health Needs Assessment

In the initial meeting, the collaborative committee identified the purpose of this study. Specifically, this study has been designed to provide necessary information to health-care organizations, including hospitals, clinics and health departments, in order to create strategic plans in program design, access and delivery. Results of this study will act as a platform that allows health-care organizations to orchestrate limited resources to improve management of high-priority challenges. By working together, hospitals, clinics, agencies and health departments will use this CHNA to improve the quality of healthcare in Madison County. When feasible, data are assessed longitudinally to identify trends and patterns by comparing with results from the 2019 CHNA and benchmarked with State of Illinois averages.

Community Feedback from Previous Assessments

The 2019 CHNA and implementation plan were made widely available to the community to allow for feedback. Specifically, the hospital posted both a full version and a summary version of the 2019 CHNA on its website. In order to encourage written feedback, the hospital specifically included a section labeled **Share Your Feedback** and provided instructions regarding how individuals from the community could provide comments to the CHNA. While no written feedback was received by individuals from the community via the available mechanism for the CHNA or implementation plan, verbal feedback was provided by key stakeholders from community-service organizations and incorporated as part of the collaborative process.

2019 CHNA Health Needs and Implementation Plans

The 2019 CHNA for Madison County identified three significant health needs. These included: healthy behaviors, defined as healthy eating and active living, and their impact on obesity; mental health; and substance abuse. Specific actions were taken to address these needs. Detailed discussions of goals and strategies to improve these health needs can be seen in APPENDIX 2: ACTIVITIES RELATED TO 2019 CHNA PRIORITIZED NEEDS. Note that numerous challenges associated with the COVID-19 pandemic had significant impact on the activities discussed in appendix 2.



Social Determinants of Health

This CHNA incorporates important factors associated with Social Determinants of Health (SDOH). SDOH are important environmental factors, such as where people are born, live, work and play, that affect people's well-being, physical and mental health, and quality of life. According to research conducted by the U.S. Department of Health and Human Services, *Healthy People 2030* has identified five SDOH that should be included in assessing community health (Figure 2).

Figure 2



Social Determinants of Health
Copyright-free

Healthy People 2030

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved January 15, 2022, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Assessment of SDOH is included in the CHNA, as social determinants help contribute to health inequities and disparities. Simply creating interventions without incorporating SDOH will have limited impact on improving community health for people living in underserved or at-risk areas.

II. METHODS

To complete the comprehensive community health needs assessment, multiple sources were examined. Secondary statistical data were used to assess the community profile, morbidity rates and causes of mortality. Additionally, a study was completed to examine perceptions of the community health-related issues, healthy behaviors, behavioral health, food security, social determinants of health and access to healthcare.

Secondary Data Collection

Existing secondary statistical data were first used to develop an overall assessment of health-related issues in the community. Within each section of the report, there are definitions, importance of categories, data and interpretations. At the end of each chapter, there is a section on key takeaways.

Based on several retreats, a separate OSF Collaborative Team used COMPdata Informatics (affiliated with Illinois Health and Hospital Association (IHA)) to identify six primary categories of diseases, including: age related, cardiovascular, respiratory, cancer, diabetes and infections. In order to define each disease category, modified definitions developed by Sg2 were used. Sg2 specializes in consulting for health-care organizations. Their team of experts includes MDs, PhDs, RNs and health-care leaders with extensive strategic, operational, clinical, academic, technological and financial experience.

Primary Data Collection

In addition to existing secondary data sources, primary survey data were also collected. This section describes the research methods used to collect, code, verify and analyze primary survey data. Specifically, the research design used for this study: survey design, data collection and data integrity.

Survey Instrument Design

Initially, all publicly available health-needs assessments in the U.S. were assessed to identify common themes and approaches to collecting community health-needs data. By leveraging best practices from these surveys, a new survey in 2021 was designed for use with both the general population and the at-risk community. To ensure that all critical areas were being addressed, the entire collaborative team was involved in survey design/approval through several fact-finding sessions. Additionally, several focus groups were used to collect the qualitative information necessary to design survey items. Specifically, for the community health-needs assessment, eight specific sets of items were included:

- **Ratings of health issues in the community** – to assess the importance of various community health concerns. Survey items included assessments of topics such as cancer, diabetes and obesity.
- **Ratings of unhealthy behaviors in the community** – to assess the importance of various unhealthy behaviors. Survey items included assessments of topics such as violence, drug abuse and smoking.
- **Ratings of issues concerning well-being** – to assess the importance of various issues relating to well-being in the community. Survey items included assessments of topics such as access to healthcare, safer neighborhoods and effective public transportation.
- **Accessibility to healthcare** – to assess the degree to which residents could access healthcare when needed. Survey items included assessments of topics such as access to medical, dental and mental-healthcare, as well as access to prescription medication.
- **Healthy behaviors** – to assess the degree to which residents exhibited healthy behaviors. The survey items included assessments of topics such as exercise, healthy eating habits and cancer screenings.
- **Behavioral health** – to assess community issues related to areas such as anxiety and depression.
- **Food security** – to assess access to healthy food alternatives.
- **Social determinants of health** – to assess the impact that social determinants may have on the above-mentioned areas.

Finally, demographic information was collected to assess background information necessary to segment markets in terms of the eight categories discussed above. A copy of the final survey is included in APPENDIX 3: SURVEY.

Sample Size

In order to identify our potential population, we first identified the percentage of the Madison County population that was living in poverty. Specifically, we multiplied the population of the county by its respective poverty rate to identify the minimum sample size to study the at-risk population. The poverty rate for Madison County is 11.0 percent. The population used for the calculation was 260,846 yielding a total of 28,693 residents living in poverty in the Madison County area.

A normal approximation to the hypergeometric distribution was assumed given the targeted sample size.

$$n = (Nz^2pq)/(E^2 (N-1) + z^2 pq)$$

where:

n = the required sample size

N = the population size

z = the value that specified the confidence interval (use 95% CI)

pq = population proportions (set at .05)

E =desired accuracy of sample proportions (set at +/- .05)

For the total Madison County area, the minimum sample size for *aggregated* analyses (combination of at-risk and general populations) was 384. The data collection effort for this CHNA yielded a total of 518 usable responses. This exceeded the threshold of the desired 95% confidence interval.

To provide a representative profile when assessing the aggregated population for the Madison County region, the general population was combined with a portion of the at-risk population. To represent the at-risk population as a percentage of the aggregate population, a random-number generator was used to select at-risk cases to include in the general sample. Additionally, efforts were made to ensure that the demography of the sample was aligned with population demographics according to U.S. Census data. This provided a total usable sample of 471 respondents for analyzing the aggregate population. Sample characteristics can be seen in APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS.

Data Collection

Survey data were collected in the 3rd and 4th quarter of 2021. To collect data in this study, two techniques were used. First, an online version of the survey was created. Second, a paper version of the survey was distributed. In order to be sensitive to the needs of respondents, surveys stressed assurance of complete anonymity. Note that versions of both the online survey and paper survey were translated into Spanish.

To specifically target the at-risk population, surveys were distributed at homeless shelters, food pantries and soup kitchens. Since the at-risk population was specifically targeted as part of the data collection

effort, this became a stratified sample, as other groups were not specifically targeted based on their socio-economic status.

Note that use of electronic surveys to collect community-level data may create a potential for bias from convenience sampling error. To recognize for potential bias in the community sample, a second control sample of data was collected. Specifically, the control sample consisted of random patients surveyed at the hospital, assuming that patients receiving care represent an unbiased representation of the community. All questions on the patient version of the survey pertaining to access to healthcare were removed, as these questions were not relevant to current patients. Data from the community sample and the control sample were compared using t-tests and tetrachoric correlations when appropriate. Results show that the community sample did not exhibit any significance patterns of bias. If specific relationships exhibited a potential for bias between the community sample and the control sample, they are identified in the social-determinants sections of the analyses within each chapter.

Data Integrity

Comprehensive analyses were performed to verify the integrity of the data for this research. Without proper validation of the raw data, any interpretation of results could be inaccurate and misleading if used for decision-making. Therefore, several tests were performed to ensure that the data were valid. These tests were performed before any analyses were undertaken. Data were checked for coding accuracy, using descriptive frequency statistics to verify that all data items were correct. This was followed by analyses of means and standard deviations and comparison of primary data statistics to existing secondary data.

Analytic Techniques

To ensure statistical validity, several different analytic techniques were used. Specifically, frequencies and descriptive statistics were used for identifying patterns in residents' ratings of various health concerns. Additionally, appropriate statistical techniques were used for identification of existing relationships between perceptions, behaviors and demographic data. Specifically, Pearson correlations, X^2 tests and tetrachoric correlations were used when appropriate, given characteristics of the specific data being analyzed.

CHAPTER 1 OUTLINE

- 1.1 Population
- 1.2 Age, Gender and Race Distribution
- 1.3 Household/Family
- 1.4 Economic Information
- 1.5 Education
- 1.6 Internet Accessibility
- 1.7 Key Takeaways from Chapter 1

CHAPTER 1: DEMOGRAPHY AND SOCIAL DETERMINANTS

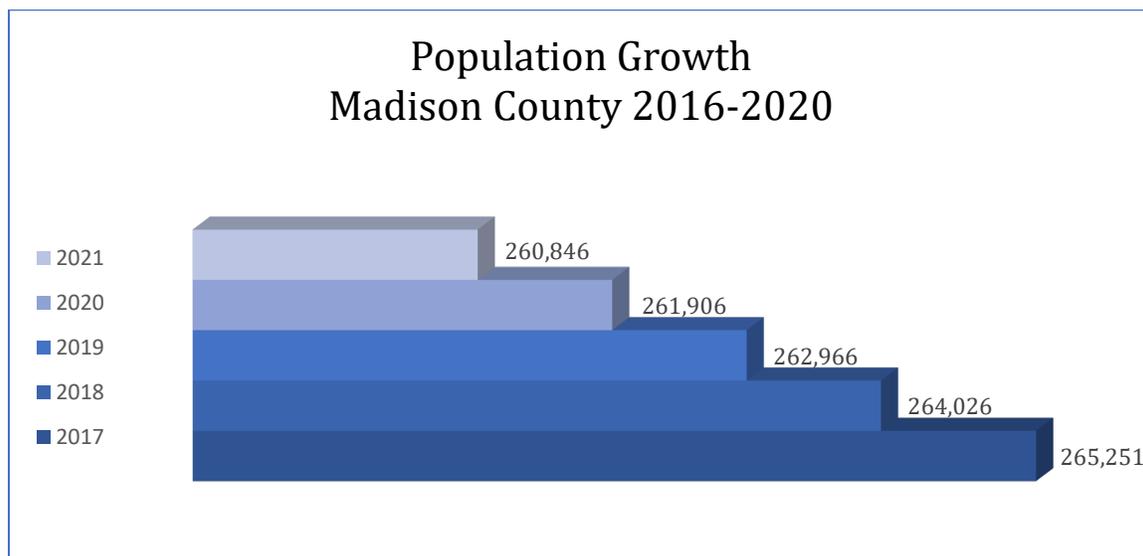
1.1 Population

Importance of the measure: Population data characterize individuals residing in Madison County. Population data provide an overview of population growth trends and build a foundation for additional analysis of data.

Population Growth

Data from the last census indicate the population of Madison County has decreased (1.7%) between 2017 and 2021 (Figure 3).

Figure 3



Source: US Census

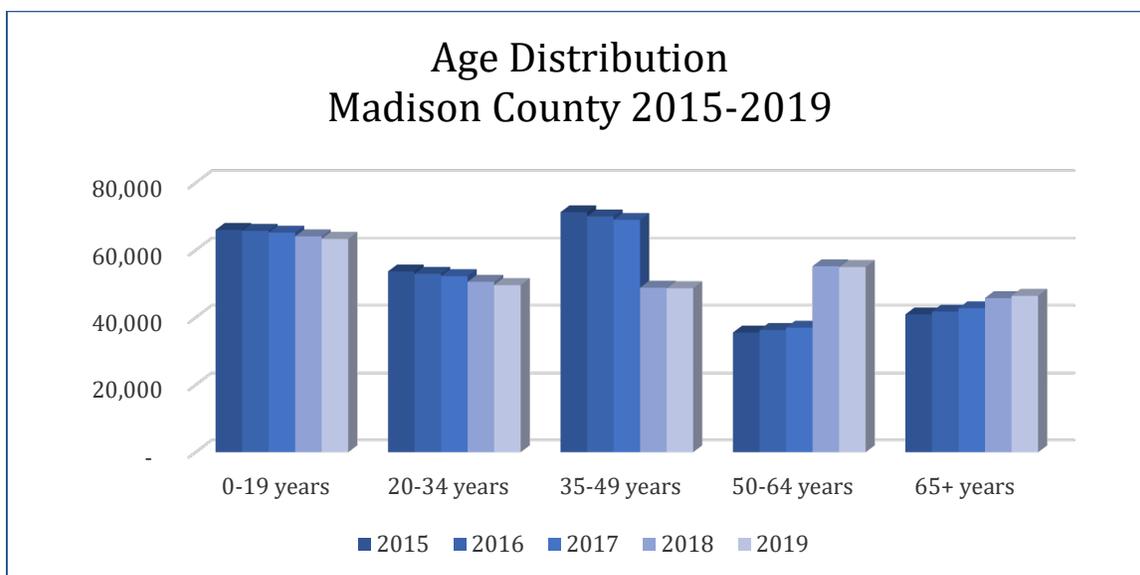
1.2 Age, Gender and Race Distribution

Importance of the measure: Population data broken down by age, gender, and race groups provide a foundation to analyze the issues and trends that impact demographic factors including economic growth and the distribution of healthcare services. Understanding the cultural diversity of communities is essential when considering health-care infrastructure and service delivery systems.

Age

Figure 4 illustrates the percentage of individuals in Madison County in each age group. Of note, the 35–49 years age group decreased 31.6% and the 50-64 age group increased 54.7%. The elderly population (residents aged 65+ years) increased 13.4% between 2015 and 2019.

Figure 4

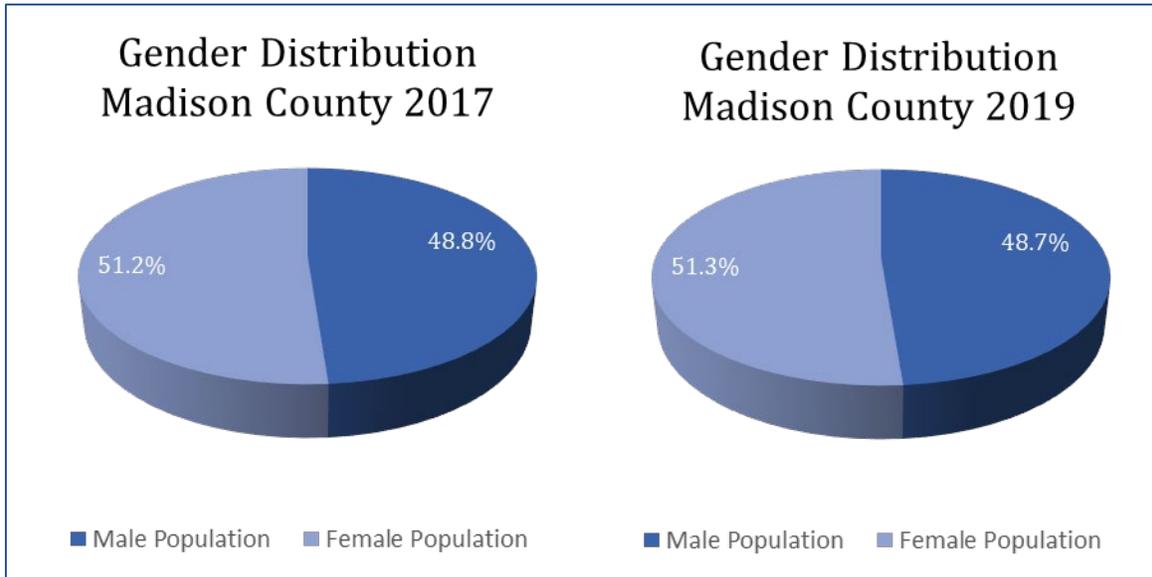


Source: US Census

Gender

The gender distribution of Madison County (Figure 5) residents has remained relatively consistent between 2017 and 2019.

Figure 5

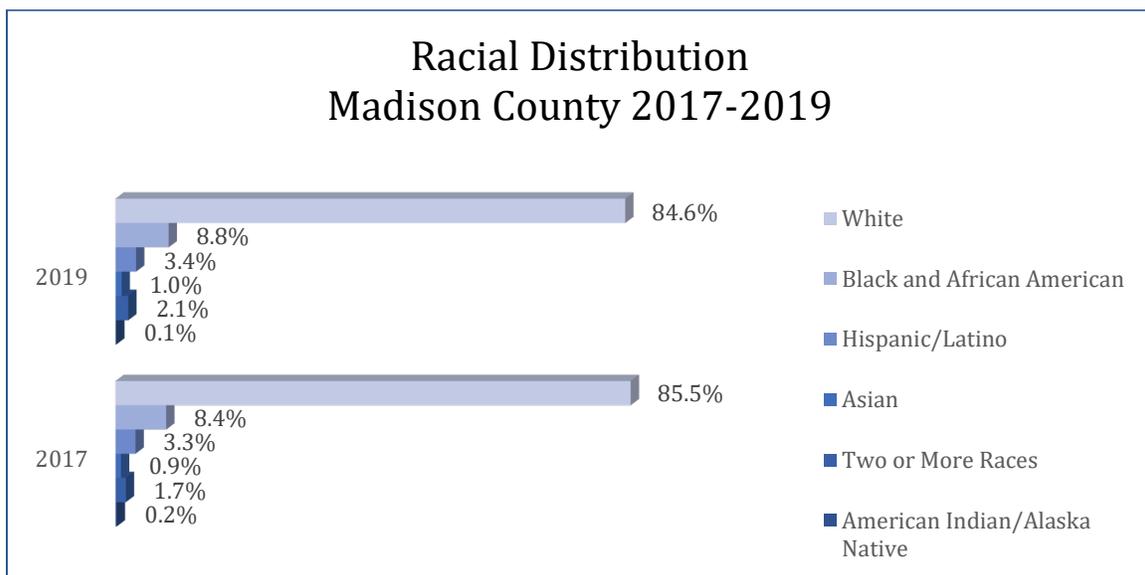


Source: US Census

Race

With regard to race and ethnic background, Madison County is largely homogenous, yet in recent years, the county is becoming more diverse. Data from 2019 suggest that White ethnicity comprises 84.6% of the population in Madison County. However, the non-White population of Madison County has been increasing (from 14.5% in 2017 to 15.4% in 2019), with Black ethnicity comprising 8.8% of the population, multi-racial ethnicity comprising 2.1% of the population, and Hispanic/Latino (LatinX) ethnicity comprising 3.4% of the population (Figure 6).

Figure 6



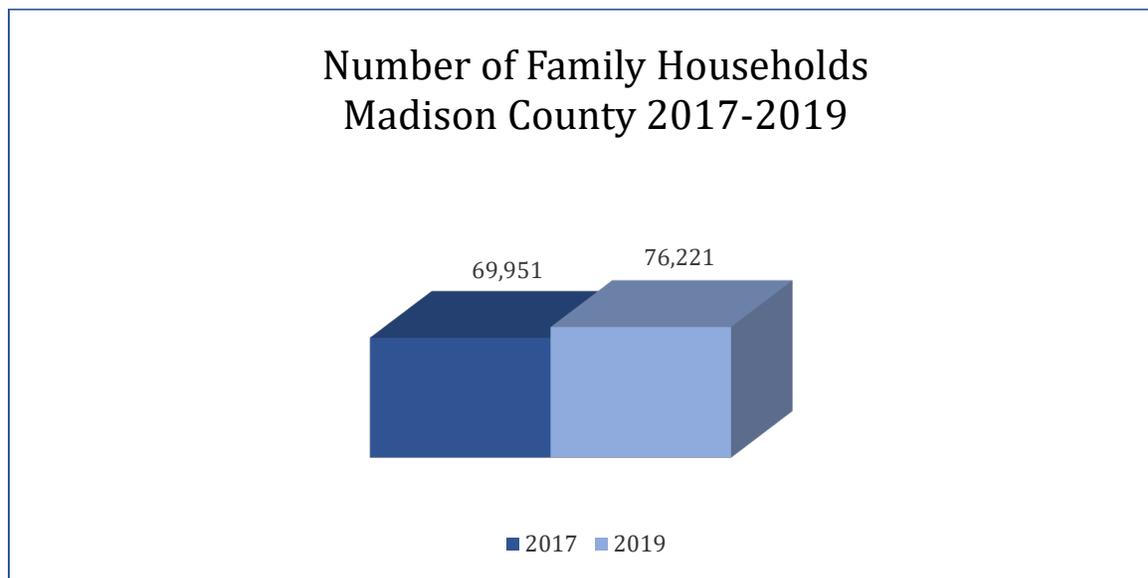
Source: US Census

1.3 Household/Family

Importance of the measure: Families are an important component of a robust society in Madison County, as they dramatically impact the health and development of children and provide support and well-being for older adults.

As indicated in Figure 7, the number of family households in Madison County increased from 2017 to 2019.

Figure 7

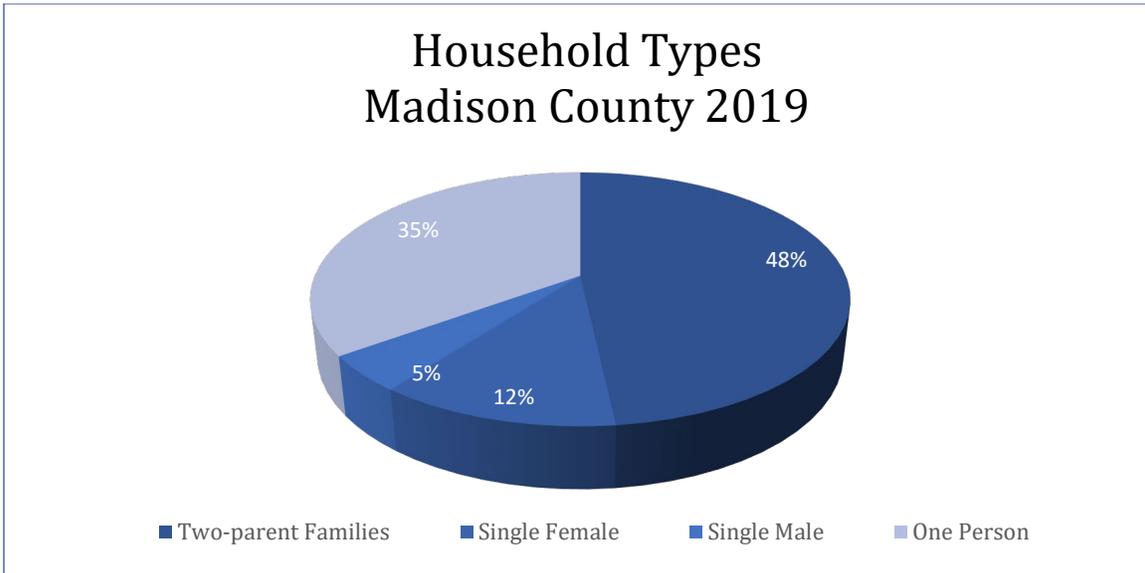


Source: US Census

Family Composition

In Madison County, data from 2019 suggest the percentage of two-parent families in Madison County is 48%. One-person households represent 35% of the county population and single female/ male households represent 12% (Figure 8).

Figure 8

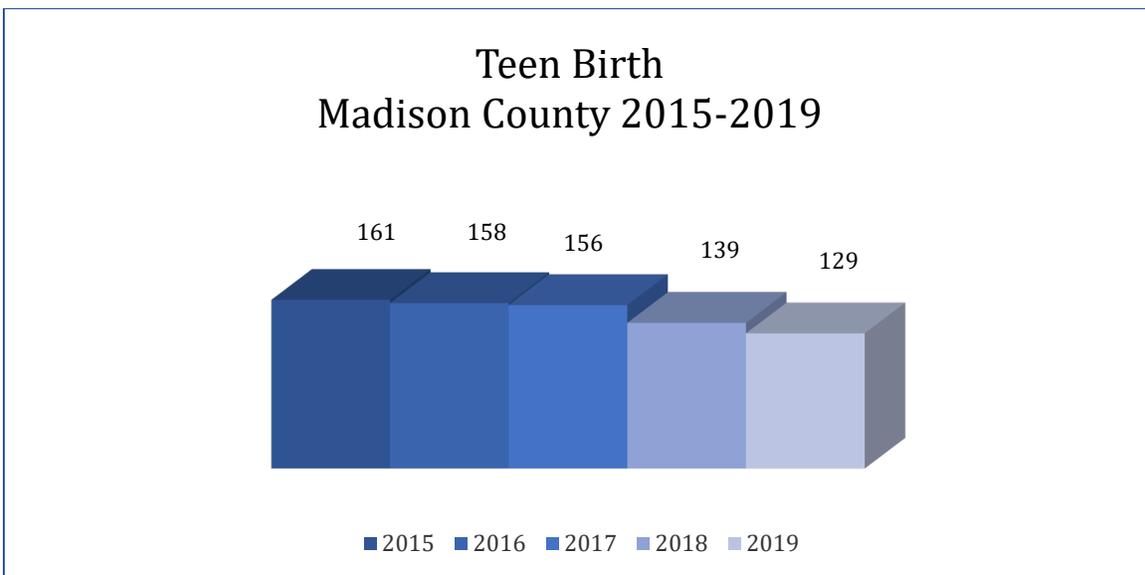


Source: US Census

Early Sexual Activity Leading to Births from Teenage Mothers

Madison County has experienced a decline in teenage birth count. The teen birth count steadily decreased from 2015-2019 (Figure 9).

Figure 9



Source: Illinois Department of Public Health

1.4 Economic Information

Importance of the measure: Median income divides households into two segments with one-half of households earning more than the median income and the other half earning less. Because median income is not significantly impacted by unusually high or low-income values, it is considered a more reliable indicator than average income. To live in poverty means to lack sufficient income to meet one’s basic needs. Accordingly, poverty is associated with numerous chronic social, health, education and employment conditions.

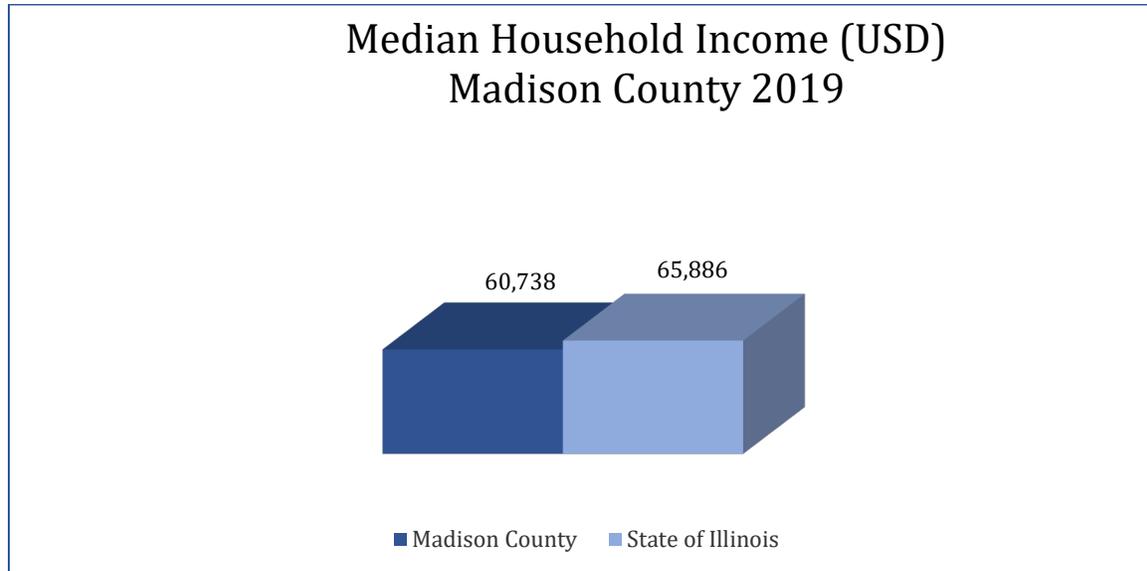
Economic Climate

Economic climate is a measure of a community’s financial resources and resiliency. Key risk influencers include income, cost of living and opportunity. For Madison County, 23% of the population is at elevated risk for economic climate. This is lower than the State of Illinois average of 35% (SocialScape® powered by SociallyDetermined®, 2022).

Median Income Level

For 2019, the median household income in Madison County was lower than the State of Illinois (Figure 10).

Figure 10

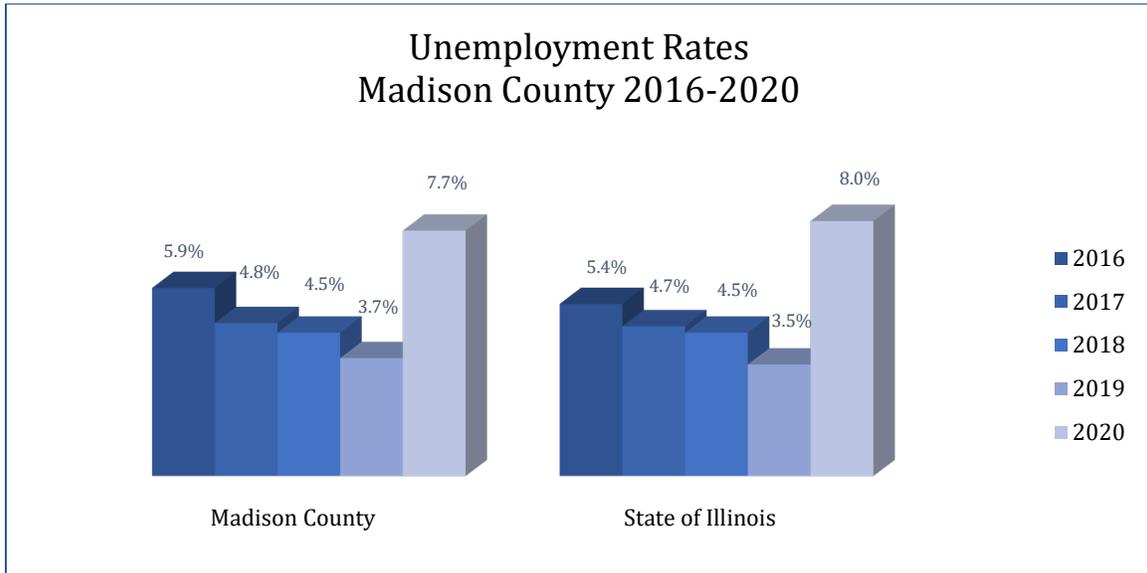


Source: US Census

Unemployment

For the years 2016 to 2020, the Madison County unemployment rate was higher than the State of Illinois unemployment rate. Overall, between 2016 and 2019, unemployment in Madison County decreased by 2.2%. However, in 2020 the rate significantly increased but was lower than State of Illinois. Some of the increase in unemployment in 2020 may be attributed to the COVID-19 pandemic (Figure 11).

Figure 11

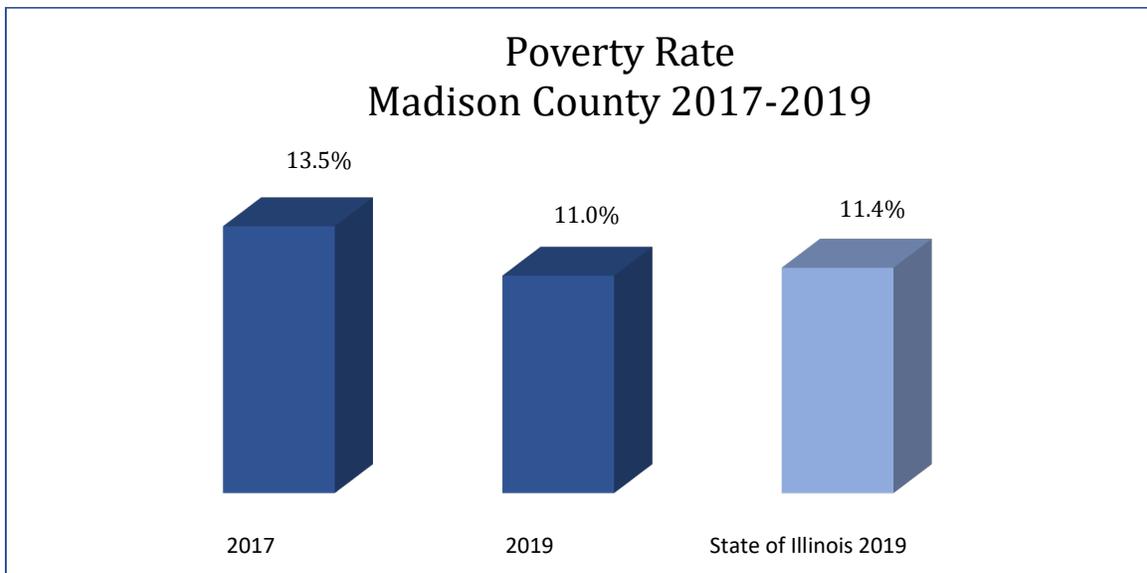


Source: Bureau of Labor Statistics

Individuals in Poverty

In Madison County, the percentage of individuals living in poverty between 2017 and 2019 decreased by 2.5%. The poverty rate for individuals is 11%, which is slightly lower than the State of Illinois individual poverty rate of 11.4%. Poverty has a significant impact on the development of children and youth. (Figure 12).

