Saint Anthony's Health Center

Community Health Needs Assessment

Summary of 2012 Community Health Needs Assessment

SAINT ANTHONY'S HEALTH CENTER

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2012 Community Health Needs Assessment Summary:

An assessment of Madison County conducted jointly by Saint Anthony's Health Center, Saint Clare's Hospital and Alton Memorial Hospital.

In the fall of 2012, a community health needs assessment (CHNA) was conducted by Saint Anthony's Health Center, Saint Clare's Hospital and Alton Memorial Hospital for the 269,000+ residents of Madison County, Illinois. Potential information gaps related to members of medically underserved, low-income and minority populations, and populations with chronic disease needs were avoided by obtaining input from community members professionally committed to advancing the health needs of all members of the community, including parish, county health and crisis centers. Madison County includes its county seat, Edwardsville, and is suburban part of the Metro-East area of St. Louis. The three hospitals (Saint Anthony's Health Center, Saint Clare's Hospital, Alton Memorial Hospital), serve the Southwestern Illinois and northern segment of Madison County, commonly called the RiverBend region.

Description of Community Served by the Hospitals	Madison County is part of the Metro-East region of the St. Louis Metro Area. According to the 2010 census, population is 269,282, an increase of 4.0% from 258,941 in 2000. The county seat is Edwardsville, home to Southern Illinois University Edwardsville; Lewis & Clark Community College, a growing community college, is located in Godfrey. According to the 2010 census, the county has a total area of 740.56 square miles (1,918.0 km2), of which 715.58 square miles (96.63%) is land and 24.98 square miles (3.37%) is water. Madison County is on the Mississippi River. Data and a map detailing current demographics, including income levels, age, race/ethnicity and education attainment for Madison County is included in Attachment A. The hospitals serve the following communities in Madison County, considered more of the southwestern Illinois region: Alton, Bethalto, East Alton, Foster Township, Godfrey, Hartford, Roxana, South Roxana, Wood River and Wood River Township.
Who was involved in the Assessment	The assessment process was initiated and co-chaired jointly by the Alton hospitals – Saint Anthony's Health Center, Saint Clare's Hospital and Alton Memorial Hospital. The three entities provided roughly equal financial and in-kind support for the assessment process. Key stakeholders who would have specific insights into the healthcare needs of the area were invited to participate in the CHNA,

representing ethnic and patient-type groups. Staff from the public health department provided input in this exercise.

How the Assessment was Conducted

Hospital representatives formulated a two-step process. An initial focus group was conducted in October to solicit feedback on the needs of the Madison county population (*See Attachment A* for demographic data, maps). A second meeting was held in November to share the results of the first focus group as well as the findings from additional secondary data analyses.

The first focus group was held on the afternoon of October 11, 2012 at the Holiday Inn in Alton, IL. It lasted 2 hours and was moderated by Angela Ferris Chambers, Manager of Market Research for BJC HealthCare. As Market Research Manager, Ms. Chambers has conducted a number of Community Health Needs Assessments for BJC HealthCare, a health system of 13 hospitals and multiple community health locations throughout Missouri and Illinois.

15 individuals representing various Madison County organizations were in attendance at either one or both focus groups. (*See Attachment B*). These organizations were identified by the hospitals as representing key stakeholders who would have specific insights into the healthcare needs of the area. Each individual was sent a worksheet to complete prior to that afternoon, to identify their perceptions of the greatest healthcare needs in Madison County, their knowledge of available resources to address these needs and the greatest "gap" that exists between need and available resources (*Attachments C, D, E*).

Dave Braasch, AMH President, welcomed participants at the beginning of the meeting and E.J. Kuiper, President of Saint Anthony's Health Center & Saint Clare's Hospital in Alton, IL, thanked them for attending.

On November 26, the same group of community leaders was invited back to the Holiday Inn. At that meeting, Angela Ferris Chambers of BJC Market Research presented the healthcare needs that were identified in the earlier group, along with available secondary data that attempted to quantify the size of each (*Attachment F*).

	At the end of the second meeting, community leaders were asked to re-evaluate the identified health care needs in terms of their priority for the community as well as the ability for the community to collaborate around them. Those results were compiled and are presented at the end of this report (*Attachment G*). E.J. Kuiper, President of Saint Anthony's Health Center & Saint Clare's Hospital in Alton, brought the meeting to a close. He expressed his thanks on behalf of Saint Anthony's Health Center, Saint Clare's Hospital and Alton Memorial Hospital to community leaders for taking the time to participate.
Health Needs Identified	The transcript of the October 11, 2012 focus group was analyzed in conjunction with the completed worksheets that were returned by community stakeholders. The following needs were identified and are listed from those most frequently mentioned to least. Comments made during the focus group are included in *Attachment G*. • Access – Insurance, Transportation, Physician Availability • Substance Use/Abuse • Healthy Lifestyles – Obesity and Smoking • Mental Health • Dental Care • Health Literacy • Housing/Homelessness • Chronic Conditions/Cancer • Reproductive Health • Air Quality The following topics were not mentioned on the worksheets, but were discussed during the course of the focus group: • Need for Social Support

Community Assets Identified; Roles of Hospitals	The hospitals can bring their programs into the community, where the people are. These can include health education and screening programs. Churches are a great place to reach those who may not ever attend a health event. These types of partnerships can expand the reach that hospitals may not normally have. Other community organizations that were suggested for hospital partnerships include the Community Hope Center, Crisis Food, Highland Area Christian Ministry and Operation Blessing. The parish nurse programs were also complimented for the role they play in the community. Several commented that some of the hospital ads demonstrate the approachability of the medical profession and are very reassuring to those who may be uncomfortable reaching out to a hospital for information. The hospitals need to position themselves as a place you go to maintain your health, not only when you are sick. Another suggestion was to create opportunities to invite people onto the hospital campuses to alleviate any fears they may have and see the hospital as a place to maintain health. Provide some free meeting space and create positive relationships with members of your community along with generating some good will. • For example, if there is a walking path on the hospital grounds, invite area residents to come and use it. • Another suggestion was to offer cooking classes, using the expertise of the dieticians the hospitals have on staff, and perhaps partnering with an area restaurant. • Sponsor AA or Al-anon meetings on the hospital campus.
Summaries: Assessments and Priorities	Assessment data is summarized and prioritized in *Attachment G*, with the number of responses for each identified need.
Next Steps	An internal Community Health Assessment Team (CHAT) has been formulated to develop strategies for each priority. A community report with metrics for identified needs will be published on an annual basis, available at www.sahc.org. The hospitals are committed to conducting another comprehensive needs assessment in three years.

U.S. Census Bureau

AMERICAN FactFinder

DP-1 | Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: Madison County, Illinois

Subject	Number	Percent
SEX AND AGE		
Total population	269,282	100.0
Under 5 years	16,307	6.1
5 to 9 years	17,065	6.3
10 to 14 years	17,167	6.4
15 to 19 years	18,360	6.8
20 to 24 years	19,939	7.4
25 to 29 years	17,837	6.6
30 to 34 years	16,290	6.0
35 to 39 years	16,715	6.2
40 to 44 years	17,338	6.4
45 to 49 years	20,357	7.6
50 to 54 years	20,911	7.8
55 to 59 years	17,820	6.6
60 to 64 years	14,748	5.5
65 to 69 years	11,179	4.2
70 to 74 years	8,580	3.2
75 to 79 years	7,246	2.7
80 to 84 years	5,982	2.2
85 years and over	5,441	2.0
Median age (years)	38.6	(X)
16 years and over	215,223	79.9
18 years and over	208,036	77.3
21 years and over	196,189	72.9
62 years and over	47,009	17.5
65 years and over	38,428	14.3
Male population	131,578	48.9
Under 5 years	8,346	3.1
5 to 9 years	8,853	3.3
10 to 14 years	8,896	3.3
15 to 19 years	9,344	3.5
20 to 24 years	9,888	3.7
25 to 29 years	8,971	3.3
30 to 34 years	7,975	3.0
35 to 39 years	8,189	3.0
40 to 44 years	8,617	3.2
45 to 49 years	10,050	3.7
50 to 54 years	10,474	3.9
55 to 59 years	8,657	3.2
60 to 64 years	7,061	2.6
65 to 69 years	5,308	2.0
70 to 74 years	3,911	1.5
75 to 79 years	3,063	1.1
80 to 84 years	2,302	0.9
85 years and over	1,673	0.6

Subject	Number	Percent
Median age (years)	37.3	(X)
16 years and over	103,642	38.5
18 years and over	99,967	37.1
21 years and over	94,106	34.9
62 years and over	20,375	7.6
65 years and over	16,257	6.0
Female population	137,704	51.1
Under 5 years	7,961	3.0
5 to 9 years	8,212	3.0
10 to 14 years	8,271	3.1
15 to 19 years	9,016	3.3
20 to 24 years	10,051	3.7
25 to 29 years	8,866	3.3
30 to 34 years	8,315	3.1
35 to 39 years	8,526	3.2
40 to 44 years	8,721	3.2
45 to 49 years	10,307	3.8
50 to 54 years	10,437	3.9
55 to 59 years	9,163	3.4
60 to 64 years	7,687	2.9
65 to 69 years	5,871	2.2
70 to 74 years	4,669	1.7
75 to 79 years	4,183	1.6
80 to 84 years	3,680	1.4
85 years and over	3,768	1.4
Median age (years)	39.8	(X)
16 years and over	111,581	41.4
18 years and over	108,069	40.1
21 years and over	102,083	37.9
62 years and over	26,634	9.9
65 years and over	22,171	8.2
RACE		
Total population	269,282	100.0
One Race	264,323	98.2
White	237,641	88.2
Black or African American	21,235	7.9
American Indian and Alaska Native	659	0.2
Asian	2,254	0.8
Asian Indian	529	0.2
Chinese	438	0.2
Filipino	332	0.1
Japanese	128	0.0
Korean	340	0.1
Vietnamese	123	0.0
Other Asian [1]	364	0.1
Native Hawaiian and Other Pacific Islander	107	0.0
Native Hawaiian	48	0.0
Guamanian or Chamorro	25	0.0
Samoan	9	0.0
Other Pacific Islander [2]	25	0.0
Some Other Race	2,427	0.9
Two or More Races	4,959	1.8
White; American Indian and Alaska Native [3]	990	0.4
White; Asian [3]	740	0.3
White; Black or African American [3]	2,071	0.8
White; Some Other Race [3]	430	0.2
Race alone or in combination with one or more other races: [4]		
White	242,239	90.0
Black or African American	23,799	8.8
American Indian and Alaska Native	2,031	0.8

Subject	Number	Percent
Asian	3,216	1.2
Native Hawaiian and Other Pacific Islander	253	0.1
Some Other Race	3,034	1.1
HISPANIC OR LATINO		
Total population	269,282	100.0
Hispanic or Latino (of any race)	7,313	2.7
Mexican	5,335	2.0
Puerto Rican	445	0.2
Cuban	104	0.0
Other Hispanic or Latino [5]	1,429	0.5
Not Hispanic or Latino	261,969	97.3
HISPANIC OR LATINO AND RACE		
Total population	269,282	100.0
Hispanic or Latino	7,313	2.7
White alone	4,126	1.5
Black or African American alone	169	0.1
American Indian and Alaska Native alone	103	0.0
Asian alone	43	0.0
Native Hawaiian and Other Pacific Islander alone	15	0.0
Some Other Race alone	2,221	0.8
Two or More Races	636	0.2
Not Hispanic or Latino	261,969	97.3
White alone	233,515	86.7
Black or African American alone	21,066	7.8
American Indian and Alaska Native alone	556	0.2
Asian alone	2,211	0.8
Native Hawaiian and Other Pacific Islander alone	92	0.0
Some Other Race alone	206	0.1
Two or More Races	4,323	1.6
RELATIONSHIP		
Total population	269,282	100.0
In households	265,528	98.6
Householder	108,094	40.1
Spouse [6]	53,294	19.8
Child	75,940	28.2
Own child under 18 years	54,436	20.2
Other relatives	12,599	4.7
Under 18 years	5,509	2.0
65 years and over	1,563	0.6
Nonrelatives	15,601	5.8
Under 18 years	1,208	0.4
65 years and over	484	0.2
Unmarried partner	7,400	2.7
In group quarters	3,754	1.4
Institutionalized population	1,745	0.6
Male	545	0.2
Female	1,200	0.4
Noninstitutionalized population	2,009	0.7
Male	935	0.3
Female	1,074	0.4
HOUSEHOLDS BY TYPE		
Total households	108,094	100.0
Family households (families) [7]	71,756	66.4
With own children under 18 years	30,427	28.1
Husband-wife family	53,294	49.3
With own children under 18 years	20,419	18.9
Male householder, no wife present	5,253	4.9
With own children under 18 years	2,715	2.5
Female householder, no husband present	13,209	12.2
With own children under 18 years	7,293	6.7

Subject	Number	Percent
Nonfamily households [7]	36,338	33.6
Householder living alone	29,023	26.8
Male	12,955	12.0
65 years and over	3,057	2.8
Female	16,068	14.9
65 years and over	8,330	7.7
Households with individuals under 18 years	33,959	31.4
Households with individuals 65 years and over	27,465	25.4
Average household size	2.46	(X)
Average family size [7]	2.98	(X)
HOUSING OCCUPANCY		
Total housing units	117,106	100.0
Occupied housing units	108,094	92.3
Vacant housing units	9,012	7.7
For rent	3,042	2.6
Rented, not occupied	123	0.1
For sale only	1,702	1.5
Sold, not occupied	449	0.4
For seasonal, recreational, or occasional use	342	0.3
All other vacants	3,354	2.9
Homeowner vacancy rate (percent) [8]	2.1	(X)
Rental vacancy rate (percent) [9]	9.3	(X)
HOUSING TENURE		
Occupied housing units	108,094	100.0
Owner-occupied housing units	78,459	72.6
Population in owner-occupied housing units	200,024	(X)
Average household size of owner-occupied units	2.55	(X)
Renter-occupied housing units	29,635	27.4
Population in renter-occupied housing units	65,504	(X)
Average household size of renter-occupied units	2.21	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

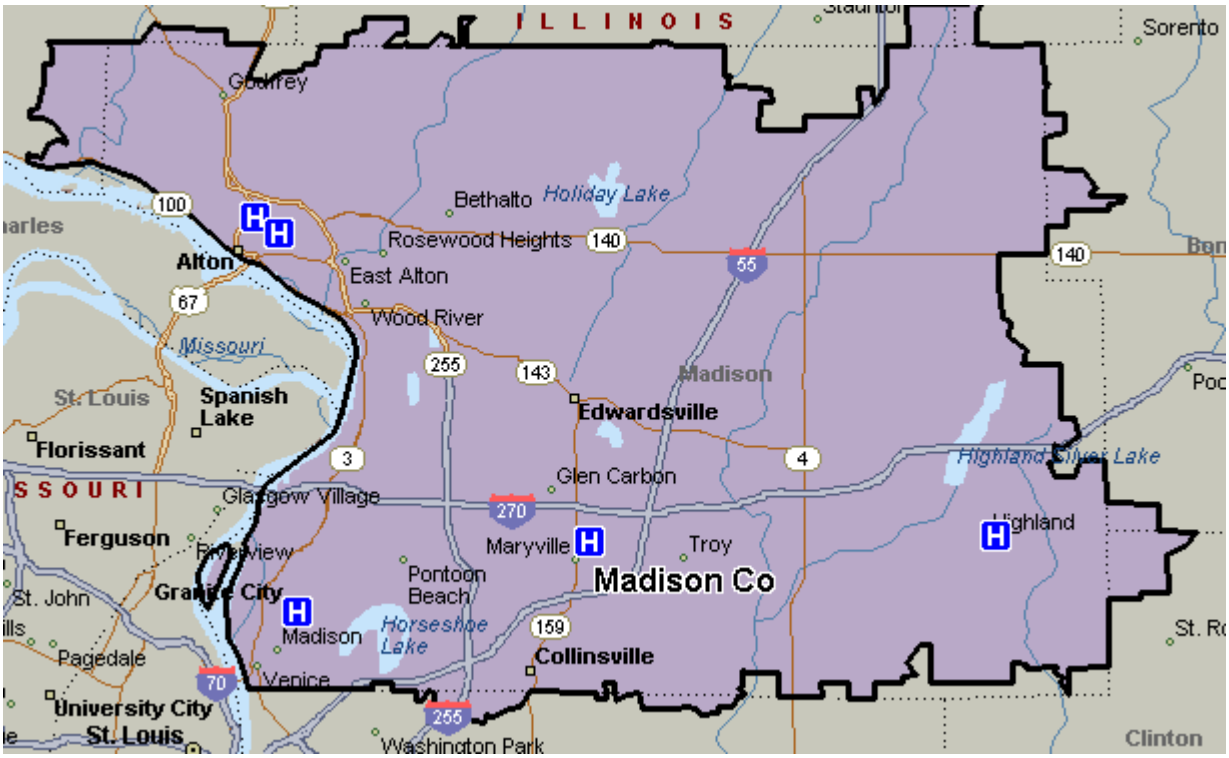
[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.
[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."
[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."
[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.
[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.
Source: U.S. Census Bureau, 2010 Census.

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

ATTACHMENT A, page 5 of 5

The map below outlines Madison County, Illinois.



ATTACHMENT B, Participant Roster of Community Focus Groups:
October 11, 2012 and November 26, 2012

1. Father David Boase	Rector, Episcopal Parish (Alton), supporting an outreach to the needy of the community
2. Dorothy Droste	Retired RN, BSN; serves as Secretary on the Health Advisory Committee of the Madison County Health Department
3. Margaret Freer	Owner, Free Auto Body; community activist involved in fundraisers for local charities for the underserved
4. Sheila Goins	Vice President, Shell Community Federal Credit Union. Co-minister of Morning Star Missionary Baptist Church with husband, Pastor David Goins
5. Debbie Hagen	Research & Publications Manager at the River Bend Growth Association, responsible for economic development data collection of local workforce
6. Tom Hoechst	Mayor of Alton
7. Suzanne Lagomarcino	Retired non-profit executive/current board member of the YWCA (Alton), dedicated to improving the lives of women and promoting racial justice.
8. Mike McCormick	Mayor Godfrey
9. Dorothy Strack	Owner, Dick's Flowers; community activist
10. Susie Sweetman	General Manager, Nautilus Fitness Center; personal fitness trainer. Leads programs on exercise, nutrition and weight loss
11. Larry Thompson	Former educator in Alton, current school board member, Rotary district governor and active member of St. Ambrose Catholic Church
12. Angela Valdes	Executive Director of Community Hope Center , a not-for-profit organization dedicated to helping the poor, homeless, children & elderly
13. Nancy Williams	Community Activist, YWCA Board Member; serves on the City of Alton's American with Disabilities Act Committee
14. Karen Wilson	Owner, Karen Wilson State Farm Insurance; Executive Director of Pride Incorporated, area beautification organization, community activist
15. Amy Yeager	Health Promotions Manager for Madison County Health Department and coordinator of the MCHD's community health needs assessment

Observers:

Angela Chambers (focus group facilitator)	BJC Market Research
Amy Bohn	Alton Memorial Hospital
Dave Braasch	Alton Memorial Hospital
Eileen Cheatham	Alton Memorial Hospital
Rusty Ingram	Alton Memorial Hospital
Cathie Ketterer	Alton Memorial Hospital
E.J. Kuiper	Saint Anthony's Health Center
Jacque Meszaros	Saint Anthony's Health Center
Sister M. Mikela Meidl	Saint Anthony's Health Center
Christy Moore	BJC Strategic Planning
Diane Schuette	Saint Anthony's Health Center
Tammy Stilwell	Saint Anthony's Health Center
Judy Roth	Alton Memorial Hospital
Dave Whaley	Alton Memorial Hospital
Tina Zumwalt	Saint Anthony's Health Center

ATTACHMENT C, Assessment Worksheet for Focus Groups

MADISON COUNTY NEEDS ASSESSMENT WORKSHEET

1. In your opinion, what are the three greatest health needs or challenges that exist within the Madison county population?

1.)

2.)

3.)

2. To your knowledge, what resources are currently available in Madison county for addressing each one of them? Who/what organization is trying to address them?

1.)

2.)

3.)

3. In your opinion where is the largest gap between an existing need and available services in Madison county?

ATTACHMENT D, Asset Analysis

Need	**Resources**
Substance Use/Abuse:	Chestnut in Granite City and Edwardsville
- including alcohol - specifically mentioned underage drinking - including drugs (heroin, meth, cocaine) - addiction prevention - tobacco	Al-anon, AA, Nar-anon Wellsprings (2) Educational programs Treatment centers in Caseyville and St. Louis Healthcare centers offer workshops, classes, seminars to address lifestyle issues
Obesity:	Health Clubs
- including lack of good nutrition - lack of physical activity - poor health food choices - major contributor to other diseases - parents not good role models - both adults and children - Unable to join gyms due to affordability	Educational programs in school on healthy food and lifestyle choices Social media Madison County Partnership for Community Health (MCPCH) Madison County Obesity Prevention Committee (SIUE, YWCA, Roth, MCHD) Senior Services Plus (2), Weight Watchers, Curves, YWCA (2) Madison County Health Department
Lack of insurance coverage:	Urban League
- poverty - healthcare for the uninsured small business owner/family - preventive care for un and underinsured - affordable insurance - affordable care/insurance assistance - high cost of health insurance coverage - the uninsured make too much for Medicaid but too little for private insurance	Arms of Love Hope Center LCCC nursing program Southern IL Healthcare Foundation mobile unit Community Hope Center clinics Lack of awareness of SHP offices at AMH and Senior Services Prescription card through RBGA
Mental health:	School programs; specifically on bullying
- teen suicide - adult suicide - bullying in schools	Well Springs in Alton Alton Mental Health Churches, Social Service Agencies
Access to physicians:	Recruitment by hospitals
- including specialists (urology, dermatology, pulmonology)	
- finding physicians on individual health insurance plans	

Dental care:	SIU School of Dental Medicine, area dentists
Transportation: - especially for the handicapped - distance between here and St. Louis	Saint Anthony's has valet service but AMH does not at MOBs ACT and Senior Services transport locally but not to St. Louis
Lack of education about personal health (Health Literacy):	Schools
- lack of knowledge to navigate the insurance system	Churches
Housing/Homelessness:	Madison County Community Development
	Madison County Continuum of Care Salvation Army, Local shelters
Diabetes:	Hospital diabetes programs
- especially in young people	
Reproductive health issues:	
- STDs - teen pregnancy	Madison County Health Department
Air Quality/environment	

ATTACHMENT E, Gaps

Discussion:

FEEDBACK ON GREATEST GAPS BETWEEN NEEDS AND AVAILABLE RESOURCES

Better Communication and less competition between doctor, hospital, family and caregivers

Create urgency to address these issues

Personal responsibility for one's own health

Community engagement and commitment to come together and make significant changes

Knowing what resources are available

Waiting list for housing programs

Money – there are insufficient funds available to meet the growing needs of the community.

Transportation

Affordable drug treatment

Not enough drug treatment facilities in this market

Adult dental care

The inequality of care for the poor compared to those who are insured.

Breakdown in homes, families

Prevention services

Health education in schools

Extremely long ER wait times

ATTACHMENT F, Health Data Presented to Focus Groups

Madison County Community Health Needs Assessment

Alton Memorial Hospital, Saint Anthony's Health Center, Saint Clare's Hospital

December 5, 2012

Alton Memorial Hospital
BJC HealthCare

Saint Anthony's Health Center

Saint Clare's Hospital

Overview

- The Patient Protection and Affordable Care Act (PPACA) (March 2010) requires that each not-for-profit hospital conduct a Community Health Needs Assessment (CHNA) every three years.
- The assessment must take into account input from those who represent the broad interests of the community served by the hospital, including those with special knowledge or expertise in public health.
- Alton Memorial Hospital and Saint Anthony's Health Center have chosen Madison County for their community health needs assessment.

ALTON MEMORIAL HOSPITAL BJC HealthCare | SAINT ANTHONY'S HEALTH CENTER | SAINT CLARE'S HOSPITAL

Today's Objectives

- Present community health needs as identified through discussion and worksheets during the first Focus Group meeting (October 11, 2012).
- Present secondary data that were found to help clarify and validate these needs.
- Get additional feedback from the community stakeholders to prioritize health needs based on primary and secondary data.
- Feedback will be taken into account in an advisory capacity as Alton Memorial Hospital and Saint Anthony's Health Center develop their implementation plans. Upon completion, the hospital's plans will be made public through their websites.

ALTON MEMORIAL HOSPITAL BJC HealthCare | SAINT ANTHONY'S HEALTH CENTER | SAINT CLARE'S HOSPITAL

Major Data Sources

Healthy Communities Institute: Provides an online dashboard of health indicators for Madison County as well as the ability to evaluate and track the information against state and national data and Healthy People 2020 goals.

- Sources of data include the National Cancer Institute, Environmental Protection Agency, US Census Bureau, US Department of Education, and other national, state, and regional sources.

Healthy People 2020: An initiative of the US DHHS, Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. These goals encourage collaborations across communities and sectors, empower individuals to make informed health decisions, and measure the impact of prevention activities.

Alton Memorial Hospital BJC HealthCare | Saint Anthony's Health Center | Saint Clare's Hospital

Summary of Focus Group Results

Focus Group Feedback

- Based on feedback from the focus group worksheets, the most frequently mentioned needs in Madison County include the following:

Health Issue	# of Mentions
Access (Insurance, Transportation, Physician Supply)	11
Substance Use/Abuse	7
Healthy Lifestyles (Obesity & Smoking)	7
Mental Health	3
Dental Care	2
Health Literacy	2
Housing/Homelessness	2
Chronic Conditions & Cancer	2
Reproductive Health	2
Air Quality	1

Alton Memorial Hospital BJC HealthCare | Saint Anthony's Health Center | Saint Clare's Hospital

Outline for Today's Discussion

- Demographics & Socioeconomic Indicators
  - Housing and Homelessness
- Access
  - Physician Availability
  - Transportation
- Substance Abuse
- Healthy Lifestyles
- Mental Health
- Dental Care
- Health Literacy
- Chronic Conditions
- Cancer
- Reproductive Health Issues
- Air Quality
- Next Steps

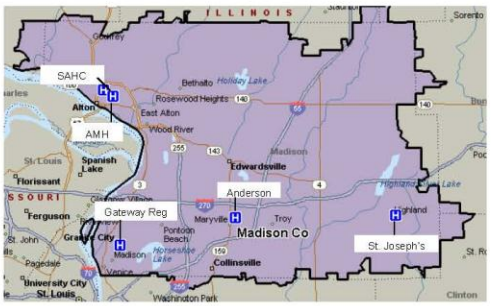
Alton Memorial Hospital (BJC HealthCare) | Saint Anthony's Health Center | Saint Clare's Hospital

Demographics

- Characteristics of Madison County and Illinois

Alton Memorial Hospital (BJC HealthCare) | Saint Anthony's Health Center | Saint Clare's Hospital

Madison County



Alton Memorial Hospital (BJC HealthCare) · Saint Anthony's Health Center · Saint Clare's Hospital

Demographics

	Madison County	Illinois
Total Population	'11: 364,402 · '16: 396,826	'11: 12.8 M · '16: 13.1 M
CAGR '11-'16:	0.2%	0.3%
Population By Age *(2011)*	61,891 · 62,546 · 73,855 · 32,583 · 39,061	3.2 M · 3.0 M · 3.6 M · 1.5 M · 1.6 M
	<18 · 18-34 · 35-54 · 55-64 · 65+	<18 · 18-34 · 35-54 · 55-64 · 65+
% of Total	*22.9 · 23.2 · 27.4 · 12.1 · 14.5*	*24.6 · 23.5 · 27.7 · 11.4 · 12.7*
Race (2011)	87% · 8% · 2% · 2%	64% · 14% · 16% · 6%
	White · Black · Hispanic · Other	White · Black · Hispanic · Other

Source: Thomson

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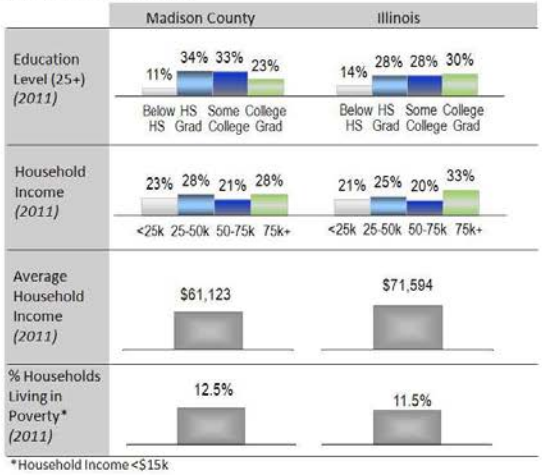
Socioeconomic Indicators



*Household Income <$15k

Source: Thomson

Socioeconomic Factors

Socioeconomic Indicators	Madison County	Status	IL	U.S.
Social & Economic Factors Ranking (Of 102 IL Counties) *('12)*	52	🟡	-	-
Students Eligible for Free Lunch Program *('09)*	35.2%	🟢	-	39.9%*
Children Living Below Poverty Level *('10)*	19.3%	🟡	-	20.4%*
Renters Spending >30% of Income on Rent *('10)*	52.0%	🔴	-	46.0%*
Unemployment *(July '12)*	9.4%	🔴	-	7.90%
Households With Public Assistance *('10)*	1.4%	🟢	-	2.0%
Homeownership *('10)*	68.2%	🟢	-	61.5%
Foreclosure Rate *('08)*	4.6%	🟡	-	4.8%*
High School Dropout Rates *('09-'10)*	15.0%	🔴	11.6%	-

🔴 Worse than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Better than IL/U.S.

- According to the Madison County Continuum of Care, there were 411 homeless individuals identified during the January 2012 point-in-time count.
  - Of the 411 total individuals identified, 50% reported having stayed in either Alton (36%) or Granite City (14%) the previous night.
- The number of homeless individuals decreased by 138 from 2011 to 2012.