Figure 12



Source: US Census

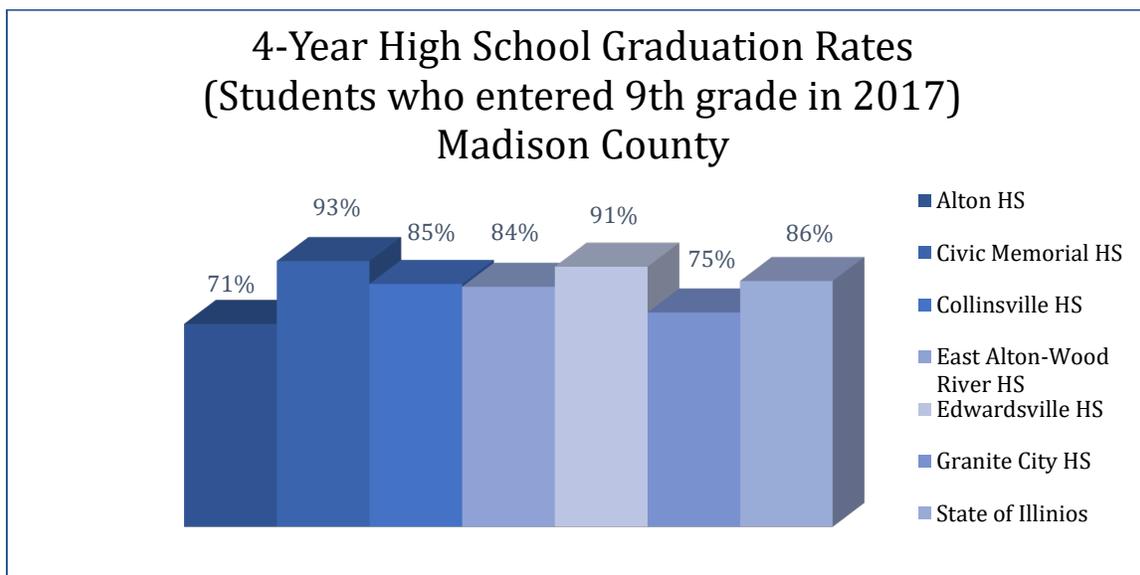
1.5 Education

Importance of the measure: According to the National Center for Educational Statistics¹, “The better educated a person is, the more likely that person is to report being in ‘excellent’ or ‘very good’ health, regardless of income.” Research suggests that the higher the level of educational attainment and the more successful one is in school, the better one’s health will be and the greater likelihood of one selecting healthy lifestyle choices. Accordingly, years of education is strongly related to an individual’s propensity to earn a higher salary, gain better employment, and foster multifaceted success in life.

High School Graduation Rates

In 2017, Alton High School, Collinsville HS, East Alton-Wood River High School, Granite City High School, and Madison Senior High School in Madison County reported high school graduation rates that were below the State average of 86% (Figure 13).

Figure 13



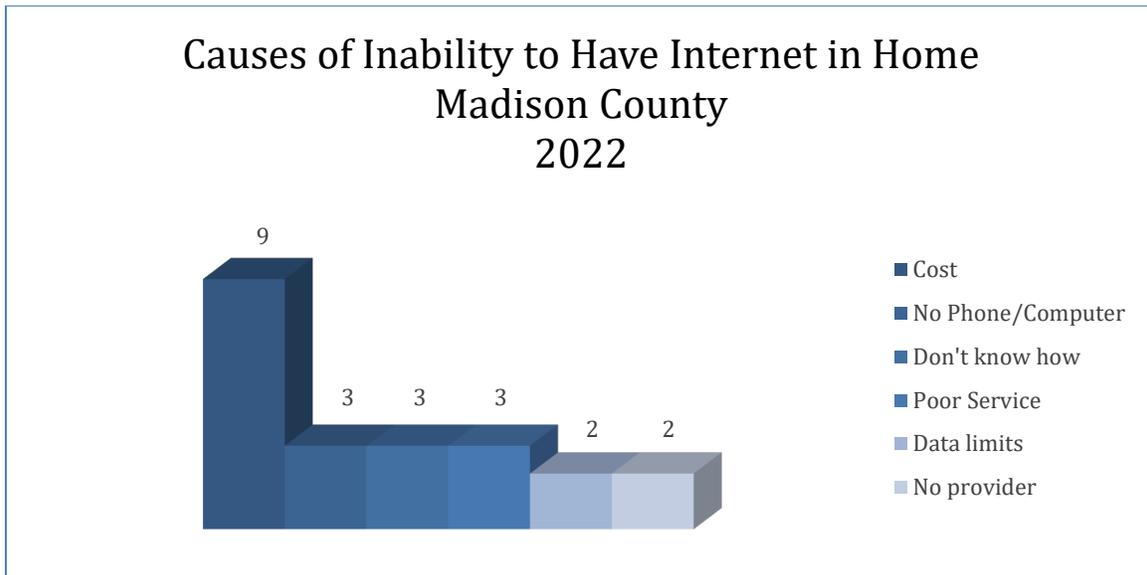
Source: Illinois Report Card

1.6 Internet Accessibility

Survey respondents were asked if they had Internet access. Of respondents, 96% indicated they had Internet in their homes. For those who did not have Internet in their home, cost was the most frequently cited reason (Figure 14). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

¹ NCES 2005

Figure 14



Source: CHNA Survey

Digital Landscape

Digital landscape is a community’s access to digital tools and the digital literacy to use them. Key risk influencers include affordability, accessibility and digital literacy. For Madison County, 8% of the population is at elevated risk for digital landscape. This is similar to the State of Illinois average of 9% (SocialScape® powered by SociallyDetermined®, 2022).



Social Determinants Related to Internet Access

Several factors show significant relationships with an individual’s Internet access. The following relationships were found using correlational analyses:

- **Access to Internet** tends to be higher for younger people, White people, those with higher education, those with higher income. Internet access tends to be lower for people in an unstable (e.g., homeless) housing environment.

1.7 Key Takeaways from Chapter 1

- ✓ POPULATION OVER AGE 50 IS INCREASING.
- ✓ SINGLE FEMALE HEAD-OF-HOUSE-HOUSEHOLD REPRESENTS 12% OF THE POPULATION. HISTORICALLY, THIS DEMOGRAPHIC INCREASES THE LIKELIHOOD OF FAMILIES LIVING IN POVERTY.

CHAPTER 2 OUTLINE

- 2.1 Accessibility
- 2.2 Wellness
- 2.3 Access to Information
- 2.4 Physical Environment
- 2.5 Health Status
- 2.6 Key Takeaways from Chapter 2

CHAPTER 2: PREVENTION BEHAVIORS

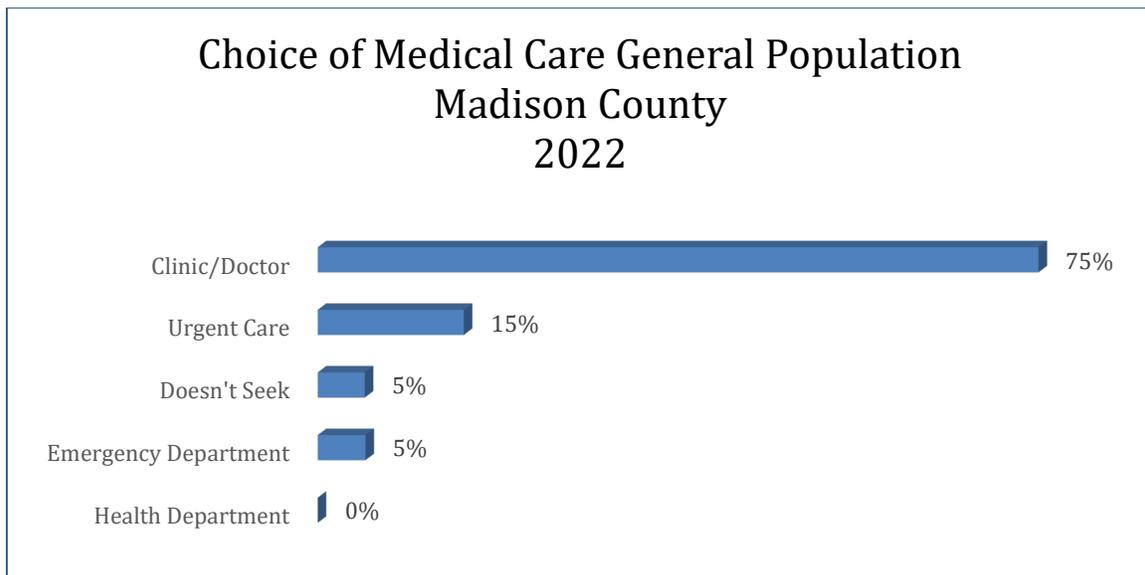
2.1 Accessibility

Importance of the measure: It is critical for health-care services to be accessible. Therefore, accessibility to healthcare must address both the associated financial costs and the supply and demand of medical services.

Choice of Medical Care

Survey respondents were asked to select the type of health-care facility used when sick. Six different alternatives were presented, including clinic or doctor's office, emergency department, urgent-care facility, health department, no medical treatment and other. The most common response for source of medical care was clinic/doctor's office, chosen by 75% of survey respondents. This was followed by urgent care (15%), not seeking medical attention (5%), the emergency department (5%), and the health department (0%) (Figure 15).

Figure 15



Source: CHNA Survey

Comparison to 2019 CHNA

Choice of medical care remained relative consistent over the past three years.



Social Determinants Related to Choice of Medical Care

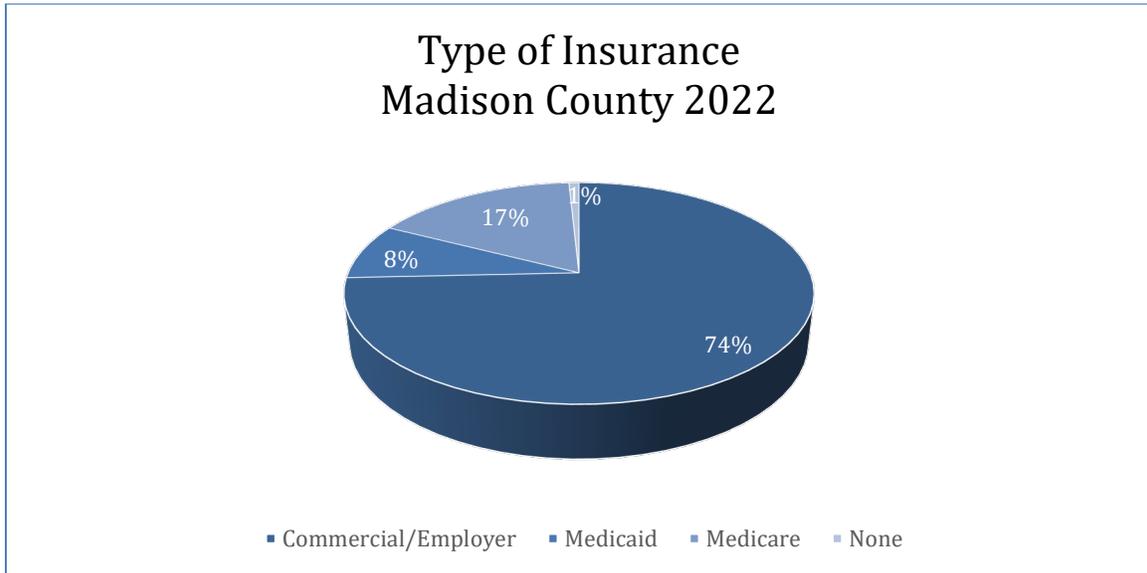
Several factors show significant relationships with an individual's choice of medical care. The following relationships were found using correlational analyses:

- **Clinic/Doctor's Office** tends to be used more often by older people, those with higher education and higher income. Clinic/Doctor's office is used less often by Black people and those with an unstable (e.g., homeless) housing environment.
- **Urgent Care** tends to be used more by younger people.
- **Emergency Department** tends to be used more often by men, Black people, less educated people, those with lower income and people with an unstable (e.g., homeless) housing environment. Emergency departments tend to be used less by White people as a primary source of healthcare.
- **Do Not Seek Medical Care** tends to be rated higher by LatinX people.
- **Health Department** did not have any significant correlates.

Insurance Coverage

According to survey data, 74% of the residents are covered by commercial/employer insurance, followed by Medicare (17%), and Medicaid (8%). Only 1% of respondents indicated they did not have any health insurance (Figure 16).

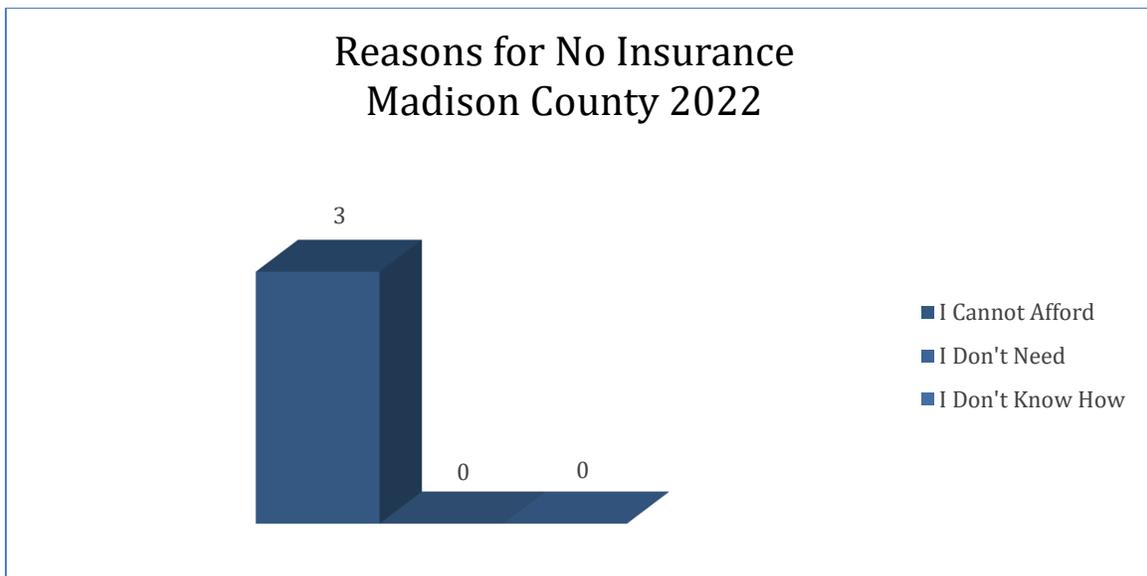
Figure 16



Source: CHNA Survey

Data from the survey show that for the 3 individuals who do not have insurance, the most prevalent reason was cost (Figure 17). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 17



Source: CHNA Survey

Comparison to 2019 CHNA

While commercial/employer insurance remained the same (74%) those who were uninsured decreased from 3% in 2019 to 1% in 2022.

Social Determinants Related to Type of Insurance

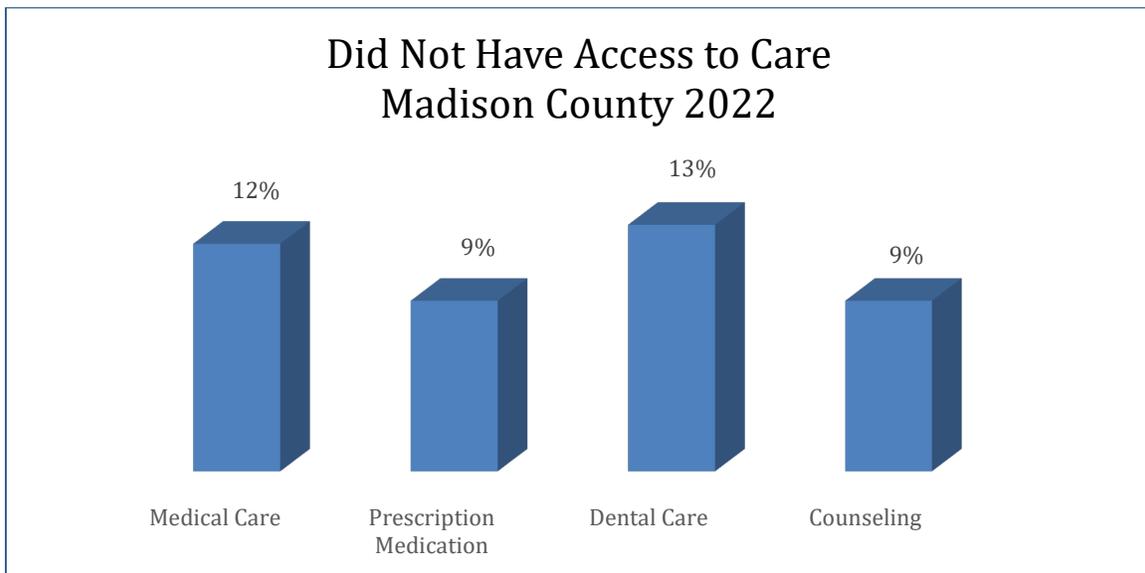
Several characteristics show significant relationships with an individual’s type of insurance. The following relationships were found using correlational analyses:

- **Medicare** tends to be used more frequently by older people and those with less income.
- **Medicaid** tends to be used more frequently by Black people, those with lower income and those with less income. Medicaid tends to be used less often by White people.
- **Commercial/employer insurance** is used more often by White people, and those with higher education and those with higher income. Commercial/employer insurance is used less by Black people.
- **No Insurance** had no significant correlates.

Access to Care

In the CHNA survey, respondents were asked, “Was there a time when you needed care but were not able to get it?” Access to four types of care were assessed: medical care, prescription medication, dental care and counseling. Survey results show that 12% of the population did not have access to medical care when needed; 9% of the population did not have access to prescription medication when needed; 13% of the population did not have access to dental care when needed; and 9% of the population did not have access to counseling when needed (Figure 18).

Figure 18



Source: CHNA Survey

Social Determinants Related to Access to Care

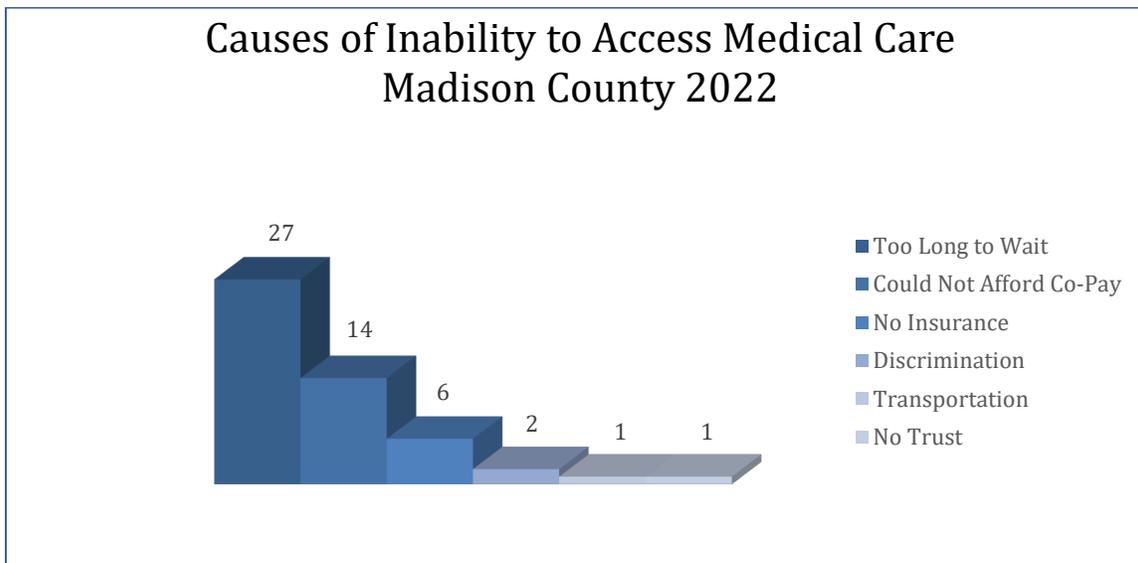
Several characteristics show a significant relationship with an individual’s ability to access care when needed. The following relationships were found using correlational analyses:

- **Access to medical care** tends to be higher for those with those with higher education and those with higher income.
- **Access to prescription medication** tends to be higher for older people, White people, those with higher income and those with higher education.
- **Access to dental care** tends to be higher for older people, those with higher education and those with higher income. Access to dental care tends to be lower for Black people.
- **Access to counseling** tends to be higher for older people and those with higher income. Access to counseling tends to be lower for LatinX people.

Reasons for No Access – Medical Care

Survey respondents who reported they were not able to get medical care when needed were asked a follow-up question. The leading cause of the inability to gain access to medical care was too long to wait for an appointment (27) (Figure 19). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 19

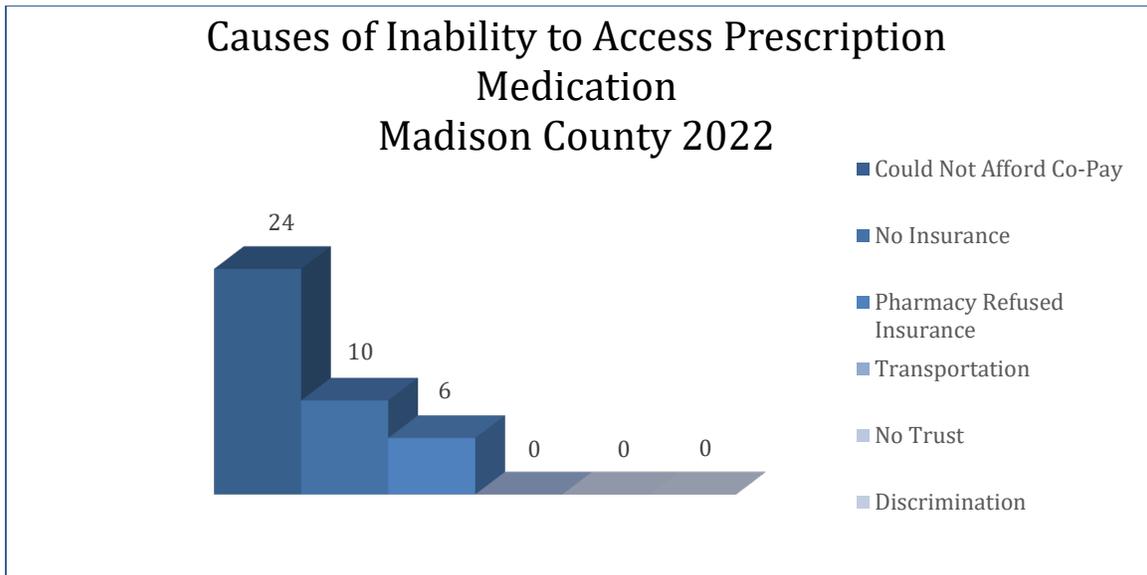


Source: CHNA Survey

Reasons for No Access – Prescription Medication

Survey respondents who reported they were not able to get prescription medication when needed were asked a follow-up question. Based on frequencies, the leading cause of the inability to gain access to prescription medicine was the inability to afford copayments or deductibles (24) (Figure 20).

Figure 20

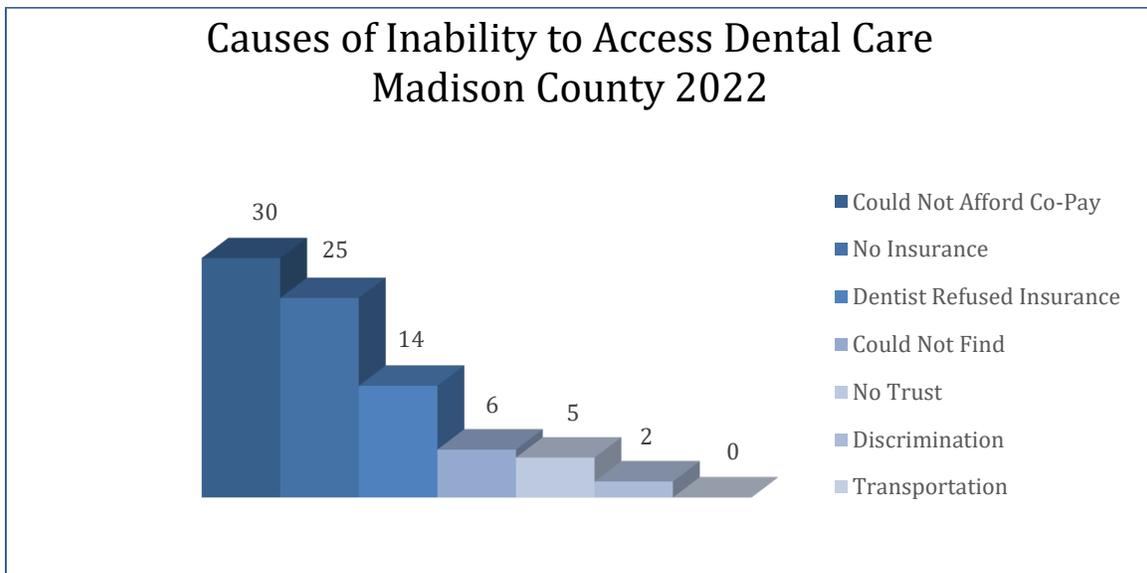


Source: CHNA Survey

Reasons for No Access – Dental Care

Survey respondents who reported they were not able to get dental care when needed were asked a follow-up question. The leading cause was inability to afford copay or deductible (30) and no insurance (25) (Figure 21). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 21

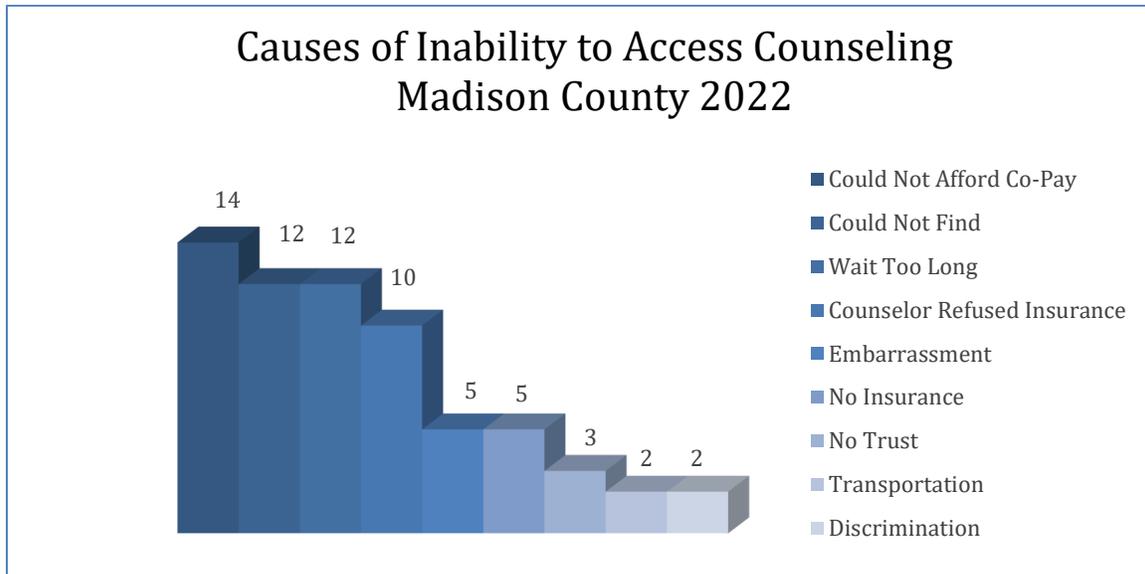


Source: CHNA Survey

Reasons for No Access – Counseling

Survey respondents who reported they were not able to get counseling when needed were asked a follow-up question. The causes of the inability to gain access to counseling were inability to afford co-pay (14), could not find (12), wait was too long (12) and the counselor refused insurance (10) (Figure 22). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 22



Source: CHNA Survey

Comparison to 2019 CHNA

Access to Medical Care – results show an improvement of 5% in those who were able to get access to medical care when needed.

Access to Prescription Medication – results show an improvement of 7% in those who were able to get access to prescription medication when needed.

Access to Dental Care – results show an improvement of 7% in those who were able to get dental care when needed.

Access to Counseling – results show a decrease of 2% in those who were able to get counseling when needed.

Transportation Network

Transportation network is a measure of the adequacy of the transportation network to facilitate access to care. Key risk influencers include access and proximity to resources. While survey data indicate transportation was not a leading cause of inaccessibility, for Madison County, 7% of the population is at elevated risk for transportation network. This is higher than the State of Illinois average of 6% (SocialScape® powered by SociallyDetermined®, 2022).

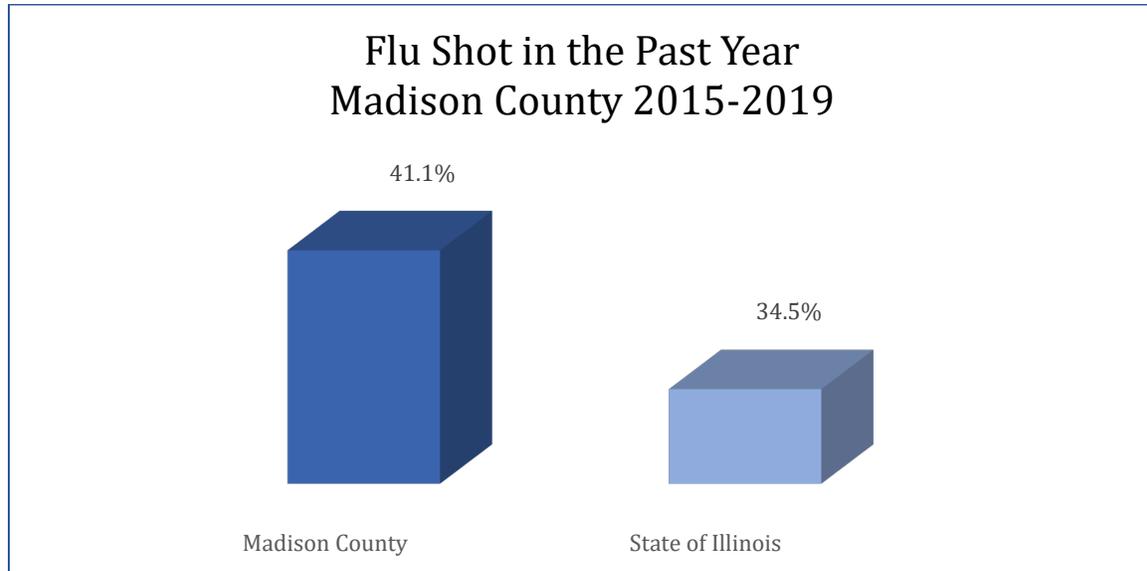
2.2 Wellness

Importance of the measure: Preventative health-care measures, including getting a flu shot, engaging in a healthy lifestyle and undertaking screenings for diseases are essential to combating morbidity and mortality while reducing health-care costs. The overall health of a community is impacted by preventative measures including immunizations and vaccinations.

Frequency of Flu Shots

Figure 23 shows that the percentage of people who have had a flu shot in the past year is 41.1% for Madison County, compared to the State of Illinois average (34.5%). Note that data have not been updated by the Illinois Department of Public Health.

Figure 23

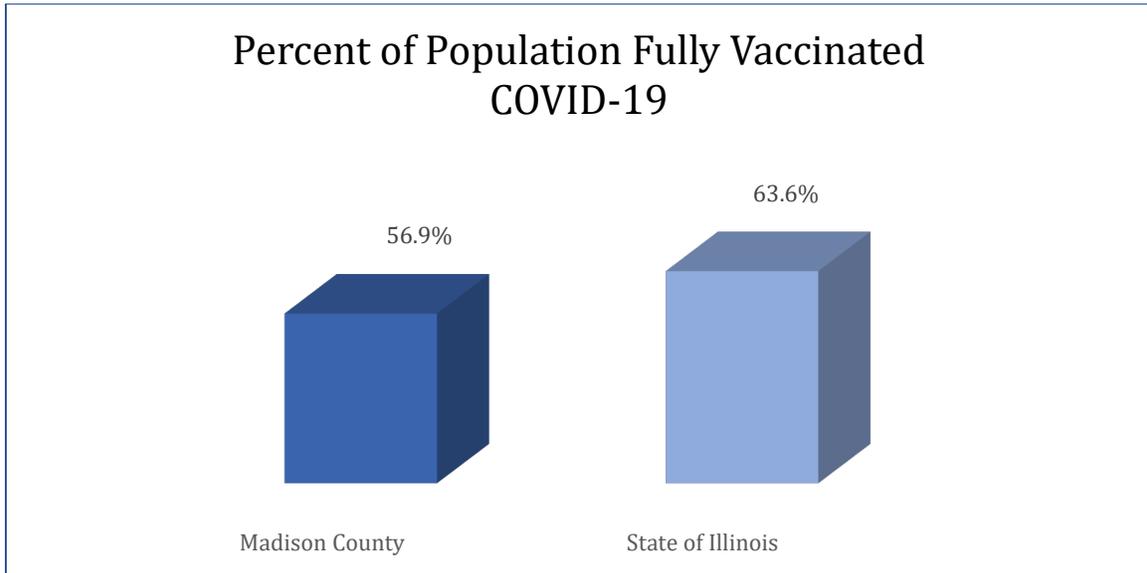


Source: CHNA Survey

COVID-19 Vaccinations

Figure 24 shows that the percentage of people who have been fully vaccinated from the COVID-19 virus. Although Madison County remains above half at 56.9% they remain under the rate for the State of Illinois at 63.6%. Additionally, given the recency of the COVID-19 virus, no historical comparisons are made at this time.

Figure 24

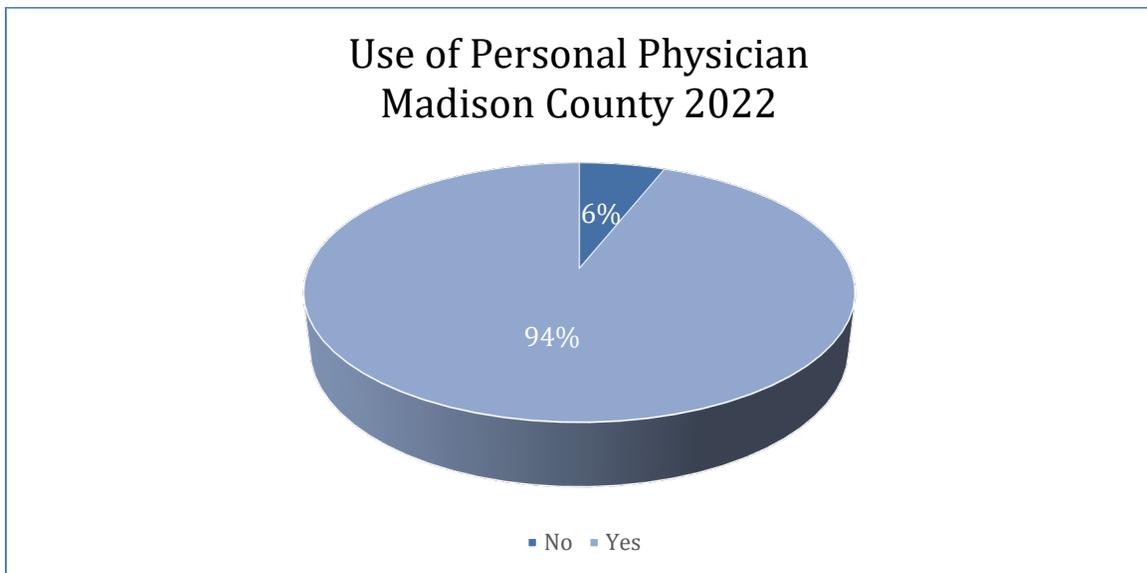


Source: Illinois Department of Public Health (02-27-22)

Personal Physician

The CHNA survey asked respondents if they had a personal physician. Having a personal physician suggests that individuals are more likely to get wellness check-ups and less likely to use an emergency department as a primary healthcare service. According to survey data, 94% of residents have a personal physician (Figure 25).

Figure 25



Source: CHNA Survey

Comparison to 2019 CHNA

Survey results for having a personal physician improved from 91% in 2019 to 94%.



Social Determinants Related to Having a Personal Physician

The following characteristics show significant relationships with having a personal physician. The following relationships were found using correlational analyses:

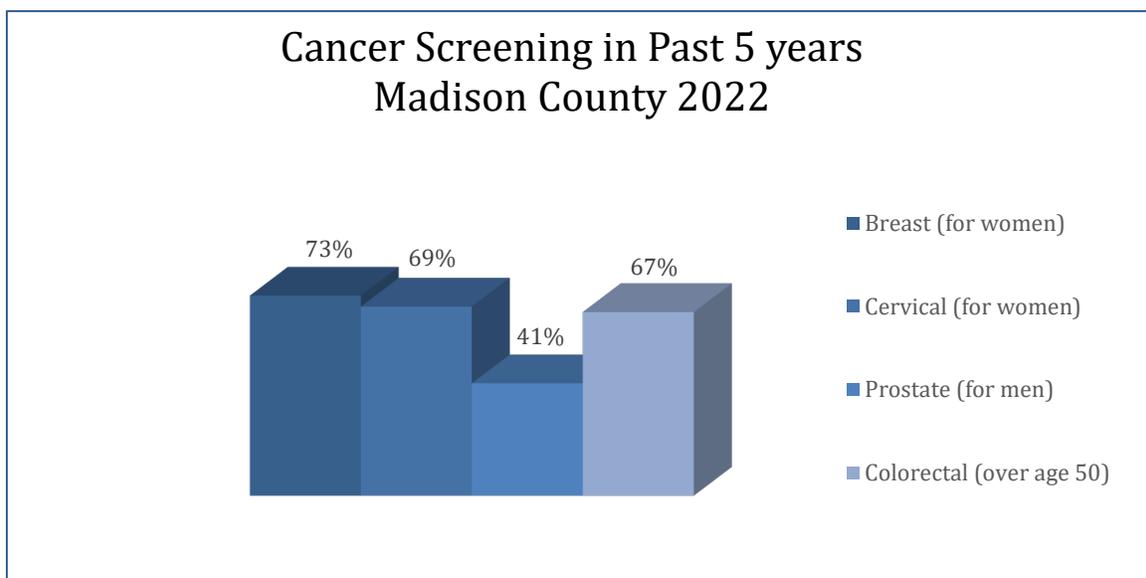
- **Having a personal physician** tends to be more likely for older people, those with a higher education and those with a higher income.

Cancer Screening

Early detection of cancer may greatly improve the probability of successful treatment. In the case of colorectal cancer, early detection of precancerous polyps can prevent cancer. Specifically, four types of cancer screening were measured: breast, cervical, prostate and colorectal.

Results from the CHNA survey show that 73% of women had a breast screening in the past five years and 69% of women had a cervical screening. For men, 41% had a prostate screening in the past five years. For women and men over the age of 50, 67% had a colorectal screening in the last five years (Figure 26).

Figure 26



Source: CHNA Survey

Comparison to 2019 CHNA



Cancer screening improved from 2019 to 2022. Specifically, in 2019, 70% of women had a breast screening in the past five years compared to 73% in 2022. For men, in 2019 35% reported they had a prostate screening in the past five years compared to 41% in 2022. For women and men over the age of 50, 64% had a colorectal screening in the last five years in 2019, compared to 67% in 2022. Note this was the first year that cervical screening was measured so there is no comparison to 2019.

Social Determinants Related to Cancer Screenings

Multiple characteristics show significant relationships with cancer screening. The following relationships were found using correlational analyses:

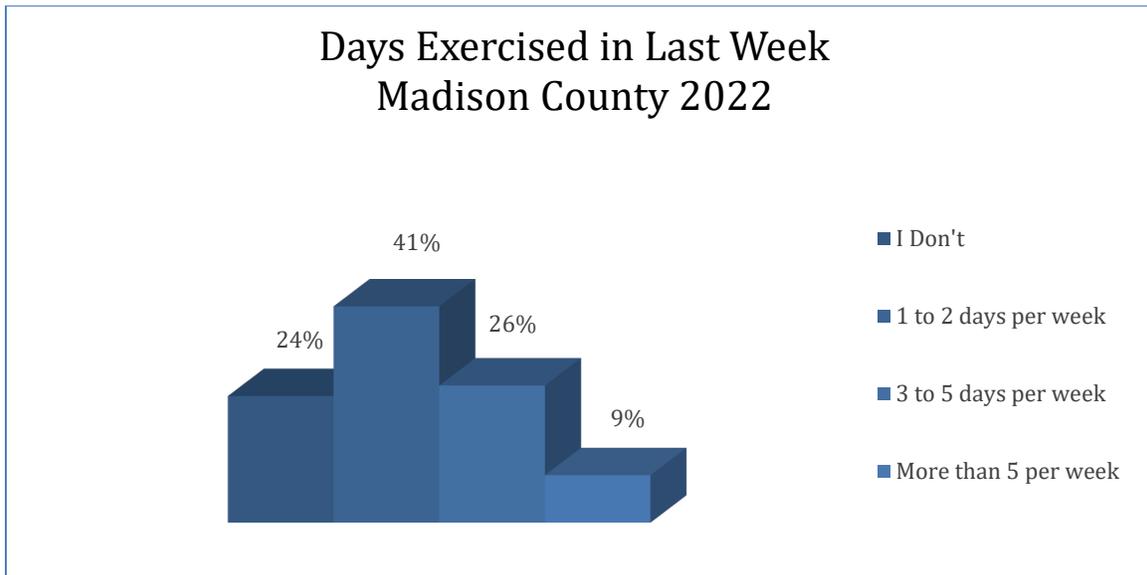
- **Breast screening** tends to be more likely for older women, White women, those with a higher level of education, and those with higher income. LatinX women are less likely to have a breast screening.
- **Cervical screening** tends to be more likely for White women, those with a higher level of education, and those with higher income. Cervical cancer screening tend to be less likely for Black women and LatinX women.
- **Prostate screening** tends to be more likely for older men, those with a higher level of education, and those with higher income.
- **Colorectal screening** tends to be more likely for older people, White people, those with a higher level of education, and those with higher income.

Physical Exercise

A healthy lifestyle, comprised of regular physical activity, has been shown to increase physical, mental, and emotional well-being.

Specifically, 24% of respondents indicated that they do not exercise at all, while the majority (67%) of residents exercise 1-5 times per week (Figure 27).

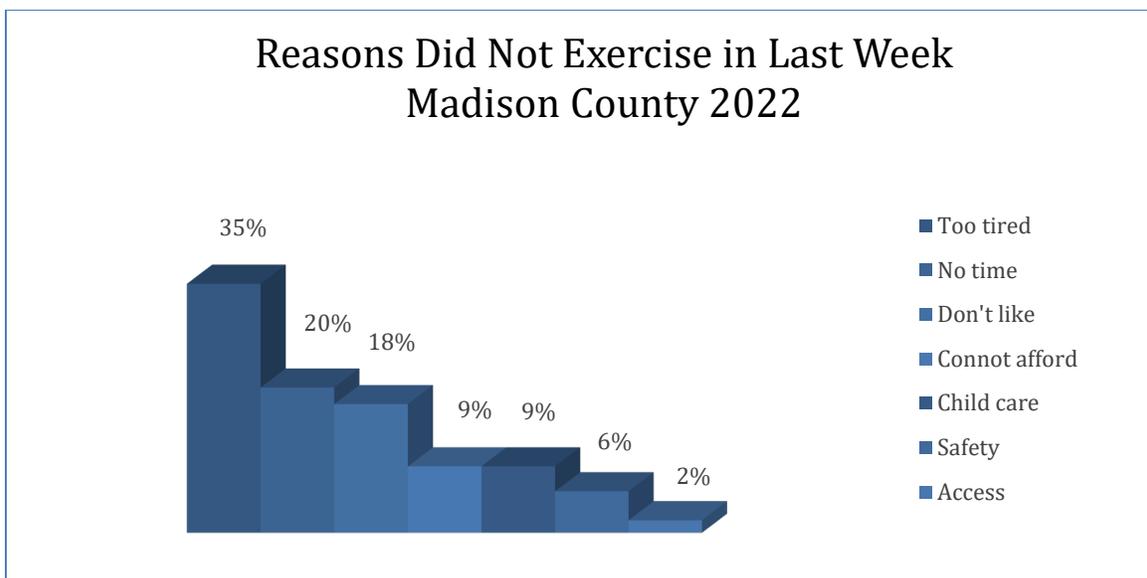
Figure 27



Source: CHNA Survey

To find out why some residents do not exercise at all, a follow up question was asked. Similar to the 2019 CHNA, the most common reasons for not exercising are not having enough energy (35%), not enough time (20%) and a dislike of exercise (18%) (Figure 28).

Figure 28



Source: CHNA Survey

Comparison to 2019 CHNA

There has been an decrease in the number of people who exercise in 2022 (67%) compared to 2019 (72%).



Social Determinants Related to Exercise

Multiple characteristics show significant relationships with cancer screening. The following relationships were found using correlational analyses:

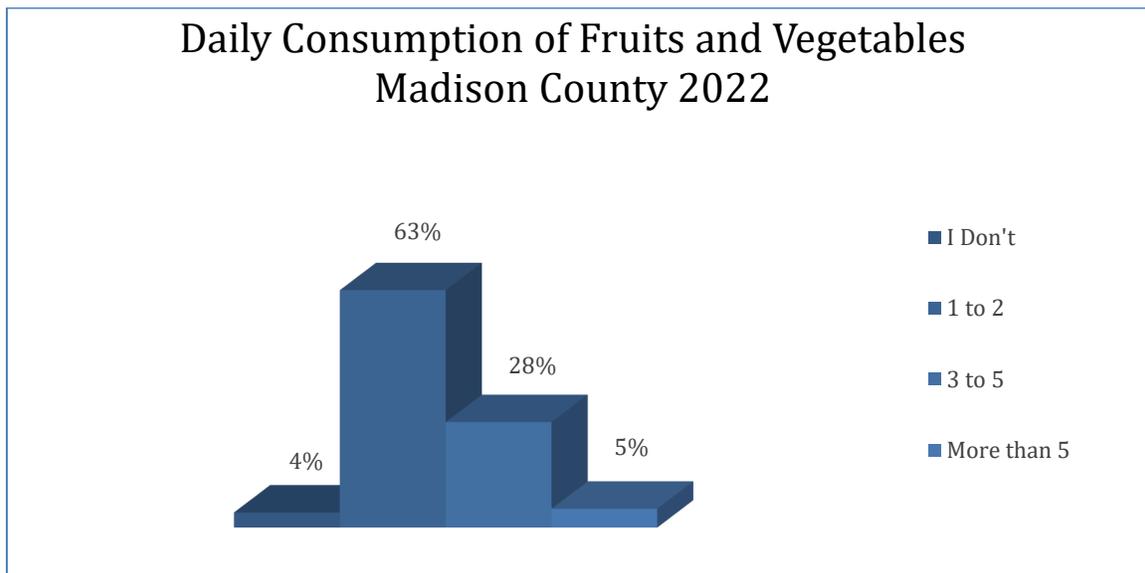
- **Frequency of exercise** tends to be more likely for older people, those with higher education and those with higher income.

Healthy Eating

A healthy lifestyle, comprised of a proper diet, has been shown to increase physical, mental and emotional well-being. Consequently, nutrition and diet are critical to preventative care.

Two-thirds (67%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 5% (Figure 29).

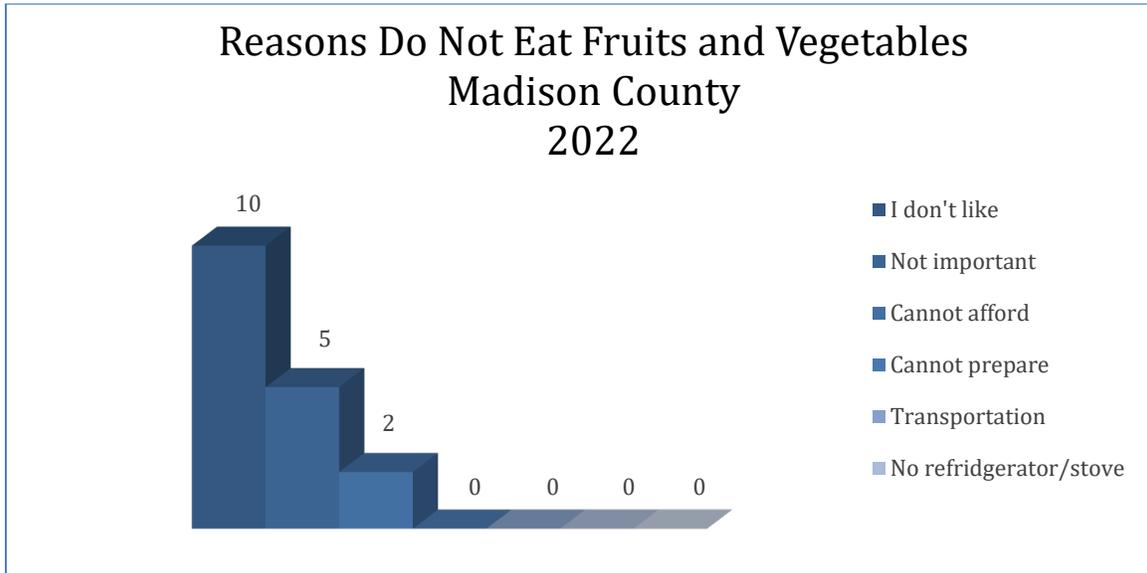
Figure 29



Source: CHNA Survey

Those individuals who indicated they do not eat any fruits or vegetables were asked a follow up question. The most common reason for failing to eat more fruits and vegetables was not liking fruits and vegetables (10) followed by lack of importance (5) (Figure 30). Note that these data are displayed in frequencies rather than percentages given the low number of responses.

Figure 30



Source: CHNA Survey

Comparison to 2019 CHNA

Results show a increase in consuming fruits and vegetable. In 2019, 61% of respondents indicated they had two or fewer servings of fruits and vegetables per day, compared to 67% in 2022.



Social Determinants Related to Healthy Eating

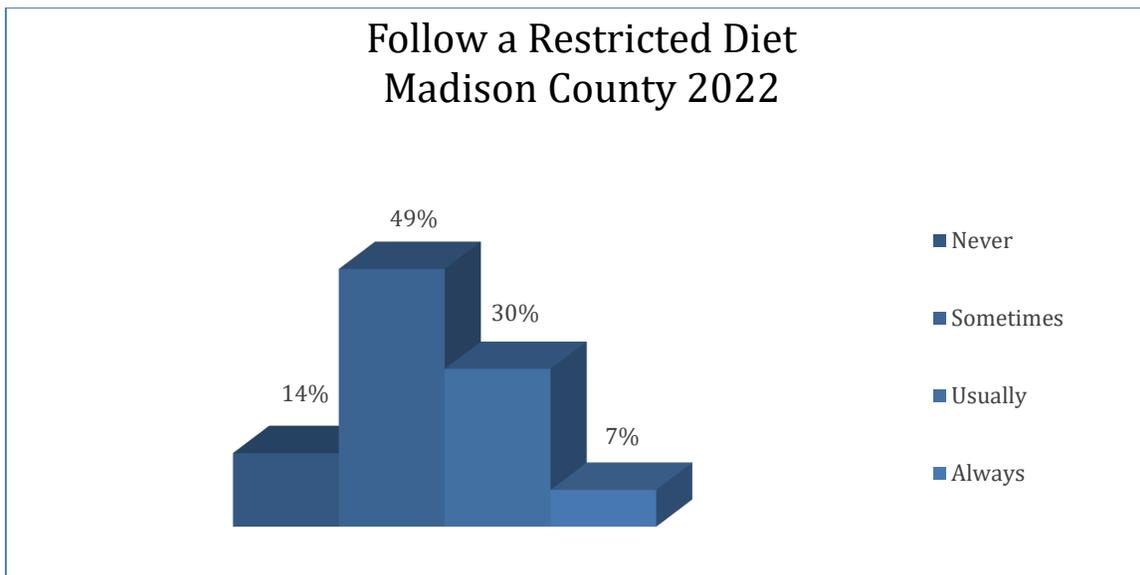
Multiple characteristics show significant relationships with healthy eating. The following relationships were found using correlational analyses:

- **Consumption of fruits and vegetables** tends to be more likely for White people and those with a higher level of education. Consumption of fruits and vegetables tends to be less likely for LatinX people.

Restricted Diet

Respondents were also asked if they followed a restricted diet if recently diagnosed with a morbidity. Of respondents, 37% usually or always follow a restricted diet (Figure 31).

Figure 31



Source: CHNA Survey

Comparison to 2019 CHNA

Results show no significant change compared to 2019 CHNA results.

Health Literacy

Health literacy is a measure of factors in the community that impact healthcare access, navigation and adherence. Key risk influencers include culture, demographics and education. For Madison County, 10% of the population is at elevated risk for health literacy. This is lower than the State of Illinois average of 34% (SocialScape® powered by SociallyDetermined®, 2022).

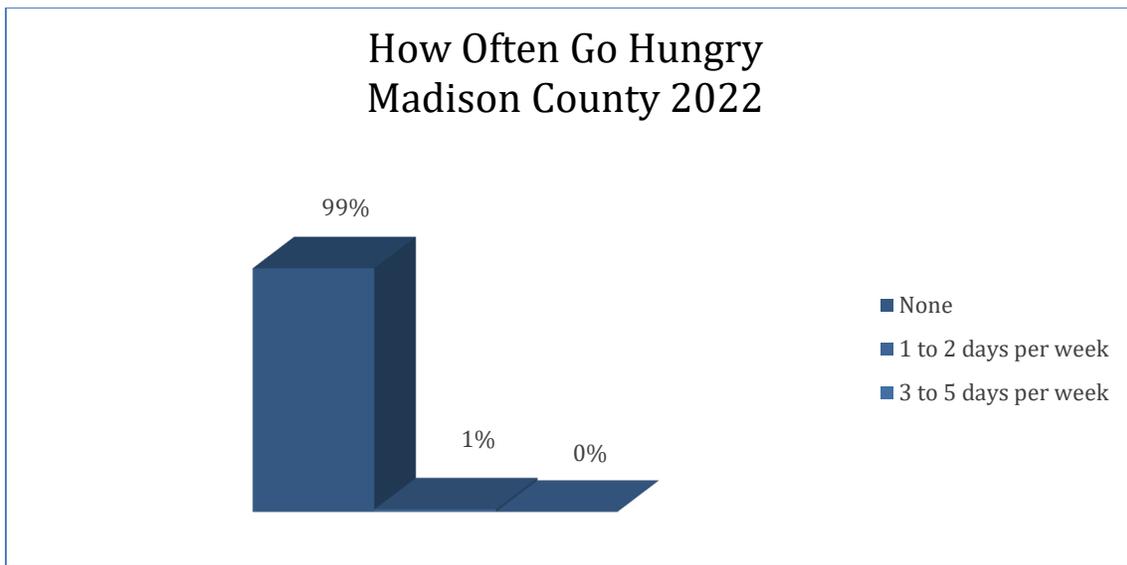
2.3 Understanding Food Insecurity

Importance of the measure: It is essential that everyone has access to food and drink necessary for living healthy lives. Food insecurity exists when people don't have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs for a healthy life.

Prevalence of Hunger

Respondents were asked, "How many days a week do you or your family members go hungry?" The vast majority of respondents indicated they do not go hungry (99%) (Figure 32).

Figure 32



Source: CHNA Survey

Comparison to 2019 CHNA

Results show a 3% decrease compared to 2019 CHNA results for those who go hungry.



Social Determinants Related to Prevalence of Hunger

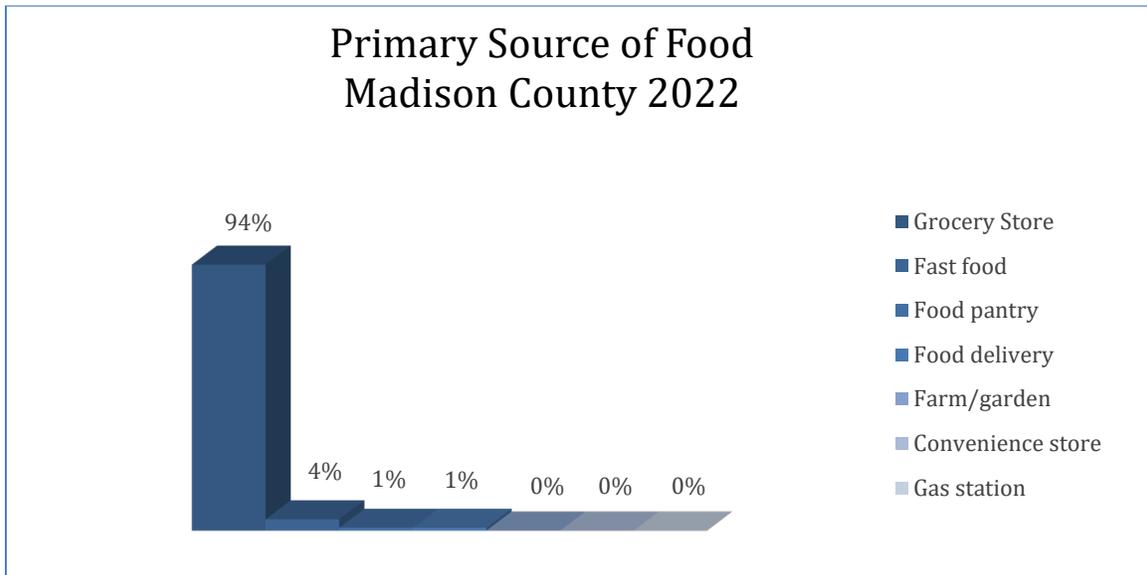
Multiple characteristics show significant relationships with hunger. The following relationships were found using correlational analyses:

- **Prevalence of Hunger** tends to be more likely for Black people, those with lower education and those with lower income.

Primary Source of Food

Respondents were asked to identify their primary source of food. It can be seen that the majority (94%) identified a grocery store (Figure 33).

Figure 33



Source: CHNA Survey

Food Landscape

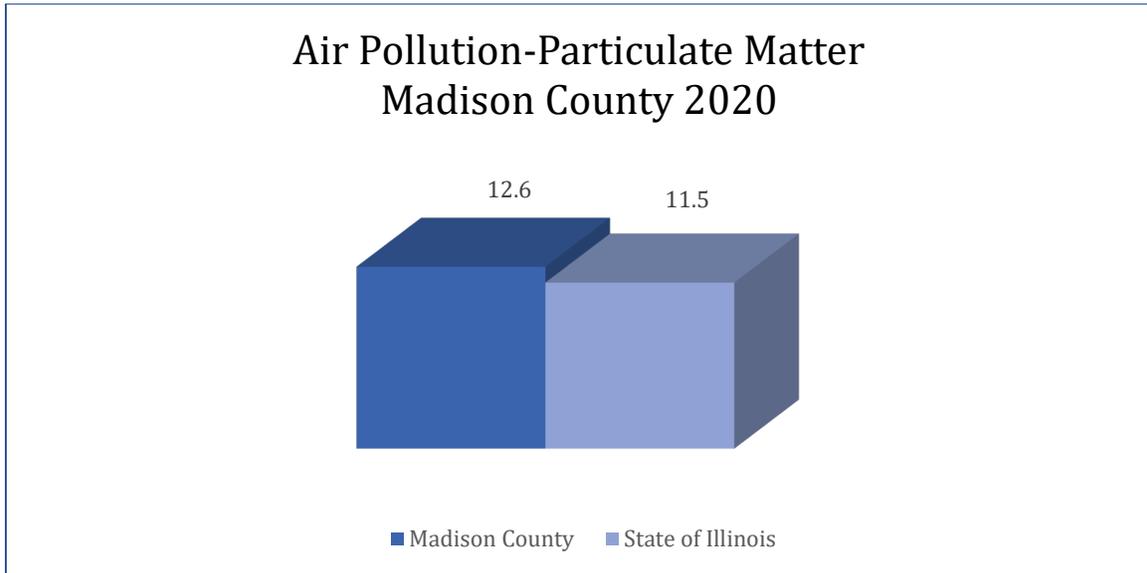
Food landscape is a measure of the conditions that affect the ability of residents to access health, affordable nutrition. Key risk influencers include accessibility, affordability and literacy. For Madison County, 18% of the population is at elevated risk for food landscape. This is lower than the State of Illinois average of 25%. (SocialScape® powered by SociallyDetermined®, 2022).

2.4 Physical Environment

Importance of the measure: According to the County Health Rankings, Air Pollution - Particulate Matter (APPM) is the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) in a county. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers. These particles can be directly emitted from sources such as forest fires, or they can form when gases are emitted from power plants, manufacturing facilities and automobiles.

The relationship between elevated air pollution, particularly fine particulate matter and ozone, and compromised health has been well documented. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma and other adverse pulmonary effects. The APPM for Madison County (12.6) is higher than the State average of 11.5 (Figure 34).

Figure 34



Source: County Health Rankings 2021

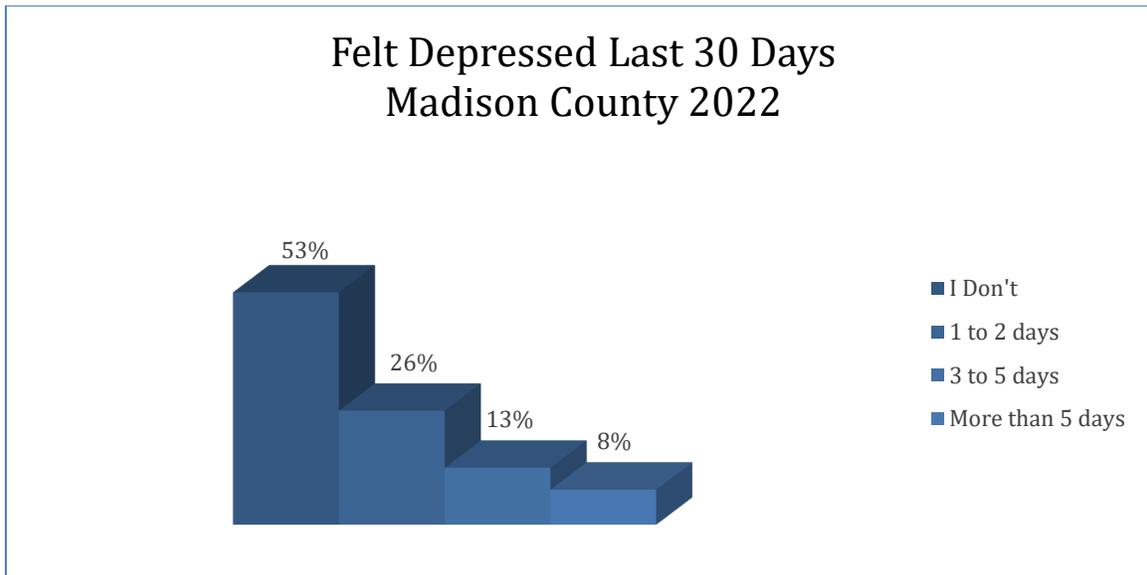
2.5 Health Status

Importance of the measure: Self-perceptions of health can provide important insights to help manage population health. Not only do self-perceptions provide benchmarks regarding health status, but they can also provide insights into how accurately people perceive their own health.