Source: HCI, Madison Co Point-In-Time Homeless Count, IL State Board of Edu

Access

- Many are uninsured or under-insured and therefore have trouble accessing the healthcare services they need
- Preventive care is a struggle for those without insurance
- Access to specialists can be difficult
- Transportation issues inhibit some from accessing care

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Access

Access	Madison County	Status	IL	U.S.	HP 2020
Clinical Care Ranking (of 102 IL Counties) *('12)*	28	●	-	-	-
Adults With Health Insurance (18-64 with any coverage) *('10)*	86.0%	●	-	80.4%*	100%
Children With Health Insurance *('10)*	95.9%	●	-	93.8%*	100%

*Indicates the lower limit of the 50th percentile.

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S.

- For many people, the high costs of care prohibit them from seeking treatment and/or obtaining necessary prescription medication. Due to the high cost of care:
  - 7.6% of 2009 Madison County adults did not visit the doctor in the last year
  - 13.8% of 2009 Madison County adults did not fill a prescription.

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Source: HCI, BRFSS

Physician Availability

- Physician demand data indicate a need for nearly all specialties in Madison County.
  - Specialties with the highest need include:
    1) Psychiatry
    2) Primary Care
    3) Pediatrics
    4) Orthopedics
- The need for physicians is partly a result of the fact that there are no caps on medical malpractice in Illinois. Many physicians left Madison County in 2001 after their malpractice insurance rates more than tripled.
  - "Illinois is uniquely disadvantaged because Illinois law is very unfriendly to patients and doctors and very friendly to personal injury lawyers," says Rep. Mark Kirk (R-IL).
  - "We are the number one state in the Union for filing a class-action lawsuit, especially in Madison County, a place that has very few physicians. To insure a neurosurgeon in Wisconsin you have to pay $50,000. To insure a neurosurgeon in Illinois, you have to pay $250,000. The personal injury lawyers will tell you that's because a Wisconsin neurosurgeon is five times better than an Illinois neurosurgeon. But the reality is Wisconsin has passed legislation to protect their physicians, and we haven't."

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Source: Thomson, Chicago Life Magazine-2005

Transportation

Transportation	Madison County	Status	IL	U.S.
Households Without a Vehicle *('10)*	5.6%	🟡	-	5.7%*
Workers Commuting by Public Transportation (% Age 16+) *('10)*	1.3%	🔴	-	0.3%*
Mean Travel Time to Work (Age 16+, minutes) *('10)*	24.3	🔴	-	22.4*

*Indicates the lower limit of the 50th percentile.

🔴 Higher than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Lower than IL/U.S.

- Madison County Transit provides public transportation to healthcare facilities:
  - #8 Central Shuttle to Saint Anthony's Health Center
  - #11 Brown Shuttle to Alton Memorial Hospital
  - #2 Granite City Shuttle to Gateway Regional Medical Center
  - #7 Alton-Edwardsville to Saint Anthony's Health Center
  - #13 Troy-Glen Carbon Shuttle to Anderson Hospital
- Madison County Transit provides income-based free rides to seniors 65+. All vehicles are wheelchair accessible and have priority seating for passengers with disabilities.
  - Service requires identification registration at an identification distribution session that is held one evening per month.
- Med Cab also provides transportation services to medical appointments.

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Source: HCI, Madison Co Transit, Madison Co Comm Dev Resource Listings

Substance Abuse

- Drug/alcohol abuse and smoking contribute to many health problems
- Substance abuse leads to other problems such as unwanted pregnancy, crime, and high school dropouts
- There is a need for a range of treatment services that can help people on an inpatient and outpatient basis

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Substance Abuse

Substance Abuse	Madison County	Status	IL	U.S.	HP 2020
Teens who use Alcohol ('10)	46.0%	🔴	43.6%	-	-
Teens who use Marijuana ('10)	24.0%	🟡	25.3%	-	-
Liquor Store Density (per 100,000 pop) *('10)*	4.8	🟢	-	10.4*	-
Adults Who Drink Excessively (in past 30 days) *('10)*	24.6%	🔴	-	14.5%*	25.3%
Violent Crime Rate *('09)*	394.7	🔴	271.5	-	-

*Indicates the lower limit of the 50th percentile.

🔴 Worse than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Better than IL/U.S.

Current use rates for alcohol and marijuana for Alton area youth are as follows:

8th Grade Students

- 20% of students reported drinking alcohol in the past month
- 13% of students report smoking marijuana in the past month

10th Grade Students

- 37% of our 10th grade students report drinking alcohol in the past month
- 29% of our 10th grade students report smoking marijuana in the past month

- This data indicate that approximately 2 out of every 5 teens are drinking alcohol on a regular basis and 1 out of every 3 teens are smoking marijuana on a regular basis.

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Source: HCI, Drug Free Alton Coalition

Substance Abuse

Alcohol/Drug Related Hospitalizations	Urban IL Co	Status	IL
Alcohol/Drug Induced Mental Disorders (All ages, per 100,000 pop) *('04)*	114.9	●	269.1

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S.

Adults

- According to Substance Abuse and Mental Health Services Administration (SAMHSA)'s 2009 National Survey on Drug Use and Health, 718,000 Illinois adults had used illicit drugs in the past month and 547,000 had used marijuana in the past month.
- According to SAMHSA, 757,000 Illinois adults had an illicit drug or alcohol abuse dependence problem in the past year and 927,000 needed but did not receive treatment.
- In 2009, there were 91,891 hospital admissions in Illinois for substance abuse treatment (712 per 100,000 pop).
  - Admissions are at the lowest rate in 10 years due in part to funding cuts for state-funded substance abuse treatment.

Children

- The University of Illinois' 2010 youth study on substance abuse found that across the state, marijuana was used by 25% of 12th graders, but less than 6% had reported using illicit drugs.

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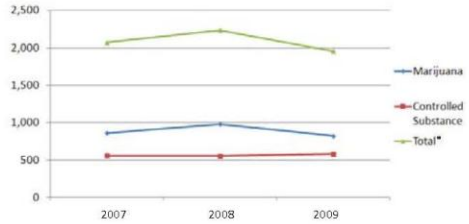
Source: IDPH, ICJIA

Substance Abuse

Madison County Drug Arrest Rates (per 100,000 pop)



Drug Arrest Rates (per 100,000 pop)	2007	2008	2009	Chg ('07-'09)
Marijuana	862	980	824	-38
Controlled Substance	557	551	580	23
All Drugs	2,072	2,233	1,958	-114

*Other arrests include those for hypodermic syringes & needles and drug paraphernalia

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Source: Madison Co Comm Health Needs Assessment

Healthy Lifestyles

- Obesity is a problem in the community largely due to the lack of good nutrition and exercise
- Often, parents are not good role models for their children
- Many are unable to access fitness facilities due to financial hardship

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Overall Population Health

Overall Health Status	Madison County	Status	IL	U.S.
General Health Assessment: Fair or Poor *('10)*	16.5%	🔴	-	16.0%*
Poor Physical Health Days (in past 30 days) *('10)*	3.9	🔴	-	3.7*
Health Behaviors Ranking (Of 102 IL Counties) *('12)*	80	🔴	-	-
Physical Environment Ranking (Of 102 IL Counties) *('12)*	102	🔴	-	-
Premature Death (# Years lost) (per 100,000 pop) *('08)*	7,710	🟢	-	8,065*

*Indicates the lower limit of the 50th percentile.

🔴 Worse than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Better than IL/U.S.

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Source: HCI

Smoking & Obesity

Smoking and Obesity	Madison County	Status	IL	U.S.	HP 2020
Adults who Smoke *('10)*	22.2%	●	-	20.9%	12.0%
Teens who Smoke *('10)*	20.0%	●	17.6%	-	-
Adults who are Overweight *('09)*	35.9%	=	-	-	-
Adults who are Obese *('09)*	28.6%	=	-	-	30.6%
Low Income Preschool Obesity *('10)*	10.4%	●	-	14.0%*	-
Recreation and Fitness Facilities (per 1,000 pop) *('09)*	0.13	●	-	0.07*	-
Sedentary Adults *('09)*	28.0%	●	29.7%	-	-
Grocery Store Density (per 1,000 pop) *('09)*	0.15	●	-	0.21*	-
Fast Food Restaurant Density (per 1,000 pop) *('09)*	0.69	●	-	0.57*	-
Adult Fruit & Vegetable Consumption *('07)*	20.1%	=	-	-	-

*Indicates the lower limit of the 50th percentile.

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S. = Same as Prior Year

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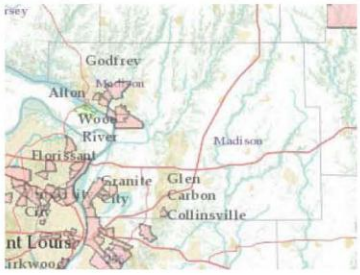
Source: HCI

Food Deserts

- A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store.
  - There are a few areas that qualify as food deserts in the northern part of the county near Wood River and Alton and in the southern part of the county near Granite City.



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Source: USDA Food Desert Locator

Mental Health

- Many mental health issues go undiagnosed
- People with severe mental health issues tend to have problems finding housing and are more likely to end up homeless

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Mental Health

Mental Health	Madison County	Status	IL	U.S.	HP 2020
Poor Mental Health Days (in last 30) *('10)*	3.8	🔴	-	3.4*	-
Inadequate Social Support (adults) *('10)*	16.6%	🟢	-	19.1%*	-
Death Rate Suicide (per 100,000 pop) *('09)*	12	🟡	-	13.3	10.2

Mental Health Hospitalizations	Urban IL Co	Status	IL
Anxiety Related Hospitalizations (All ages, per 100,000 pop) ('04)	29.3	🟢	34.0

*Indicates the lower limit of the 50th percentile.

🔴 Worse than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Better than IL/U.S.

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Source: HCI, IDPH

Dental Care

- Dentists often do not accept Medicaid and Medicare does not cover dental care
- Gaining access to a dentist in a timely manner can be difficult

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Dental Care

Dental Health	Madison County	Status	IL	U.S.
Adults who Visited a Dentist *('09)*	62.8%	=	-	-
Dentists (per 100,000 pop) *('07)*	65	●	-	30*

*Indicates the lower limit of the 50th percentile.

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S. = Same as Prior Year

Local Resources for lower-cost dental care:

SIUE School of Dental Medicine

- SIUE School of Dental Medicine offers dental services at their clinic in Alton.
- In 2011, the SIU dental school saw over 8,000 patients and managed over 34,000 patient appointments.
  - Medicaid covered 23% of these patients.

Lewis & Clark Community College

- Lewis and Clark Community College offers dental services through their LCCC Dental Clinic.
- Dental hygiene students are supervised by licensed dental hygienists and dentists.
- Services are offered at the following rates:
  - Exam: $12
  - X-Rays: $6-$20
  - Cleanings: Start at $15

Source: HCI, Madison Co Comm Dev Resource Listings, SIUE School of Dental Medicine

Health Literacy

- The ability to understand health information, ask appropriate questions, access health services when needed, and take medication correctly are all required to be an educated health consumer, and are part of what is referred to as "health literacy."
- Being "health literate," or having someone act as an advocate on your behalf, is a necessary requirement in today's complex health system for a person to receive timely and effective healthcare services.

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Health Literacy

Health literacy : the degree to which individuals have the capacity to obtain, communicate, process and understand the basic health information and services needed to make appropriate health decisions.

Patients must:

- Read and evaluate complex health information
- Weigh the risks and benefits of medical procedures
- Comprehend the doctor's advice
- Use math to calculate medicine dosage
- Interpret test results
- Find health information on our own

Why is this important?

- People with low health literacy are:
  - More likely to be hospitalized
  - More likely to use emergency rooms
  - More likely to have medication and treatment errors
  - Less likely to follow through with their treatment plans
  - Less likely to obtain preventative care

Source: Health Literacy Missouri, PPACA 2010, Healthy People 2020

Cost and Impact of Health Literacy

- **Costs due to low health literacy:**
  - Low health literacy costs the U.S. economy between $106 billion and $236 billion annually.
  - For Missouri, the number ranges from $3.3 billion to $7.5 billion annually.
- **Adults with low health literacy tend to:**
  - Have poor health status
  - Use emergency rooms and inpatient care more frequently
  - Have a higher risk of death
- Low health literacy is not associated with gender or measurement instrument but is associated with level of education, ethnicity, and age.
- **Some obstacles to a high level of health literacy:**
  - Language – inability to read or write English
  - Sensory impairment – hearing or visual limitations
  - Vocabulary – lack of familiarity with medical terminology
  - Inability to comprehend the meaning of test results or follow-up instructions

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Source: Source: The Prevalence of Limited Health Literacy, Paasche-Orlow, MD, MPH et al. J Gen Intern Med. 2005 February; 20(2): 175–184.

Chronic Conditions

- Obesity leads to many chronic conditions
- The surrounding environment may contribute to asthma and other diseases

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Chronic Conditions

Chronic Condition	Metric	Madison County	Status	IL	U.S.
Diabetes	Adults with Diabetes *('09)*	10.4%	●	-	10.3%*
	Diabetic Screening-HbA1c in past yr (Medicare patients) *('09)*	82.6%	●	-	83.7%*
	Death Rate - Diabetes (per 100,000 pop) *('04)*	25.9	●	22.0	-
Respiratory Disease	Death Rate - Chronic Lower Resp Disease (per 100,000 pop) *('04)*	69.3	●	43.2	-
Heart Disease	High Cholesterol Prevalence (Age 35+) *('07)*	39.4%	=	-	-
	High Blood Pressure Prevalence (>140/90, % of pop) *('07)*	31.3%	=	-	-
	Death Rate - Cerebrovascular Disease (Stroke)(per 100,000 pop) *('04)*	54.4	●	44.6	-
	Death Rate - Heart Disease (per 100,000 pop) *('04)*	262.2	●	201.1	-

Asthma Hospitalization	Urban IL Co	Status	IL
Asthma Adult Hospitalization (All ages, per 100,000 pop) *('04)*	126.7	●	157.9

*Indicates the lower limit of the 50th percentile.

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S. = Same as Prior Year

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Source: HCI, IDPH

Cancer

- Cancer screening programs could catch the disease before it spread
- Awareness is key to getting individuals in for screening

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Cancer

Cancer Type	Metric (per 100,000 pop)	Madison County	Status	IL	U.S.	HP 2020
All Cancer	Incidence Rate *('09)*	490.4	🔴	466	465.0	-
	Death Rate *('09)*	191.5	🔴	186.6	178.7	160.6
Breast	Incidence Rate *('09)*	120.5	🔴	116.7	122.0	-
	Death Rate *('09)*	21.2	🟡	24.2	23.0	20.6
Prostate	Incidence Rate *('09)*	139.2	🟢	145.6	151.4	-
	Death Rate *('09)*	18.9	🟢	25.5	23.6	22.1
Colorectal	Incidence Rate *('09)*	53.1	🔴	48.5	46.2	-
	Death Rate *('09)*	17.6	🟡	18.4	16.7	14.5
Lung & Bronchus	Incidence Rate *('09)*	85.7	🔴	74.6	67.2	-
	Death Rate *('09)*	62.0	🔴	52.4	50.6	45.5

🔴 Worse than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Better than IL/U.S.

Source: HCI

Reproductive Health

- Teen pregnancy and high STD rates are big issues in the community

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Reproductive Health

Reproductive Health	Madison County	Status	IL
Teen Births *('09)*	2.6%	●	2.9%*
Babies with Low Birth Weight *('08)*	7.4%	●	7.9%*
Infant Mortality Rate (per 1,000 live births) *('08)*	6.4	●	6.5*
Mothers who Received Early Prenatal Care *('06)*	86.4%	●	86.7%*
Mothers who Smoked During Pregnancy *('08)*	17.9%	●	19.7%*
Preterm Births *('08)*	10.5%	●	10.8%*
Chlamydia Incidence Rate (per 100,000) *('09)*	372.7	●	203.2*
Gonorrhea Incidence Rate (per 100,000) *('08)*	105	●	165

*Indicates the lower limit of the 50th percentile.

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S.

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Source: HCI, Madison Co Community Health Needs Assessment

Air Quality

- Poor air quality in the area may contribute to chronic respiratory diseases

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Air Quality

Air Quality	Madison County	Status
Annual Ozone Air Quality (ALA Grade) *('10)*	F	-
Annual Particle Pollution (ALA Grade) *('10)*	C	-
Recognized Carcinogens Released into Air (lbs) *('10)*	106,519	↑

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S. ↑ Higher than Prior Year

- When inhaled, ozone and particle pollution irritate the lungs and can cause respiratory and cardiac health effects.
- People with lung and heart diseases are at higher risk when there are high levels of ozone and particle pollution in the air.
- Minorities and lower income groups are often disproportionately affected by air pollution which can put them at higher risk for illnesses.
- Over the past 20 years, Illinois has had one of the highest asthma mortality rates in the nation, and has seen increasing prevalence, morbidity and mortality rates.

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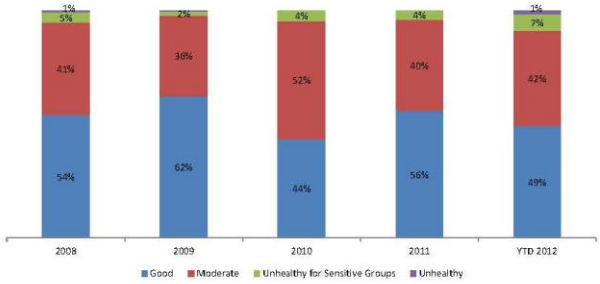
Source: HCI, ALA, IDPH Illinois Asthma State Plan

Air Quality



- Looking at the results of air quality measurements for Madison County taken over that last five years suggest that there has been relatively little improvement in the percent of "good" air quality days to which area residents have been exposed.

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Source: US EPA Air Quality Index Report

Next Steps

We are going to ask you to re-evaluate your perception of the healthcare needs in Madison County.

Based on the feedback from this meeting as well as the new worksheet data, Alton Memorial Hospital and Saint Anthony's Health Center will evaluate their priorities.

- Where can each hospital have the greatest impact?
- How do these priorities align with each hospital's mission and resources?
- Are other providers already addressing some of these needs?

Alton Memorial and Saint Anthony's will each be developing a needs assessment and implementation plan.

We will follow up with you when this work is completed and available for review on the hospital's web site.

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Community Feedback
#1- Rank each health issue based on your level of concern

Health Issue	Level of Community Concern				
	Low		Moderate		High
Access to health services	1	2	3	4	5
Substance Abuse	1	2	3	4	5
Healthy Lifestyles (smoking, obesity)	1	2	3	4	5
Mental health	1	2	3	4	5
Dental Care	1	2	3	4	5
Health Literacy	1	2	3	4	5
Chronic Conditions	1	2	3	4	5
Cancer	1	2	3	4	5
Reproductive Health	1	2	3	4	5
Air Quality	1	2	3	4	5

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Community Feedback

#2-Rank the potential to unify around each health issue

Health Issue	Does this issue have the potential to unify individuals, groups, and organizations to act together?				
	Little or No Potential		Some Potential		Significant Potential
Access to health services	1	2	3	4	5
Substance Abuse	1	2	3	4	5
Healthy Lifestyles (smoking, obesity)	1	2	3	4	5
Mental health	1	2	3	4	5
Dental Care	1	2	3	4	5
Health Literacy	1	2	3	4	5
Chronic Conditions	1	2	3	4	5
Cancer	1	2	3	4	5
Reproductive Health	1	2	3	4	5
Air Quality	1	2	3	4	5

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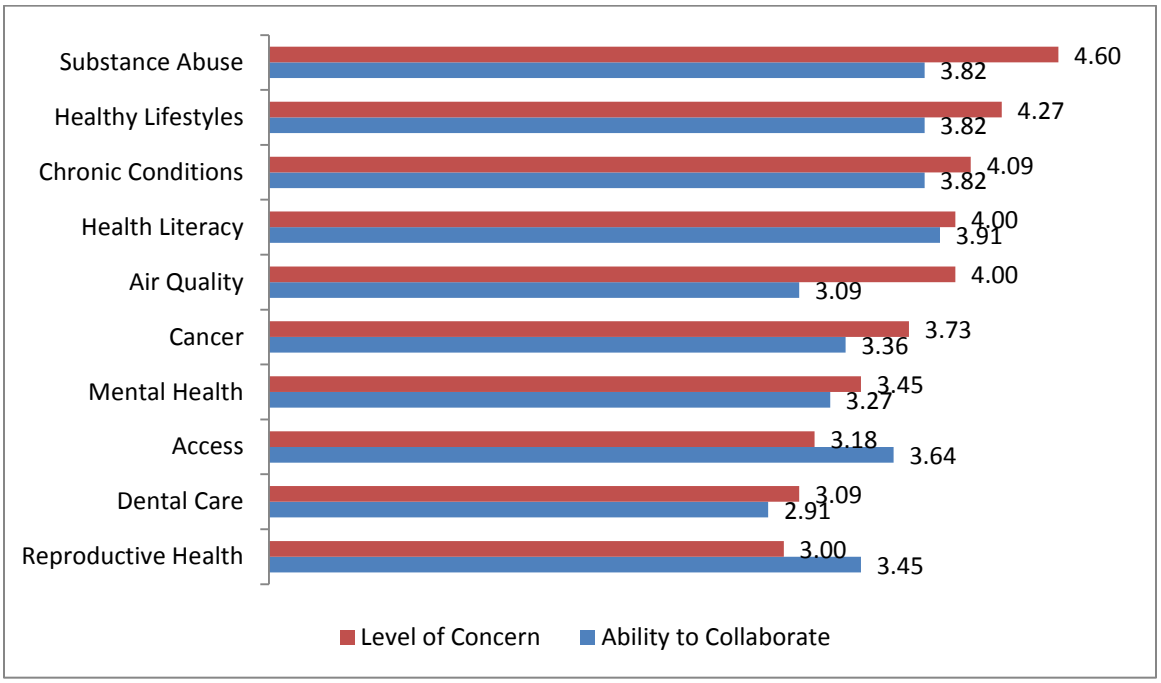
Attachment G, Key Findings from Focus Group #2 – November 26, 2012



After viewing the secondary data for the previously identified community health needs, key stakeholders were asked to evaluate each of them based on two attributes: level of community concern and potential to collaborate around the health issue. Each was rated on a scale of 1 (low) to 5 (high).

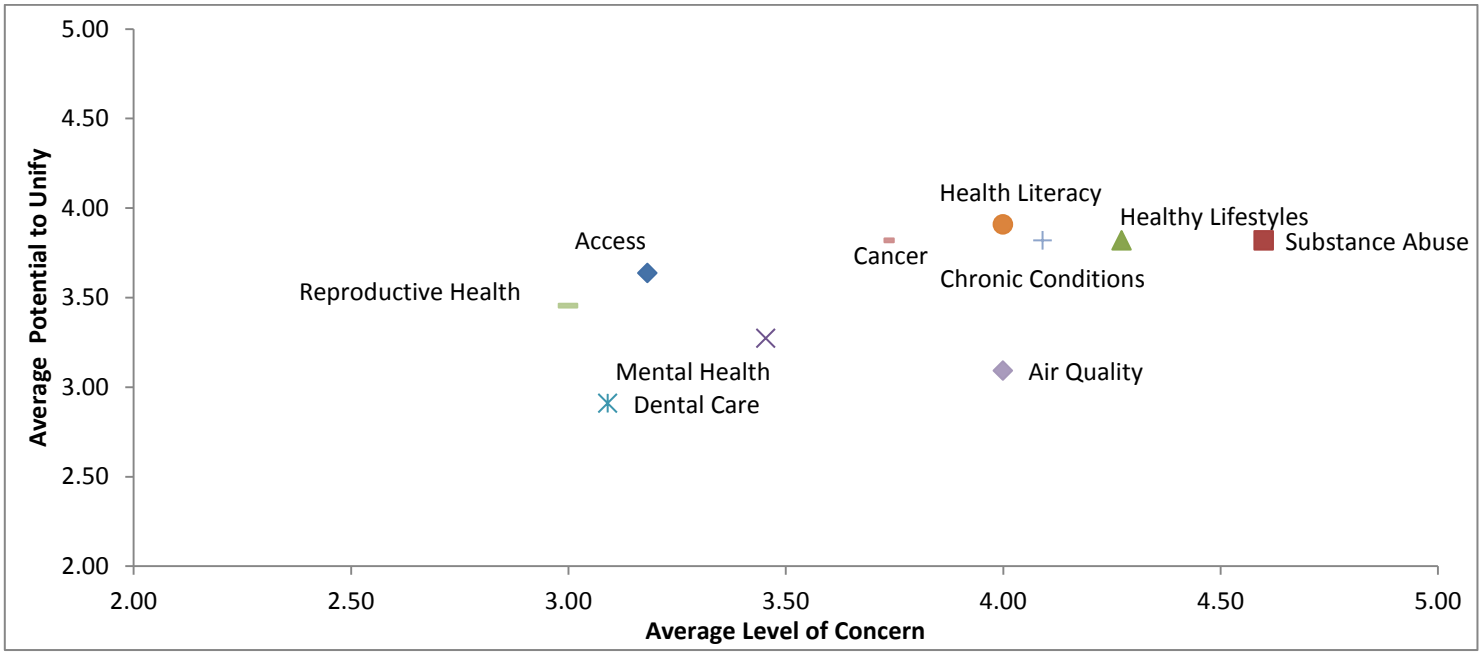
Substance Abuse, Healthy Lifestyles, Chronic Conditions, Health Literacy were rated highest in terms of level of community concern and ability to collaborate.

Air quality, Cancer and Mental health were also rated higher in terms of need or concern, but low relative to ability to collaborate.

Access to care was rated lower in terms of need but higher in ability to collaborate.

Dental Care and Reproductive Health were rated relatively low with regard to both attributes.

Plot of Average Ability to Collaborate by Level of Community Concern



Potential to Unify	Health Topic Ranking	
High	Access to Care	Substance Abuse Healthy Lifestyles Chronic Conditions Health Literacy
Lower	Reproductive Health Dental Care	Air Quality Cancer Mental Health
	Lower	High
	Level of Community Concern	

Attachment H, Prioritized Health Needs

Access – Insurance, Transportation, Physician Availability: (11 mentions)

- Many are uninsured or under-insured and therefore have trouble accessing the healthcare services they need.
- Preventive care is a struggle for those without insurance.
- Finding physicians who accept specific insurance plans is challenging. There are currently long waits to get an appointment.
- Access to specialists can be difficult, especially urology, dermatology, and pulmonology.
- Transportation issues inhibit some from accessing care
- The cost of health insurance is very expensive.
- There are those who fall in the gap: making too much for Medicaid but can't afford private health insurance.
- The cost of medications can be prohibitive even if you have health insurance.

Substance Use/Abuse: (7 mentions)

- Drug/alcohol abuse and smoking contribute to many health problems.
- Substance abuse leads to other problems such as unwanted pregnancy, crime, and high school dropouts.
- There is a need for a range of treatment services that can help people on an inpatient and outpatient basis.
- There is a specific concern about underage drinking as well as illegal drugs such as heroin, meth and cocaine. Addiction to prescription medications is also an issue.
- There are a limited number of intervention and treatment programs close to Madison County.
- The prevention programs that used to be available in the schools are no longer funded.

Healthy Lifestyles – Obesity and Smoking: (7 mentions)

- Obesity is a problem in the community largely due to the lack of good nutrition and exercise.
- It is a major contributor to chronic diseases.
- Often, parents are not good role models for their children.
- Many are unable to access fitness facilities due to financial constraints.
- Chewing tobacco is also a concern.
- We need to be more proactive about avoiding obesity through education rather than facing the costs of the problems it creates.
- Junk food is cheaper than fresh fruits and vegetables and that influences people's choices.
- Can we make it easier for people to walk and bike in our communities so as to increase their level of physical activity?
- Individuals need to take personal responsibility for their health and making good choices.
- If people aren't learning these things at home, we need to bring educational programs into the community.

Mental Health: (3 mentions)

- Many mental health issues go undiagnosed.
- People with severe mental health issues tend to have problems finding housing and are more likely to end up homeless.
- There is a concern about suicide rates, both teen and adult.
- Bullying in schools is also an issue.

Dental Care: (2 mentions)

- Dentists often do not accept Medicaid, and Medicare does not cover dental care.
- Gaining access to a dentist in a timely manner can be difficult.

Health Literacy: (2 mentions)

- The ability to understand health information, ask appropriate questions, access health services when needed, and take medication correctly are all required to be an educated health consumer.
- Being "health literate," or having someone act as an advocate on your behalf, is a necessary requirement in today's complex health system for a person to receive timely and effective healthcare services.
- There is a lack of education about personal health, and knowledge to navigate the health insurance system.
- In the area of breast cancer, there are now breast health navigators that help women get what they need in terms of diagnosis and treatment.

Housing/Homelessness: (2 mentions)

- There are often many families living under one roof, living in their cars, not knowing where they are going to sleep tonight.
- There are not enough shelters to accommodate the need.
- Many of those who are homeless also suffer from mental illness.

Chronic Conditions/Cancer: (2 mentions)

- Obesity leads to many chronic conditions.
- The surrounding environment may contribute to asthma and other diseases.
- Cancer screening programs could detect the disease before it spreads.
- Awareness is key to getting individuals in for screening.
- Diabetes is becoming more prevalent.

Reproductive Health: (2 mentions)

- Maternal health care issues are a concern.

- Teen pregnancy and high STD rates are big issues in the community.

Air Quality: (1 mention)

- Poor air quality in the area may contribute to chronic respiratory diseases.

The following topics were not mentioned on the worksheets, but were discussed during the course of the focus group:

Need for Social Support: There are those individuals who live alone who have limited contact with the community. They often don't hear about the health-related programs that might be of value to them.

Saint Clare's Hospital

Community Health Needs Assessment

Summary of 2012 Community Health Needs Assessment

SAINT CLARE'S HOSPITAL

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C. Assessment Worksheet for Focus Groups
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2012 Community Health Needs Assessment Summary:

An assessment of Madison County conducted jointly by Saint Anthony's Health Center, Saint Clare's Hospital and Alton Memorial Hospital.