Mental Health

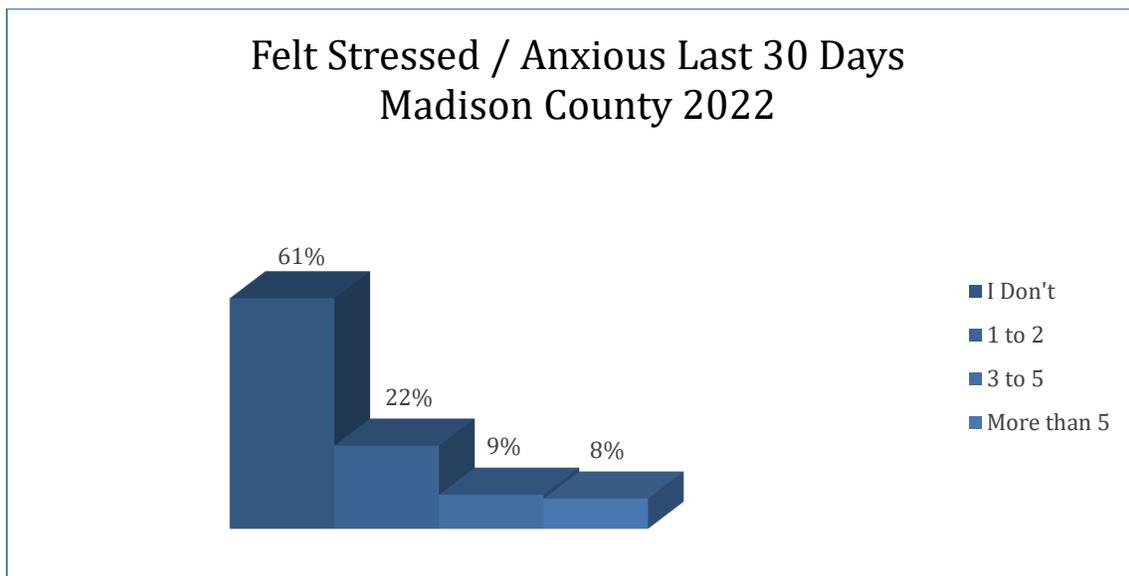
The survey asked respondents to indicate specific issues, such as depression and stress/anxiety. Of respondents, 53% indicated they did not feel depressed in the last 30 days (Figure 35) and 61% indicated they did not feel anxious or stressed (Figure 36).

Figure 35



Source: CHNA Survey

Figure 36



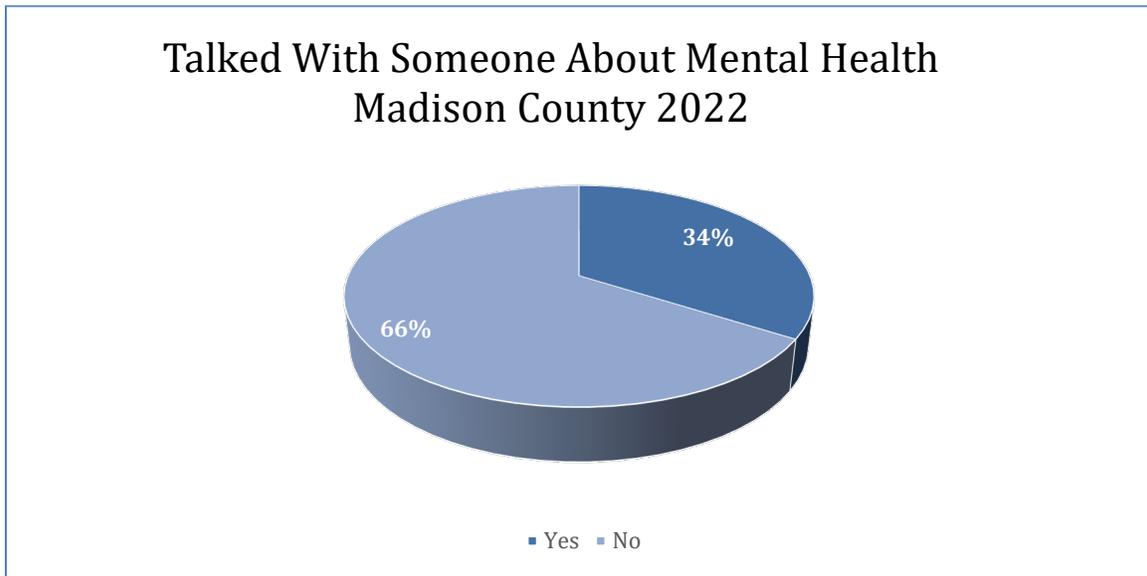
Source: CHNA Survey

Comparison to 2019 CHNA

Results from the 2022 CHNA show a slight decline in mental health. In 2019, 55% of respondents indicated they did not feel depressed in the last 30 days and 62% indicated they did not feel anxious or stressed. In 2022, 53% of respondents indicated they did not feel depressed in the last 30 days and 61% indicated they did not feel anxious or stressed.

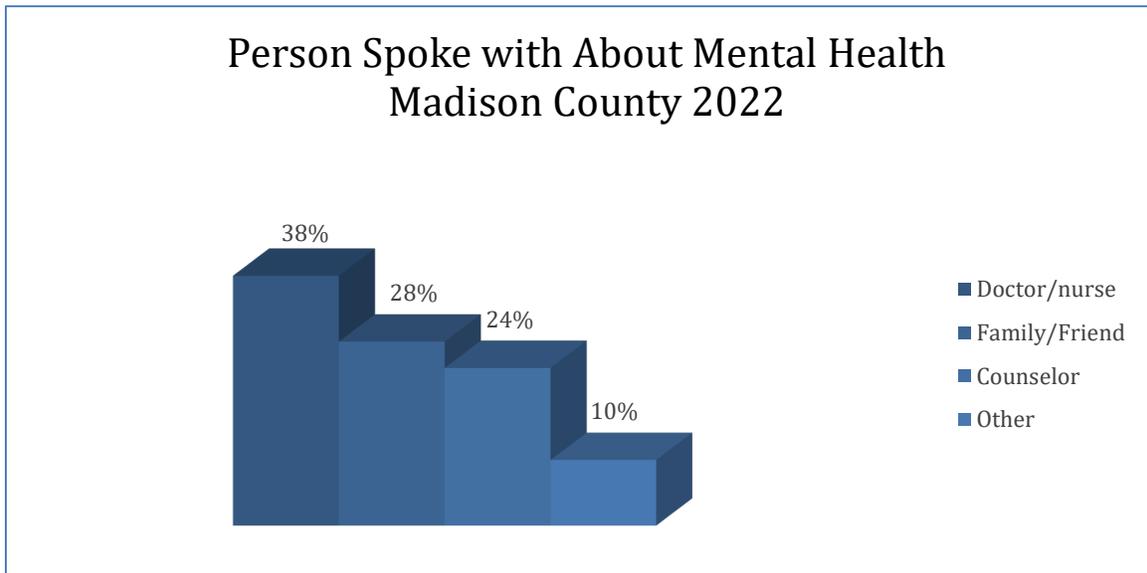
Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents, 34% indicated that they spoke to someone (Figure 37), the most common response was a Doctor/Nurse (38%) (Figure 38).

Figure 37



Source: CHNA Survey

Figure 38



Source: CHNA Survey

Social Determinants Related to Behavioral Health

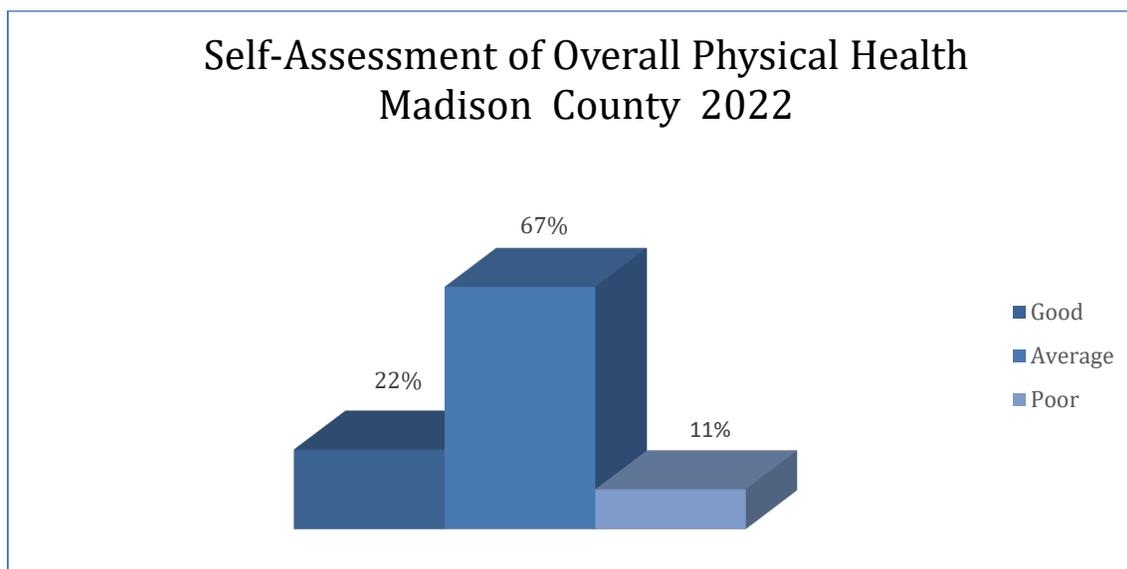
Multiple characteristics show significant relationships with behavioral health. The following relationships were found using correlational analyses:

- **Depression** tends to be rated higher for younger people, women, those with less education and those with less income.
- **Stress and anxiety** tends to be rated higher for younger people, women and those with lower income.

Self-Perceptions of Overall Health

In regard to self-assessment of overall physical health, 11% of respondents reported having poor overall physical health (Figure 39).

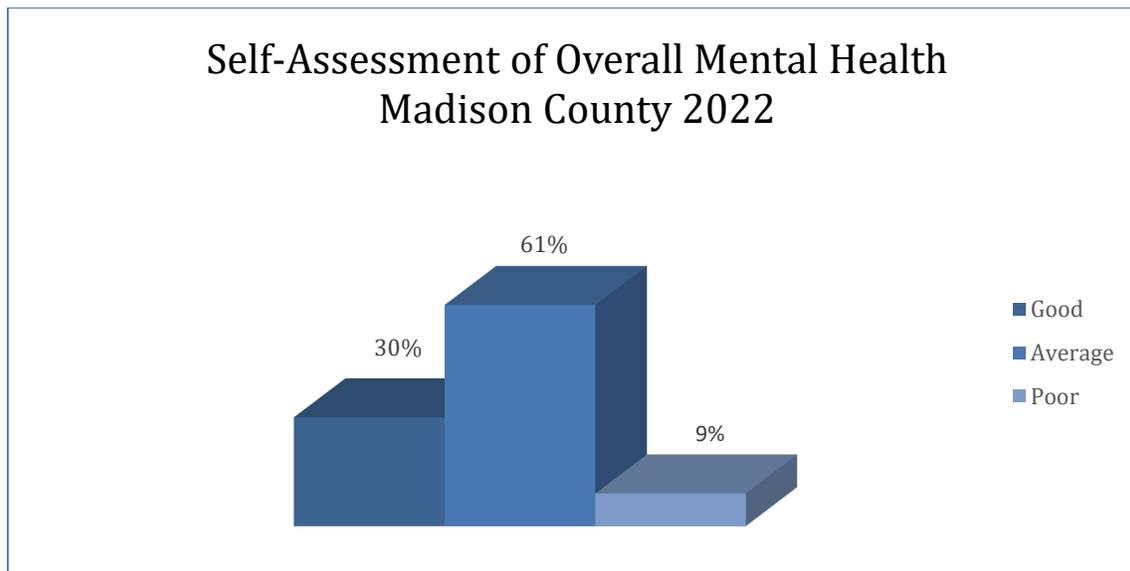
Figure 39



Source: CHNA Survey

In regard to self-assessment of overall mental health, 9% of respondents stated they have poor overall mental health (Figure 40).

Figure 40



Source: CHNA Survey

Comparison to 2019 CHNA

With regard to physical health, results were similar between 2019 and 2022. With regard to mental health, more people see themselves in poor health in 2022 (9%) than 2019 (5%).



Social Determinants Related to Self-Perceptions of Health

Multiple characteristics show significant relationships with self-perceptions of health. The following relationships were found using correlational analyses:

- **Perceptions of physical health** tend to be higher for older people and those with higher education.
- **Perceptions of mental health** tend to be higher for men, older people, Black people and those with higher education and with higher income. Perceptions of mental health tend to be lower for White people.

2.6 Key Takeaways from Chapter 2

- ✓ IMPROVED ACCESS TO HEALTHCARE WITH THE EXCEPTION OF MENTAL HEALTH COUNSELING.
- ✓ COVID-19 VACCINATION RATES ARE BELOW STATE AVERAGES.
- ✓ PROSTATE SCREENING IS RELATIVELY LOW COMPARED TO BREAST AND COLORECTAL SCREENING.
- ✓ THE MAJORITY OF PEOPLE EXERCISE LESS THAN 2 TIMES PER WEEK AND CONSUME 2 OR FEWER SERVINGS OF FRUITS/VEGETABLES PER DAY.
- ✓ ALMOST HALF OF RESPONDENTS EXPERIENCED DEPRESSION AND/OR STRESS IN THE LAST 30 DAYS.

CHAPTER 3 OUTLINE

- 3.1 Tobacco Use
- 3.2 Drug and Alcohol Use
- 3.3 Overweight and Obesity
- 3.4 Predictors of Heart Disease
- 3.5 Key Takeaways from Chapter 3

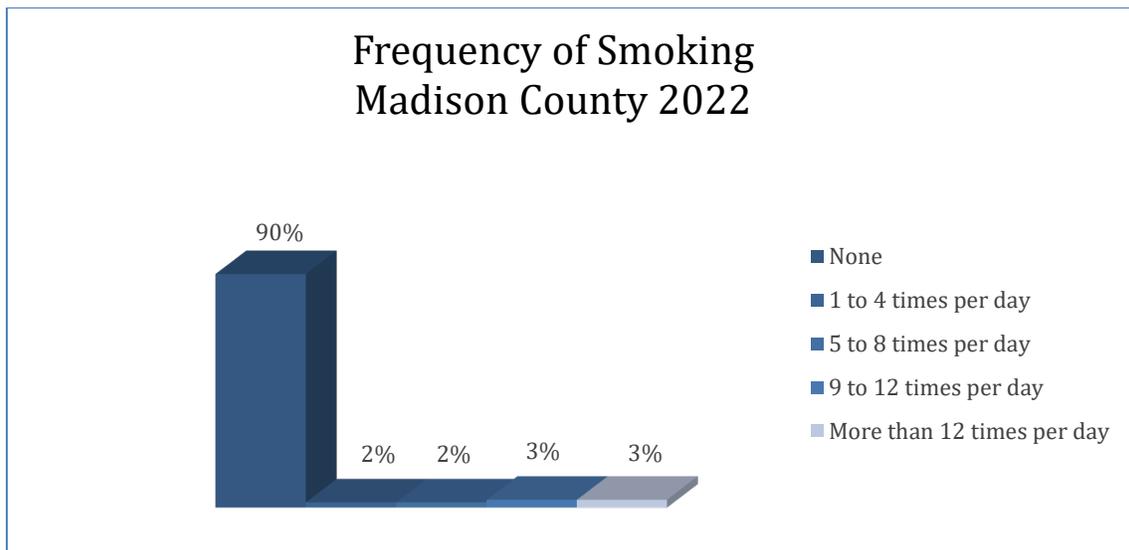
CHAPTER 3: SYMPTOMS AND PREDICTORS

3.1 Tobacco Use

Importance of the measure: In order to appropriately allocate health-care resources, a thorough analysis of the leading indicators regarding morbidity and disease must be conducted. In this way, health-care organizations can target affected populations more effectively. Research suggests tobacco use facilitates a wide variety of adverse medical conditions.

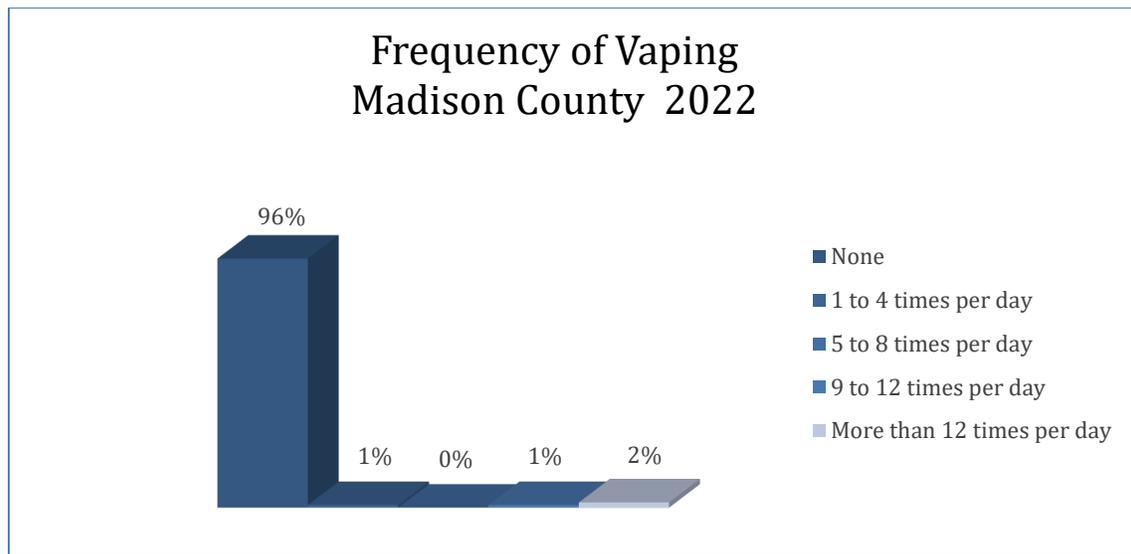
CHNA survey data show 90% of respondents do not smoke (Figure 41) and 96% of respondents do not vape (Figure 42).

Figure 41



Source: CHNA Survey

Figure 42



Source: CHNA Survey

Comparison to 2019 CHNA

Results from 2022 show an improvement over 2019. Specifically, in 2019, 84% of respondents indicated they did not smoke. In 2022, 90% indicated they did not smoke.

Social Determinants Related to Smoking or Vaping

Multiple characteristics show significant relationships with smoking or vaping. The following relationships were found using correlational analyses:

- **Smoking** tends to be rated higher by those with less education and a lower income.
- **Vaping** tends to be rated higher by men, younger people, LatinX people, those with less education and those with a lower income. Vaping tends to be rated lower by White people.

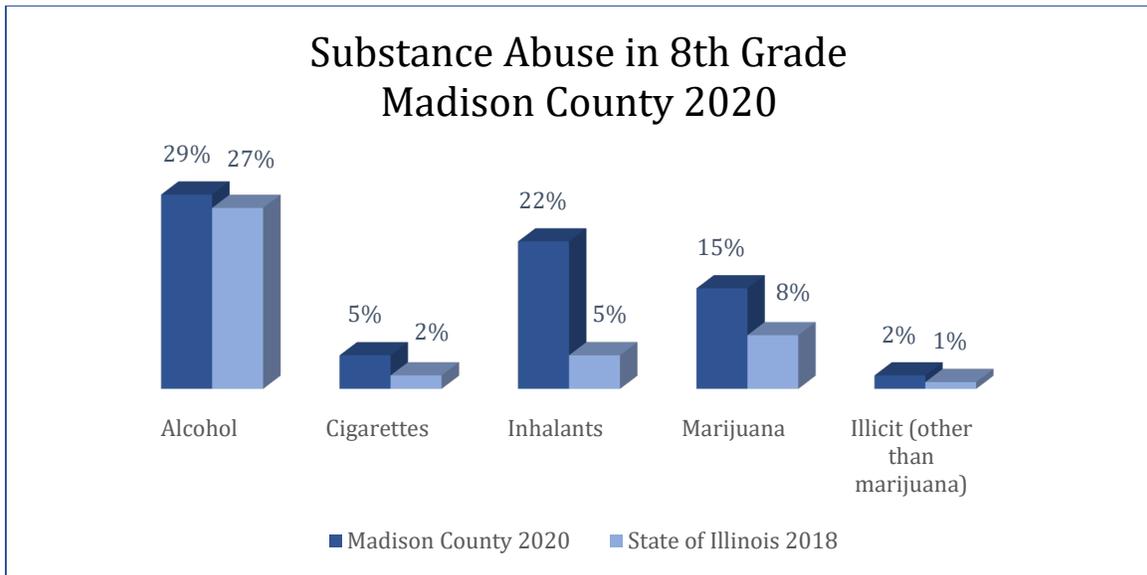
3.2 Drug and Alcohol Abuse

Importance of the measure: Alcohol and drugs impair decision-making, often leading to adverse consequences and outcomes. Research suggests that alcohol is a gateway drug for youth, leading to increased usage of controlled substances in adult years. Accordingly, the substance abuse values and behaviors of high school students is a leading indicator of adult substance abuse in later years.

Youth Substance Abuse

Data from the 2020 Illinois Youth Survey measures illegal substance use (alcohol, tobacco, and other drugs – mainly marijuana) among adolescents. Madison County is above State averages in all categories among 8th graders (Figure 43).

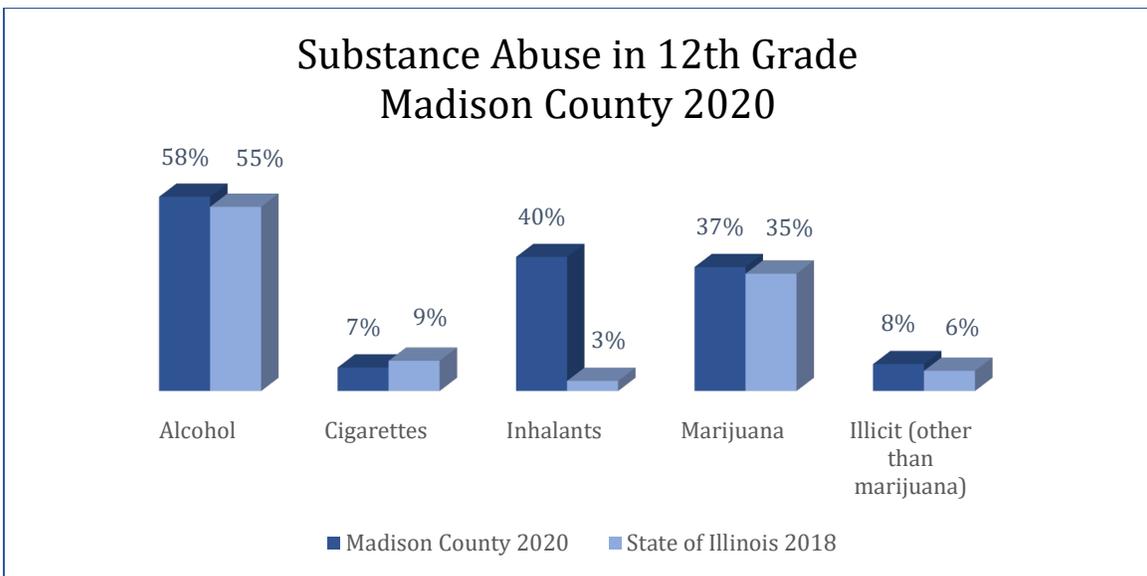
Figure 43



Source: County Health Rankings

Among 12th graders, Madison County is above all categories except cigarettes for State of Illinois averages (Figure 44). Inhalants represents a significantly higher usage in Madison County compared to State averages.

Figure 44



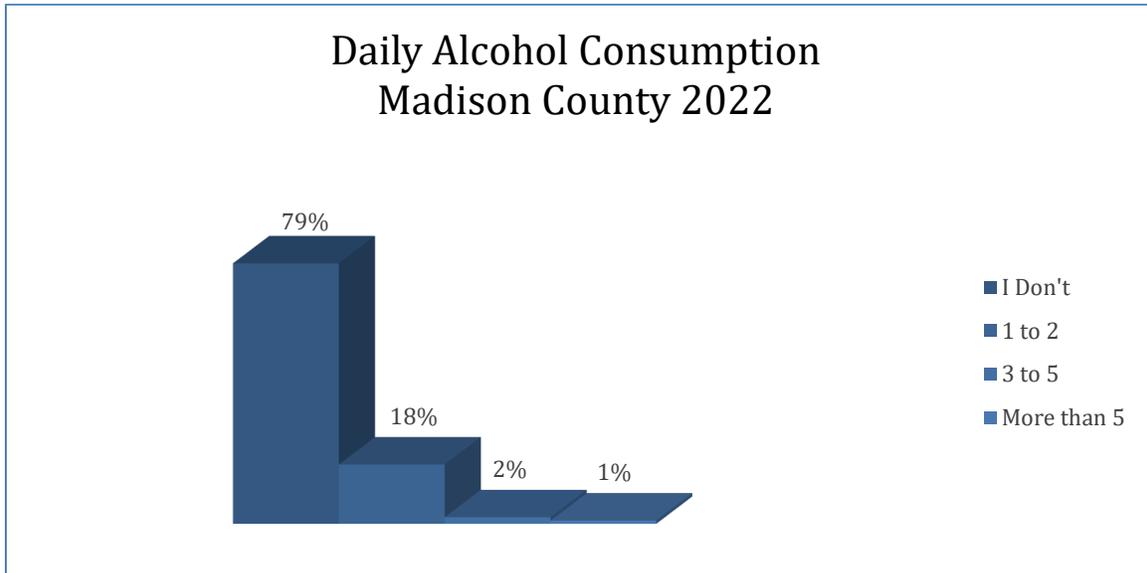
Source: County Health Rankings

Adult Substance Use

The CHNA survey asked respondents to indicate usage of several substances. Of respondents, 79% indicated they did not consume alcohol on a typical day, 90% indicated they do not take prescription medication improperly including opioids on a typical day, 97% indicated they do not use marijuana on a

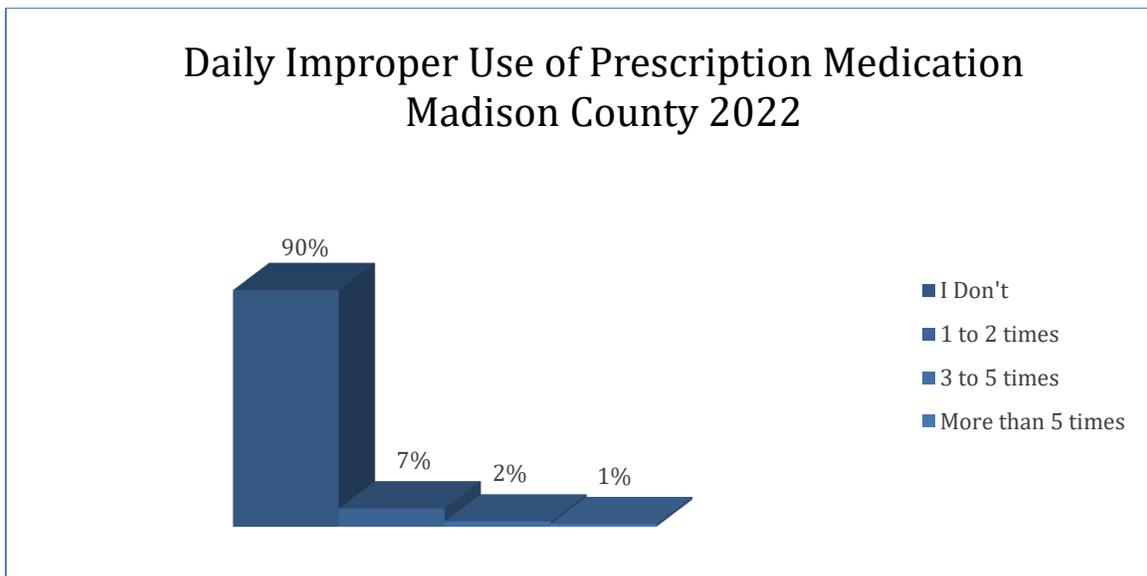
typical day and 99% indicated they do not use illegal substances on a typical day. Note this is the first year that the CHNA has measured separated categories of substance use, so there is no comparison to the 2019 CHNA.

Figure 45



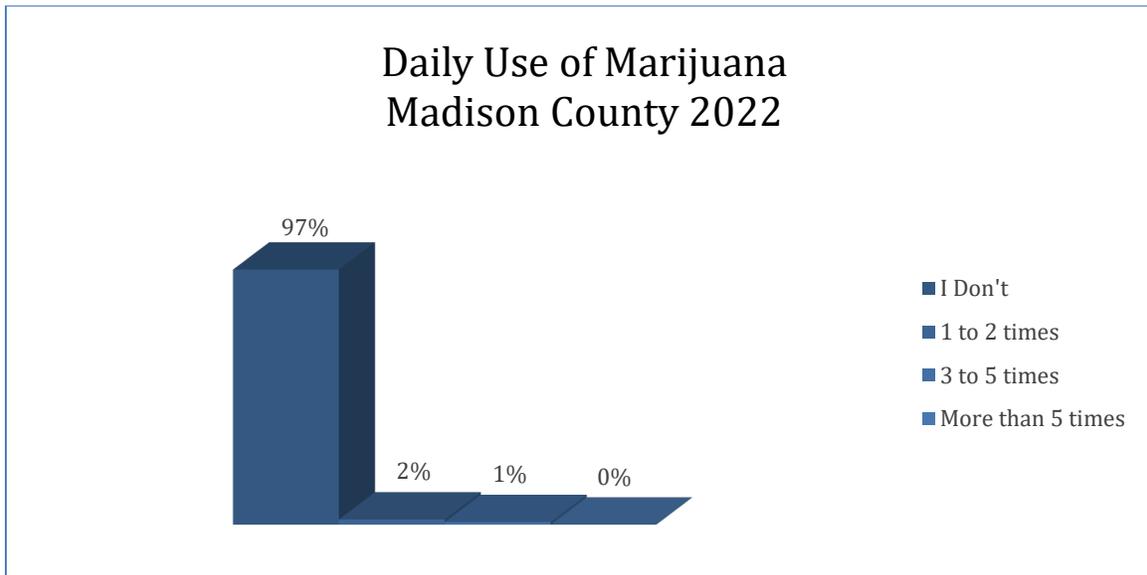
Source: CHNA Survey

Figure 46



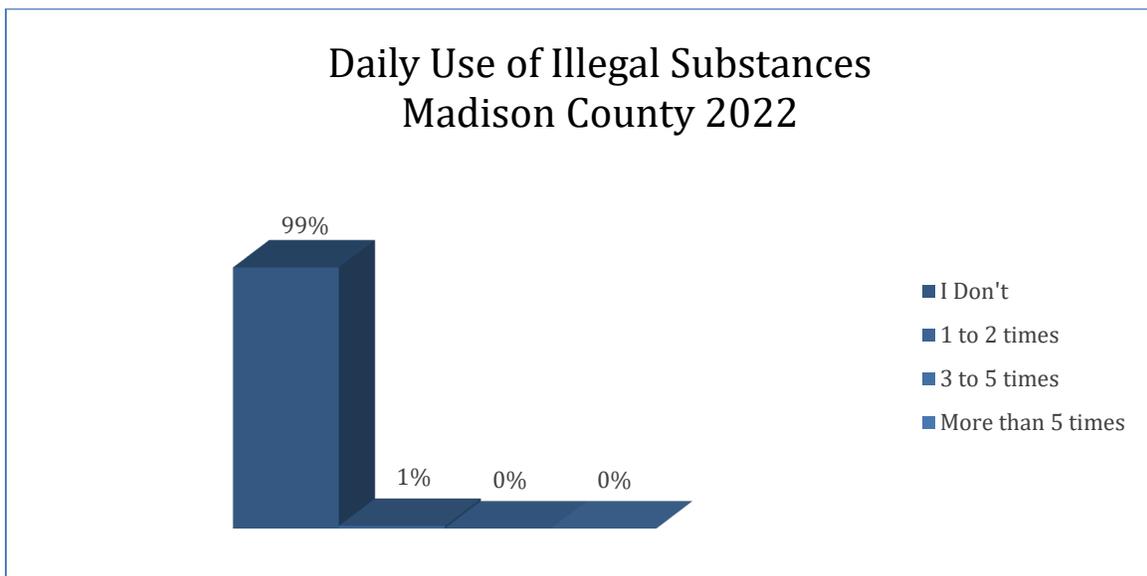
Source: CHNA Survey

Figure 47



Source: CHNA Survey

Figure 48



Source: CHNA Survey

Social Determinants Related to Substance Use

Multiple characteristics show significant relationships with substance abuse. The following relationships were found using correlational analyses:

- **Alcohol consumption** tends to be rated higher for men and older people.
- **Misuse of prescription medication** including opioids tends to be rated higher for Black people, those with less income and education, and people in an unstable (e.g., homeless) housing environment. Misuse of prescription medication tends to be rated lower by White people.

- **Marijuana use** tends to be rated higher by those with lower education and those with a lower income. Marijuana tends to be rated lower by White people.
- **Use of Illegal substances** had no significant correlates.

3.3 Overweight and Obesity

Importance of the measure: Individuals who are overweight and obese place greater stress on their internal organs, thus increasing the propensity to utilize health services. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Madison County. The US Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. The financial burden of overweight and obese individuals is staggering, as the estimated annual medical costs attributed to obesity in Illinois for 1998-2000 exceeded \$3.4 billion, ranking Illinois 6th in the nation for obesity-attributed medical costs.

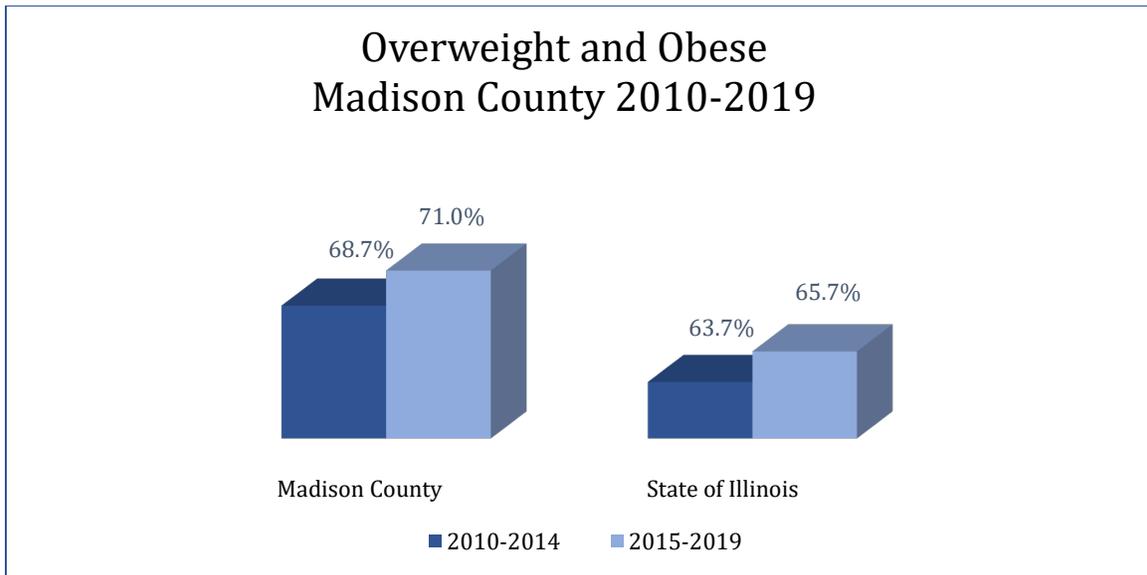
With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure, and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children.

With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

In Madison County, the number of people diagnosed with obesity and being overweight has increased from 2010-2014 to 2015-2019. Note specifically that the percentage of obese and overweight people has increased from 68.7% to 71%. Overweight and obesity rates in Illinois have increased from 2014 (63.7%) to 2019 (65.7%). Note that data have not been updated by the Illinois Department of Public Health.

Additionally, note in the 2022 CHNA survey, respondents indicated that being overweight was their most prevalently diagnosed health condition.

Figure 49

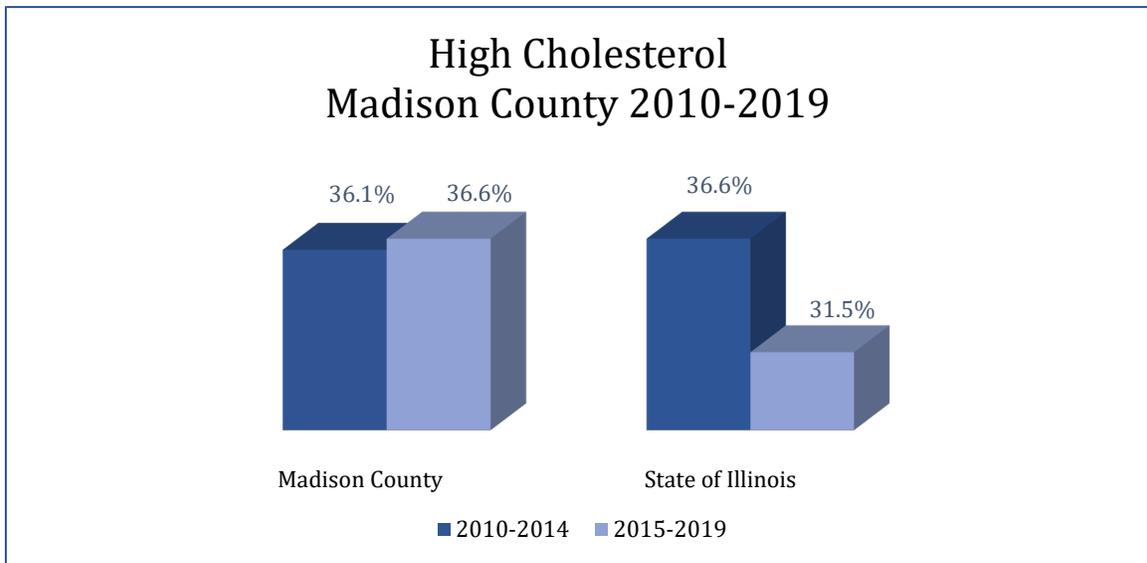


Source: Illinois Behavioral Risk Factor Surveillance System

3.4 Predictors of Heart Disease

Residents in Madison County report a higher than State average prevalence of high cholesterol. The percentage of residents who report they have high cholesterol is higher in Madison County (36.6%) than the State of Illinois average of 31.5%. Note that data have not been updated by the Illinois Department of Public Health (Figure 50).

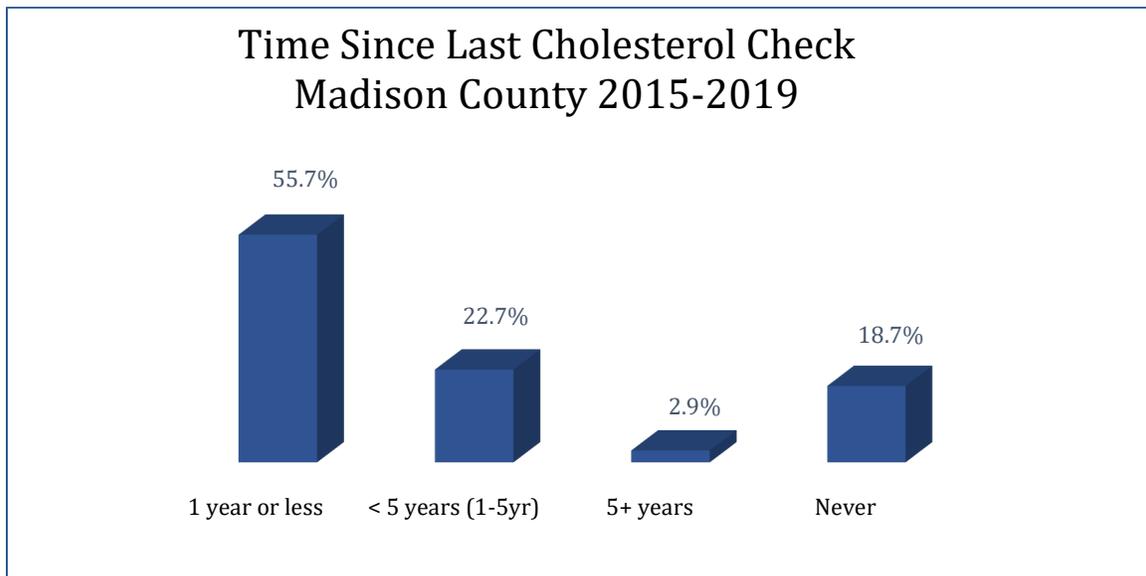
Figure 50



Source: Illinois Behavioral Risk Factor Surveillance System

Most (55.7%) residents of Madison County report having their cholesterol checked recently, whereas 18.7% report never having their cholesterol checked (Figure 51). Note that data have not been updated by the Illinois Department of Public Health.

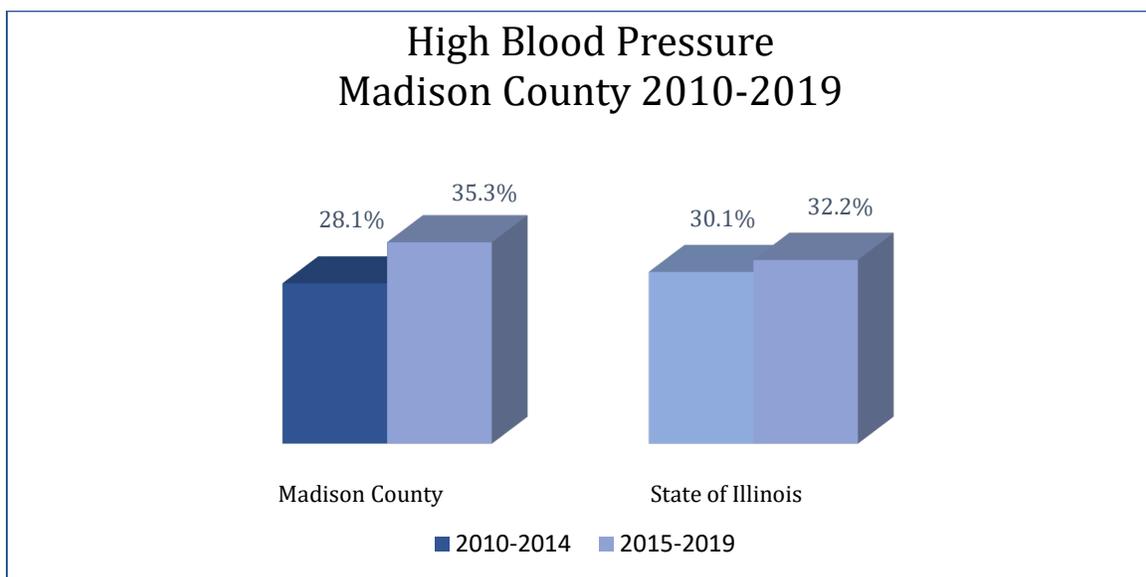
Figure 51



Source: Illinois Behavioral Risk Factor Surveillance System

With regard to high blood pressure, Madison County has a higher percentage of residents with high blood pressure than residents in the State of Illinois as a whole. The percentage of Madison County residents reporting they have high blood pressure increased from 28.1% to 35.3% in 2019 (Figure 52). Note that data have not been updated by the Illinois Department of Public Health.

Figure 52



Source: Illinois Behavioral Risk Factor Surveillance System

3.5 Key Takeaways from Chapter 3

- ✓ SUBSTANCE ABUSE AMONG 8TH AND 12TH GRADERS IS ABOVE STATE AVERAGES IN ALL EXCEPT ONE CATEGORY. INHALANTS AMONG 12TH GRADERS IS SIGNIFICANTLY HIGHER THAN THE STATE.
- ✓ 10% OF THE ADULT POPULATION MISUSES PRESCRIPTION MEDICATION INCLUDING OPIOIDS.
- ✓ THE PERCENTAGE OF PEOPLE WHO ARE OVERWEIGHT AND OBESE HAS INCREASED IN MADISON COUNTY.
- ✓ PREDICTORS OF HEART DISEASE ARE INCREASING.

CHAPTER 4 OUTLINE

- 4.1 Self-Identified Health Conditions
- 4.2 Healthy Babies
- 4.3 Cardiovascular Disease
- 4.4. Respiratory
- 4.5 Cancer
- 4.6 Diabetes
- 4.7 Infectious Disease
- 4.8 Injuries
- 4.9 Mortality
- 4.10 Key Takeaways from Chapter 4

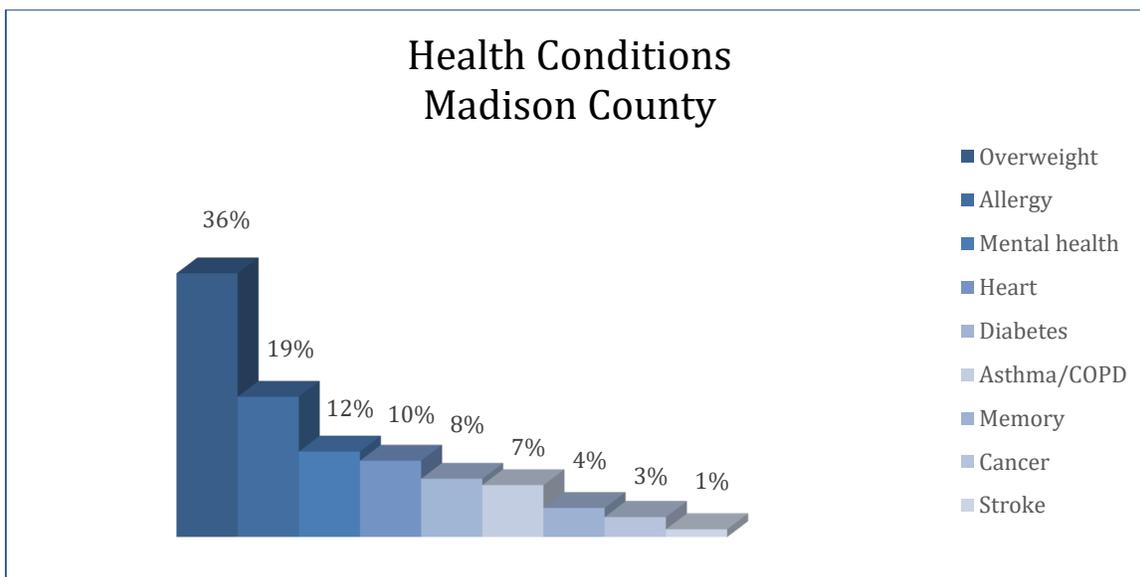
CHAPTER 4: MORBIDITY AND MORTALITY

Given the lack of recent disease/morbidity data from existing secondary data sources, much of the data used in this chapter was manually gathered from Madison County hospitals using COMPdata Informatics. Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

4.1 Self-Identified Health Conditions

Survey respondents were asked to self-identify any health conditions. Note that being overweight (36%) was significantly higher than any other health conditions. This percentage is significantly lower than secondary sources. Specifically, BRFSS data indicate that roughly two-thirds of the population is overweight or obese (Figure 53).

Figure 53



Source: CHNA Survey

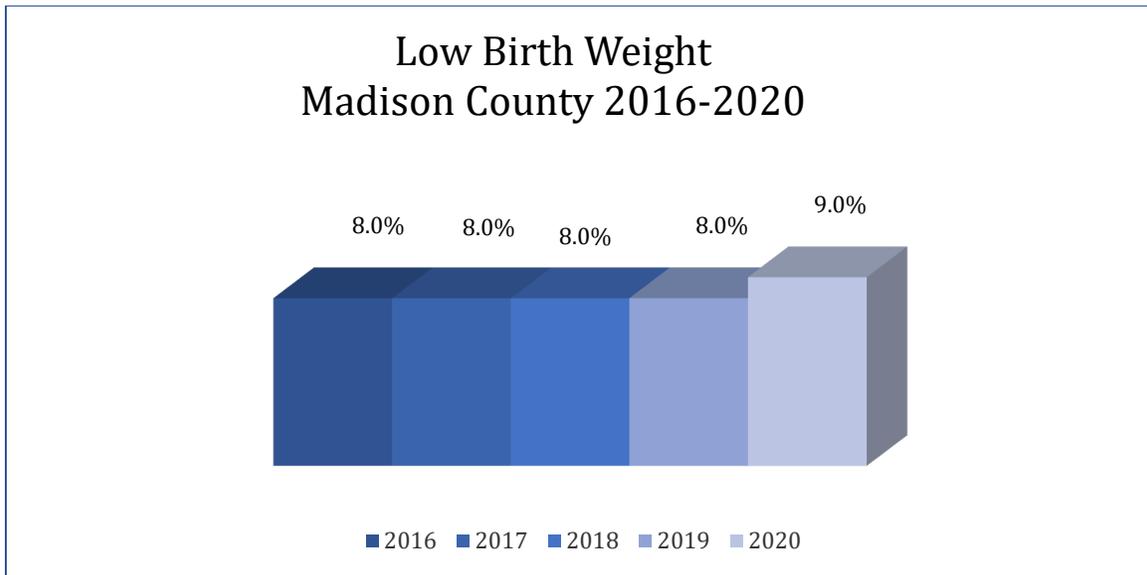
4.2 Healthy Babies

Importance of the measure: Regular prenatal care is a vital aspect in producing healthy babies and children. Screening and treatment for medical conditions as well as identification and interventions for behavioral risk factors associated with poor birth outcomes are important aspects of healthy babies. Research suggests that women who receive adequate prenatal care are more likely to have better birth outcomes, such as full term and normal weight babies.

Low Birth Weight Rates

Low birth weight rate is defined as the percentage of infants born below 2,500 grams or 5.5 pounds. Very low birth weight rate is defined as the percentage of infants born below 1,500 grams or 3.3 pounds. In contrast, the average newborn weighs about 7 pounds. The percentage of babies born with low birth weight in Madison County slightly increased from 2019 (8%) to 2020 (9%) (Figure 54).

Figure 54



Source: County Health Rankings

4.3 Cardiovascular Disease

Importance of the measure: Cardiovascular disease is defined as all diseases of the heart and blood vessels, including ischemic (also known as coronary) heart disease, cerebrovascular disease, congestive heart failure, hypertensive disease and atherosclerosis.

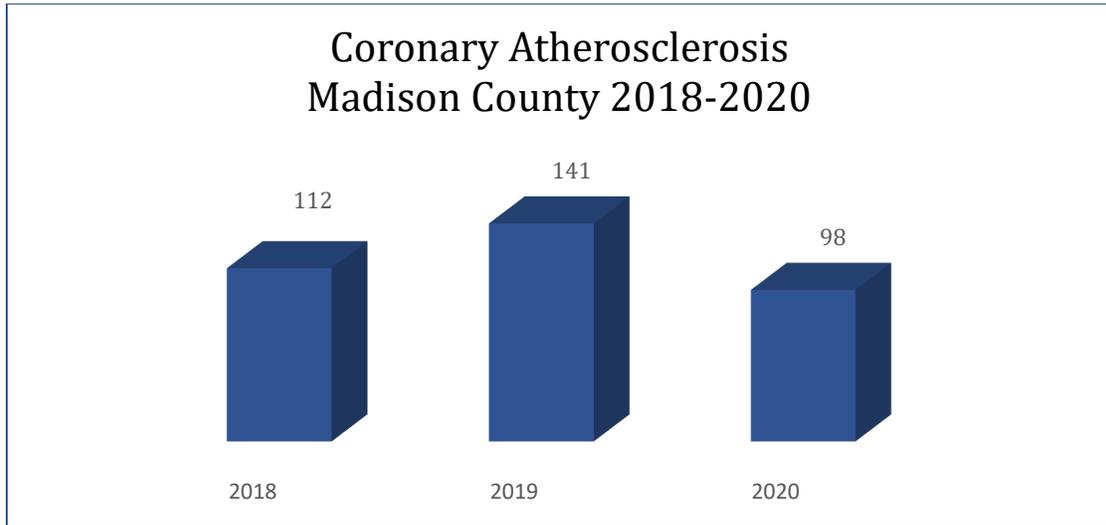
Coronary Atherosclerosis

Coronary Atherosclerosis, sometimes-called hardening of the arteries, can slowly narrow and harden the arteries throughout the body. When atherosclerosis affects the arteries of the heart, it is called coronary artery disease.

Coronary artery disease is a leading cause of death for Americans. Most of these deaths are from heart attacks caused by sudden blood clots in the heart’s arteries.

The number of cases of coronary atherosclerosis complication at Madison County area hospitals has decreased between 2019 (141 cases) and 2020 (98 cases) (Figure 55). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 55

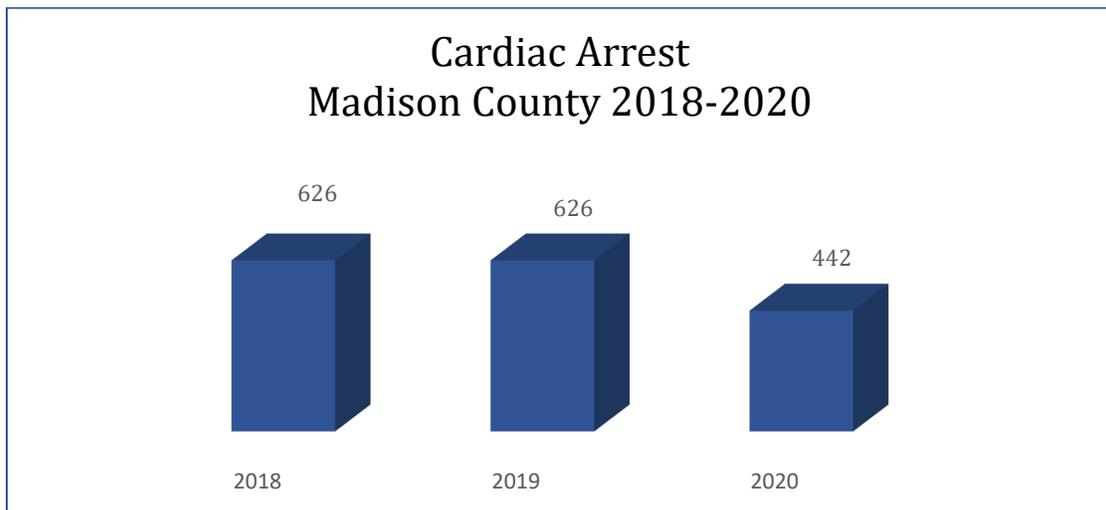


Source: COMPdata Informatics 2021

Cardiac Arrest

Cases of dysrhythmia and cardiac arrest at Madison County area hospitals decreased by 184 cases between 2019 and 2020 (Figure 56). The decline in cases could be from the COVID-19 pandemic. However, cases of dysrhythmia and cardiac arrest stayed the same between 2018 and 2019. Note that hospital-level data only show hospital admissions.

Figure 56



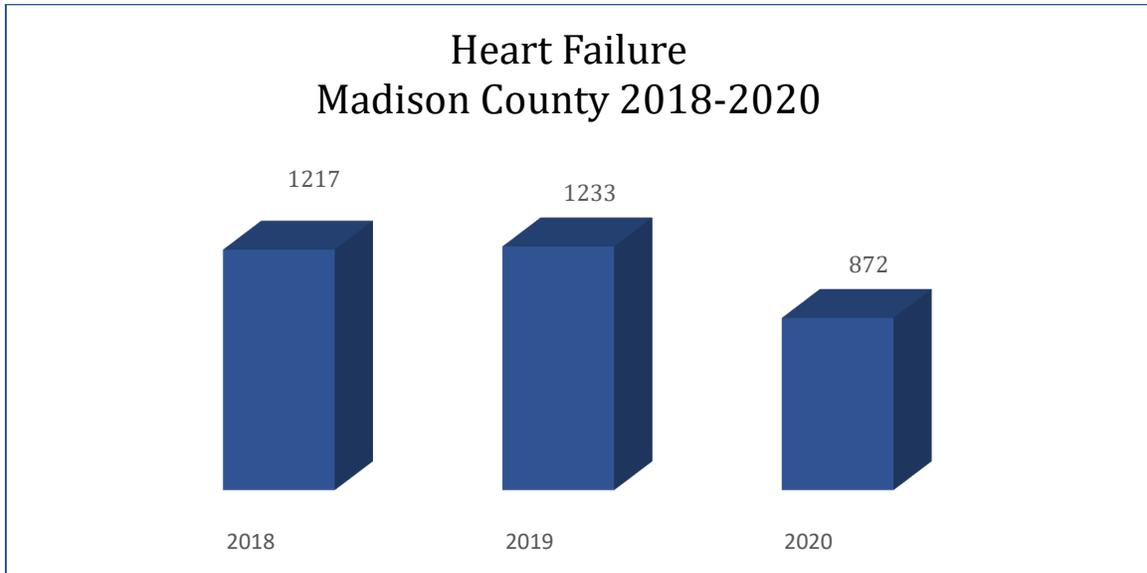
Source: COMPdata Informatics 2021

Heart Failure

The number of treated cases of heart failure at Madison County area hospitals decreased in 2020. In 2020, 872 cases were reported, and in 2019, there were 1233 cases reported. This decrease could be

because of the COVID-19 pandemic. There was also a slight increase of cases from 2018 to 2019 resulting in 16 additional cases in 2019 (Figure 57). Note that hospital-level data only show hospital admissions.

Figure 57

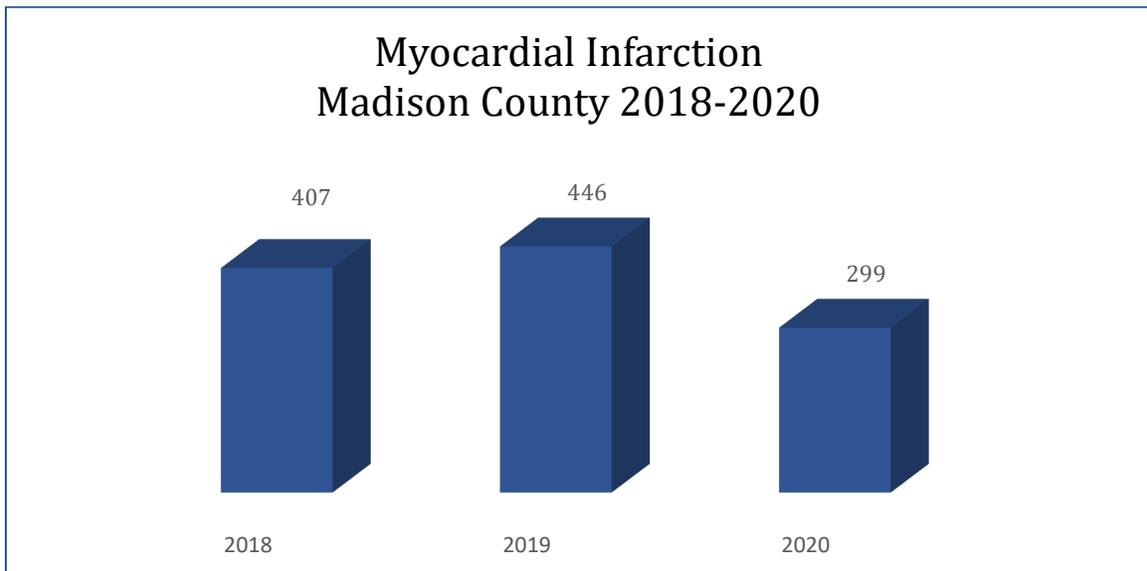


Source: COMPdata Informatics 2021

Myocardial Infarction

The number of treated cases of myocardial infarction at area hospitals in Madison County decreased from 446 in 2019 to 299 in 2020. (Figure 58). This decrease could be caused by the COVID-19 pandemic. Note that hospital-level data only show hospital admissions.

Figure 58

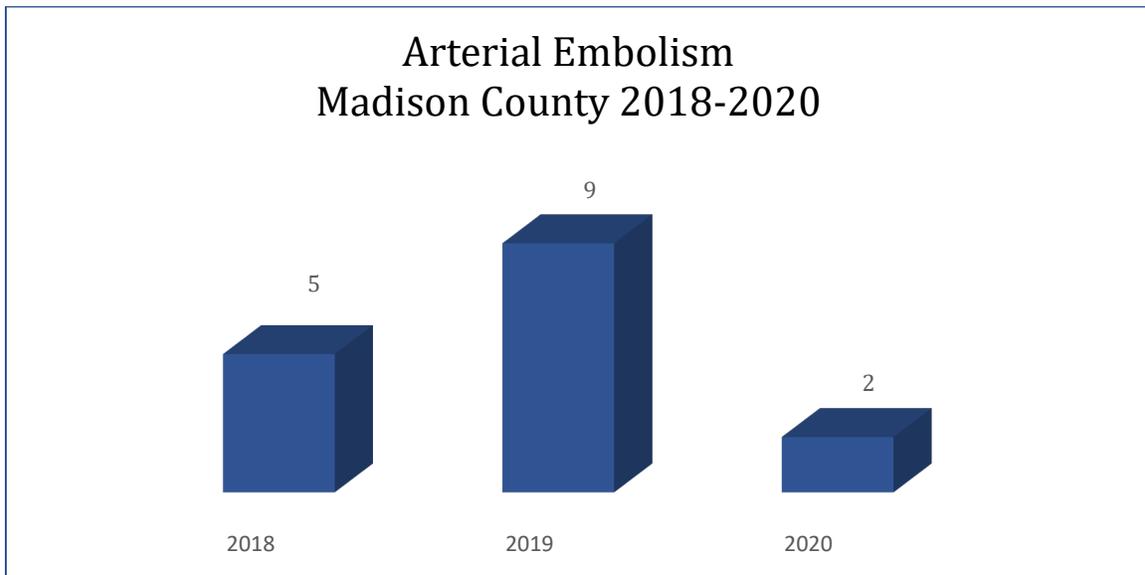


Source: COMPdata Informatics 2021

Arterial Embolism

The number of treated cases of arterial embolism at Madison County area hospitals decreased between 2019 (9 cases) and 2020 (2 cases) (Figure 59). Note that hospital-level data only show hospital admissions.

Figure 59

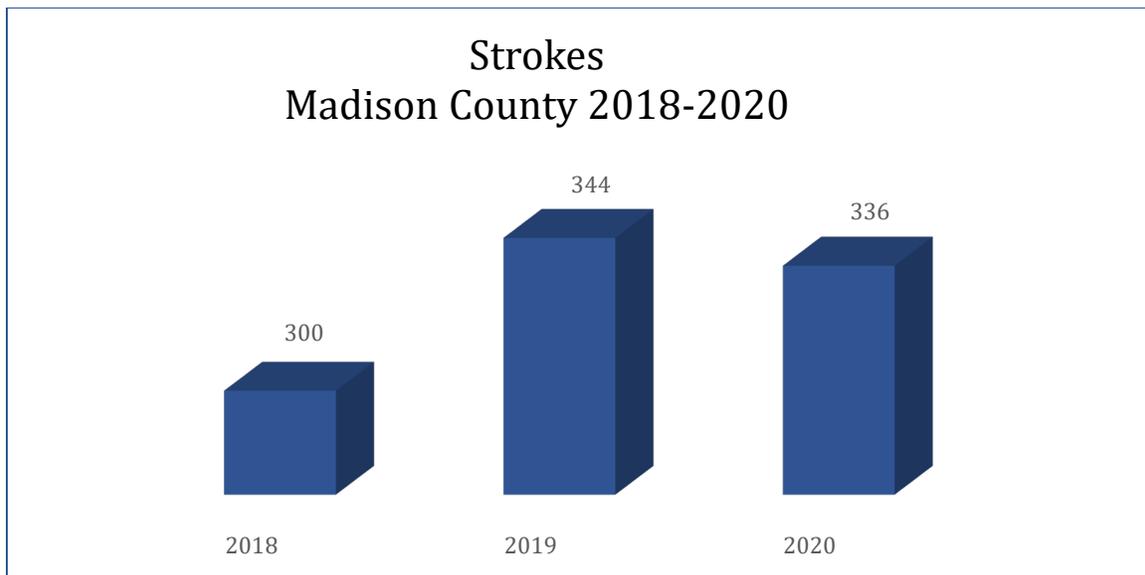


Source: COMPdata Informatics 2021

Strokes

The number of treated cases of stroke at Madison County area hospitals decreased by 8 cases between 2019 and 2020 (Figure 60). Note that hospital-level data only show hospital admissions and do not reflect outpatient treatments and procedures.

Figure 60



Source: COMPdata Informatics 2021

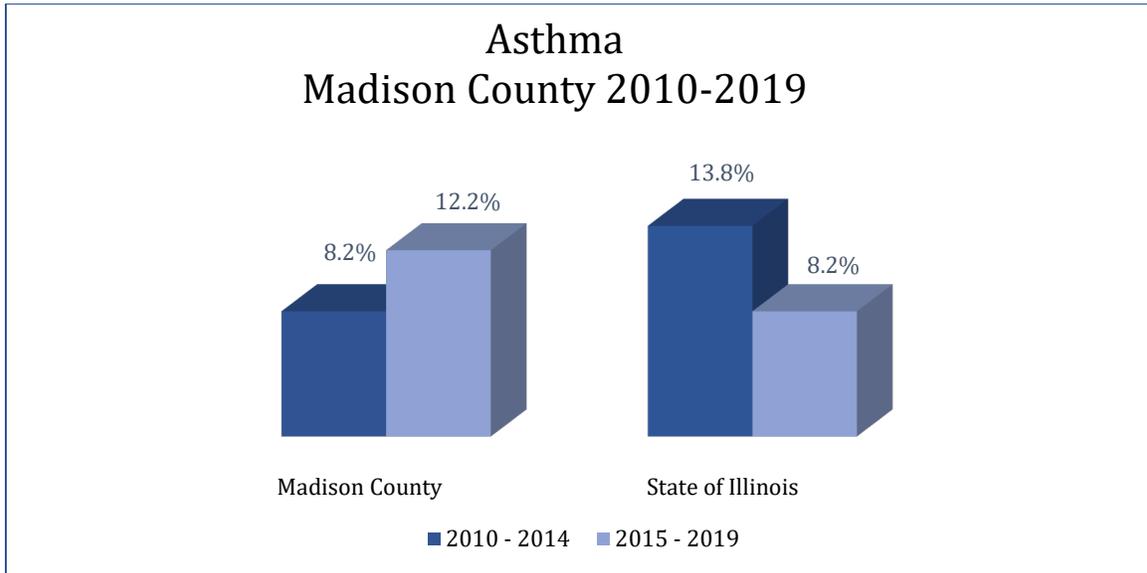
4.4 Respiratory

Importance of the measure: Disease of the respiratory system includes acute upper respiratory infections such as influenza, pneumonia, bronchitis, asthma, emphysema and Chronic Obstructive Pulmonary Disease (COPD). These conditions are characterized by breathlessness, wheezing, chronic coughing, frequent respiratory infections and chest tightness. Many respiratory conditions can be successfully controlled with medical supervision and treatment. However, children and adults who do not have access to adequate medical care are likely to experience repeated serious episodes, trips to the emergency room and absences from school and work. Hospitalization rates illustrate the worst episodes of respiratory diseases and are a proxy measure for inadequate treatment.