In the fall of 2012, a community health needs assessment (CHNA) was conducted by Saint Anthony's Health Center, Saint Clare's Hospital and Alton Memorial Hospital for the 269,000+ residents of Madison County, Illinois. Potential information gaps related to members of medically underserved, low-income and minority populations, and populations with chronic disease needs were avoided by obtaining input from community members professionally committed to advancing the health needs of all members of the community, including parish, county health and crisis centers. Madison County includes its county seat, Edwardsville, and is suburban part of the Metro-East area of St. Louis. The three hospitals (Saint Anthony's Health Center, Saint Clare's Hospital, Alton Memorial Hospital), serve the Southwestern Illinois and northern segment of Madison County, commonly called the RiverBend region.

Description of Community Served by the Hospitals	Madison County is part of the Metro-East region of the St. Louis Metro Area. According to the 2010 census, population is 269,282, an increase of 4.0% from 258,941 in 2000. The county seat is Edwardsville, home to Southern Illinois University Edwardsville; Lewis & Clark Community College, a growing community college, is located in Godfrey. According to the 2010 census, the county has a total area of 740.56 square miles (1,918.0 km2), of which 715.58 square miles (96.63%) is land and 24.98 square miles (3.37%) is water. Madison County is on the Mississippi River. Data and a map detailing current demographics, including income levels, age, race/ethnicity and education attainment for Madison County is included in Attachment A. The hospitals serve the following communities in Madison County, considered more of the southwestern Illinois region: Alton, Bethalto, East Alton, Foster Township, Godfrey, Hartford, Roxana, South Roxana, Wood River and Wood River Township.
Who was involved in the Assessment	The assessment process was initiated and co-chaired jointly by the Alton hospitals – Saint Anthony's Health Center, Saint Clare's Hospital and Alton Memorial Hospital. The three entities provided roughly equal financial and in-kind support for the assessment process. Key stakeholders who would have specific insights into the healthcare needs of the area were invited to participate in the CHNA,

representing ethnic and patient-type groups. Staff from the public health department provided input in this exercise.

How the Assessment was Conducted

Hospital representatives formulated a two-step process. An initial focus group was conducted in October to solicit feedback on the needs of the Madison county population (*See Attachment A* for demographic data, maps). A second meeting was held in November to share the results of the first focus group as well as the findings from additional secondary data analyses.

The first focus group was held on the afternoon of October 11, 2012 at the Holiday Inn in Alton, IL. It lasted 2 hours and was moderated by Angela Ferris Chambers, Manager of Market Research for BJC HealthCare. As Market Research Manager, Ms. Chambers has conducted a number of Community Health Needs Assessments for BJC HealthCare, a health system of 13 hospitals and multiple community health locations throughout Missouri and Illinois.

15 individuals representing various Madison County organizations were in attendance at either one or both focus groups. (*See Attachment B*). These organizations were identified by the hospitals as representing key stakeholders who would have specific insights into the healthcare needs of the area. Each individual was sent a worksheet to complete prior to that afternoon, to identify their perceptions of the greatest healthcare needs in Madison County, their knowledge of available resources to address these needs and the greatest "gap" that exists between need and available resources (*Attachments C, D, E*).

Dave Braasch, AMH President, welcomed participants at the beginning of the meeting and E.J. Kuiper, President of Saint Anthony's Health Center & Saint Clare's Hospital in Alton, IL, thanked them for attending.

On November 26, the same group of community leaders was invited back to the Holiday Inn. At that meeting, Angela Ferris Chambers of BJC Market Research presented the healthcare needs that were identified in the earlier group, along with available secondary data that attempted to quantify the size of each (*Attachment F*).

	At the end of the second meeting, community leaders were asked to re-evaluate the identified health care needs in terms of their priority for the community as well as the ability for the community to collaborate around them. Those results were compiled and are presented at the end of this report (*Attachment G*). E.J. Kuiper, President of Saint Anthony's Health Center & Saint Clare's Hospital in Alton, IL, brought the meeting to a close. He expressed his thanks on behalf of Saint Anthony's Health Center, Saint Clare's Hospital and Alton Memorial Hospital to community leaders for taking the time to participate.
Health Needs Identified	The transcript of the October 11, 2012 focus group was analyzed in conjunction with the completed worksheets that were returned by community stakeholders. The following needs were identified and are listed from those most frequently mentioned to least. Comments made during the focus group are included in *Attachment G*. • Access – Insurance, Transportation, Physician Availability • Substance Use/Abuse • Healthy Lifestyles – Obesity and Smoking • Mental Health • Dental Care • Health Literacy • Housing/Homelessness • Chronic Conditions/Cancer • Reproductive Health • Air Quality The following topics were not mentioned on the worksheets, but were discussed during the course of the focus group: • Need for Social Support

Community Assets Identified; Roles of Hospitals	The hospitals can bring their programs into the community, where the people are. These can include health education and screening programs. Churches are a great place to reach those who may not ever attend a health event. These types of partnerships can expand the reach that hospitals may not normally have. Other community organizations that were suggested for hospital partnerships include the Community Hope Center, Crisis Food, Highland Area Christian Ministry and Operation Blessing. The parish nurse programs were also complimented for the role they play in the community. Several commented that some of the hospital ads demonstrate the approachability of the medical profession and are very reassuring to those who may be uncomfortable reaching out to a hospital for information. The hospitals need to position themselves as a place you go to maintain your health, not only when you are sick. Another suggestion was to create opportunities to invite people onto the hospital campuses to alleviate any fears they may have and see the hospital as a place to maintain health. Provide some free meeting space and create positive relationships with members of your community along with generating some good will. • For example, if there is a walking path on the hospital grounds, invite area residents to come and use it. • Another suggestion was to offer cooking classes, using the expertise of the dieticians the hospitals have on staff, and perhaps partnering with an area restaurant. • Sponsor AA or Al-anon meetings on the hospital campus.
Summaries: Assessments and Priorities	Assessment data is summarized and prioritized in *Attachment G*, with the number of responses for each identified need.
Next Steps	An internal Community Health Assessment Team (CHAT) has been formulated to develop strategies for each priority. A community report with metrics for identified needs will be published on an annual basis, available at www.sahc.org. The hospitals are committed to conducting another comprehensive needs assessment in three years.

U.S. Census Bureau

AMERICAN FactFinder

DP-1 | Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: Madison County, Illinois

Subject	Number	Percent
SEX AND AGE		
Total population	269,282	100.0
Under 5 years	16,307	6.1
5 to 9 years	17,065	6.3
10 to 14 years	17,167	6.4
15 to 19 years	18,360	6.8
20 to 24 years	19,939	7.4
25 to 29 years	17,837	6.6
30 to 34 years	16,290	6.0
35 to 39 years	16,715	6.2
40 to 44 years	17,338	6.4
45 to 49 years	20,357	7.6
50 to 54 years	20,911	7.8
55 to 59 years	17,820	6.6
60 to 64 years	14,748	5.5
65 to 69 years	11,179	4.2
70 to 74 years	8,580	3.2
75 to 79 years	7,246	2.7
80 to 84 years	5,982	2.2
85 years and over	5,441	2.0
Median age (years)	38.6	(X)
16 years and over	215,223	79.9
18 years and over	208,036	77.3
21 years and over	196,189	72.9
62 years and over	47,009	17.5
65 years and over	38,428	14.3
Male population	131,578	48.9
Under 5 years	8,346	3.1
5 to 9 years	8,853	3.3
10 to 14 years	8,896	3.3
15 to 19 years	9,344	3.5
20 to 24 years	9,888	3.7
25 to 29 years	8,971	3.3
30 to 34 years	7,975	3.0
35 to 39 years	8,189	3.0
40 to 44 years	8,617	3.2
45 to 49 years	10,050	3.7
50 to 54 years	10,474	3.9
55 to 59 years	8,657	3.2
60 to 64 years	7,061	2.6
65 to 69 years	5,308	2.0
70 to 74 years	3,911	1.5
75 to 79 years	3,063	1.1
80 to 84 years	2,302	0.9
85 years and over	1,673	0.6

Subject	Number	Percent
Median age (years)	37.3	(X)
16 years and over	103,642	38.5
18 years and over	99,967	37.1
21 years and over	94,106	34.9
62 years and over	20,375	7.6
65 years and over	16,257	6.0
Female population	137,704	51.1
Under 5 years	7,961	3.0
5 to 9 years	8,212	3.0
10 to 14 years	8,271	3.1
15 to 19 years	9,016	3.3
20 to 24 years	10,051	3.7
25 to 29 years	8,866	3.3
30 to 34 years	8,315	3.1
35 to 39 years	8,526	3.2
40 to 44 years	8,721	3.2
45 to 49 years	10,307	3.8
50 to 54 years	10,437	3.9
55 to 59 years	9,163	3.4
60 to 64 years	7,687	2.9
65 to 69 years	5,871	2.2
70 to 74 years	4,669	1.7
75 to 79 years	4,183	1.6
80 to 84 years	3,680	1.4
85 years and over	3,768	1.4
Median age (years)	39.8	(X)
16 years and over	111,581	41.4
18 years and over	108,069	40.1
21 years and over	102,083	37.9
62 years and over	26,634	9.9
65 years and over	22,171	8.2
RACE		
Total population	269,282	100.0
One Race	264,323	98.2
White	237,641	88.2
Black or African American	21,235	7.9
American Indian and Alaska Native	659	0.2
Asian	2,254	0.8
Asian Indian	529	0.2
Chinese	438	0.2
Filipino	332	0.1
Japanese	128	0.0
Korean	340	0.1
Vietnamese	123	0.0
Other Asian [1]	364	0.1
Native Hawaiian and Other Pacific Islander	107	0.0
Native Hawaiian	48	0.0
Guamanian or Chamorro	25	0.0
Samoan	9	0.0
Other Pacific Islander [2]	25	0.0
Some Other Race	2,427	0.9
Two or More Races	4,959	1.8
White; American Indian and Alaska Native [3]	990	0.4
White; Asian [3]	740	0.3
White; Black or African American [3]	2,071	0.8
White; Some Other Race [3]	430	0.2
Race alone or in combination with one or more other races: [4]		
White	242,239	90.0
Black or African American	23,799	8.8
American Indian and Alaska Native	2,031	0.8

Subject	Number	Percent
Asian	3,216	1.2
Native Hawaiian and Other Pacific Islander	253	0.1
Some Other Race	3,034	1.1
HISPANIC OR LATINO		
Total population	269,282	100.0
Hispanic or Latino (of any race)	7,313	2.7
Mexican	5,335	2.0
Puerto Rican	445	0.2
Cuban	104	0.0
Other Hispanic or Latino [5]	1,429	0.5
Not Hispanic or Latino	261,969	97.3
HISPANIC OR LATINO AND RACE		
Total population	269,282	100.0
Hispanic or Latino	7,313	2.7
White alone	4,126	1.5
Black or African American alone	169	0.1
American Indian and Alaska Native alone	103	0.0
Asian alone	43	0.0
Native Hawaiian and Other Pacific Islander alone	15	0.0
Some Other Race alone	2,221	0.8
Two or More Races	636	0.2
Not Hispanic or Latino	261,969	97.3
White alone	233,515	86.7
Black or African American alone	21,066	7.8
American Indian and Alaska Native alone	556	0.2
Asian alone	2,211	0.8
Native Hawaiian and Other Pacific Islander alone	92	0.0
Some Other Race alone	206	0.1
Two or More Races	4,323	1.6
RELATIONSHIP		
Total population	269,282	100.0
In households	265,528	98.6
Householder	108,094	40.1
Spouse [6]	53,294	19.8
Child	75,940	28.2
Own child under 18 years	54,436	20.2
Other relatives	12,599	4.7
Under 18 years	5,509	2.0
65 years and over	1,563	0.6
Nonrelatives	15,601	5.8
Under 18 years	1,208	0.4
65 years and over	484	0.2
Unmarried partner	7,400	2.7
In group quarters	3,754	1.4
Institutionalized population	1,745	0.6
Male	545	0.2
Female	1,200	0.4
Noninstitutionalized population	2,009	0.7
Male	935	0.3
Female	1,074	0.4
HOUSEHOLDS BY TYPE		
Total households	108,094	100.0
Family households (families) [7]	71,756	66.4
With own children under 18 years	30,427	28.1
Husband-wife family	53,294	49.3
With own children under 18 years	20,419	18.9
Male householder, no wife present	5,253	4.9
With own children under 18 years	2,715	2.5
Female householder, no husband present	13,209	12.2
With own children under 18 years	7,293	6.7

Subject	Number	Percent
Nonfamily households [7]	36,338	33.6
Householder living alone	29,023	26.8
Male	12,955	12.0
65 years and over	3,057	2.8
Female	16,068	14.9
65 years and over	8,330	7.7
Households with individuals under 18 years	33,959	31.4
Households with individuals 65 years and over	27,465	25.4
Average household size	2.46	(X)
Average family size [7]	2.98	(X)
HOUSING OCCUPANCY		
Total housing units	117,106	100.0
Occupied housing units	108,094	92.3
Vacant housing units	9,012	7.7
For rent	3,042	2.6
Rented, not occupied	123	0.1
For sale only	1,702	1.5
Sold, not occupied	449	0.4
For seasonal, recreational, or occasional use	342	0.3
All other vacants	3,354	2.9
Homeowner vacancy rate (percent) [8]	2.1	(X)
Rental vacancy rate (percent) [9]	9.3	(X)
HOUSING TENURE		
Occupied housing units	108,094	100.0
Owner-occupied housing units	78,459	72.6
Population in owner-occupied housing units	200,024	(X)
Average household size of owner-occupied units	2.55	(X)
Renter-occupied housing units	29,635	27.4
Population in renter-occupied housing units	65,504	(X)
Average household size of renter-occupied units	2.21	(X)

X Not applicable.

[1] Other Asian alone, or two or more Asian categories.

[2] Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

[3] One of the four most commonly reported multiple-race combinations nationwide in Census 2000.

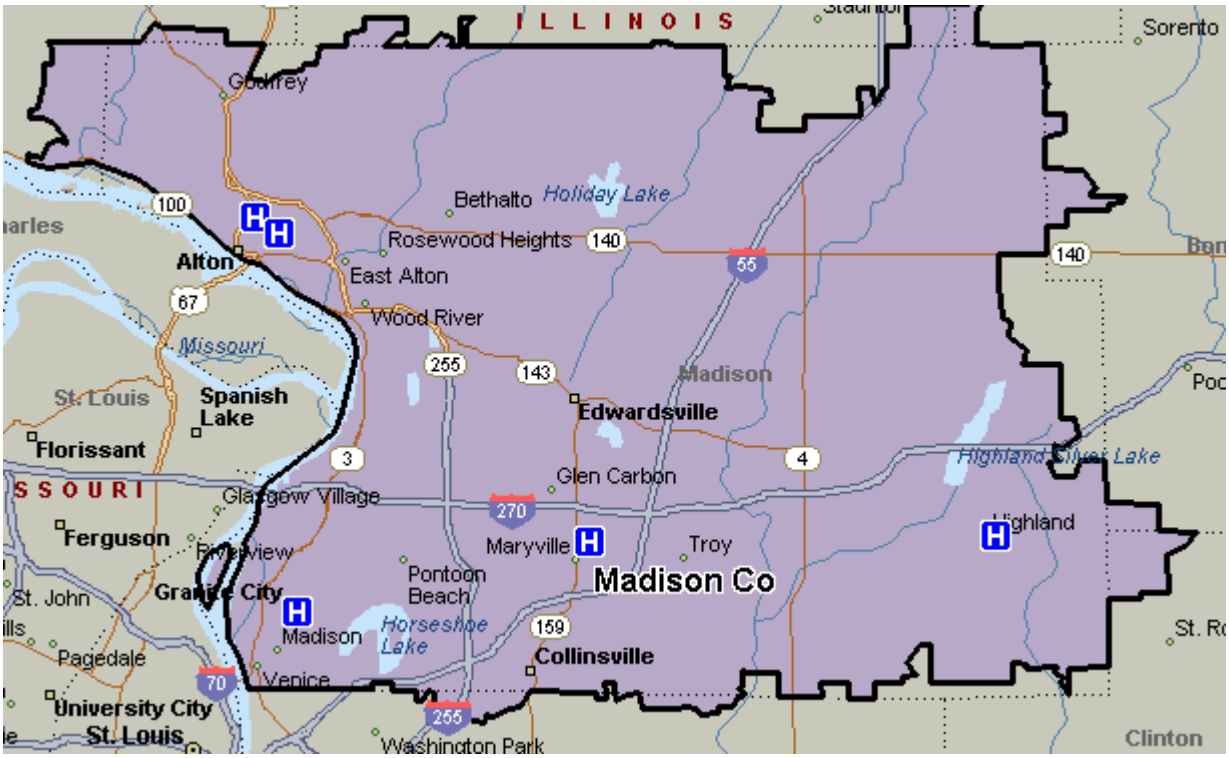
[4] In combination with one or more of the other races listed. The six numbers may add to more than the total population, and the six percentages may add to more than 100 percent because individuals may report more than one race.
[5] This category is composed of people whose origins are from the Dominican Republic, Spain, and Spanish-speaking Central or South American countries. It also includes general origin responses such as "Latino" or "Hispanic."
[6] "Spouse" represents spouse of the householder. It does not reflect all spouses in a household. Responses of "same-sex spouse" were edited during processing to "unmarried partner."
[7] "Family households" consist of a householder and one or more other people related to the householder by birth, marriage, or adoption. They do not include same-sex married couples even if the marriage was performed in a state issuing marriage certificates for same-sex couples. Same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households. "Nonfamily households" consist of people living alone and households which do not have any members related to the householder.

[8] The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant "for sale." It is computed by dividing the total number of vacant units "for sale only" by the sum of owner-occupied units, vacant units that are "for sale only," and vacant units that have been sold but not yet occupied; and then multiplying by 100.
[9] The rental vacancy rate is the proportion of the rental inventory that is vacant "for rent." It is computed by dividing the total number of vacant units "for rent" by the sum of the renter-occupied units, vacant units that are "for rent," and vacant units that have been rented but not yet occupied; and then multiplying by 100.
Source: U.S. Census Bureau, 2010 Census.

http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

ATTACHMENT A, page 5 of 5

The map below outlines Madison County, Illinois.



ATTACHMENT B, Participant Roster of Community Focus Groups:
October 11, 2012 and November 26, 2012

1. Father David Boase	Rector, Episcopal Parish (Alton), supporting an outreach to the needy of the community
2. Dorothy Droste	Retired RN, BSN; serves as Secretary on the Health Advisory Committee of the Madison County Health Department
3. Margaret Freer	Owner, Free Auto Body; community activist involved in fundraisers for local charities for the underserved
4. Sheila Goins	Vice President, Shell Community Federal Credit Union. Co-minister of Morning Star Missionary Baptist Church with husband, Pastor David Goins
5. Debbie Hagen	Research & Publications Manager at the River Bend Growth Association, responsible for economic development data collection of local workforce
6. Tom Hoechst	Mayor of Alton
7. Suzanne Lagomarcino	Retired non-profit executive/current board member of the YWCA (Alton), dedicated to improving the lives of women and promoting racial justice.
8. Mike McCormick	Mayor Godfrey
9. Dorothy Strack	Owner, Dick's Flowers; community activist
10. Susie Sweetman	General Manager, Nautilus Fitness Center; personal fitness trainer. Leads programs on exercise, nutrition and weight loss
11. Larry Thompson	Former educator in Alton, current school board member, Rotary district governor and active member of St. Ambrose Catholic Church
12. Angela Valdes	Executive Director of Community Hope Center , a not-for-profit organization dedicated to helping the poor, homeless, children & elderly
13. Nancy Williams	Community Activist, YWCA Board Member; serves on the City of Alton's American with Disabilities Act Committee
14. Karen Wilson	Owner, Karen Wilson State Farm Insurance; Executive Director of Pride Incorporated, area beautification organization, community activist
15. Amy Yeager	Health Promotions Manager for Madison County Health Department and coordinator of the MCHD's community health needs assessment

Observers:

Angela Chambers (focus group facilitator)	BJC Market Research
Amy Bohn	Alton Memorial Hospital
Dave Braasch	Alton Memorial Hospital
Eileen Cheatham	Alton Memorial Hospital
Rusty Ingram	Alton Memorial Hospital
Cathie Ketterer	Alton Memorial Hospital
E.J. Kuiper	Saint Anthony's Health Center
Jacque Meszaros	Saint Anthony's Health Center
Sister M. Mikela Meidl	Saint Anthony's Health Center
Christy Moore	BJC Strategic Planning
Diane Schuette	Saint Anthony's Health Center
Tammy Stilwell	Saint Anthony's Health Center
Judy Roth	Alton Memorial Hospital
Dave Whaley	Alton Memorial Hospital
Tina Zumwalt	Saint Anthony's Health Center

ATTACHMENT C, Assessment Worksheet for Focus Groups

MADISON COUNTY NEEDS ASSESSMENT WORKSHEET

1. In your opinion, what are the three greatest health needs or challenges that exist within the Madison county population?

1.)

2.)

3.)

2. To your knowledge, what resources are currently available in Madison county for addressing each one of them? Who/what organization is trying to address them?

1.)

2.)

3.)

3. In your opinion where is the largest gap between an existing need and available services in Madison county?

ATTACHMENT D, Asset Analysis

Need	Resources
Substance Use/Abuse:	Chestnut in Granite City and Edwardsville
- including alcohol - specifically mentioned underage drinking - including drugs (heroin, meth, cocaine) - addiction prevention - tobacco	Al-anon, AA, Nar-anon Wellsprings (2) Educational programs Treatment centers in Caseyville and St. Louis Healthcare centers offer workshops, classes, seminars to address lifestyle issues
Obesity:	Health Clubs
- including lack of good nutrition - lack of physical activity - poor health food choices - major contributor to other diseases - parents not good role models - both adults and children - Unable to join gyms due to affordability	Educational programs in school on healthy food and lifestyle choices Social media Madison County Partnership for Community Health (MCPCH) Madison County Obesity Prevention Committee (SIUE, YWCA, Roth, MCHD) Senior Services Plus (2), Weight Watchers, Curves, YWCA (2) Madison County Health Department
Lack of insurance coverage:	Urban League
- poverty - healthcare for the uninsured small business owner/family - preventive care for un and underinsured - affordable insurance - affordable care/insurance assistance - high cost of health insurance coverage - the uninsured make too much for Medicaid but too little for private insurance	Arms of Love Hope Center LCCC nursing program Southern IL Healthcare Foundation mobile unit Community Hope Center clinics Lack of awareness of SHP offices at AMH and Senior Services Prescription card through RBGA
Mental health:	School programs; specifically on bullying
- teen suicide - adult suicide - bullying in schools	Well Springs in Alton Alton Mental Health Churches, Social Service Agencies
Access to physicians:	Recruitment by hospitals
- including specialists (urology, dermatology, pulmonology)	
- finding physicians on individual health insurance plans	

Dental care:	SIU School of Dental Medicine, area dentists
Transportation: - especially for the handicapped - distance between here and St. Louis	Saint Anthony's has valet service but AMH does not at MOBs ACT and Senior Services transport locally but not to St. Louis
Lack of education about personal health (Health Literacy):	Schools
- lack of knowledge to navigate the insurance system	Churches
Housing/Homelessness:	Madison County Community Development
	Madison County Continuum of Care Salvation Army, Local shelters
Diabetes:	Hospital diabetes programs
- especially in young people	
Reproductive health issues:	
- STDs - teen pregnancy	Madison County Health Department
Air Quality/environment	

ATTACHMENT E, Gaps

Discussion:

FEEDBACK ON GREATEST GAPS BETWEEN NEEDS AND AVAILABLE RESOURCES

Better Communication and less competition between doctor, hospital, family and caregivers

Create urgency to address these issues

Personal responsibility for one's own health

Community engagement and commitment to come together and make significant changes

Knowing what resources are available

Waiting list for housing programs

Money – there are insufficient funds available to meet the growing needs of the community.

Transportation

Affordable drug treatment

Not enough drug treatment facilities in this market

Adult dental care

The inequality of care for the poor compared to those who are insured.

Breakdown in homes, families

Prevention services

Health education in schools

Extremely long ER wait times

ATTACHMENT F, Health Data Presented to Focus Groups

Madison County Community Health Needs Assessment

Alton Memorial Hospital, Saint Anthony's Health Center, Saint Clare's Hospital

December 5, 2012

Alton Memorial Hospital
BJC HealthCare

Saint Anthony's Health Center

Saint Clare's Hospital

Overview

- The Patient Protection and Affordable Care Act (PPACA) (March 2010) requires that each not-for-profit hospital conduct a Community Health Needs Assessment (CHNA) every three years.
- The assessment must take into account input from those who represent the broad interests of the community served by the hospital, including those with special knowledge or expertise in public health.
- Alton Memorial Hospital and Saint Anthony's Health Center have chosen Madison County for their community health needs assessment.

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Today's Objectives

- Present community health needs as identified through discussion and worksheets during the first Focus Group meeting (October 11, 2012).
- Present secondary data that were found to help clarify and validate these needs.
- Get additional feedback from the community stakeholders to prioritize health needs based on primary and secondary data.
- Feedback will be taken into account in an advisory capacity as Alton Memorial Hospital and Saint Anthony's Health Center develop their implementation plans. Upon completion, the hospital's plans will be made public through their websites.

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Major Data Sources

Healthy Communities Institute: Provides an online dashboard of health indicators for Madison County as well as the ability to evaluate and track the information against state and national data and Healthy People 2020 goals.

- Sources of data include the National Cancer Institute, Environmental Protection Agency, US Census Bureau, US Department of Education, and other national, state, and regional sources.

Healthy People 2020: An initiative of the US DHHS, Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. These goals encourage collaborations across communities and sectors, empower individuals to make informed health decisions, and measure the impact of prevention activities.

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Summary of Focus Group Results

Focus Group Feedback

- Based on feedback from the focus group worksheets, the most frequently mentioned needs in Madison County include the following:

Health Issue	# of Mentions
Access (Insurance, Transportation, Physician Supply)	11
Substance Use/Abuse	7
Healthy Lifestyles (Obesity & Smoking)	7
Mental Health	3
Dental Care	2
Health Literacy	2
Housing/Homelessness	2
Chronic Conditions & Cancer	2
Reproductive Health	2
Air Quality	1

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Outline for Today's Discussion

- Demographics & Socioeconomic Indicators
  - Housing and Homelessness
- Access
  - Physician Availability
  - Transportation
- Substance Abuse
- Healthy Lifestyles
- Mental Health
- Dental Care
- Health Literacy
- Chronic Conditions
- Cancer
- Reproductive Health Issues
- Air Quality
- Next Steps

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Demographics

- Characteristics of Madison County and Illinois

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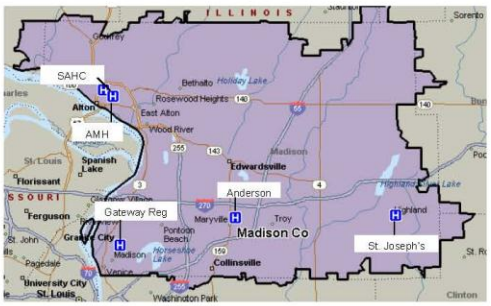
Madison County



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Demographics

	Madison County	Illinois
Total Population	'11: 364,402 · '16: 396,826	'11: 12.8 M · '16: 13.1 M
CAGR '11-'16:	0.2%	0.3%
Population By Age *(2011)*	61,891 · 62,546 · 73,855 · 32,583 · 39,061	3.2 M · 3.0 M · 3.6 M · 1.5 M · 1.6 M
	<18 · 18-34 · 35-54 · 55-64 · 65+	<18 · 18-34 · 35-54 · 55-64 · 65+
% of Total	*22.9 · 23.2 · 27.4 · 12.1 · 14.5*	*24.6 · 23.5 · 27.7 · 11.4 · 12.7*
Race (2011)	87% · 8% · 2% · 2%	64% · 14% · 16% · 6%
	White · Black · Hispanic · Other	White · Black · Hispanic · Other

Source: Thomson

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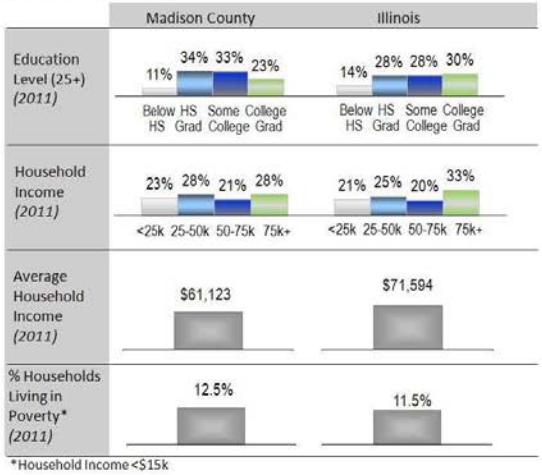
Socioeconomic Indicators



*Household Income <$15k

Source: Thomson

Socioeconomic Factors

Socioeconomic Indicators	Madison County	Status	IL	U.S.
Social & Economic Factors Ranking (Of 102 IL Counties) *('12)*	52	🟡	-	-
Students Eligible for Free Lunch Program *('09)*	35.2%	🟢	-	39.9%*
Children Living Below Poverty Level *('10)*	19.3%	🟡	-	20.4%*
Renters Spending >30% of Income on Rent *('10)*	52.0%	🔴	-	46.0%*
Unemployment *(July '12)*	9.4%	🔴	-	7.90%
Households With Public Assistance *('10)*	1.4%	🟢	-	2.0%
Homeownership *('10)*	68.2%	🟢	-	61.5%
Foreclosure Rate *('08)*	4.6%	🟡	-	4.8%*
High School Dropout Rates *('09-'10)*	15.0%	🔴	11.6%	-

🔴 Worse than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Better than IL/U.S.

- According to the Madison County Continuum of Care, there were 411 homeless individuals identified during the January 2012 point-in-time count.
  - Of the 411 total individuals identified, 50% reported having stayed in either Alton (36%) or Granite City (14%) the previous night.
- The number of homeless individuals decreased by 138 from 2011 to 2012.