Asthma

The percentage of residents who have asthma in Madison County has increased between 2010-2014 and 2015-2019, while State averages decreased. According to the Illinois BRFSS, asthma rates in Madison County (12.2%) are higher than the State of Illinois (8.2%) (Figure 61). Note that data have not been updated by the Illinois Department of Public Health.

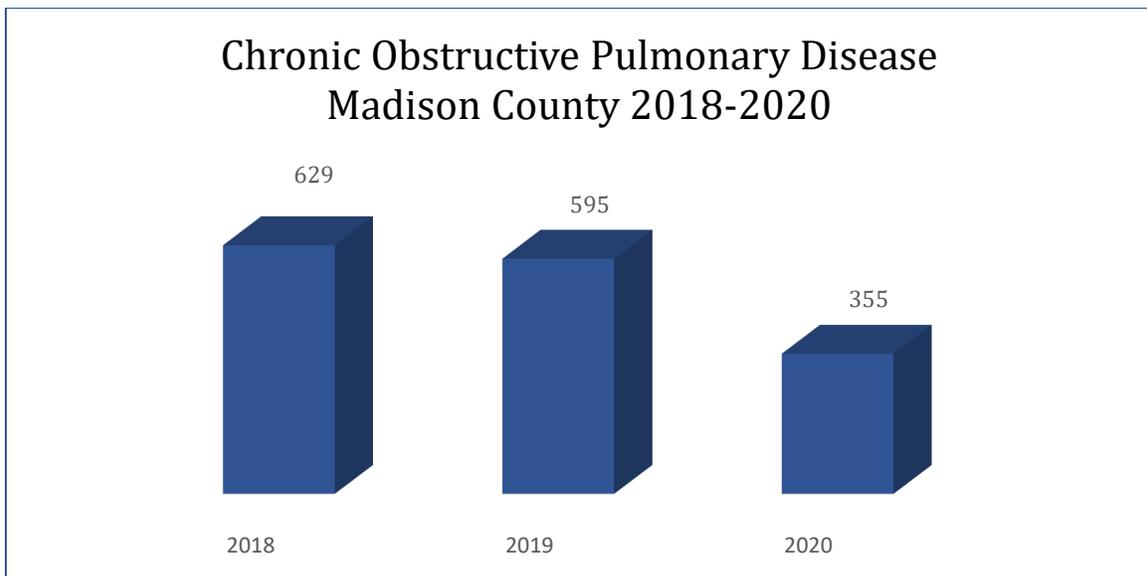
Figure 61



Source: Illinois Behavioral Risk Factor Surveillance System

Treated cases of COPD at Madison County area hospitals decreased between 2019 and 2020 (Figure 62). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

Figure 62



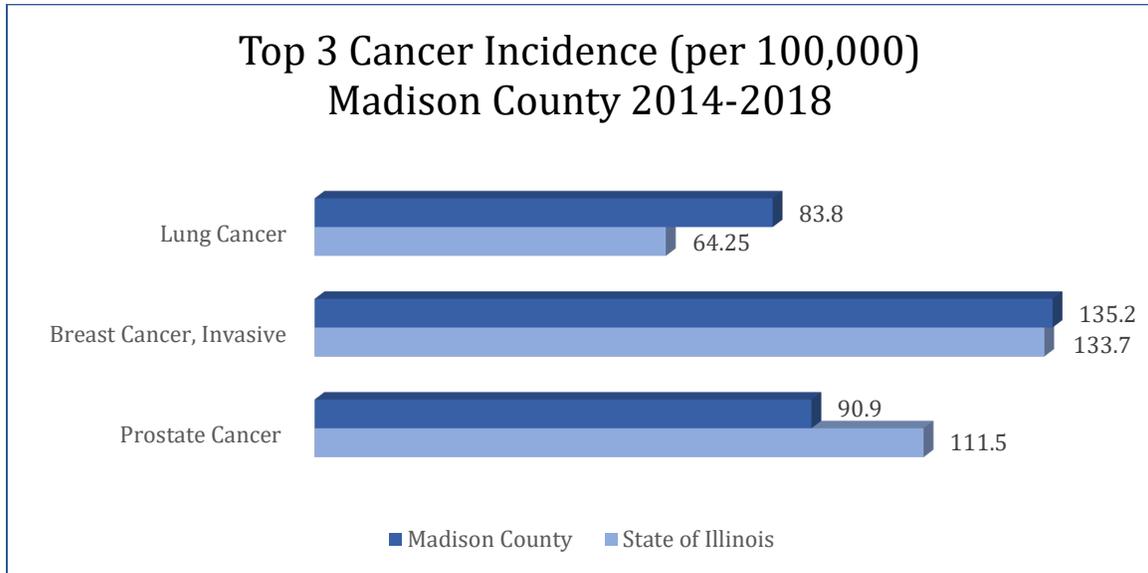
Source: COMPdata Informatics 2021

4.5 Cancer

Importance of the measure: Cancer is caused by the abnormal growth of cells in the body and many causes of cancer have been identified. Generally, each type of cancer has its own symptoms, outlook for cure, and methods for treatment. Cancer is one of the leading causes of death in Madison County.

The top three prevalent cancers in Madison County are illustrated in Figure 63. Specifically, breast and lung cancers are higher than the State of Illinois, while prostate cancer rates are lower.

Figure 63



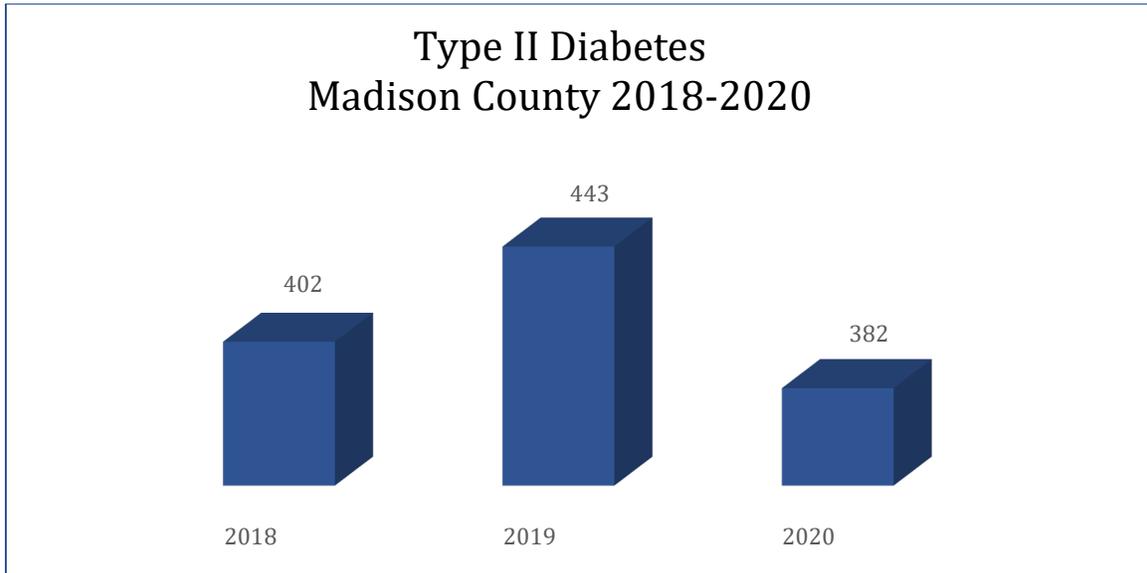
Source: Illinois Department of Public Health – Cancer in Illinois

4.6 Diabetes

Importance of the measure: Diabetes is the leading cause of kidney failure, adult blindness and amputations and is a leading contributor to strokes and heart attacks. It is estimated that 90-95% of individuals with diabetes have Type II diabetes (previously known as adult-onset diabetes). Only 5-10% of individuals with diabetes have Type I diabetes (previously known as juvenile diabetes).

Inpatient cases of Type II diabetes from Madison County decreased between 2019 (443 cases) and 2020 (382 cases) (Figure 64). Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

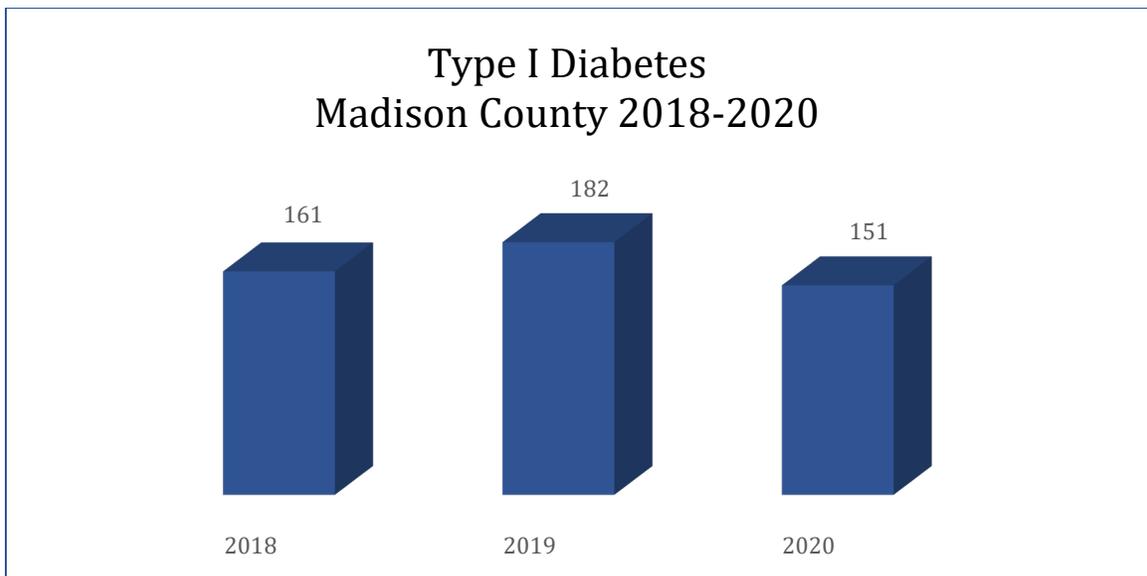
Figure 64



Source: COMPdata Informatics 2021

Inpatient cases of Type I diabetes show a decrease from 2019 (182) to 2020 (151) (Figure 65). This decrease was likely caused by the COVID-19 pandemic. Note that hospital-level data only show hospital admissions and do not reflect out-patient treatments and procedures.

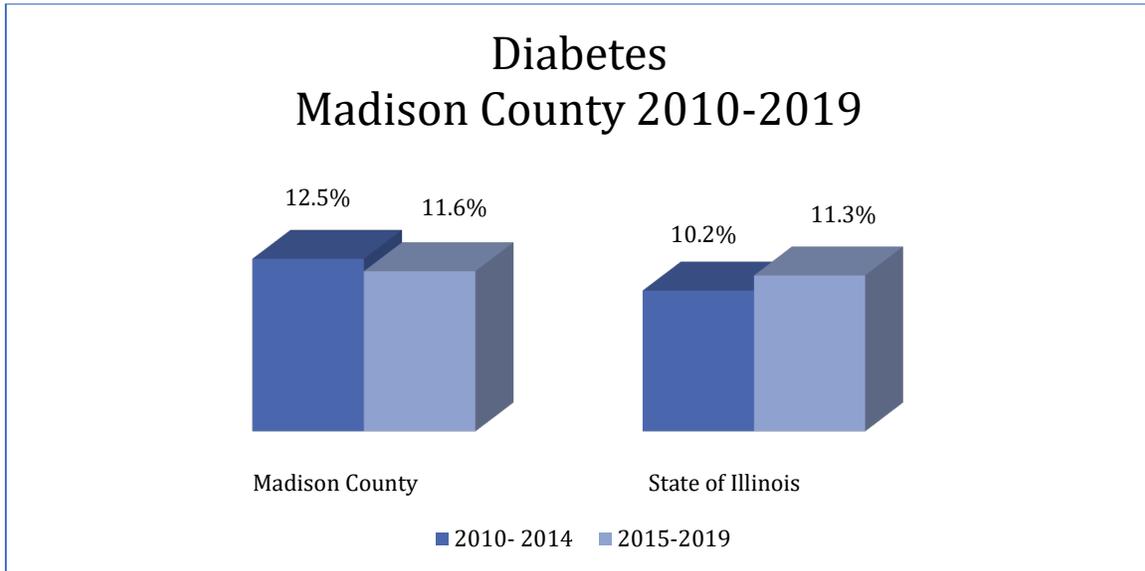
Figure 65



Source: COMPdata Informatics 2021

Data from the Illinois BRFSS indicate that 11.6% of Madison County residents have diabetes (Figure 66). Trends are concerning, as the prevalence of diabetes has decreased but is still higher in Madison County compared to data from the State of Illinois. Note that data have not been updated past 2019 by the Illinois Department of Public Health.

Figure 66



Source: Illinois Behavioral Risk Factor Surveillance System

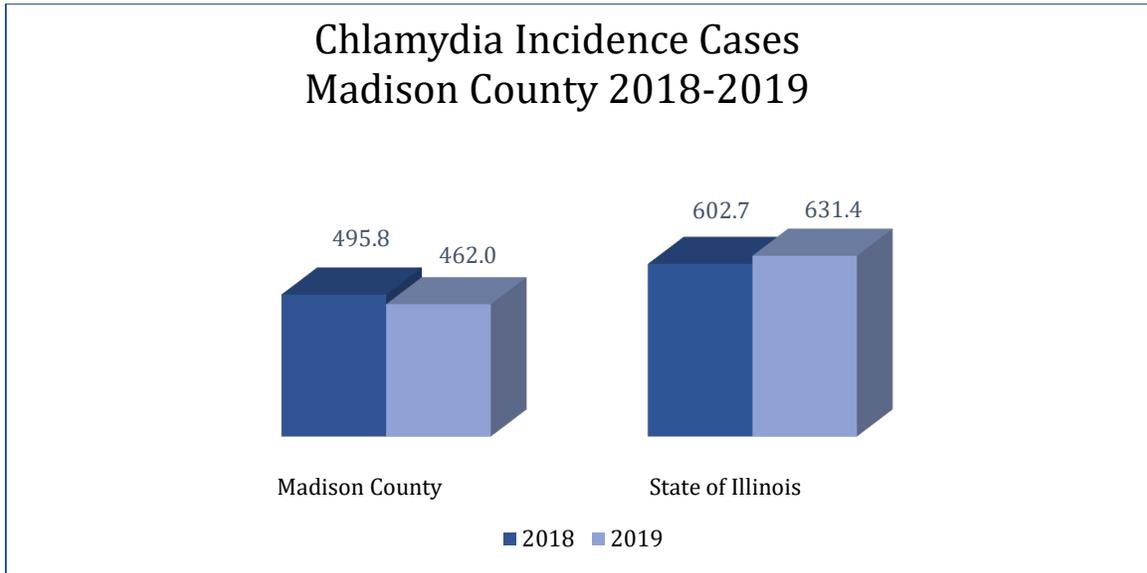
4.7 Infectious Diseases

Importance of the measure: Infectious diseases, including sexually transmitted infections and hepatitis, are related to high-risk sexual behavior, drug and alcohol abuse, limited access to healthcare, and poverty. It would be highly cost-effective for both individuals and society if more programs focused on prevention rather than treatment of infectious diseases.

Chlamydia and Gonorrhea Cases

The data for the number of infections of chlamydia in Madison County from 2018-2019 indicate a slight decrease. There is also an increase of incidence of chlamydia across the State of Illinois. (Figure 67). Rates of chlamydia in Madison County are lower than State averages.

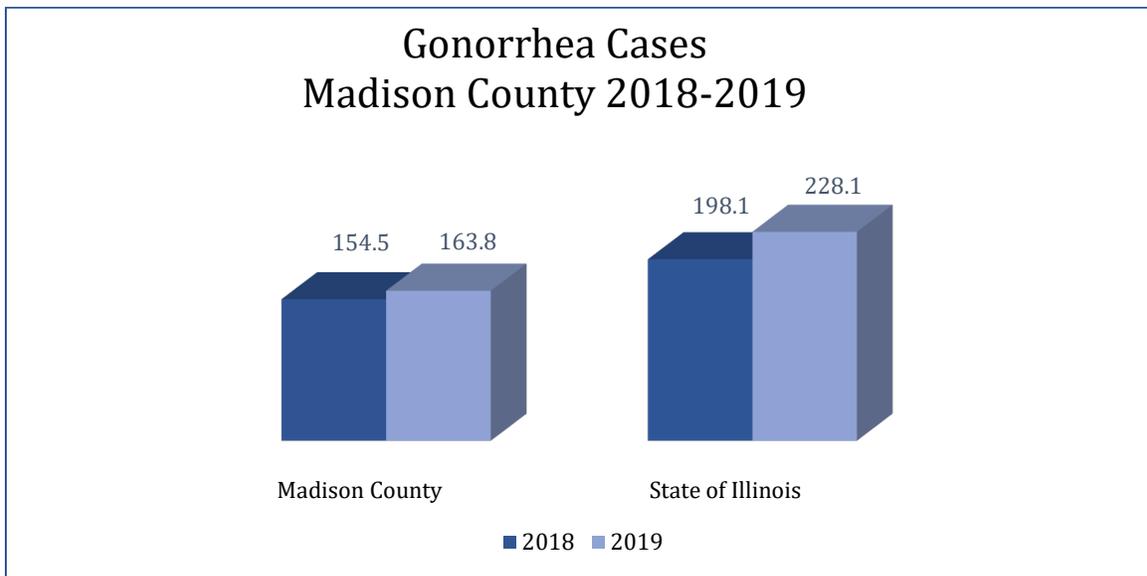
Figure 67



Source: Illinois Department of Public Health

The data for the number of infections of gonorrhea in Madison County indicate an increase from 2018-2019. The State of Illinois also experienced an increase from 2018-2019. Rates of gonorrhea in Madison County are lower than State averages (Figure 68).

Figure 68



Source: Illinois Department of Public Health

Vaccine Preventable Diseases

A vaccine-preventable disease is an infectious disease for which an effective preventive vaccine exists. If a person acquires a vaccine-preventable disease and dies, the death is considered a vaccine-preventable death. According to the Illinois Public Health Department, the most common and serious vaccine-

preventable diseases are: Varicella (chickenpox), Tetanus (lockjaw), Pertussis (whooping cough), Poliomyelitis (Polio), Measles (Rubeola), Mumps, Rubella (German measles), Diphtheria, Hepatitis B and Hemophilic Influenza Type B (HIB) Infections. These diseases used to strike thousands of children each year. Today there are relatively few cases, but outbreaks still occur each year because some babies are not immunized. Madison County has shown no significant outbreaks compared to state statistics, but there are limited data available (Table 1 and Table 2).² Note data has not been updated by the State beyond years displayed in table. Also note that COVID-19 vaccine rates are presented in Chapter 2.

*Table 1
Vaccine Preventable Diseases 2013-2016 Madison County Region*

Mumps	2013	2014	2015	2016
Madison County	1	0	0	0
State of Illinois	26	142	430	333

Pertussis	2013	2014	2015	2016
Madison County	42	24	9	35
State of Illinois	785	764	718	1034

Varicella	2013	2014	2015	2016
Madison County	18	18	18	9
State of Illinois	731	596	443	469

Source: Illinois Department of Public Health

*Table 2
Tuberculosis 2019-2020 Madison County Region*

Teberculosis	2019	2022
Madison County	1	1
State of Illinois	343	216

Source: Illinois Department of Public Health

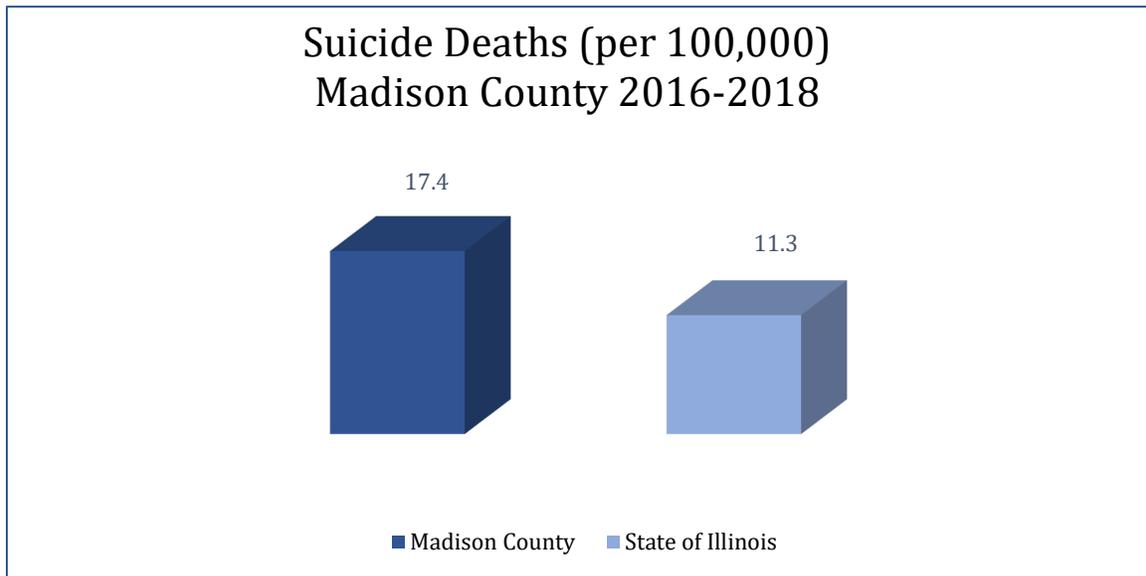
4.8 Injuries

Importance of the measure: Suicide is intentional self-harm resulting in death. These injuries are often indicative of serious mental health problems requiring the treatment of other trauma-inducing issues. Unintentional injuries can occur, in part, from violent crimes.

Suicide

The number of suicides in Madison County indicate higher incidence than State of Illinois averages, as there were approximately 17.4 per 100,000 people in Madison County in 2018 (Figure 69).

Figure 69



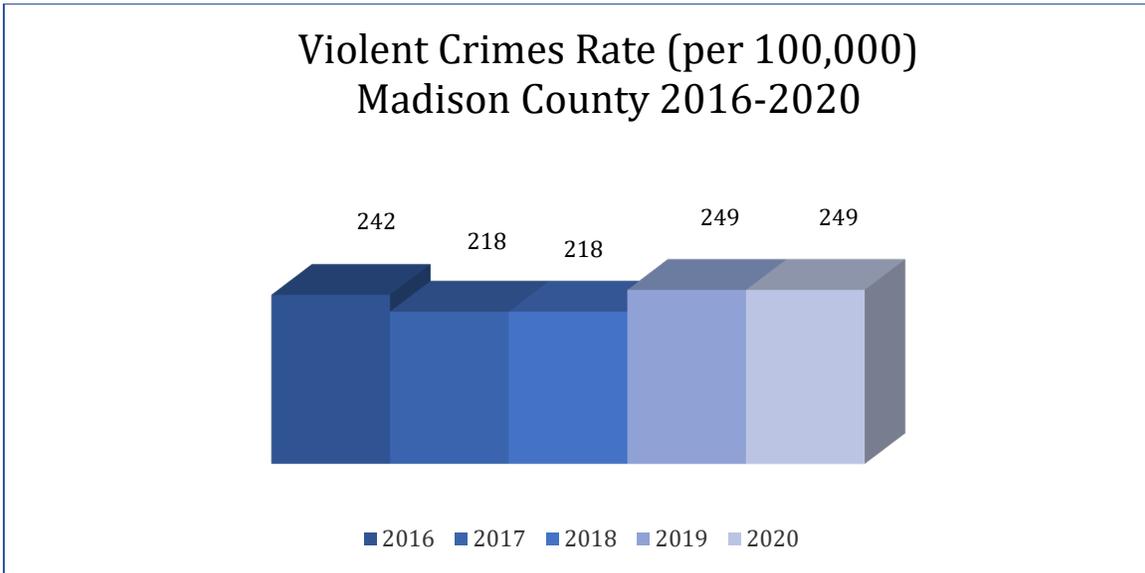
Source: Illinois Department of Public Health

Violent Crimes

Violent crimes are defined as offenses that involve face-to-face confrontation between the victim and the perpetrator, including homicide, forcible rape, robbery and aggravated assault. Violent crime is represented as an annual rate per 100,000 people.

The number of violent crimes decreased significantly from 2016 to 2017 in Madison County. The rate then increased in 2019 and 2020 (Figure 70). Note that 2017-2018 numbers are identical, as well as 2019-2020. These rates were verified with *Illinois County Health Rankings*.

Figure 70



Source: Illinois County Health Rankings and Roadmaps

4.9 Mortality

Importance of the measure: Presenting data that focuses on causes of mortality provides an opportunity to define and quantify which diseases are causing the most deaths.

The top three leading causes of death in the State of Illinois and Madison County are similar as a percentage of total deaths in 2020. Diseases of the Heart are the cause of 21.3% of deaths, cancer is the cause of 17.5% of deaths, and COVID-19 is the cause of 8.7% of deaths in Madison County (Table 3).

Table 3

Top 5 Leading Causes of Death for all Races by County & State 2020		
Rank	Madison County	State of Illinois
1	Diseases of Heart (21.3%)	Diseases of Heart (20.7%)
2	Malignant Neoplasm (17.5%)	Malignant Neoplasm (18.1%)
3	COVID-19 (8.7%)	COVID-19 (11.8%)
4	Cerebrovascular Disease (6.8%)	Accidents (5.4%)
5	Accidents (6.8%)	Cerebrovascular Disease (5.1%)

Source: Illinois Department of Public Health

4.10 Key Takeaways from Chapter 4

- ✓ LUNG CANCER RATES IN MADISON COUNTY ARE HIGHER THAN STATE AVERAGES.
- ✓ ASTHMA IS INCREASING AND IS NOW HIGHER THAN STATE AVERAGES.
- ✓ SUICIDE RATES ARE HIGHER THAN STATE AVERAGES.
- ✓ HEART DISEASE, CANCER AND COVID-19 ARE THE LEADING CAUSES OF MORTALITY IN MADISON COUNTY.

CHAPTER 5 OUTLINE

- 5.1 Perceptions of Health Issues
- 5.2 Perceptions of Unhealthy Behavior
- 5.3 Perceptions of Issues with Well Being
- 5.4 Summary of Community Health Issues
- 5.5 Community Resources
- 5.6 Significant Needs Identified and Prioritized

CHAPTER 5: PRIORITIZATION OF HEALTH-RELATED ISSUES

In this chapter, the most critical health-related needs in the community are identified. To accomplish this, community perceptions of health issues, unhealthy behaviors and issues related to well-being were first considered. Key takeaways from each chapter were then used to identify important health-related issues in the community. Next, a comprehensive inventory of community resources was completed; and finally, the most significant health needs in the community are prioritized.

Specific criteria used to identify these issues included: (1) magnitude in the community; (2) severity in the community; (3) potential for impact to the community.

5.1 Perceptions of Health Issues

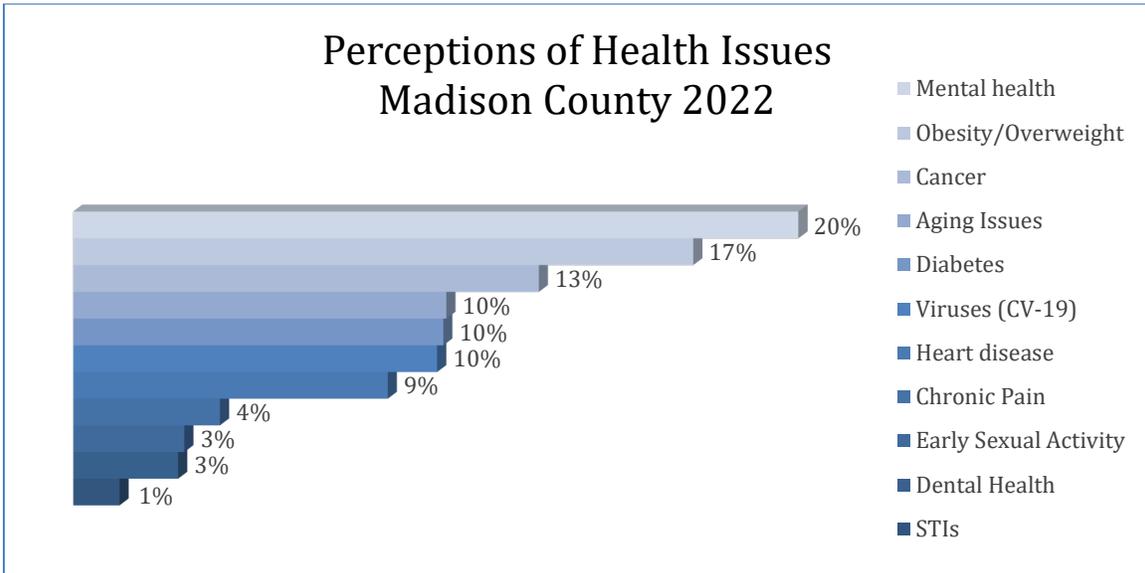
The CHNA survey asked respondents to rate the three most important health issues in the community. Respondents had a choice of 11 different options.

The health issue that rated highest was mental health (20%), followed by obesity/overweight (17%) and cancer (13%) (Figure 71). Note that perceptions of the community were accurate in some cases. For example, mental health issues are significantly increasing. Also, there is a steady rise in obesity. The survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.

Figure 71.

Note that perceptions of the community were accurate in some cases. For example, mental health issues are significantly increasing. Also, there is a steady rise in obesity. The survey respondents accurately identified these as important health issues. However, some perceptions were inaccurate. For example, while heart disease is a leading cause of mortality, it is ranked relatively low.

Figure 71

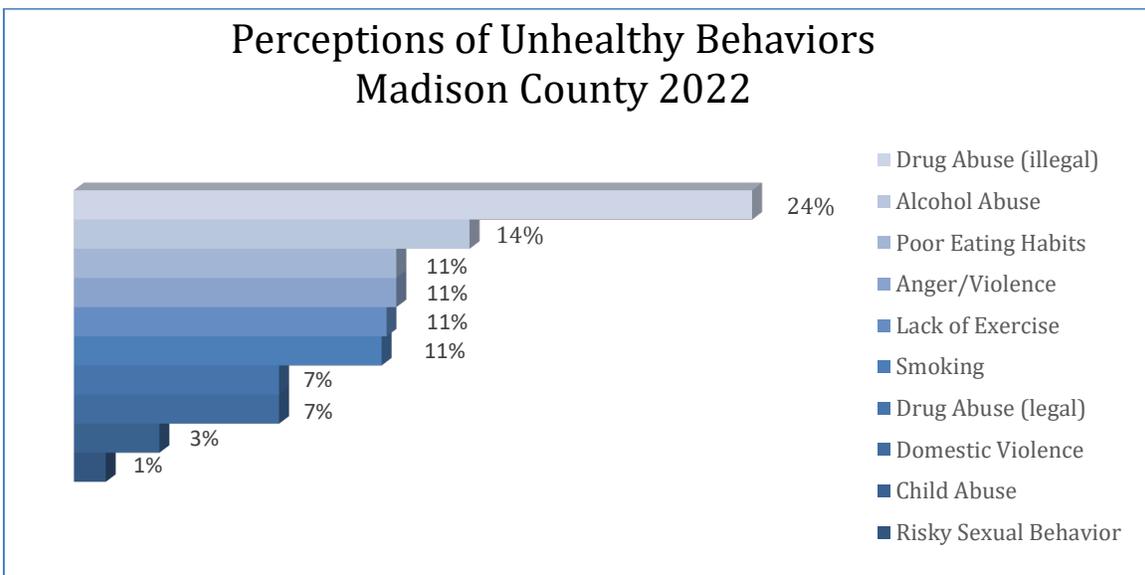


Source: CHNA Survey

5.2 Perceptions of Unhealthy Behaviors

Respondents were asked to select the three most important unhealthy behaviors in the community out of a total of 10 choices. The two unhealthy behaviors that rated highest were drug abuse (illegal) at 24% and alcohol abuse at 14% (Figure 72).