Source: HCI, Madison Co Point-In-Time Homeless Count, IL State Board of Edu

Access

- Many are uninsured or under-insured and therefore have trouble accessing the healthcare services they need
- Preventive care is a struggle for those without insurance
- Access to specialists can be difficult
- Transportation issues inhibit some from accessing care

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Access

Access	Madison County	Status	IL	U.S.	HP 2020
Clinical Care Ranking (of 102 IL Counties) *('12)*	28	●	-	-	-
Adults With Health Insurance (18-64 with any coverage) *('10)*	86.0%	●	-	80.4%*	100%
Children With Health Insurance *('10)*	95.9%	●	-	93.8%*	100%

*Indicates the lower limit of the 50th percentile.

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S.

- For many people, the high costs of care prohibit them from seeking treatment and/or obtaining necessary prescription medication. Due to the high cost of care:
  - 7.6% of 2009 Madison County adults did not visit the doctor in the last year
  - 13.8% of 2009 Madison County adults did not fill a prescription.

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Source: HCI, BRFSS

Physician Availability

- Physician demand data indicate a need for nearly all specialties in Madison County.
  - Specialties with the highest need include:
    1) Psychiatry
    2) Primary Care
    3) Pediatrics
    4) Orthopedics
- The need for physicians is partly a result of the fact that there are no caps on medical malpractice in Illinois. Many physicians left Madison County in 2001 after their malpractice insurance rates more than tripled.
  - "Illinois is uniquely disadvantaged because Illinois law is very unfriendly to patients and doctors and very friendly to personal injury lawyers," says Rep. Mark Kirk (R-IL).
  - "We are the number one state in the Union for filing a class-action lawsuit, especially in Madison County, a place that has very few physicians. To insure a neurosurgeon in Wisconsin you have to pay $50,000. To insure a neurosurgeon in Illinois, you have to pay $250,000. The personal injury lawyers will tell you that's because a Wisconsin neurosurgeon is five times better than an Illinois neurosurgeon. But the reality is Wisconsin has passed legislation to protect their physicians, and we haven't."

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Source: Thomson, Chicago Life Magazine-2005

Transportation

Transportation	Madison County	Status	IL	U.S.
Households Without a Vehicle *('10)*	5.6%	🟡	-	5.7%*
Workers Commuting by Public Transportation (% Age 16+) *('10)*	1.3%	🔴	-	0.3%*
Mean Travel Time to Work (Age 16+, minutes) *('10)*	24.3	🔴	-	22.4*

*Indicates the lower limit of the 50th percentile.

🔴 Higher than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Lower than IL/U.S.

- Madison County Transit provides public transportation to healthcare facilities:
  - #8 Central Shuttle to Saint Anthony's Health Center
  - #11 Brown Shuttle to Alton Memorial Hospital
  - #2 Granite City Shuttle to Gateway Regional Medical Center
  - #7 Alton-Edwardsville to Saint Anthony's Health Center
  - #13 Troy-Glen Carbon Shuttle to Anderson Hospital
- Madison County Transit provides income-based free rides to seniors 65+. All vehicles are wheelchair accessible and have priority seating for passengers with disabilities.
  - Service requires identification registration at an identification distribution session that is held one evening per month.
- Med Cab also provides transportation services to medical appointments.

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Source: HCI, Madison Co Transit, Madison Co Comm Dev Resource Listings

Substance Abuse

- Drug/alcohol abuse and smoking contribute to many health problems
- Substance abuse leads to other problems such as unwanted pregnancy, crime, and high school dropouts
- There is a need for a range of treatment services that can help people on an inpatient and outpatient basis

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Substance Abuse

Substance Abuse	Madison County	Status	IL	U.S.	HP 2020
Teens who use Alcohol ('10)	46.0%	🔴	43.6%	-	-
Teens who use Marijuana ('10)	24.0%	🟡	25.3%	-	-
Liquor Store Density (per 100,000 pop) *('10)*	4.8	🟢	-	10.4*	-
Adults Who Drink Excessively (in past 30 days) *('10)*	24.6%	🔴	-	14.5%*	25.3%
Violent Crime Rate *('09)*	394.7	🔴	271.5	-	-

*Indicates the lower limit of the 50th percentile.

🔴 Worse than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Better than IL/U.S.

Current use rates for alcohol and marijuana for Alton area youth are as follows:

8th Grade Students

- 20% of students reported drinking alcohol in the past month
- 13% of students report smoking marijuana in the past month

10th Grade Students

- 37% of our 10th grade students report drinking alcohol in the past month
- 29% of our 10th grade students report smoking marijuana in the past month

- This data indicate that approximately 2 out of every 5 teens are drinking alcohol on a regular basis and 1 out of every 3 teens are smoking marijuana on a regular basis.

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Source: HCI, Drug Free Alton Coalition

Substance Abuse

Alcohol/Drug Related Hospitalizations	Urban IL Co	Status	IL
Alcohol/Drug Induced Mental Disorders (All ages, per 100,000 pop) *('04)*	114.9	●	269.1

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S.

Adults

- According to Substance Abuse and Mental Health Services Administration (SAMHSA)'s 2009 National Survey on Drug Use and Health, 718,000 Illinois adults had used illicit drugs in the past month and 547,000 had used marijuana in the past month.
- According to SAMHSA, 757,000 Illinois adults had an illicit drug or alcohol abuse dependence problem in the past year and 927,000 needed but did not receive treatment.
- In 2009, there were 91,891 hospital admissions in Illinois for substance abuse treatment (712 per 100,000 pop).
  - Admissions are at the lowest rate in 10 years due in part to funding cuts for state-funded substance abuse treatment.

Children

- The University of Illinois' 2010 youth study on substance abuse found that across the state, marijuana was used by 25% of 12th graders, but less than 6% had reported using illicit drugs.

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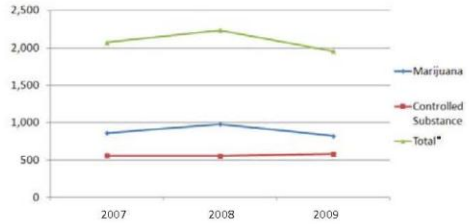
Source: IDPH, ICJIA

Substance Abuse

Madison County Drug Arrest Rates (per 100,000 pop)



Drug Arrest Rates (per 100,000 pop)	2007	2008	2009	Chg ('07-'09)
Marijuana	862	980	824	-38
Controlled Substance	557	551	580	23
All Drugs	2,072	2,233	1,958	-114

*Other arrests include those for hypodermic syringes & needles and drug paraphernalia

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Source: Madison Co Comm Health Needs Assessment

Healthy Lifestyles

- Obesity is a problem in the community largely due to the lack of good nutrition and exercise
- Often, parents are not good role models for their children
- Many are unable to access fitness facilities due to financial hardship

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Overall Population Health

Overall Health Status	Madison County	Status	IL	U.S.
General Health Assessment: Fair or Poor *('10)*	16.5%	🔴	-	16.0%*
Poor Physical Health Days (in past 30 days) *('10)*	3.9	🔴	-	3.7*
Health Behaviors Ranking (Of 102 IL Counties) *('12)*	80	🔴	-	-
Physical Environment Ranking (Of 102 IL Counties) *('12)*	102	🔴	-	-
Premature Death (# Years lost) (per 100,000 pop) *('08)*	7,710	🟢	-	8,065*

*Indicates the lower limit of the 50th percentile.

🔴 Worse than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Better than IL/U.S.

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Source: HCI

Smoking & Obesity

Smoking and Obesity	Madison County	Status	IL	U.S.	HP 2020
Adults who Smoke *('10)*	22.2%	●	-	20.9%	12.0%
Teens who Smoke *('10)*	20.0%	●	17.6%	-	-
Adults who are Overweight *('09)*	35.9%	=	-	-	-
Adults who are Obese *('09)*	28.6%	=	-	-	30.6%
Low Income Preschool Obesity *('10)*	10.4%	●	-	14.0%*	-
Recreation and Fitness Facilities (per 1,000 pop) *('09)*	0.13	●	-	0.07*	-
Sedentary Adults *('09)*	28.0%	●	29.7%	-	-
Grocery Store Density (per 1,000 pop) *('09)*	0.15	●	-	0.21*	-
Fast Food Restaurant Density (per 1,000 pop) *('09)*	0.69	●	-	0.57*	-
Adult Fruit & Vegetable Consumption *('07)*	20.1%	=	-	-	-

*Indicates the lower limit of the 50th percentile.

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S. = Same as Prior Year

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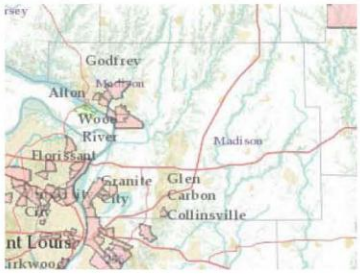
Source: HCI

Food Deserts

- A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store.
  - There are a few areas that qualify as food deserts in the northern part of the county near Wood River and Alton and in the southern part of the county near Granite City.



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Source: USDA Food Desert Locator

Mental Health

- Many mental health issues go undiagnosed
- People with severe mental health issues tend to have problems finding housing and are more likely to end up homeless

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Mental Health

Mental Health	Madison County	Status	IL	U.S.	HP 2020
Poor Mental Health Days (in last 30) *('10)*	3.8	🔴	-	3.4*	-
Inadequate Social Support (adults) *('10)*	16.6%	🟢	-	19.1%*	-
Death Rate Suicide (per 100,000 pop) *('09)*	12	🟡	-	13.3	10.2

Mental Health Hospitalizations	Urban IL Co	Status	IL
Anxiety Related Hospitalizations (All ages, per 100,000 pop) ('04)	29.3	🟢	34.0

*Indicates the lower limit of the 50th percentile.

🔴 Worse than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Better than IL/U.S.

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Source: HCI, IDPH

Dental Care

- Dentists often do not accept Medicaid and Medicare does not cover dental care
- Gaining access to a dentist in a timely manner can be difficult

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Dental Care

Dental Health	Madison County	Status	IL	U.S.
Adults who Visited a Dentist *('09)*	62.8%	=	-	-
Dentists (per 100,000 pop) *('07)*	65	●	-	30*

*Indicates the lower limit of the 50th percentile.

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S. = Same as Prior Year

Local Resources for lower-cost dental care:

SIUE School of Dental Medicine

- SIUE School of Dental Medicine offers dental services at their clinic in Alton.
- In 2011, the SIU dental school saw over 8,000 patients and managed over 34,000 patient appointments.
  - Medicaid covered 23% of these patients.

Lewis & Clark Community College

- Lewis and Clark Community College offers dental services through their LCCC Dental Clinic.
- Dental hygiene students are supervised by licensed dental hygienists and dentists.
- Services are offered at the following rates:
  - Exam: $12
  - X-Rays: $6-$20
  - Cleanings: Start at $15

Source: HCI, Madison Co Comm Dev Resource Listings, SIUE School of Dental Medicine

Health Literacy

- The ability to understand health information, ask appropriate questions, access health services when needed, and take medication correctly are all required to be an educated health consumer, and are part of what is referred to as "health literacy."
- Being "health literate," or having someone act as an advocate on your behalf, is a necessary requirement in today's complex health system for a person to receive timely and effective healthcare services.

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Health Literacy

Health literacy : the degree to which individuals have the capacity to obtain, communicate, process and understand the basic health information and services needed to make appropriate health decisions.

Patients must:

- Read and evaluate complex health information
- Weigh the risks and benefits of medical procedures
- Comprehend the doctor's advice
- Use math to calculate medicine dosage
- Interpret test results
- Find health information on our own

Why is this important?

- People with low health literacy are:
  - More likely to be hospitalized
  - More likely to use emergency rooms
  - More likely to have medication and treatment errors
  - Less likely to follow through with their treatment plans
  - Less likely to obtain preventative care

Source: Health Literacy Missouri, PPACA 2010, Healthy People 2020

Cost and Impact of Health Literacy

- **Costs due to low health literacy:**
  - Low health literacy costs the U.S. economy between $106 billion and $236 billion annually.
  - For Missouri, the number ranges from $3.3 billion to $7.5 billion annually.
- **Adults with low health literacy tend to:**
  - Have poor health status
  - Use emergency rooms and inpatient care more frequently
  - Have a higher risk of death
- Low health literacy is not associated with gender or measurement instrument but is associated with level of education, ethnicity, and age.
- **Some obstacles to a high level of health literacy:**
  - Language – inability to read or write English
  - Sensory impairment – hearing or visual limitations
  - Vocabulary – lack of familiarity with medical terminology
  - Inability to comprehend the meaning of test results or follow-up instructions

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Source: Source: The Prevalence of Limited Health Literacy, Paasche-Orlow, MD, MPH et al. J Gen Intern Med. 2005 February; 20(2): 175–184.

Chronic Conditions

- Obesity leads to many chronic conditions
- The surrounding environment may contribute to asthma and other diseases

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Chronic Conditions

Chronic Condition	Metric	Madison County	Status	IL	U.S.
Diabetes	Adults with Diabetes *('09)*	10.4%	●	-	10.3%*
	Diabetic Screening-HbA1c in past yr (Medicare patients) *('09)*	82.6%	●	-	83.7%*
	Death Rate - Diabetes (per 100,000 pop) *('04)*	25.9	●	22.0	-
Respiratory Disease	Death Rate - Chronic Lower Resp Disease (per 100,000 pop) *('04)*	69.3	●	43.2	-
Heart Disease	High Cholesterol Prevalence (Age 35+) *('07)*	39.4%	=	-	-
	High Blood Pressure Prevalence (>140/90, % of pop) *('07)*	31.3%	=	-	-
	Death Rate - Cerebrovascular Disease (Stroke)(per 100,000 pop) *('04)*	54.4	●	44.6	-
	Death Rate - Heart Disease (per 100,000 pop) *('04)*	262.2	●	201.1	-

Asthma Hospitalization	Urban IL Co	Status	IL
Asthma Adult Hospitalization (All ages, per 100,000 pop) *('04)*	126.7	●	157.9

*Indicates the lower limit of the 50th percentile.

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S. = Same as Prior Year

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Source: HCI, IDPH

Cancer

- Cancer screening programs could catch the disease before it spread
- Awareness is key to getting individuals in for screening

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Cancer

Cancer Type	Metric (per 100,000 pop)	Madison County	Status	IL	U.S.	HP 2020
All Cancer	Incidence Rate *('09)*	490.4	🔴	466	465.0	-
	Death Rate *('09)*	191.5	🔴	186.6	178.7	160.6
Breast	Incidence Rate *('09)*	120.5	🔴	116.7	122.0	-
	Death Rate *('09)*	21.2	🟡	24.2	23.0	20.6
Prostate	Incidence Rate *('09)*	139.2	🟢	145.6	151.4	-
	Death Rate *('09)*	18.9	🟢	25.5	23.6	22.1
Colorectal	Incidence Rate *('09)*	53.1	🔴	48.5	46.2	-
	Death Rate *('09)*	17.6	🟡	18.4	16.7	14.5
Lung & Bronchus	Incidence Rate *('09)*	85.7	🔴	74.6	67.2	-
	Death Rate *('09)*	62.0	🔴	52.4	50.6	45.5

🔴 Worse than IL/U.S. 🟡 Similar to IL/U.S. 🟢 Better than IL/U.S.

Source: HCI

Reproductive Health

- Teen pregnancy and high STD rates are big issues in the community

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Reproductive Health

Reproductive Health	Madison County	Status	IL
Teen Births *('09)*	2.6%	●	2.9%*
Babies with Low Birth Weight *('08)*	7.4%	●	7.9%*
Infant Mortality Rate (per 1,000 live births) *('08)*	6.4	●	6.5*
Mothers who Received Early Prenatal Care *('06)*	86.4%	●	86.7%*
Mothers who Smoked During Pregnancy *('08)*	17.9%	●	19.7%*
Preterm Births *('08)*	10.5%	●	10.8%*
Chlamydia Incidence Rate (per 100,000) *('09)*	372.7	●	203.2*
Gonorrhea Incidence Rate (per 100,000) *('08)*	105	●	165

*Indicates the lower limit of the 50th percentile.

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S.

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Source: HCI, Madison Co Community Health Needs Assessment

Air Quality

- Poor air quality in the area may contribute to chronic respiratory diseases

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Air Quality

Air Quality	Madison County	Status
Annual Ozone Air Quality (ALA Grade) *('10)*	F	-
Annual Particle Pollution (ALA Grade) *('10)*	C	-
Recognized Carcinogens Released into Air (lbs) *('10)*	106,519	↑

● Worse than IL/U.S. ● Similar to IL/U.S. ● Better than IL/U.S. ↑ Higher than Prior Year

- When inhaled, ozone and particle pollution irritate the lungs and can cause respiratory and cardiac health effects.
- People with lung and heart diseases are at higher risk when there are high levels of ozone and particle pollution in the air.
- Minorities and lower income groups are often disproportionately affected by air pollution which can put them at higher risk for illnesses.
- Over the past 20 years, Illinois has had one of the highest asthma mortality rates in the nation, and has seen increasing prevalence, morbidity and mortality rates.

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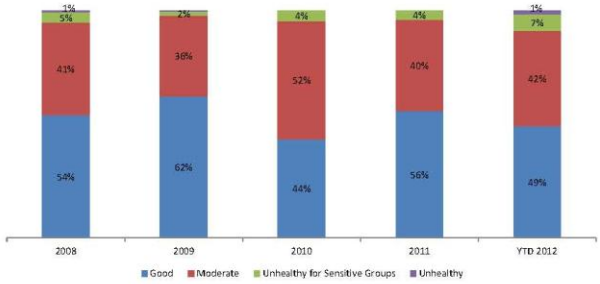
Source: HCI, ALA, IDPH Illinois Asthma State Plan

Air Quality



- Looking at the results of air quality measurements for Madison County taken over that last five years suggest that there has been relatively little improvement in the percent of "good" air quality days to which area residents have been exposed.

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Source: US EPA Air Quality Index Report

Next Steps

We are going to ask you to re-evaluate your perception of the healthcare needs in Madison County.

Based on the feedback from this meeting as well as the new worksheet data, Alton Memorial Hospital and Saint Anthony's Health Center will evaluate their priorities.

- Where can each hospital have the greatest impact?
- How do these priorities align with each hospital's mission and resources?
- Are other providers already addressing some of these needs?

Alton Memorial and Saint Anthony's will each be developing a needs assessment and implementation plan.

We will follow up with you when this work is completed and available for review on the hospital's web site.

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Community Feedback
#1- Rank each health issue based on your level of concern

Health Issue	Level of Community Concern				
	Low		Moderate		High
Access to health services	1	2	3	4	5
Substance Abuse	1	2	3	4	5
Healthy Lifestyles (smoking, obesity)	1	2	3	4	5
Mental health	1	2	3	4	5
Dental Care	1	2	3	4	5
Health Literacy	1	2	3	4	5
Chronic Conditions	1	2	3	4	5
Cancer	1	2	3	4	5
Reproductive Health	1	2	3	4	5
Air Quality	1	2	3	4	5

Alton Memorial Hospital BJC HealthCare | Saint Anthony's Health Center | Saint Clare's Hospital

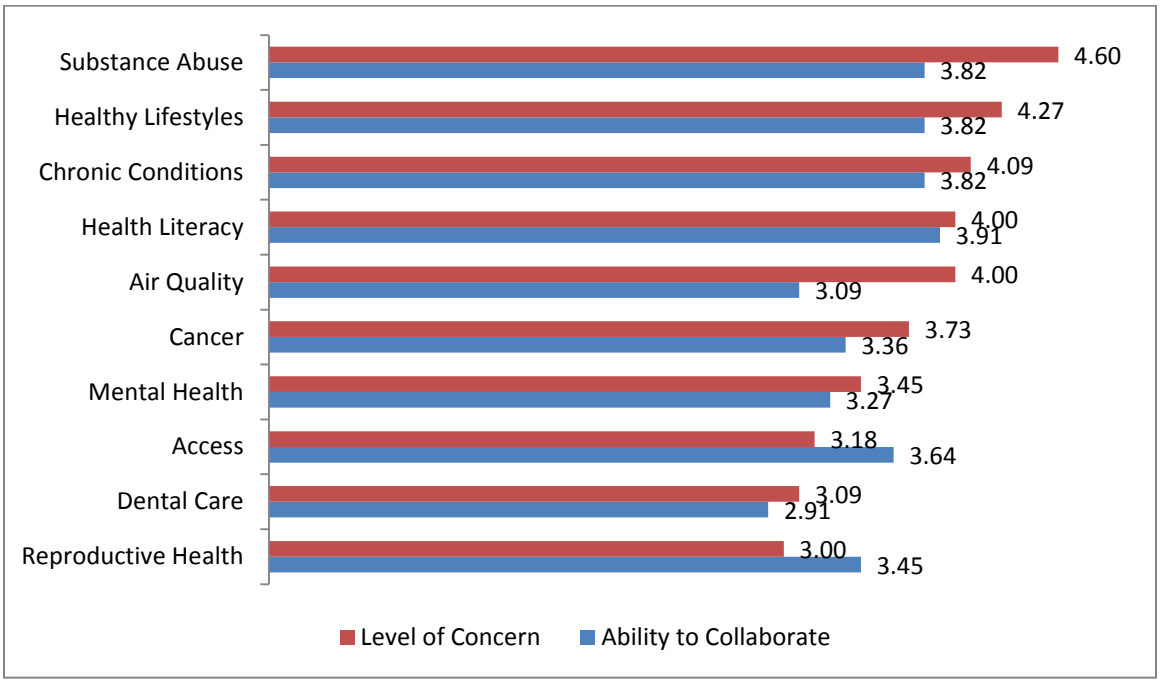
Community Feedback

#2-Rank the potential to unify around each health issue

Health Issue	Does this issue have the potential to unify individuals, groups, and organizations to act together?				
	Little or No Potential		Some Potential		Significant Potential
Access to health services	1	2	3	4	5
Substance Abuse	1	2	3	4	5
Healthy Lifestyles (smoking, obesity)	1	2	3	4	5
Mental health	1	2	3	4	5
Dental Care	1	2	3	4	5
Health Literacy	1	2	3	4	5
Chronic Conditions	1	2	3	4	5
Cancer	1	2	3	4	5
Reproductive Health	1	2	3	4	5
Air Quality	1	2	3	4	5

ALTON MEMORIAL HOSPITAL BJC HealthCare SAINT ANTHONY'S HEALTH CENTER SAINT CLARE'S HOSPITAL

Attachment G, Key Findings from Focus Group #2 – November 26, 2012



After viewing the secondary data for the previously identified community health needs, key stakeholders were asked to evaluate each of them based on two attributes: level of community concern and potential to collaborate around the health issue. Each was rated on a scale of 1 (low) to 5 (high).

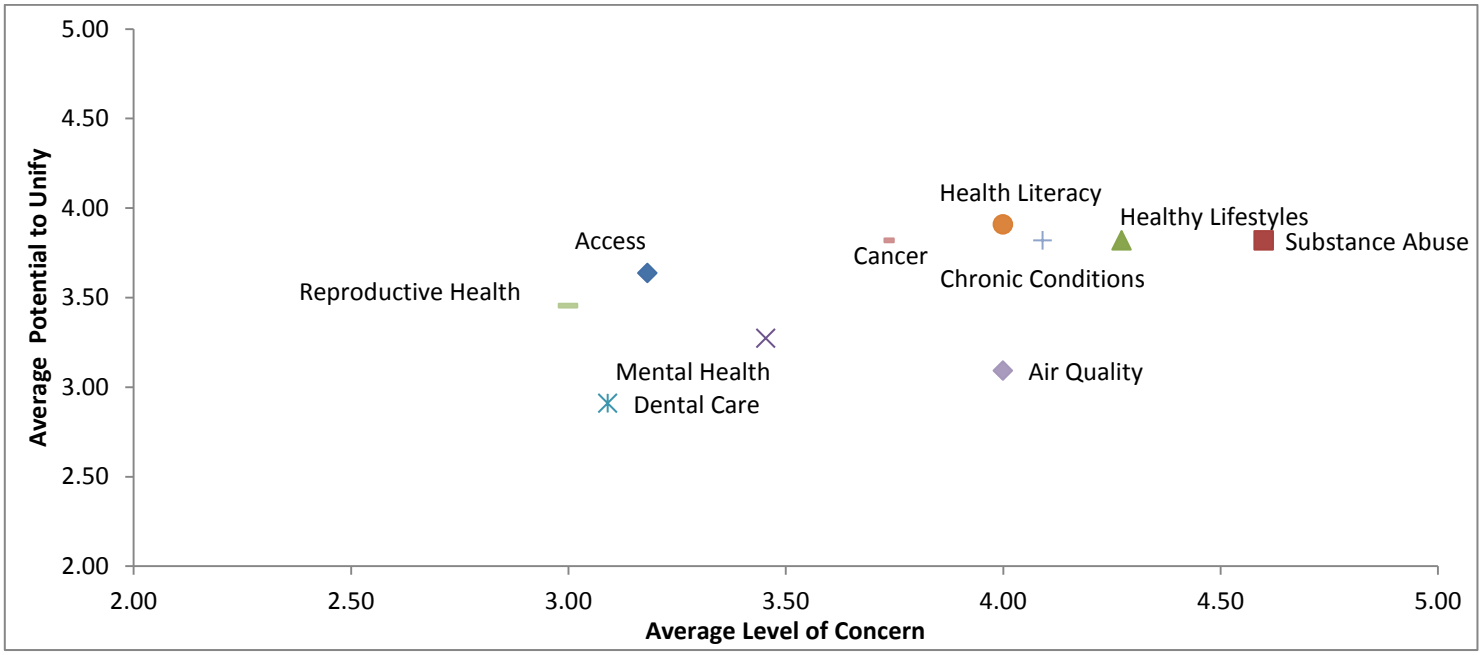
Substance Abuse, Healthy Lifestyles, Chronic Conditions, Health Literacy were rated highest in terms of level of community concern and ability to collaborate.

Air quality, Cancer and Mental health were also rated higher in terms of need or concern, but low relative to ability to collaborate.

Access to care was rated lower in terms of need but higher in ability to collaborate.

Dental Care and Reproductive Health were rated relatively low with regard to both attributes.

Plot of Average Ability to Collaborate by Level of Community Concern



Potential to Unify	Health Topic Ranking	
High	Access to Care	Substance Abuse Healthy Lifestyles Chronic Conditions Health Literacy
Lower	Reproductive Health Dental Care	Air Quality Cancer Mental Health
	Lower	High
	Level of Community Concern	

Attachment H, Prioritized Health Needs

Access – Insurance, Transportation, Physician Availability: (11 mentions)

- Many are uninsured or under-insured and therefore have trouble accessing the healthcare services they need.
- Preventive care is a struggle for those without insurance.
- Finding physicians who accept specific insurance plans is challenging. There are currently long waits to get an appointment.
- Access to specialists can be difficult, especially urology, dermatology, and pulmonology.
- Transportation issues inhibit some from accessing care
- The cost of health insurance is very expensive.
- There are those who fall in the gap: making too much for Medicaid but can't afford private health insurance.
- The cost of medications can be prohibitive even if you have health insurance.

Substance Use/Abuse: (7 mentions)

- Drug/alcohol abuse and smoking contribute to many health problems.
- Substance abuse leads to other problems such as unwanted pregnancy, crime, and high school dropouts.
- There is a need for a range of treatment services that can help people on an inpatient and outpatient basis.
- There is a specific concern about underage drinking as well as illegal drugs such as heroin, meth and cocaine. Addiction to prescription medications is also an issue.
- There are a limited number of intervention and treatment programs close to Madison County.
- The prevention programs that used to be available in the schools are no longer funded.

Healthy Lifestyles – Obesity and Smoking: (7 mentions)

- Obesity is a problem in the community largely due to the lack of good nutrition and exercise.
- It is a major contributor to chronic diseases.
- Often, parents are not good role models for their children.
- Many are unable to access fitness facilities due to financial constraints.
- Chewing tobacco is also a concern.
- We need to be more proactive about avoiding obesity through education rather than facing the costs of the problems it creates.
- Junk food is cheaper than fresh fruits and vegetables and that influences people's choices.
- Can we make it easier for people to walk and bike in our communities so as to increase their level of physical activity?
- Individuals need to take personal responsibility for their health and making good choices.
- If people aren't learning these things at home, we need to bring educational programs into the community.

Mental Health: (3 mentions)

- Many mental health issues go undiagnosed.
- People with severe mental health issues tend to have problems finding housing and are more likely to end up homeless.
- There is a concern about suicide rates, both teen and adult.
- Bullying in schools is also an issue.

Dental Care: (2 mentions)

- Dentists often do not accept Medicaid, and Medicare does not cover dental care.
- Gaining access to a dentist in a timely manner can be difficult.

Health Literacy: (2 mentions)

- The ability to understand health information, ask appropriate questions, access health services when needed, and take medication correctly are all required to be an educated health consumer.
- Being "health literate," or having someone act as an advocate on your behalf, is a necessary requirement in today's complex health system for a person to receive timely and effective healthcare services.
- There is a lack of education about personal health, and knowledge to navigate the health insurance system.
- In the area of breast cancer, there are now breast health navigators that help women get what they need in terms of diagnosis and treatment.

Housing/Homelessness: (2 mentions)

- There are often many families living under one roof, living in their cars, not knowing where they are going to sleep tonight.
- There are not enough shelters to accommodate the need.
- Many of those who are homeless also suffer from mental illness.

Chronic Conditions/Cancer: (2 mentions)

- Obesity leads to many chronic conditions.
- The surrounding environment may contribute to asthma and other diseases.
- Cancer screening programs could detect the disease before it spreads.
- Awareness is key to getting individuals in for screening.
- Diabetes is becoming more prevalent.

Reproductive Health: (2 mentions)

- Maternal health care issues are a concern.

- Teen pregnancy and high STD rates are big issues in the community.

Air Quality: (1 mention)

- Poor air quality in the area may contribute to chronic respiratory diseases.

The following topics were not mentioned on the worksheets, but were discussed during the course of the focus group:

Need for Social Support: There are those individuals who live alone who have limited contact with the community. They often don't hear about the health-related programs that might be of value to them.