Figure 72



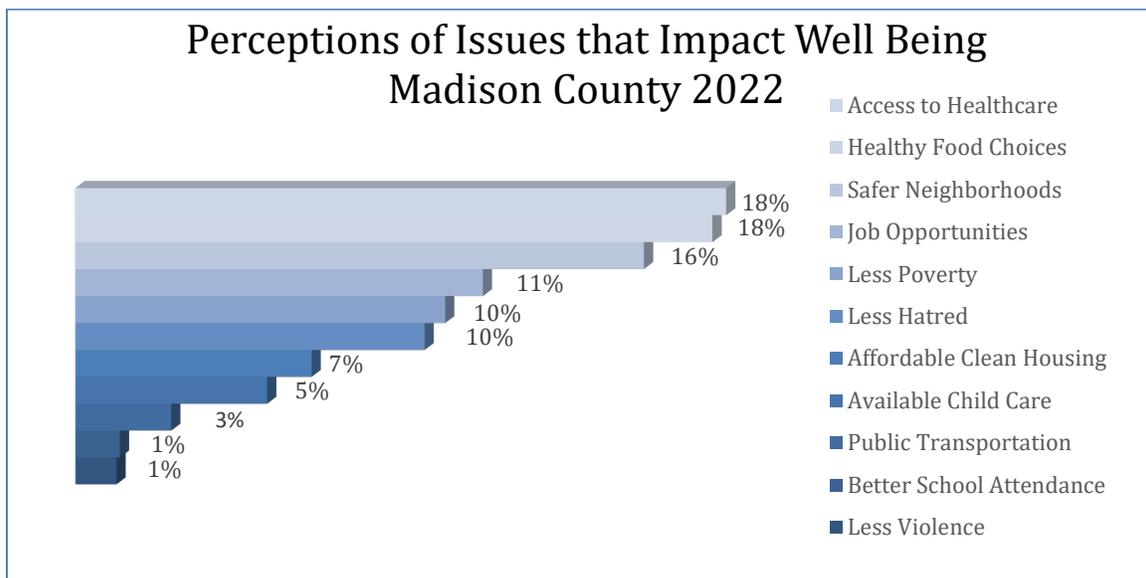
Source: CHNA Survey

5.3 Perceptions of Issues Impacting Well Being

Respondents were asked to select the three most important issues impacting well-being in the community out of a total of 11 choices.

The issues impacting well-being that rated highest were access to health (18%), healthy food choices (18%) and safer neighborhoods (16%) (Figure 73). These three factors were significantly higher than other categories based on *t-tests* between sample means.

Figure 73



Source: CHNA Survey

5.4 Summary of Community Health Issues

Based on findings from the previous analyses, a chapter-by-chapter summary of key takeaways is used to provide a foundation for identification of the most important health-related issues in the community. Considerations for identifying key takeaways include magnitude in the community, strategic importance to the community, existing community resources and potential for impact and trends and future forecasts.

Demographics (Chapter 1) – Two factors were identified as the most important areas of impact from the demographic analyses:

- Population over age 50 increased
- Single female head-of-household represents 12% of the population

Prevention Behaviors (Chapter 2) – Five factors were identified as the most important areas of impact from the chapter on prevention behaviors:

- Access to mental-health counseling
- COVID-19 related issues

- Prostate screening is relatively low
- Exercise and healthy eating behaviors
- Depression and stress/anxiety

Symptoms and Predictors (Chapter 3) – Four factors were identified as the most important areas of impact from the chapter on symptoms and predictors:

- Substance abuse among youth
- Opioid abuse among adults
- Overweight and obesity
- Risk factors for heart disease

Morbidity and Mortality (Chapter 4) – Four factors were identified as the most important areas of impact from the chapter on morbidity/mortality behaviors:

- Lung cancer
- Asthma
- Suicide rates
- Heart disease, cancer and COVID-19 are the leading causes of mortality

Potential Health-Related Needs Considered for Prioritization

Before the prioritization of significant community health-related needs was performed, results were aggregated into 10 potential categories. Based on similarities and duplication, the 10 potential areas considered are:

- **Aging issues**
- **Access to counseling**
- **Healthy behaviors – nutrition & exercise**
- **Behavioral health**
- **Overweight/Obesity**
- **Substance abuse**
- **Asthma**
- **COVID-19 related issues**
- **Cancer - lung**
- **Cancer screening - prostate**

5.5 Community Resources

After summarizing potential categories for prioritization in the Community Health Needs Assessment, a comprehensive analysis of existing community resources was performed to identify the efficacy to which these 10 health-related areas were being addressed. A resource matrix can be seen in APPENDIX 5: RESOURCE MATRIX relating to the 10 health-related issues.

There are numerous forms of resources in the community. They are categorized as recreational facilities, county health departments, community agencies and area hospitals/clinics. A detailed list of community resources and descriptions appears in APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES.

5.6 Significant Needs Identified and Prioritized

In order to prioritize the previously identified dimensions, the collaborative team considered health needs based on: (1) magnitude of the issues (e.g., what percentage of the population was impacted by the issue); (2) severity of the issues in terms of their relationship with morbidities and mortalities; (3) potential impact through collaboration. Using a modified version of the Hanlon Method (as seen in APPENDIX 7: PRIORITIZATION METHODOLOGY), the collaborative team identified two significant health needs and considered them equal priorities:

- **Healthy Behaviors – defined as active living and healthy eating, and their impact on obesity**
- **Behavioral Health – including mental health and substance use**

HEALTHY BEHAVIORS – ACTIVE LIVING, HEALTHY EATING AND SUBSEQUENT OBESITY

ACTIVE LIVING. A healthy lifestyle, comprised of regular physical activity and balanced diet, has been shown to increase physical, mental and emotional well-being. Note that 24% of respondents indicated that they do not exercise at all, while the majority (67%) of residents exercise 1-5 times per week. The most common reasons for not exercising are not having enough energy (35%), no time (20%) and dislike of exercise (18%).

HEALTHY EATING. Two-thirds (67%) of residents report no consumption or low consumption (1-2 servings per day) of fruits and vegetables per day. Note that the percentage of residents who consume five or more servings per day is only 5%. The most prevalent reasons for failing to eat more fruits and vegetables were the lack of desire and lack of importance.

OBESITY. In Madison County, nearly three-quarters (71%) of residents were diagnosed with obesity and being overweight. In the 2022 CHNA survey, respondents indicated that being overweight was the second most important health issue and was rated as the most prevalently diagnosed health condition. Research strongly suggests that obesity is a significant problem facing youth and adults nationally, in Illinois, and within Madison County. The U.S. Surgeon General has characterized obesity as “the fastest-growing, most threatening disease in America today.” According to the Obesity Prevention Initiative from the Illinois General Assembly, 20% of Illinois children are obese. With children, research has linked obesity to numerous chronic diseases including Type II diabetes, hypertension, high blood pressure and asthma. Adverse physical health side effects of obesity include orthopedic problems due to weakened joints and lower bone density. Detrimental mental health side effects include low self-esteem, poor body image, symptoms of depression and suicide ideation. Obesity impacts educational performance as well; studies suggest school absenteeism of obese children is six times higher than that of non-obese children. With adults, obesity has far-reaching consequences. Testimony to the Illinois General Assembly indicated that obesity-related illnesses contribute to worker absenteeism, slow workflow, and high worker

compensation rates. A Duke University study on the effects of obesity in the workforce noted 13 times more missed workdays by obese employees than non-obese employees. Nationwide, lack of physical activity and poor nutrition contribute to an estimated 300,000 preventable deaths per year.

BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE

MENTAL HEALTH. The CHNA survey asked respondents to indicate prevalence of specific issues, namely depression and stress/anxiety. Of respondents, 47% indicated they felt depressed in the last 30 days and 39% indicated they felt anxious or stressed. Depression tends to be rated higher by younger people, women, and those with less income. Similarly, stress and anxiety tend to be rated higher for younger people, women and those with less income. Respondents were also asked if they spoke with anyone about their mental health in the past year. Of respondents 34% indicated that they spoke to someone, the most common response was to a doctor/nurse (38%). In regard to self-assessment of overall mental health, 9% of respondents stated they have poor overall mental health. In the 2022 CHNA survey, respondents indicated that mental health was the most important health issue.

SUBSTANCE ABUSE

SUBSTANCE ABUSE. Of survey respondents, 21% indicated they consume at least one alcoholic drink each day. Alcohol consumption tends to be rated higher by men and older people. Of survey respondents, 10% indicated they improperly use prescription medications each day to feel better and 3% indicated they use marijuana each day. Note that misuse of prescription medication (oftentimes opioid use) tends to be rated higher by Black people, those with lower education, those with less income and those living in an unstable (e.g., homeless) living environment. Marijuana use tends to be rated higher by those with lower education and those with less income. Finally, of survey respondents, 1% indicated they use illegal drugs on a daily basis.

In the 2022 CHNA survey, respondents rated drug abuse (illegal) as the most prevalent unhealthy behavior (24%) in Madison County, followed by alcohol abuse (14%).

III. APPENDICES

APPENDIX 1: MEMBERS OF COLLABORATIVE TEAM

Members of the **Collaborative Team** consisted of individuals with special knowledge of and expertise in the healthcare of the community. Individuals, affiliations, titles and expertise are as follows:

Internal Stakeholders

Sister M. Beata entered the Sisters of St. Francis of the Martyr St. George in 1997. Currently, she is the Vice President of Support Services at OSF HealthCare Saint Anthony's Health Center and serves on the OSF HealthCare Board of Directors. Sister has a Bachelor of Arts in Sociology; Youth Ministry and Religious Studies from Benedictine College in Atchison, KS. Before coming to OSF HealthCare in 2020, Sister spent over 11 years at the Mother of Good Counsel Home in St. Louis in various capacities including Director of Support Services where she was responsible for Human Resources, Business Office and IT.

Ginger Becker, R.D., L.D., is a registered dietitian and currently serves as Supervisor, Dietitians at OSF HealthCare Saint Anthony's Health Center, where she has worked since 2001. She has over 20 years of experience in hospital-based dietetics, as well as eight years of nursing home clinical practice experience and three years of dietetic consulting. A graduate of Fontbonne University with a degree in General Dietetics (1987), she has been in a variety of health and wellness programs in the community, including three years as part of a grant program in the Alton School district advancing fitness and healthy eating. She is married with two adult children.

Trudy Bodenbach is the Business Development Specialist at OSF HealthCare Saint Anthony's Health Center. Trudy has a Bachelor of Science in Organizational Leadership and a Master of Business Administration. She has over 30 years of experience in multiple areas of focus, including business development, community development, economic development, physician recruiting and nonprofit leadership. Outside of work, Trudy enjoys drawing, cooking and entertaining guests.

Kelly Bogowith, PT, DPT, CSCS is the clinical lead therapist at Saint Anthony's Health Center. Kelly began working for OSF HealthCare in 2008 as a staff physical therapist after graduating from Saint Louis University. Kelly earned her Bachelors of Science in Exercise Science, Master of Physical Therapy and then Doctor of Physical Therapy all from SLU. She is a Certified Strength and Conditioning Specialist with the National Strength and Conditioning Association. Kelly primarily works in outpatient rehab services here and has special interests in athletes, shoulders, knees, concussions, dry needling, and those with cancer. She keeps busy with her son and daughter, but before this mommy life, Kelly enjoyed participating in sprint triathlons, indoor soccer, sand volleyball, taught high school Sunday school, and growing professionally as a physical therapist through various learning opportunities.

Traci Bromaghim, MHA, BSN, RN is the Manager of Emergency Services for OSF HealthCare Saint Anthony's Health Center, a position she has held since 2016. Prior to her current management role she was an Emergency Room Case Manager. Past work experience includes emergency room staff nurse, house supervisor and float pool nurse. After receiving her Associate's Degree in Nursing from Lewis & Clark Community College, she went on to complete her undergraduate work at Goldfarb School of Nursing, graduating with her Bachelor's Degree in Nursing. Most recently, Traci completed her Masters in Health Administration at Webster University.

Toni Corona is the Director of the Madison County Health Department. Toni has worked in Public Health for 33 years, previously working in LaSalle and St. Clair Counties and the Illinois Department of Public Health where she left to come to Madison County. She has been with the Madison County Health Department since it started in 1996 and has served as Director since 2003.

Angie Halliday, MBA, BSN, RN, OCN, is the Manager of Oncology Services at OSF HealthCare Saint Anthony's Health Center. She earned her Bachelor of Science in nursing from the Goldfarb School of Nursing at Barnes-Jewish College in St. Louis, and her Master of Business Administration from Missouri Baptist University in St. Louis. Before joining OSF HealthCare, Angie served as a pediatric nurse – hematology, oncology, bone marrow transplants and home infusions. In 2011, she started as an infusion and chemotherapy nurse at OSF HealthCare Saint Anthony's Health Center. After serving as the department's charge nurse, Angie became the Manager of Oncology Services in September of 2017. In addition to her responsibilities in the cancer center, she is a certified smoking cessation facilitator for the American Cancer Society and is actively involved in various community outreach activities, including "OSF Team Hope" for the American Cancer Society Relay for Life. She lives in Godfrey, Illinois, with her husband and 4 children.

Jerry Rumph, MHA, FACHE is the President of OSF HealthCare Saint Anthony's Health Center. Jerry has over 35 years of experience in healthcare with 26 years spent in healthcare administration. Jerry earned his Bachelor of Science in Biology at Northern Illinois University in De Kalb, and then went on to earn his Masters in Health Care Administration from Baylor University in Waco, TX. Before coming to OSF HealthCare in November 2020, Jerry served as the President of Mercy Rehab Hospital in St. Louis, and he also held various roles within SSM Health. Jerry lives in St. Louis with his Peggy. He enjoys painting and spending time with his grandchildren.

Lisa Schepers, MBA, BSN, RN, NE-BC is the Vice President Chief Nursing Officer for OSF HealthCare Saint Anthony's Health Center. She has been with OSF HealthCare since March 2021. Lisa previously served as Chief Nursing Officer at Mercy Rehab Hospital in St. Louis and also held various nursing director positions at Missouri Baptist. Lisa is currently pursuing her Doctorate in Nursing Practice. Lisa and her husband, Jeff, love watching the St. Louis Blues, traveling and spending time with their family.

Jennifer Schulz has been the Community Relations Coordinator for OSF HealthCare Saint Anthony's Health Center since 2019. As a Marketing & Communications Mission Partner, she is committed to helping OSF Saint Anthony's align their marketing and communication needs with OSF HealthCare Ministry's strategic goals and key results. She also acts as a liaison between OSF Saint Anthony's and the Riverbend Community, by ensuring that all community and health needs are being addressed and that the Mission Partners at OSF Saint Anthony's are always serving our community and patients with the greatest care and love. Before coming to OSF HealthCare, Jennifer worked as an experienced project and marketing manager. She has a demonstrated history of working in corporate and community engagement and is skilled in nonprofit communications, event management, client relations and experiential marketing.

Lori Vadnal is the Director of Finance at OSF HealthCare Saint Anthony's Health Center where she has held various positions within the Finance department since 2008. Lori earned both her Bachelor and Master of Science in Accountancy from Southern Illinois University Edwardsville. Before coming to OSF HealthCare, Lori worked as an Auditor at KEB in St. Louis. She attained her CPA license in 2006, and became a Certified Healthcare Financial Professional (CHFP) through Healthcare Financial Management Association in 2020.

External Stakeholders in Alton, IL

Sheri L. Banovic, DNP, RN, FNP-BC has worked in the field of nursing in various areas for the over 30 years. A graduate of St. John's Hospital School of Nursing with a diploma in nursing, she obtained her Bachelor's and Master's in Nursing from Southern Illinois University at Edwardsville. She received a Post-Master's certificate in Adult Nurse Practitioner from Jewish Hospital College and Family Nurse Practitioner from Northern Kentucky University. In 2018 she completed a Doctorate of Nursing Practice at the University of Missouri. Sheri has worked in nursing education for over 20 years. Currently she serves as the Director of Nursing Education at Lewis and Clark Community College. As a certified Family Nurse Practitioner, she currently sees patients per diem in the Family Health Clinic located at Lewis and Clark Community College. Sheri served as co-chair for the Illinois Healthcare Action Coalition Education Workgroup, and was a member of the Illinois Workforce Investment Board Healthcare Taskforce.

Kristie Baumgartner is the Superintendent of the Alton School District. Since 2000, she served in various roles, where she wrote and secured over \$22 million in competitive grants that have aided in funding programs for students such as: technology, after school and summer programs, school improvement, homeless youth education programs, professional development, lighting upgrades, drug and alcohol prevention, crisis planning, building security, curriculum enhancements, physical education and many others. Baumgartner received her Bachelor of Arts degree in Elementary Education in 1992. She then received her Master's Degree in Educational Administration in 2007 from McKendree University in Lebanon, Illinois, and completed her Specialist Degree in Educational Administration from the University of Arkansas in 2018. In 2021, she completed her Doctoral Degree at Southern Illinois University. She is also active in the community and volunteers for many organizations and charitable events, including: RiverBend Head Start, Alton Boys and Girls Club, Senior Services Plus, Alton NAACP, Alton YWCA, American Heart Association, United Way, National Multiple Sclerosis Society, Southwestern Illinois Foundation for Educational Excellence and many others. She and her husband, Steve, have two children.

John Keller has served as president of the Riverbend Growth Association since 2017. The RBGA is the chamber of commerce and economic development agency for 11 communities in Madison County. John is responsible for overseeing all business functions and the staff of the Growth Association, as well as facilitating the Legislative and Public Affairs Committee, the Transportation Committee and the Business Retention and Expansion Committees. Prior to joining the Growth Association as its leader, John served 34 years in banking, most recently serving as Regional President of Carrollton Bank in Alton from 1996 to 2016. During that time, he was an RBGA board member for a total of 16 years, as well as a past board chairman and a two-time winner of the Chairman's Award. John earned a bachelor's degree in Business

Administration from Benedictine College in Atchison, Kansas. Throughout his career, he has served in many volunteer leadership roles including OSF HealthCare Saint Anthony's Foundation, East End Improvement Association, Alton/Godfrey Rotary Club, Greater Alton Community Development Corporation, American Cancer Society Mardi Gras Ball, Marquette High School Board and Foundation Board, Southern Illinois Employers Association, Alton Knights of Columbus, and North Alton/Godfrey Business Council.

Theresa Collins is the CEO of Senior Services Plus, Inc. She has worked at Senior Services Plus, Inc. since 2008. Theresa has nearly 25 years' experience in social services and management. She is a graduate of Greenville College where she earned her Bachelors of Science degree. Theresa is a resident of Belleville, Illinois where she lives with her husband. Theresa is the President of the Illinois Association of Community Care Program Home Care Providers, Co-Chair of the Community Care Program Advisory Committee for the Illinois Department on Aging. She also serves on the Older Adults Services Advisory Committee for the State of Illinois and the Executive Council for AARP Illinois.

Damian Jones is the Founder and Executive Director of SALT (Student Athletes Leading Tomorrow), a sports-based youth development nonprofit. Through SALT, Damian's hope is to leverage the power of sports/physical activity to help each child in our community achieve their fullest potential, developing active, healthy lifestyles while ensuring personal growth in areas of life beyond sports. Damian graduated from Louisiana State University in Baton Rouge with a Bachelor of Architecture degree. From there, he went on to attend Tulane Law School where he received his J.D. He spent over a decade working as a construction lawyer, specializing in construction claims/construction management. He is married to Dr. D'Andrienne Jones with whom he shares a son, Ian, and two daughters, Adrianna and Anya. In his spare time, he enjoys golf, tennis and fly fishing.

Courtney McFarlin, PA-C is a Graduate of Greenville College with a Bachelor of Arts in Science and Pre-Medicine; Post Graduate studies at SIU Carbondale. She has been a Physician Assistant since 2001. She graduated with a Master of Science and Medicine in Physician Assistant Studies from Trevecca Nazarene University of Nashville, TN. Most of her years as a PA have been in either Neurosurgery/Neurology/Neuro-oncology or Geriatric Primary Care. Since 2013, she has served as a Physician Assistant for Saint Anthony's Physician Group Internal Medicine/Primary Care, now OSF Medical Group, where she provides medical care from a primary care/internal medicine perspective but also sees patients as part of its Memory Care Center. A member of the American Academy of Physician Assistants and the Illinois Academy of Physician Assistants, Courtney also volunteers at Trinity Lutheran School in Edwardsville, IL. She is a provider for the Belize Mission Project, a non-profit medical missionary group, and assistant coach to various extra-curricular sports for her children.

Yusuf Mohyuddin, M.D., M.P.H. is a Board Certified Family Practice Physician with OSF Medical Group in Alton, Illinois. He attended University of Illinois College of Medicine at Peoria (Peoria, IL), completed internship and residency at Southern Illinois University (Carbondale, IL). Professional Affiliations with Illinois State Medical Society, Madison County Medical Society, American Academy of Family Physicians, Illinois Academy of Family Physicians, Physicians for Human Rights and Physicians for Social Responsibility. He has been practicing medicine with OSF Saint Anthony's Physician Group since 2007.

His areas of interest include preventive health and wellness, diabetes, high blood pressure and weight management.

Ameera Nauman, M.D., FAAP, is a Board Certified Pediatrician with OSF Medical Group in Alton, Illinois. She attended the American University of the Caribbean in St. Maarten before completing her residency at Nassau University Medical Center in East Meadow, NY. She is involved in various community organizations including the Riverbend Health Services Advisory Committee and Refuge. Her areas of interest include community health, mental health, development, and preventive health and wellness. She is committed to using her community's resources along with dedicated professionals, organizations, and parents to attain accessibility and quality of services for all children, and fully believes in advocating for those who lack access to care because of their socioeconomic status.

K. Margarette Trushel is a founding member of Oasis Women's Center and has served as Executive Director since 1979. She holds a Bachelor's of Arts in Human Services, a Bachelor's of Science in Special Education and a Master's of Science in Counseling/Human Services Administration. In addition, she has attended Post Graduate Workshops at Harvard Medical School on Victimization and Abuse; she is a Certified Domestic Violence Professional. For the last 40 years, Margarette has participated in the Illinois Coalition Against Domestic Violence and is a member of the Illinois Department of Human Services Statewide Domestic Violence Advisory Committee. A Co-Founding Member and Chair of Chairs of the Third Judicial Circuit Family Violence Prevention Council, she chairs the Intervention, Prevention and Education Committee of the Council. She is active in many community organizations as well: the Eva A. McDonald Women's History Coalition, and Alton Area Church Women United.

Anne Tyree, MPA, CFRE is Regional Chief Operating Officer for Centerstone, a not-for-profit health system providing mental health and substance use disorder treatments. She oversees the organization's statewide operations in nine Southern Illinois counties. Anne has worked for nonprofit organizations for over 20 years, including those serving women who are chronically homeless, runaway and homeless youth, children with disabilities, a public university, and community behavioral healthcare organizations. Anne received her BA from UIC and her MPA with an emphasis on health care from APU, both magna cum laude. She is a past President for the Community Behavioral Healthcare Association of Illinois, and served on the Governor's Task Force for Supportive Housing, and the Madison County Illinois Continuum of Care. Born and raised in Chicago, Anne now lives in rural Southwestern Illinois.

Al Womack, Jr. has served as Executive Director of Boys & Girls Club of Alton for 24 years. He graduated with a Bachelor of Science degree in Business Administration from Central State University in Ohio. His community involvement includes: City of Alton Human Relations Commission, ROAR Volunteer, OSF HealthCare Saint Anthony's Health Center Community Assessment Team, Alton Community School District Wall of Fame Committee, Alton Memorial Hospital Community Benefit Committee, Illinois Alliance of Boys & Girls Clubs Board of Directors and Government Relations Committee Member, Alton Education Foundation Board member, Former Madison -Bond County Workforce Investment Board, and Catholic Children's Home Advisory Board. Al is the recipient of the 2007 Elijah P. Lovejoy Human Rights Award, 2002 Southern Illinois University at Edwardsville Dr. Martin Luther King Jr. Humanitarian Award, 2001 Illinois Association of Club Women Inc. (Southern District) Mentoring Award.

Maura Wuellner is the Director, Illinois Region for United Way of Greater St. Louis. She has been with United Way since 2014. Her primary responsibilities include the annual fundraising campaigns for the Southwest Illinois Division and Tri-Cities Area Division, as well as supervisory responsibilities for both divisional offices. The Southwest Illinois Division covers the counties of Madison, Calhoun, Jersey, Greene and Macoupin and serves thirty-five United Way member agencies. The United Way is focused on helping people live measurably better lives. United Way provides these thirty-eight member agencies with ongoing, operational funding on an annual basis. These agencies provide quality services within the Southwest Illinois Division's service area and are organizationally strong. To ensure that the money raised in the community is well invested, volunteer panels review and assess each member agency on the Quality Standards, which measure the agencies' ability to demonstrate success and competency in four key areas: programs, governance, finance, and administration.

In addition to collaborative team members, the following **facilitators** managed the process and prepared the Community Health Needs Assessment. Their qualifications and expertise are as follows:

Michelle A. Carrothers (Coordinator) is currently the Vice President of Strategic Reimbursement for OSF Healthcare System, a position she has served in since 2014. She serves as a Business Leader for the Ministry Community Health Needs Assessment process. Michelle has over 35 years of health care experience. Michelle obtained both a Bachelor of Science Degree and Masters of Business Administration Degree from Bradley University in Peoria, IL. She attained her CPA in 1984 and has earned her Fellow of the Healthcare Financial Management Association Certification in 2011. Currently she serves on the National Board of Examiners for HFMA. Michelle serves on various Peoria Community Board of Directors and Illinois Hospital Association committees.

Dawn Tuley (Coordinator) is a Strategic Reimbursement Senior Analyst at OSF Healthcare System. She has worked for OSF Healthcare System since 2004 and acts as the coordinator for 15 Hospital Community Health Need Assessments. In addition, she coordinates the submission of the Community Benefit Attorney General report and the filing of the IRS Form 990 Schedule H since 2008. Dawn holds a Master's in Healthcare Administration from Purdue University and is certified in Community Benefit. Dawn has been a member of the McMahan-Illini Chapter of Healthcare Financial Management Association for over twelve years. She has served as the Vice President, President-Elect and two terms as the Chapter President on the board of Directors. She has earned a silver, bronze, gold and Metal of Honor from her work with the McMahan-Illini HFMA Chapter. She is currently serving as a Director on the board.

Dr. Laurence G. Weinzimmer, Ph.D. (Principal Investigator) is the Caterpillar Inc. Professor of Strategic Management in the Foster College of Business at Bradley University in Peoria, IL. An internationally recognized thought leader in organizational strategy and leadership, he is a sought-after consultant to numerous *Fortune 100* companies and not-for-profit organizations. Dr. Weinzimmer has authored over 100 academic papers and four books, including two national best sellers. His work appears in 15 languages, and he has been widely honored for his research accomplishments by many prestigious organizations, including the Academy of Management. Dr. Weinzimmer has served as principal investigator for numerous community assessments, including the United Way, Economic Development Council and numerous hospitals. His approach to Community Health Needs Assessments was identified by the Healthcare Financial Management Association (HFMA) as a Best-in-Practice methodology. Dr. Weinzimmer was contracted for assistance in conducting the CHNA.

APPENDIX 2: ACTIVITIES RELATED TO 2019 CHNA PRIORITIZED NEEDS

Three major health needs were identified and prioritized in Madison County 2019 CHNA. Below are examples of the activities, measures and impact during the last three years to address these needs.

1. Healthy Behaviors - Defined as Active Living, Healthy Eating and Obesity

Goal 1: *Increase awareness in the importance of exercise for overall health and well-being within Madison County.*

- 1) Host Fit and Flexible classes working with OSF Rehab.
 - a) Held 18 classes with 151 participants.
- 2) Sponsor events that encourage active living, i.e., races, 5Ks, etc.
 - a) Sponsored Walk for Sickle Cell hosted by the Precious Organization (\$600), Make-A-Wish Walk for Wishes (\$1,000), and contributed \$1,500 to Alton High School Athletic Department.
- 3) Increase participation in OSF 4Life Wellness Plan.
 - a) Completed 20 biometric screenings and had 30 participants in health challenges. Most activities and planning were put on hold due to the COVID pandemic.

Goal 2: *Increase awareness of the importance of proper nutrition for overall health and wellness.*

- 1) Distribute and promote articles and education on healthy eating habits through social media.
 - a) Reached 16,516 people through social media posts on healthy living topics.
- 2) Sponsor community educational event that promotes healthy eating.
 - a) The planning for this event was put on hold due to COVID pandemic. Planning is back in the fall of 2022.
- 3) Provide educational materials to the community on healthy eating habits.
 - a) Television was donated to the Crisis Food Pantry.

2. Mental Health - Defined as Mental Health and Substance Abuse

Goal 1: Decrease the number of residents in Madison County who reported feeling depressed or anxious in the last 30 days.

- 1) Offer free mental health screenings.
 - a) Conducted telephone depression and anxiety screenings during Mental Health Awareness Month.
- 2) Provide free access to digital Behavioral Health solution – Silvercloud Increase number of users by 1% per year.
 - a) 75 using digital app in 2021.
- 3) Participate in community health fairs and screenings.
 - a) Community health fairs were cancelled due to COVID, however, SAHC did participate in a hiring event held by the Alton Police department. Health information was provided to event participants.
- 4) Sponsor community mental health educational seminars and events.
 - a) OSF was a major sponsor of the Impact Suicide Conference on 9/10/21 and offered free CEUs to 90 event participants. OSF LCSW gave a presentation on “Preventing Social Isolation and Depression: COVID-19 and Beyond” to 15 participants.
- 5) Provide free Behavioral Health Navigation Service. Increase number of patients served by Behavioral Health Navigators by 1 % annually.
 - a) 121 served in 2021.

3. Substance Abuse

Goal 1: Decrease the number of Madison County CHNA survey respondents who report they use substances to make themselves feel better in a typical day.

- 1) Distribute and promote articles and education on substance abuse topics.
 - a) Reached 2,875 people on social media on substance abuse topics.
- 2) Provide free access to digital Behavioral Health solution – Silvercloud Increase number of users by 1% per year.

- a) Fresh start classes were not resumed in 2021 due to the ongoing COVID pandemic. However, Karen Boyd gave a Zoom presentation to 18 students of SIUE School of Pharmacy on the dangers of smoking and vaping, smoking cessation, lung cancer, and early preventative measures such as low dose CT.

Goal 2: Decrease the number of high school and middle school students in Madison County using tobacco or vaping products.

- 1) Provide education on dangers of tobacco and vaping to high school and middle school students.
 - a) This program was not held in 2021 due to closed campuses as a result of the ongoing COVID pandemic.

APPENDIX 3: SURVEY

Madison County

2021 COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

INSTRUCTIONS

We want to know how you view our community, and other factors that may impact your health. We are inviting you to participate in a research study about community health needs. Your opinions are important! This survey will take about 12 minutes to complete. All of your individual responses are anonymous and confidential. We will use the survey results to better understand and address health needs in our community.

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3. If you were not able to get medical care, why not? (Please choose all that apply).

- Didn't have health insurance. Too long to wait for appointment.
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the doctor.
 Fear of discrimination. Lack of trust.

Prescription Medicine

4. In the last YEAR, was there a time when you needed prescription medicine but were not able to get it?

- Yes (please answer #5) No (please go to #6: Dental Care)

5. If you were not able to get prescription medicine, why not? (Please choose all that apply).

- Didn't have health insurance. Pharmacy refused to take my insurance or Medicaid.
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the pharmacy.
 Fear of discrimination. Lack of trust.

Dental Care

6. In the last YEAR, was there a time when you needed dental care but were not able to get it?

- Yes (please answer #7) No (please go to #8: Mental-Health Counseling)

7. If you were not able to get dental care, why not? (Please choose all that apply).

- Didn't have dental insurance. The dentist refused my insurance/Medicaid
 Couldn't afford to pay my co-pay or deductible. Didn't have a way to get to the dentist.
 Fear of discrimination. Lack of trust.
 Not sure where to find available dentist

Mental-Health Counseling

8. In the last YEAR, was there a time when you needed mental-health counseling but could not get it?

- Yes (please answer #9) No (please go to next section – HEALTHY BEHAVIORS)

9. If you were not able to get mental-health counseling, why not? (Please choose all that apply).

- Didn't have insurance. The counselor refused to take insurance/Medicaid.
 Couldn't afford to pay my co-pay or deductible Embarrassment.
 Didn't have a way to get to a counselor. Cannot find counselor.
 Fear of discrimination. Lack of trust.
 Long wait time.

HEALTHY BEHAVIORS

The following questions ask about your own health and health choices. Remember, this survey will not be linked to you in any way.

Exercise

1. In the last WEEK how many times did you participate in exercise, (such as jogging, walking, weight-lifting, fitness classes) that lasted for at least 30 minutes?

- None (please answer #2) 1 – 2 times 3 - 5 times More than 5 times

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2. If you answered “none” to the question about exercise, why didn’t you exercise in the past week? (Please choose all that apply).

- Don’t have any time to exercise. Don’t like to exercise.
 Can’t afford the fees to exercise. Don’t have child care while I exercise.
 Don’t have access to an exercise facility. Too tired.
 Safety issues.

Healthy Eating

3. On a typical DAY, how many servings/separate portions of fruits and/or vegetables did you have? An example would be a banana (but not banana flavored pudding).

- None (please answer #4) 1 - 2 servings 3 - 5 servings More than 5 servings

4. If you answered “none” to the questions about fruits and vegetables, why didn’t you eat fruits/vegetables? (Please choose all that apply).

- Don’t have transportation to get fruits/vegetables Don’t like fruits/vegetables
 It is not important to me Can’t afford fruits/vegetables
 Don’t know how to prepare fruits/vegetables Don’t have a refrigerator/stove
 Don’t know where to buy fruits/vegetables

5. Where is your primary source of food? (Please choose only one answer).

- Grocery store Fast food Gas station Food delivery program
 Food pantry Farm/garden Convenience store

6. Please check the box next to any health conditions that you have. (Please choose all that apply).

If you don’t have any health conditions, please check the first box and go to question #8: Smoking.

- I do not have any health conditions Diabetes Mental-health conditions
 Allergy Heart problems Stroke
 Asthma/COPD Overweight
 Cancer Memory problems

7. If you identified any conditions in Question #6, how often do you follow an eating plan to manage your condition(s)?

- Never Sometimes Usually Always

Smoking

8. On a typical DAY, how many cigarettes do you smoke?

- None 1 - 4 5 - 8 9 - 12 More than 12

Vaping

9. On a typical DAY, how many times do you use electronic vaping?

- None 1 - 4 5 - 8 9 - 12 More than 12

GENERAL HEALTH

10. Where do you get most of your health information and how would you like to get health information in the future? (For example, do you get health information from your doctor, from the Internet, etc.). _____

11. Do you have a personal physician/doctor? Yes No
12. How many days a week do you or your family members go hungry?
 None 1-2 days 3-5 days More than 5 days
13. In the last 30 DAYS, how many days have you felt depressed, down, hopeless?
 None 1-2 days 3-5 days More than 5 days
14. In the last 30 DAYS, how often has your stress and/or anxiety stopped you from your normal daily activities?
 None 1-2 days 3-5 days More than 5 days
15. In the last YEAR have you talked with anyone about your mental health?
 Yes (please answer #16) No (please go to #17)
16. If you talked to anyone about your mental health, who was it?
 Doctor/nurse Counselor Family/friend Other _____
17. How often do you use prescription medications (not prescribed to you or used differently than how the doctor instructed) on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
18. How many alcoholic drinks do you have on a typical DAY?
 None 1-2 drinks 3-5 drinks More than 5 drinks
19. How often do you use marijuana on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
20. How often do you use substances such as inhalants, ecstasy, cocaine, meth or heroin on a typical DAY?
 None 1-2 times 3-5 times More than 5 times
21. Do you feel safe where you live? Yes No
22. In the past 5 years, have you had a:
- | | | | |
|---|------------------------------|-----------------------------|---|
| Breast/mammography exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Prostate exam | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Colonoscopy/colorectal cancer screening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| Cervical cancer screening/pap smear | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

Overall Health Ratings

21. My overall physical health is: Below average Average Above average
22. My overall mental health is: Below average Average Above average

INTERNET

1. Do you have Internet at home? For example, can you watch Youtube at home?
 Yes (please go to next section – BACKGROUND INFORMATION) No (please answer #2)

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2. If don't have Internet, why not? Cost No available Internet provider I don't know how
 Data limits Poor Internet service No phone or computer

BACKGROUND INFORMATION

1. What county do you live in?

- Madison Other

2. What is your Zip Code? _____

3. What type of health insurance do you have? (Please choose all that apply).

- Medicare Medicaid/State insurance Commercial/Employer
 Don't have (Please answer #4)

4. If you answered "don't have" to the question about health insurance, why **don't** you have insurance? (Please choose all that apply).

- Can't afford health insurance Don't need health insurance
 Don't know how to get health insurance Other _____

5. What is your gender? Male Female Non-binary Transgender Prefer not to answer

6. What is your sexual orientation? Heterosexual Lesbian Gay Bisexual
 Queer Prefer not to answer

7. What is your age? Under 20 21-35 36-50 51-65 Over 65

8. What is your racial or ethnic identification? (Please choose only one answer).

- White/Caucasian Black/African American Hispanic/LatinX
 Pacific Islander Native American Asian/South Asian
 Multiracial Other: _____

9. What is your highest level of education? (Please choose only one answer).

- Grade/Junior high school Some high school High school degree (or GED)
 Some college (no degree) Associate's degree Certificate/technical degree
 Bachelor's degree Graduate degree Other: _____

10. What was your household/total income last year, before taxes? (Please choose only one answer).

- Less than \$20,000 \$20,001 to \$40,000 \$40,001 to \$60,000
 \$60,001 to \$80,000 \$80,001 to \$100,000 More than \$100,000

11. What is your housing status?

- Do not have Have housing, but worried about losing it Have housing, **NOT** worried about losing it

12. If you answered that you have housing, does your house have:

- leaking roof mold heat air conditioning
 running water rodents lead electricity Internet

13. How many people live with you? _____

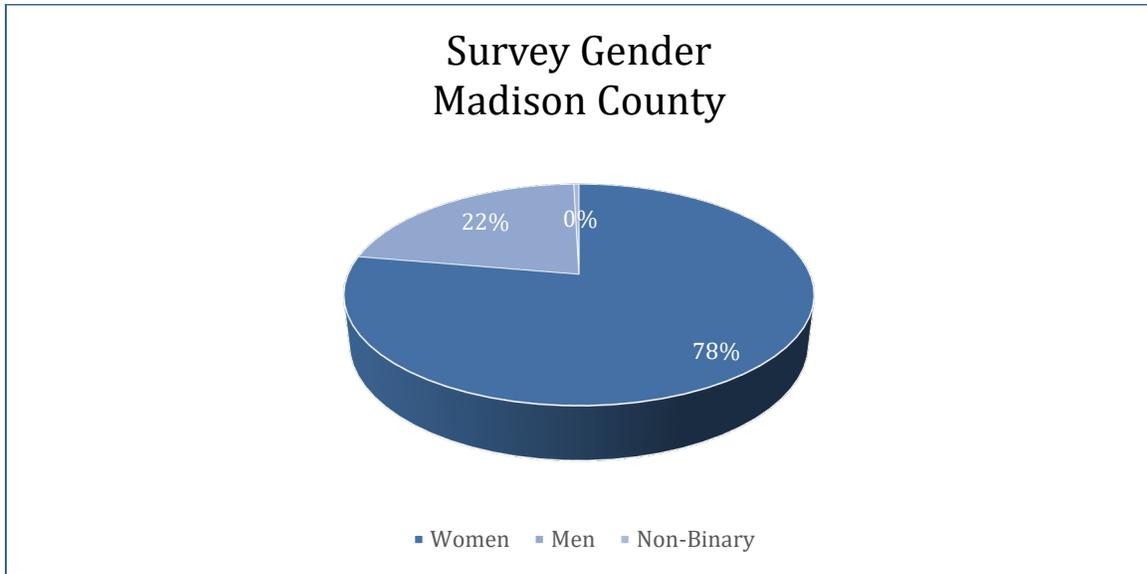
14. How often do you communicate with people you care about and feel close to? (For example, talking, texting, meeting with friends/family?)

- Less than once per week 1-2 times per week 3 - 5 times per week More than 5 times per week

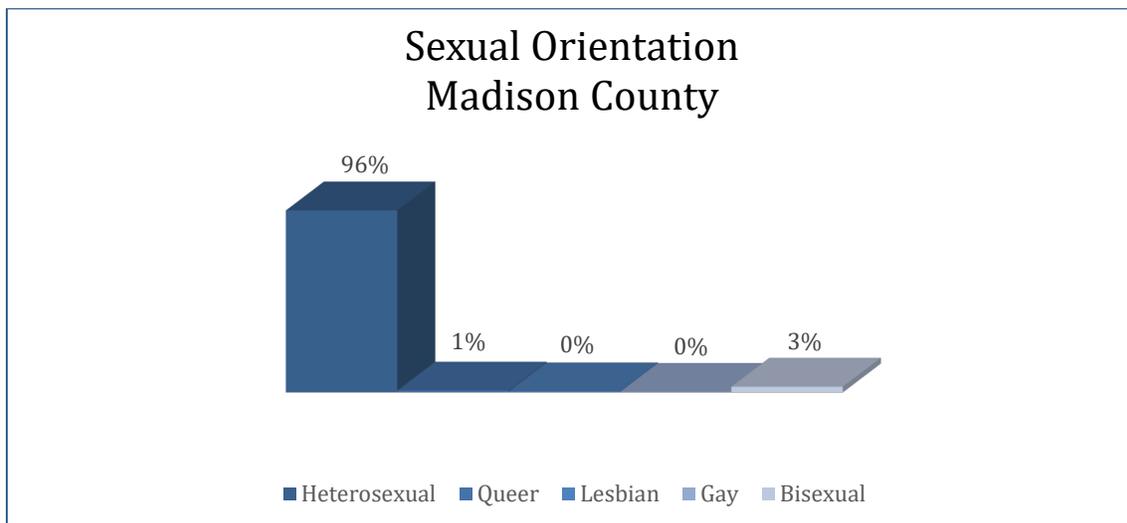
Is there anything else you'd like to share about your own health goals or health issues in our community?

Thank you very much for sharing your views with us!

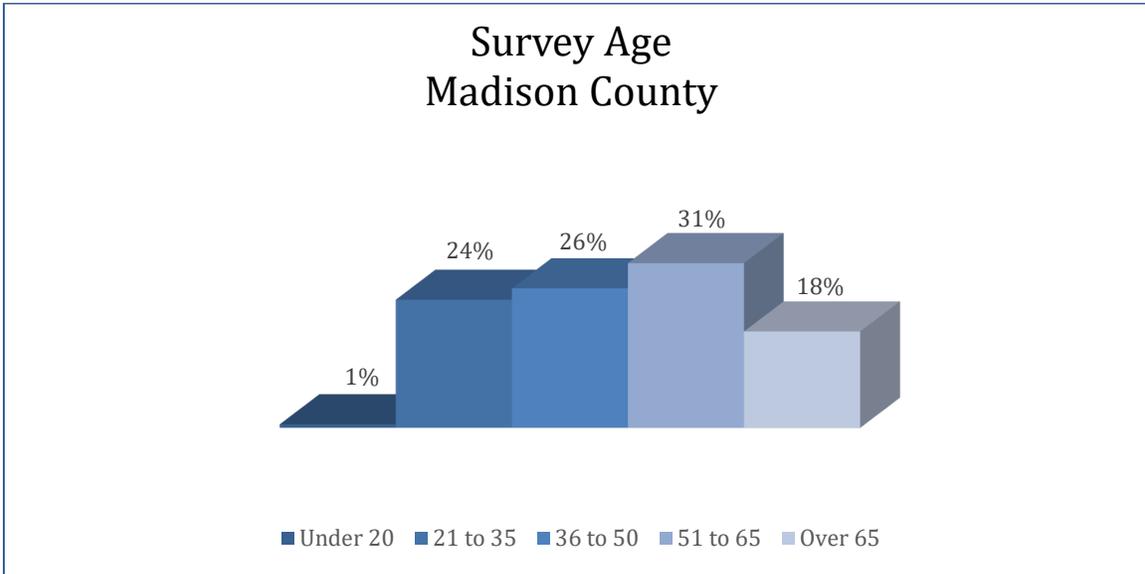
APPENDIX 4: CHARACTERISTICS OF SURVEY RESPONDENTS



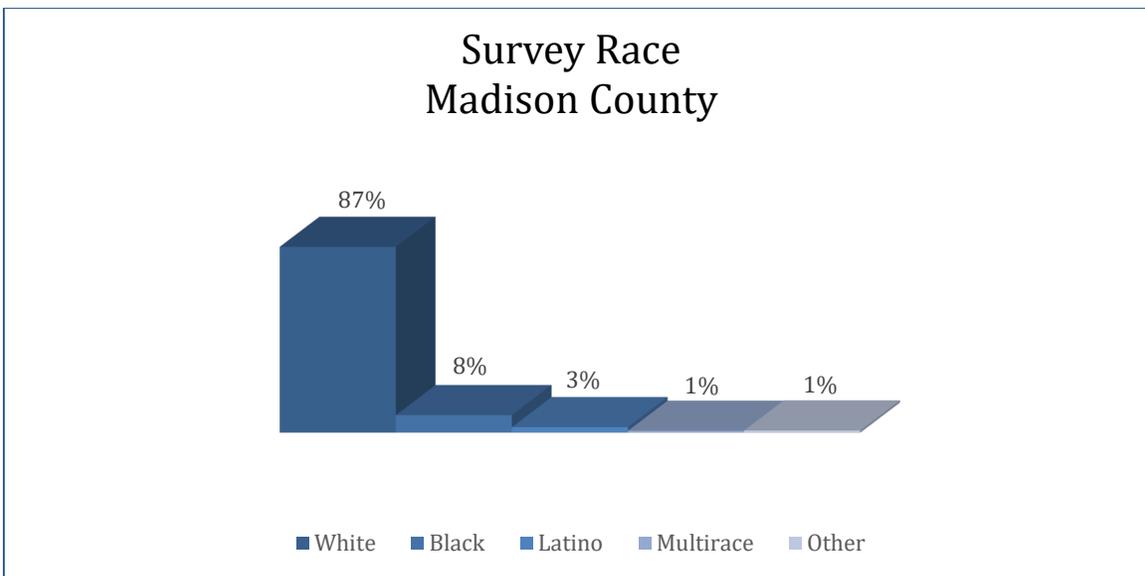
Source: CHNA Survey



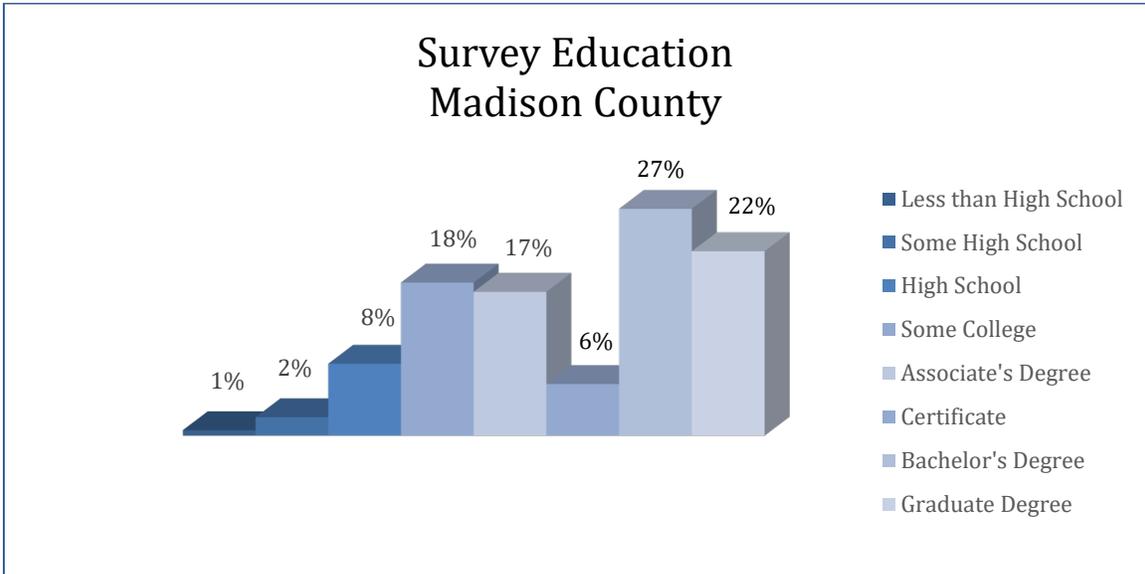
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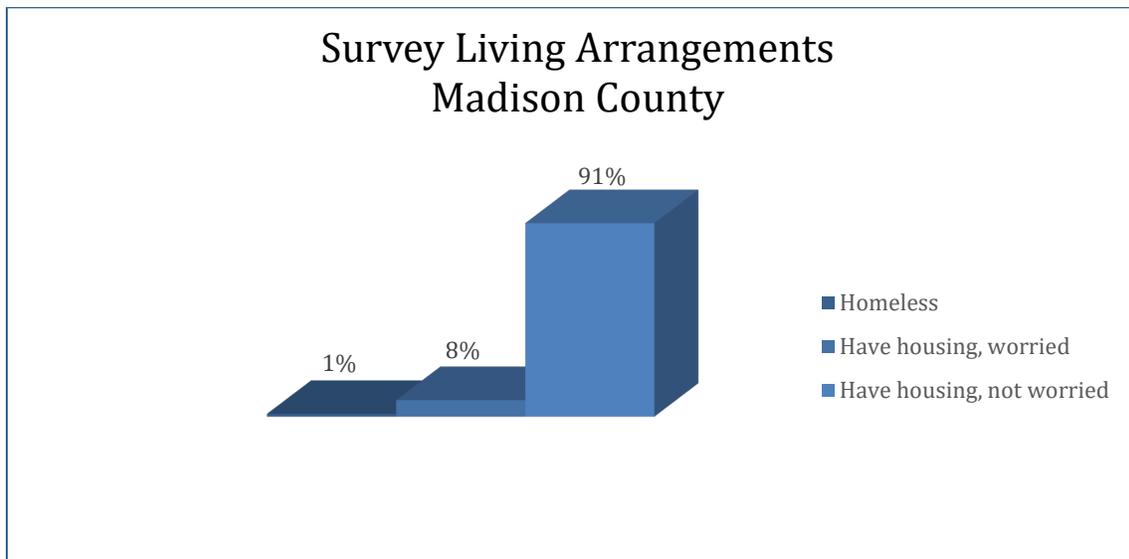
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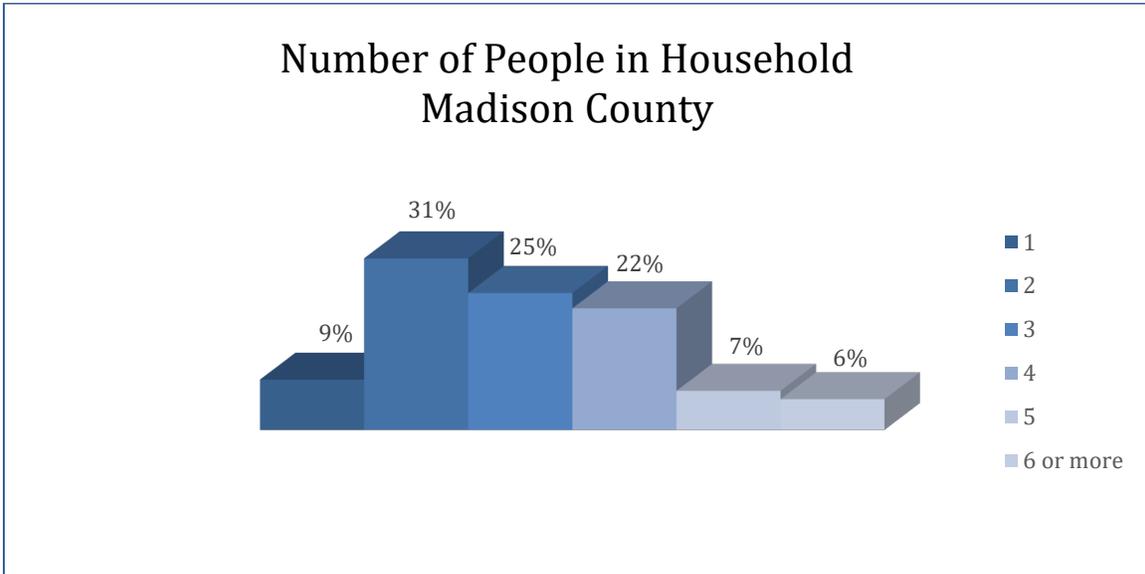
Source: CHNA Survey



Source: CHNA Survey



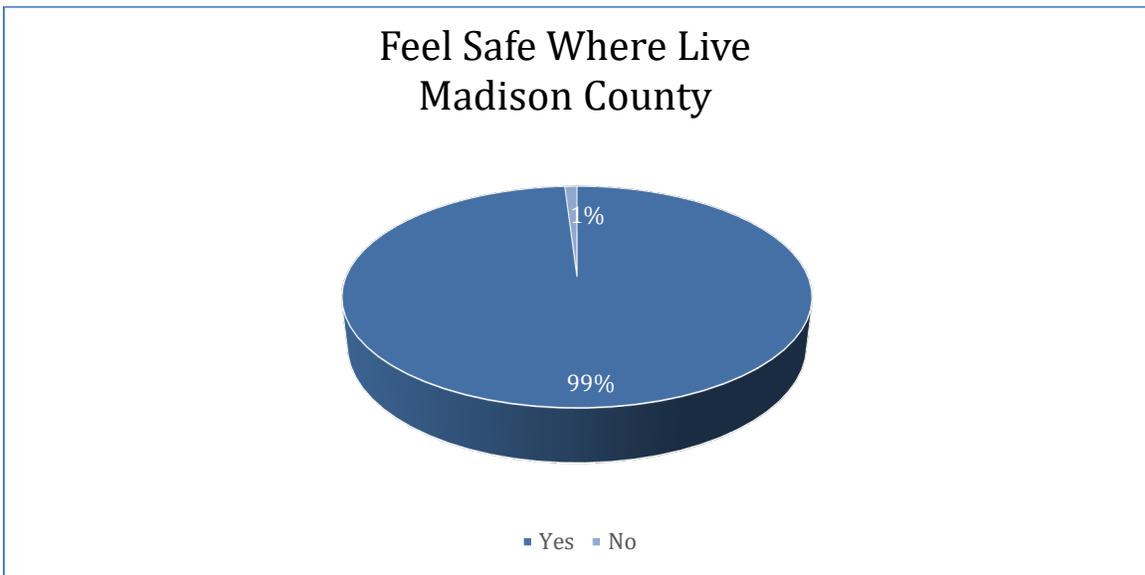
Source: CHNA Survey



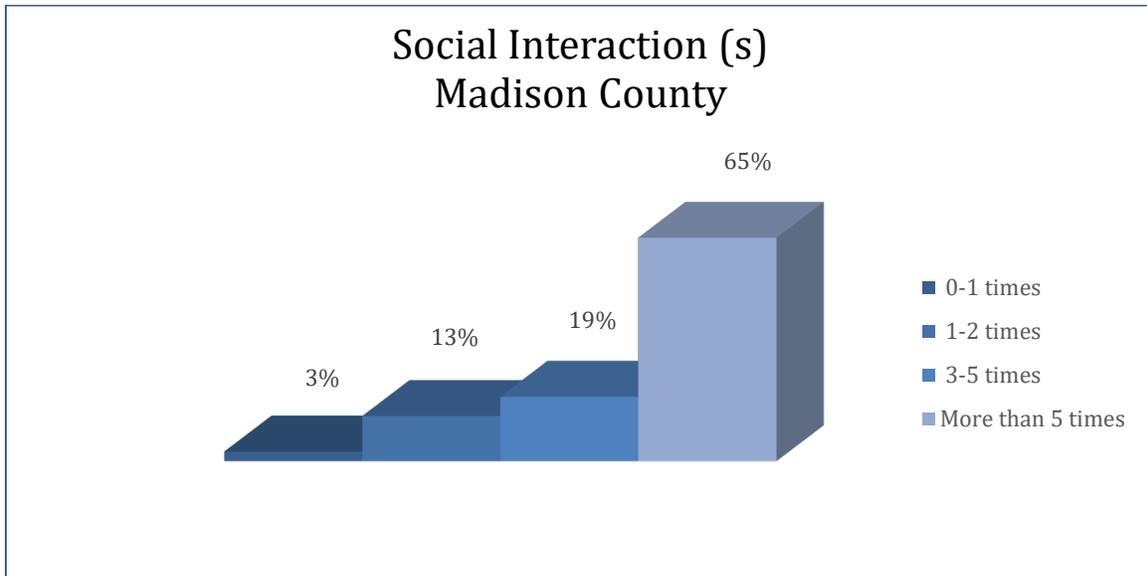
Source: CHNA Survey

Housing Environment

Housing environment is a measure of the housing-related standard of living in a community. Key risk influencers include affordability, crowding and quality. For Madison County, 28% of the population is at elevated risk for Housing environment. This is lower than the State of Illinois average of 33% (SocialScape® powered by SociallyDetermined®, 2022).



Source: CHNA Survey



Source: CHNA Survey

APPENDIX 5: RESOURCE MATRIX

	Aging Population	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Overweight / Obesity	Substance Abuse	Lung Cancer	Cancer Screening (Prostate)	Asthma	COVID-19	Access to Counseling
Recreational Facilities										
Nautilus Fitness Center		3		2						
Club Fitness	1	3		2						
Senior Services Plus	3	3		2						
The Max Sports	1	3		2						
Leisure World	1	3		2						
Health Departments										
Madison County Health Department			1	1	1				3	2
Education										
Alton Community School District		2	1	1	2				1	1
Lewis & Clark Community College	2	3	2	1	1	1	1	1	1	1
University of Illinois Extension										
Community Agencies										
Alton Main Street - Farmers' Market	1	2		1						
Alton YWCA	3	3	1	2	1					1
American Cancer Society	2	3	1	2	1	3	3			2
Boys & Girls Club		3	2	2	1				1	2
Drug Free Alton Coalition			1		3					3

	Aging Population	Healthy Behaviors/ Nutrition & Exercise	Behavioral Health	Overweight / Obesity	Substance Abuse	Lung Cancer	Cancer Screening (Prostate)	Asthma	COVID-19	Access to Counseling
Centerstone	1	2	3	1	3					3
Oasis Women's Center					1					1
Riverbend Family Ministries	1	1	3		2				1	3
Salvation Army	2	1	1							
The 100 Black Men of Alton	1	2	2	1	1	1	2			1
United Way	3	3	1	2	1				2	2
NAACP										
American Diabetes Association	2	3	2	3	1	1				
American Heart Association	2	3	2	3	1					
American Lung Association	2	3	2	2	3	3		1	1	1
Hospitals / Clinics										
OSF HealthCare Saint Anthony's Health Center	2	3	3	3	2	3	3	2	3	3
Alton Memorial Hospital	2	3	2	3	3	2	2	2	2	3
Jersey Community Hospital	2	2	1	1	1	1	1	1	1	1
Anderson Hospital	2	3	2	2	2	2	2	2	3	3

(1)= low; (2)= moderate; (3) = high, in terms of degree to which the need is being addressed

APPENDIX 6: DESCRIPTION OF COMMUNITY RESOURCES

RECREATIONAL FACILITIES (5)

Nautilus Fitness Center

Nautilus Fitness Center offers the latest in fitness trends and equipment. The fitness facility offers classes, pool, and boot camp.

Club Fitness

Affordable, friendly, state of the art fitness facility.

Senior Services Plus

Senior Services Plus is an agency that helps enrich lives of older adults through programs and services that encourage independent living. The agency offers recreation, arts & crafts, and educational classes.

The Max Sports

Fitness facility offering various classes and equipment. (Formerly Metro Sports)

Leisure World

Leisure World is a fitness facility that commits helping members meet their needs with various classes and equipment.

HEALTH DEPARTMENTS (1)

Madison County Health Department

The Madison County Health Department provides a core of services in the areas of portable water supplies, food protection, infectious disease control, and community health education.

EDUCATION (3)

Alton Community School District

Alton Community School District #11 provides students with expanded academic opportunities and/or interventions in order to increase achievement level. The school targets level K – 12.

Lewis & Clark Community College

Lewis & Clark Community College is a two-year higher education institution with multiple campuses, river research center, and community education and training centers located throughout the 220,000+ person college district.

University of Illinois Extension

University of Illinois Extension's programs are aimed at making life better, healthier, safer and more prosperous for individuals and their communities.

COMMUNITY AGENCIES/PRIVATE PRACTICES (15)

Alton Main Street Famer's Market

A responsible way for people to shop for healthy food.

Alton YWCA

Because we know that healthy lifestyles are achieved through nurturing mind, body and spirit, well-being at the YWCA of Alton is more than just working out. We offer opportunities to get fit, get educated and connect with others in the community.

American Cancer Society

The American Cancer Society saves lives by helping people stay well and get well by finding cures and by fighting back.

Boys & Girls Club

Boys & Girls Club is a youth development agency. The agency enables young people to reach their full potential as productive, responsible and caring citizens.

Drug Free Alton Coalition (DFA)

Drug Free Alton Coalition commits to prevention youth from using alcohol, tobacco, and other drugs. DFA serves the Greater Alton area (Alton and Godfrey).

Centerstone

Centerstone is a community based behavioral health care, offering a full range of mental health services, substance abuse treatment and intellectual and developmental disabilities.

Oasis Women's Center

Oasis Women's Center is a shelter for domestic violence and homeless, chemically dependent woman and their dependent children.

Riverbend Family Ministries

Riverbend Family Ministries provides families and individuals, who have experienced trauma, most often due to violence, addiction, poverty and homelessness, the tools they need to be self-sufficient.

Salvation Army

Salvation Army is an integral part of the Christian Church. It brings comfort to the needy and homeless individual.

United Way

United Way improves lives by mobilizing the caring power of communities around the world to advance the common good.

National Association for the Advancement of Colored People (NAACP)

NAACP is to insure a society in which all individuals have equal rights without discrimination based on race.

The 100 Black Men of Alton

The "100" is concerned about the well-being of the whole community and the whole person: physical, emotional/psychological, and spiritual.

American Diabetes Association

American Diabetes Association is a network of more than one million volunteers. It funds research to prevent, cure and manage diabetes.

American Heart Association

American Heart Association is a voluntary organization dedicating to fight heart disease and stroke.

American Lung Association

The American Lung Association is the leading organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research.

HOSPITALS/CLINICS (4)**OSF Saint Anthony's Health Center**

OSF Saint Anthony's Health Center is established by the Sisters of St. Francis of the Martyr St. George and now sponsored by the Sisters of the Third Order of St. Francis.

Alton Memorial Hospital

Alton Memorial Hospital is a member of BJC Healthcare and a non-profit healthcare organization.

Jersey Community Hospital

Jersey Community Hospital is an independent hospital base of primary care services.

Anderson Hospital

Anderson Hospital is an independent non-profit hospital. The hospital provides personal, convenient, and quality healthcare.

APPENDIX 7: PRIORITIZATION METHODOLOGY

5-Step Prioritization of Community Health Issues

Step 1. Review Data for Potential Health Issues

Step 2. Briefly Discuss Relationships Among Issues

Step 3. Apply “PEARL” Test from Hanlon Method³

Screen out health problems based on the following feasibility factors:

Propriety – Is a program for the health problem appropriate?

Economics – Does it make economic sense to address the problem?

Acceptability – Will a community accept the program? Is it wanted?

Resources – Is funding available for a program?

Legality – Do current laws allow program activities to be implemented?

Step 4. Use Voting Technique to Narrow Potential Issues

Prioritize Issues. Use a weighted-scale approach (1-5 scale) to rate remaining issues based on:

1. Magnitude – size of the issue in the community. Considerations include, but are not limited to:

- Percentage of general population impacted
- Prevalence of issue in low-income communities
- Trends and future forecasts

2. Severity – importance of issue in terms of relationships with morbidities, comorbidities and mortality. Considerations include, but are not limited to:

- Does an issue lead to serious diseases/death
- Urgency of issue to improve population health

3. Potential for impact through collaboration – can management of the issue make a difference in the community?

Considerations include, but are not limited to:

- Availability and efficacy of solutions
- Feasibility of success

³ “Guide to Prioritization Techniques.” National Connection for Local Public Health (NACCHO)